CHICAGO HEALTH COLLEAGUES

Clinical Guideline* Prostate Cancer Screening

SUMMARY OF CLINICAL GUIDELINE	
Disease or Condition	PSA and Prostate Cancer Screening
Guideline Title:	PSA - Prostate Cancer Screening
Guideline Source:	NCCN
Guideline Link	https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf
Guideline Original Date	Nov 1996
Guideline Most Recent Revision Date	2021
CHC Review Dates	Guidelines and Components in Summary above were reviewed and approved Dr. James Sylora of the Prostate Cancer Screening Workgroup. Recommendations for adoption referred to the Board of Managers for approval on January 21, 2021. Guideline Approval/Update/Revision Meetings: • Approved: January 21, 2021 • Will be reviewed with updates or at least every two years.
Guideline Summary	**NCCN recommendations overview** Discuss risks and benefits of PSA screening with patients Judicious use of PSA • Decrease over diagnosis of insignificant cancers • Find the more aggressive tumors earlier to minimize delay of diagnosis When to start and stop PSA screening? What is the appropriate interval for PSA screening?
Implementation Components **Identify component(s) of the guideline CHC should adopt.**	Prostate cancer screening will vary according to patient age, risk factors and cormorbidities. Detailed history and physical including DRE and FHx when appropriate is needed to help guide prostate cancer screening PSA is affected by clinical issues and can vary considerably. Repeat PSA is valuable to confirm elevated level and determine if urology consultation is needed. PSA less than 1.4 is rarely associated with malignancy. Can screen less often. (q 3-5 years)
Recommendations / Other Considerations	1. PSA screening risk and benefit discussion should start at age 40-50. If unwilling, consider Urology consult 2. Start PSA screening at age 40 for African American males, strong family history or h/o BRCA1/BRCA2 Gene mutations

	3. All others start PSA screening age 45-50 4. PSA – Q 2-4 years if PSA <1.0 ng.dl a. Q2-4 years if PSA <1.0 ng/dl b. Q1-2 years if PSA > 1.0 ng/dl c. Q1 year if PSA >1.4 -consider urology consult 5. Stop screening if <10 year life expectancy or PSA <3.0 at age 75 6. Free PSA is only valid if total PSA is between 4-10 ng/dl 7. PSA only if DRE is very suspicious in pts over 75 or symptomatic 8. Screening for FHx is important 9. PSA post treatment of prostate cancer should be monitored very carefully 10. Prostate cancer pts should have urology f/u once a year at least forever
CHC Adoption and Implementation Resources: List of existing and suggested guideline adoption resources for CHC members.	Up-to-date online: Screening for prostate cancer.
Other Supplemental Documents Misc. other available supplemental documents to support guideline adoption and education	AUA guidelines: https://www.auanet.org/guidelines/prostate-cancer-early-detection-guideline **Prostate-specific antigen 1.5–4.0 ng/mL: a diagnostic challenge and danger zone – 2011** https://onlinelibrary.wiley.com/doi/full/10.1111/j.1464-410X.2011.10224.x USPTF recommendations: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening1
Quality Measures and Associated Programs List of current CHC and ACO _____ quality measures	None
Strategies to Improve Performance	1. PSA testing adjustment based on age and PSA levels - (5-alpha reductase (6 months) use cuts PSA in half). Verify with repeat PSA in 6wks to verify result 2. Educate pts on the pros and cons of PSA screening – if uncomfortable with this – refer to urology

	3. Family history questioning should be more comprehensive 4. Referral to urology on pts 45-70 with PSA > 1.4 for more comprehensive PSA workup 5. MRI of prostate should be ordered by urology – Prior negative biopsy 6. Avoid PSA testing over age 70. Unless pt has >10 yr life expectancy, highly suspicious DRE or is symptomatic from suspected prostate cancer 7. Document PSA elevation/prostate cancer if active and consult is called for this problem
Coding and Documentation Tips	Avoiding ordering Bone scan on new prostate cancer dx with PSA<10
HCC Coding and Documentation Tips	Add Elevated PSA and/or prostate cancer to problem list is helpful for complexity
CHC Prostate Cancer Screening Guideline Workgroup	James Sylora, M.D. James Draguesku, M.D.
Misc. References	NCCN Prostate cancer guidelines. V4.2019 Aug 19, 2019 https://www.targetedonc.com/publications/targeted-therapy-news/2018/may-2018/nccn-prostate-cancer-guidelines-emphasize-risk-stratification

Last Revised: January 21, 2021

**These guidelines are provided only as "guides" or assistance for physicians making clinical decisions regarding the care of their patients and may not apply to all patients and all clinical situations. Thus, they are not intended to override clinicians' judgment. As such, they cannot substitute the individual judgment brought to each clinical situation by the patient's physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.*