



THE SOCIETY OF UROLOGIC ONCOLOGY

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The Society of Urologic Oncology (SUO) strongly opposes the current recommendation about PSA screening for several reasons:

- 1 – Prostate cancer remains the 2nd leading cause of cancer death in American men.
- 2 – There is no reliable curative treatment for extra prostatic and particularly metastatic prostate cancer and none on the horizon.
- 3 – The only ways to diagnose prostate cancer that is non-metastatic or extra prostatic are the same as they were in the mid 1980's before PSA testing was available, digital rectal exam or incidentally found prostate cancer at the time of surgery for presumed benign prostatic hyperplasia (BPH) for lower urinary tract symptoms (LUTS).
- 4 – However, fewer prostatic surgeries are now done for BPH/LUTS than in the mid 1980's because of advances in non-surgical care, including watchful waiting and medical therapies (e.g. alpha adrenergic blockers).
- 5 – It is likely that the number of men who have clinically evident metastases at diagnosis will be much higher if this policy is introduced. We have calculated, based on SEER data, that roughly 3x as many men will have metastases at diagnosis as occurs currently (Scosyrev E, et al. Cancer 2012; December 118(23): 5768-5776) exactly the same proportion found in the European Screening Study (ERSPC) (Schroeder, et al. NEJM 360:6320, 2009).
- 6 – Based on currently available therapy or that foreseen to be available in the near future – all of these men will die because of (not just with) prostate cancer.
- 7 – Therapies for prostate cancer now available, once castration treatment fails, as it inevitably does, only prolong life for a few months and are extremely expensive.

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8 – Additionally, the withholding of therapy from men with low risk disease is currently standard practice – indicating that almost 50% of men diagnosed because of PSA testing will not undergo prostate cancer therapy, and thus not experience the morbidities your outline in your statement.

9 – Moreover, many men in the Medicare and prostate age range experience LUTS which warrants therapy. LUTS due to BPH and LUTS due to prostate cancer are undistinguishable and by prohibiting PSAs to be done in such men (currently not listed as an exception to the policy except if receiving a 5 alpha reductase inhibitor) is likely to leave those men with LUTS associated with prostate cancer, to be misdiagnosed, eliminating the chances of diagnosing symptomatic prostate cancer at a time when curative therapy could be utilized. Clearly, such men need to be able to have a PSA measured without penalty to make sure inappropriate management is not provided/recommended.

10 – The issue of an upper bound on when PSA testing is to stop overlooks the biological and clinical evidence that prostate cancer becomes more aggressive as men age. Half the men who die of prostate cancer and half of those who have metastasis at diagnosis, even with PSA testing freely available, are age 75 and over. (Scosyrev E, et al. Cancer. 2012; 118(12):3062-70). The lethality of this disease alone with its greater frequency will result in many elderly men with reasonable life expectancies developing prostate cancer and not being diagnosed at a curable stage, leading to unnecessary mortality and suffering in this population. A more responsible policy would be to restrict PSA testing in men ≥ 70 years of age to those with symptoms or a life expectancy of ≥ 10 years. While this may be challenging to implement, the proposed policy will discriminate against older men.

Respectfully submitted,



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