

# Spain

## Prostate Cancer Screening Facts



Life expectancy



84  
years

Incidence



32,967  
annually

Prostate Cancer\*



20.80%

\*Share of new cancer diagnoses that are prostate cancer

### Health Care System

The national health system - the Sistema Nacional de Salud (SNS) - is based on universal coverage and is financed mainly through taxes. National planning and regulation are the responsibility of the Ministry of Health. The 17 regional health authorities are in charge of operational planning in each region, resource allocation, purchasing, and provisions.

Reimbursement PSA



Yes

Main Testing Location



GP

National Cancer Plan



Yes

### What’s happening in practice?

A high number of men are screened opportunistically. GPs use their own criteria to decide whether or not to screen for PSA. Risk calculators are not officially supported.

Each of Spain's 17 autonomous regions organises its own cancer screening programme. There is no national or regional prostate cancer screening programme.

### National Clinical Guidelines

#### Government

No screening programme is recommended at either the individual or population level (2006) as the risk-benefit ratio of prostate cancer screening is not established.

There is no evidence that cancers diagnosed through screening programmes have better outcomes than cancers diagnosed through clinical symptoms. On the contrary, the risks associated with early detection and treatment are considered to be significant (2021).

#### Urologist

The Spanish Urological Society does not recommend PSA before the age of 50 (only if there is a positive family history). They don't recommend population-based screening programmes for PCa. This is because there isn't enough scientific evidence that clearly shows the benefits of being diagnosed early. Overdiagnosis can lead to a loss of quality of life, or treatment complications. Patients need to be well informed about whether to undergo the test. If screening is chosen, it is recommended to be done after the age of 50 and should be done by PSA testing at 2-4 year intervals. DRE prostate examination is not recommended.

#### GP

No guidelines available for GPs

More information  
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uroweb.org/praise-u



 Co-funded by  
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References  
[1] [https://health.ec.europa.eu/system/files/2021-12/2021\\_chp\\_es\\_english.pdf](https://health.ec.europa.eu/system/files/2021-12/2021_chp_es_english.pdf);  
[2] Salinas M, López-Garrigós M, Miralles F, Chinchilla V, Ortuño M, Aguado C, Marcaida G, Guaita M, Carrat-  
ala A, Díaz J, Yago M. Evaluation of PSA testing by general practitioners: regional study in the autonomic  
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[5] Salinas M, López-Garrigós M, Miralles F, Chinchilla V, Ortuño M, Aguado C, Marcaida G, Guaita M, Carrat-  
ala A, Díaz J, Yago M. Evaluation of PSA testing by general practitioners: regional study in the autonomic  
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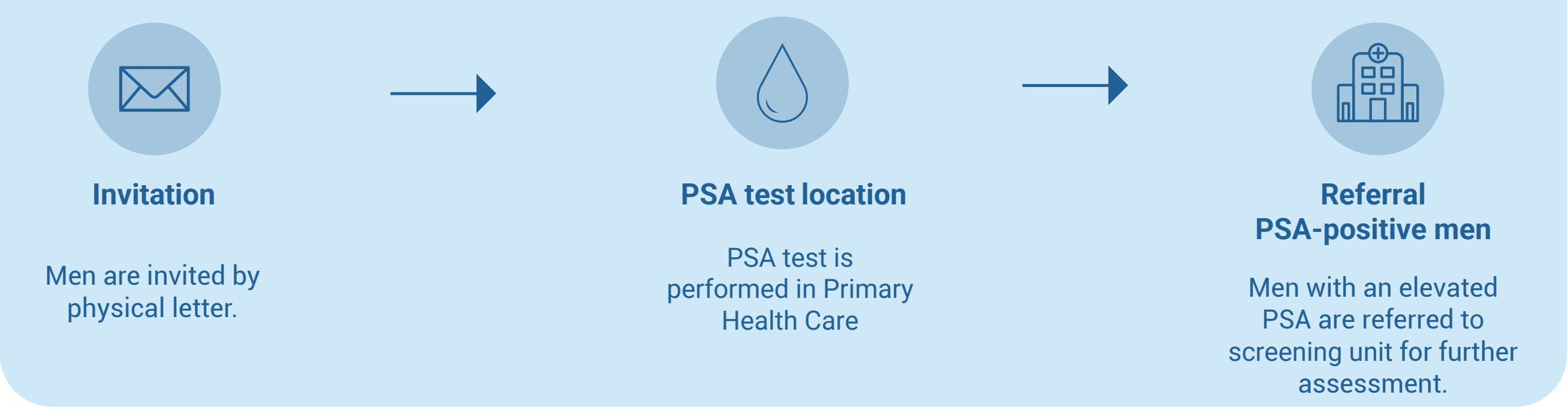
The PRAISE-U project is piloting risk-based prostate cancer screening programmes across different pilot sites in Europe. The pilots are designed to test how organised screening could work in different healthcare systems and populations.

