2025 Issue
ISSN 2514-3174
bsdj.org.uk
thebsdj.cardiffuniversitypress.org

The British Student Doctor Journal

BSDJ

British Student Doctor Journal: 2025 Issue

bsdj.org.uk

/thebsdj

@thebsdj

@thebsdj

Journal DOI
10.18573/issn.2514-3174

Issue DOI
10.18573/bsdj.v8i1

ACADEMY OF MEDICAL EDUCATORS

The **British Student Doctor** is published by **The Foundation for Medical Publishing**, a charitable incorporated organisation registered in England and Wales (Charity No. 1189006), and a subsidary of **The Academy of Medical Educators**.

Cardiff University Press
Gwasg Prifysgol Caerdydd

The **British Student Doctor** is an imprint of **Cardiff University Press**, an innovative open-access publisher of academic research, where 'open-access' means free for both readers and writers.

cardiffuniversitypress.org

Contents

The British Student Doctor, 2025:13
DOI: 10.18573/bsdj.426
Discussion Starters

Is Now the Time to Introduce a National Prostate Screening Programme in the UK?

DISCUSSION STARTERS

AUTHOR

Jack Greenwold
University of Bristol

Address for correspondence:
University of Bristol, Beacon House
Queens Road
Bristol BS8 1QU
United Kingdom

Email: jgreenwold25@gmail.com

No conflicts of interest to declare.

Accepted for publication: 23.08.2025

ABSTRACT

Prostate cancer is the most diagnosed cancer in men across the UK and a leading cause of male cancer mortality, raising a crucial question: Why has national prostate screening not yet been established? Evidence highlights the significance of early detection to improve prostate cancer prognosis, yet the current PSA-based opportunistic testing strategy fails to address inequities in diagnosis and, crucially, there is no evidence of improvements in prostate cancer mortality following the PSA test. Consequently, UK-based and international research into the development of new screening tools for prostate cancer diagnosis are advancing. For instance, recent biomarker technologies aim to offer more accurate and less invasive screening options, reducing unnecessary biopsies and over-diagnosis. A national prostate cancer screening programme targeted towards high-risk groups could emulate the successes of breast and bowel cancer initiatives, which have demonstrated significant mortality reductions. Beyond cancer detection, national screening could act as a gateway to addressing broader men's health issues, including cardiovascular and mental health, while leveraging AI-driven tools and societal role models to improve health education and engagement. This discussion explores the challenges associated with the implementation of a national prostate cancer screening programme in the UK, despite its transformative potential to save lives, reduce health inequities, and redefine male healthcare.

INTRODUCTION

Prostate cancer represents a significant public health concern in the UK as the most commonly diagnosed cancer in males, with one fatality every hour in England alone. (1) The current UK guidelines suggest opportunistic Prostate-Specific Antigen (PSA) testing, for both symptomatic and asymptomatic patients upon request to a doctor. However, the UK National Screening Committee recommend against implementing a nationwide prostate screening programme using the PSA test. (2) This decision was justified based on significant concerns regarding the accuracy and reliability of the PSA test, which produces an alarming number of false positive results, meaning that men receive a positive test result despite not having prostate cancer. (3) Understanding the current rationale for a lack of national prostate screening requires critical examination of the evidence behind the performance and limitations of the PSA test, determining whether the benefits of testing outweigh the harms and risks. Furthermore, introducing prostate cancer screening in the UK extends beyond a medical debate, intersecting with broader public health aims by providing an opportunity to tackle existing socioeconomic and ethnic cancer outcome disparities. This discussion explores the evidence justifying current UK policymaking behind prostate cancer screening, discusses potential future avenues for research and innovation, and considers the wider implications for men's healthcare and nationwide health inequities.

