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An open letter to the US Preventive Services Task Force:

First, I must say that I have tremendous respect the Task Force and its process. I thank you for making available the opportunity to comment on the proposed 2011 prostate cancer screening recommendation.

Attached to this letter is a very academic synopsis and the opinion of the American Cancer Society Prostate Cancer Advisory Committee (PCAC). The PCAC is a group of experts brought together by the Society in 2010 to review the literature on prostate cancer screening and formulate the ACS 2010 Prostate Cancer Screening Guideline. This group was reconvened in October 2011 to review and comment on the proposed USPSTF guideline.

In short, the Committee agrees with much of the Task Force conclusions, but recommends that the "D" recommendation against all screening be changed to a "C" recommendation for insufficient evidence.

If I might comment personally as someone who has worked in this area for nearly 25 years, I agree with the PCAC recommendation. As I look at the data, I see known harms in large scale or mass screening and possible benefits in selective screening. I believe, we in medicine need to work to define the appropriate candidates for screening.

I have often quoted a statement published by the American Urologic Association's 2009 publication titled "PSA Screening Best Practice." It reads: "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 overdetection and overtreatment should be included in this discussion."

I truly believe, those screened must clearly understand the known harms and possible benefits. The shame is, many American medical professionals and prostate cancer advocates have misstated and exaggerated the benefits of screening while failing to recognize the importance of providing truthful information regarding the harms of screening. There has been over-promotion, over-promise and over-use of prostate cancer screening. This has caused tremendous overdiagnosis and overtreatment over the past two decades.

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I welcome the attention the Task Force has brought to this tragedy. A real problem in American medicine is the lack of respect for true informed consent and informed decision making. This, even as many espouse informed decision making. The healthcare system, including the reimbursement system, does not adequately support informed decision making. I can tell you that the ACS is committed to true informed decision making and supports the dissemination of truthful information about prostate cancer screening and treatment.

I encourage the "C" recommendation because I believe a move against all use of the PSA screening would be unfortunate. We need to prevent the pendulum from swinging too far against the use of PSA in screening and diagnostics. We should not let past misuse prevent advocacy for future appropriate use. I do believe it is important that the final USPSTF statement say that there has been misuse of PSA screening, but there is also an appropriate use of PSA.

I ask you reconsider the recommendation against prostate cancer screening and change to a statement that there is sufficient evidence to recommend against widespread or mass screening. I ask you further consider a statement that screening within the doctor patient relationship is only appropriate if the patient understands that it is not known if the benefits outweigh the harms, but it may help some men. You should also challenge the medical research community to develop:

1) A profile of those who might most benefit from screening and,
2) Better tests to determine the cancers that put lives at risk and need treatment versus the cancers of minimal risk that need observation.

Many thanks for this opportunity to comment on your proposed recommendation and for bringing this difficult issue to public discussion.

Respectfully,

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