

Prostate Cancer Screening: Review of the Performance Measures by the Performance Measurement Committee of the American College of Physicians

Writing Committee

Amir Qaseem, MD, PhD, MHA

ACP Performance Measurement Committee Members*

David W. Baker, MD, MPH (Chair); Robert M. Centor, MD; J. Thomas Cross, MD, MPH; Andrew Dunn, MD; Mary Ann Forciea, MD; Sandra Adamson Fryhofer, MD; Robert A. Gluckman, MD; Robert H. Hopkins, MD; Eve Kerr, MD; Kesavan Kutty, MD; Ana Maria López, MD, MPH; Catherine MacLean, MD, PhD; Nasseer A. Masoodi, MD; Stephen D. Persell, MD, MPH; and Terrence Shaneyfelt, MD

Corresponding author:

A. Qaseem

190 N. Independence Mall West

Philadelphia, PA 19106

Email aqaseem@acponline.org

* Individuals who served on the Performance Measurement Committee from initiation of the project until its approval

Methods

The ACP Clinical Guidance Statement (1) served as the clinical evidence for the recommendation on performance measure development. The ACP Clinical Guidelines Committee selected to review four prostate cancer screening guidelines developed in the United States: American College of Preventive Medicine (ACPM) (2), American Cancer Society (ACS) (3), American Urological Association (AUA) (4), and U.S. Preventive Services Task Force (USPSTF) (5). The ACP Performance Measurement Committee found no existing endorsed performance measures dealing with prostate cancer screening.

ACP Recommendation

ACP supports the development of a performance measure addressing the overuse of prostate cancer screening in average-risk men under the age of 50 years, men over the age of 69 years, or men with a life expectancy of less than 10 to 15 years.

Rationale

High-value care reflects care for which the benefits are likely to outweigh the harms and costs associated with delivering such care. Screening with the prostate-specific antigen (PSA) test is low-value care. The value of screening for prostate cancer in men over 69 years of age is very low, and there are no published data to support the benefit of screening men under the age of 50. Further, the chances of harm with screening outweigh the chances of benefit for most men, and the direct and indirect costs associated with biopsy, repeated testing, aggressive therapy, patient anxiety, and missed work are significant.

References

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Members of the PMC:

Individuals who served on the Performance Measurement Committee from initiation of the project until its approval:

David W. Baker, MD, MPH

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J. Thomas Cross, Jr., MD, MPH

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Ana María López, MD, MPH

Catherine MacLean, MD, PhD

Nasseer A. Masoodi, MD

Stephen D. Persell, MD, MPH

Terrence Shaneyfelt, MD, MPH

Requests and inquiries: Amir Qaseem, MD, PhD, MHA, FACP, American College of Physicians, 190. N Independence Mall West, Philadelphia, PA 19106: email, aqaseem@acponline.org