Citizen Participation and Public Petitions Committee
Wednesday 27 November 2024
18th Meeting, 2024 (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 7 February. At that meeting, the Committee agreed to write to 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 Petitioner, which are set out in **Annexe C**.

4. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

5. Further background information about this petition can be found in the SPICe briefing for this petition.

6. The Scottish Government gave its initial response to the petition on 29 November 2023.

7. Every petition collects signatures while it remains under consideration. At the time of writing, 541 signatures have been received on this petition.

Action

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

Clerks to the Committee
November 2024

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 7 February 2024

The Convener: PE2062, on introducing a national screening programme for prostate cancer, has been lodged by Bill Alexander. It clearly has a topical flair to it, because it calls on the Scottish Parliament to urge the Scottish Government to introduce a national screening programme for prostate cancer. The SPICe briefing states that there is no one test used to diagnose prostate cancer. The most common tests include a prostate-specific antigen blood test, a physical examination of the prostate and a biopsy. The briefing points out that PSA blood tests can sometimes miss cancer in some patients and can just as easily falsely diagnose others. A heightened PSA is not the same thing as prostate cancer. However, advancements in magnetic resonance imaging technology and biopsy techniques could facilitate the development of a national screening programme.

The Scottish Government response notes that the United Kingdom National Screening Committee considered whether to recommend population screening in November 2020 and, frankly, concluded that it could not happen based on the available evidence. However, the screening committee will review that recommendation in the next 12 months. The response highlights a large prostate screening study called TRANSFORM—I think that that is a large study rather than a study of large prostates; I assume that it is that way round—which will look at potential innovative screening methods with hundreds of thousands of men due to be recruited for the study. I comment on all of this as somebody who has had a heightened PSA test, an MRI and biopsy myself for the matters at hand. Do members have any comments or suggestions for action?

David Torrance: Given the evidence before the committee, I wonder whether the committee would consider closing the petition under rule 15.7 of standing orders on the basis that, based on the evidence currently available, the UK National Screening Committee concluded that it would not recommend a prostate screening programme. Considering that the screening committee will review its recommendation in 12 months' time, I wonder whether the petitioner would consider bringing the petition back then if he is not happy with the review.

The Convener: What does that mean?

David Torrance: The UK National Screening Committee is going to—

The Convener: We are writing to it to find out what it is doing, are we?

David Torrance: No, I was considering closing the petition because the screening committee is going to review its decision in 12 months' time.

The Convener: Do we know when that 12 months is from? November. In fact, we could have to wait until November this year.

Fergus Ewing: I can certainly see Mr Torrance’s argument, because the reply that we have from the Scottish Government is quite complete in the sense that, as I read it, it is saying there are no real ways in which a definitive test can be issued at the moment. That is the challenge. It is not that there is not a desire perhaps to have a test if a test worked, but a test does not work. My reading of it is that the UKNSC is due to review the recommendation in the next 12 months. That sounds to me as if the review is to start in 12 months and it might take quite a lot longer. I wonder whether there would be any harm in the meantime in signifying our general concern and interest because prostate cancer is such a widespread cancer. I suggest that we do not close the petition at this stage, but it may be that we would close it after a further response.

We could write to the UK National Screening Committee to ask whether it will consider the findings of the TRANSFORM study; how frequently its decision not to recommend population screening for prostate cancer will be reviewed; and how it decides the frequency with which it reviews recommendations. I stress the urgency here because there are so many men who will be affected by this in their lifetime—I think that I read somewhere that it is eight out of 10, which is an incredibly high proportion—and the screening tests that are available for so many conditions and diseases have been one of the tremendous advances in society over the past 20 years and have saved lives in so many cases. The lack of a valid method for the prostate seems to be a matter of real urgency.

The Convener: Would you be content for us to go with Mr Ewing’s recommendations?

David Torrance: Yes.

The Convener: Are we content to pursue it on that basis?

Members *indicated agreement.*

The Convener: That takes us to the end of our public business this morning. I look forward to welcoming those who follow our proceedings back at our next meeting. Thank you.

Annexe C: Written submission

UK National Screening Committee written submission, 20 February 2024

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

There is currently no screening programme for prostate cancer in the UK. The UK National Screening Committee (UK NSC) 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.

The UK NSC contributed to work with Prostate Cancer UK thinking on the design of the TRANSFORM randomised controlled trial.

The TRANSFORM trial 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 UK NSC will look forward to seeing the results of this trial.

In the meantime, the UK NSC is itself is commissioning an analysis of prostate cancer screening in response to the following 6 submissions that were put forward during its annual call for topics:

- Targeted screening proposal using PSA testing and high-risk factors, such as family history and ethnicity, to screen for prostate cancer.
- Proposal to offer targeted screening for carriers of the BRCA2 gene.
- Population and risk stratified proposal for a national programme based on the PSA test for all men aged 45 to 70, with frequency of testing stratified by individual risk calculated from an initial, normal PSA, age, ethnicity, and family history, initially yearly for high-risk men and 3 to 5-yearly for low-risk men. Men with an abnormal PSA would be referred according to current 2-week wait and NICE criteria for mpMRI prostate scanning.
- Proposal for targeted screening of Black men aged 45 to 70.
- Targeted screening proposal to screen men between 50 and 69 with a Charlson co-morbidity index (less than or equal to 3) using the Stockholm3 blood test.
- Targeted screening proposal to screen men aged 45 to 70 who have a first-degree relative diagnosed with prostate, breast, or ovarian cancer (relevant family history).

The UK NSC aims to review its screening recommendations every 3 years.

CPPP/S6/24/18/9

Petitioner written submission, 21 November 2024

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

In Scotland, 1 in 3 prostate cancer diagnoses are too late for a cure. This is higher than the rest of the UK. To suggest that it is appropriate for the Scottish Government to follow the guidance of the UK Government is not supported by the facts. By doing so, it simply means that more men in Scotland will die, when they might have been treated successfully.

As I understand it, the research study that the UK Government relies on for its position, and therefore by default, the Scottish Government's position, does not involve, or take into account any Scottish health, social, cultural characteristics.

When Sir Chris Hoy announced that his prostate cancer condition was incurable, there was a significant amount of publicity and the UK Government undertook to look again at the testing regime. A simple PSA test could have resulted in a different prognosis for him. As it turned out, eventually, it was a PSA test that identified what the issue was, albeit too late for a cure. I know of other men who have stage four prostate cancer with a shortened life prognosis which also could have been treated with a PSA test. They had no prostate cancer symptoms.

Could you at least take evidence from Scottish Government in person to examine how this situation, where men in Scotland have a different prognosis from the rest of the UK, is somehow deemed to be acceptable?

Would it not be beneficial having Prostate Cancer UK give evidence to the Committee?

Also, why not hear in person what men who have had their diagnosis too late will say to the Scottish Government's reluctance to address what is clearly a Scottish prostate cancer late diagnosis issue?