

The Great PSA Debate
Questionnaire Analysis Report

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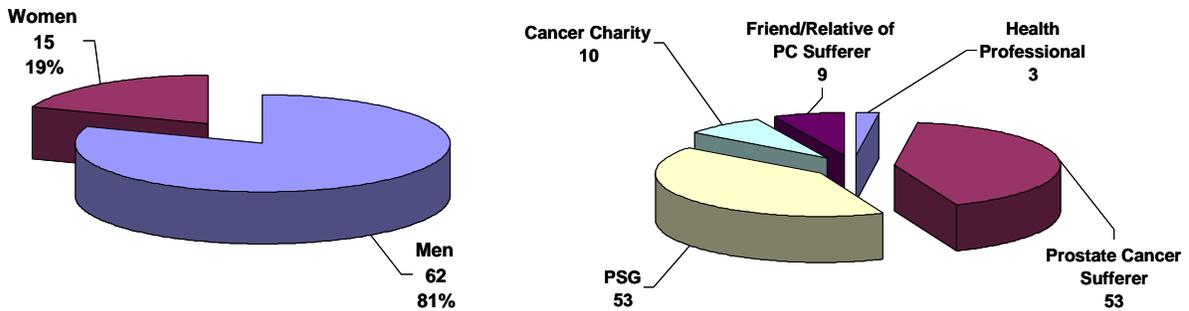
The Great PSA Debate Questionnaire Analysis Report

Introduction

On the 10th November 2009 at the Pump Rooms in Leamington Spa, the Prostate Cancer Support Federation, in collaboration with Prostate UK and the Graham Fulford Charitable Trust, held "The Great PSA Debate", to discuss the motion: "Every man at risk of prostate disease (i.e. all men over 50, and those 40 with other risk factors) should be encouraged to check his PSA every year." To maximize debate findings a detailed questionnaire was completed by 75% of delegates. This report provides the findings and conclusions from this questionnaire.

General Questionnaire Statistics

Delegates attending the debate numbered just less than 100 resulting in 77 delegates completing the questionnaire. The ages of male respondents ranged from one aged 27 and the remaining 61 being aged 54 to 78 years. The ages of female respondents ranged from one aged 26, one aged 43 and the remaining 13 being aged 60 to 73 years.

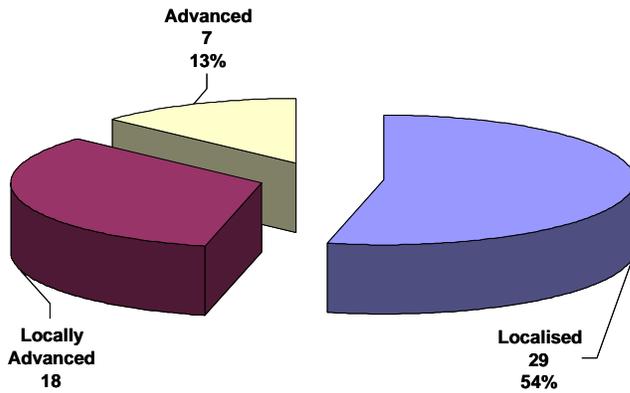


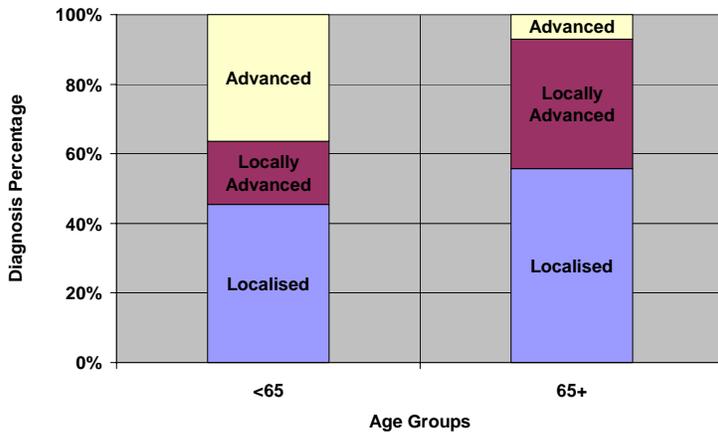
Delegate affiliation was mainly from Prostate Cancer (PC) sufferers (54 in number) who were also members of a Prostate Cancer Support Group (PSG) and in some cases a member of a Charity involved in Prostate Cancer work.

