

Mass screening for prostate cancer in Europe still not recommended

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The European Association of Urology reiterated that it does not recommend a mass screening policy in Europe for men who are concerned over prostate cancer, a stance which reflects the position it issued last year regarding prostate cancer screening.

"We don't believe that the time has come for [mass screening](#)," said EAU Secretary General. Per-Anders Abrahamsson in reply to a query on whether a mass screening policy in Europe would be eventually recommended.

At the media forum held this afternoon which focused on "[Prostate cancer screening](#) in Europe- the debate continues" patient organizations, urological professionals and the European Union were represented. Abrahamsson said the EAU reiterates its official position which says that men should be properly informed first by their physician about the pros and cons of screening, such as a PSA test.

Also presenting their views were Prof. Louis Denis, chairperson of patient advocate group Europa Uomo and Alojz Peterle, member of the European Parliament.

"[Cancer prevention](#) is one of the key concerns and goals that the European Parliament are working on and we believed that knowledge shared between the medical community, patients and governments is of crucial importance. We need to take action to now," said Peterle.

Denis, on the other hand, focused on strengthening the communication links between patients groups and the medical community as he pointed out that "...education of and proper awareness amongst patients lead to optimum treatment."

The debate on the need for prostate cancer screening came about following the release last year of two major trials, the European Randomised study of Screening for Prostate Cancer (ERSPC) in Europe and the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial in the US.

The ERSPC investigates the value of PSA driven screening in 162,387 men (age 55-70) from eight European countries. Amongst its preliminary conclusions are: men who decide to be PSA-tested have a 31% smaller chance of dying of prostate cancer within nine years and that a larger improvement is expected with longer follow-up.

The ERSPC added that the "possibility of overdiagnosis and overtreatment must be considered" by both the patient and his doctor.

Prof. Freddie Hamdy, moderator of the press forum, underscored that it is important that the media presents an accurate and balanced view to avoid overtreatment in patients whose risks for developing [prostate cancer](#) are low.

Provided by European Association of Urology

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