PROSTATE CANCER UK

Prostate cancer screening studies

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WHY DON'T WE HAVE SCREENING NOW?

Screening using traditional methods

- Reduces prostate cancer death by 20%

Causes problems

- Too many men have unnecessary biopsies
- Too many men diagnosed with low risk cancers that won't affect them (overdiagnosis)
- Some of these men have treatment that causes problems with urinary, bowel and sexual function (over treatment)

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TRANSFORM

WHY DON'T WE HAVE SCREENING NOW?

No Diagnosis (Remaining Men)
Diagnosed with Prostate Cancer
Died of Prostate Cancer

Control Arm (100 Men)



Screened Arm (100 Men)



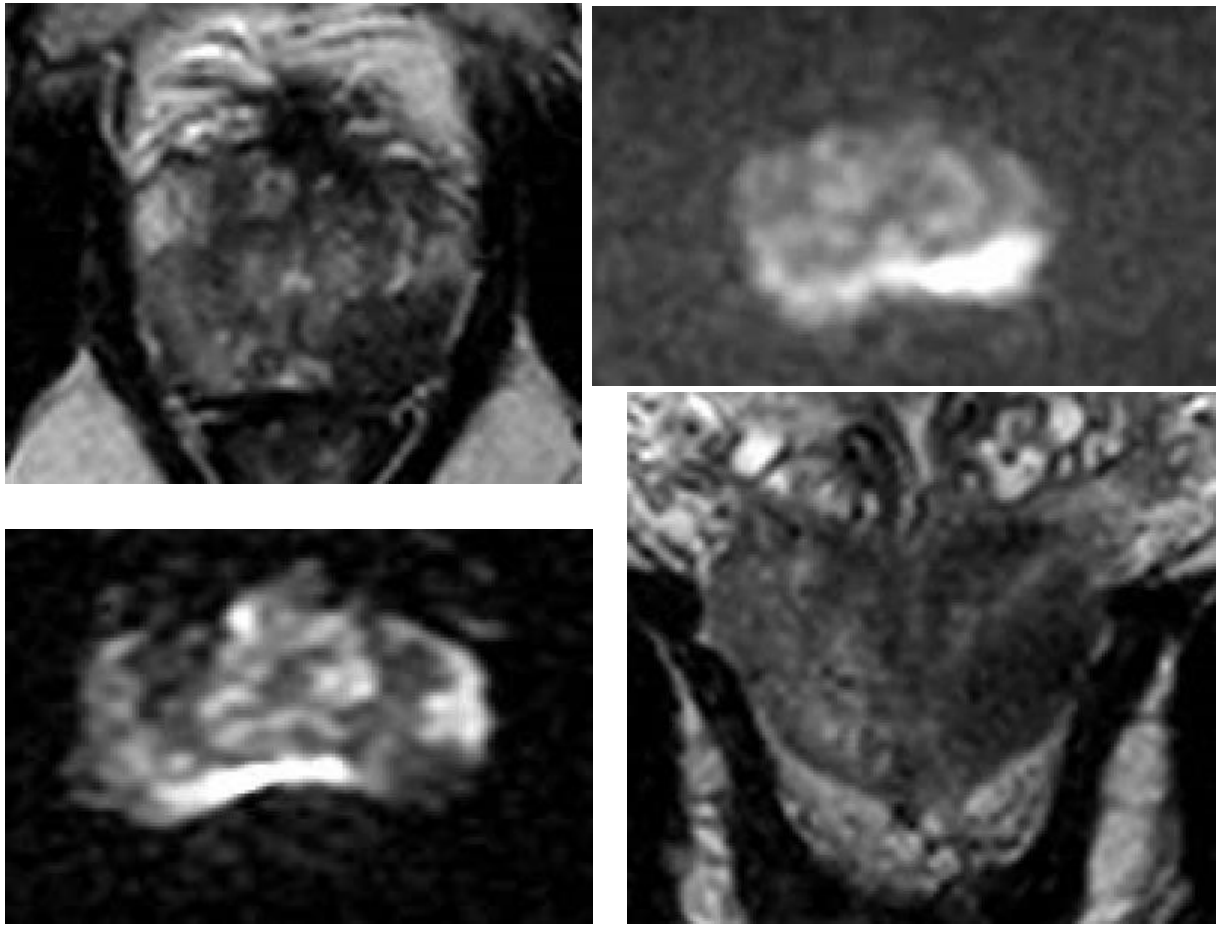
CONTROL RESULTS

12 Diagnosed 1.6 Died

SCREENED RESULTS

14 Diagnosed 1.4 Died

MRI DETECTS PROSTATE CANCERS THAT MATTER



We become what we behold. We shape our tools and then our tools shape us.

— Marshall McLuhan —

HOW COULD SCREENING BE ADOPTED IN THE UK?

We need to show that it works in a trial

- Maximum benefit
- Minimum harm
- Needs to be better than the studies using traditional methods of examination, blood test and standard biopsy

The UK National Screening committee will look at

- Will people will come for testing
- Will we cause more benefit than harm
- Is it affordable

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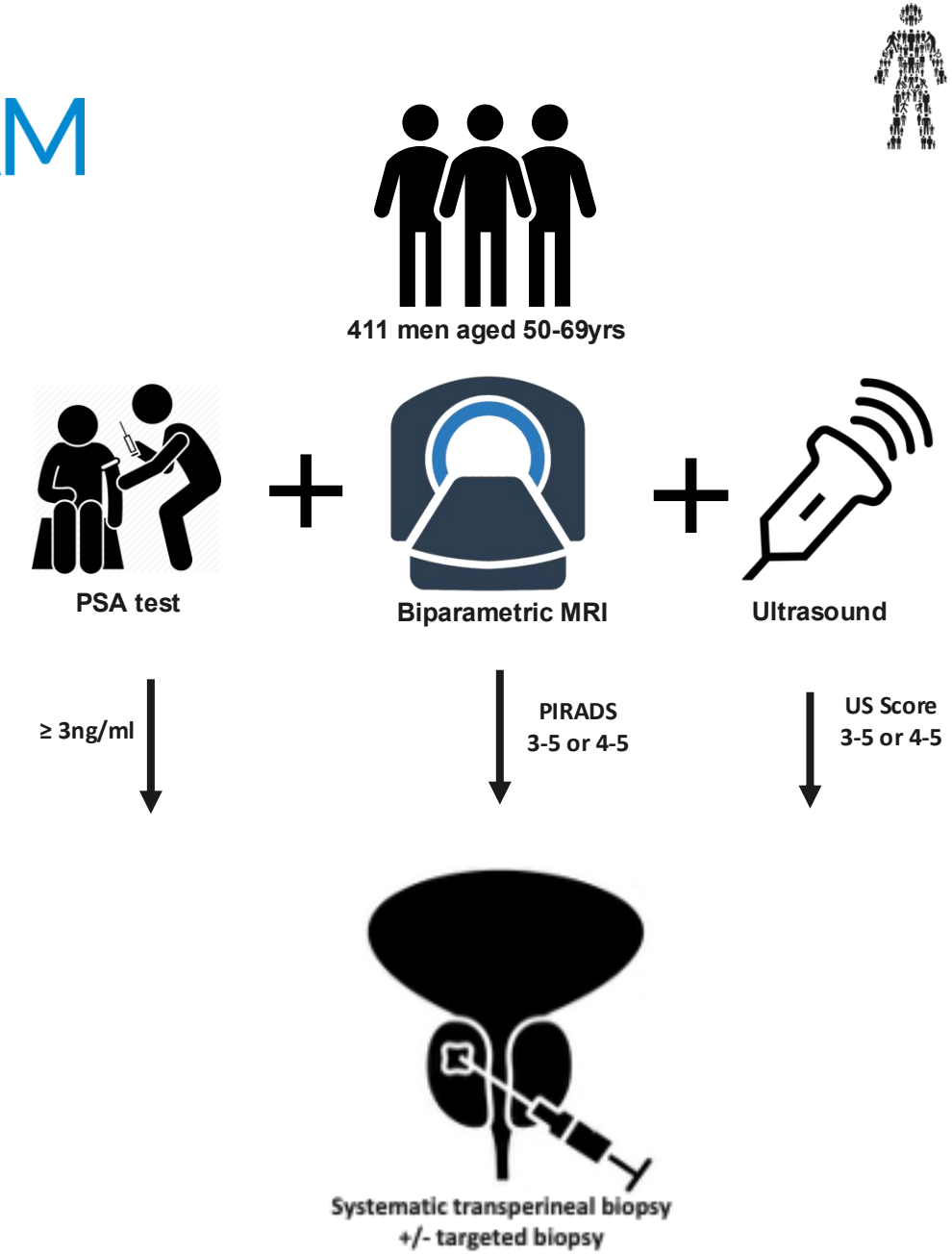
PROSTAGRAM

