

# NAVIGATING MEN'S HEALTH

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FOR PROSTATE CANCER





NAVIGATING  
MEN'S HEALTH

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EMPLOYEE BENEFITS

How a benefits package can cater for male health needs

Many men remain stubbornly reluctant to seek timely medical help. Enlightened employers understand how important it is to tailor their offerings to those who'd rather 'keep calm and carry on'

Sam Shaw

Toxic masculinity doesn't always present as the male chauvinism, misogyny and homophobia that social media makes it out to be. Conceptually, the problem can have a subtler, yet equally pernicious, influence on how men deal with their own health concerns. Excessive pride, machismo and the fear of displaying any perceived weakness can be their worst enemies in this respect.

Employee benefit provision is often led by trends. Has a louder post-pandemic mental health agenda meant that we're confronting physical health problems more quietly? Female fertility and menopause support programmes have become a priority for many a large organisation's HR department, but has that come at the expense of attention to men's health issues?

Men have their own specific set of serious health and wellbeing concerns to deal with. For instance, a 2023-24 parliamentary inquiry into men's health, drawing on research by the charity Men's Health Forum, revealed that 20% of men in the UK die before the age of 65 – and more than 40% die before reaching 75.

Men account for three-quarters of premature deaths from cardiovascular disease. They also run a 37% higher risk than women of dying from cancer and a 67% higher chance of dying from cancers that affect both sexes.

A more familiar tragic stat is that men are responsible for 80% of suicides – the biggest cause of death among British men aged under 35. The UK is also seeing a sharp increase in male suicides among those aged 35 to 64.

Furthermore, returning to the influence of toxic masculinity, they are far less likely than women to report that they're unwell and seek treatment. About three-quarters of men in the UK will avoid going to the doctor if they're feeling ill, according to Fertifa, a specialist in reproductive healthcare benefits. Men also self-report mental health problems at a lower rate than women. So, even if certain issues may appear male-specific, it's important to make the whole workforce aware of them, according to Hannah Pearsall, head of wellbeing at recruitment firm Hays UK & Ireland.

She believes that female "allies" may be quicker to identify problems and encourage the men in question



to deal with them, rather than sweep them under the carpet.

Pearsall says that drop-in health sessions for men in the workplace might have failed historically because no one wanted to be seen seeking their help. But business leaders are taking increasingly prominent roles in these programmes, which is helping to remove the stigma that some people still associate with such schemes.

Holding panel discussions or conducting regular sessions inviting men across the company to tell their stories in a "safe space" means that participants don't have to proactively draw attention to problems they may have. They can simply engage in a company-wide conversation.

"This approach helps to break down the stigma and it also gives other men space to share their own concerns if they're hearing leaders tell their stories," Pearsall says.

Awareness events such as Men's Health Week (which runs from 10 to

16 June this year) or Movember can help to stimulate discussion, but these must be handled sensitively, she warns. Although campaigns of this type "can be useful for shining a light on specific topics, there's a risk that they'll be seen as tokenistic if you do nothing else for the rest of the year".

The organisations behind such events often offer a range of free resources and information, which can be helpful where budgets and in-house expertise are limited.

People tend to assume that hormone-related health concerns sit primarily in the female domain. But fertility problems, for instance, affect both sexes equally, according to the British Fertility Society. Other "men's health" problems include prostate and testicular cancers, depression and male pattern baldness. Testosterone deficiency is moving up the agenda, as are urinary incontinence and erectile dysfunction – highly personal and

stressful matters that are difficult for sufferers to talk about in any setting, let alone at work.

Cardiovascular disease, mental ill-health and alcohol and drug dependency are also more prevalent among men than women, according to Smart About Health, which creates corporate wellbeing packages.

So, while employee benefits often focus on insurance, the starting points can be simpler. They include removing stigma by creating opportunities for colleagues at all levels to discuss their experiences and have their questions answered; directing employees discreetly towards educational resources and expertise such as occupational health professionals (internal or external); teaching men how to check themselves for abnormalities; offering access to virtual GPs and health screenings as standard; and allowing people to book appointments during working hours and offering them screening (subsidised or otherwise), check-ups and further support as needed.

While macho stereotypes are often blamed for men's unwillingness to seek help, the situation is likely to be more complex than that. So says Jennie Armstrong, the founder and managing director of Construction Health, an occupational health firm dedicated to the building trade – among the UK's most male-dominated industries.

She explains that men in this sector are often reluctant to speak up about their health problems because they believe that this will reflect poorly on their reputations as reliable workers and so make them less employable.

