



## **What You Need to Know to Have an Informed Discussion Regarding The Early Detection of Prostate Cancer: Information for Patients and Medical Healthcare Providers**

The American Association of Clinical Urologists (AACU) strongly supports and encourages a dialogue and discussion regarding the risks and benefits of screening for the Early Detection of Prostate Cancer. This brief letter will outline some of the key facts that you will need, in order to have this important and potentially life-saving discussion.

Unfortunately, the recent United States Preventive Services Task Force (USPSTF) recommendation downgrading the prostate specific antigen (PSA) test is being simply reduced to the practice of non-screening by physicians and the acceptance of this non-screening approach by many patients. The USPSTF recommendation did not include guidance regarding meaningful discussion or a dialogue between patients and providers. Instead, men are being placed at risk due to lack of discussion and understanding of the important issues. It would be unfortunate to return to the pre-PSA era when 25% of men with newly diagnosed prostate cancer were found to have cancer already spread beyond the prostate (i.e. metastatic and incurable), compared to today's rate of less than 5%! Furthermore, the USPSTF recommendation downplayed the impact of prostate cancer mortality. Men do die from prostate cancer; it is the second leading cause of male cancer deaths, and evidence supports that screening does save lives. Recently, the American College of Physicians released a statement suggesting that physicians inform men between 50-69 years about the limited potential benefits and substantial harms of screening for prostate cancer. They further recommend that clinicians base the decision to screen for prostate cancer using the PSA test on the risk for prostate cancer, a discussion of the benefits and harms of screening, the patient's general health and life expectancy and patient preferences. None of the recommendations would argue against a discussion regarding screening; however, the AACU is concerned that this discussion is currently not being offered and physicians are simply accepting a recommendation against the use of PSA for the early detection of prostate cancer.

Here are some very important thoughts, facts and concerns you should be aware of regarding the early detection of prostate cancer that you will need to help make the appropriate decision regarding PSA screening:

The United State Preventive Services Task Force (USPSTF) reviews screening tests. They look at and review literature to make a decision. They look at the number of lives screened to save one life, the harms of the screening test, the outcome of screening (i.e. the treatment of the disease) and risks benefits of those therapies. No urology experts were part of the USPSTF, and although comments from the urological community were solicited after the document was prepared, no changes were incorporated. Urologists are traditionally the experts in prostate cancer care from diagnosis through treatment. The Urological Community feels that input through such experts during the drafting of this document would have benefited the community of patients and health care teams.

1) The literature reviewed by the USPSTF was only the published articles that were available at the time that the recommendation was drafted; however, subsequent literature and studies showing a better ratio of lives "screened to saved" were reported after the task force had made its review and were not included in its recommendation.

2) The studies that the USPSTF did review and the data therein has been the source of great controversy among experts, many of whom call into question the methodology and the implication of the data. A recent article ( Etzioni R., et al – Med Care 2013 Apr; 51 (4):295-300 )

reviews the limitations of basing screening policies on screening trials, with particular focus on the data reviewed by the US Preventive Services Task Force.

3) The body of literature reviewed regarding the side effects of prostate cancer treatment was prior to more modern therapies with improved benefits, and less risks.

4) The review of the literature failed to include the current urological data on “Active Surveillance” protocols and understanding of prostate cancer behavior. The review made assumptions that once a diagnosis of cancer was made, then it would automatically lead to treatment, which is not entirely true today, as urologists have a better understanding of prostate cancer behavior.

5) Urologists have long understood the imperfections of PSA and its value in early detection. Men who have a history of prior PSA data should not abandon that data. No recommendations are made with regard to this issue as we still lack sufficient data in this area.

6) A more recently published study in the British Medical Journal contradicts the US Preventive Services Task Force findings with data from a long running prostate cancer screening study of 21,277 men using PSA. The Malmo Study data suggests nearly half of all deaths from prostate cancer can be predicted before age 50, emphasizing the importance of screening men under the age of 50 with PSA.

7) The dynamics of the early detection of prostate cancer are constantly being reviewed and reshaped. What should really be considered is not the test, but what is done with the information obtained from the test. The urological community is well versed in this discussion. Don't abandon your ability to have a potentially life saving discussion with your healthcare provider regarding early detection and PSA use.

8) PSA is not a perfect cancer test; far from it, yet its value in early detection is still worth a very important discussion, one that patients and their health care team need to have. Please do not forgo the opportunity to have this discussion. If you are simply hearing that physicians do not recommend that you obtain a PSA or a digital rectal exam, then you are not hearing the entire debate.

The AACU encourages men to continue to be active in achieving good health through appropriate prevention and intervention strategies. We believe that the early detection of prostate cancer with PSA testing continues to offer value with benefits and lives saved. Make certain you have a discussion regarding the early detection of prostate cancer, and continue to be proactive in your own healthcare.