Prostate Cancer Diagnosis

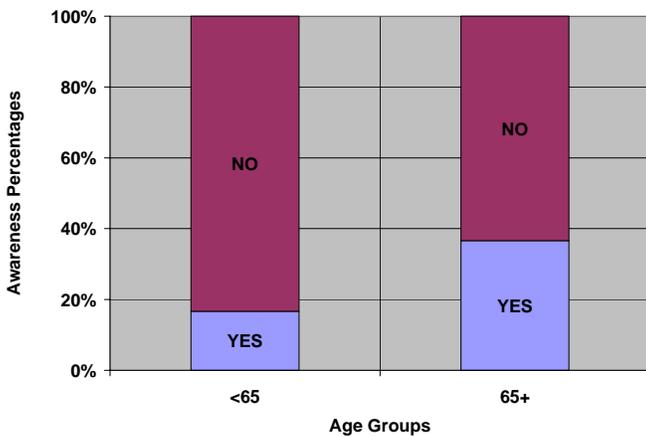
Prostate cancer sufferers were requested to indicate their stage at diagnosis by ticking boxes relating to localised, locally advanced and advanced prostate cancer. Just over half (54%) were diagnosed at a localised stage which meant they should have benefited from the greatest number of treatment options providing less complications and the greatest possibility of a cure from the disease. Men diagnosed at a locally advanced stage represented 33% which meant they should have had a good chance of a cure but would have had less treatment options and thus a greater possibility of complications from treatment. Unfortunately, 13% were diagnosed with advanced prostate cancer, which is unfortunately incurable and thus

results in eventual death from the disease. Interestingly, the number of men diagnosed at an advanced stage was significantly less than the UK national average of 23%.





The stage at diagnosis has been listed in two groups being those aged less than 65 (<65) and those aged 65 or older (65+). From the bar chart it can be seen that approximately 57% of men in the <65 age group were diagnosed at a locally advanced stage (19%) or at an advanced stage (38%). As can be seen these results differ significantly with the 65+ age group where 94% were diagnosed at a localised (56%) or at a locally advanced stage (38%).

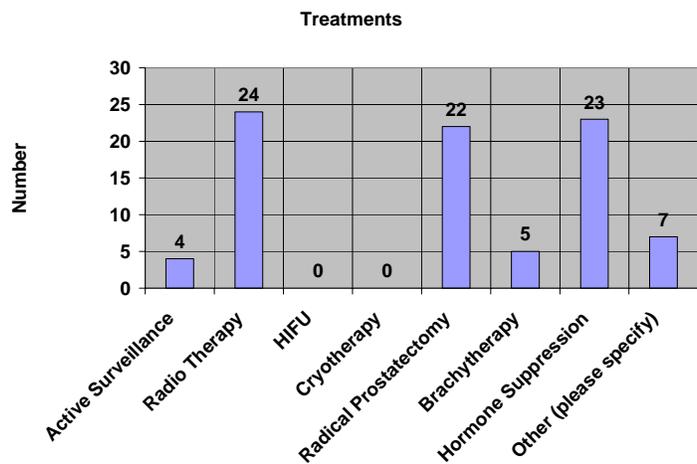


A reason for these differences in diagnosis between the two age groups is attributed to lack of awareness of the symptoms of prostate cancer as clearly indicated in the bar chart which shows that men in the 65+ age group are twice as aware as younger men in the <65 age group.

From these findings it can be concluded that younger men aged below 65 are at a greater risk of being diagnosed with prostate cancer at a locally advanced stage or at an incurable advanced stage because of ignorance (lack of awareness) of the symptoms and risks of prostate cancer.