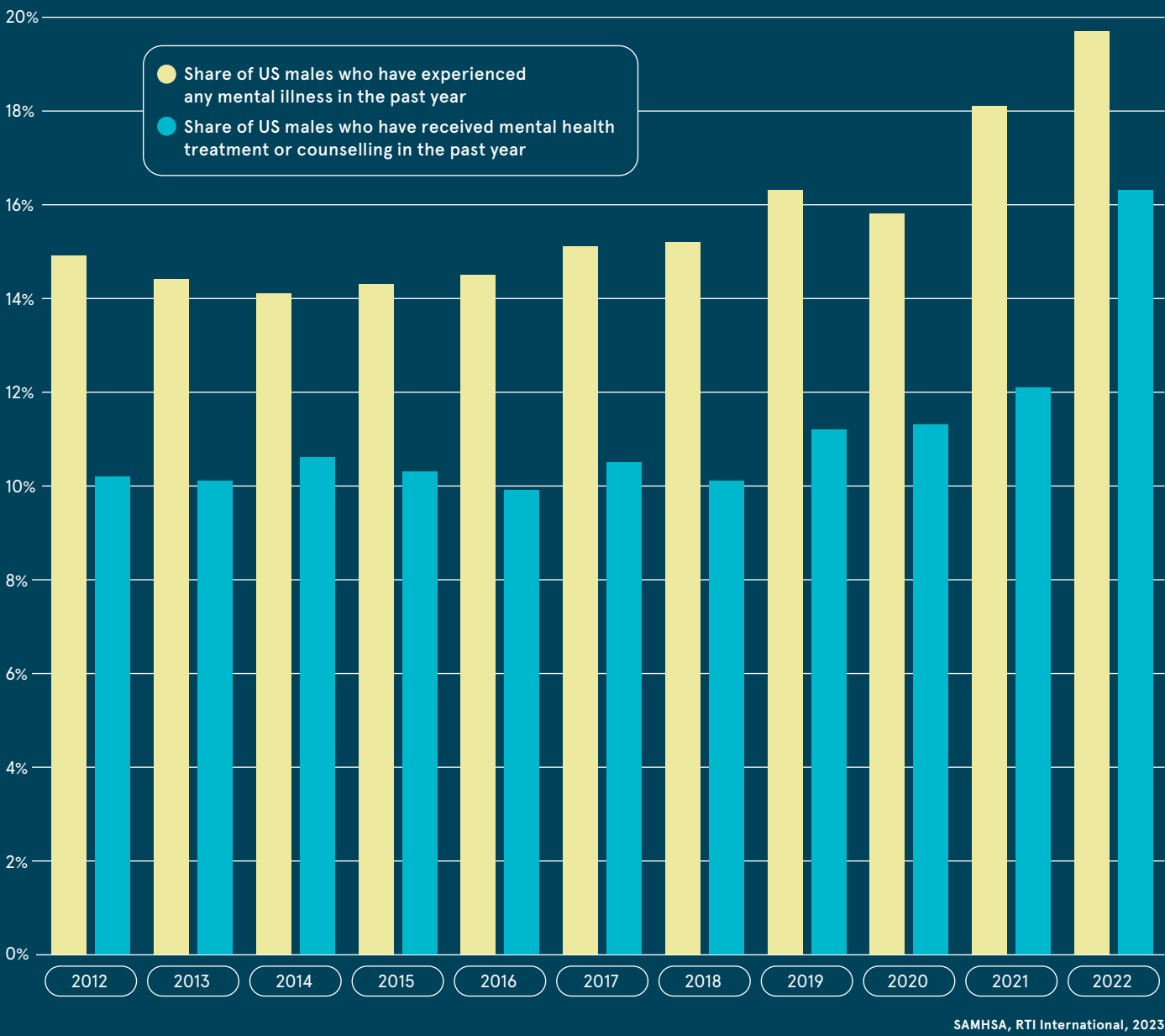
Large construction consortia with deep pockets might be able to offer comprehensive occupational health programmes for their employees, but smaller operations are often heavily populated by contractors and self-employed men, often from a wide range of backgrounds and cultures.

Recognising common ground, regardless of the size or type of stakeholder, helps when engaging in conversations about mental ill-health in the workplace, according to Armstrong. "Whether you're working on High Speed 2 or a residential building site, speaking the same language levels the playing field," she says. "It isn't necessary to over-medicalise or go into lots of detail about certain conditions. Simply getting people talking is often enough." ●

MEN AND MENTAL HEALTH

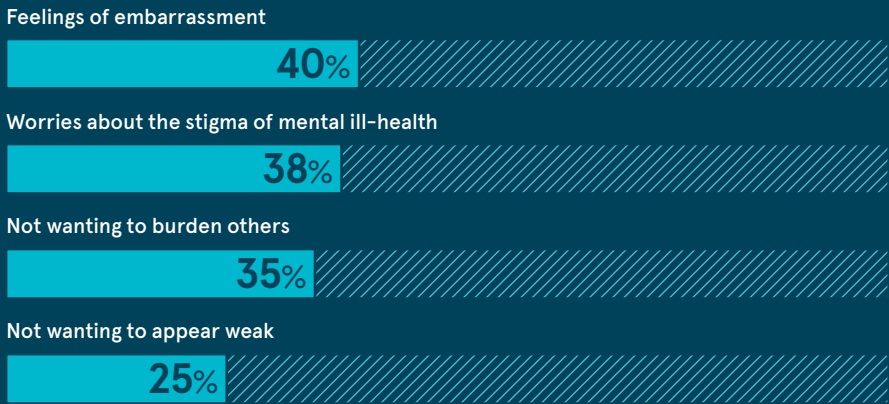
The social isolation brought about by Covid-era lockdowns helped to bring attention to mental wellbeing, both in the workplace and in wider society. But while the pandemic has inadvertently encouraged more open discussions about mental health, research suggests that a disproportionate share of men are still suffering in silence. Men remain reticent about their struggles with mental ill-health for a variety of reasons. But, with suicide the biggest killer of men aged under 35 in the UK, overcoming the reluctance to open up could be a matter of life and death.

