

# POSITION STATEMENT

## Prostate cancer screening in Australia: joint key messages



Australian Health Ministers' Advisory Council

### Jointly supported by:

- **Cancer Council Australia**
- **Screening Subcommittee of the Australian Population Health Development Principal Committee**

The need to inform Australian men about prostate cancer is increasingly important. Almost 3000 Australian men die from prostate cancer each year and more than 19,000 new cases are projected to be diagnosed in 2010. With prostate cancer risk higher among older men, the number of cases will continue to grow as Australia's population ages.

Early detection and management of prostate cancer is a complex issue. Evidence on the links between prostate cancer risk and modifiable lifestyle factors is limited. In addition, unlike cancers of the bowel, breast and cervix, there is insufficient evidence to support the benefits of population-based screening for prostate cancer.

As health organisations committed to prostate cancer control, we endorse the following key messages to help inform Australian men about prostate cancer and to reinforce the need for men to make an informed, personal choice about prostate cancer detection.

### General messages

- Prostate cancer is a major health concern in Australia, causing the second highest number of cancer deaths in men (after lung cancer) and the most cancer cases (apart from non-melanoma skin cancer).
- A prostate cancer diagnosis at any age has a major impact on a man's quality of life.
- Over 80% of new prostate cancer cases occur in men over 60 years of age, with 97% of prostate cancer deaths occurring in this age group. Prostate cancer is more common in men aged over 50.
  - Men with a first-degree relative with prostate cancer have a greater risk of the disease.
  - Current evidence indicates that the PSA test is not suitable for population screening, as the harms (see below) outweigh the benefits.
  - Men who are concerned about prostate cancer should discuss it with their doctor.

### Testing for men with symptoms

- It is very common for men over 50 to experience symptoms related to changes in urinary flow, urgency or control. In most cases these symptoms are caused by non-cancerous, enlargement of the prostate. They should be checked by a doctor.

- The tests available at this time for finding prostate cancer are the prostate specific antigen (PSA) blood test and digital rectal examination (DRE).
- The PSA test is used in the ongoing management of men who have been treated for prostate cancer, and it can be used to assist in the diagnosis of prostate cancer for men with signs or symptoms of disease. However, PSA levels can rise due to cancer or to benign (non-cancerous) conditions, while levels may also be low in the presence of prostate cancer.
- DRE involves a doctor manually checking for abnormalities through the rectum. Its effectiveness is limited, as sections of the prostate are out of reach and small tumours may be undetectable.

## Population screening for well men

Early evidence from two large randomised controlled trials of PSA testing in Europe and the US was published in March 2009. The studies included men from ages 55 to 69, and 55 to 74, respectively. The European study reported a reduction in mortality of 20% attributable to screening, whereas the US study found no benefit. The European study showed that 48 additional cases of prostate cancer would need to be treated to prevent one death from prostate cancer.

- Both studies reported harms attributable to screening (see 'Treatment', below). Harms as well as benefits need to be considered in recommendations about population screening.
- Current evidence is that the harms of population screening with the PSA test outweigh the benefits. Consequently, either alone or combined with DRE (see 'Testing', above), the PSA test does not form the basis of a population-based screening program.

## Difficulty with diagnosis

- Many prostate cancers grow slowly without requiring treatment or intervention. This means that many men with prostate cancer can lead a normal life without being affected in any significant way by their cancer.
- Unfortunately, other men will experience life-threatening prostate cancer where the cancer grows and spreads rapidly.
- At the present time, there is no test available that adequately differentiates between these cancers.

## Treatment

- Following a diagnosis of prostate cancer, to make an informed choice about treatment, men should consider and discuss with their doctor the options available. Options include surgery, radiotherapy, hormonal treatments or watchful waiting. The various side effects of treatment such as impotence, incontinence and bowel symptoms should also be discussed.
- Current best evidence indicates that active surveillance is appropriate in some cases of early, low-grade prostate cancer.

## Conclusion

For the reasons above, men considering being tested for prostate cancer should do so with information on both the benefits and harms of testing and treatment. We encourage men to speak to their doctor so they can make an informed choice about prostate cancer testing.

Current evidence indicates that the PSA test is not suitable for population screening, as the harms outweigh the benefits.

Further information for men considering testing can be found at [www.prostatehealth.org.au](http://www.prostatehealth.org.au)

## References

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