

A Letter on the Urgent Need for Targeted Prostate Cancer Screening

The Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care

24 November 2025

Dear Secretary of State,

We write united by a belief that no man should die because of his postcode, ethnicity, or GP access.

Prostate cancer is now the most common cancer in UK men, with over 63,000 diagnoses and 12,000 deaths annually.ⁱ This week, the UK National Screening Committee (UK NSC) meets to decide on prostate cancer screening. This is a defining moment for men's health. The Government must be ready to act so that those at highest risk – men aged 45–69 who are Black, have a family history of prostate, breast or ovarian cancer, or carry BRCA1/BRCA2 variants, all of whom face at least twice the average risk of developing prostate cancer – are no longer left behind.ⁱⁱ

1) A growing inequity

The latest National Prostate Cancer Audit (2025) shows inequalities are deepening. Men in deprived areas are more likely to present with advanced disease and more likely to die.ⁱⁱⁱ Our current opportunistic PSA testing system is unstructured, inefficient and unfair – a postcode lottery where some men succeed because they know to ask or can pay privately, while others are turned away despite repeated requests.

Yet the data hide what cannot be modelled: eroded trust among communities who feel abandoned. Black men, already at higher risk, often believe the system fails them. Families bear devastating emotional and financial burdens from late-stage disease – costs absent from formal modelling but among the most compelling reasons to act.

2) The evidence is now clear

The evidence shows screening saves lives. The 23-year follow-up of the European Randomised Study of Screening for Prostate Cancer demonstrated a 13% mortality reduction – comparable to breast and bowel screening, with the numbers needed to screen and treat to prevent a death in line with those for existing programmes.^{iv v}

Modern diagnostic pathways have transformed safety. Prostate Cancer UK's 2024 analysis found harms reduced by 79% thanks to MRI and improved biopsy techniques.^{vi} The Göteborg-2 trial confirmed pre-biopsy MRI halves overdiagnosis.^{vii}

Today, the pathway is entirely different to when the UK NSC last evaluated screening: men have an MRI before any biopsy is considered; biopsies are carried out using safer transperineal methods; and low-grade cancers are far less likely to be detected – and, when they are, they are managed with active surveillance rather than treatment. Harms that once justified inaction have largely been engineered out.

These advances mean we now have the tools to deliver screening safely and effectively, yet the system is frozen waiting for next-generation trial data. Comments in *The Times* (3 October) suggest results from the upcoming TRANSFORM trial may take over a decade.^{viii} Waiting would entrench inequality and allow preventable deaths. Evidence is strong enough to act now. Perfection must not be the enemy of progress.

3) Practical, affordable and efficient

Targeted screening is practical and affordable. Prostate Cancer Research's 2025 report, *Prostate Cancer Screening: The Impact on the NHS*, with modelling by Carnall Farrar, shows additional annual costs would be around £25m – just 0.01% of the NHS budget – with modest workforce uplift and costs per screen comparable to existing programmes.^{ix} Recent data also show a simplified MRI, taking 10 minutes, is as effective as current scans, opening the path to increased capacity within existing resources.^x

The socio-economic benefits are substantial. Deloitte UK modelling found a five-year targeted programme would deliver a net benefit of £54m through earlier diagnosis, reduced treatment costs, and quality-of-life gains.^{xi} Late-stage treatment averages £127,000 per patient vs. £13,000 for early-stage.^{xii} Every delay costs lives and money.

Public support is overwhelmingly behind action: a nationally representative Healthwatch England poll of 3,575 men found 79% would attend screening if invited.^{xiii} Tens of thousands have called on Parliament to act. We have a duty to listen, and to act.

4) Learning from the world

The UK can lead but risks falling behind. Sweden's Organised Prostate Testing (OPT) programme shows that structured, equitable testing is achievable even without a formal programme, laying the groundwork for a future national rollout.^{xiv} Across Europe, the EU is implementing its prostate cancer screening recommendation, and Australia is preparing to endorse risk-adapted testing for high-risk men.^{xv xvi}

Introducing targeted screening would be a legacy-defining advance for men's health, aligned with the ambitions of the Men's Health Strategy and the National Cancer Plan.