REPORTS OF MENTAL ILL-HEALTH ARE RISING AFTER REMAINING STABLE FOR MANY YEARS, HOWEVER FAR FEWER MEN RECEIVE TREATMENT OR COUNSELLING THAN REPORT MENTAL HEALTH PROBLEMS



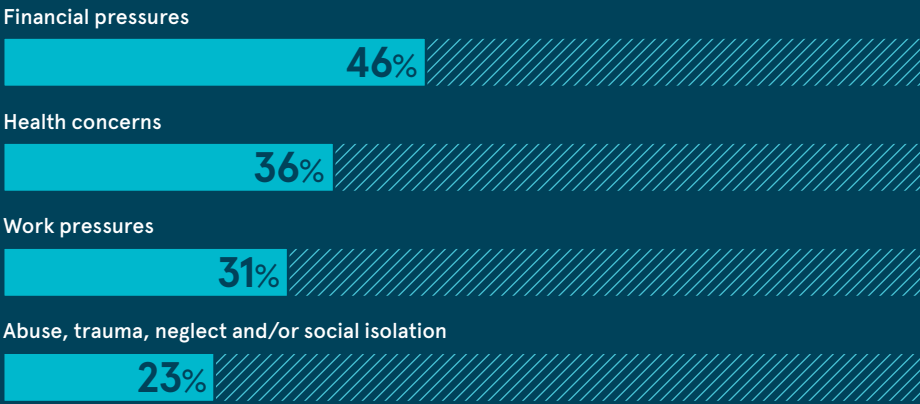
MANY MEN STILL FEEL EMBARRASSED ABOUT SEEKING TREATMENT

Share of US males who are reluctant to talk about their mental health for the following reasons



FINANCIAL WORRIES HAVE AN IMPACT ON MEN'S MENTAL HEALTH

Share of US males citing the following as contributing factors to poor mental health





# Why a patient-centric approach to medical innovation is essential

Medical innovation can help with the quick development, and delivery, of medicine to patients. Accord Healthcare's initiatives show why a patient-centric approach results in more effective and affordable care

There have been many advances in prostate cancer diagnosis and treatment in the last decade and there is every reason for optimism about the future.

Accord Healthcare, which supplies the NHS with one-in-nine of all UK medicines and Europe with one-third of all its injectable cancer treatments, is at the forefront of the drive to transform treatment. But the company recognises that success needs far more than effective medicines. Patient engagement is also essential to ensure patients get the best treatment as early as possible in the disease cycle.

Joe Dunford, Accord Healthcare vice-president, specialty brands for Europe, the Middle East and North Africa, says: "It's essential that men with possible prostate cancer symptoms visit their GP. The earlier prostate cancer is diagnosed, the easier it is to treat".

In 2022 Prostate Cancer UK estimated that there could be 14,000 men in the UK living with undiagnosed prostate cancer. The coronavirus pandemic left men unable to visit hospitals, a likely contributing factor. But there was and still is widespread concern that vulnerable men delay seeking help, sometimes because of embarrassment about the prospect of an intimate examination.

This is why Accord Healthcare works in partnership with patient groups. Dunford says: "These groups do so much not only in raising awareness about prostate cancer, but in supporting those going through a really frightening time after diagnosis.

"The information and support from groups is not just for the patient,

but for the whole family. We all know someone that has been affected by cancer and how hard it hits families, including children."

## Centring the patient experience

Accord Healthcare's 'patient-centric' commitment led to a partnership with leading cancer organisations such as the Royal Marsden Hospital NHS Foundation Trust, the world's first hospital dedicated exclusively to cancer treatment, diagnosis and research; Macmillan Cancer Support; and Care Across, which provides patients with easy to understand, peer-reviewed information, psychological support and other tools.

