

Hot topics / In the News



PCR Report Launch, attended by 100 MPs

A targeted screening programme for men of Black ethnicity and men with a relevant family history will:

- Cost the NHS an extra ~£25 million annually (around 0.01% of the NHS budget) – at a cost of £18 per eligible individual this is in line with screening costs for other cancers such as cervical, bowel and breast cancer;
- Involve a ~23% increase in the number of PSA tests, MRIs and biopsies delivered;
- Require an uplift in full-time equivalent positions in the NHS workforce from 0.01%–0.4% depending on the discipline;
- Reduce entrenched inequalities for Black men, those with a family history of prostate cancer and those in areas with high levels of deprivation.

<https://www.prostate-cancer-research.org.uk/screening-report/>

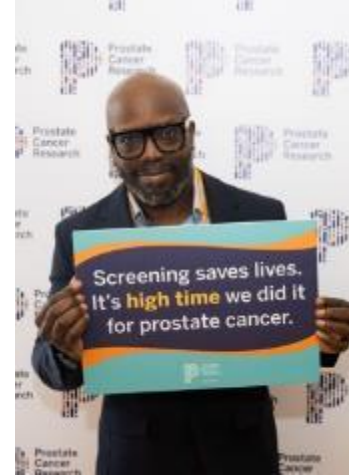


Watch the speeches here

<https://youtu.be/RweEZmpMz9Y?si=ihYR4107JebHD6JN>



Tackle Prostate Cancer – your voice, well represented



Celebrity endorsement



Top clinician endorsement



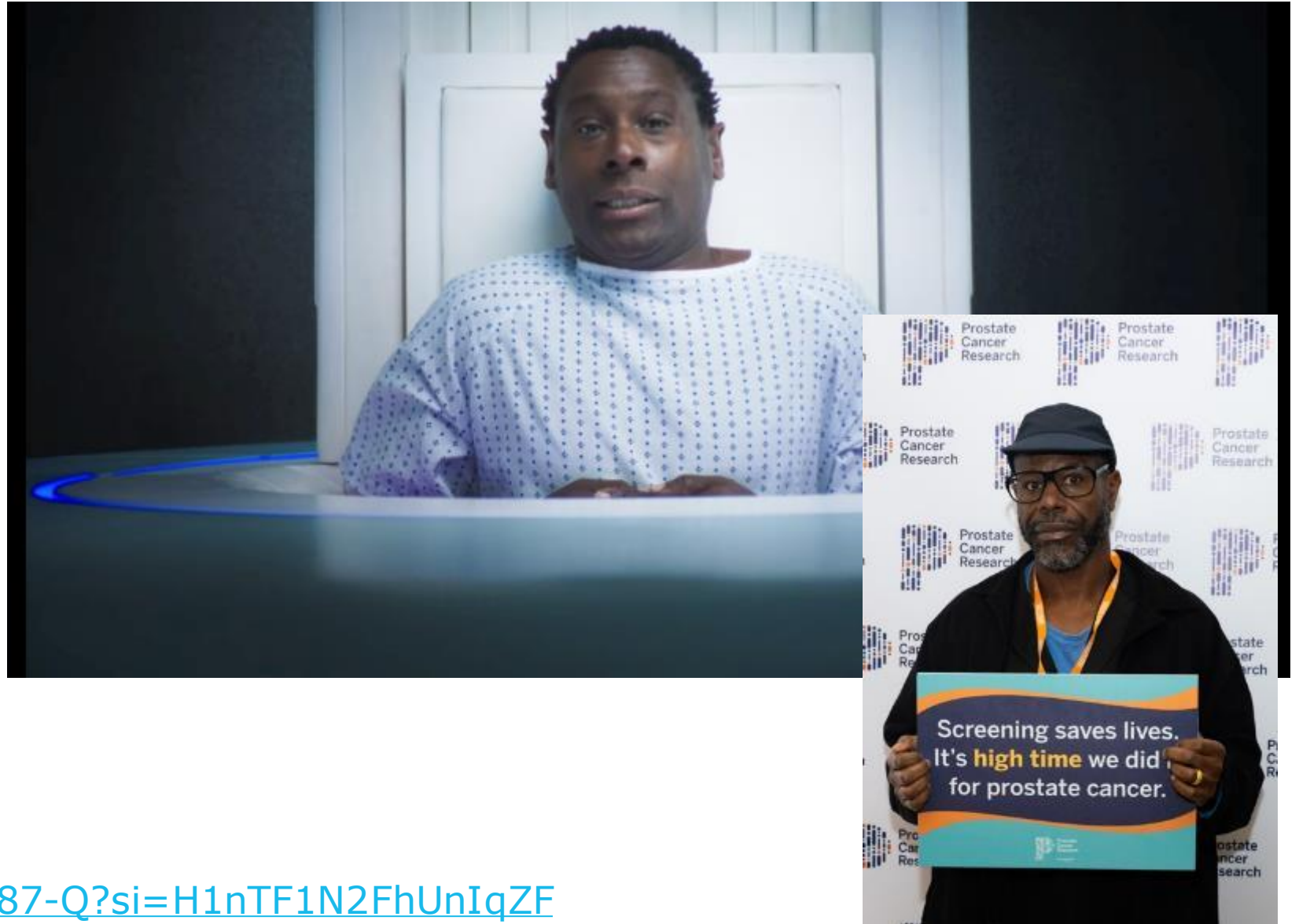
Prof Mike Kirby



Prof Stephen Langley

Prof Nick James

Directed by Sir Steve McQueen CBE and starring David Harewood, this powerful film urges viewers to sign up for our national screening campaign. Watch now and join us in saving men's lives.



<https://youtu.be/T6gmBbW87-Q?si=H1nTF1N2FhUnIqZF>




Support our

#ProactiveForYourProstate

campaign and make prostate cancer
screening a reality


ROACTIVE
FOR YOUR
PROSTATE



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All-Party Parliamentary Group on Prostate Cancer

Working together to highlight and champion improvements in policy towards better outcomes for men affected by prostate cancer

[About us](#)

Published in 'The Times' 20 October 2025

Prostate screening

