

European Prostate Cancer Awareness Day

Reconsider structured population-based
PSA screening for Prostate Cancer

22 January 2019

Brussels



Has the time come to reconsider
PSA Screening for Prostate Cancer?

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What we all know about PSA?

1. It can be used for early detection
2. Population based screening:
 - results in stage migration at diagnosis
 - decreases prostate cancer death
 - exposes to overdiagnosis and overtreatment

And therefore... its implementation has been discouraged.

Same name but different diseases

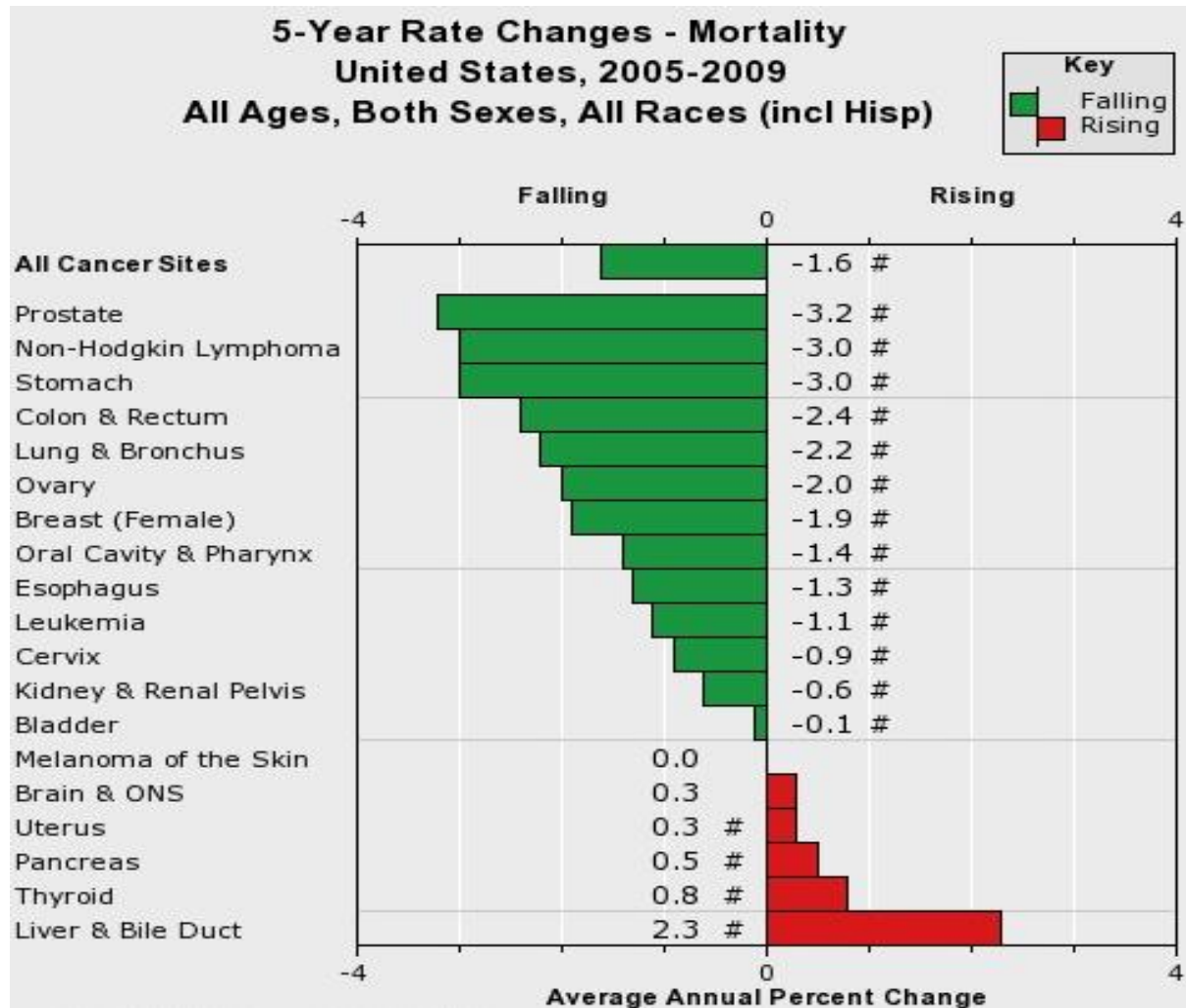
**Incidental prostate cancer
at autopsy: > 50%**



**11% cancer deaths of all
male cancers are PCa related**



Changes Mortality



1. Early detected disease can be perfectly cured
2. Treatment of early disease is less toxic:
 - Less incontinence/impotence after Rad. Prostatectomy
 - No need of hormones in case of Radiotherapy
3. Treatment of more advanced disease has more side effects
4. Treatment of metastatic disease is extremely expensive

Cost of Care

The total cost of this man with PCa was close to 300.000€ over 18 years.