## PILOT OVERVIEW

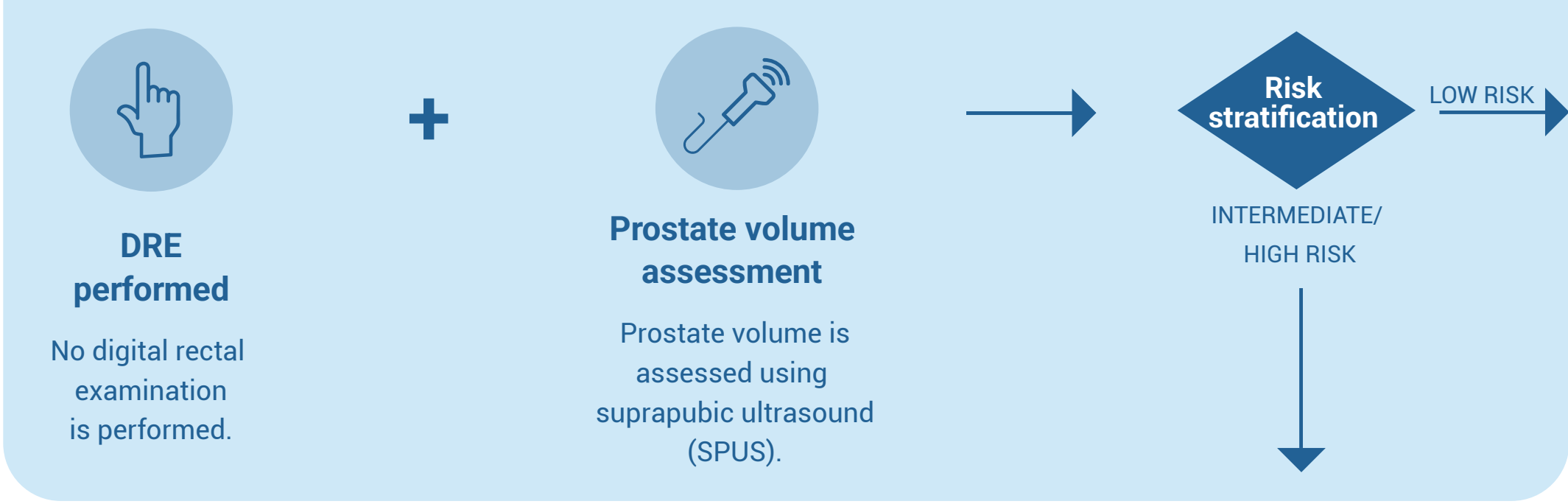
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|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|  <b>Manresa</b> |  <b>Age 50 - 69</b> |  <b>2,362 men</b> |  <b>Althaia (ALT)</b> |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