Sir, If the National Screening Committee fails to recommend the introduction of a targeted screening programme for men at the highest risk of prostate cancer, they will have made a grave and inequitable mistake (“Screening every man for prostate cancer isn’t as helpful as it sounds”, Oct 18). Black men, and those with a family history of the disease, face a significantly higher risk. To treat these men the same as the low-risk population is not evidence-based prudence; it is clinical negligence.

The narrative that the PSA blood test is a blunt and harmful instrument is a decade out of date. Today, an elevated PSA test is not a ticket to an immediate biopsy — it’s the start of a far more sophisticated diagnostic pathway. Furthermore, the UK is a world leader in minimising overtreatment.

Approximately 90 per cent of men diagnosed with low-risk prostate cancer are now managed with active surveillance, a strategy that reserves radical treatment for life-threatening cancer only.

The recent Lancet Commission on prostate cancer unequivocally emphasised the need to expand testing in high-risk groups. While we wait for the perfect test to emerge, we must use the tools we already have to save thousands of lives.

Professor Frank Chinegwundoh
St George’s, University of London
Professor Stephen Langley
Royal Surrey Cancer Centre



Trustee

Prof. Frank Chinegwundoh
MBE

Trustee

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“High likelihood of men attending screening
•79% of all men said they would be likely to attend an appointment when invited, if the NHS introduced prostate screening routinely.
•This rises to 81% for Black men – an important finding for health inequalities, given their increased risk. ”



<https://www.healthwatch.co.uk/blog/2025-10-08/men-would-come-forward-prostate-cancer-screening>



“For those with metastatic hormone-sensitive prostate cancer – where the disease has spread to other parts of the body – treatment options typically involve ADT, either on its own or combined with other drugs.

