

PROSTATE CANCER SCREENING UPDATE

Ms Louise McLoughlin

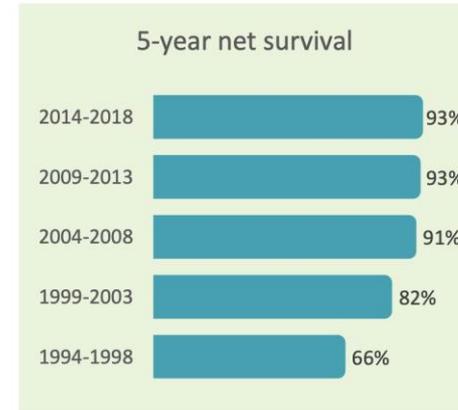
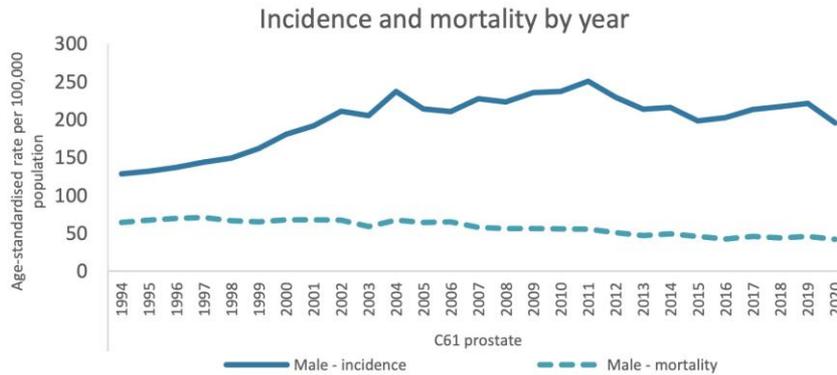
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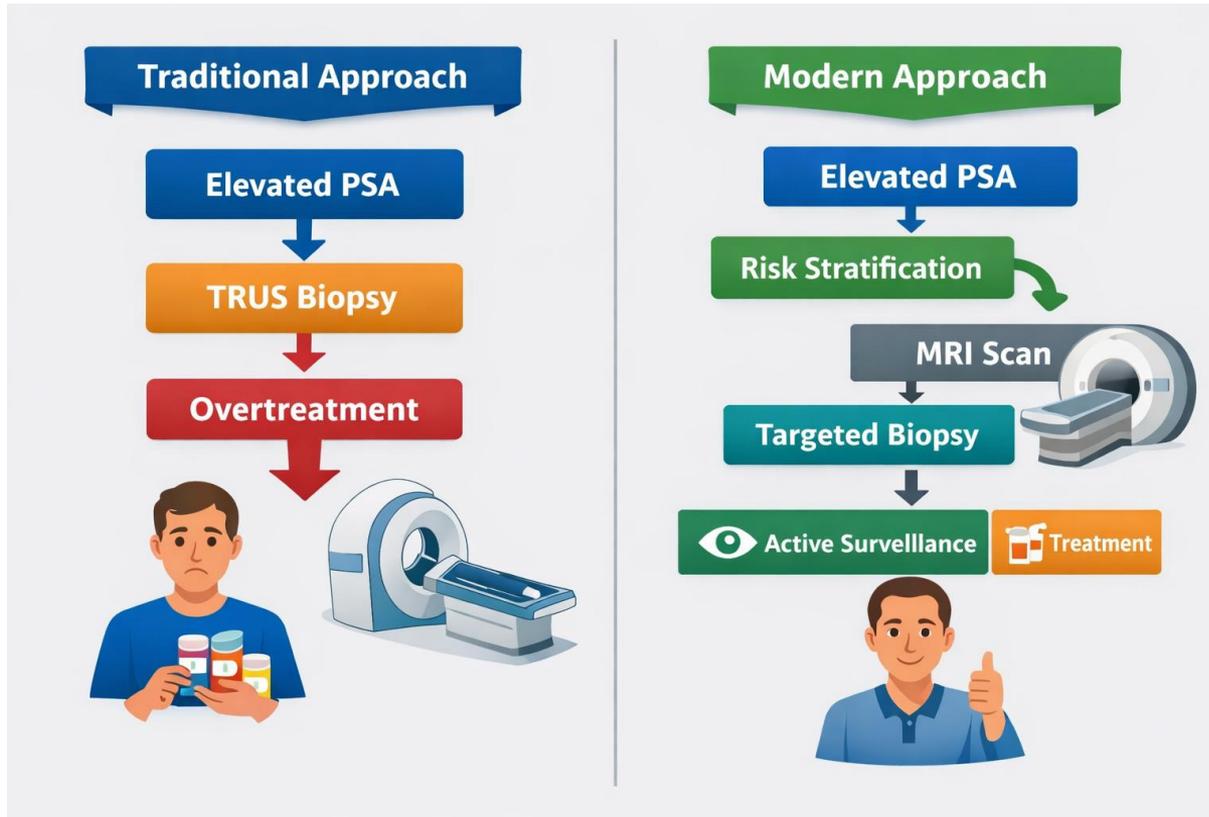
OBJECTIVES