Design:

- Blinded, paired screen positive design
- Two screening centres

Participants:

- 411 men aged 50-69 years invited for screening
- 7 primary care practices + community recruitment



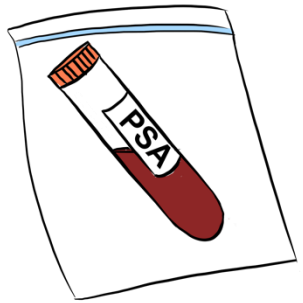
Ethnicity of 411 participants

Study	Ethnicity		
	White	Black	Asian
CAP (2016)	98%	<2%	<2%
PCPT (2006)	95.6%	3.2%	NR
PCLO (2016)	85.0%	4.4%	4.0%
PROSTAGRAM (2021)	**39%**	**33%**	**23%**

Excludes ERSPC and STHLM3 which did not report ethnicity data.

PROSTAGRAM

PSA



3.0 ng/ml

Biopsy rate 10%
Sensitivity 41% Specificity 81%

bp-MRI



PIRADS 3

Biopsy rate 18%
Sensitivity 88% Specificity 51%

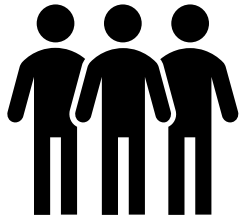
PIRADS 4

Biopsy rate 10.5%
Sensitivity 65% Specificity 82%

JAMA Oncol. 2021;7(3):395-402. doi:10.1001/jamaoncol.2020.7456

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relimagine

Who?	What tests?		If tests suggest cancer might be there?	
	 +		 + If needed	
303 men aged 50-75	PSA test	10 minute MRI	40 minute MRI	Prostate biopsy

Trousers on testing

RESPONSE RATES

	London population N= 797, 062	ReIMAGINE
Ethnicity	Men aged 65-70 most likely to respond	
White		
Black	Black men had 20% the response rate of white men	
Asian		
Mixed		
Other		

