

The Great PSA Debate

Prostate cancer PSA testing and screening – ‘the people’s perspectives’

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The Prostate Cancer Charity's previous position on PSA-based prostate cancer screening

- ❑ **Not to call on Government to introduce a PSA-based national screening programme because:**
 - ❑ **The test is not specific to prostate cancer**
 - ❑ **It has a significant level of false positive and negative results**
 - ❑ **It does not distinguish between aggressive and slower growing forms of the disease**
 - ❑ **There was no significant scientific evidence that prostate cancer screening would reduce mortality**

- ❑ **For men to be aware of their right to request a PSA test from their GP and to undergo this test after being given balanced advice on its pros and cons – **informed choice****

'Top line' results of recent PSA-based prostate cancer screening trials

European trial

- ❑ 162,243 men aged 55-69
- ❑ PSA-based screening reduced death rate by 20%
- ❑ 1,410 men would need to be screened and 48 additional cases of prostate cancer would need to be treated to prevent one death – high risk of over-diagnosis

American trial

- ❑ 76,693 men aged 55-74
- ❑ No overall reduction in mortality in the screening arm

Stakeholder research

- ❑ **Quantitative and qualitative research** to explore views, perceptions and experiences related to a possible national screening programme for prostate cancer, and PSA testing
- ❑ **Dr Foster Intelligence** - telephone survey of 250 men aged 50-70 (mainly not affected by prostate cancer)
- ❑ **Davies McKerr** - online survey of 200 GPs
- ❑ **The Prostate Cancer Charity** (online survey) - 152 completed returns. 62% completed by men with prostate cancer

**Research – men mainly not affected by
prostate cancer
(aged 50–70 years)**

Interviews with men not affected by prostate cancer - approach

- ❑ Test views of **screening** – not specific to prostate cancer
- ❑ Test experiences and views about **PSA testing** and access to it
- ❑ Test views of screening specific to **prostate cancer**

Attitudes to screening (1)

- ❑ **79%** of respondents think that participating in cancer screening should be based on **informed patient choice** given the possibility of non perfect tests and the possibility of unnecessary treatment
- ❑ **51%** of respondents **disagree** that the decision on who should be screened should rest with the healthcare professional
- ❑ **72%** of respondents think that the potential **number of lives saved** by screening always outweighs the potential anxiety caused by a false negative for some
- ❑ **89%** think that cancer screening can be **justified if it can affect the outcome of the disease itself** (e.g. there is treatment available)

Attitudes to screening (2)

Thinking about all types of cancer – what do you think is an acceptable number of people who turn out not to have cancer, but who are called back for unnecessary and invasive tests like biopsies – for every 1,000 screened? * (13% found this too difficult to answer)

Under 25	28%
25-50	19%
51-100	17%
101-150	2%
201+	13%

In European prostate cancer screening trial, 17,533 men had a biopsy as a result of a raised PSA level of which 13,308 (75.9%) had a false positive result. This implies $13,308/60 = 222$ unnecessary biopsies per 1,000 within the screened arm

Experience of PSA testing

- ❑ **53%** said that they are **aware of a PSA test** for prostate cancer (n=132).....all following figures relate to the 'PSA aware' group
- ❑ **37%** said that they have discussed the **benefits and disadvantages of the PSA test** with their GP - or other health professional
- ❑ **39%** said that they have been **offered a PSA test** by their GP or other health professional
- ❑ **21%** said that they have **asked for a PSA test** from GP or other health professional
- ❑ **90%** of those who asked for - or were offered - PSA test (n=68) **went on to have it**

Attitudes to PSA screening and testing (1)

- ❑ **89% believe that it should be for the individual to make an informed choice about having a PSA test if they want one**
- ❑ **85% believe that GPs should routinely discuss the PSA test – benefits and disadvantages with patients**
- ❑ **84% believe that despite the disadvantages of PSA testing it should be offered nationally to all men over 50**
- ❑ **51% were interested in having a PSA test carried out despite the possible disadvantages**

Attitudes to PSA screening and testing (2)

Thinking about prostate cancer screening and the trade off between number of lives saved against number of men who will go through unnecessary treatment that may have life long implications, like incontinence – what do you think is an acceptable number of men undergoing unnecessary treatment per life saved? (17% found this too difficult to answer)

Up to 10	43%
11-25	8%
26-50	12%
51-100	10%
100+	10%

In European prostate cancer screening trial, 48 cases were required to be treated to prevent one death.

