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Subject: Non-Recommended PSA-Based Screening

November 17, 2015

Dear Drs. Conway and Goodrich,

The American Urological Association (AUA) and its nearly 15,000 U.S. members welcome the opportunity to submit comments in response to the draft clinical quality measure developed by Mathematica Policy Research on “unnecessary screening for prostate cancer using prostate-specific antigen (PSA).” The AUA is highly concerned that the measure, as proposed, will incentivize providers to cut the patient out of any discussion about PSA screening, thereby obviating his right to information about risks and benefits, and completely preventing any attempt at shared decision making.

As you know, discussion about the risks and benefits of PSA screening in targeted populations is advocated by many leading societies, including the American College of Physicians, the American Society of Clinical Oncology, the American Cancer Society, the National Comprehensive Cancer Network and the AUA.

The American College of Physicians recommends discussion about risks and benefits of PSA screening in men between the age of 50 and 69 years. The American Society of Clinical Oncology recommends discussion about risks and benefits of PSA screening in men with a life expectancy > 10 years. The American Cancer Society recommends discussion about risks and benefits of PSA screening in men: over the age of 50 years for men who are at average risk of prostate cancer and are expected to live at least 10 more years, over the age of 45 years for African Americans and men who have one first-degree relative diagnosed with prostate cancer at an age younger than 65 years, and over the age of 40 years for men with more than one first-degree relative diagnosed with prostate cancer at an age younger than 65 years. The National Comprehensive Cancer Network recommends discussion about risks and benefits of PSA screening in men over the age of 45 years. Finally, the AUA recommends discussion about risks and benefits of PSA screening in men between the age of 55 and 69 years, and in men 40 to 54 years who are African-American or have family history of prostate cancer.

Clearly there is substantial disagreement about the role of PSA-screening. At the very least, a national clinical quality measure should not be deeply divisive and controversial, as this PSA screening measure would be.

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The measure, as currently drafted, recognizes the shortcomings of routine PSA screening without consideration of age/comorbidities, individualized risk for prostate cancer and patient preferences. Additionally, it is based on the current recommendation of the United States Preventive Services Task Force (USPSTF) and a HEDIS measure that only focuses on PSA-based screening in men 70 years and older. As you know, the USPSTF is now in the process of updating this specific recommendation (currently in the phase of public comment about research methodology). Therefore, the AUA urges CMS to delay further development of this measure until the task force has reviewed the literature, analyzed the evidence, and completed its update process. The stratification by age is an important component of the AUA's guideline recommendations.

The proposed measure does not provide exclusions for men at high risk, including African Americans and those with a family history. This is a critical patient population which many medical societies, including the AUA, specifically state should be considered distinct from the broader population.

The AUA policy statement on early detection of prostate cancer, based on the AUA's 2013 guideline, emphasizes the importance of shared decision making as well as consideration of risk factors:

The American Urological Association (AUA) and the Urology Care Foundation believe that the decision to perform early detection for prostate cancer should be made in the context of a detailed conversation between an asymptomatic man and his physician, and recommend that men ages 55 to 69 at average risk for prostate cancer should talk with their doctors about being tested. Screening for men outside this age range is not recommended as a routine; however, those men with significant risk factors (family history, race) should discuss early detection with their physicians. (AUA Policy Statement 2013)

After the release of its guideline on early detection of prostate cancer in 2013, the AUA has been engaged in ongoing efforts to optimize the use of PSA testing, relying heavily on the guideline recommendations which are stratified by age and further educating members on the importance of shared decision making through a white paper (2015) and quality improvement summit (to be convened in 2016) to assist members in the use of decision aids, communicating with patients/families, and clarifying values of importance to the patient.

AUA urges CMS to reconsider this measure before holding providers accountable for offering this test to their patients. With such a controversial issue, the importance of shared decision making and the physician and patient relationship cannot be minimized.

The AUA appreciates the opportunity to offer comments.

Sincerely,

A handwritten signature in cursive script that reads "William F. Gee".

William F. Gee, MD
President, American Urological Association