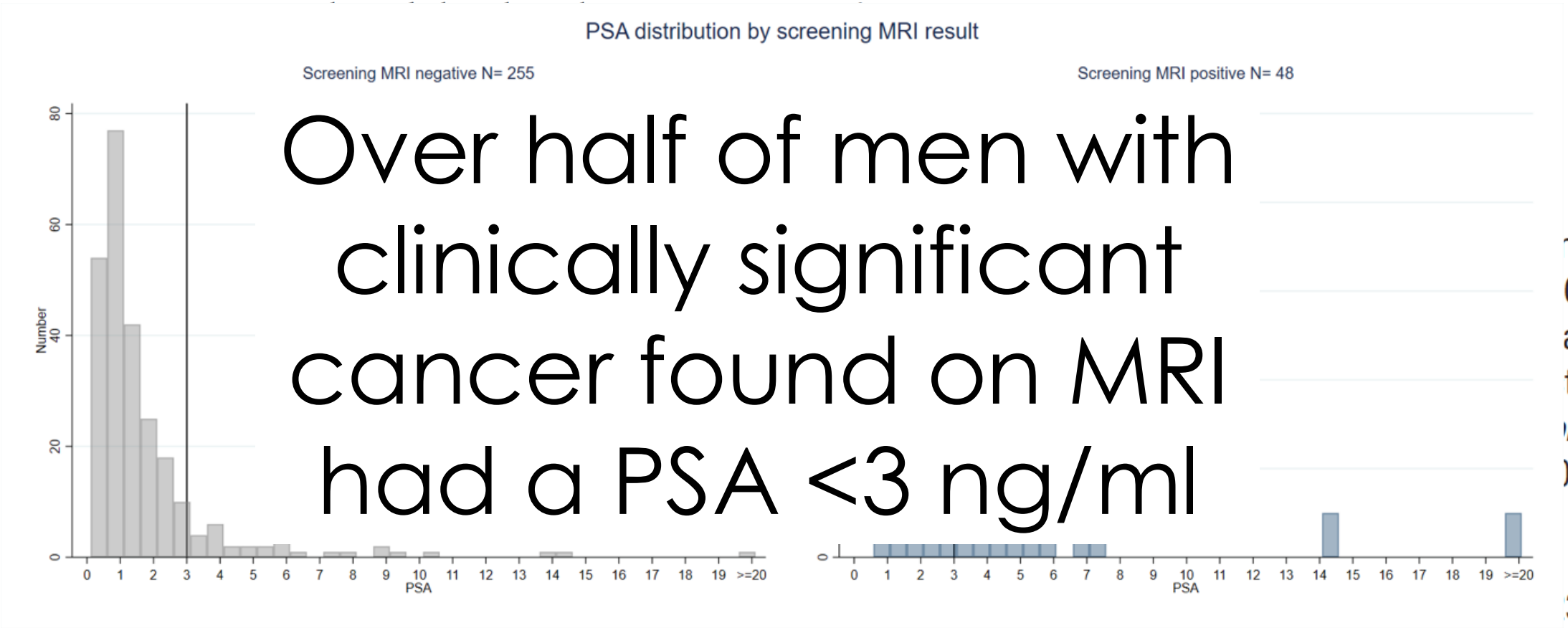
1: Missing ethnicity data 490/2097 (23%) in the ReIMAGINE invited individuals
2: Missing ethnicity data 83/457 (18%) in the ReIMAGINE respondents

Our invitation profile matched the ethnicity profile of London

Our response rate was significantly lower in black men

BMJ Oncology

Prevalence of MRI lesions in men responding to a GP-led invitation for a



Over half of men with clinically significant cancer found on MRI had a PSA <3 ng/ml

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Accepted 04 June 2023

ERROL MCKELLAR ON BBC NEWS



'We are getting better….
my message for the African Caribbean men in the community is:

Get involved in the research work,
lets get involved in the campaign to raise awareness of prostate cancer because the truth is,
prostate cancer doesn't care about your colour'







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Adapting the screening approach to increase participation in the black community

The LIMIT study

University College London

Chief Investigator: Professor Shonit Punwani



INITIAL PATIENT AND PUBLIC INVOLVEMENT AND ENGAGEMENT (PPIE) WORK

The project approach and co-design process was shaped by our PPIE group:

- Dr Tanimola Martins
- Alfred Samuels
- Ben Gordon
- Errol McKellar
- Pastor Samuel Oluwafemi

A crucial step was to build a relationship with a leading community group / local organisation to co-design this novel invitation method –
Jason Roberts Foundation







The co-design process: our community partner







- Designed a poster for LIMIT community recruitment
- WhatsApp group for communication and support
- Session on the study and why we are doing it





HOW HAVE WE CHANGED THE LIMIT SCREENING TEST?

