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# UK prostate cancer research on saliva genetic testing met with mixed response from Australasian bodies



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3 minutes to Read



Current New Zealand guidelines for prostate cancer testing recommend using a prostate specific antigen (PSA) blood test [Image: iStock]

## Essentials

- UK cancer research on saliva genetic testing is being heralded as more effective than prostate specific antigen (PSA) blood tests in detecting men at high risk of prostate cancer.
- The Urological Society of Australia and New Zealand say the saliva testing is years away from being useful, and recommends current screening methods including PSA to be used to their fullest extent.
- Prostate Cancer Foundation NZ chief executive Peter Dickens met with health minister Simeon Brown recently to advocate for a pilot prostate-cancer screening programme.

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Recently released findings by a Cancer Research UK-funded study on saliva genetic testing for prostate cancer have been met with a guarded response by the Urological Society of Australia and New Zealand.

Current guidelines for best prostate-cancer testing practice in New Zealand, Australia and the UK recommend taking a blood test for prostate specific antigen (PSA).

Instead of measuring the amount of PSA in blood, the UK research project, called BARCODE 1, used a new spit test to calculate level of risk by looking through the DNA in saliva samples for a range of small genetic changes linked to prostate cancer.

The results of the trial suggest this approach works better, with researchers saying the new test falsely identified prostate cancer fewer times than the PSA test and picked up a higher proportion of aggressive cancers on further investigation.

“With this test, it could be possible to turn the tide on prostate cancer,” Institute of Cancer Research professor, and a consultant at the Royal Marsden NHS Foundation Trust, which jointly led the research, Ros Eeles says.

“We have shown that a simple, cheap spit test to identify men at higher risk due to their genetic makeup is an effective tool to catch the cancer early.”

### **Urologist group supports current testing methods**



USANZ Genitourinary (GU) Oncology Special Advisory Group leader, associate professor at Melbourne's Monash University, Weranja Ranasinghe (CR: supplied)

The Urological Society of Australia and New Zealand (USANZ) says the saliva test is in its “very early days”.

USANZ has been tepid in its response to the research. In a media release issued earlier this week, USANZ Genitourinary (GU) Oncology Special Advisory Group leader, associate professor at Melbourne’s Monash University, Weranja Ranasinghe says:

“It is very early days, with further evidence needed on the saliva test before it can be compared with current screening methods of a prostate specific antigen (PSA) blood test and MRI for prostate cancer which focus on detecting aggressive disease.”

USANZ says of the new genetic test, that assesses 130 genetic variants to provide a risk score for prostate cancer, rather than testing for signs of prostate cancer, that there is “...no direct evidence the saliva test improves survival or quality of life so more research is needed which will take years.

“...Our focus needs to be on building awareness and using the current methods to their full extent to detect prostate cancer early and has been proven to save lives.”

## **Calls for NZ screening pilot**

Meanwhile, Prostate Cancer Foundation NZ chief executive Peter Dickens welcomes the work UK Cancer Research is doing, but echoes USANZ's call for current prostate-cancer testing methods to be used to their fullest extent.

"The real issue is we're not pursuing what the science says is best practice when it comes to testing for prostate cancer in New Zealand."

Access to a GP in New Zealand is not universal, Mr Dickens says, and prostate cancer can be growing without symptoms for a time in men.

"We know how to go about identifying high-risk prostate cancers, but it's not systematically standardised; more men are dying because their prostate cancer is not being identified early enough."

Further to this, Mr Dickens says he met with health minister Simeon Brown to push for a centralised prostate-cancer-screening pilot programme.

"I felt it was a productive meeting – he listened really attentively, and we felt he took on our points."

The most cost-effective way is to detect prostate cancer early and treat it effectively and that can't happen without a screening programme, Mr Dickens says. Men would be invited to take a PSA test, a second test if needed and then a diagnostic pathway which would assess ongoing treatment, and then the pathway for treatment.

According to the New Zealand Cancer Research registry, more than 4000 people are diagnosed with prostate cancer every year, with more than 700 of those diagnosed with the disease dying of it each year.

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