

## Why are we holding this debate?

*Sandy Tyndale-Biscoe, Chairman, Prostate Cancer Support Federation*

The germs of this debate lie in the dreaded Prostate Cancer Risk Management Programme (Plug). As a patients' representative on the working party supposedly advising the re-drafting team, it was clear that when it comes to PSA Testing of symptomless men, the general views of patients are completely at odds with those of the 'professionals', and that people presenting the arguments on both sides are generally talking past each other.

What we wanted to do was set up a forum in which the proponents of both sides of the argument could talk intelligently to each other, and see where consensus might be found on how the issue should be moved forward. About one thing I think we all agree – the current situation cannot be allowed to continue.

You will, I have no doubt, hear a great deal today about the 'evidence' for or against the benefits of PSA Testing. Without in any sense pre-judging the issue being debated, I would submit that most of the talk about evidence on this issue is irrelevant, since, the fact is, the evidence, within the strict meaning adopted by those who rely on it for their decision making, tells us nothing.

Where that is the case, it is not acceptable to wring one's hands and do nothing. Indeed, in no other human endeavour is it customary to do that. Were that the case, bridges would not have been built, we would not be able to fly to far off countries for less than £10, and, closer to home, we would not have penicillin or aspirin, and we would still have smallpox.

Where evidence is inconclusive, what has to come into play is judgement, based on the collective wisdom and experience of those who know what they are talking about. Which brings me to our invited speakers.

Speaking for the motion, we have **David Baxter-Smith**, consultant urologist of many years experience, who is the Federation's medical advisor, and whom many of you will know from the many sessions of "free" PSA Testing that he has

organised and conducted throughout the country. This gives him unrivalled experience of the impact and effectiveness of the PSA Test.

**Prof Roger Kirby** is a urological surgeon of international renown, specialising in prostate disease. He is the Chairman of Trustees of Prostate UK, a charity that can take credit for almost the very existence of the Federation, as they have been extremely generous to us in the eighteen months since we were formally founded.

**Dr Tom Stuttaford** is the political and media advisor for the Federation. Well known to readers of the Times and the Oldie, he is a prostate cancer patient and both a retired GP and a retired MP, and now a journalist.

Prof **Ken Muir** will forgive me if I say that he was our last choice as speaker against the motion. Having rejected a number of the obvious candidates, on the grounds that they might be lynched, and failed to get others who were unavailable, I happened to mention to Ken that this debate was just down the road from him at Warwick University, and we were short of a speaker, but that I assumed he had a sympathetic view on the matter and would not wish to argue against it. “On the contrary”, he said, he would be happy to do so, and explained why. Afterwards he spoilt it by saying that he would equally happily have proposed the case FOR the motion – so I’m looking forward very much to some mental gymnastics.

When in June of this year, the National Screening Committee re-opened the case for prostate cancer screening, we, on behalf of the 5,000 or so patients we represent, asked to make a presentation. The request was refused, but the Prostate Cancer Charity had more luck. When I saw that their presentation concluded with the words that the PCC “would not advocate a simple awareness programme to promote knowledge of the existence of the PSA test”, I decided to ask **John Neate**, their Chief Executive to speak against the motion. He was happy to oblige and we look forward to hearing what is the Charity’s position on the PSA Test.

Our third speaker against the motion is someone whose position about the PSA Test, is quite clear. It is **Dr Chris Parker**, oncologist from the Royal Marsden. Many of you will have heard him speak before, not infrequently against PSA

testing of symptomless men. I think he's brave to come here, relying as he does on the fact that he's such a nice guy, and such a good clinician, that no-one here will give him a seriously hard time.

Now, we have a further speaker, and since he's going to be rude about me in a few moments, I think I'll get my retaliation in first and call him the Joker in the Pack.

**Dr Dennis Brennan** recently retired as an Occupational Medicine specialist (that's company doctor to you and me – he worked for Sainsburys). He represents the kind of person who needs to be convinced by the arguments that you will hear today.

Finally, I would like to emphasise that, although we propose to submit the record of today's debate to the National Screening Committee, it is not about screening. Screening as practiced in the Health Service is too much of a blunt instrument to handle the sophisticated protocols needed for PSA.