

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:
9 SEPTEMBER 2010

REPORT OF THE JOINT DIRECTOR OF PUBLIC HEALTH, WIRRAL

PROSTATE CANCER

Executive Summary

*In response to the **Council Motion 108: Prostate Cancer in Wallasey and Moreton and amendments (Council – 15 February 2010)**; this briefing paper provides a brief overview of prostate cancer and the Prostate-Specific Antigen (PSA) Test. It also outlines the reasons why the National Screening Committee has recommended that population screening for prostate cancer should not be introduced in England, and information on the Department of Health informed choice programme known as 'Prostate Cancer Risk Management'.*

1 Background

- 1.1 Prostate cancer is second only to lung cancer as England's biggest cancer killer in males. Each year in the UK about 35,000 men are diagnosed with prostate cancer and 10,000 die from the disease. From 2002 to 2008 there were 407 deaths from prostate cancer in Wirral. The number of deaths for prostate cancer was about the same as would be expected when compared to the rate of death in England as a whole.
- 1.2 The disease is rare in men under 40 years of age. The average age at diagnosis is 70-74 years. It is more common in men with a family history of the disease and in some ethnic groups. Black African and black Caribbean men in England are three times more likely to get prostate cancer than white men, but South Asian men are less likely to get prostate cancer.
- 1.3 There has been considerable media focus on the disease, along with calls for the introduction of a national prostate cancer screening programme.
- 1.4 Natural History of the Cancer:
 - 1.4.1 No cause of prostate cancer, either genetic or environmental, has yet been discovered. The natural history of the cancer is not fully understood and prostate cancer does not behave like other cancers.

1.4.2. Two common types of prostate cancers are the tumours that grow rapidly and can spread to other parts of the body (dubbed 'tigers') and those that remain localised to the prostate gland and grow very slowly (dubbed 'pussycats'). The localised slow-growing tumours often produce no symptoms and do not shorten life, while full-blown treatment (with surgery or radiotherapy) can cause incontinence and impotence.

1.4.3 There is no way of predicting which localised, slow-growing prostate cancers will become aggressive, grow and spread (i.e. turn from 'pussycats' into 'tigers'), leaving men and doctors with difficult decisions about treatment.

1.5 The Prostate-Specific Antigen (PSA) Test:

1.5.1 The prostate-specific antigen (PSA) test is currently the best method of identifying an increased risk of localised prostate cancer. The PSA test is a blood test that measures the level of PSA in the blood. PSA is made by the prostate gland, and some of it will leak into the bloodstream depending on age and the health of the prostate.

1.5.2 However, there are a number of uncertainties surrounding the PSA test and the diagnosis and treatment of prostate cancer. A raised PSA level may mean a person has prostate cancer. However, other conditions which are not cancer (for example, enlargement of the prostate, prostatitis, urinary infection) can also cause higher PSA levels in the blood. About 2 out of 3 men with a raised PSA level will not have prostate cancer. The higher the level of PSA, the more likely it is to be a sign of cancer. The PSA test can also miss cancer.

Benefits and limitations of the PSA test	
The benefits of PSA testing	The limitations of PSA testing
<ul style="list-style-type: none"> • It may be reassuring if the test result is normal 	<ul style="list-style-type: none"> • It can miss cancer and provide false reassurance
<ul style="list-style-type: none"> • It may give men an indication of cancer before symptoms develop 	<ul style="list-style-type: none"> • It may lead to unnecessary worry and medical tests when there is no cancer.
<ul style="list-style-type: none"> • It may find cancer at an early state when treatments could be of benefit. 	<ul style="list-style-type: none"> • It cannot tell the difference between slow-growing and fast-growing cancer.
<ul style="list-style-type: none"> • If treatment is successful, the worst possible outcomes of more advanced cancer, including death, are avoided. 	<ul style="list-style-type: none"> • It may make men worry by finding slow-growing cancers that may never cause any symptoms or shorten your life.
<ul style="list-style-type: none"> • Even if the cancer is more advanced and treatment is less successful, it will usually extend life. 	<ul style="list-style-type: none"> • 48 men will undergo treatment in order to save one life.

- 1.5.3. Currently, there is no evidence that the benefits of a PSA-based screening programme would outweigh the harms.
- 1.5.4 The majority of prostate cancers detected by screening are early cancers that may become 'tigers' but are more likely to be 'pussycats'. Finding more of these cancers leads to distress and anxiety and potentially to unnecessary treatment resulting in impotence and incontinence. It may be only when correct identification of 'tigers' at an early stage and better treatments are possible that population screening becomes viable.
- 1.5.5. New evidence from a prostate cancer screening trial in Europe has shown that 'screening' reduced mortality by 20 per cent. However, this was associated with a high level of over treatment. To save one life, 48 additional cases of prostate cancer needed to be treated. The UK National Screening Committee has recommended that a national prostate cancer screening programme should not be introduced in England at this time, but they will continue to keep the situation under review.
- 1.5.6 An informed choice programme, 'Prostate Cancer Risk Management', has been introduced. This is to ensure that men who are concerned about the risks of prostate cancer receive clear and balanced information about the advantages and disadvantages of the PSA test and treatment for prostate cancer. GPs have received an information pack to assist them in the counselling of men who enquire about testing. This pack helps primary care teams to provide men with information on the benefits and limitations of the PSA test.
- 1.6 Next Steps - The Wirral Cancer Network Group has developed a DRAFT Cancer Prevention and Early Detection action plan to ensure progress in reducing the burden of cancer in Wirral and to reduce excess deaths from cancer.

2 Strategic Action Plan Implementation

This briefing paper relates to the cancer programme in the NHS Wirral Strategic Plan 2009-2013.

3 Strategic Recommendations

Not applicable - this is a short briefing paper for information.

4 Data recommendations

None identified within this paper.

5 Communication recommendations

There are no specific recommendations within this briefing paper. The Prevention and early detection plan includes communication actions relating to all cancers.

6 Implementation recommendations

None identified within this paper.

7 Support required from Members

To note the content of the report.

8 Staffing Implications

None identified within this paper.

9 Equal Opportunities Implications

There are no specific recommendations within this briefing paper. The prevention and early detection plan (currently in draft) referred to within the paper, aims to reduce inequalities within communities by focussing upon those groups who are at greatest risk of cancer.

10 Community Safety Implications

None identified within this paper.

11 Local agenda 21 implications

None identified within this paper.

12 Planning implications

None identified within this paper.

13 Anti-Poverty Implications/Social Inclusion implications

None identified within this paper.

14 Local member Support Implications

None identified within this paper.

15 Background Papers

None.

16 Recommendations

For Members to note the recommendation by the UK National Screening Committee, that a national prostate cancer screening programme should not be introduced at this time.

Marie Armitage
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