



Kent

Cite this as: *BMJ* 2025;391:r2524<http://doi.org/10.1136/bmj.r2524>

Published: 28 November 2025

## Prostate cancer: Routine NHS screening is rejected by UK expert committee

Jacqui Wise

The UK National Screening Committee has advised against routine screening for prostate cancer with the prostate specific antigen (PSA) blood test, saying that the harms would outweigh the benefits.

The committee also advised against screening black men or men with a relevant family history of prostate, breast, or ovarian cancer, despite the higher risk of prostate cancer in these groups, owing to uncertainties in the data.

But its draft recommendations,<sup>1</sup> which are out for public consultation until 20 February, do recommend a targeted programme to screen men with a confirmed BRCA gene variant.

Prostate cancer is the commonest cancer in men in the UK, with an estimated 63 000 diagnoses every year and more than 12 000 deaths.

The next few months are likely to see intense lobbying by charities and campaigners who are “disappointed” that a wider screening programme has not been recommended.

Mike Richards, chair of the UK screening committee, said, “We are committed to an evidence based approach. Whole population screening may lead to a small reduction in prostate cancer deaths, but very high levels of overdiagnosis mean the harms would outweigh the benefits.”

He told a press briefing that the coming consultation process would be genuine and that if new evidence is presented the committee will take it into account before presenting its final recommendations to ministers on 26 March.

The health and social care secretary, Wes Streeting, could then decide to overrule the committee.

Responding to the draft recommendations, Streeting said, “I have always said I want to see screening in place for the most common cancer in men, provided this is backed by evidence. I want to change the NHS so it diagnoses earlier and treats faster. That aim will be balanced against the harms that wider screening could cause to men.

“I will examine the evidence and arguments in this draft recommendation thoroughly, bringing together those with differing views, ahead of the final recommendation in March.”

The committee commissioned the Sheffield Centre for Health and Related Research to develop an updated economic model on the basis of a large body of published scientific evidence. The centre’s report predicts the potential effect of various screening strategies.

The model said that around 40-50% of prostate cancer cases detected by PSA screening will be slow growing and would never cause harm.

Offering screening, further testing, and treatment for these slow growing cancers would lead to high levels of overdiagnosis and overtreatment, causing unnecessary anxiety and lifelong side effects.

The committee concluded that for every 1000 men aged 50-60 who are screened with a PSA test up to two lives would be saved. However, overdiagnosis would occur in up to 20 men, including 12 who would be likely to be overtreated.

Almost 20% of men who undergo surgery after a positive diagnosis of prostate cancer experience leaking urine and 50% experience erectile problems. Almost 40% of men who have radiotherapy experience erectile problems and around 5% experience bowel problems.

One of the key studies examined by the committee was the European Randomised Study of Screening for Prostate Cancer (ERSPC), which included 162 236 men and had 23 years of follow up. This showed modest mortality benefits, with one death from cancer prevented for every 456 men screened, and one man had his life extended for every 12 diagnosed and treated.<sup>2</sup>

### Targeted screening for BRCA gene

Screening men with a confirmed BRCA1 or BRCA2 gene variant is the strategy that the model estimates to be effective. It would result in less overdiagnosis, because men with this variant are more likely to develop faster growing and aggressive cancers at an earlier stage.

Therefore the committee recommended screening men with a confirmed BRCA1 and BRCA2 every two years from age 45 to 61 years.

Around 3 in 1000 people in the population have an alteration in one of the BRCA genes.

Genetic screening will need to be expanded to accommodate the expected increase in men who will want testing for the BRCA gene.

The committee has already been in discussion with the NHS in the four UK nations on this.

### Targeted screening of black men

One in four black men will get prostate cancer, double the risk in white men.<sup>3</sup> However, it is not known whether the disease is more aggressive in this group, the committee said.

The model predicted that, if black men were screened every four years from the age of 50 to 62, over 15 years

an additional 571 prostate cancers would be detected and 7-11 deaths prevented. However, there is “significant uncertainty” about this scenario, as there is a lack of strong evidence from large trials about the balance of harms and benefits for this group of men.

Less than 2% of men in prostate cancer screening trials were of black ethnicity, and most of the data came from the US.

## Transform trial

The committee said that for it to recommend extending screening to a wider group of men a more accurate test than PSA was needed and there needed to be more data on screening black men and men with a relevant family history.

It is hoping that more answers will come from the Transform trial, which has just started recruiting.<sup>4</sup> The trial will evaluate more accurate testing strategies than the PSA test alone, such as using magnetic resonance imaging and genetic risk.

The aim is to develop a better testing strategy to detect more life threatening cancers.

The Transform trial has also been designed to specifically take into account inequalities in age and ethnicity, with a commitment that at least 10% of the study invitations will be to black men.

The trial anticipates that it will be able to share data in the next two to three years.

In the meantime, Richards emphasised that any man who wants to have a PSA test can still go to their GP and ask for one.

In recent weeks there has been high profile campaigning for a wider screening programme, including by former prime ministers Rishi Sunak and David Cameron and the Olympic cyclist Chris Hoy, who announced last month that he has terminal cancer.<sup>5</sup>

The charity Prostate Cancer UK expressed “deep disappointment” at the screening committee’s recommendation. Its chief executive officer, Laura Kerby, said, “We know that a mass screening programme could save thousands of men’s lives. While screening men with BRCA gene variations will save only a fraction of that, the committee’s decision is the first time they’ve recommended screening of any kind for prostate cancer. It shows that research and evidence can shift the dial and save men’s lives.”

Ian Walker, executive director of policy at Cancer Research UK, said, “It’s good news that prostate cancer screening is being considered for men with faulty BRCA genes, which increase a man’s risk of developing an aggressive type of the disease.

“We support the committee’s conclusion that for other groups of men there isn’t currently enough high quality evidence that screening would do more good than harm—it can miss dangerous cancers and detect ones that don’t need treatment.”

Ben Lamb, consultant urological and robotic surgeon at Barts Health and University College London Hospital NHS Trusts, commented, “This result is a double whammy for black men: not only are they at 2-3 times higher risk of prostate cancer diagnosis, and higher risk of death, but they are also underrepresented in research into prostate cancer screening, which means that the data needed to support the case for screening in black men is not robust enough for the screening committee to rely on.”

<sup>4</sup> Transform trial. Prostate Cancer UK. <https://prostatecanceruk.org/research/transform-trial>

<sup>5</sup> Mahase E. Streeting “actively looking” at lowering prostate cancer “screening” age. *BMJ* 2024;387:. doi: 10.1136/bmj.q2446 pmid: 39505392

<sup>1</sup> UK National Screening Committee Screening for prostate cancer. 28 Nov 2025. <https://view-health-screening-recommendations.service.gov.uk/prostate-cancer>

<sup>2</sup> Wise J. PSA screening cuts cancer mortality by 13%, study shows, amid debate about national programme. *BMJ* 2025;391:. doi: 10.1136/bmj.r2288 pmid: 41167648

<sup>3</sup> Black men and prostate cancer. Prostate Cancer UK. <https://prostatecanceruk.org/prostate-information-and-support/risk-and-symptoms/black-men-and-prostate-cancer>