Impact of U.S. Preventive Services Task Force Guidelines Raise Concerns

New studies highlight the impact of 2012 USPSTF recommendations on prostate cancer screening rates by primary care physicians, disparities in screening rates for African American men

New Orleans, LA, May 17, 2015 — Three new studies evaluating the primary care trends in prostate cancer screening will be presented during the 110th Annual Scientific Meeting of the American Urological Association (AUA). The research will be highlighted by study authors during a special press conference. Sam Chang, MD, AUA spokesperson and professor of Urology at Vanderbilt University Medical Center, Nashville, TN will moderate the session at the Ernest N. Morial Convention Center in New Orleans, LA on May 17, 2015 at 10:30 a.m. CT.

Prostate cancer is the most common cancer in the United States with an estimated 220,800 cases expected to be diagnosed in 2015. Since the early 1990s, there has been a nearly 45 percent decrease in prostate cancer mortality in the U.S., although with 27,540 deaths expected this year, it remains the second leading cause of cancer death among men. Increasing age is the best-established risk factor for diagnosis of prostate cancer in the US; however ethnicity is another important factor associated with the disease. African American men have the highest rates of prostate cancer in the U.S., and at least twice the mortality rate of, men of other racial/ethnic groups.

Together with advancements in treatment, there is strong evidence prostate specific antigen (PSA) screening has played a vital role in reducing prostate cancer mortality over the last three decades. However, widespread use of PSA screening has also contributed to the detection and overtreatment of men with low-risk, non-aggressive prostate cancer. This overtreatment prompted the United States Preventive Services Task Force (USPSTF) to release final recommendations in 2012 against PSA screening for prostate cancer; however, recognizing the benefits of PSA testing, the AUA updated its guidelines in 2013 based upon a man’s health risk, age race and/or family history.

Study Details
Publication Number: PD44-02

Trends in PSA Utilization by Primary Care Physicians: Impact of the USPSTF Recommendation: New research conducted by researchers at Oregon Health & Science University Hospital in Portland, OR, shows the comparison of PSA screening practices in men over the age of 40 by primary care physicians before and after the USPSTF recommendation against PSA screening was issued in May 2012.

Results showed:

- The most significant decreases in PSA utilization were seen in men ages 50-70 – those most likely to benefit from screening – which fell from 19.3 percent before to 8.2 percent following the USPSTF recommendation;
- There was no significant difference in frequency of PSA testing for men ages 40-49 (4.2 percent versus 4.4 percent, respectively) and over age 70 years (10.2 percent versus 9.3 percent, respectively) prior to and after the 2012 USPSTF recommendations were introduced; and
- Benign prostatic hyperplasia (BPH) or Lower Urinary Tract Symptoms (LUTS) was a noted diagnosis in 3.6 percent of new patients seen, yet only 36 percent with this diagnosis were given a PSA test, suggesting underutilization of PSA in this symptomatic group of men.

Study Details
Deficiencies in PSA Screening Practices in Black Men Aged 55-69 in the United States: Despite increased overall rates of prostate cancer screening with PSA in black men, a high degree of geographic variability suggests a potential inequity of care for this high-risk population, according to researchers at Brigham and Women's Hospital in Boston, MA and Henry Ford Hospital in Detroit, MI. Examining data from the Behavioral Risk Factor Surveillance Systems – the world’s largest ongoing health survey – researchers found:

- Of the estimated 23.1 million African American male population 9.5 million or 39 percent, reported undergoing PSA screening;
- Forty-four states had lower rates of prostate cancer screening for black men ages 55-69;
- Only six states, including Arizona, California, Florida, Kentucky, New York and North Carolina had higher rates of prostate cancer screening for black men ages 55-69; and
- The state with the largest differential in screening rates among black men was New Hampshire with negative 33 percent relative to white males.

Study Details

Changes in Primary Care Provider Practice Patterns Since 2012: Impact of the USPSTF Guideline Statement: A newly released survey conducted by researchers at the University of Massachusetts Memorial Medical Center in Worcester, MA, found 75 percent of primary care providers have changed their PSA practice patterns based on the 2012 USPSTF PSA recommendations, suggesting that primary care physicians may benefit from more educational opportunities regarding the AUA guidelines, role of digital rectal exam (DRE) in prostate cancer screening, and how to identify patients most likely to benefit from screening. The survey, comprised of 73 primary care physicians within a single academic healthcare system, examined the impact the 2012 USPSTF guideline statement has had on current prostate cancer screening practices.

Results showed:

- Ninety-seven percent of those surveyed were familiar with the USPSTF recommendations;
- The majority of respondents believe routine PSA screening offers more harm than benefit to patients;
- Fifty percent of respondents still offer PSA to patients older than 70 years of age; and
- The majority (80 percent) believe the USPSTF addressed DRE, and as a result, more than a third have changed their practice to perform fewer DREs.

“These studies provide much-needed insight into current primary care practice and how the preferences of providers change as different groups release guidelines said Dr. Chang. “The findings highlight the urology community’s concerns about the USPSTF recommendations and underscore a need to pay close attention to our high-risk patients.”

NOTE TO REPORTERS: For more information about the AUA’s advocacy on PSA testing, visit: http://www.auanet.org/advocacy/patient-access-prostate-cancer-testing.cfm. Experts are available to discuss this study outside normal briefing times. To arrange an interview with an expert, please contact the AUA Communications Office at 443-909-0839 or e-mail cfrey@AUAnet.org.
**About the American Urological Association:** The 110th Annual Meeting of the American Urological Association takes place May 15-19 at the Ernest N. Morial Convention Center in New Orleans, LA.

Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members worldwide. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

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