

Prostate cancer in the South West: surveys of policies and practice

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Abstract

Previous work conducted by the Cancer Intelligence Service of the South West Public Health Observatory (SWPHO) identified differences in the incidence of prostate cancer across Primary Care Trusts (PCTs) in the region [1]. It was thought that these differences might be due to variations in prostate specific antigen (PSA) testing, as increased use of PSA testing means that asymptomatic disease is more likely to be diagnosed.

Although national guidance has been issued on PSA testing, it was thought that practices might vary between PCTs. A PSA screening programme for prostate cancer is not currently recommended, though asymptomatic men over 50 years may ask for a PSA test. In 2002, the Prostate Cancer Risk Management Programme (PCRMP) was introduced by the Government, to ensure that people considering a PSA test were informed about the risks and benefits [2].

Surveys were carried out to assess awareness of the PCRMP and the number of PSA tests conducted. Questionnaires were distributed to PCTs (45), lead urologists (34) and clinical biochemistry/chemical pathology laboratories (25) in the region covered by Avon, Somerset and Wiltshire Cancer Services, Central South Coast Cancer Network, Dorset Cancer Network, Peninsula Cancer Network and the Three Counties Cancer Network.

Responses were received from 19/45 PCTs, 15/34 urologists and 18/25 laboratories. Some key conclusions emerged:

- Few PCTs reported policies for PSA testing, suggesting that these may need to be developed.
- Within Networks, there was some disagreement between respondents on whether there were Network Urology Site Specialist Group (SSG) policies for PSA testing.
- Some PCTs reported that Network Urology SSGs did not have policies for PSA testing though urologists reported that they did.
- Fewer than half of urologists had changed their practice and under half of PCTs had changed their policies in response to the PCRMP. On the criterion measured, the PSA testing practices of most laboratories participating in the survey agreed with the PCRMP.
- The number of PSA tests performed increased in 2000–04, as did the number of positive PSA tests.
- There seemed to be a need for the existence and content of policies for PSA testing to be clarified and for this information to be shared within PCTs and Network Urology SSGs. This has been pursued by one of the Networks who adopted this project as a Network audit.