

Otis W. Brawley, MD, FACP, FASCO

Chief Medical and Scientific Officer  
American Cancer Society  
Professor of Hematology, Medical Oncology,  
Medicine and Epidemiology  
Emory University

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# The USPSTF Prostate Screening Statement

The USPSTF recommends against **routine** PSA-based screening for prostate cancer (grade D recommendation).

A grade D recommendation means that the USPSTF has concluded that there is at least moderate certainty that the harms of performing the intervention equal or outweigh the benefits in the target population.

A grade C recommendation means that the USPSTF has concluded that there is at least moderate certainty that the overall net benefit of the service is small.



# The USPSTF Prostate Screening Statement

The USPSTF could not assign a grade C recommendation for PSA screening because it did not conclude that the benefits outweigh the harms.

The USPSTF has clarified in the “Implementation” section that a D recommendation does not preclude discussions between clinicians and patients to promote informed decision making that supports individual values and preferences.



# The USPSTF Prostate Screening Statement

“The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.

Similarly, the USPSTF notes that policy and coverage decisions involve considerations in addition to the evidence of clinical benefits and harms”.



# The USPSTF Prostate Screening Statement

While the USPSTF discourages the use of screening tests for which the benefits do not outweigh the harms in the target population, it recognizes the common use of PSA screening in practice today and understands that some men will continue to request screening and some physicians will continue to offer it.



# The USPSTF Prostate Screening Statement

The decision to initiate or continue PSA screening should reflect an explicit understanding of the possible benefits and harms and respect the patient's preferences.

Physicians should not offer or order PSA screening unless they are prepared to engage in shared decision making that enables an informed choice by the patient.



# The USPSTF Prostate Screening Statement

Similarly, patients requesting PSA screening should be provided the opportunity to make an informed choice to be screened that **reflects their values regarding specific benefits and harms.**

Community- and employer-based screening should be discontinued.



# Recommending Against Routine Prostate Cancer Screening

- U.S. Preventive Services Taskforce
- Canadian Taskforce on the Periodic Health Examination
- American College of Preventive Medicine
- American College of Physicians





# American Urological Association\*

Given the uncertainty that PSA testing results in more benefit than harm, a thoughtful and broad approach to PSA is critical.

Patients need to be informed of the risks and benefits of testing before it is undertaken. The risks of overdetetection and overtreatment should be included in this discussion.

\*Taken from the AUA **PSA Best Practice Statement 2009** and markedly different from statements made in press conferences



# European Association of Urology

- Recommend for informed decision making within the physician-patient relationship.
- Recommends against mass screening.

“Men should obtain information on the risks and potential benefits of screening and make an individual decision”

European Urology 56(2), 2009



# National Comprehensive Cancer Network


“There are advantages and disadvantages to having a PSA test, and there is no ‘right’ answer about PSA testing for everyone. Each man should make an informed decision about whether the PSA test is right for him.”



# American Society of Clinical Oncology

In men with a life expectancy >10 years, it is recommended that physicians discuss with their patients whether PSA testing for prostate cancer screening is appropriate for them.

PSA testing may save lives but is associated with harms, including complications, from unnecessary biopsy, surgery, or radiation treatment.



# The American Cancer Society 2010 Prostate Cancer Screening Guideline

“Men should have an opportunity to make an informed decision with their health care provider about whether to be screened for prostate cancer, after receiving information about the uncertainties, risks, and potential benefits associated with prostate cancer screening.”



# Prostate Cancer and Chemoprevention

- Pretend you are a 55 year old male and a preventive pill exists:
  - If you take the pill it will definitely double your risk of prostate cancer diagnosis from 10% lifetime to 20% lifetime.
  - If you take it, it may decrease your lifetime risk of prostate cancer death by 20% from 3% to 2.4%
- Would you take this pill?

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