



# American Urological Association

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April 18, 2014

Glenn M. Hackbarth, J.D., Chairman  
Medicare Payment Advisory Commission  
425 Eye Street, NW  
Suite 701  
Washington, DC 20001

Dear Chairman Hackbarth:

On behalf of the American Urological Association (AUA), representing more than 90 percent of practicing urologists in the United States, I am writing to express deep concern about the presentation and discussion held at the March 6, 2014 Medicare Payment Advisory Commission (MedPAC) meeting, particularly about Commissioners' comments regarding the United States Preventive Services Task Force (USPSTF) Grade D recommendation on prostate-specific antigen (PSA) based screening.

The presentation titled "Developing Payment Policy to Promote Use of Services Based on Clinical Evidence" compared current Medicare preventive services coverage policy with the recommendations of the USPSTF. During the discussion following the presentation, some of the Commissioners questioned why Medicare continues to pay for services not recommended by the USPSTF. Commissioner Dr. Rita Redberg specifically commented that "it's not just the cost of the screening. It's the cost of all of the treatment that has not been shown to extend life for men from the PSA screening. And so you have men getting unnecessary surgeries that lead to impotence and urinary incontinence, and men getting chemotherapy, and then men getting proton beam and IMRT, and at incredibly high rates." Other Commissioner's concurred with Dr. Redberg's comments.

While we appreciate MedPAC's attempt to identify appropriate policies for Medicare preventive services, the AUA strongly disagrees with Dr. Redberg's comments and the sentiments of the other Commissioners that questioned the value of this particular screening in the United States, where prostate cancer-specific mortality has seen a 40 percent reduction during the last two decades of PSA-based screening without a substantial change in how men with prostate cancer were treated (primarily with surgery and radiation therapy). To inform Medicare policies advancing effective prevention, we would like to offer the following comments.

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## American Urological Association

In the past year, the AUA released a new clinical practice Guideline on the Early Detection of Prostate Cancer based on more up-to-date and broader literature than what was used to formulate the controversial 2012 USPSTF recommendation against PSA based screening for prostate cancer for all men, regardless of risk. The AUA's Guideline includes modeling studies (in addition to Randomized Controlled Trials and observational studies) that have the ability to estimate outcomes beyond ten years, while the trials that USPSTF focused on did not include sufficient follow-up to adequately assess the long-term survival benefit that may be conferred by the PSA test when appropriately used. AUA advocates discussions regarding PSA based on principles of shared decision-making for men 55-69 years of age. Furthermore, although routine screening is not necessary for men of all ages, AUA recognizes the importance of decisions made in accordance with an individual's values, preferences and risk factors, regardless of age. It is noted in the guideline that men outside the 55-69 year age group may also benefit from the test, such as men age 70+ with greater than 10-15 year life expectancy.

Since its controversial decision on PSA screening and subsequent Grade D recommendation, the AUA has been strongly advocating for increased transparency and accountability at the USPSTF and for specialists' input to be included by, among other things, urging Congress to pass critical reforms through federal legislation and attempting to diversify Task Force membership by nominating urologists to serve. Currently, USPSTF participants do not meet with relevant stakeholders during their review process nor do medical specialists serve on the Task Force. Although recommendations are intended for a primary care audience, they impact patient access to appropriate specialty care.

In conclusion, the AUA feels strongly that any attempt to broadly reduce access to PSA testing would be a disservice to men, especially those with risk factors for prostate cancer (such as African American race or positive family history). Instead of instructing primary care physicians to discourage men from having a PSA test, the Task Force should focus on how best to educate primary care physicians regarding targeted screening and how to counsel patients about their prostate cancer risk. The decision to use or to forego the PSA test is a choice that should be individualized made by informed patients in conjunction with their providers.

As MedPAC continues to advise the U.S. Congress on various issues affecting the Medicare program, we would like to serve as a resource in additional recommendations of preventive policies. If you have any questions or would like more information from us, please contact AUA staff liaison Lisa Miller-Jones, MS at (410) 689-3772 or email her at [lmiller@auanet.org](mailto:lmiller@auanet.org).

Thank you for your ongoing consideration in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "David Penson".

David Penson, MD, MPH  
Chair, Health Policy Council  
American Urological Association