- Practical update on prostate cancer screening
- Review NCCP GP referral guidance
- Emerging tools & research
- Beacon Rapid Access Prostate Clinic

- Most common male cancer in Ireland
- Leading cause of cancer death in men
- Early detection significantly improves survival



MODERN SCREENING APPROACH



PSA IN PRIMARY CARE

- First-line biomarker
- Influenced by:
 - Age, prostate volume
 - Infection, inflammation
 - Catheterisation
 - Recent instrumentation of the lower GU tract, prostate biopsy
 - Sexual activity
- Interpret trends, not single values

NCCP AGE-SPECIFIC PSA REFERRAL THRESHOLDS

Age	PSA
40–49	> 2.0
50–59	> 3.0
60–69	> 4.0
≥70	> 5.0

- Consider PSA velocity
- Adjust for individual risk factors
- Based on 95th percentile in populations of men without prostate cancer

WHO SHOULD BE OFFERED PSA

- All men $\geq 50^*$
- All men ≥ 45 with a family history
- Men ≥ 40 with genetic risk
- Shared decision making

WHO SHOULD **NOT** BE OFFERED PSA

- Asymptomatic men with life expectancy <10 years
- Significant comorbidity
- Those who would decline further investigation
- Screening benefit requires long-term survival

EMERGING TOOLS & RESEARCH

SWOP Prostate Cancer Risk Calculator

- Multivariable personalised risk model
- Improves referral specificity

PRAISE-U (IRELAND)

- Organised, risk-adapted screening
- Early MRI for raised PSA
- Informing future national policy

UK MRI Research

- Abbreviated MRI protocols
- High detection of clinically significant disease
- Trials: IO1-PROSTOGRAM, ReIMAGINE, LIMIT PCA, TRANSFORM<

Urine-based biomarkers

- PCA3, SelectMDx, ExoDx Prostate Test, MyProstateScore
- Novel non PSA tests beyond PSA
- Current role as adjunct tools, not PSA replacement
- Future risk-adapted screening pathways

BEACON RAPID ACCESS PROSTATE CLINIC



Only private hospital in Ireland with this service



Rapid specialist assessment



MRI-first diagnostics



Targeted biopsy when indicated



Reduced delay and patient anxiety

WHEN TO REFER URGENTLY

- PSA significantly above age threshold
- Rapid PSA rise
- Abnormal DRE
- Symptoms of advanced disease

WHAT HAPPENS AFTER REFERRAL

- Specialist assessment and risk stratification
- MRI-led pathway
- Transperineal targeted and systematic prostate biopsy
- Fewer unnecessary biopsies

COMMON GP SCENARIOS

- Borderline PSA (55-year-old)
- Rising PSA, normal MRI
- Strong family history
- Older patient with modest PSA rise

KEY TAKE-HOME MESSAGES

- ✓ Use NCCP age-specific thresholds
- ✓ Screen those likely to benefit
- ✓ Do not screen men unlikely to benefit
- ✓ Refer early for concerning findings
- ✓ Beacon offers rapid, high-quality diagnostics

CONCLUSION

- Screening is now **smarter, safer, targeted**
- GPs are central to early detection
- Strong collaboration improves outcomes

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Thank you