May 1, 2017

Kirsten Bibbins-Domingo, Ph.D., M.D., M.A.S.
Chairperson
U.S. Preventive Services Task Force
5600 Fishers Lane
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Rockville, MD 20857

Dear Dr. Bibbins-Domingo:

The American Association of Clinical Urologists (AACU), AACU State Society Network and undersigned urologic professional societies respectfully submit these comments on the U.S. Preventative Services Task Force (USPSTF) Recommendation Statement on Screening for Prostate Cancer.

The AACU is a professional organization representing the interests of more than 3,000 urologists across the United States, as well as urologic societies engaged as advocacy affiliates. Our members care for hundreds of thousands of prostate cancer patients each year, with a variety of disease management strategies. The AACU and undersigned urologic societies agree with the USPSTF draft recommendation statement on prostate cancer screening for men ages 55 to 69 years, which advises "individualized decisionmaking [*sic*] about screening for prostate cancer after discussion with a clinician, so that each man has an opportunity to understand the potential benefits and harms of screening and to incorporate his values and preferences into his decision." In estimating the magnitude of net benefit of the Grade C screening, we concur with the USPSTF's appraisal that it may be "useful for clinicians to regularly revisit the decision…with their patients."

The serum prostate-specific antigen (PSA) test is the most accurate and widely used biomarker for prostate gland abnormalities. Over time and after multiple tests, reports of an elevated PSA measurement may lead men to careful, deliberate and informed decisions based on their values and preferences. If further tests confirm a cancer diagnosis, the disease is found to be at its earliest stage 90% of the time, up from 35% when PSA-based screening was not available. Early detection of prostate cancer made possible by the PSA test affords men the opportunity to consider many disease management options, including active surveillance for slow-growth cancer.

Modern management of prostate cancer is rooted in patient education and shared decision-making. Deliberative and balanced PSA use by urologists and their informed patients may avoid a rush to treatment. Indeed, when interpreted correctly and administered in combination with digital rectal examinations, PSA measurements inform physicians' assessments of cancer risk, expected disease progression and recommendations that will promote positive outcomes and the highest quality of life.

We are satisfied that draft clinical considerations specifically address men at increased risk of death from prostate cancer due to race or family history and believe the proposed statement for men ages 55 to 69 years adequately avoids a blanket recommendation for all men, regardless of those factors. However, with the expectation of life for men age 70 now reaching an additional 14.4 years[1] (up from 13.4 years reported 10 years before[2]) and the age 85-and-over population projected to increase 351% between 2010 and 2050[3], we believe select men age 70 years and older may benefit from prostate cancer screening.

We continue to caution against associating PSA-based screening with potential harms of overtreatment. Prostate cancer screening does not always lead to prostate cancer treatment. Continuing to tie potential complications with the awareness-raising test does not match up with the Task Force's own acknowledgement that "[active] surveillance has become a more common treatment choice for men with lower-risk prostate cancer over the past several years." We concur with an assessment in the April 11, 2017, USPSTF Bulletin which explains that this disease management strategy offers men "the opportunity to delay active treatment and complications—or avoid active treatment completely."

More than two million men are alive today because of early detection and improved management of prostate cancer. We must continue to encourage physicians to speak freely to their patients about PSA-based screening for prostate cancer and endorse informed decision-making. The USPSTF Draft Recommendation Statement allows for men ages 55 to 69 years to determine whether they feel that the potential benefits of prostate cancer screening outweigh the potential harms.

We encourage the Task Force to reconsider the blanket recommendation against screening for men age 70 years and to further disassociate the potential harms of overdiagnosis and treatment from the life-saving test itself.

Sincerely,

Charles A. McWilliams, MD, President
American Association of Clinical Urologists

John Phillips, MD, President
New York State Urological Society

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[1] Centers for Disease Control and Prevention National Vital Statistic System. Table A. Expectation of life, by race, Hispanic origin, age, and sex: United States, 2013; United States Life Tables, 2013; National Vital Statistics Reports, Vol. 66, No. 3, April 11, 2017. https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_03.pdf (accessed April 19, 2017)

[2] Centers for Disease Control and Prevention National Vital Statistic System. Table A. Expectation of life by age, race, and sex: United States, 2003; United States Life Tables, 2003; National Vital Statistics Reports, Vol. 54, No. 14, April 19, 2006. https://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_14.pdf (accessed April 19, 2017)

[3] National Institute on Aging, et al. Global Health and Aging, Oct. 2011 (last updated Jan. 2015). https://www.nia.nih.gov/research/publication/global-health-and-aging/living-longer (accessed April 17, 2017)

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