€240,000
for drugs and supportive care last 4 years of life

Surgery
€5,000



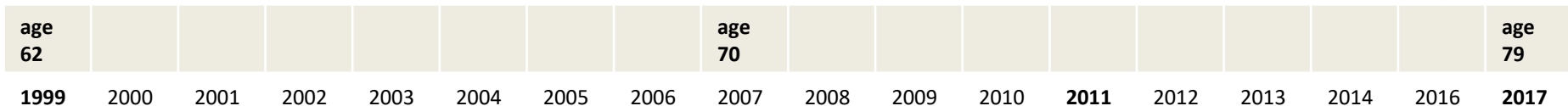
Relapse:
Radiotherapy
€5,000



Medical Castration
€ 11,000

Radium 223
Cabazitaxel
Enzalutamide
Docetaxel
Abiraterone
Denosumab

Palliative:
Radiotherapy



What we also know

1. Early detected disease can be perfectly cured
2. Treatment of early disease is less toxic:
 - Less incontinence/impotence after Radical Prostatectomy
 - No need of hormones in case of Radiotherapy
3. Treatment of more advanced disease has more side effects
4. Treatment of metastatic disease is extremely expensive

Nevertheless, the implementation of early detection has been discouraged

Why was screening discouraged?

1. Prostate cancer is supposed not to be a killing disease
2. Treatment can lead to many side effects
3. Many men would never suffer from it
4. Potential overtreatment as PCa diagnosis automatically led to active treatment
5. We were not able to discriminate between significant and insignificant cancer

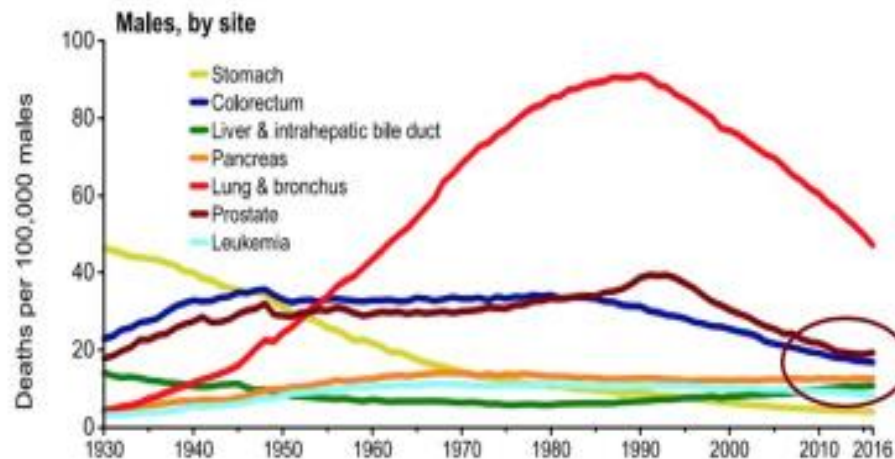
What has been the consequence of less screening?

1. **UK: The disease is diagnosed in more advanced stages**
 - Cure is more difficult to achieve
 - Cure is more toxic
2. **USA: More patients are primarily diagnosed in a metastatic - incurable - stage**
3. **Overall, the ever decreasing mortality rate from PCa has come to a stop, and in some countries (USA) PCa mortality starts to rise. And in others it will rise in the years to come.**

We cannot let this happen!

What has been the consequence of less screening?

Mortality



3, Overall, the ever decreasing mortality rate from PCa has come to a stop, and in some countries (USA) PCa mortality starts to rise. And in others it will rise in the years to come.

We could not let this happen!