Trials show adding darolutamide to standard ADT cuts the risk of death by 46% compared with ADT alone, with evidence suggesting it is as effective as other combination treatments already recommended by Nice and available on the NHS.

The charity Prostate Cancer UK said the new drug offered men a “gentler” treatment option with fewer side-effects compared with ADT in combination with other therapies. This could benefit older men or those who cannot be prescribed current treatments.”

<https://www.theguardian.com/society/2025/oct/24/prostate-cancer-drug-darolutamide-to-be-offered-england-nhs>

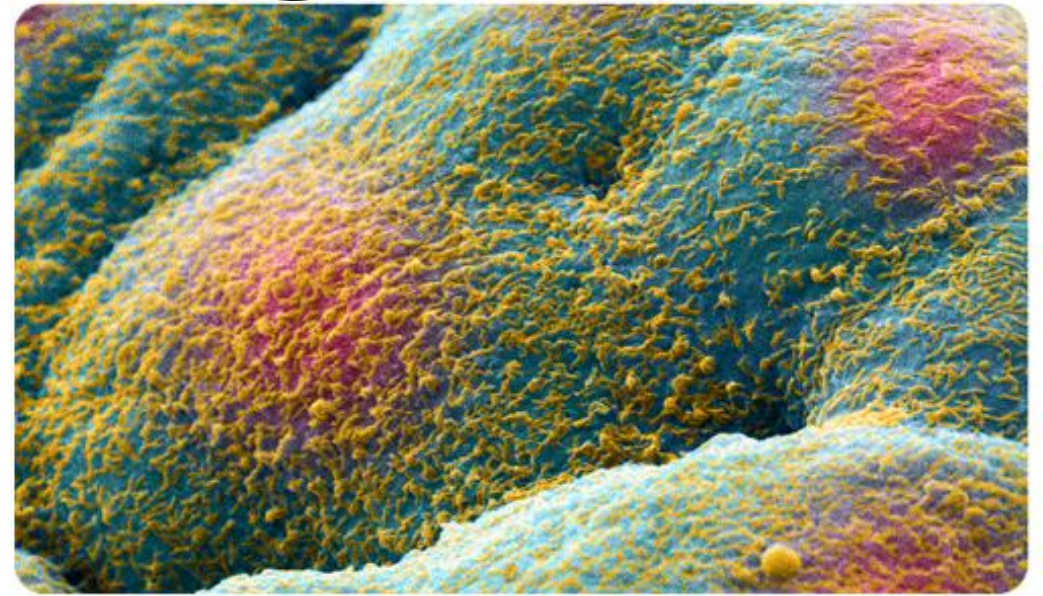
Prostate cancer drug that can halve death risk to be offered to thousands in England

At least 6,000 men a year with hormone-sensitive cancer to get access to darolutamide, which blocks growth with fewer side-effects



“Our research shows that men with *BRCA1* and *BRCA2* mutations face a significantly higher risk of aggressive prostate cancer. Until more accurate diagnostic tests become available, targeted PSA screening in this high-risk group could detect these cancers earlier, when treatment is more effective.

“We are urging regulatory bodies to act on the evidence and update current guidance so that all men from 40 years with a *BRCA1* or *BRCA2* mutation are offered annual PSA testing. We are expecting an update to this guidance soon, and we hope to see the inclusion of *BRCA* carriers in any targeted screening programme, to give these men more control over their health and improve timely diagnosis.”