Reasons against prostate-specific antigen screening for prostate cancer in the UK

Based on current evidence, the PSA test does not fulfil the essential criteria required by the UK National Screening Committee (NSC) to enable nationwide application for prostate screening. (2) The NSC, the organisation responsible for reviewing national screening programmes in the UK, evaluates evidence on the accuracy, practicality and harm-benefit ratio of potential screening programmes. (4) The NSC recommendation against prostate cancer screening was accepted by the National Institute of Health and Care Excellence (NICE) in NG131, highlighting opposition to the PSA test on a national scale. (5)

Crucially, a major limitation of the PSA test is the inadequate specificity for diagnosing prostate malignancy. Whilst PSA levels are elevated in men with prostate cancer, raised PSA can also be caused by a variety of other conditions, including benign prostate hyperplasia (BPH), prostatitis, urinary tract infections, and non-pathological events, notably as harmless as strenuous exercise or recent ejaculation. (6) Consequently, the PSA test generates an alarming quantity of false positive results in individuals without prostate malignancy. A 2018 study by Imperial College London found that 75% of men with elevated PSA tests were found not to have prostate cancer upon further investigation, highlighting the poor specificity of the PSA. (7)

The consequences of false positive PSA results are vast, involving financial, psychological and physical health burdens. Considerable patient anxiety and psychological distress was reported in 20% of men following PSA testing. (8) Moreover, false positive tests trigger further investigations to rule out malignancy, including invasive transrectal ultrasound (TRUS) guided biopsies, which carry risks to health, causing discomfort, pain (reported by 44% of patients receiving TRUS biopsies), haematuria (reported in 66% of patients receiving TRUS biopsies) and increased infection risk. (5). False positive PSA results impose a significant financial burden on healthcare systems. An analysis of the US Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial revealed average healthcare costs of $1171 per patient in the year following a false positive PSA result, accounting for diagnostics, procedures, treatments and complications management. (9) Given that 75% of positive PSA results are incorrectly attributable to prostate cancer, the potential follow-up costs in patients without cancer are alarming, especially given the strict rationing and cuts currently facing the National Healthcare Service (NHS). Essentially, the PSA test in its current capacity produces a sizeable proportion of false positive results, exposing patients to unnecessary tests, procedures, and associated harms, whilst simultaneously consuming healthcare resources.

Another major concern regarding the PSA test is the risk of over-diagnosis and consequential over-treatment of prostate cancer. PSA screening not only detects potentially aggressive cancers, but also a large number of slow-growing, indolent prostate malignancies that rarely cause significant threat. (10) This can lead to unnecessary treatments and associated health burdens for individuals who might never have needed intervention. (11) Recent estimates suggest that PSA-centred national screening could lead to the over-diagnosis of 10,000 cases of prostate cancer annually. (12) Over-diagnosis frequently results in over-treatment, with patients receiving aggressive therapies such as radical prostatectomy (surgical removal of the prostate), chemotherapy and radiotherapy. These treatments carry the risk of significant side effects impairing quality of life, including urinary incontinence, bowel dysfunction and erectile dysfunction. Studies have highlighted that 59% of men were troubled by impotence at 18-months post-radical prostatectomy. (13, 14) Ultimately, the psychological impact of a cancer diagnosis following PSA testing can pressure some patients towards immediate, active treatments, which they otherwise would have not required.

Whilst screening programmes are successful in increasing

the cancer detection rate, there is conflicting, inconclusive evidence regarding substantial improvements in mortality rates. This argument was highlighted by the 2018 UK Cluster Randomised Trial of PSA Testing for Prostate Cancer, which divided 400,000 men aged 50-69 into an intervention group receiving a one-off PSA test, and a control group receiving standard NHS healthcare. Whilst the trial reported a 0.7% raised prostate cancer incidence rate in the intervention group, crucially, the mortality rate of both groups was identical, at 0.29%. (6) Moreover, this pattern mirrored the outcome of the US PLCO Screening Trial which also used PSA testing, identifying a vast increase in prostate cancer detection, with no significant reduction in mortality. These studies reinforce findings of the minimal mortality benefits yielded from a PSA-based screening programme. (15) The lack of compelling evidence for mortality reduction from PSA testing is the primary reason cited by the UK NSC for its current recommendations against national prostate cancer screening. (16)

Beyond the clinical considerations of the PSA test, implementing a national programme carries significant financial and logistical challenges for an already overburdened NHS. A screening programme would require additional staffing, drugs, equipment and facilities, stretching the NHS capacity beyond a sustainable limit. A recent analysis estimated the programme could cost £628 million if all men in England and Wales aged 50-69 were offered PSA testing. (17) Ultimately, the financial and logistical burden is a significant limiting factor towards implementing a national screening programme in the NHS, which is already facing immense strain.