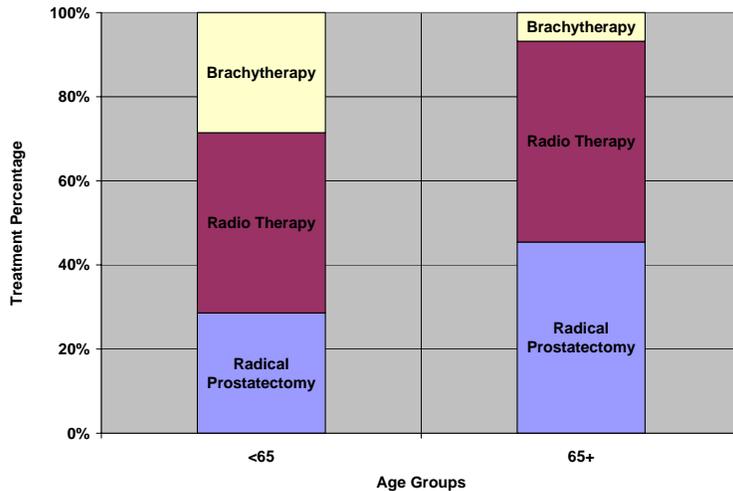
Treatments

Questionnaire respondents were asked to indicate the treatment they had received for prostate cancer, which are shown in the chart below. Interestingly, High Intensity Focussed Ultrasound (HIFU) and Cryotherapy were not used by any of the respondents and only 6 men were treated using Brachytherapy. Also interesting was the high use of Radical Prostatectomy, Radio Therapy and Hormone Therapy. From these findings it can be concluded that HIFU, Cryotherapy and Brachytherapy have yet to be established treatments whereas Radical Prostatectomy, Radio Therapy and Hormone Therapy are the most commonly used treatments. The other (please specify) category mainly lists next stage treatments such as chemotherapy and trials drugs after hormone suppression treatment had failed for advanced prostate cancer cases. Mention was also made of Photo Dynamic Therapy (PDT) as follow up therapy after traditional treatment.



Treatments by Age (excluding treatment of advanced prostate cancer)

Although Brachytherapy treatment numbers were low the trend in the chart seems to indicate

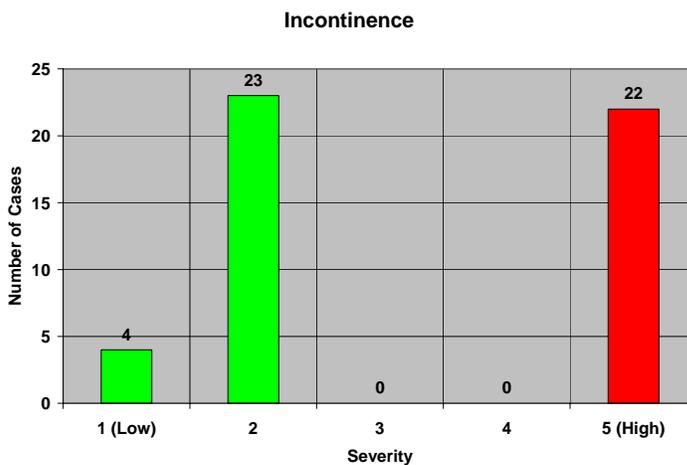


that Brachytherapy is the preferred treatment option for men with localised prostate cancer in the <65 age group, whereas Radical Prostatectomy is the preferred treatment option for localised and locally advanced prostate cancer for men in the older 65+ age group, with Radio Therapy being equally used in both age groups.

Although considered interesting, these findings cannot provide any firm conclusions other than Radical Prostatectomy and Radio Therapy being the preferred treatment options.

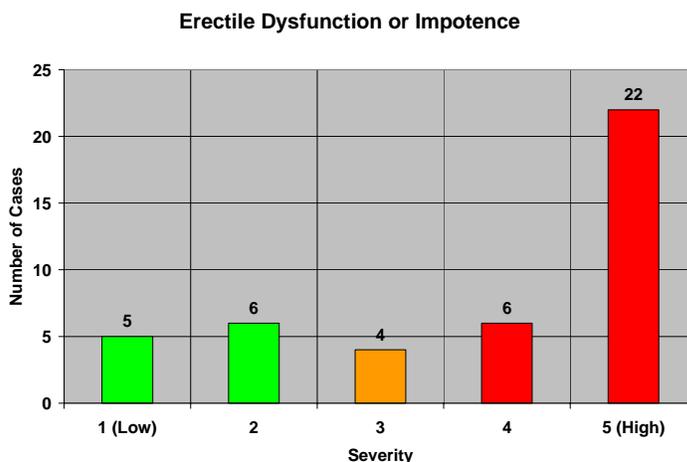
Treatment Complications

Respondents were asked to indicate if they suffered any complications from their treatment, to