Research – GPs

Methodology and sample

- ❑ **200** web based interviews with GPs
- ❑ **Sample drawn from the TNS healthcare professionals panel - have been verified as bone fide respondents**
- ❑ **Gender – male (145), female (55)**

PSA testing – current practice and attitudes (1)

- ❑ **1%** say that they **always** raise – unprompted - the issue of PSA testing with men over 50
- ❑ **21%** say that they **often** raise – unprompted- the issue of PSA testing with men over 50
- ❑ **54%** say that they **occasionally** raise – unprompted – the issue of PSA testing with men over 50
- ❑ **25%** say that they **never** raise – unprompted - the issue of PSA testing with men over 50

PSA testing – current practice and attitudes (2)

- ❑ **71% agree strongly or slightly that men should have access to the PSA test if they want it**
- ❑ **10% neither agree nor disagree that men should have access to the PSA test**
- ❑ **20% disagree that men should have access to the PSA test**

PSA testing – current practice and attitudes (3)

When asked by a patient for a PSA test:

- 90% say that they explain the benefits and disadvantages (before arranging for the test if the man still wants it)**
- 7% say that they arrange for the test as requested (without explanation as above)**
- 3% say that they discourage patients from having the test because of the disadvantages**

Attitudes to more proactive PSA testing

- ❑ Based on their 'current understanding of the evidence relating to PSA testing', **30% would support more proactive testing for patients**, i.e. an annual reminder for men who are over 50 to have a test
- ❑ Based on their 'current understanding of the evidence relating to screening', **52% would support the introduction of a national screening programme** for prostate cancer
- ❑ Difficult to reconcile these two viewpoints – but maybe based on where the responsibility for delivering the programme would lie!

Awareness of Prostate Cancer Risk Management Programme (PCRMP)

- ❑ **82% of GPs are unaware of the PCRMP**
- ❑ **92% of GPs or their surgeries do not have the PCRMP GP pack**
- ❑ **[We need to reassess this following publication of the revised Prostate Cancer Risk Management Programme]**

Research – The Prostate Cancer Charity online survey

Analysis of respondents

- ❑ **152 respondents**
- ❑ **Men with prostate cancer – 62%**
- ❑ **Men without prostate cancer – 3%**
- ❑ **Respondents from prostate cancer support groups – 3%**
- ❑ **Family member or friend – 12%**
- ❑ **Health professionals – 4%**
- ❑ **Other (not reported/charity, etc) – 16%**

Attitudes to potential introduction of a PSA-based national screening programme for prostate cancer

- 59% strongly support** the introduction of a national screening programme
- 19% support** the introduction of a national screening programme
- 7% oppose or strongly oppose** the introduction of a national screening programme
- 7% are undecided**
- 8% provided no view**

Reflections

- ❑ **The landscape has changed** – e.g. introduction of active surveillance, development of models to predict risk. Can therefore think of **‘uncoupling’ the PSA test** from the downstream consequences
- ❑ **The ‘status quo’ is not acceptable**
- ❑ **The balance of benefits and harms is not a one way street** – informed choice rather than the implied unequivocal benefits of a screening programme is appropriate
- ❑ **‘Informed choice’ represents a spectrum of understanding** – none of us are fully informed about anything. This should not lead us to taking a **paternalistic view** that ‘we know best’

The Prostate Cancer Charity's current position

- ❑ **Supports the right of every man over 50 – and younger men at higher risk – to make an **informed choice** about the PSA test**
- ❑ **Calls for UK Governments to ensure universal access to balanced information about the PSA test – ‘**universal informed choice**’**
- ❑ **Does not believe that a national screening programme based on the PSA test would offer an acceptable **balance between benefit and harm****
- ❑ **Will work with the UK National Screening Committee and the School of Health and Related Research (ScHARR) to bring the **vital perspectives of men to their decision making process****
- ❑ **If the UK National Screening Committee recommends against national screening, the Charity will **lobby Governments to implement alternative arrangements for ‘universal informed choice’** – e.g. through routine ‘well man’ health checks**

Oppose the motion

- ❑ 'Every man at risk of prostate disease (i.e. all men over 50, and those over 40 with other risk factors) should be encouraged to check his PSA every year'
- ❑ The real issue of concern is prostate cancer
- ❑ There are both **potential benefits** for a man knowing his PSA value and **potential risks** – of unnecessary anxiety, over diagnosis and over treatment
- ❑ It would be wrong to imply an unambiguous benefit → **a matter for informed choice**
- ❑ The emphasis should therefore be on providing a **systematic opportunity for all men to exercise an informed choice about the PSA test** – not on active encouragement to check his test annually