

## Screening for prostate cancer

The principle of screening for prostate cancer is to diagnose prostate cancer early with the assumption that the earlier the cancer is detected the easier it is to treat and the more likely it will be curable.

Prostate cancer mainly affects men over 65 but in the UK over 1000 men under the age of 55 will be diagnosed with this condition. In combination with a rectal examination of the prostate gland, the PSA blood test is a key to the early diagnosis of prostate cancer which is obviously particularly important for men with a significant predicted lifespan. There is controversy relating to the issue as to whether treatment for early prostate cancer is beneficial. As a result of this, in the UK the use of PSA testing for mass screening purposes is not sanctioned and the government has introduced a prostate cancer risk management profile for men. This aims to provide men with balanced information about the pros and cons of putting themselves forwards for a test. The Department of Health advises doctors only to use the test for checking a patient with troublesome urinary symptoms or if the patient has no symptoms but wishes to have test and is fully informed about the risks and benefits of testing. Some GP's are reluctant to sanction PSA testing but men in the UK do have the right to have this checked provided they understand the implications of having the test.

It is important to understand the following key points;

1. Some men with prostate cancer do not have a raised PSA level
2. Upto 3/4 of men with a raised PSA do not have prostate cancer
3. There is uncertainty about the best way to treat prostate cancer

If PSA was used as a screening test, therefore, it is likely therefore that some men who did not have prostate cancer would undergo unnecessary *Prostate Biopsy*. Like any invasive test, it can be uncomfortable and does have risks and in itself is not wholly reliable, some men needing further biopsies even if the first or indeed second sets are clear of cancer. Furthermore, as greater understanding of the natural history of prostate cancer develops, so we are beginning to realize that we have probably been over treating some screen detected prostate cancers as they were unlikely to effect the lifespan of the sufferer. And even when aggressive treatment is deemed appropriate, there is no clear evidence as to which of the many options available is likely to be best for any one individual.

There is still a lot of discussion in the UK and abroad about the merits of introducing national screening for prostate cancer. The argument hinges on the issue as to whether the risks of missing cancers (and giving false reassurance) or the side effects from the tests are greater than the benefits of screening. Despite the criticisms of the PSA test over its ability to detect early prostate cancer (when the PSA is only slightly raised), PSA remains the most readily available and most optimal marker for prostate cancer that is currently available.