The urgency for early prostate cancer detection

Prostate cancer survival vastly improves when the diagnosis is made at the earliest possible stage, with the five-year survival rate for early-stage prostate cancer exceeding 99%. (18) Furthermore, a considerable quantity of prostate cancers remain hidden in the population. A 2015 study estimated that 29% of men aged 60-69 had undetected prostate cancer, and whilst some of these cases were potentially indolent, other cases were likely to have been clinically significant cancers that may progress to advanced stage, where prognosis is poorer.(19) Given the challenge of distinguishing between clinically insignificant disease and urgent-action cancer, an accurate and reliable screening test provides a key opportunity to reduce mortality associated with prostate cancer.

The success of existing UK cancer screening programmes highlights their importance in improving cancer outcomes. Invitations to the NHS Breast Screening Programme have delivered an approximate 20% reduction in breast cancer mortality, equating to an estimated 1300 lives saved annually. (20, 21) Similarly, the bowel cancer screening programme has been found to reduce cancer mortality by 25% in those who accepted their screening invitation. (22) Ultimately, these examples demonstrate the life-saving potential of effective screening, thus illustrating a benchmark for the aims of prostate cancer screening research.

Lastly, a national screening programme offers an opportunity to reduce national disparities in prostate cancer outcomes. The probability of being diagnosed with late-stage prostate cancer is 20% greater in Scotland than in London, highlighting drastic regional disparities. (23) Afro-Caribbean men are twice as likely to be diagnosed and 2.14 times more likely to die from prostate cancer compared to white men. (24, 25) The underlying reasons for these disparities are complex and involve a combination of genetic and environmental factors, and these statistics scratch the surface of a much broader debate of the systemic issue of health inequities faced by different demographic groups in the UK. Yet these outcomes also present a unique opportunity for a well-designed national prostate screening programme to mitigate the unjust ethnic and socioeconomic disparities, providing all men with an equal chance of surviving prostate cancer in the UK.

The horizon of prostate cancer screening

Given the well-documented limitations of the PSA test, significant research worldwide is currently focused on discovering and implementing more accurate methods and tests to detect clinically significant early-stage prostate cancers.

Promising UK-led research and innovation has hinted that implementing national prostate screening is becoming increasingly attainable. The BARCODE 1 study, published by the Institute of Cancer Research in April 2025, discovered that prostate cancer risk could be calculated from saliva DNA. A simple at-home saliva test was able to identify people with the highest genetic risk of prostate cancer. The participants in this group were invited for further screening, including an MRI and prostate biopsy, which found prostate cancer in 40% of participants, compared to 25% of those with a positive PSA test. In addition, the saliva test was able to identify a higher proportion of more aggressive prostate cancers, with 55% of cancer types identified as ‘aggressive’, compared to 36% of cancers being identified as ‘aggressive’ using the PSA test. (26) The effectiveness of the BARCODE 1 saliva test is currently being assessed in conjunction with alternative screening tests, including MRI and PSA, in the large-scale £42 million TRANSFORM trial, primarily funded by Prostate Cancer UK and the UK government, starting in late 2025. Experts involved in the trial estimate approxi-

mately £500 million could be saved each year by increasing detection of early-stage prostate cancer. (27) Thus, current research efforts in the UK showcase an exciting potential for a more effective prostate cancer screening strategy.

Furthermore, international research is also seeking to make significant technological advancements, utilising novel sensitive biomarkers to avoid invasive biopsies. For example, the MyProstateScore 2.0 (MPS2) test, developed by the University of Michigan, screens for 18 genetic markers with proven association with higher-grade prostate cancers (Gleason Grade Group 2 or above). The pre-clinical data from this study estimates implementing the MPS2 urine test will reduce unnecessary biopsies by 35-42%. (28) In Sweden, the Stockholm3 test has been developed. This test emphasises the accuracy of a holistic approach to prostate screening, incorporating multiple plasma protein biomarkers, the PSA test, genetic markers, and clinical data. The results estimate that a combined screening tool could reduce prostate cancer mortality by 28%. (29) However, considerations regarding the complexity of implementing an expensive screening system within the NHS remain. While novel biomarkers create excitement within the research community and highlight potential solutions to prostate screening, they require rigorous scrutiny and validation by regulatory bodies, notably the UK NSC, to determine eligibility for national implementation. They represent potential avenues for future research rather than immediate solutions for UK healthcare.