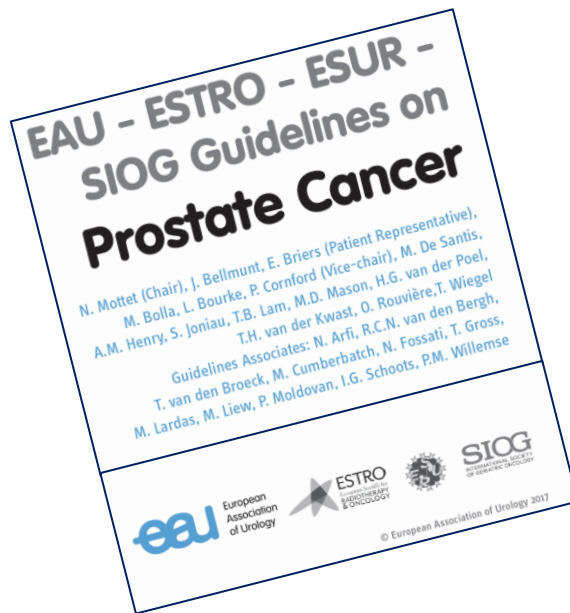
European Prostate Cancer Awareness Day

Saving lives by improving
prostate cancer care in Europe

27 September 2017
Brussels



EPAD
European Prostate Cancer Awareness Day



iCPS 2016
2017
2018



Prostate Cancer & the European Commission



Dods EU

Your Dods Monitoring Alerts for 18/01/2018

EP Register - Measures to combat cancer among men

European Parliament - Written Answers

18/01/2018

Question for written answer E-007165/2017 to the Commission Rule 130 Letteris Christoforou (PPE)


Answer given by Mr Andriukaitis on behalf of the Commission

The Commission is aware that cancer is the second leading cause of mortality in EU Member States after cardiovascular diseases, accounting for 26% of all deaths in 2013. According to the 'Health at a Glance: Europe 2016 – State of Health in the EU Cycle' **cancer mortality rates are higher for men than for women**¹. This gap can be explained partly by the greater prevalence of risk factors among men, as well as the **lesser availability or use of screening programmes for cancers affecting men, leading to lower survival rates after diagnosis**.

It should be recalled that the responsibility for the management of cancer prevention and control rests with the Member States. However, the Commission has for decades worked in close partnership with Member States, patient organisations, civil society, non-governmental organisations and international agencies, to support initiatives to promote healthy life style, smoke-free policies, and provide EU best practices and guidelines to be implemented in the areas of cancer screening, quality assurance, integrated cancer control, after-care at community level, and survivorship and rehabilitation².

The Commission will support under its Health Programme a Joint Action starting in March 2018 to collect additional evidence for a possible inclusion of prostate cancer screening programmes in the National Cancer Plans³.

Therefore we have organised this



**PROSTATE CANCER SCREENING:
IMPROVING OUTCOMES**

Join the European Prostate Cancer
Awareness Day - EPAD 2019

Register for free via
epad.uroweb.org

22
JANUARY
2019

EPAD
European Prostate Cancer Awareness Day

Policy paper:

Has the time come to reconsider
structured population-based PSA Screening?

1. We are able to avoid overdiagnosis:

- Better use of PSA: PSA Density, PSA Velocity, ...
 - Novel molecular biomarkers
 - mpMRI before biopsy
- decrease of number of biopsies
 - detect more significant and less insignificant cancers

2. We stopped doing overtreatment:

- Application of Active Surveillance in 65% of low & intermediate risk PCa patients

Costs

1. PSA: €10/x
2. MRI: €136 - €500/x
3. Treatment of early-detected significant cancers: €5,000

Savings

1. Less biopsies, less complications of biopsies and treatments
2. Less overdiagnosis, avoiding overtreatment
3. No costly treatment of castrate refractory disease
4. Less PCa deaths > increase professional life spent

1. Only Screening for Breast, Cervix and Colon are EU supported
2. Screening for PCa remains out of scope although the yield and the costs are equal or more favourable
3. If we would not have had the over-diagnosis and -treatment issue, we would have saved the lives of thousands of men

1. Early detection saves lives
2. Prostate cancer deaths can be dramatically reduced
3. Our adult male population needs to be informed
4. Cleverly used medical tools and technologies avoid over-diagnosis
5. Active surveillance avoids overtreatment