



PROSTAFORUM 2022

Implementing regional population-based organised prostate cancer testing programmes in Sweden

Ola Bratt, Chairman of the Swedish National Working-group for OPT

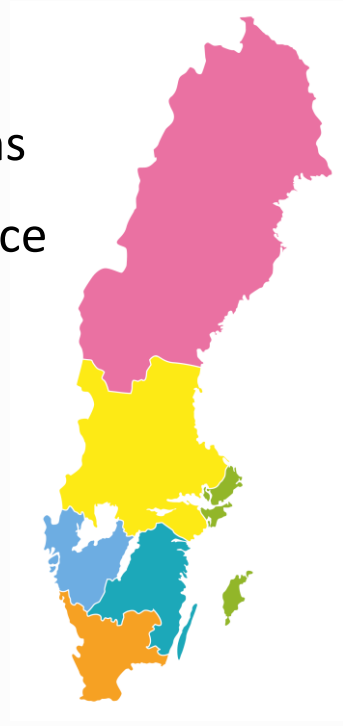
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The Swedish public health care system

- Tax funded public health care for all citizens
- Management of public health care is decentralised to 21 regions
- The national government cannot overrule regional independence
- The National Board of Health and Welfare issues national recommendations for health care, e.g. for screening
- Cancer services are lead by 6 regional cancer centres (RCCs)
- The 6 RCCs form a national confederation



The National Board of Health and Welfare 2018

Recommendation: Do not offer screening for prostate cancer

Motivation: The benefit does not clearly outweigh harms

But also: The abundant, unorganised PSA testing is ineffective and unequal



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Recommendations on organised prostate cancer testing (OPT)

Updated in 2022 (version 3.0)



CONFEDERATION
OF REGIONAL
CANCER CENTRES

First published October 2018, updated annually

Available in English at www.cancercentrum.se:

Search: "Recommendations on organised prostate cancer testing"

Contents:

- Background
- Recommendations on how the projects should be organised
- Recommendations on testing and the diagnostic pathway
- Coordination of the OPT projects

What is "organised prostate cancer testing" (OPT)?

- Regional, population-based, screening-like projects
- Managed by the regional public healthcare providers
- Nationally coordinated (admin system, register, information, algorithm, research, etc)
- Creating an infrastructure for a future national screening programme
- Filling knowledge gaps about diagnostics and organisational matters
- Learning by doing



What is "organised prostate cancer testing" (OPT)?

- Active offer for testing to men aged 50 – 74 (stepwise implementation over several years)
- Neutral information about pros and cons
- Testing, investigations and follow-up are strictly algorithm based
- Includes all steps from invitation through diagnostic pathway to biopsy result notification
- Automatically generated letters with test results and invitations
- All data entered into a national online register for quality control and research
- Algorithms may differ between regions = comparative studies possible

Key algorithm related knowledge gaps

- What are the optimal indications for MRI and for targeted and systematic biopsy?
- What proportion of follow-up PSA tests will lead to MRI and biopsy?
- What is the optimal use of MRI for men with persistently raised PSA?

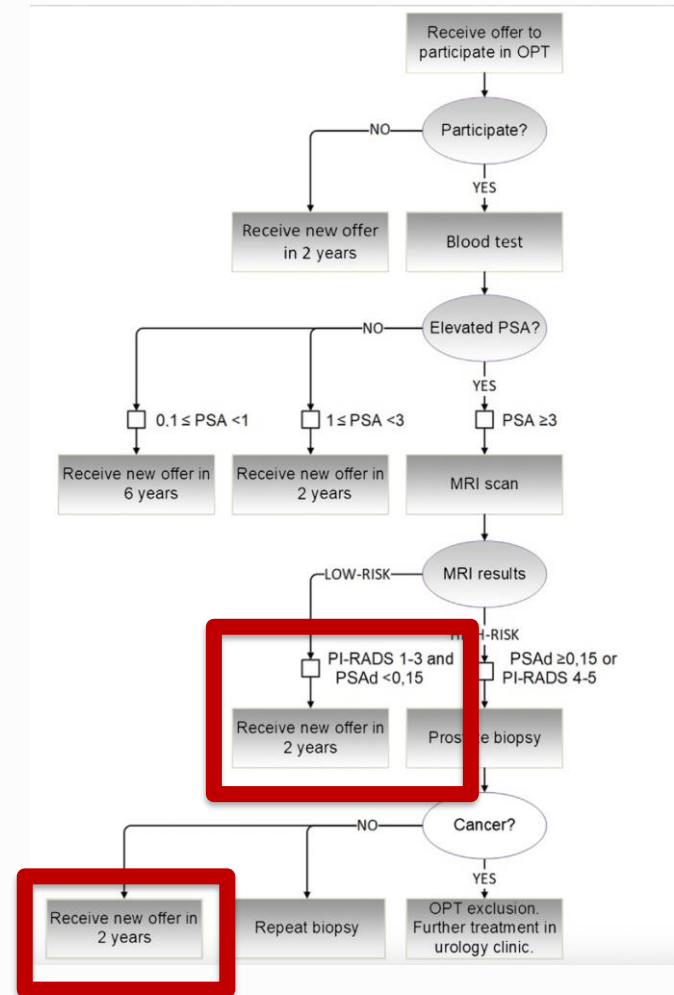
- What proportion of men will comply with follow-up algorithm?
- Will men be tested in general practice in parallel with OPT?