Implementing precision screening for prostate cancer

Upon establishment of an effective screening method, initial implementation should take a targeted, stratified approach, benefiting those most at risk, considering factors including family history of prostate cancer, ethnicity, and socioeconomic background. This personalised approach could be simplified by using risk prediction models, for example incorporating Artificial Intelligence to analyse patient data and genetic testing to scan for predispositions to identify who screening would benefit most.

A phased implementation strategy involving pilot regional screening programmes should be implemented to assess feasibility and effectiveness of prostate screening before rollout nationwide. Sweden's Organised Prostate Cancer Testing began in two of Sweden's largest regions in 2020; as of September 2023, eight more regions had started the programme, highlighting the effectiveness of gradual incorporation. (30) Within the UK, the Lung Health Check Pilot Programme, launched in 2019, illustrates the value of targeted regional screening. This programme focussed on individuals aged 55-74 with a smoking history and identified that 76% of lung cancers in this group were detected at an early stage. This contributed to a high 5-year survival rate (over 90%) for participants diagnosed with stage 1 disease. (31) By demonstrating their success in detecting early cancers, pilot programmes build the foundations for nationwide screening.

Following the development of a successful prostate screening test, optimising the subsequent diagnostic pathway for positive test results is critical. Multi-parametric magnetic resonance imaging (mp-MRI) has emerged with increased sensitivity to prostate malignancy compared to the pre-existing diagnostic standard using TRUS-biopsies. TRUS-biopsies of the prostate are timely, costly and often unnecessary, exposing patients to potential harms. The 2017 PROMIS study highlighted the low sensitivity of the TRUS biopsy at 48%, compared to the mp-MRI scan, which was significantly more sensitive, detecting 93% of clinically significant prostate cancers. (32) Not only does this method reduce potential patient harm by avoiding immediate invasive procedures, but incorporating mp-MRI proved more cost-effective, with an estimated incremental cost-effectiveness ratio (ICER), a measure of new treatment cost-effectiveness, over £12,000 below the standard NICE ICER threshold. (33)

A broader perspective on men's health

Beyond the direct physical health benefits, implementing national prostate cancer screening offers a unique opportunity to address wider concerns regarding men's health. (34) By engaging men in prostate health discussions, screening initiatives could act as vital gateways to identifying and managing other significant health issues potentially neglected in male populations. A 2020 study discovered that two in three men starting prostate cancer treatment had pre-existing cardiovascular disease or significant cardiovascular risk factors. This further suggests that attending a prostate screening appointment, which may be a rare interaction with the healthcare system for many men, has potential to act as a valuable platform to initiate broader health discussions, such as exploring lifestyle improvements and mental wellbeing. (35) Studies have shown that encouraging men to actively seek medical care is a chronic, societal issue. (36) A 2022 study reported that 65% of men avoid seeking medical attention for as long as possible, and, worryingly, 1 in 10 men cannot remember the last time they visited the GP. (37) These observed 'unhealthy' male health-seeking behaviours, often rooted in complex social factors discouraging open discussion of health concerns and proactive engagement, could be strategically addressed through national prostate screening programme, offering a consistent and normalised point of contact with healthcare.

Moreover, introducing prostate cancer screening provides an opportunity for health education. Clear communication to patients regarding the purpose, benefits, limitations and potential harms of cancer screening is crucial, this could be effectively achieved through public awareness campaigns, leveraging 'male role models' and community leaders. This combined strategy would seek to destigmatise conversations about prostate health and encouraging appropriate help-seeking behaviour. This was exemplified when Sir Chris Hoy announced his terminal prostate cancer, as online visits to the prostate cancer symptoms page soared by 15,000 visits in 48 hours after his announcement. (38) Further, digital tools, such as AI-driven smartphone personalised prostate cancer risk assessments, based on age, family history, lifestyle and ethnicity, could provide tailored guidance, symptom checklists and appointment reminders. Thus, an effective prostate cancer strategy could play a transformative role in identifying undiagnosed cancers and advancing nationwide screening efforts.