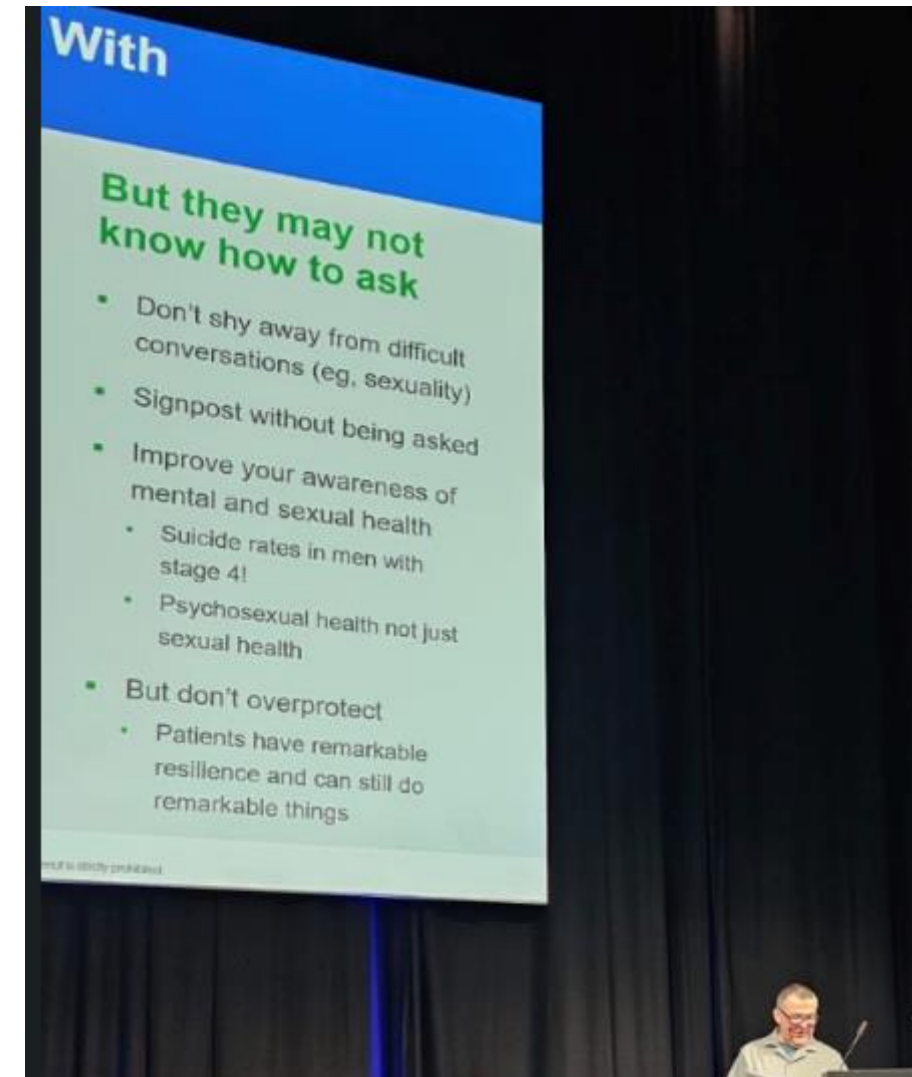
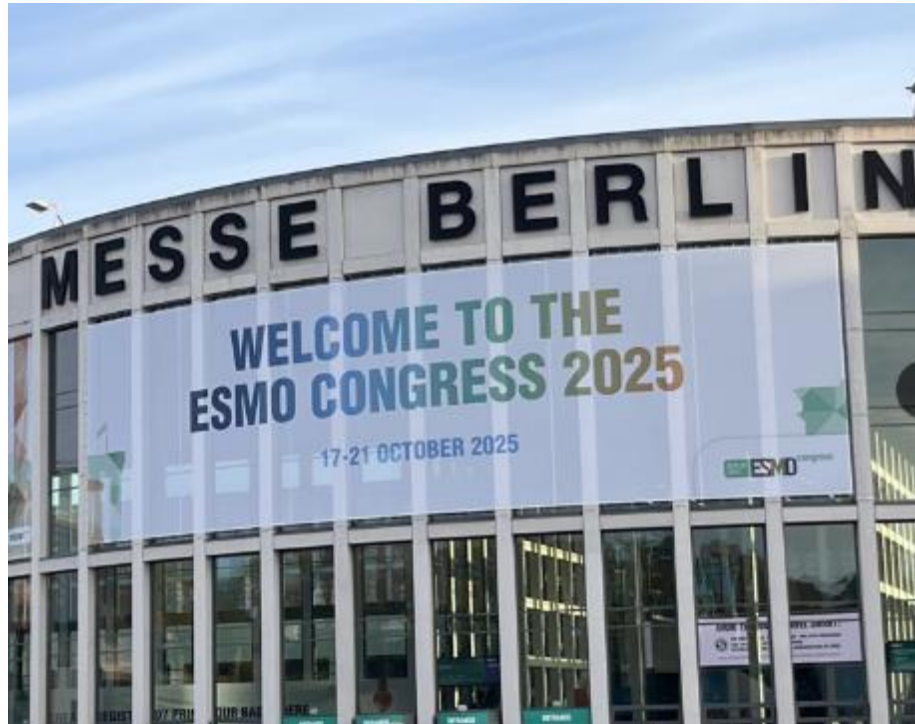


