Prostate cancer screening draft recommendation – UK National Screening Committee (UK NSC) announcement

Q&A for GP practices and NHS Genomic Medicine Services

Background

On 28 November 2025 the UKNSC made a draft recommendation to offer a targeted national prostate cancer screening programme to **men with a confirmed BRCA1/2 gene variation every 2 years, from age 45 to age 61**. It has launched a 12-week consultation on the draft proposal, closing on 20 February 2026.

Next steps

NHS England will now begin work to explore how prostate cancer screening for men could be delivered, in line with the final UKNSC recommendation, following the consultation, and subject to a Ministerial decision.

We expect the announcement to generate public interest in a potential new screening programme for prostate cancer, and the following lines are to help GP practices and NHS Genomic Medicine Services answer questions from patients and the public.

Q&A

1. **I heard on the news that there could be screening for men with a higher genetic risk of prostate cancer. Can I access this?**

   There is no NHS prostate cancer screening programme in place at the moment.

   The UK National Screening Committee (UKNSC), after careful consideration of the evidence and the balance of risks and benefits, has taken the first step in launching a consultation about a possible NHS prostate cancer screening programme. The UKNSC draft recommendation for consultation is for it to be for men who are known to have a genetic variation in their BRCA1 or BRCA2 genes.

   Once this consultation has concluded, UKNSC will review the responses and make its final recommendation. A final decision on whether to introduce a prostate cancer screening programme will be made by government ministers. This will determine what happens in England. It will take time to work through these steps and, if a screening programme is recommended and agreed to, for this to be available in the NHS.

As with all screening programmes, there are risks and benefits and these both need to be carefully considered before a final decision can be made.

2. **Why is the UKNSC draft screening recommendation only for those with a specific genetic risk, and not all men?**

   Everyone has the BRCA1 and BRCA2 genes passed down from their parents. It's the BRCA genes' job to keep healthy cells growing normally and prevent cancer cells from growing. In a small number of people, these genes change and don't work properly, and this is called a gene variant. Most people won't have BRCA gene variants.

   Evidence shows that men with certain variants in the BRCA1 and BRCA2 genes have a higher risk of developing prostate cancer.

   At the moment, testing all men for prostate cancer is not recommended because the potential harms, such as over-diagnosis and treatment of a medical condition that would never have caused any problems, outweigh the benefits. But there is evidence to suggest that prostate cancer testing is beneficial for men with certain genetic variants, which places them at higher risk of developing more aggressive forms of prostate cancer.

   The UKNSC have launched a consultation on their draft recommendation.

3. **How do I know if I have this genetic risk of prostate cancer – can I access genomic testing?**

   Not everyone is eligible for genomic testing for BRCA variants. Currently, inherited prostate cancer testing is for men who have been diagnosed with prostate cancer and who meet set NHS criteria for testing.

   Individuals who are concerned that they have a strong family history of prostate cancer can speak to their GP or their hospital specialist about it. This means multiple close family members on the same side of the family who have the same cancer or related cancer types. Your GP may refer you for genetic testing if they think you should be investigated further.

   (More information on who can access genetic testing can be found on the NHS website here)

4. **How do you test for BRCA variants?**

   Being tested for BRCA variants involves a blood test or a saliva sample and is done as part of a Clinical Genetics Service. Here, patients will have access to genetics counselling services for those who need it to discuss the potential implication of the genomic test and the impact it may have on them and their family members.

Not everyone is eligible for BRCA testing.

The NHS website has further information on **genetic testing and genetic counselling**.

5. **I think I may have symptoms of prostate cancer, what should I do?**

If you think you have symptoms of possible prostate cancer, get in touch with your GP practice.

Prostate cancer can be quite slow to develop and often has no symptoms at first. It usually starts to grow on the outer part of the prostate. This means it does not press on the tube that carries urine from the bladder to the penis (urethra) and cause symptoms, until the cancer has grown or spread. If this happens, it can cause changes to the way you pee, such as:

- finding it difficult to start peeing or straining to pee
- having a weak flow of urine
- "stop start" peeing
- needing to pee urgently or often, or both
- feeling like you still need to pee when you've just finished
- peeing during the night

Other symptoms can include:

- erectile dysfunction (being unable to get or keep an erection)
- blood in your urine or blood in your semen
- lower back pain and losing weight without trying to (these may be symptoms of advanced prostate cancer)

These symptoms do not always mean you have prostate cancer. You can also get some of these symptoms if you have an enlarged prostate. This is a non-cancerous condition caused by the prostate getting larger as you get older.

You might find you get used to some of these symptoms. But it's important to be checked by a GP if your symptoms change, get worse, or do not feel normal for you.

6. **Can I still talk to my GP if I don't have symptoms but am concerned about prostate cancer?**

If you are worried about prostate cancer and don't have any symptoms, you can talk to your GP about your concerns and you could choose to ask them about the prostate specific antigen (PSA) test. There are a number of things to consider about the PSA test in people who don't have any symptoms, as the review by the UK NSC highlights, and it may not be right for you. Your GP or other trusted source of health information can help you work through the advantages and disadvantages and your GP will draw on their clinical judgement to support you.

7. **In my area there are projects and campaigns inviting people to have a PSA test – can I get involved?**

   In some parts of the country projects have been set up to raise awareness of prostate cancer. Some of them invite people, particularly those at increased risk of prostate cancer, to find out more about the PSA test and, after weighing up the advantages and disadvantages, consider having a test. With this welcome review of the evidence from the UK National Screening Committee, project teams will be in a position to consider the impact of the evidence and how this might impact any future plans in this area.

8. **Further resources**

   PSA testing

- Prostate specific antigen testing: summary guidance for GPs - GOV.UK

- Advising men without symptoms of prostate disease who ask about the PSA test - GOV.UK

   Advising patients on genetic testing

- Presentation: Patient with a family history of prostate cancer — In the Clinic

- More information for health professionals regarding eligibility for genetic testing can be found here: NHS England » National genomic test directory.

- Further information on BRCA1/2 BRCA1 and BRCA2 — Knowledge Hub

- **The role of genomics in primary care – Gateway C module**
  This course aims to assist primary care staff in understanding the role of primary care in delivering the benefits of genomics to patients, including effectively assessing and managing patients whose risk may be higher than in the general population and utilising genomic referral pathways.

  On completion of this course, you will be better able to:
  - Understand how genomics relates to cancer within primary care,
  - Recognise individuals who may be above-population risk and refer appropriately,
  - Communicate with patients the role of genomics in their healthcare and cancer risk.

   How screening programmes are decided

- An online piece from CRUK on how screening programmes are decided.