which 76% said yes and 24% said no. Respondents were also asked to indicate the type of complication and its severity with a score of 1 being low and a score of 5 being high. The severity of incontinence was high in nearly 50% of cases as can be seen from the chart with a low incidence of incontinence in just over 50% of cases.

Erectile dysfunction or impotence complication cases have been grouped together. Again the severity of erectile dysfunction or impotence was high in approximately 65% of cases as can be seen from the chart with a low incidence of erectile dysfunction or impotence in just over 25% of cases.

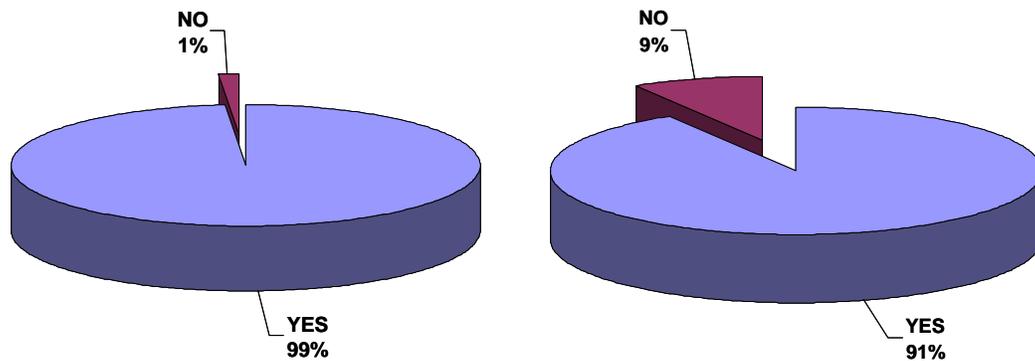


Severity was classified mid range for approximately 10% of cases. It must be noted that a serious complication of hormone suppression therapy is erectile dysfunction or impotence in the vast majority of case. As hormone suppression therapy is the initial treatment for advanced prostate cancer sufferers, these cases should not be considered when assessing the impact of complications from traditional

treatments such as Radical Prostatectomy and Radio Therapy, especially as these complications are often quoted as the consequence of over treatment of prostate cancer brought about by no reliable diagnosis method to differentiate between prostate cancers that are not life threatening (pussycats) and those that are life threatening (tigers). Interestingly, treatment complications from Brachytherapy were reported to be low with no high severity complications being listed.

PSA Test Voting

At the start of the debate delegates were asked to vote whether they support or oppose the motion “Every man at risk of prostate disease (i.e. all men over 50, and those 40 with other risk factors) should be encouraged to check his PSA every year.” At the end of the debate,

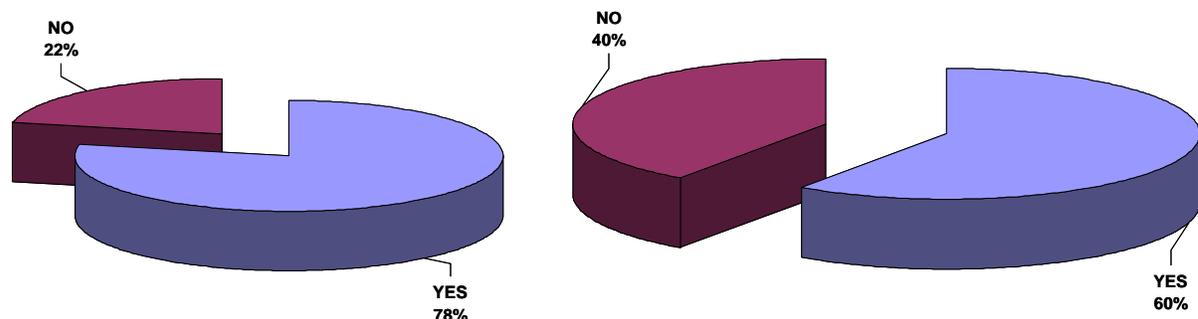


delegates were asked to vote again but this time on a revised motion being “Every man at risk of prostate disease [etc.] should be made aware of the PSA test, its benefits and limitations and should be able to freely exercise his right to have it”. The results of the “before” and “after” vote are shown in the two pie charts left to right.

