



## **THE CHAPS/TACKLE/MASONIC PROSTATE CANCER SCREENING PROJECT**

### **Report to the East Suffolk Prostate Cancer Support Group for 2023**

#### **Introduction**

We are delighted to have provided Prostate Cancer (PCa) Screening for the Support Group and to include the year's results within the CHAPS/TACKLE/MASONIC (CTM) Prostate Cancer Screening Project. At the 2 events in 2023 a total of 143 men were tested, all of whom met strict screening criteria and their statistics are presented.

With 52,000 new cases every year, PCa is now the commonest cancer in the UK. We have no national NHS screening programme despite clear evidence that screening over 20 years with regular PSA tests can halve the PCa death rate. That would reduce our death rate from 12,000 to 6,000 a year! Although the NHS Prostate Cancer Risk Management Programme entitles men over 50 to have a PSA test, many requests are declined and GPs advise not to test "till symptoms arise" – too late for screening!

Following a 54% fall in testing due to Covid in the UK, it is estimated that 14,000 new cases of PCa were "lost". Since then, there has been a subsequent NHS publicity drive to increase the early diagnosis of PCa. Additionally, the NHS has announced it will start pilot studies to diagnose PCa in men deemed to be at high risk due to a family history of PCa or because of black African or Caribbean heritage. Unfortunately, this "targeted screening" will not cater for men who are not at "high risk" as over 70% of new cases arise in men with no known risk factors. Indeed, it is likely that these pilot studies may even delay introduction of a comprehensive national screening programme! With many GPs still reluctant to perform PSA tests, alternative access to PSA testing has therefore never been more timely.

The CTM Project's aim is to prove that a comprehensive, risk-based, PSA screening programme can be run at scale in the UK with substantial benefit and statistical validity. Recruitment of Provinces to the Project has increased throughout 2023 and nationally, the Project's clinical PSA testing protocol has been adopted by most of the other major testing Charities in England and Wales such that nearly 50,000 men are being tested to comprehensive, risk-based criteria comparable with the best screening protocols in Europe and the USA.





### ESPCSG Event Statistics for 2023

EVENTS: 2	RESULTS: NORMAL "GREEN"				ABNORMAL		TOTAL
	Risk: High	Intermediate	Low	No/Discharge	Amber	Red	
Fitology	22	15	48	-	4	5	94
Hadleigh	15	5	27	-	1	1	49
Totals	37	20	75	-	5	6	143
Percent	25.9	14	52.4	-	3.5	4.2	100

### Discussion

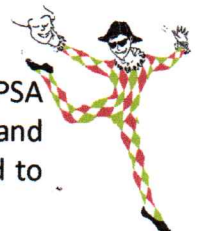
This year's results are significantly different from 2022. The total numbers tested at only 2 events this year are all lower, falling from a total of 519 in 2022 to 143 in 2023. This is mainly due to no event at Venue16 where 233 attended in 2022. However, average attendances also fell at the 2 equivalent events ( Fitology and Hadleigh FC ) from 143 in 2022 to 71.5 this year. Most other venues have seen an increase, reflecting greater awareness of PCa, increased publicity and a rebound of screening post-Covid.

The overall percentages this year are all within anticipated ranges.

Of the 11 (8.7%) abnormal Amber and Red results, it can be estimated that approximately 1 in 4 will have an underlying cancer and of these, at least half will be aggressive. In simple terms, these testing sessions should identify approximately 2-3 new cancers and save 1-2 lives. The national average for abnormal PSA results is 8%.

One in eight UK men will develop PCa in their lifetime. Many of these will develop in the 37 (25.9%) men with normal "Green" results but identified as High Risk. If these men continue regular screening into their 70s, initially annually for 3 years, we can expect to identify many more cancers at a curable stage. We regard this follow-up as an essential part of the programme and reminders are now being issued when follow-up PSA tests are due.

The majority of men attending – 75 (52.4%) - are at Low Risk and only need a PSA test at 3 yearly intervals to prevent over-testing which is wasteful of resources and carries significant medical risks. Our new reminder and recall system is designed to promote retesting only at recommended times – key to programmed testing.





## Conclusion

This Project is confirming how organised programmes work and can reduce the death rate from PCa by up to 50%, not merely by a few percentage points as achieved by one-off and random tests. Our partners at The Graham Fulford Charity, which runs the test booking and results service, has now introduced a test reminder and recall service which is a vital step towards improving screening compliance.

This year we appointed a researcher, Ms Le-May Mostert, who conducted an audit of outcomes of all 255 (8.7%) abnormal PSA test results in 2022 when CHAPS Charity conducted 3029 tests overall. So far 50 cancers (1.7%) have been diagnosed of whom 37 have received Radical Treatment and 9 are on Active Surveillance; in due course it is likely that up to half of these latter men will convert to radical treatment. The equivalent figures for ESPCSG events in 2022 were 44 abnormal tests from which 10 cancers have been detected, 8 of which received radical treatment with curative intent, 1 is on active surveillance and 1 is on treatment for metastatic disease. These statistics confirm that the key screening objective of detecting and treating life-threatening cancers at an early, curable stage is being met by the Project both nationally and in Suffolk.

Although the NHS has excellent diagnostics and treatment of men with early stage PCa, we have poor awareness and screening. Consequently, our PCa death rate is amongst the worst for a developed country – 22<sup>nd</sup> out of 28 European countries.

This Project is demonstrating that PCa screening can be done at scale in the UK and achieve the success rates seen in Europe and the USA. It identifies early, significant cancers at a curable stage, identifies men at high risk for whom screening frequency should be intensified and reduces over- screening for men who are at low risk. However, the main local problem is the drop in numbers making smaller events of below 100 attendees economically inefficient now that costs, principally ESNEFT phlebotomy charges, have gone up steeply in 2023.

Whilst this report provides only a snapshot of the overall picture, there is much to be gained from a more detailed presentation of the statistics. This will be provided on 26<sup>th</sup> March at Freemasons Hall where leading experts on PCa screening from Europe and the UK will present, for the first time in the UK, a comprehensive overview of PCa screening research, methodology and results. For more information or to attend, contact [Sonia.shelcott@chaps.uk.com](mailto:Sonia.shelcott@chaps.uk.com).

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