



9th July 1997

**FOR
REFERENCE ONLY**

Dear Colleague

**POPULATION SCREENING FOR PROSTATE
CANCER**

Summary

1. This letter advises that population screening for prostate cancer, including the use of prostate antigen (PSA) as a screening test, should **not** be provided by the NHS or offered to the public until there is new evidence of an effective screening technology for the disease.

Action

2. Health Boards and GP Fundholders are asked **not** to introduce or plan the purchase of population screening for prostate cancer until the National Screening Committee recommends an effective and reliable procedure.

3. Board General Managers are requested to copy this letter to Directors of Public Health and GP Fundholders. Trust Chief Executives are requested to copy this letter to Trust Medical Directors and Trust Directors of Nursing.

4. Further information is provided in the attached Annex.

Yours sincerely

DAVID R STEEL
Head of Health Gain

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COMMON SERVICES AGENCY
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Date Price

Addresses

For action:

General Managers, Health Boards

Chief Executives, NHS Trusts

For information:

General Manager, Common Services Agency

General Manager, State Hospitals Board for Scotland

General Manager, Health Education Board for Scotland

Executive Director, SCPMDE

Further enquiries

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Public Health Policy Unit
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St Andrew's House
EDINBURGH EH1 3DG

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ANNEX

Background

1. Screening, for the purposes of this letter, is defined as the application of a test or inquiry to identify individuals at sufficient risk of a specific disorder to warrant investigation or direct preventative action, amongst those who have not sought medical attention on account of symptoms of that disorder.
2. Two systematic reviews commissioned by the NHS Research and Development Health Technology Assessment Programme have concluded that current evidence does not support a national screening programme for prostate cancer in the United Kingdom.
3. Current screening technologies (including the PSA test) have a limited accuracy that could lead to a positive result for those without the disease. Follow up procedures could thus cause unnecessary harm to healthy individuals. The introduction of a prostatic cancer screening programme at present carries an unacceptable risk of more harm resulting than good.
4. The National Screening Committee has considered the evidence for introducing screening for prostate cancer and has concluded that at this time and with current technology, there is no evidence of benefit resulting from population screening. This recommendation has been accepted by the Ministers of all UK Health Departments.
5. The guidance in this letter does not affect the clinical management of men presenting with symptoms of prostatic disease.

Information

6. For further information about the National Screening Committee contact Mr N J H Kernohan, Scottish Office Department of Health, Public Health Policy Unit, Room 420, St Andrew's House, Edinburgh, EH1 3DG. Telephone: 0131 244 2495.
7. For further information about the Health Technology Assessment Programme contact Dr Andrew Hartshorne, NHS Chief Executive, Research and Development Directorate, Room GW59, Quarry House, Quarry Hill, Leeds.