Men with *BRCA1* and *BRCA2* gene mutations should get annual prostate cancer screening

<https://www.icr.ac.uk/about-us/icr-news/detail/men-with-brca1-and-brca2-gene-mutations-should-get-annual-prostate-cancer-screening>

European Society for Medical Oncology(ESMO) Congress 2025 in Berlin (17–21 October)

- Patient Voice – Tony Collier, Tackle Vice-Chair presenting for Medscape



Tony Collier's blog

<https://runningintocancer.co.uk/2025/11/02/to-screen-or-not-to-screen/>

To Screen or not to screen

By Tony Collier on 2nd Nov 2025



European Society for Medical Oncology(ESMO) Congress 2025 in Berlin (17–21 October)

“EMBARC Trial Results: adding enzalutamide to leuprolide in men with high-risk, non-metastatic prostate cancer whose disease had returned after local treatment led to fewer deaths and delayed metastases compared with hormone therapy alone. After almost eight years of follow-up, patients on the combination lived longer and stayed disease-free for longer, a meaningful advance in this setting.

ENZARAD Trial Results, a separate trial that tested the same drug alongside radiotherapy in men with high-risk localized or locally advanced prostate cancer. That study did not show a clear survival advantage, suggesting that enzalutamide’s benefit may depend strongly on how and when it’s used.

Adding Pluvicto (**lutetium-177** vipivotide tetraxetan) to standard therapy for metastatic hormone-sensitive prostate cancer delayed disease progression compared with standard therapy alone – roughly a 28% lower risk of radiographic progression or death in the primary analysis.

Overall-survival data were not yet mature and described as a positive trend rather than a confirmed benefit.”

<https://www.labiotech.eu/trends-news/esmo-2025/#:~:text=At%20ESMO%202025%2C%20Novartis%20reported,the%20spotlight%20at%20ESMO%202025.>







“CONCLUSIONS

Long-term follow-up confirms a sustained reduction in deaths from prostate cancer with PSA testing, alongside an improved harm–benefit ratio. Future screening strategies should adopt risk-based approaches to minimize overdiagnosis while maintaining clinical benefits.”

ORIGINAL ARTICLE



European Study of Prostate Cancer Screening — 23-Year Follow-up

Authors: Monique J. Roobol, Ph.D. , Ivo I. de Vos, M.D., Marianne Månsson, Ph.D., Rebecka A. Godtman, M.D., Ph.D., Kirsi M. Talala, Ph.D., Elly den Hond, Ph.D., Vera Nelen, M.D., Ph.D., Arnaud Villers, M.D., Ph.D., Gregoire Poinas, M.D., Maciej Kwiatkowski, M.D., Ph.D., Stephen Wyler, Ph.D., M.D., Franz Recker, M.D., Ph.D., Donella Puliti, Ph.D., Giuseppe Gorini, M.D., Ph.D. , Marco Zappa, Ph.D., Alvaro Paez, M.D., Marcos Lujan, M.D., Chris H. Bangma, M.D., Ph.D., Teuvo Tammela, M.D., Ph.D., Fritz H. Schröder, M.D., Ph.D., Sebastiaan Remmers, Ph.D., Jonas Hugosson, M.D., Ph.D., and Anssi Auvinen, M.D., Ph.D. , for the ERSPC Investigators*  16 [Author Info & Affiliations](#)

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<https://www.nejm.org/doi/pdf/10.1056/NEJMoa2503223>

News

NHS artificial intelligence (AI) trial to diagnose prostate cancer up to a month faster

📅 28 October 2025

Cancer Patient care

The NHS will test an AI-powered 'one-day diagnostics' service for prostate cancer that could transform diagnosis and save some men up to a month of waiting.