CONCLUSION

In conclusion, it is fundamental to recognise and address prostate cancer as a major public health issue in the UK. Whilst the concept of national screening is appealing due to the potential for early diagnosis, there is convincing evidence that the harms of the PSA test outweigh the benefits according to the UK NSC criteria, which explains the current absence of a prostate cancer screening programme in the UK. Therefore, the focus now must lie with future research and the establishment of reliable diagnostic tests and strategies. Large-scale trials such as TRANSFORM have a crucial role in generating high-quality evidence needed to demonstrate clear benefits of widespread testing in accordance with strict requirements for effectiveness, safety and cost-effectiveness. Should successful evidence emerge, results from previous screening programmes indicate that a targeted and stratified approach should be prioritised to maximise benefits and address health inequities. Ultimately, the UK has an opportunity to set a global precedent by pioneering an intelligent, targeted and patient-centred strategy for prostate cancer screening, utilising medical advancements whilst simultaneously shifting the narrative of male healthcare inequities.

REFERENCES

1. About prostate cancer. Prostate Cancer UK. 2022. Available from: https://prostatecanceruk.org/prostate-information-and-support/risk-and-symptoms/about-prostate-cancer.
2. Prostate cancer screening. Cancer Research UK. 2022. Available from: https://www.cancerresearchuk.org/about-cancer/prostate-cancer/getting-diagnosed/screening.
3. Warnock A. Can prostate cancer screening with the PSA test help to save lives? Cancer Research UK. 2024. Available from: https://news.cancerresearchuk.org/2024/04/06/prostate-cancer-screening-save-lives/.
4. About us. UK National Screening Committee. GOV.UK. 2022. Available from: https://www.gov.uk/government/organisations/uk-national-screening-committee/about.
5. Recommendations for prostate cancer diagnosis and management. NICE. 2019. Available from: https://www.nice.org.uk/guidance/ng131/chapter/Recommendations#assessment-and-diagnosis.
6. Results - Cluster Randomised Trial of PSA Testing for Prostate Cancer (CAP). University of Bristol. 2018. Available from: https://captrial.blogs.bristol.ac.uk/results/.
7. Researchers to investigate screening for prostate cancer using MRI. Imperial College London. 2018. Available from: https://www.imperial.ac.uk/news/185591/researchers-investigate-screening-prostate-cancer-using/.
8. Macefield RC, Metcalfe C, Lane JA, Donovan JL, Avery KNL, Blazeby JM, et al. Impact of prostate cancer testing: an evaluation of the emotional consequences of a negative biopsy result. British Journal of Cancer. 2010;102(9):1335-1340. Available from: https://doi.org/10.1038/sj.bjc.6605648. PMid:20372151 PMCid:PMC2865757
9. Lafata JE, Simpkins J, Lamerato L, Poisson L, Divine G and Johnson C. The economic impact of false-positive cancer screens. Cancer Epidemiology, Biomarkers & Prevention: A Publication of the American Association for Cancer Research, Cosponsored by the American Society of Preventive Oncology. 2004:13(12):2126-2132. Available from: https://pubmed.ncbi.nlm.nih.gov/15598770/. https://doi.org/10.1158/1055-9965.2126.13.12
10. David MK and Leslie SW. Prostate Specific Antigen (PSA). StatPearls Publishing; 2020. Available from: https://www.ncbi.nlm.nih.gov/books/NBK557495/.
11. Sakellakis M, Flores LJ and Ramachandran S. Patterns of indolence in prostate cancer (Review). 2022;23(5). Available from: https://doi.org/10.3892/etm.2022.11278. PMid:35493432 PMCid:PMC9019743
12. Prostate cancer test-by-request policies drive overdiagnosis and inequity with minimal benefit. BMJ. 2018. Available from: https://www.bmj.com/company/newsroom/prostate-cancer-test-by-request-policies-drive-overdiagnosis-and-inequity-with-minimal-benefit-argue-experts.
13. Gurdarshan SS, Andriole GL. Overdiagnosis of Prostate Cancer. Journal of the National Cancer Institute. 2012. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC3540879. https://doi.org/10.1093/jncimonographs/lgs031 PMid:23271765 PMCid:PMC3540879
14. Stanford JL, Feng Z, Hamilton AS, Gilliland FD, Stephenson RA, Eley JW, et al. Urinary and sexual function after radical prostatectomy for clinically localised prostate cancer: The Prostate Cancer Outcomes Study. JAMA. 2000;283(3):354-360. Available from: https://jamanetwork.com/journals/jama/fullarticle/192307. https://doi.org/10.1001/jama.283.3.354 PMid:10647798
15. Andriole GL, Crawford ED, Grubb RL, Buys SS, Chia D, Church TR, et al. Mortality results from a randomised prostate-cancer screening trial. New England Journal of Medicine. 2009. Available from: https://pubmed.ncbi.nlm.nih.gov/19297565/.
16. Prostate Cancer. UK National Screening Committee. 2020. Available from: https://view-health-screening-recommendations.service.gov.uk/prostate-cancer/.
17. Socioeconomic impact of prostate cancer screening. Prostate Cancer Research. 2024. Available from: https://www.prostate-cancer-research.org.uk/wp-content/uploads/2024/11/PCR_Socioeconomic_Impact_Prostate_Cancer_Screening_Nov24-v1.0.pdf.
18. Survival for prostate cancer. Cancer Research UK. 2022. Available from: https://www.cancerresearchuk.org/about-cancer/prostate-cancer/survival.
19. Jahn JL, Giovannucci EL and Stampfer MJ. The high prevalence of undiagnosed prostate cancer at autopsy: implications for epidemiology and treatment of prostate cancer in the Prostate-specific Antigen-era. International Journal of Cancer. 2015;137(12):2795-2802. Available from: https://doi.org/10.1002/ijc.29408. PMid:25557753 PMCid:PMC4485977

