

Citizen Participation and Public Petitions Committee
Wednesday 28 January 2026
3rd Meeting, 2026 (Session 6)

PE2062: Introduce a National Screening Programme for Prostate Cancer

Introduction

Petitioner Bill Alexander

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to introduce a national screening programme for prostate cancer.

Webpage <https://petitions.parliament.scot/petitions/PE2062>

1. [The Committee last considered this petition at its meeting on 27 November 2024](#). At that meeting, the Committee agreed to write to the Cabinet Secretary for Health and Social Care and the UK National Screening Committee.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the UK National Screening Committee and the Cabinet Secretary for Health and Social Care, which are set out in **Annexe C**.
4. The UK National Screening Committee opened a consultation on prostate cancer screening, which remains open until 20 February 2026. The consultation seeks feedback on a 2025 modelling study and on a draft recommendation for action. Further detail is set out at **Annexe D**.
5. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage](#).
6. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
7. [The Scottish Government gave its initial response to the petition on 29 November 2023](#).
8. Every petition collects signatures while it remains under consideration. At the time of writing, 561 signatures have been received on this petition.

Action

9. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
January 2026

Annexe A: Summary of petition

PE2062: Introduce a National Screening Programme for Prostate Cancer

Petitioner

Bill Alexander

Date Lodged

2 November 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to introduce a national screening programme for prostate cancer.

Previous action

I have written to the Scottish Government but they have no plans to introduce a screening programme.

Background information

One in eight men will get prostate cancer. Scottish men are historically reluctant to go to the doctors. Prostate cancer symptoms may not be known about and regarded as just being part of getting older, or drinking too much tea or coffee. Meanwhile, a very serious illness can go undetected until it is too late. It is all very well to say that there can be risks associated with tests for prostate cancer, and it can be a process that causes alarm or anxiety, but should this not be a decision for the patient to make after having been given the options following an initial diagnosis?

Annexe B: Extract from Official Report of last consideration of PE2062 on 27 November 2024

The Convener: PE2062, which was lodged by Bill Alexander, calls on the Scottish Parliament to urge the Scottish Government to introduce a national screening programme for prostate cancer. Again, we are joined for this petition by Jackie Baillie.

We previously considered the petition on 7 February 2024, when we agreed to write to the United Kingdom National Screening Committee. Its written submission explains that it “does not recommend prostate cancer screening because the prostate-specific antigen (PSA) blood test, which is usually the first step towards a diagnosis, is not nearly reliable enough as a primary screening test.”

It has contributed to thinking on the design of the TRANSFORM randomised control trial, which will “aim to establish if various testing strategies, including using MRI scans up front for screening, could tip the balance in favour of a screening programme, for example by detecting disease that PSA testing misses and by reducing the amount of insignificant disease found.”

The screening committee is “commissioning an analysis of prostate cancer screening in response to” submissions “that were put forward during” the “annual call for topics”. The screening recommendations are reviewed every three years.

I am content to invite Jackie Baillie to comment again.

Jackie Baillie: Thank you very much, convener. Of course, since you previously considered the petition, the number of prostate cancer diagnoses in Scotland has increased. Although that is very welcome, some notable people in Scotland have had a diagnosis, including Sir Chris Hoy.

Not all men have symptoms in the early stages and they are often not diagnosed until much later on, so there is a need to do something. We know that catching symptoms early is key to increasing survival rates, and a screening programme would help to catch more diagnoses sooner rather than later. The Scottish Government says that it will consider recommendations made by the UK National Screening Committee. That is welcome, but it acknowledges that there is a duty to ensure that as many early cases of prostate cancer as possible are picked up in the intervening period.

I understand that the review of the Scottish cancer referral guidelines will include PSA testing and will be published in spring 2025. The cabinet secretary has written in support of prostate cancer screening to the UK National Screening Committee, which is still considering the matter and has yet to report on the review and further testing. However, given the seriousness of the condition and the need to do something and not wait, will the committee consider writing to the cabinet secretary to ask what the Scottish Government will do to improve diagnosis between now and when it gets information from the UK National Screening Committee?

The Convener: As someone who had a high and then an increasing, if not yet alarming, PSA reading, which has led to more than one MRI scan and a biopsy to establish my own situation, I can very much testify that that process offered what I thought was a model route to a safer outcome.

I am interested to know what the TRANSFORM trial will generate, but I concur with Jackie Baillie that, if the committee is content, we should write to the cabinet secretary to ask what might happen in the interim. We should also write to the UK National Screening Committee to seek an update on the analysis of the prostate cancer screening.

This is a major issue. Across the country, the mentality among what I call west of Scotland men is still that they tend to hope for the best. Frankly, we need to be a little bit more proactive and comprehensive if we are to properly address and save people from the consequences of prostate cancer, which, if properly diagnosed, can be properly treated.

Fergus Ewing: I endorse what the convener and Jackie Baillie have said. Plainly, thanks to the courage and campaigning efforts of Sir Chris Hoy, this has been very much a matter of public debate and concern. It affects a huge number of people, including men in the west of Scotland and furth of the west of Scotland.