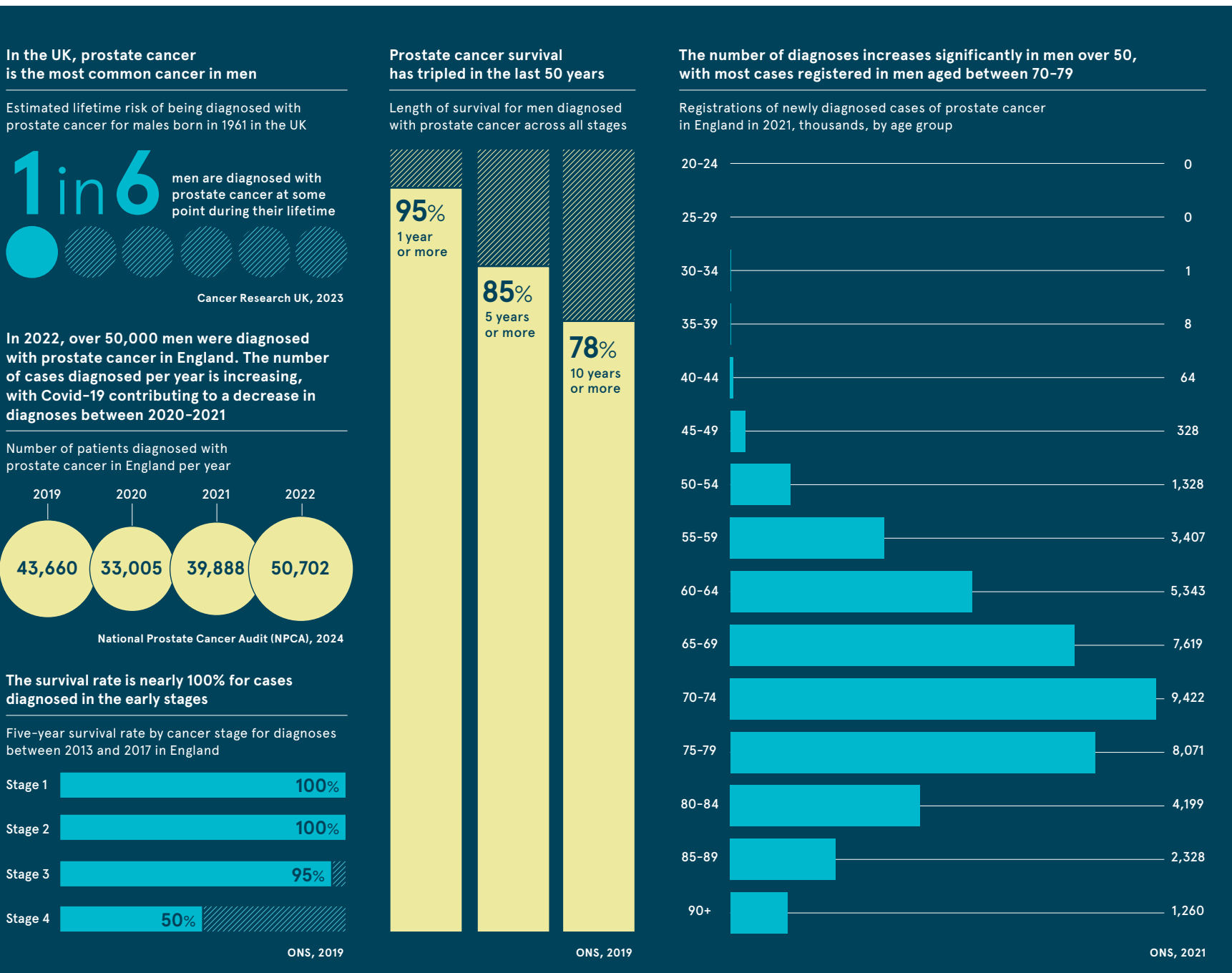
In 2021 this partnership produced the Unify Health app. Dunford explained: "This helps patients monitor their symptoms on a daily basis and advises on how to best manage them. Being well-informed can help patients feel more in control. The app also links patients to local pharmacies if they have specific questions or concerns. Having a record of symptoms can also help care teams tailor patients' treatment plans."

The app is just one example of Accord Healthcare responding to feedback from healthcare professionals and patient support groups to position patients as a partner in their care. It's why work is now underway to develop dedicated patient programmes, created with prostate cancer patient insights to support them with information and tools to take more informed, proactive decisions in their healthcare, through shared decision making.

The aim is to have a positive effect on patient outcomes by enabling people to maximise the time they have with their healthcare team, ensure they understand all the options available to them and feel empowered to voice their preferences.

Another area is the development of an innovative medicine delivery system to treat cancer with pills instead of injections. "This might seem like a small, incremental gain," says Dunford, "but it means patients don't have to go to hospital. This can make a big difference to their quality of life. We're always trying to produce the very best for our patients by giving people a choice."

Accord Healthcare is one of the fastest-growing pharmaceutical companies, selling medicine in more than 80



## The risks and symptoms of prostate cancer

The number of men diagnosed with prostate cancer is rising. The risk of prostate cancer increases as men get older and because people are now living longer, we are witnessing a spike in diagnoses every year. An increase in opportunistic screening is also contributing to the identification of more cases, often at an earlier stage.

Early stage prostate cancer usually has no symptoms, highlighting the need for general awareness of the disease. Later stage symptoms can include blood in the urine or semen, reduction or loss of semen, back pain, weight loss or erectile dysfunction, although all of these are more often caused by something else.

Symptoms do not necessarily indicate cancer — but need to be checked

by a GP in the first instance. Men have a right to a PSA blood test from their GP from age 50, or earlier if they are higher-risk or have any symptoms.

Simon Cheesman, head of medical affairs at Accord Healthcare and a former pharmacist who worked in NHS cancer services for two decades, says: "There may be a reluctance with some men to have health checks, and a willingness to ignore or put up with bothersome symptoms. "A partner who is aware of the risk factors and what signs and symptoms to look out for may be able to encourage them to get checked out with their GP."

"The importance of seeking help is twofold: to pick up anything sinister at an early stage and, conversely, to provide reassurance and advice

on management if there is a more benign cause of their symptoms."

With no national prostate screening programme in the UK, Cheesman notes, men should proactively seek help if they notice symptoms or if they fall into a higher-risk group based on age, family history or ethnicity.

Prostate cancer is more common in Black people and other ethnic minorities. Your risk also rises if you have a first-degree relative with the disease.

Most importantly, Cheesman emphasises the need for support from a partner over treatment options and managing feelings of anxiety or depression that may follow a diagnosis.

countries as well as playing a pivotal part in the NHS. Its two UK factories, in Devon and Newcastle-upon-Tyne, produce more than 5.9 billion tablets annually. The company also has the UK's largest, manufacturer-owned, pharma distribution centre and a critically important research and development (R&D) laboratory based in London.