REFERENCES

20. How to decide if you want breast screening. NHS. 2021. Available from: https://www.nhs.uk/conditions/breast-screening-mammogram/how-to-decide-if-you-want-breast-screening/.
21. Maroni R, Massat NJ, Parmar D, Dibden A, Cuzick J, Sasieni PD, et al. A case-control study to evaluate the impact of the breast screening programme on mortality in England. British Journal of Cancer. 2020;124(124). Available from: https://pubmed.ncbi.nlm.nih.gov/33223536/. https://doi.org/10.1038/s41416-020-01163-2 PMid:33223536 PMCid:PMC7884709
22. Single bowel screening test could reduce cancer deaths by 25%. NIHR Imperial Biomedical Research Centre. 2024. Available from: https://imperialbrc.nihr.ac.uk/2024/07/20/single-bowel-screening-test-could-reduce-cancer-deaths-by-25/.
23. Huge north-south divide in prostate cancer diagnoses. Prostate Cancer UK. 2023. Available from: https://prostatecanceruk.org/about-us/news-and-views/2023/01/huge-north-south-divide-in-prostate-cancer-diagnoses.
24. Lowder D, Rizwan K, McColl C, Paparella A, Ittmann M, Mitsiades N, et al. Prostate cancer in Black men: disparities in diagnosis and outcomes. Cancer Epidemiology Biomarkers & Prevention. 2022. Available from: https://www.sciencedirect.com/science/article/pii/S0304383522000441.
25. Addressing racial disparities. Prostate Cancer Research. 2021. Available from: https://www.prostate-cancer-research.org.uk/addressing-racial-disparities.
26. Simple spit test could turn the tide on prostate cancer. Institute of Cancer Research. 2025. Available from: https://www.icr.ac.uk/about-us/icr-news/detail/simple-spit-test-could-finally-turn-the-tide-on-prostate-cancer#:~:text=%E2%80%9CWith%20this%20test%2C%20it%20could,to%20catch%20prostate%20cancer%20early.
27. TRANSFORM trial. Prostate Cancer UK. 2024. Available from: https://prostatecanceruk.org/research/for-researchers/transform.
28. Voss AM. An Improved Prostate Cancer Biomarker Test May Help Men Avoid Unnecessary Biopsy. 2024. Available from: https://prevention.cancer.gov/news-and-events/blog/improved-prostate-cancer-biomarker-test-may-help-men-avoid-unnecessary-biopsy.
29. Stockholm3 for prostate cancer screening Medtech innovation briefing. NICE. 2022. Available from: https://www.nice.org.uk/advice/mib303.
30. Bratt O, Godtman RA, Jiborn T, Wallström J, Akre O, Carlsson S, et al. Population-based Organised Prostate Cancer Testing: Results from the First Invitation of 50-year-old Men. 2024. European Urology. Available from: https://www.sciencedirect.com/science/article/pii/S0302283823032724. https://doi.org/10.1016/j.eururo.2023.11.013 PMid:38042646
