



Michigan Urological Surgery Improvement Collaborative

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Michigan State University – Urology
Michigan Urological Clinic
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MidMichigan Physicians Group – Urology
Northern Michigan Urology
Oakland County Urologists
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Sherwood Medical Center, PC
Spectrum Health Medical Group – Urology
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Urology Associates of Port Huron
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To whom it may concern:

On behalf of the Michigan Urological Surgery Improvement Collaborative (MUSIC), we appreciate the opportunity to review and provide comments on the proposed CMS quality measure relating to "Non-Recommended Prostate-Specific Antigen (PSA)-Based Screening."

MUSIC is a consortium of more than 40 urology practices, comprising more than 85% of practicing urologists in the state of Michigan (www.musicurology.com). Established in 2011 in partnership with Blue Cross Blue Shield of Michigan (BCBSM), MUSIC aims to improve the quality and cost efficiency of prostate cancer care from across the state. We are deeply interested in issues related to the early detection, diagnosis, treatment, and follow up of men with prostate cancer.

We absolutely appreciate many of the concerns that have been raised related to PSA screening, and that ultimately led to development of the proposed CMS measure. We understand that the use of PSA as a screening test has often been indiscriminate, and that there remain legitimate questions and concerns related to the overdiagnosis and overtreatment of men with prostate cancer. Nonetheless, at least one large randomized trial (the European Randomized Study of Screening for Prostate Cancer) identified a clear survival benefit due to PSA screening. Moreover, there is an extensive literature describing the decline in population-level mortality from prostate cancer since the introduction of PSA testing. It is difficult, if not impossible, to explain this trend without an acknowledgement that PSA testing is facilitating the detection and treatment of potentially lethal cancers in some men diagnosed with prostate cancer. Our concern is that a CMS measure that penalizes clinicians for implementing PSA-based screening will result in an inability to detect such tumors at a still treatable stage, leading to avoidable deaths and suffering among men at risk for dying from prostate cancer.

That being said, we absolutely need alternatives and modifications to current PSA screening practices. In particular, we recognize the potential harms associated with early detection including morbidity related to prostate biopsy, staging evaluations, and treatment of potentially indolent cancers. MUSIC urologists are currently undertaking specific steps to reduce each of these harms, thereby positively recalibrating the balance between benefits and harms of early detection.

Our work in Michigan has specifically achieved reductions in the frequency of severe infections after prostate biopsy (1), lower utilization of potentially unnecessary imaging evaluations of men with early-stage prostate cancer (2), and greater utilization of active surveillance for men diagnosed with

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low risk tumors (thereby avoiding the potential harms of definitive local therapy for many patients) (3).

With respect to PSA screening, we believe that primary care physicians and other clinicians must preserve the ability to use PSA testing to detect potentially lethal prostate cancers while these tumors are still in an early and treatable stage. The rate of PSA testing in Michigan has already decreased substantially, fostered in part by sharing of data demonstrating variation in rates of PSA use across communities of physicians within the State. This suggests that guidelines, dialogue in the public arena and population-based comparative performance measurement can transform care without the potential for judgment and penalties, which run the risk of suppressing appropriate use of a cancer screening service. The implementation of financial penalties for physicians who order such tests would undoubtedly represent an unjustified step backward in the care for men at risk of developing and dying from prostate cancer.

Instead of this blunt prescription, we believe that, like Blue Cross Blue Shield of Michigan, CMS should support alternative solutions that are aimed at reducing the potential harms associated with screening while maintaining the benefit of earlier detection of potentially lethal cancers. This includes, among other ongoing activities, expanded use of active surveillance and efforts to reduce the adverse effects of local therapy such as surgery. For example, instead of penalizing PSA testing, an alternative model to consider is one where physicians who implement active surveillance for low risk prostate cancer are rewarded for appropriate care. Rather than the punitive system proposed, this method has the potential to reduce over treatment, and emphasizes detection and stratification of those at risk of prostate cancer morbidity and mortality, and therefore leads to a more judicious use of public resources. This is work with which we are deeply engaged in Michigan, and we feel that this represents a better pathway forward for men at risk for, or diagnosed with, prostate cancer.

Thank you very much for your consideration.

Sincerely yours,



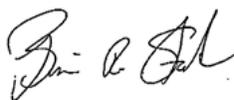
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References

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