What is the key to innovative success? Dunford replied: "The challenge is trying to second guess what rival companies are doing and how cancer treatments are changing. What makes staying ahead so challenging is that it can take up to 15 years to develop a new medicine and up to eight years or more before a new compound begins clinical trials."

Cost is also a factor — drug development is not surprisingly dubbed pharmaceutical roulette. The average R&D cost for taking a new medicine from discovery to launch was \$2.3bn in both 2022 and 2023, according to Deloitte,

“With no national prostate screening programme in the UK, men should proactively seek help

which provides financial advisory services to large corporations and governments. A 2022 paper published by the US National Institute for Health reported that about 90% of clinical drug development fails testing.

Accord Healthcare's success is based on its strategic approach of balancing generics, hospital and specialty brands medicines. It produces generic medicines resulting in affordable, effective drugs across the world. (After patents on branded medicine expire, other companies are free to produce equally effective generic versions.)

The company is also a leading manufacturer of 'biosimilars', a highly similar version of a biologic, a medicine derived from living cells and organisms. Biosimilars treat a wide range of conditions, including cancers.

The company's generic and biosimilar medicines support cost reduction for healthcare systems, Dunford points out, by freeing up resources to pay for more expensive treatments and research into new medicines.

This includes Accord Healthcare's own research. In the last ten years, it has increasingly shifted its emphasis towards cancer. It has more than 40 cancer or cancer-related treatments and hopes that its 800 R&D scientists will help to increase this number. About 20 treatments are being tested, several of which may become available within the next few years. Last year, the company was a category winner in four areas in the 2023 Pharmaceutical Technical Excellence Awards.

Dunford comments: "This made me very proud. Accord's success is based on our approach which combines generic and biosimilar production with state-of-the-art research. Our goal at Accord is to provide value to the patient, to the healthcare system and to the company. When we get those three right, it creates a triple win. Ultimately our ambition is: 'make it better' — and I believe we do."

For more information please visit [accord-healthcare.com](https://accord-healthcare.com)

**accord**  
We make it better



# Recognising the benefits of prostate cancer support groups

Prostate cancer support groups are places where people can find community and solidarity, yet men are often reluctant to seek help. Two members discuss the benefits of support groups, from companionship to advice on treatment options

'Patient choice' has supplanted 'doctor knows best' as the new healthcare mantra. But how many men with prostate cancer are qualified to make an informed choice if they are advised: "You could have prostate removal or radiotherapy, or focal therapy or hormone therapy, or several together."

Such decisions are critical because prostate cancer is the UK's most common male cancer. Andrew Gabriel, 62, an independent patient-advocate, says: "Prostate cancer may be unique with its large number of treatment options, so the patient is left to decide. "This is 'shared decision making' whereby, notionally, you get the information you need in the clinic. But a clinician can't cover everything in a 10 to 20 minute consultation."

As a patient advocate, Andrew spends between 60 and 90 minutes advising newly diagnosed patients. This may seem extraordinary, but Andrew,

who was diagnosed with the disease six years ago, says: "There is so much to discuss, much of which clinicians do not routinely cover. Hospitals provide written information, but there's nothing better than talking to someone who's had the treatment and knows about its nuances."

Hormone therapy is one example of this. A common prostate cancer treatment, hormone therapy blocks the male hormone testosterone and can cause fatigue, hot flushes, loss of muscle mass, breast swelling, loss of libido and the ability to get an erection.

Andrew says: "You'll find plenty of men in support groups with experience dealing with such side effects. One thing I stress is that you cannot go for several years without an erection and expect it to still work when you finish treatment."

"You need to preserve your erectile function while you've got no libido with erectile dysfunction medications."

## A safe place

Peter, a retired doctor, who became incontinent after undergoing prostate cancer surgery, joined a support group reluctantly after hospital staff suggested that it might help him.

He says: "I thought it would be full of whinging old men. Nothing could be further from the truth. What I found was a warm, easy space, with people talking freely — a world full of men with problems like mine. There were no taboo subjects. Feeling as if you are in a safe place is the key to a successful support group."

## Early diagnosis

Although Peter was a doctor, he ignored his symptoms for two years. He says: "I became angry with myself. I had delayed doing anything about it as I was convinced I had a benign (non-cancerous) disease."

"Mercifully, it had not spread. Many men are similarly angry, not because they developed cancer but because they were refused a PSA test by their GP due to the fact they had no symptoms."

A PSA test measures the amount of prostate-specific antigen (PSA) in the blood and can be the first step to diagnosing prostate cancer. Early prostate cancer rarely produces symptoms and by the time of diagnosis, it has spread beyond the prostate in 46% of men, making it harder to treat.

As a result, over 12,000 men die from prostate cancer in the UK each year. But caught early enough, prostate cancer can be curable. Peter stressed the urgent need for men to become aware of the risk of developing prostate cancer and see their doctor if they have concerns.

The UK's 100-plus prostate cancer support groups provide different options such as monthly meetings, one-to-one support and 'walk-and-talks'.