The new 'one stop shop' pilot, funded by NHS England, will use artificial intelligence to interpret MRI scans for men with suspected prostate cancer, helping spot lesions in a matter of minutes.

The AI tool is being trialled at up to 15 NHS hospitals with a pilot set to begin at the Leeds Teaching Hospitals NHS Trust early next year of a new 'rapid diagnosis' pathway to offer all investigations within 1 day, with around 100 men expected to benefit.

If a scan is found to have a high-risk of cancer by the AI software, it will be sent immediately to a radiologist for priority review and the patient will be booked in for a biopsy the same day.

This gives doctors everything they need to either potentially give an all clear the same day or confirm a cancer diagnosis a few days later following review.



VANGUARD PATH Study

<https://www.england.nhs.uk/2025/10/nhs-artificial-intelligence-ai-trial-to-diagnose-prostate-cancer-up-to-a-month-faster/>

Charity facing 'awful lot of racist commentary' over campaign aimed at black men, chief reveals

17 October 2025 by [Lucinda Rouse](#)

Laura Kerby tells the Third Sector Podcast that people have cancelled their direct debits to Prostate Cancer UK after the charity highlighted the fact that black men have a higher risk of developing prostate cancer



<https://www.thirdsector.co.uk/charity-facing-awful-lot-racist-commentary-campaign-aimed-black-men-chief-reveals/management/article/1936511#:~:text=Prostate%20Cancer%20UK%20has%20to,charity's%20chief%20executive%20has%20revealed.>

"The only thing necessary
for the triumph of evil is
for **good men** to do
nothing"

Albert Einstein

"To sin by silence when
we should protest makes
cowards out of men"

E Wilcox

~~As group leaders~~ good people, we absolutely must
challenge racism when it raises its ugly head.

Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.



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An Introduction to Running Inclusive Groups

Monday, 10th November

6:30pm - 8:30pm

Online Event

<https://www.eventbrite.co.uk/e/an-introduction-to-running-inclusive-groups-tickets-1802879203229?utm-campaign=social&utm-content=attendeeshare&utm-medium=discovery&utm-term=listing&utm-source=cp&aff=ebdsshcopyurl>

Imperial Prostate at Imperial College London is trying to recruit patients for various focus groups regarding IP9-ATLAS, their trial on active surveillance for localised prostate cancer.

They are also this opportunity to start building an Imperial Prostate Patient and Public Involvement (PPI) database, from which we can contact patients who have registered their interest to be PPI representatives, going forwards for any of our studies or projects.

Please would you be willing to share within your respective networks the following link to a PPI consent form to sign up as a PPI representative for Prostate Cancer related research: https://imperial.eu.qualtrics.com/jfe/form/SV_0HrFEILXMFqbB9s

Get involved with Prostate Cancer Research

You can take part if:

- ... you are a patient
- ... someone you know has prostate cancer
- ... you want to help others
- ... you are interested in research

Help us:

- ☒ Set research priorities
- ☒ Improve trial design
- ☒ Discuss Men's Health
- ☒ Design patient-facing documents
- ☒ Engage with the community
- ☒ Share your experience



Time commitment:
When required



Location:
In person or Online



Compensation for your involvement



To register your interest, scan:



For help or information, contact:
imperial.prostate.research@nhs.net



Thank you to the Telegraph!

For choosing us as your Christmas
Charity Appeal Partner for 2025.



