

# Urology Groups Support Bill to Reform the USPSTF

Roxanne Nelson, RN | March 11, 2015

The three largest urology associations in the United States have issued a joint statement in support of legislation that aims to transform the way decisions are made at the US Preventive Services Task Force (USPSTF).

The American Association of Clinical Urologists, the American Urological Association (AUA), and the Large Urology Group Practice Association argue that specialists should be involved in the decision-making process.

The move is a reaction to the 2011 USPSTF recommendation against the routine use of prostate-specific antigen (PSA) screening for prostate cancer, which caused outrage among urologists at the time, and recently it has been suggested that it has had an adverse effect on the diagnosis of prostate cancer.

The bipartisan USPSTF Transparency and Accountability Act of 2015 ([HR 1151](#)), which was introduced by congressional representatives Marsha Blackburn (R-Tennessee) and Bobby Rush (D-Illinois), calls for significant changes to the USPSTF and the process by which it makes formal recommendations about preventive care services.

This bill includes a critical mandate that will ensure that a "balanced representation of primary and specialty care providers" is included in the decision-making process, according to the joint statement.

The bill also supports the inclusion of other key stakeholders in the healthcare community during the development and review of USPSTF recommendations, and the idea that the evidence review be available for public comment, the statement explains.

Currently, the process by which the USPSTF makes its recommendations is exempt from transparency provisions like the Federal Advisory Committee Act and the Administrative Procedures Act.

"I am concerned that decisions are being made without proper input from the specialists who treat these diseases," Rep Blackburn said in a statement. "Our legislation would require common sense coordination among relevant agencies and stakeholders while protecting the doctor-patient relationship."

HR 1151 calls for the establishment of a USPSTF board that would be comprised of healthcare providers, patient groups, and federal agency representatives. The board would offer recommendations to the USPSTF, suggest evidence for consideration, provide feedback on recommendations, and help disseminate final recommendations.

## High-Risk Prostate Cancer Linked to Recommendations?

In their statement, the three urology associations emphasize that "the failure of the current system is underscored by recent data demonstrating the deleterious impact of the USPSTF recommendation against PSA-based screening for prostate cancer."

In 2011, the USPSTF recommended [against routine screening](#) with the PSA test. Two years earlier, it recommended that the PSA not be used for screening in men 75 years and older.

The three urology groups point to new data suggesting that an increase in cases of higher-risk prostate cancer could be linked to the USPSTF guidelines. The rate of prostate cancers defined as high risk by a PSA value at diagnosis appears to have risen slightly but significantly in the United States in 2011 and 2012, according to a study [presented recently](#) at the Genitourinary Cancers Symposium (GUCCS).

From 2011 to 2013, the rate increased by 3% per year ( $P < .0004$ ). That increase coincides with changes in the USPSTF recommendations made in 2009 and 2011.

"This dramatic shift in prostate cancer diagnoses is unfortunate but not surprising when you consider that the USPSTF made its recommendations without considering the expert opinion of the urologic community or other cancer care experts," said William W. Bohnert, MD, who is president of the AUA. "The effort by Reps Blackburn and Rush to increase USPSTF transparency will benefit the welfare of all Americans."

Although the study presented at GUCS suggested that the recommendations are having adverse effects, the investigators emphasize that their PSA-related findings must be confirmed.

In fact, when the results were presented, a prominent urologist said that the two phenomena could not be definitively linked.

"It's far too early to say this is cause and effect," Charles Ryan, MD, from the University of California, San Francisco, said at that time.

The proposed legislation calls for other key changes, such as removing the language added by the 2010 Affordable Care Act that directly ties Medicare coverage of a particular preventive service to the grade given by the USPSTF.

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