

Statement by EUROPA UOMO

We recognise the success of screening programmes of mammary and cervical cancers of women in most European countries. However, there is no screening programme for early detection of the prostate cancer (PCa) in men. This represents both an inequality towards men and a lack of equity. The diagnostic possibilities for early detection of PCa in different European countries vary greatly.

Prostate cancer killed 107.000 men in Europe in 2018 - this is equivalent to the fatal crash of a full Airbus 300 each week. Many more men are suffering a devastating loss in their quality of life from the treatments for later stages of-PCa. Today, prostate cancer kills more men than the number of women who die from breast cancer. According to scientific evidence, at least 20.000 men's lives could be saved by structured PSA-based screening. But more importantly, much of the suffering caused by the treatments for advanced cancer could be avoided.

We are aware that the PSA-based, opportunistic screening programme started 30 years ago failed due to problems with over-diagnosis and overtreatment. Today, we know, how to avoid these two problems. The PSA test can be now used cost-effectively to detect PCa at an early stage. The cut-off levels of PSA value to stratify patients to no risk and increasing risk groups are now known. The modern mpMRI helps in the evaluation of patients, who need treatment. The latest clinical guidelines provide that *before* a man has a biopsy to confirm the presence of high-risk PCa he should be found to have a positive MRI. He can then have a MRI-guided biopsy which has improved the diagnosis of PCa significantly. There is now no reason to delay the beginning of structured PSA screening in Europe.

EUOMO (the voice of men with prostate cancer in Europe) demands:

1. An urgent start of the evidence based, structured and organised PSA screening in all European countries.
2. We wish good luck to the on-going search for new markers for PCa, but we do not want them to delay the beginning of an early screening programme.
3. That instead of the random ineffective transrectal biopsy that the MRI-guided transperineal biopsy used for the detection of aggressive cancer.
4. We propose that the screening is for the men between 50-70 years of age. The high-risk group may start from 40 years.
5. We support the structured screening plan made by the European Association of Urology (copy attached) and welcome the recent Consensus Agreement by the professional bodies.(copy attached)
6. We want equality for men in early diagnosis and treatment for men with PCa.

**Board Europa Uomo
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