e Cancer Screening

The Australian Health Technology Advisory Committee (AHTAC), a committee of the National Health and Medical Research Council (NHMRC), has evaluated the benefits, risks and costs of screening for prostate cancer.

After careful consideration of the evidence, AHTAC has concluded that there is no conclusive evidence at this time to show that screening for prostate cancer makes any difference to how long a man will live, nor that early detection and treatment of prostate cancer will result in improved quality of life. For this reason, AHTAC does not support screening for prostate cancer.

This brochure aims to answer some of your questions and concerns.

What is prostate cancer?

Prostate cancer is the malignant enlargement of the prostate gland in men. This gland sits just below the bladder and surrounds the urethra (the tube from the bladder into the penis).

Until the age of about 45-50 years, the prostate remains fairly constant in size. After this age, the gland can enlarge and affect the normal process of passing urine. In most cases, this enlargement is non-cancerous (known as benign prostatic hyperplasia) but in some cases it is malignant.

Prostate cancer is a significant health problem. It is the second most common cause of cancer death in Australian men, causing about 2,500 deaths each year. Prostate cancer mainly affects men in older age groups. The risk factors and causes of the disease are not known.

Although the natural history of the disease is not well understood, it is known that the tumour is usually slow growing and many older men with the disease die of some other cause before the tumour becomes life threatening or even causes symptoms.

Although the number of men who die from prostate cancer is not changing greatly, the reported incidence is rising. This rise is believed to be the result of the increased use of a test known as the prostate specific antigen (PSA) test. This test measures the level of PSA in the blood. PSA is a normal product of the prostate gland. A raised PSA level may indicate cancer or other non-cancerous prostate conditions.

PSA and other currently available tests for prostate cancer are not good enough to be used for screening.

What is screening?

Screening involves looking for evidence of a disease (such as prostate cancer) in a healthy population or group of people. The aim of screening is to find disease at an early stage to improve chances of treatment benefit and cure.

A screening test gives an indication of the likely presence of a disease. Further tests and investigations are usually required to reach a diagnosis.

Sometimes individuals will request a screening test if they have symptoms, if they are worried, or if they know someone who has been diagnosed with the disease.

Does anyone support prostate cancer screening?

Although some groups in the community would like prostate cancer screening to be introduced for older males (50-70 years), there is no clear evidence that screening healthy men in the population will result in them living longer or having a better quality of life.

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Does early detection and treatment of prostate cancer make a difference?

At the moment, there is no convincing evidence that finding and treating early prostate cancers will increase life expectancy or quality of life for men. Considerable research is occurring around the world. However, it may take some years before the issue is resolved.

Currently, there is no agreement among doctors as to how cancers which may be detected early through screening (ie localized cancers) should be treated, or whether they should be treated at all. It is not clear whether, on the whole, men with localized cancers treated by surgical removal of the prostate (ie a radical prostatectomy) or by radiotherapy, live longer than men who are not treated but who are carefully monitored for any changes in their condition. This careful monitoring is called ñwatchful waitingò

Significant risks are associated with both radical prostatectomy and radiotherapy treatments. Impotence and incontinence are the most common complications, both of which impact adversely on the quality of life of men having those treatments. Because of these known complications of treatment and uncertainty of benefit, screening of men without symptoms is not recommended.

What if I have symptoms?

While there is not a case for healthy men to be screened for prostate cancer, all men with possible symptoms bothering them, such as urinary difficulties, should discuss these concerns with their doctor.

When making a decision about testing, you and your doctor should consider your age, family history of prostate cancer, your general medical history and the potential impact that a diagnosis of cancer may have on you, even if the cancer may not affect your life expectancy. You should also discuss the potential risks, benefits and costs of the tests, and the diagnostic and treatment procedures which might follow from a diagnosis of prostate cancer. Only when you feel fully informed about your choices should you decide how to proceed.

The future

While not supporting screening at this time, AHTAC has recommended that developments in screening tests and treatments for prostate cancer should be closely monitored.

AHTAC has identified the need for clear information to be available to those facing decisions about testing and treatment for prostate cancer.

AHTAC has also recommended that research into prostate cancer continue to be treated as high priority by NHMRC and other funding bodies.

A more detailed summary and AHTACôs technical report on prostate cancer screening can be obtained from:

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