



PROSTATE CANCER SCREENING FOR EAST SUFFOLK PROSTATE CANCER SUPPORT GROUP
Report on the ESPCSG – Fitology Screening Event, 3rd June 2025

Introduction

We are delighted to have performed Prostate Cancer (PCa) Screening again for the East Suffolk Prostate Cancer Support Group at an event held at Fitology Studio in Ipswich in June 2025. At the events we tested a total of 107 men of whom 102 met screening criteria and present their statistics below.

With an estimated 57,000 new cases every year, PCa is the commonest major cancer in the UK and the only one still with no national screening programme despite clear evidence of a clinical, social, and economic benefit from screening, which could reduce our death rate from 13,000 to 7,000 a year. Many requests for PSA tests are declined by GPs still advising not to test “till symptoms arise” – too late for screening!

Since 2014 the CHAPS PSA-based programme has been demonstrating that PCa screening can be run at scale with substantial benefit and statistical validity. The Programme’s risk-based, PSA protocol matches the best in Europe and the USA and has been adopted by most of the testing Charities in England and Wales which screened nearly 80,000 men in 2024. This protocol provides each man who has a normal result with his actual PSA level in ng/ml, his individual risk assessment and, based on his risk, a recommendation how often to repeat the PSA test. For men with an abnormal PSA, a recommendation is made to see the recipient’s GP for further assessment. All attendees were given an information leaflet outlining this in detail and emphasising that PSA is only a guide and not in itself diagnostic of PCa. Men with a persistently raised PSA require referral by their GP to a specialist Urologist and the definitive diagnostic investigation is an MRI scan of the prostate plus, if necessary, a biopsy of the prostate gland under local anaesthetic.

Overall Event Statistics

EVENT: Fitology	RESULTS: NORMAL “GREEN”				ABNORMAL		TOTAL
	Risk: High	Intermediate	Low	No/Discharge	Amber	Red	
Number	32	13	47	6	1	3	102
Percent %	31.4	12.7	46.1	5.9	1.1	2.9	100%

Discussion

Of the 4 (4%) abnormal results, approximately 1 will have PCa. 4% is lower than the national average of 8%. This reduction is most likely due to men with normal results but previously categorised as High risk in 2024 or Intermediate risk in 2023 returning or being recalled as per our screening protocol for follow-up tests.

Detection of PCa and abnormal PSA results at any event are only part of the event’s objective. One in 8 UK men will develop PCa in their lifetime. Many will develop in the 32 (31.4%) men with a normal result but identified as High Risk because of a family history of PCa, breast or ovarian cancer, black African or Caribbean ethnicity, or a PSA in the upper quarter of the normal range. Thirteen men (12.7%) were at Intermediate Risk men, due to either, a possible family history but mainly due to having a PSA in the 50-74th percentile of the normal range.





If these men continue regular screening into their 70s, across the danger years, initially annually for High-Risk men and repeated PSA tests 2-yearly for Intermediate Risk men, we can expect to identify many more cancers at an early, curable stage. We will issue reminders to each man when follow-up PSA tests are due. In simple terms, these events should identify new cancers at a curable stage.

Most men – 47 (46.1%) - are at Low Risk and only need tests at 3 yearly intervals. We stress this to prevent “over-testing” which is still commonplace. Over-testing is wasteful, medically unsound and leads to “over-diagnosis” and “over-treatment” of harmless, “insignificant” PCa. This is a “harm” of screening, and a key argument used to justify opposition to a national programme. Programmed testing reduces this risk.

Six (5.9%) elderly men with low PSAs were reassured that they will not develop a life shortening PCa and need no further PSA tests

This organised programme aims to halve the PCa death rate for participants, far more than achievable by one-off and random tests. Our reminder and recall service will improve screening performance by increasing screening for men at high risk and reducing it for men at low risk.

We have audited our aggregate UK outcomes for 2022, 2023 and 2024. In 2022, of 2934 men tested, 255 (8.7%) had an abnormal PSA. So far, 52 cancers (1.8 %) have been diagnosed of whom 42 have received Radical Treatment and 10 are on Active Surveillance; long-term follow-up trial evidence suggests it is likely that up to half of these latter men will convert to radical treatment. The equivalent 2023 figures were 2349 men screened, 168 abnormal tests, 27 cancers detected to date, 21 receiving radical treatment and in 2024 we screened 3524 men, 249 had an abnormal result and we detected 49 cancers, 39 receiving radical treatment. The equivalent 2024 figures for Fitology were 135 men screened and 11 abnormal results, 5 of these under follow up review with a specialist Urologist or GP.

Conclusion

Our aggregate UK statistics confirm that we are detecting life-threatening cancers at a significant rate and a curable stage. We are demonstrating that screening can be done at scale and, indeed, in several NHS pilot studies the beneficial results mirror our own. We are introducing the concept of organised screening to the voluntary sector to identify men at risk for whom screening should be intensified whilst reducing over- screening for most men who are at low risk.

At the CHAPS national conference in March 2024, leading experts from Europe and the UK presented for the first time in the UK an overview of PCa screening research, methodology and results, all of which confirmed the above. We are therefore grateful that the ESPCSG are continuing to support this programme for the men of East Suffolk until the UK has a national screening programme.

Le-May Mostert
Clinical Researcher
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