<https://www.telegraph.co.uk/christmas-charity-appeal/2025/11/01/telegraph-christmas-charity-appeal-2025>

Prostate Cancer Research

**PROSTATE
CANCER
RESEARCH**

Prostate Cancer Research funds research, provides patient information and advocates for change that will save men's lives

Aidan Adkins is a passionate supporter of prostate cancer screening

The numbers behind the most common cancer affecting men in the UK make stark reading. One in eight men here will be diagnosed with prostate cancer, rising to one in four black men. Twelve thousand men die each year. Yet, says Prostate Cancer Research, the disease is highly treatable when detected early, which is why they are campaigning loudly for a national screening programme, supported by *The Telegraph's* own summer campaign.

Aidan Adkins, 63, from Solihull in the West Midlands, knows acutely why they need your support. His own diagnosis did not come early enough. "My cancer is now in my bones," he says. "I'm having more chemotherapy until that brutal treatment stops working." The sense of injustice fills his words. "I had no symptoms. Prostate cancer was only picked up during a routine work medical," he says. "It was a year too late... A national screening programme could have saved my life."

As well as campaigning, PCR funds groundbreaking research. One project, Proven Connect, ensures scientific breakthroughs in the lab reach patients. Their data platform, Prostate Progress, is the first here to combine patient experience and NHS clinical data, offering a vital picture of the disease's impact, while another, Infopool, provides information that will help men who are grappling with diagnosis. "Without action, by this time next year we will have lost another 12,000 fathers,

uncles, grandads, brothers and sons," says Oliver Kemp, chief executive of Prostate Cancer Research. "With the UK National Screening Committee currently reviewing the case for screening, we have a powerful opportunity to change that, particularly for those at the highest risk of developing the disease. It is through the generous support we receive that we are able to fund life-saving research and evidence generation like this, which could ultimately help save thousands of lives."

National PC Partner Support Group,

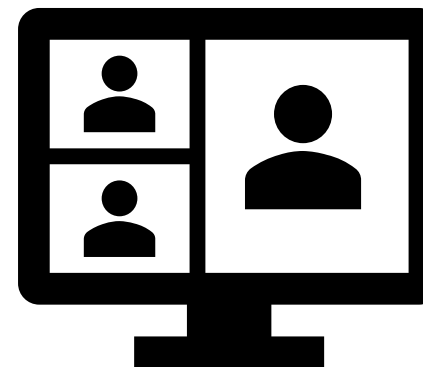
on Zoom. (Partners only, not patients.)

Supporting partners of those diagnosed with Prostate Cancer. Partners should email Janet Daykin and Caroline if they wish to attend.

janetldaykin@gmail.com carolineopcs@gmail.com



Monday 15th December



6.30pm start with room
opening at 6.10pm

Prostate Brachytherapy Support Group on Zoom

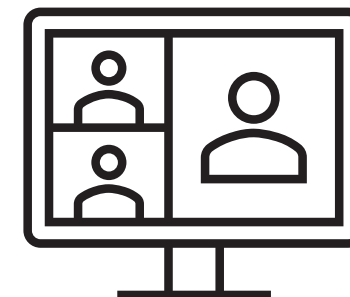
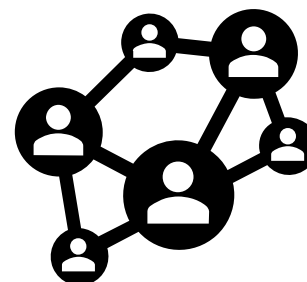
Support group for those who have had, or who are considering Prostate Brachytherapy.

