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UROLOGY
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Dear Health Care Provider:

As you are aware, recently the United States Preventive Services Task Force (USPSTF) published their final recommendations regarding the use of PSA for the screening of men for prostate cancer (Ann Intern Med E-463, published 5/21/12). The task force recommended against PSA-based screening for prostate cancer in all men and gave the test a Grade D recommendation denoting ‘the service has no net benefits or that the harm outweighs the benefits.’

We at UROLOGY SPECIALISTS, PC want you to be aware that we are committed to the care of your patients AND to practicing evidence-based medicine. The use of PSA for prostate cancer screening in the general population has been a controversial topic since its inception in the early 1980s. We recognize that there are valid arguments for discontinuing screening as it could result in the over-detection and overtreatment of clinically insignificant cancers. However, we feel that discarding the test altogether may result in significant morbidity and mortality especially for younger men with undetected high grade disease.

Please refer to the attached article that we published (Missouri Medicine 108:6,2011,399) that specifically addresses the concerns and the merits of PSA testing as well as highlights several contemporary studies confirming a reduction in prostate cancer mortality when screening protocols are implemented.

We continue to believe that PSA testing should be offered to patients in order to prevent painful and premature deaths from prostate cancer. We feel that rather than abandoning the test altogether, screening and treatment algorithms can and should be improved that carefully consider the decision to treat and the appropriate use of active surveillance that may significantly reduce the morbidity associated with overtreatment of clinically insignificant cancers.

Currently, we suggest that you consider adopting the NCCN 2012 Guidelines on prostate cancer screening when caring for your patients. This is based on an independent panel of national experts who treat the disease regularly:

- Obtain a baseline PSA/DRE at age 40 to assess risk
 - If PSA < 1, recheck at 45 and if remains < 1, recheck at 50, then annually
 - If PSA > 1, recheck annually
- Consider referral to a urologist for a prostate biopsy if PSA Velocity ≥ 0.35 ng/ml/yr
Total PSA > 2.5 ng/ml - % free PSA < 10%
- Consider cessation of screening if PSA < 3, DRE WNL, and no family history of prostate cancer after age 75.

For more resources, please visit our website at www.urologyspecialistskc.com

Sincerely,

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