For more information and to find your nearest support group, please visit [tackleprostate.org/about-prostate-cancer/find-a-support-group](https://tackleprostate.org/about-prostate-cancer/find-a-support-group)

“Hospitals provide written information, but there’s nothing better than talking to someone who’s had the treatment





WEIGHT MANAGEMENT

# The land of the fat

The UK’s male obesity rate is among the highest in the world. It’s a crisis that calls for urgent and concerted action, but solving it won’t be straightforward

Nick Easen

The latest research published by the government’s Office for Health Improvement and Disparities suggests that 69.1% of men in the UK are overweight or obese, compared with 58.4% of women. This large-scale problem is growing, because strategies for preventing the further expansion of male waistlines aren’t working, according to the all-party parliamentary group (APPG) on issues facing men and boys. The group notes that men are generally less likely than women to recognise that they’re piling on the pounds, citing a finding from the 2016 Health Survey for England that half of overweight men considered their weight to be normal. This has serious ramifications for the NHS and the nation’s economy. While there are no figures estimating the reduction in GDP caused

specifically by male obesity every year, obesity overall costs NHS England about £7.3bn annually and costs British society as a whole £65bn, according to the Institute for Fiscal Studies. The APPG has found a lack of engagement among men with weight-loss services, many of which are aimed more at female slimmers. GPs refer nine times as many women as men to community weight-loss programmes, for instance. “There are also particularly low rates of uptake and referral to overweight and obesity management services among older men and men from ethnic minorities,” reports Katharine Jenner, a nutrition expert and director of the Obesity Health Alliance. Only 18% of men aged 45-plus in the UK have a normal body weight. Men lay down more visceral fat

than women. Moreover, they order more takeaways and home food deliveries. And, when it comes to health research, men remain under-represented, especially those in more disadvantaged socioeconomic groups. It means that there’s scant scientific evidence on which to base possible solutions. Jenner says that the nation’s male obesity crisis can be fixed, “but not by teaching them how to cook a few recipes or by educating them with leaflets. If it really were as simple as ‘eat less and move more’, we wouldn’t be where we are today.” Professor Pat Hoddinott, chair in primary care at the University of Stirling, agrees. “Obesity is a com-

“The food around us is challenging. How easy is it for men to have normal diets? This environment works against them

plex problem, so we need a toolbox with a lot of different tools in it,” she says. Alan White is emeritus professor of men’s health at Leeds Beckett University and a co-founder of the Men’s Health Forum. He argues that “you can’t just blame men and say to all overweight males ‘it’s your fault’. We must think about the root causes of this issue. Over the decades there’s been a massive change in the working conditions of men. With the rapid decline of heavy industries, factory work has become automated, so there’s less physical effort required. Men are having to manufacture a lifestyle to be more active.” White continues: “The food around us – including the abundance of cheap, ultra-processed and highly calorific meals – is challenging. Men’s diets tend to differ from women’s, containing more meat and higher in fat and calories. And more men are living alone than there were before. How easy is it for them to have normal diets? This environment works against men.”

So what’s the best way for government and society to address the problem? Many experts believe that a coordinated nationwide approach is required. The APPG has called for a comprehensive men’s health strategy along the lines of those that have emerged in Ireland and Australia. In November 2023, the government announced that a men’s health ambassador would be appointed alongside a new men’s health task group.

“We also need a national clinical director and a dedicated centre for men’s health,” White argues. “There must be more funded research into this issue.”

Some community initiatives have proved effective in tackling male obesity. For instance, Man v Fat Football, a pick-up soccer league for players with a body mass index of 27.5 or more, has attracted 150 clubs around the country. The organisa-

tion claims to have helped its participants to shed a collective 675,000lb (more than 300 tonnes) so far. Recently, a year-long study backed by the National Institute for Health Research found that men who were sent regular text messages offering weight-loss tips and the chance to earn cash rewards for shedding extra pounds tended to lose more weight than those in control groups who received either texts alone or no encouragement at all. Many of the 585 participants reported that “the stigma to do with their weight reduced and their well-being improved during the research, as they realised that they weren’t alone in facing such issues”, says Hoddinott, who led the research project. “Blame is divisive and it helps no one. That’s why we worked closely with men over many years to design this project to be supportive.” She adds: “We’re undertaking a health economic analysis to see if it will pay for itself over the longer term through the benefits it offers men and the NHS.”

The consensus among experts is that the UK will have a better chance of tackling this health crisis successfully if there’s a concerted effort to break the obesity problem into its constituent parts and work out which initiatives will prompt effective behavioural changes.

