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**American Cancer Society Cancer Action Network (ACS CAN) Comments on  
Electronic Clinical Quality Measures for (1) Functional Status Assessment and Target Setting for  
Patients with Congestive Heart Failure and (2) Non-Recommended Prostate-Specific Antigen (PSA)-  
Based Screening**

*Submitted November 20, 2015*

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the electronic clinical quality measure “Non-recommended prostate-specific antigen (PSA)-based screening.” ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society (ACS), supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation’s leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

According to the American Cancer Society, an estimated 220,800 new cases of prostate cancer will be diagnosed in the United States in 2015 and about 27,540 men will die from the disease. Prostate cancer remains the second leading cause of cancer related death among American men.<sup>1</sup>

The statement that there is uncertainty about the balance of benefit and harms associated with prostate cancer screening represents the current state of the evidence. Some studies show a reduction in prostate cancer deaths associated with an invitation to screening, while others do not. It also is quite clear that while some men will benefit from early detection, many are harmed by aggressive treatment for prostate cancers that would not have been life threatening. This is why ACS and most other organizations recommend that men and their health care providers make informed decisions about whether to be screened for prostate cancer. For men at average risk of developing prostate cancer, and who are expected to live at least 10 more years, ACS recommends a screening discussion take place beginning at age 50.

ACS CAN is concerned the proposed PSA-based screening quality measure now under consideration will create a disincentive for health professionals and institutions to support shared decision making, which is recommended by every organization, including the United States Preventive Services Task Force. These shared decision making conversations are extremely important because *men should be informed of potential benefits and harms of screening*.

We also disagree with the proposed electronic clinical quality measure because the approach to screening and the management of cancers uncovered by screenings are in a state of rapid

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<sup>1</sup> American Cancer Society. Cancer Facts & Figures 2015. Atlanta, GA: American Cancer Society; 2015. Available at: <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>.

change. Active surveillance and watchful waiting are now important options in the management of prostate cancer. In fact, the number of men choosing not to be actively treated is growing every year as research indicates better methods for determining which cancers are more likely to progress to a threatening stage. The information generated by a screening test enables a man and his physician to make a more informed decision about his care. Patients want more – not less information – on which to base treatment decisions. In coming years, we anticipate continuing progress in being able to make recommendations related to early prostate cancer detection that more effectively identifies men at risk for aggressive disease, and reduces screening and aggressive treatment in men who are unlikely to benefit, and more likely to be harmed.

In lieu of the proposed quality measure, ACS CAN recommends that CMS consider an alternative that measures the percent of men who are screened without documented shared-decision. This alternative is similar to the direction that Medicare is taking with lung cancer screening, i.e., requiring documentation in the patient's record that a process of shared decision making has taken place prior to a referral to screening.

### **Conclusion**

On behalf of the American Cancer Society Cancer Action Network we thank you for the opportunity to comment on the Draft 2016 Call Letter. If you have any questions, please contact Anna Howard, Policy Principle – Access to Care at [Anna.Howard@cancer.org](mailto:Anna.Howard@cancer.org) or 202-585-3261.