Letters

Prostate cancer screening in general practice

Wang et al review the benefits of novel 'focal therapy' for prostate cancer.[1] Unlike whole-gland treatments, this minimally invasive treatment is associated with a lower risk of treatment-related side effects such as urinary incontinence and erectile dysfunction.

A crucial related question, much debated in both Australia and the UK, is whether we should screen for prostate cancer. Neither country has a national prostate cancer screening program, in part because of the harms associated with overdiagnosis and overtreatment.[2]

Prostate specific antigen (PSA) screening has been shown to reduce prostate cancer mortality by up to 51%.[3,4] Recent technological improvements in diagnosis and management might now tip the balance in favour of screening. The introduction of MRI as a triage tool reduces the need for biopsies and increases the specificity for clinically significant disease, resulting in lower rates of overdiagnosis.[5] Moreover, introduction of focal therapies described by Wang et al will minimise treatment-associated harms compared to radical prostatectomy or radiotherapy.

The current system of opportunistic PSA testing through general practitioners (GPs) might be perpetuating inequalities in prostate cancer outcomes. Several risk factors for advanced prostate cancer (eg lower socioeconomic status, Afro-Caribbean ethnicity) are also associated with lower health-awareness and healthcare engagement. Individuals in these communities might be in double danger, facing higher risk of advanced disease while being less likely to request PSA testing.

We agree with Wang et al that GPs are vital to ensuring patients with prostate cancer adhere to surveillance protocols. We also wonder if it is now time to introduce a national prostate cancer screening program for those at high risk.

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References

References are available online only.

Reply

Thank you for your interest in our review of focal therapies for prostate cancer and interesting insights into the state of prostate specific antigen (PSA) testing. At present, Australia does not have a national prostate cancer screening program and guidelines for opportunistic PSA testing are laid out by The Royal Australian College of General Practitioners (RACGP) and Prostate Cancer Foundation of Australia (PCFA).[1,2]

In existing guidelines, PSA testing is recommended for men at an average risk of prostate cancer between the ages of 50 and 69 years and at 40 years for those at high risk.[1,2] Prostate cancer screening has matured. MRI has made it possible for men to undergo PSA testing without unnecessary detection of clinically insignificant cancers. Similarly, the management of clinically significant prostate cancer is changing with an increased adoption of active surveillance and the emergence of focal therapies.[3] Recognising evolutions in prostate cancer management, updated PCFA guidelines recommend offering testing to interested men aged over 40 years and to incorporate PSA testing into the Annual Health Assessment Program for Aboriginal and Torres Strait Islander persons.[4]

The increased adoption of PSA testing in your practice is interesting and a pleasing trend, as well-informed men who undergo PSA testing might benefit from early detection. As focal therapies become established, more men with screen-detected prostate cancer might benefit from their reduced toxicities.

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References

1. Wang H, Ananthapadmanabhan S, Rahkala J, et al. A review of prostate cancer focal therapies in general practice. Aust J Gen Pract 2025;54(9):654–58. doi: 10.31128/AJGP-12-24-7489.
2. Harding TA, Martin RM, Merriel SW, et al. Optimising the use of the prostate-specific antigen blood test in asymptomatic men for early prostate cancer detection in primary care: Report from a UK clinical consensus. Br J Gen Pract 2024;74(745):e534–43. doi: 10.3399/BJGP.2023.0586.
3. Bokhorst LP, Bangma CH, van Leenders GJ, et al. Prostate-specific antigen-based prostate cancer screening: Reduction of prostate cancer mortality after correction for nonattendance and contamination in the Rotterdam section of the European Randomized Study of Screening for Prostate Cancer. Eur Urol 2014;65(2):329–36. doi: 10.1016/j.eururo.2013.08.005.
4. Hugosson J, Godtman RA, Carlsson SV, et al. Eighteen-year follow-up of the Göteborg Randomized Population-based Prostate Cancer Screening Trial: Effect of sociodemographic variables on participation, prostate cancer incidence and mortality. Scand J Urol 2018;52(1):27–37. doi: 10.1080/21681805.2017.1411392.
5. Ahmed HU, El-Shater Bosaily A, Brown LC, et al; PROMIS study group. Diagnostic accuracy of multi-parametric MRI and TRUS biopsy in prostate cancer (PROMIS): A paired validating confirmatory study. Lancet 2017;389(10071):815–22. doi: 10.1016/S0140-6736(16)32401-1.

Reply

References

1. Prostate Cancer Foundation of Australia, Cancer Council Australia. Clinical practice guidelines on PSA testing. Prostate Cancer Foundation of Australia, 2015. Available at www.pcfa.org.au/awareness/for-healthcare-professionals/clinical-practice-guidelines-on-psa-testing [Accessed 1 April 2026].
2. The Royal Australian College of General Practitioners (RACGP). Guidelines for preventative activities in general practice. Prostate cancer. RACGP, 2025; p. 78–82. Available at www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/preventive-activities-in-general-practice/cancer/prostate-cancer [Accessed 1 April 2026].
3. Diven MA. Lhaden Tshering, Ma X, et al. Trends in active surveillance for men with intermediate-risk prostate cancer. JAMA Network Open 2024;7(8):e2429760. doi: 10.1001/jamanetworkopen.2024.29760.
4. Prostate Cancer Foundation of Australia. DRAFT 2025 Clinical guidelines for the early detection of prostate cancer in Australia. Prostate Cancer Foundation of Australia, 2025. Available at www.prostate.org.au/resources/clinical-guidelines-for-the-early-detection-of-prostate-cancer [Accessed 1 April 2026].