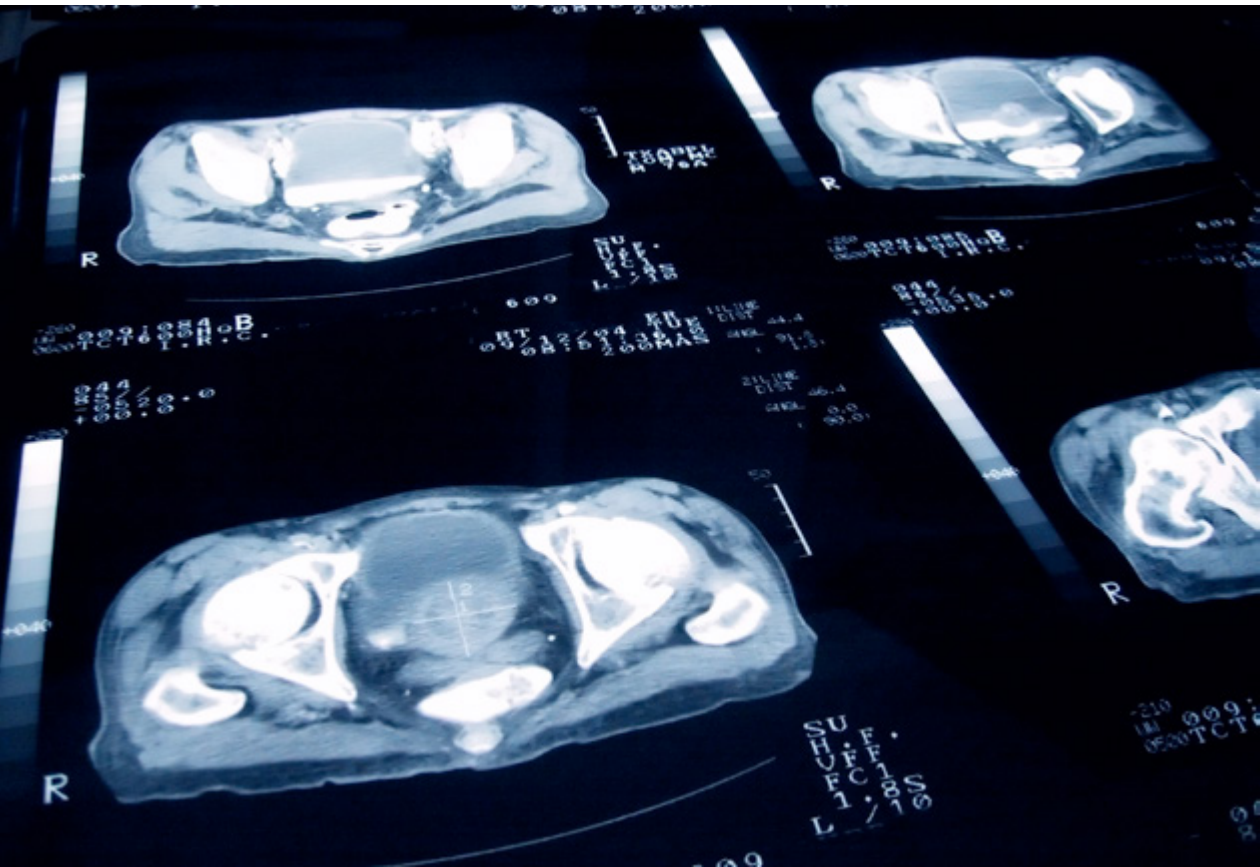
“WeightWatchers and other private sector groups find it very difficult to recruit men. Yet, when a man does go, he’s more likely to lose weight,” notes White, highlighting another sociocultural factor that needs to be considered.

This is a matter of making such services as accessible as they possibly can be to men, he says. “The men in our research definitely found it harder to talk about their struggles with weight-loss when women were in their group. Once alone with other men, they felt able to have much more honest conversations. They also became more engaged.” ●

CANCER SCREENING

# Is prostate cancer finally getting the research attention it warrants?

Testing for this major cause of male cancer deaths has been unreliable and neglected for years, but an ambitious new trial could eventually result in an effective NHS screening programme



Simon Brooke

News that the king had been diagnosed with an enlarged prostate gland in January suddenly increased public awareness of prostate cancer. Official UK data indicates that the number of men checking their risk of developing the most common male cancer increased by more than 100% after his condition was announced. Although the king doesn’t have the disease, almost 13% of men in this country will be diagnosed with it during their lifetime, according to Prostate Cancer UK. About 490,000 Britons are either living with the disease or after it. On average, one man dies of the cancer every 45 minutes in this country, representing an annual mortality rate of about 12,000. Non-commercial investment in prostate cancer treatments in the UK has been growing year on year, yet it receives only half of the funding attracted by projects addressing breast cancer, even though the diseases’ prevalence and mortality rates are similar. While the breast cancer mortality rate has fallen by 41% since the early 1970s, according

to Cancer Research UK, the prostate cancer mortality rate has risen by 16% over the same period. There is no screening programme for prostate cancer in this country because the main technique used to check for it – a blood test to detect abnormally high levels of prostate-specific antigen (PSA) – lacks reliability. Trials using PSA tests and biopsies indicate that it would be possible to prevent somewhere between 8% and 20% of prostate cancer deaths with this approach, depending on how regularly patients were screened. But that is set to change. A national trial entitled Transform is testing methods that, its leaders believe, have the potential to prevent 40% of prostate cancer deaths. The £42m project, co-funded by Prostate Cancer UK and the National Institute for Health and Care Research (NIHR), is the largest of its kind. Movement, the men’s health campaign, is providing £1.5m and there is also support from the Freddie Green and Family Charitable Foundation. According to the NIHR, Transform will “provide the definitive data for