If you are interested in joining this group, please email

support@prostate-brachytherapy.uk



- Thursday 13 November



18:45 for 19:00

<https://tacklegroups.org.uk/site-28/>

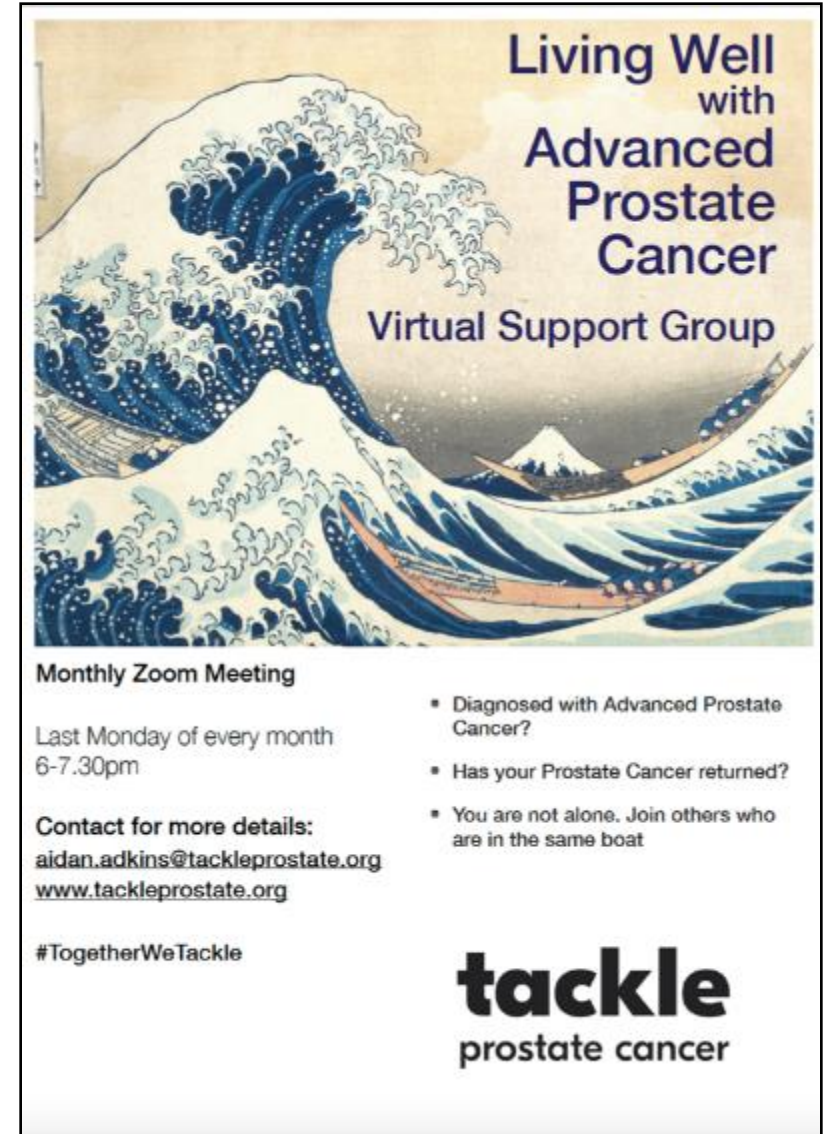
Living Well with Advanced Prostate Cancer Virtual Support Group

For those diagnosed with Advanced Prostate Cancer.
Please email aidan.adkins@tackleprostate.org if you
wish to attend.



- Monday 24th November
- Monday 29th December

6.00pm start



**Living Well
with
Advanced
Prostate
Cancer**

Virtual Support Group

Monthly Zoom Meeting

Last Monday of every month
6-7.30pm

Contact for more details:
aidan.adkins@tackleprostate.org
www.tackleprostate.org

- Diagnosed with Advanced Prostate Cancer?
- Has your Prostate Cancer returned?
- You are not alone. Join others who are in the same boat



#TogetherWeTackle

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Virtual Support Group for working aged men

For those diagnosed with Prostate Cancer and are still working. Please email John Newton if you wish to attend.

- Wednesday 12th November
- Wednesday 10th December



A new On-Line (Zoom) Peer Support Group for working aged men recently diagnosed with Prostate Cancer.

2nd Wednesday in the Month 7pm – 8:30pm

If interested - please send details through to John Newton
thedodgywalnut@gmail.com

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7.00pm start