

RISK STRATIFICATION 1

TOWARDS FEASBIBLE AND EFFECTIVE PROSTATE CANCER SCREENING:

INITIAL INSIGHTS FROM THE PRAISE-U PROJECT

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Background

- Prostate cancer (PCa) incidence is increasing globally.
- PSA-based screening for PCa reduces prostate cancer specific mortality, but at the cost of **overdiagnosis** and resulting overtreatment.
- In 2023, the PRostate cancer Awareness and Initiative for Screening in the European Union (PRAISE-U) project was launched, investigating the feasibility of PCa screening within Europe (EU) (https://uroweb.org/praise-u) using a double risk stratification algorithm.

Methods

- **5 pilot sites** in Europe (Manresa (MAN), Galicia (GAL), Poland (POL), Lithuania (LIT) and Ireland (IRE)) have implemented a **risk-based PCa screening** algorithm for men aged 50-69.
- If PSA≥3 ng/ml, risk stratification is applied to assess the need for MRI. A second risk stratification is performed for men with PI-RADS 3.
- A total of 5,640 in MAN, 12,000 in GAL, 40,000 in POL, 10,000 in LIT and 8,000 in IRE will be invited for PSA testing.

Results



PSA

MRI

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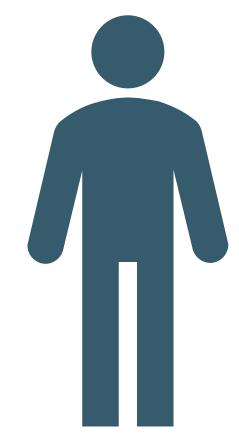
BIOPSY





Participation

MAN 43%, GAL 31%, POL 6%, LIT 24%, IRE 15%



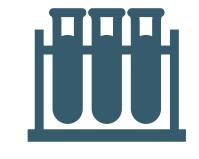
PARTICIPANTS

AVERAGE INCOME

MAN 87%, GAL 58%, POL 49%, LIT 68%, IRE 49%

• <u>MARRIED</u>

MAN 70%, GAL 72%, POL 80%, LIT 79%, IRE 79%



PSA≥3 ng/ml

MAN 10%, GAL 10%, POL 16%, LIT 13%, IRE 13%



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40-50% of men with PSA≥3 ng/ml do not require MRI



RISK STRATIFICATION 2

45% of men with PI-RADS 3 do not require biopsy

Conclusion

PRAISE-U is the first **population-based PCa screening initiative** in **Europe** using double risk stratification, and early data indicate the algorithm's **feasibility**. This approach shows a **reduction** in the number of **unnecessary MRIs** and **biopsies**. However, **participation** in the screening program remains **limited**, highlighting the need for targeted strategies to improve uptake. The insights gained from PRAISE-U offer valuable guidance for future screening initiatives.

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