

FROM: SIR LIAM DONALDSON, CHIEF MEDICAL OFFICER

Dear College

Prostate Cancer Screening

I am writing to alert you to the publication of major findings on screening for prostate cancer in the New England Journal of Medicine (NEJM) on 18th March 2009.

The NEJM reports on two studies. The European trial, The European Randomized Study on Screening for Prostate Cancer - ERSPC1[1], started in 1993 and reports on 162,000 men from 8 countries. It shows that the risk of dying from prostate cancer is reduced amongst those screened by around 20%. However, around 48 men have to be treated for prostate cancer to avoid one death.

The other research trial, The Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial ? PLCO2[2], comes from the USA. This involves around 75,000 men and shows no benefit from screening.

As a result of publicity from these studies more men may consult you requesting a Prostate Specific Antigen (PSA) test for prostate cancer. If so, my advice is that your procedure should remain in line with Prostate Cancer Risk Management Programme guidelines.

Men are entitled to have a PSA test free on the NHS provided they have made an informed choice based on the PCRMP materials.

The PCRMP is available to support you in counselling asymptomatic men who are considering having a PSA test. The PCRMP was established in 2002 to ensure that men without any symptoms of prostate cancer considering having a PSA test are given information concerning the benefits, limitations and risks associated with having the test. Support materials including a summary sheet, a booklet outlining the evidence, and a leaflet for men can be downloaded at:

<http://www.cancerscreening.nhs.uk/prostate/informationpack.html>

The PCRMP materials will be revised as a result of the new research findings.

Decisions about screening for prostate cancer using the PSA test will be particularly complex because of the problem of over diagnosis. The Department of Health will formally ask the UK National Screening Committee to review the evidence and make recommendations.

I have highlighted the difficulties faced by men and doctors when deciding on management of localised prostate cancer in my 2008 annual report3[3] chapter on Prostate Cancer, which was published this week.

[1] Schröder et al, N Engl J Med 2009;360:1320-8

[2] Andriole et al, N Eng J 2009;360:1310-9

[3] Chief Medical Officer. *On the State of Public Health, Prostate Cancer ? What to do with the pussycats?*: London. Department of Health. 2009 Weblink: www.dh.gov.uk/cmo