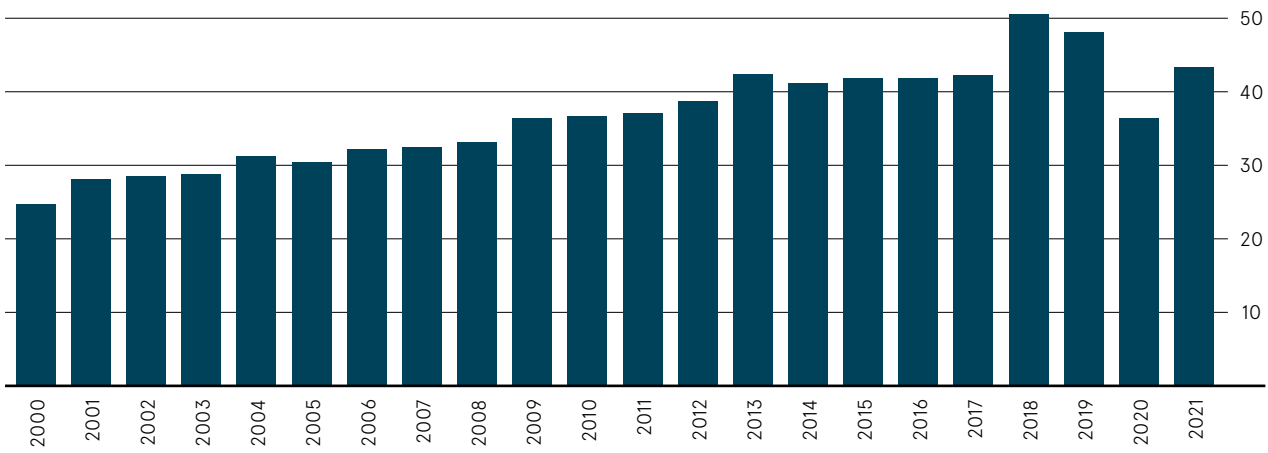
policy-makers to decide on whether routine screening should be recommended”. The study will provide information about “reductions in prostate cancer-related mortality and evidence of harm reduction, cost-effectiveness and deliverability within the UK healthcare system”. Caroline Moore, professor of urology at University College London, is one of the leading researchers on the project. She explains that “pre-

vious screening studies used traditional tests to decide which men were given a prostate biopsy, but those tests weren’t good at finding cancers that would benefit from treatment. This meant that some important cancers were missed. Other men were told that they had cancer and received treatment with long-term side effects, even though they might never have noticed it if no action had been taken.” The Transform programme has three stages. The first, which will take three years, will test a range of screening methods and determine the best way to engage with prostate cancer sufferers. The methods include PSA testing, Prostagram screening (a faster variant of magnetic resonance imaging) and a genetic test to identify those who are at the greatest risk of developing the disease. The methods deemed most accurate will be taken forward into the second stage, which will explore the most effective screening strategies. This will track up to 300,000 men over at least a decade to determine how screening affects them, measuring lives saved and harms associated with potentially unnecessary treatments. Since Black men are particularly prone to developing prostate cancer, the researchers are aiming to ensure that 10% of the cohort are Black. This stage will include an in-depth analysis of the cost of a nationwide screening programme and the NHS’s practical requirements for delivering it. It will also evaluate potential barriers to uptake. In the final stage, the men will be monitored to determine the long-term impact of screening on disease progression and mortality rates. Transform will establish a secure repository of clinical imaging, as well as blood, urine and tissue samples from the participants. This, the researchers hope, should create a valuable resource for the development of enhanced diagnostic methods in decades to come. Rhian Gabe, professor of biostatistics and clinical trials at Queen Mary University of London, is another leading researcher on the project. She is particularly excited by the scale of Transform and the benefits it could bring. “It will test the most promising modern technologies and methods we have to determine the best way

to detect prostate cancer early, preventing advanced disease and future deaths,” Gabe says. She adds that Transform is also breaking new ground with some of the detection strategies it’s trialling, including saliva-based testing. A recent study by the Institute of Cancer Research and the Royal Marsden NHS Foundation Trust found that a saliva test which can be performed at home is better than the standard blood test at identifying those most susceptible to prostate cancer. It works by enabling doctors to calculate a man’s polygenic risk score, which is based on 130 genetic variations in the DNA code linked to prostate cancer. Participants whose risk scores are among the highest 10% can be invited for further screening. “Men aged 50 to 75 will be asked to take part. We shall invite those with known risk factors, such as Black ethnicity, from the lower age of 45,” Gabe says. Moore, whose work has focused on prostate cancer for more than 20 years, is cautiously optimistic about Transform’s chances of success. “It brings together a large group of researchers across different fields, which gives us the best chance of developing a screening procedure that can be applied nationally,” she says. “Transform is a big step towards finding the best screening approach for prostate cancer, partly because it’s using tests that have shown ability to selectively find the higher-risk cancers, and partly because of its flexible design in which the first stage will determine the best approach to take through into the larger study.” Whether the project eventually results in a mass screening regime similar to the kind the NHS uses to identify breast cancer remains to be seen. But it has the potential to transform how the nation deals with this major killer of men. If Transform proves effective, the screening procedure that emerges from it “could save thousands of lives each year in the UK alone”, says a spokesman for Prostate Cancer UK. “But it wouldn’t only be this country that benefits. The trial could end up changing practice globally. At this pivotal moment in the history of prostate cancer research, we’re proud to be supporting some of the best researchers in the world to make that happen.” ●

PROSTATE CANCER DIAGNOSES IN ENGLAND

Newly diagnosed prostate cancer incidents in England, in thousands



ONS, 2023



# THE RACONTEUR



## Recognising those who lead.

The role of the modern-day CEO is evolving. It is no longer enough to focus solely on profit, revenue or share price. Leaders must balance financial performance with employee wellbeing and ESG concerns, finding ways to innovate and grow at a time of deep uncertainty and turmoil.

Across five categories, we hope that by shining a spotlight on the best business leaders, we can offer insights into what it takes to lead from the top and inspire the CEOs of the future.

Meet the 50 CEOs  
changing British business.



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