

**Prostate Cancer Screening**

**Rank: 4 (lower provider adoption)**

**Survey Responses- Hospitals: 3**

**Medical Groups: 12**

**Health Plans: 7**

Adopted November 2015 | 13 months from adoption to survey

Read the Report and Recommendations here: [www.breecollaborative.org/wp-content/uploads/Prostate-Cancer-Recommendations-Final-15-11.pdf](http://www.breecollaborative.org/wp-content/uploads/Prostate-Cancer-Recommendations-Final-15-11.pdf)

**Roadmap to Implementation**

Current State	Transition Activities	Ideal State and Sustainability
<b>Hospitals, Clinics, and Individual Clinicians</b>		
<ul style="list-style-type: none"> <li>Patients are given a prostate specific antigen (PSA) test based on clinician preference and are not given the opportunity to talk through harms, benefits, and scientific uncertainty of the test</li> <li>Facilities have no clear standards on appropriate PSA testing, with risk of over-diagnosis and overtreatment</li> </ul>	<ul style="list-style-type: none"> <li>Providers are trained on shared-decision making, documentation, and tracking</li> <li>The facility adopts a patient decision aid that outlines the harms, benefits, and uncertainty about PSA testing</li> </ul>	<ul style="list-style-type: none"> <li>Both patients and providers feel comfortable having conversations about potential harms, benefits, and scientific uncertainty of PSA testing</li> <li>Patient decision aids are used for PSA testing and documented in the patient medical record</li> <li>For average-risk men between 55 and 69 years old only men who express a definite preference for screening after discussing the advantages, disadvantages, and scientific uncertainty are screened with PSA testing</li> </ul>
<b>Health Plans</b>		
		Clinicians are reimbursed for using approved patient decision aids

## Background

Prostate cancer is the most common type of cancer diagnosed among men. The PSA test is commonly used to screen men for prostate cancer. However, evidence conflicts as to whether the PSA test when used for prostate cancer screening reduces prostate cancer mortality. After a systematic review in 2012, the United States Preventive Services Task Force (USPSTF) recommended “*against prostate specific antigen-based screening for prostate cancer*” concluding “*that many men are harmed as a result of prostate cancer screening and few, if any, benefit.*”

<sup>1</sup> Evidence highlights that overuse of the test exposes men to increased risk of harm and excess costs. A re-review in 2017, published after the recommendations, “*recommends that clinicians inform men ages 55 to 69 years about the potential benefits and harms of prostate-specific antigen (PSA)–based screening for prostate cancer*” and that the decision be individual to the patient.<sup>2</sup> Bree Collaborative recommendations focus on patient education and decision making.

## Implementation Survey

In our implementation survey, disagreement over PSA testing guidelines was reported among some hospital urologists. Patient decision aids, designed to guide discussions between providers and patients that elicit the patient’s goals and values while discussing the potential harms, benefits, and conflicting evidence, are being tested or used in about one third of the responding clinics. In some cases, clinics are attempting to make decision aids available for men in advance, before the patient comes in for their exam. Some clinics use health maintenance tracking systems, where routine screenings and tests are tracked electronically and used for automated reminders. After a provider discusses the PSA testing risks and benefits, the system can be switched on or off for future routine PSA tests, according to the patient’s preference and risk factors.

Bree Collaborative recommendations scoring lowest on the implementation survey for this topic include:

### *Hospitals and Medical Groups:*

- Clinicians are trained on the shared decision-making process
- Patient decision aids available for PSA testing

### *Health Plans:*

- Clinicians are reimbursed for engaging patients in a formal and documented shared decision-making process (using a Washington State-approved patient decision aid when available) for PSA testing for prostate cancer

## Next Steps

- **Measurement.** Use the Healthcare Effectiveness Data and Information Set (HEDIS) measure for Prostate Cancer Appropriateness/Overuse in Older Men. The measure includes men 70 years and older who were screened unnecessarily for prostate cancer using PSA testing. HEDIS does not address men aged 55-69 years old, however state level measurement should determine the percentage of patients being given a PSA test that includes a documented discussion of risk of harm as well as benefits (i.e. through a shared decision making aid).
- **Feedback.** Targeted feedback followed by education and support is given to providers with higher screening rates.
- **Working with existing programs.** The Choosing Wisely program focuses on avoiding wasteful or unnecessary medical tests, treatments, and procedures and has developed materials focused on PSA testing for prostate cancer screening. Employers can also use patient education materials and other resources provided by Choosing Wisely. Finally, the Choosing Wisely Taskforce working can consider including PSA testing in future topics they might address.
  - More information: [www.choosingwisely.org](http://www.choosingwisely.org)
  - PSA Testing for Prostate Cancer [www.choosingwisely.org/patient-resources/psa-test-for-prostate-cancer/](http://www.choosingwisely.org/patient-resources/psa-test-for-prostate-cancer/)
  - Tools and Techniques for Employers [www.consumerhealthchoices.org/implementation-guide/#employers](http://www.consumerhealthchoices.org/implementation-guide/#employers)
- **Certify PSA Shared Decision Aids.** The Washington State Health Care Authority continues to certify patient decision aids, and the Bree Collaborative recommends including PSA testing for prostate cancer. These will serve as useful communication resources for caregivers and patients.

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<sup>1</sup> Moyer VA; U.S. Preventive Services Task Force. Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2012 Jul 17;157(2):120-34.

<sup>2</sup> U.S. Preventative Services Task Force. Draft Recommendation Statement Prostate Cancer: Screening Accessed: April 2017. Available:

[www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/prostate-cancer-screening1](http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/prostate-cancer-screening1)