Yours sincerely,

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Mr Shockat Adam MP	Mr Sadik Al-Hassan MP	Dr Scott Arthur MP
Mr Jas Athwal MP	Mr Josh Babarinde OBE MP	Mr Gareth Bacon MP
Ms Alex Baker MP	Mr Alex Ballinger MP	Ms Paula Barker MP
Mr Danny Beales MP	Ms Alison Bennett MP	Ms Siân Berry MP
Mr Clive Betts MP	Mr Saqib Bhatti MP	Mr Matt Bishop MP
Mr Chris Bloore MP	Mr Jonathan Brash MP	Mr Markus Campbell-Savours MP
Ms Charlotte Cane MP	Mr David Chadwick MP	Ms Wendy Chamberlain MP
Mr Danny Chambers MP	Mr Bambos Charalambous MP	Dr Ellie Chowns MP
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Mr Adam Dance MP	Mr Steve Darling MP	Ms Emily Darlington MP
Mr Paul Davies MP	Ms Carla Denyer MP	Mr Jim Dickson MP
Mr Lee Dillon MP	Dame Caroline Dinenage MP DBE	Mr Graeme Downie MP
Mr Neil Duncan-Jordan MP	Ms Sarah Dyke MP	Mr Alex Easton MP
Mr Colum Eastwood MP	Ms Sorcha Eastwood MP	Ms Cat Eccles MP
Mr Clive Efford MP	Ms Linsey Farnsworth MP	Mr Josh Fenton-Glynn MP
Mr Paul Foster MP	Ms Mary Foy MP	Mr Daniel Francis MP
Ms Rachel Gilmour MP	Mr Olly Glover MP	Mr Tom Gordon MP
Mr Andrew Gwynne MP	Ms Sarah Hall MP	Ms Paulette Hamilton MP
Ms Monica Harding MP	Mr Chris Hinchliff MP	Ms Wera Hobhouse MP
Ms Alison Hume MP	Ms Christine Jardine MP	Ms Liz Jarvis MP
Mr Terry Jermy MP	Mr Clive Jones MP	Ms Lillian Jones MP
Mr Chris Kane MP	Mr Ayoub Khan MP	Ms Jayne Kirkham MP
Mr Ben Lake MP	Mr Clive Lewis MP	Mr Seamus Logan MP
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Mr Josh Dean MP	Mr Mike Wood MP	Dr Sam Rushworth MP
Mr Matt Western MP	Sir Alec Shelbrooke MP	Mr Adam Jogee MP
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ⁱ prostatecanceruk.org/for-health-professionals/data-and-evidence

ⁱⁱ James ND, Tannock I, N'Dow J et al. The Lancet Commission on prostate cancer: planning for the surge in cases. *Lancet*. 2024 Apr 27;403(10437):1683-1722. doi: 10.1016/S0140-6736(24)00651-2. Epub 2024 Apr 4. Erratum in: *Lancet*. 2024 Apr 27;403(10437):1634. doi: [10.1016/S0140-6736\(24\)00748-7](https://doi.org/10.1016/S0140-6736(24)00748-7)

ⁱⁱⁱ National Prostate Cancer Audit (NPCA) State of the Nation Report 2025. London: National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2025. natcan.org.uk/reports/n pca-state-of-the-nation-report-2025/

^{iv} Roobol MJ, de Vos II, Månnsson M, et al. European Study of Prostate Cancer Screening - 23-Year Follow-up. *N Engl J Med*. 2025 Oct 30;393(17):1669-1680. doi: [10.1056/NEJMoa2503223](https://doi.org/10.1056/NEJMoa2503223)

^v Vickers A. Early Detection of Prostate Cancer - Time to Fish or Cut Bait. *N Engl J Med*. 2025 Oct 30;393(17):1742-1743. doi: [10.1056/NEJMMe2509793](https://doi.org/10.1056/NEJMMe2509793)

^{vi} Norori N, Burns-Cox L, Blaney N et al. Using real world data to bridge the evidence gap left by prostate cancer screening trials, ESMO Real World Data and Digital Oncology, Volume 6, 2024, 100073, ISSN 2949-8201, doi: [10.1016/j.esmowr.2024.100073](https://doi.org/10.1016/j.esmowr.2024.100073)

^{vii} Hugosson J, Månnsson M, Wallström J et al. Prostate Cancer Screening with PSA and MRI Followed by Targeted Biopsy Only. *N Engl J Med*. 2022 Dec 8;387(23):2126-2137. doi: [10.1056/NEJMoa2209454](https://doi.org/10.1056/NEJMoa2209454)

^{viii} thetimes.com/uk/healthcare/article/nhs-advisers-set-to-reject-routine-prostate-cancer-screening-ckznrp80p

^{ix} Prostate Cancer Research. [Prostate Cancer Screening: Impact on the NHS](https://prostatecancerresearch.org/prostate-cancer-screening-impact-on-the-nhs); 2025

^x Ng ABCD, Asif A, Agarwal R et al. Biparametric vs Multiparametric MRI for Prostate Cancer Diagnosis: The PRIME Diagnostic Clinical Trial. *JAMA*. 2025 Oct 7;334(13):1170-1179. doi: [10.1001/jama.2025.13722](https://doi.org/10.1001/jama.2025.13722)

^{xi} Prostate Cancer Research. [Socio-Economic Impact of Prostate Cancer Screening](https://prostatecancerresearch.org/socio-economic-impact-of-prostate-cancer-screening); 2024

^{xii} Prostate Cancer Research, *ibid*

^{xiii} healthwatch.co.uk/blog/2025-10-08/men-would-come-forward-prostate-cancer-screening

^{xiv} Bratt O, Godtman RA, Jiborn T et al. Population-based Organised Prostate Cancer Testing: Results from the First Invitation of 50-year-old Men. *Eur Urol*. 2024 Mar;85(3):207-214. doi: [10.1016/j.eururo.2023.11.013](https://doi.org/10.1016/j.eururo.2023.11.013)

^{xv} EU Council Recommendation 2022/2381 and Beating Cancer Plan updates (2024). consilium.europa.eu/en/press/press-releases/2022/12/09/council-updates-its-recommendation-to-screen-for-cancer/

^{xvi} Prostate Cancer Foundation of Australia, Public Consultation: Draft 2025 Clinical Guidelines for the Early Detection of Prostate Cancer. pcfa.org.au/public-consultation/