In addition to what has been said, I note that the submission from the screening committee is dated 20 February 2024, and we are now some distance away from then. The NSC commissioned an analysis of screening in response to submissions of six proposals for screening of various categories of people who might be thought to be at particular risk—I will not go through them all now. Given the urgency of the matter, I would very much like to know the timescale for the completion of those studies. When will they conclude? Will they drift on for ever while more people die, or is a time limit being placed on those efforts by the UK Government and the Scottish Government, I hope, working together?

The Convener: Are we content to keep the petition open and proceed on that basis?

Members *indicated agreement.*

The Convener: I do not know whether my own declaration was one of a personal interest, but, if it is seen as such, it is on the record.

Annexe C: Written submissions

UK National Screening Committee written submission, 6 January 2025

PE2062/E: Introduce a National Screening Programme for Prostate Cancer

As the Secretary of State has made clear, any screening programme for prostate cancer must be evidence-led.

The UK National Screening Committee (UK NSC) review for prostate cancer screening is underway. The evidence review includes modelling the clinical effectiveness and costs relating to various approaches to prostate cancer screening. It is looking at different potential ways of screening the whole population, and targeted screening for people at higher risk of prostate cancer (such as black men, or men with a family history of the condition).

Once the modelling and evidence reviews are complete, the findings will be considered by the UK NSC. The UK NSC plans to hold a public consultation on screening for prostate cancer (based on the review evidence) towards the end of 2025. The outcome of the review and consultation will then inform an updated UK NSC recommendation on screening for prostate cancer.

Cabinet Secretary for Health and Social Care written submission, 7 January 2025

PE2062/F: Introduce a National Screening Programme for Prostate Cancer

Thank you for your correspondence of 6th December 2024, regarding the action the Scottish Government is taking to improve diagnoses of prostate cancer in Scotland.

As you know, The Scottish Government, along with all other UK nations, relies on advice about screening programmes from the UK National Screening Committee. Whilst there have been suggestions to use the PSA test for a national screening programme, the committee has confirmed that this test alone is not accurate enough to detect prostate cancer that needs treatment.

As you state in your letter, I have written to the UK National Screening Committee to set out Scotland's support for a review of the case for a national prostate screening programme. I am also encouraged by the potential of Prostate Cancer UK's Transform study on testing strategies for prostate cancer, which will provide important evidence for such a review.

In the meantime, all men over 50 can ask their GP for a PSA test in Scotland, once the benefits and risks have been explained to them. In your letter, you reference the Scottish Government's update to our Scottish Referral Guidelines for Suspected Cancer. This review is considering the appropriate evidenced-based age range that should be included with regards to PSA testing for men at higher risk of developing prostate cancer.

A new primary care cancer education platform – Gateway C –was launched on 30 April 2024 in NHS Scotland, supported by NHS Education for Scotland (NES). Gateway C provides innovative, and tailored information to support earlier cancer diagnosis efforts, including for prostate, and enable effective decision-making. This free online platform is accessible to all primary care clinicians including pharmacists, dentists, and optometrists.

Further to this, we know that the earlier cancer is diagnosed the easier it is to treat and even cure which is why we continue to invest in our Detect Cancer Earlier (DCE) Programme, initially launched in 2012. A Detect Cancer Earlier campaign – Be The Early Bird - launched in March 2023 and ran for four weeks, aiming to reduce fear of cancer and empower those with possible symptoms to act early. Following successful independent evaluation, the campaign re-ran in September 2023 and August 2024 to prompt health-seeking behaviour, targeting those aged 40+ from areas of deprivation.

In parallel to the campaign, a Detect Cancer Early roadshow visited communities across Scotland in March 2024 to reinforce key messages – this resulted in over 6,700 engagements with the target audience.

I hope these actions demonstrate the Scottish Government's continued commitment to earlier diagnosis of prostate cancer.

Yours sincerely,

NEIL GRAY

Annexe D: Prostate cancer screening modelling study and UK National Screening Committee draft recommendation

The UK National Screening Committee is consulting on a 2025 modelling study and a draft recommendation for action.

Modelling study – whole population screening

The modelling study considered whole population screening and found that:

‘Screening all men in the UK, regardless of their risk profile, may lead to a small reduction in the number of deaths from prostate cancer, but it would also result in substantial overdiagnosis, and this would increase with age. This means that many men would undergo treatment they do not need, due to screening identifying a cancer that would not have caused symptoms or death. For example, at age 60, the economic model predicted that half of the cases of screen-detected cases would be overdiagnosed compared to usual care. All scenarios explored (one-off screening tests at different ages and repeat screening tests) resulted in substantial overdiagnosis.

For whole-population screening for prostate cancer, regardless of age, this level of overdiagnosis means that screening is likely to do more harm than good. There was also significant uncertainty about the cost-effectiveness of screening.’

Draft recommendation

The UK NSC’s draft recommendation is to:

- offer a targeted national prostate cancer screening programme to men with confirmed BRCA1 or BRCA2 gene variants every 2 years, from age 45 to age 61
- not recommend population screening
- not recommend targeted screening of Black men
- not recommend targeted screening of men with family history
- collaborate with the Transform screening research trial team to:
 - answer outstanding questions on screening effectiveness for black men and men with a family history – as soon as trial data becomes available
 - await results of the study to develop and trial a more accurate test than PSA alone, to improve the balance of benefit and harm of screening