

Over the past few decades, prostate cancer has developed into one of the major concerns that health-policy authorities have to deal with. In the western world it is recognised to be the second-leading cause of cancer-death in male population. In Europe itself, an estimated 2.6 million new cases are diagnosed each year, accounting for 9 % of all cancer-deaths among men. The Czech Republic is not an exception in these findings. Since the increase in incidence is likely to be due to longer life expectations, it is understandable that the costs related to this diagnosis will escalate.

The urge to develop an effective screening test that would provide a drop in morbidity and mortality rates is more than obvious. The problem is not in finding a method of required efficiency, but a method that could distinguish between the non-life threatening and the life threatening carcinoma.

In considerable number of cases, the cancer progresses so slowly that it remains a pathological diagnosis until the patient dies of other cause. In these cases, the radical intervention, frequently leading to severe complication as urine incontinence and impotence, is more likely to be burdening than life saving. And this is just one of the reasons why there is no widely accepted policy on mass screening for prostate cancer.