- OPT & ongoing RCTs (Gothenburg-2, ProScreen, ProBASE) will provide answers

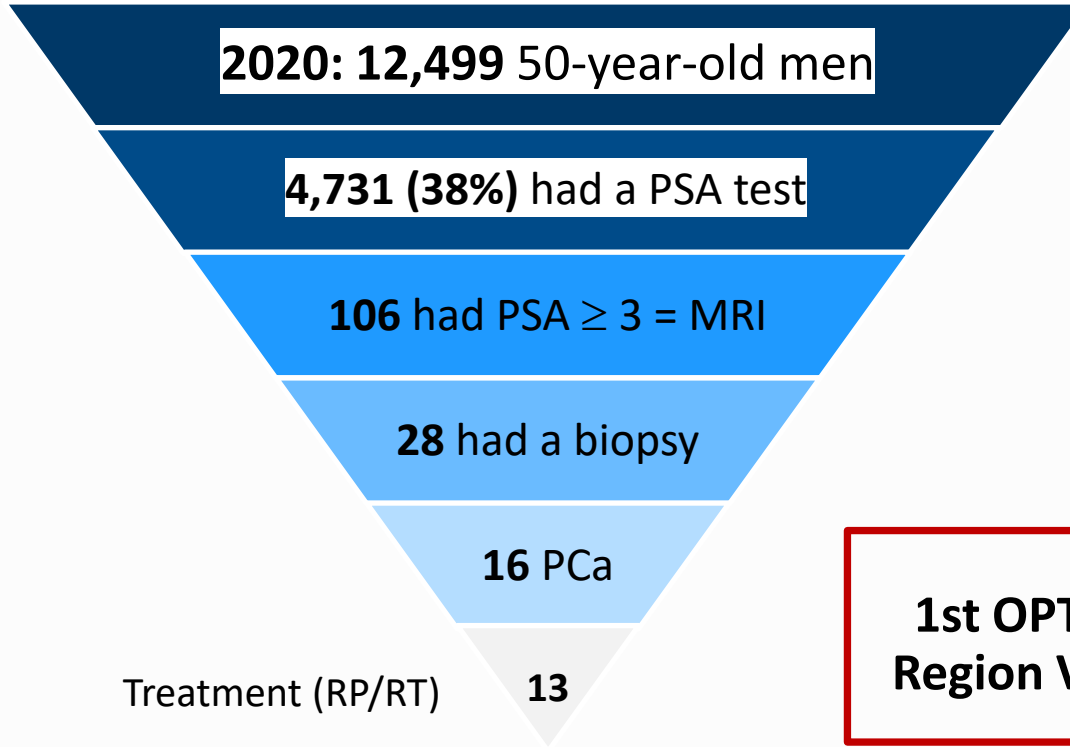
Swedish base algorithm

Planned regional algorithm variants:

- Stockholm3 test to select for MRI
- DRE + TRUS to select for MRI



“The inverted pyramid”



