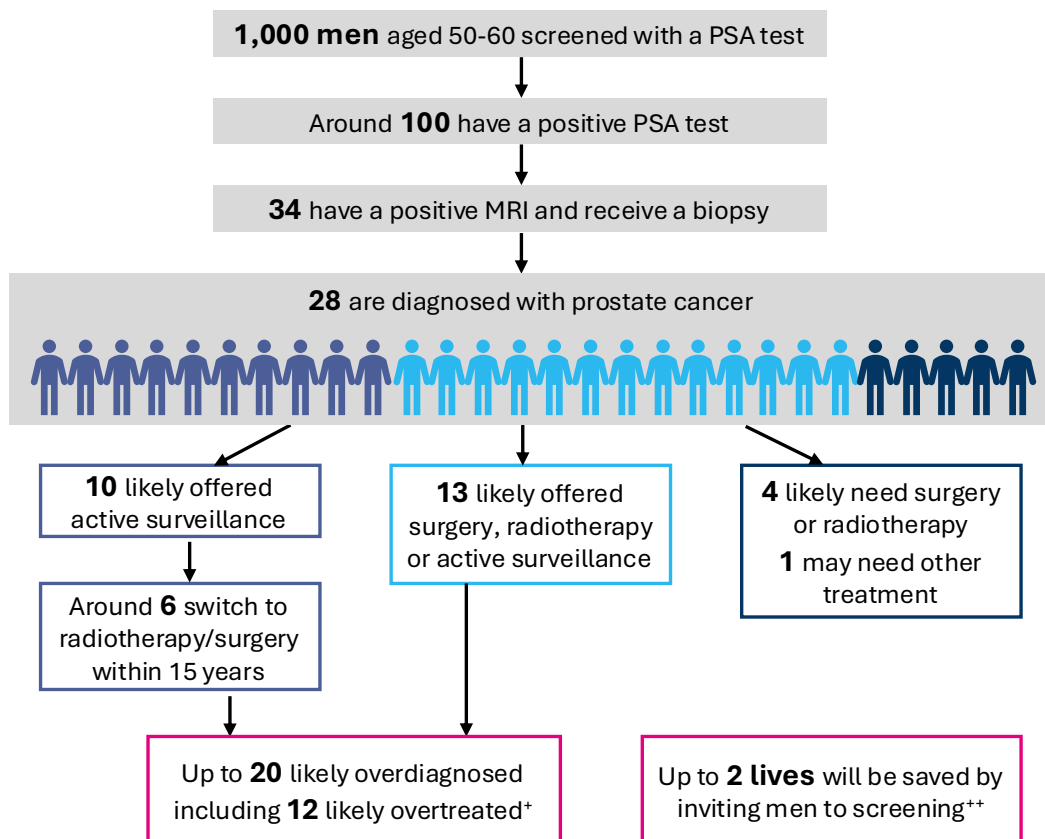


# Modelling the outcomes of prostate cancer screening

## UK NSC infographic

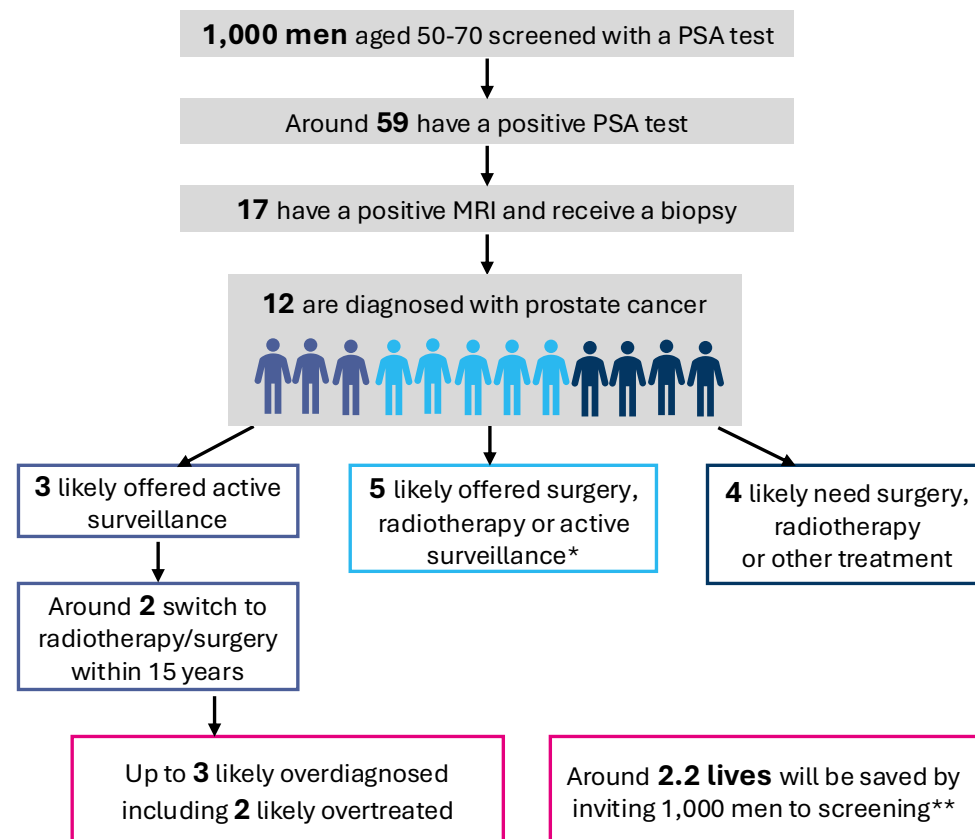


The information in this infographic is based on the Göteborg II screening study using PSA and MRI over 4 years in men aged 50-60 (Hugosson et al, NEJM 2024), deaths prevented in men aged 50-69 from the CAP screening trial (Martin et al, JAMA 2024) and in men aged 55-69 from the ERSPC screening trial (Roobol et al, NEJM 2025), harms in men aged 50-69 from ProtecT (Hamdy et al 2023, Donovan et al 2023).

<sup>+</sup> This number assumes that some men who switch from active surveillance to radiotherapy/surgery within 15 years did so unnecessarily. And some men who were offered surgery, radiotherapy or active surveillance chose surgery or radiotherapy when active surveillance could have been sufficient.

<sup>\*\*</sup> Assumes all invited men accept a PSA test

## PCR infographic



The information in this infographic is based on aggregated data of 62,078 men tested in Göteborg-2, STHLM3-MRI, OPT, PROSA, 1P1-PROSTAGRAM, & TPHC (Schoots et al, Eur Urol 2025; Langley et al, Eur Urol 2025; Hugosson et al, NEJM 2024), deaths prevented in men aged 55-69 from the ERSPC screening trial (Roobol et al, NEJM 2025). NB: ERSPC data suggest 1,000 screened men could save 2.4 lives.

\* In the absence of outcome-based evidence, in the modern MRI-diagnosis era, demonstrating that GG2 disease represents overdiagnosis - and given that MRI-diagnosed GG2 disease often requires treatment, is widely included in clinical research studies and guidelines, and is a valid histologic endpoint in contemporary clinical trials as clinically significant - our base-case model does not classify GG2 cancers as overdiagnosed or overtreated.

<sup>\*\*</sup>The estimate of 2.2 lives saved per 1,000 men invited is derived from the ERSPC 23-year follow-up (1 death prevented per 456 men invited, Roobol et al, NEJM 2025). Estimates vary depending on screening interval, age range, modelling assumptions and duration of follow-up. For example, lifetime modelling based on ERSPC data has estimated approximately 1 death prevented per 100 men screened under annual screening between ages 55-69 (Heijnsdijk et al, NEJM 2012).