The conclusion that can be drawn from this voting result is that prior to the debate the vast majority of respondents felt that PSA testing was the best solution to identify prostate cancer, whereas concern expressed by health professionals on the expert panel about the failings of the PSA test as a diagnostic tool during the debate resulted in an 8% swing away from the right to have a PSA test. Although not a significant swing, it does highlight some concern about the suitability of PSA testing.

National Screening for Prostate Cancer Voting

At the start of the debate delegates were also asked to vote whether they support or oppose the need for national screening for prostate cancer. At the end of the debate delegates were asked to vote again whether they support or oppose the need for national screening for prostate cancer. The results of the “before” and “after” vote are shown in the two pie charts left to right.



The conclusion that can be drawn from this voting result is that prior to the debate the majority of respondents felt that national screening was the best solution to identify prostate cancer, whereas concern expressed by health professionals on the expert panel about the failings of diagnostic tools during the debate caused an 18% swing resulting in 40% “against” and 60% “for” national screening. Although the majority of respondents remained in favour of national screening the difference between those “for” and “against” is not significant thus clearly indicating the challenge the UK National Screening Committee (NSC) has in reviewing their position on prostate cancer screening.

How many men with treatment complications is equal to one man’s life saved?

Respondents were requested to tick one box from 20 boxes (listing 1 through 19 and other) to indicate what they believed to be a reasonable sacrifice in terms of the number of men with treatment complications to save one man’s life.

Number of Localised PC Sufferers	29		Number of Locally Advanced PC Sufferers	18	
Number of Respondent Answers	17		Number of Respondent Answers	10	
Return Percentage	59%		Return Percentage	56%	
Value of One Life Saved	Answers	Lives	Value of One Life Saved	Answers	Lives
1 with complications	2	2	1 with complications	4	4
4 with complications	1	4	10 with complications	2	20
5 with complications	1	5	12 with complications	1	12
10 with complications	5	50	19 with complications	1	19
19 with complications	3	57	Other (please specify)	2	120
Other (please specify)	5	168	Totals	10	175
Totals	17	286	Average Value of One Life Saved		18
Average Value of One Life Saved		17			

To provide some meaningful findings for analysis purposes, answers from men with localised, locally advanced and advanced prostate cancer were grouped separately. The findings from these three categories are listed in the two tables above and in the table below. The reason why the return percentage in answering this question is relatively low in the localised and locally

Number of Advanced PC Sufferers	7	
Number of Respondent Answers	7	
Return Percentage	100%	
Value of One Life Saved	Answers	Lives
1 with complications	1	1
9 with complications	1	9
10 with complications	1	10
19 with complications	1	19
Other (please specify)	3	118
Totals	7	157
Average Value of One Life Saved		22

advanced prostate cancer groupings is believed to be because the question was difficult to understand. For example, a number of delegates wrote the following on their questionnaires in answer to this question. Too difficult (2 respondents). As necessary. Impossible question. This is an unhelpful question. Cannot Answer. Who has the right to put a value on a man’s life?

However, the findings from the advanced prostate cancer grouping show that all respondents answered this question and nobody mentioned any difficulty in answering the question.

The low value of one man’s life saved, compared with the number of men with treatment complications, such as those listed in the localised and locally advanced tables and the one in the advanced table, could indicate that this question has probably been misunderstood by some delegates. Nevertheless, it can be concluded that one man’s life saved equals approximately 20 men with what might have been unnecessary treatment complications. This said, the low number of respondents and the complexity of this question, combined with the wide range of numbers for men with treatment complications being worth one man’s life (1 to 100), make this conclusion meaningless.