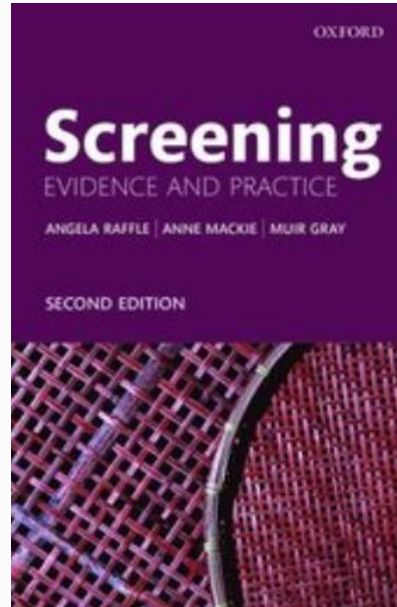
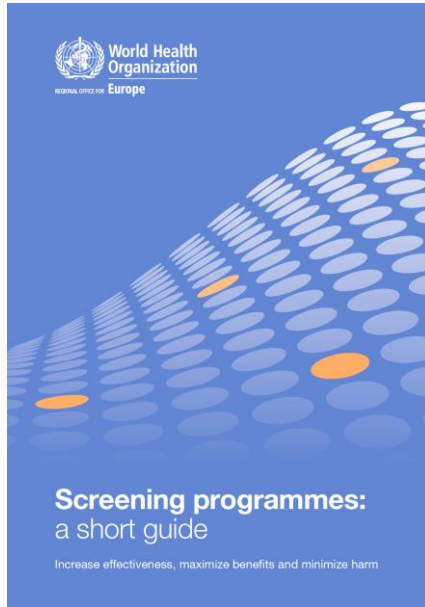
**1st OPT round results
Region Västra Götaland**

An important change of perspective!



- We deal with men, not patients
- Let men remain men; avoid making them patients, if possible

Recommended reading



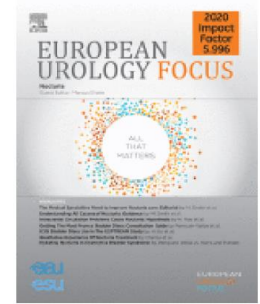
Swedish OPT projects

- **Started September 2020: All 50-y-o offered OPT**
 - Skåne (1.4 million people): 9,000 50-y-old men + 9,000 56-y-o per year
 - Västra Götalandsregionen (1.7 million people): 12,000 50-y-o men per year
- **Started 2022**
 - Stockholm (2.4 million people): 17,000 50-y-old men per year
 - Värmland (300 000 people): 50-69 years old
 - Västerbotten (300 000 people): 50 + 56 years old
 - Gotland (60 000 people): 50 years old
- **Planned to start 2023**
 - 11 more regions
 - 17/21 regions will have some kind of OPT project by end of 2023



available at www.sciencedirect.com

journal homepage: www.europeanurology.com/eufocus



Prostate Cancer

Designing and Implementing a Population-based Organised Prostate Cancer Testing Programme

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Swedish OPT projects: Key learning experiences

- Successful OPT involves an unimaginable amount of detailed planning
- Medical decisions are simple – organisational matters are difficult
- Start a few region/local pilot projects to find pitfalls
- However well you plan, you will stumble into some pitfalls
- Communication with all stakeholders is essential
- Register, report, analyse and feed back all outcomes
- To allow for evaluation, algorithm compliance is necessary
- Urologists tend not to comply with the algorithm – keep an eye on them!



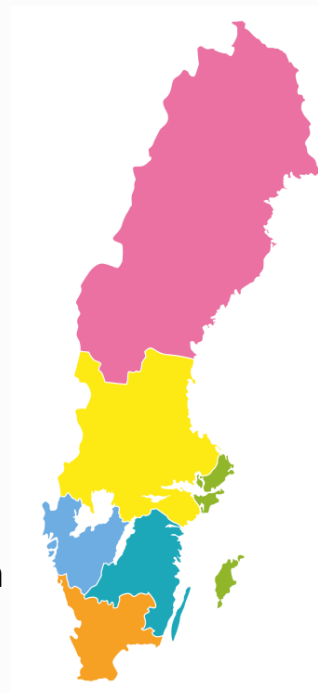
The National Working-group for OPT

Members:

- Chairman: Professor Ola Bratt, University of Gothenburg
- The 6 regional cancer centres have 2 representatives each
- Affiliated experts on screening, MRI, IT, nursing, medical ethics

Tasks:

- Exchange of practical experiences
- Issues a national generic text about pros and cons of testing
- Defines a "base algorithm" for OPT
- Manages regional and national OPT registers for quality control and research
- Defines quality control variables for annual national reports
- Coordinates research based on OPT



EAU algorithm

