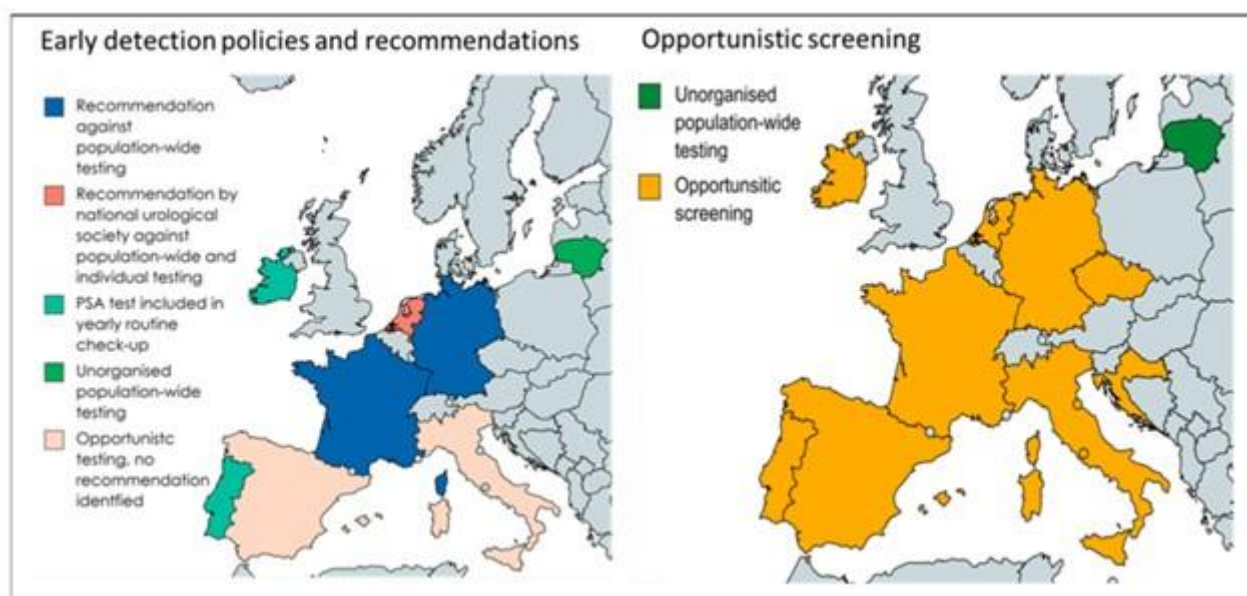


## Unorganized and organized screening for prostate cancer in Europe today

The EU has a very different approach to prostate cancer among its member states, as can be seen in the illustration below.



(Source: EAU)

We distinguish here between opportunistic screening, where a PSA is taken without a clear methodology for the consequence, and organized screening, where there is a clear methodology - also sometimes called "algorithm". As can be seen, most of the EU has opportunistic screening.

If we look at national recommendations, the big countries such as Germany and France recommend not having PSA tests done.

Despite this, a study in Germany shows that 30.6% of men over the age of 45 had their PSA measured within a 12-month period. This is good prostate cancer awareness.

Latvia offers opportunistic screening and over a 10-year period 70% of men between the ages of 50 and 74 have participated – 17% had a positive PSA test and 9-13% had been diagnosed with prostate cancer.

The EU has allocated DKK 30 billion to fight cancer in Europe.

In 2022, the EU has recommended that the member states start organized screening via pilot projects in order to gain more knowledge about organized screening, as organized screening for prostate cancer could not be decided in the EU, partly due to Denmark's reluctance.

ERSPC (the European Randomized Study of Screening for Prostate Cancer) in 2016, after data collection over a 16-year period, showed a significant relative risk reduction of 20% in prostate cancer mortality as a result of screening. In addition, the ERSPC states that screening will result in a relative reduction of 30% in metastatic prostate cancer.

However, screening with PSA tests is highly controversial. That's because it's unclear whether the benefits of reduced prostate cancer mortality outweigh the harms of overdiagnosis and overtreatment.

Because of this uncertainty, many countries – including Denmark – have so far chosen not to implement a nationally organized program for prostate cancer screening, but to allow men to get a PSA test after a conversation with their doctor.

The European Association of Urology (EAU) – the European association for urologists – has carried out a systematic review – through a literature study – of costs associated with various forms of early detection and diagnosis of prostate cancer in Europe.

The overall result is that a risk-based approach to screening using MRI scanning has the potential to be cost-effective.

This means that the total costs for the health service when introducing an effective organized screening program are estimated to be able to be kept at the same level as the costs associated with unorganized screening.

However, it is also concluded that there is a lack of sufficient knowledge about the screening costs and that further studies are therefore necessary to obtain sufficient documentation for a final conclusion.

In order to focus on prostate cancer screening, the EU has started a project called Praise-U. The project is organized by EAU.

Praise-U has 3 purposes

- Promote early detection and diagnosis of prostate cancer via a risk-based prescription
- Standardize screening across the EU and collect data for gathering experience
- Make the regulation efficient and economical and adapt it to the individual countries

Praise-U started on 1 April 2023 and ends on 31 March 2026.

What are the obstacles to early detection of prostate cancer in the EU?

A survey has shown that the biggest opposition is from politicians and the biggest support is from urologists and patient associations.

There are 2 countries that are the furthest ahead regarding implementation of organized, early detection of prostate cancer:

- Lithuania participates in the PRAISE-U project as a pilot country to adapt their screening program, which has been ongoing since 2006, with the algorithm for risk-based screening established by PRAISE-U and for the alignment/standardization of their invitation system.
- In Sweden, the Ministry of Health has decided in 2020 that Organized Programs for Prostate Cancer Testing (OPT) must be defined and managed at national level and implemented in the individual regions. This implementation is underway in most regions. The OPT program includes, among other things, procedures for test intervals, use of MRI and biopsy according to an algorithm. Results are documented for quality control and

research purposes. The OPT program is considered a model for a successful smart early detection program.

Sources:

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