

Difference in PSA testing among urologist and primary care physician visits

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Declines in prostate-specific antigen (PSA) testing differed among urologist and primary care physician visits in a study that compared testing before and after a 2011 recommendation from the U.S. Preventive Services Task Force against PSA screening for all men, according to an article published online by *JAMA Internal Medicine*.

Quoc-Dien Trinh, M.D., of Brigham and Women's Hospital, Boston, and coauthors used the National Ambulatory Medical Care Survey to examine PSA testing use in 2010 and 2012. The authors included all visits for men (ages 50 to 74) who went to urologists or [primary care physicians](#) for a preventive care visit. After excluding men with a diagnosis of prostate cancer and other conditions of the prostate, the study sample included 1,164 visits (representing 27 million eligible visits) in 2010 and 2012, of which 64 visits (representing 800,000 visits) were provided by urologists and 1,100 visits (representing 26.2 million visits) were by [primary care physicians](#).

PSA testing decreased from 36.5 percent in 2010 to 16.4 percent in 2012 among primary care physician visits and decreased from 38.7 in 2010 to 34.5 in 2012 percent among urologist visits, according to the results.

The difference in declines may reflect perceptions among physicians on the benefit of PSA screening, conflicting guidelines (for example, the American Urological Association recommends joint decision making for men 55 to 69), and possibly patient demographics or expectations.

The study also has limitations, which include relying on records of outpatient clinic visits and not accounting for PSA testing outside of physician outpatient visits.

"Moving forward, this finding emphasizes the need to continue interdisciplinary dialogue to achieve a broader consensus on [prostate cancer](#) screening," the authors conclude.

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