Prostate Cancer

Some prostate cancers are very aggressive, invading and spreading rapidly, but most are slow growing and remain confined to the prostate. They can be difficult to tell apart. The slow-growing cancers, particularly in older men, are unlikely to cause health problems and there is a real risk of over treating them. Conversely, if an aggressive cancer is treated before it can spread, prostate cancer can often be cured.

Evidence of what works

- Recent evidence from the PIVOT trial indicates that surgery for low-risk prostate cancer (Gleason Score 6) is not effective
- PSA surveillance of these patients may lead to over treatment
- For men over 50 who ask for PSA testing, the Prostate Cancer Risk Management Programme ensures that:
  a) they are given full information about the risks of the test
  b) PSA testing is carried out to an explicit quality standard
  c) there is a systematic and standardised follow-up pathway for those men whose test result is above the threshold

Suggested Actions

- Awareness raising in the general population will increase earlier diagnosis of cancer and improve survival outcomes
- Move two week wait appointment from Day 14 to Day 8
- Review of early diagnostic pathway to allow quicker diagnosis
- National Screening Committee (NSC) guidance is that prostate cancer screening should not be introduced and that men should not be invited for PSA testing

Community Voices

The group “Leighton Hospital Prostate Cancer Support Group and Awareness Campaign” is working to inform men about prostate cancer and to reduce the death rate from this disease.

Cancer diagnosed at stage 1 and 2 PH 2.19
Mortality from cancer PH 4.5

The rise in prostate cancer began with histological diagnoses from tissue removed during treatment for benign prostate enlargement, and more recently from PSA testing (which led to a large increase in prostate cancer in Cheshire East between 2000 and 2006). The risk of dying is similar to the risk two decades ago. In 2009, 292 men in Cheshire East were diagnosed with prostate cancer and 78 men died from the disease.

In 2008/09, around 11,500 PSA tests were taken by general practices in Cheshire East. Some of these were to monitor the outcomes of cancer treatment, but others were taken to investigate men with symptoms or as part of the Prostate Cancer Risk Management Programme.

The prostate specific antigen (PSA) test detects a chemical that is raised in many diseases of the prostate, including cancer. The test cannot distinguish between fast growing cancers and slow growing cancers that may never cause any symptoms or shorten life. The result can lead to unnecessary anxiety and having invasive medical tests when in fact no cancer is present.

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