

2.7 The Deputy of St. Martin of the Minister for Health and Social Services regarding breast and prostate cancer screening programmes:

Will the Minister inform Members of the number of women attending the Health Department's free breast-screening programme and the annual cost and as there is no equivalent yet for men for prostate cancer, although it claims a similar number of lives, what steps, if any, is the Minister taking to address this inequality and what would the cost be to run a similar screening programme for men?

Senator B.E. Shenton (The Minister for Health and Social Services):

I thank the Deputy of St. Martin for asking this question: it is obviously important that we raise the issue of prostate cancer whenever we can. Each year in Jersey about 4,000 women participate in the breast screening programme and given our current accounting system, a comprehensive budget for breast screening does not exist. The programme is, in fact, a number of initiatives which include contributions from a range of diagnostic services which all have their own separate budgets and cost centres. A further complicated factor is that patients who are deemed to be high risk or prove positive through the screening process would buy surgical interventions either here in Jersey or on the mainland and the costings for these are all under different headings within the department's overall budgetary structure. There is no recognised model for a screening programme for prostate cancer as there is no evidence that such a programme would save lives. Thus, by definition, it is not possible to cost something that does not exist. Prostate cancer is mostly a disease of older males while breast cancer is the leading cause of death in young females. It is not then correct for the Deputy to state that the 2 cancers claim a similar number of lives. Every year around 19 Jersey women die of breast cancer, notwithstanding the operation of the screening programme. The number of deaths would increase without the screening programme. Four-fifths of prostate cancer is diagnosed in men of over 65 years of age and because it is a cancer which grows very slowly in that age group the disease itself may not reduce the natural life expectancy. Indeed, the average age of death from prostate cancer is 80 years. Many older males die with rather than of prostate cancer. Having said this I do recognise that the concept of living with a cancer does not sit readily with a person's peace of mind.

2.7.1 The Deputy of St. Martin

The Minister knows that I have been at him like a terrier at a bone but, again, some of the answers we have heard today we have heard before but the sad thing is nothing is happening. I am rather disappointed that I have not been able to get an answer for a number of men how much it would cost to have a similar programme for men, even, I think, if that were possible. The Minister will be aware of research in Austria, recently reported in the *British Journal of Neurology*, which showed a 54 per cent reduction in the death rate from prostate cancer in the Tyrol since 1993 where P.S.A. (prostate-specific antigen) screening was introduced for men aged 45 and over. Does the lack of screening in Jersey have any bearing on the fact that the annual death rate in Jersey has shown no downward trend?

Senator B.E. Shenton:

I have had numerous meetings with the Deputy and it is on the back of these meetings that we are planning to launch an initiative with regard to the information about prostate cancer and how men over a certain age should see their G.P. (General Practitioner) on a regular basis. In terms of lives lost to cancer, the top 3 are lung cancer - which is not suitable for a screening programme; breast cancer; and bowel cancer. Indeed, it is bowel cancer that will be subject to the next screening programme in Jersey. I thank the Deputy for all his hard work. The department is working very hard on this and there may be a future time when there is a screening programme which is worthwhile, but at the moment the funds have to be directed elsewhere. This is a case of spending money and informing people about prostate cancer and getting them to go to their G.P., to talk to their G.P. and perhaps have a P.S.A. test with their G.P.