## HOW THE CATALAN PILOT PATHWAY WORKS

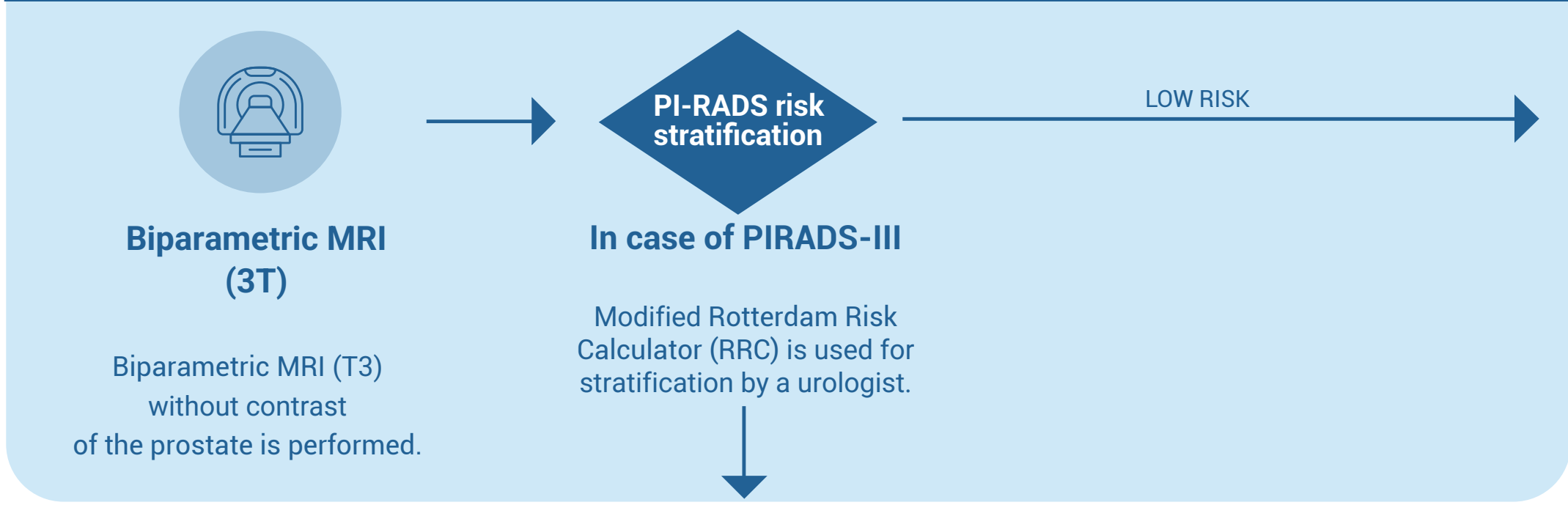
### 1 INVITATION & PSA TESTING



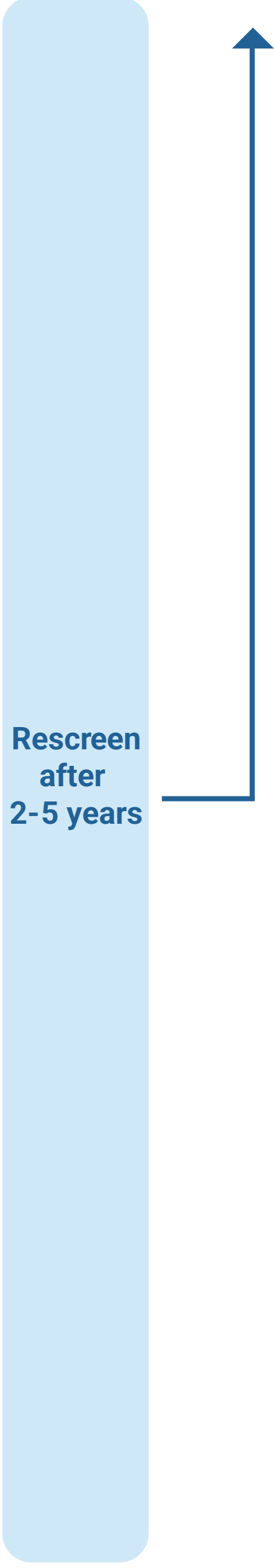
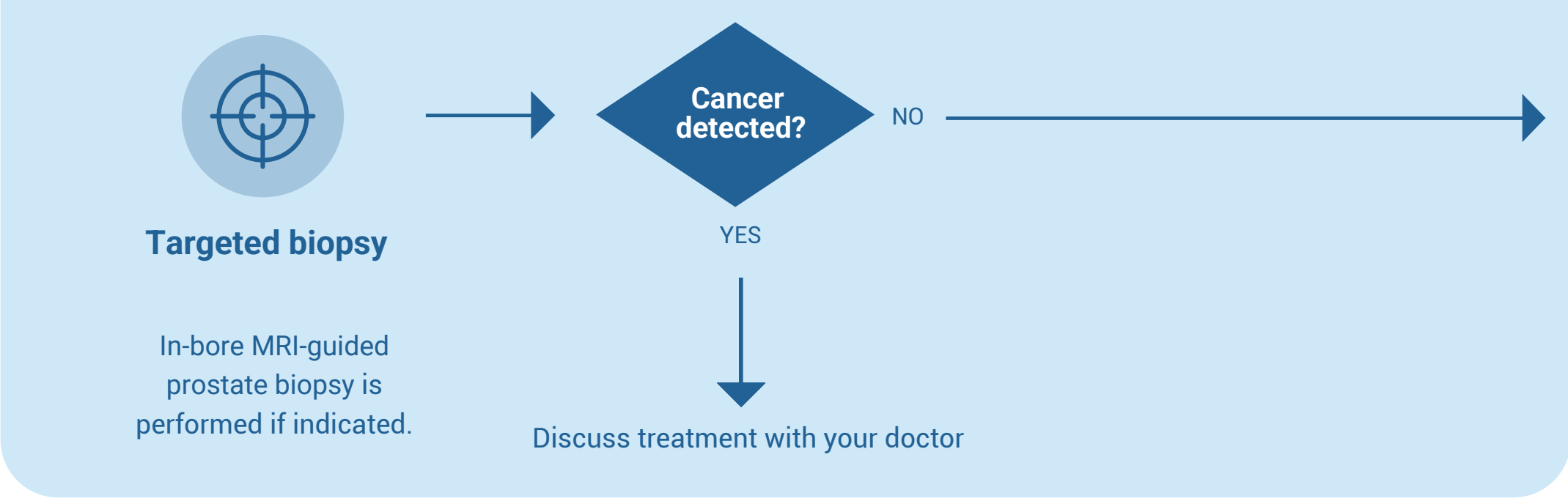
### 2 RISK ASSESSMENT



### 3 MRI AND SECOND RISK STRATIFICATION



### 4 BIOPSY AND DIAGNOSIS



More information  
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#### References

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## PILOT OVERVIEW

**Ferrol, Galicia**

**Age 50 - 69**

**8,000 men**

**Cluster Saúde de Galicia (CSG)**

## HOW THE GALICIAN PILOT PATHWAY WORKS

### 1 INVITATION & PSA TESTING



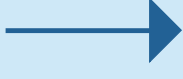
#### Invitation

Men are invited by an SMS or physical letter.



#### PSA test location

PSA test is performed at Health Centres from a venous blood sample



#### Referral PSA-positive men

Men with an elevated PSA are referred to screening unit for further assessment.

### 2 RISK ASSESSMENT



#### DRE performed

A digital rectal examination is performed.



#### Prostate volume assessment

Prostate volume is assessed using both transrectal (TRUS) and suprapubic ultrasound (SPUS).



#### Risk calculator

Individual risk is estimated using the Rotterdam Risk Calculator (RRC)



#### Risk stratification

LOW RISK

INTERMEDIATE/  
HIGH RISK



### 3 MRI AND SECOND RISK STRATIFICATION



#### Multi or Biparametric MRI (3T)

Multiparametric MRI of the prostate is performed and reviewed by 1 radiologist.



#### PI-RADS risk stratification

INTERMEDIATE/  
HIGH RISK



LOW RISK

LOW RISK

Rescreen  
after  
2-5 years

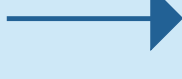


### 4 BIOPSY AND DIAGNOSIS



#### Targeted biopsy

Transperineal, cognitive TRUS-targeted biopsy (Cognitive TRUS-TB) is performed if indicated.



#### Cancer detected?

NO

YES



Discuss treatment with your doctor

More information  
[praise-u@uroweb.org](mailto:praise-u@uroweb.org)  
[uroweb.org/praise-u](http://uroweb.org/praise-u)



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