

Reply to comment by Takahashi T on: Prostate cancer screening in Switzerland: a literature review and consensus statement from the Swiss Society of Urology

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We would like to thank [Dr Takahashi for his comments](#) on our latest publication. This letter to the editor sums up some relevant points and further studies that are indeed a matter of debate – not only in Switzerland, but in all countries investigating the potential of prostate cancer screening. Dr Takahashi guides us through the well-established discussion between “screen-detected” prostate cancer not posing the same threats as “symptom-detected” prostate cancer, with the former therefore not requiring any treatment in most cases. However, in the opinion of those favouring further investigations towards screening programmes, this is exactly the reason why we even pursue these efforts. Once prostate cancer causes symptoms, it usually cannot be cured. Symptom-detected prostate cancer, which typically already presents at advanced stages, is the type of cancer that we aim to eradicate using early detection (and is also a major factor in Europe’s Beating Cancer Plan recommending the evaluation of screening programmes [1]), since it is a disease with a high burden not only for individual patients, but also for health systems. When detected late, metastatic cancers are not only a burden for men, but also a relevant cost factor for healthcare systems. For example, in a prevalence-based, bottom-up approach from a Swiss healthcare perspective, Stucki et al. reported annual medical costs for prostate cancer treatment in Switzerland of around CHF 347 million, of which two thirds were for treatment of metastatic cancers [2]. Such cancers are commonly missed in populations with less knowledge about, access to or use of prostate cancer early detection. Through more systematic invitation and information provision to men, organised screening programmes could potentially mitigate this problem by detecting more clinically relevant prostate cancers.

Furthermore, Dr Takahashi suggests that public health insurance systems offer inadequate shared decision-making towards PSA testing. While we are not able to judge the individual practice of shared decision-making by Swiss general practitioners and urologists, we are of the opinion that centrally steered, structured screening programmes could mitigate this potential drawback, since such an approach would ensure thorough and standardised provision of information to men, including layperson-friendly information on the pros and cons of screening. In this regard, Sweden and its national organised prostate cancer testing sites may be a good example of how such processes can be implemented [3].

In our article, we recommended that the potential implementation of organised prostate cancer screening in Switzerland should be evaluated, in line with similar efforts in the European Union. We believe that, in principle, there could be a case for screening programmes compared to current opportunistic practice due to greater standardisation of processes, information provision, shared decision-making, and quality monitoring and control. We agree that any specific screening practice requires a basis in evidence and that costs as well as potential harms would have to be in an adequate relation to the benefits of such efforts. For this reason, we remain of the opinion that the research recommended within our recent publication [4] is worth pursuing.

Potential competing interests

The authors of the original publication had completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflict of interest related to the content of this manuscript was disclosed.

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