

# By the way... Does your man need prostate test?

SCREENING for prostate cancer using a PSA test is controversial. At first glance, this might seem odd. After all, prostate cancer is often curable if diagnosed early, but it may become incurable if you wait until symptoms occur.

This is a great incentive for screening — checking for the disease in men without symptoms. However, there are question marks over how to do this effectively.

PSA tests were widely adopted in the Nineties, but in recent years, GPs have been discouraged from using them. This is because although in theory screening reduces the chance of dying from prostate cancer, the evidence for its benefits is mixed; for most men, the chances of harm from the test may be greater than the benefits. But more on that in a moment.

The view from the charity Prostate Cancer UK is that men at higher risk — such as black men or those with a family history of the disease — should be able to get the test from the age of 45 (current NHS guid-

ance is that men over 50 can have the test after discussing the pros and cons with their GP). The charity also suggests that any men who have concerns about developing the disease should be able to request the test from the age of 40 to establish their baseline PSA.

The average lifetime risk of developing this disease is nearly 14 per cent, but the risk of dying from it is around 4 per cent, and whether a patient survives depends on many factors, especially how advanced the tumour is when diagnosed.

We have always needed a screening test that can accurately identify patients with aggressive, localised tumours that have the greatest potential for spreading.

Many cases detected are not aggressive and if left undiagnosed might never cause any problems during that man's lifetime.

Post-mortem examination studies reveal that around 30 per cent of men aged 50 have cancerous cells in their prostate; this percentage is even higher among men

over 80. What this suggests is that in many cases, prostate cancer grows slowly and does not kill.

What we still don't know is how to distinguish aggressive tumours — levels of PSA don't tell us this. A biopsy can give us some guidance, but the process itself carries a risk of serious infection.

Subsequent treatment — surgery, radiotherapy or hormone therapy — can cause lifelong side-effects, such as urinary incontinence or erectile failure.

The new recommendations from Prostate Cancer UK are a way of improving how we use PSA testing to reduce the number of men who are diagnosed too late — pinpointing those who should undergo a biopsy and then make a decision about their treatment.

But this is still a hazy area, and the most important message I can give is reassurance that most men who decide against having PSA test will not have life-threatening prostate cancer.