31. Smith C. Timely detection of thousands of cancers underlines benefits of a national lung cancer screening programme - UK National Screening Committee. 2024. Available from: https://nationalscreening.blog.gov.uk/2024/11/11/timely-detection-of-thousands-of-cancers-underlines-benefits-of-a-national-lung-cancer-screening-programme/.
32. Ahmed HU, El-Shater Bosaily A, Brown LC, Gabe R, Kaplan R, Parmar MK, et al. Diagnostic accuracy of multi-parametric MRI and TRUS biopsy in prostate cancer (PROMIS): a paired validating confirmatory study. The Lancet. 2017;389(10071):815-822. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32401-1/fulltext. https://doi.org/10.1016/S0140-6736(16)32401-1 PMid:28110982
33. Neves De Faria RI, Soares MFO, Spackman DE, Ahmed HU, Brown LC, Kaplan R, et al. Optimising the Diagnosis of Prostate Cancer in the Era of Multiparametric Magnetic Resonance Imaging: A Cost-effectiveness Analysis Based on the Prostate MR Imaging Study (PROMIS). European Urology. 2018;73(1):23-30. Available from: https://eprints.whiterose.ac.uk/id/eprint/121528/. https://doi.org/10.1016/j.eururo.2017.08.018. PMid:28935163 PMCid:PMC5718727
34. Health issues some men tend to ignore (and why they shouldn't). Optum.com. 2025. Available from: https://www.optum.com/en/health-articles.html/healthy-living/health-issues-some-men-tend-ignore-and-why-they-shouldnt.
35. Fox JL, Shah B and Lopes M. Correlation between prostate cancer and cardiovascular disease. American Journal of Managed Care. 2022. Available from: https://www.ajmc.com/view/correlation-between-prostate-cancer-and-cardiovascular-disease.

REFERENCES

36. Matt Handcock. It'll get better on its own: Men and their resistance to seeing a doctor. Health Policy Partnership. 2022. Available from: https://www.healthpolicypartnership.com/itll-get-better-on-its-own-men-and-their-resistance-to-seeing-a-doctor.
37. Hussain P. Why do men seek healthcare less often than women? Numan. 2023. Available from: https://www.numan.com/mens-health/why-do-men-seek-healthcare-less-often-than-women.
38. Sir Chris Hoy's terminal cancer diagnosis prompts near-sevenfold increase for prostate cancer advice. NHS England. 2024. Available from: https://www.england.nhs.uk/2024/10/sir-chris-hoys-terminal-cancer-diagnosis-prompts-near-sevenfold-increase-for-prostate-cancer-advice.

The British Student Doctor Journal

To discuss an article published in this issue, please contact:

editorinchief@bsdj.org.uk

The British Student Doctor
Cardiff University Press
PO Box 430
1st Floor, 30-36 Newport Road
Cardiff, CF24 0DE
United Kingdom

bsdj.org.uk
thebsdj.cardiffuniversitypress.org

/thebsdj

@thebsdj

@thebsdj

To submit an article for publication in **The British Student Doctor**, please visit: bsdj.org.uk/author-guidelines

bsdj.org.uk