Hospital based MRI

- 2 week wait for result
- NHS referral if screen positive



Scan in a van

- Same day result for blood test and MRI
- NHS referral if needed

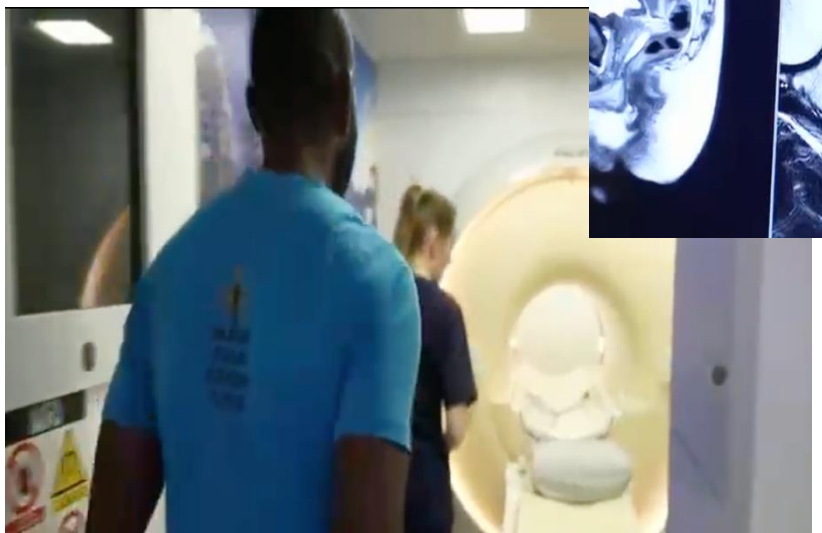
NIHR | National Institute for Health and Care Research













- LIMIT
  - Scan in a van sited at Olympic Park
  - Men register on site and have blood test & MRI
  - Results while you wait

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TRANSFORM



TRANSFORM: 3 stage design

1

Stage 1 (3 years)

- Pilot 4 screening interventions
- Evaluate how to deliver pivotal trial assessing key processes and assumptions
- Short-term outcomes
- Develop bio-digital twin protocols

16,500 men

2

Stage 2 (6 years)

- Main trial of optimal intervention
- Medium-term clinical outcomes
- PROMS: quality of life.
- Costs and resources
- Create bio-digital twin

TRANSFROM Discovery

180,000– 500,000 men

3

Stage 3 (10 years)

- Evaluate long-term primary outcomes through linkage to national databases

THE CHALLENGE



Prostagram, ReImagine, LIMIT

- Asking men to engage in prostate cancer testing initiatives
  - A specific invitation
  - A clear explanation of what to do when

TRANSFORM

- Invitation to agree to be randomised
- One of 4 screening pathways vs usual care (no invitation)
- Need to show a difference vs current system so men not eligible if have had a PSA in last 5 years

TRANSFORM STAGE 1



Arm 1: PSA 3 + MRI

PSA ≥ **3**ng/ml

↓

Prostagram™

↓

Targeted biopsy

Arm 2: PSA 1 + MRI

PSA ≥ **1**ng/ml

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Prostagram™

↓

Targeted biopsy

Arm 3: MRI-only

Any PSA level

↓

Prostagram™

↓

Targeted biopsy

Arm 4: PRS

PRS ≥ **3.5%**

↓

Prostagram™

↓

Targeted biopsy

TRANSFORM ROUND TABLE & WORLD CAFÉ 12TH NOVEMBER 2026

Round table for TRANSFORM & Perspectves

- Structured discussions around a topic
- Invitations to groups working in prostate cancer screening in the black community

World Café afternoon

- Opportunity to discuss prostate cancer screening across groups and
- Move between tables







SUMMARY

- TRANSFORM will allow us to assess modern screening
- During the study
  - many more men will get offered testing
  - men who aren't offered testing can still access what we have now (asking the GP for a PSA blood test)
  - We need to learn
    - The best tests
    - The best ways to encourage people to take part

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