

# Significant decrease seen in prostate biopsy, radical prostatectomy procedures following recommendations

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In a study published online by *JAMA Surgery*, Jim C. Hu, M.D., M.P.H., Joshua A. Halpern, M.D., M.S., of Weill Cornell Medicine, New York, and colleagues examined effects on practice patterns in prostate cancer diagnosis and treatment following the U.S. Preventative Services Task Force (USPSTF) recommendation against prostate-specific antigen (PSA) screening in 2012.

Prostate cancer is the most common nondermatologic malignancy among men in the United States, with an estimated 220,000 new cases and 27,540 deaths in 2015. Owing to its high incidence and the potential for cure with early detection, population-based screening programs were widely implemented in the United States during the 1990s. However, the USPSTF recommended against population-based PSA screening following a randomized clinical trial that showed no mortality benefit to PSA screening, and screening decreased significantly following this recommendation. Few studies have examined the downstream effects of the USPSTF recommendation on diagnostic and therapeutic prostate cancer practice patterns.

For this study, the researchers evaluated procedural volumes of certifying and recertifying urologists from 2009 through 2016 for variation in [prostate biopsy](#) and radical prostatectomy (RP) volume. The study included a representative sample of urologists across practice settings and nationally representative sample of all RP discharges.

Operative case logs were obtained from the American Board of Urology and urologists performing at least 1 prostate biopsy (n = 5,173) or RP (n = 3,748) were identified.

The researchers found that following the USPSTF recommendation, median biopsy volume per urologist decreased from 29 to 21. After adjusting for physician and practice characteristics, biopsy volume decreased by 29 percent following 2012. Similarly, following the USPSTF recommendation, median RP volume per urologist decreased from 7 to 6, and in adjusted analyses, RP volume decreased 16 percent.

"These findings represent the direct downstream effects of the USPSTF recommendation. While the pendulum of [prostate cancer screening](#) continues to swing, a more extended vantage point is needed to evaluate the long-term consequences of the 2012 USPSTF recommendation with regard to stage at presentation, outcomes following treatment, and disease-specific mortality in [prostate cancer](#). Because revision of the USPSTF recommendation is in progress, policy makers should weigh the downstream effects of the 2012 USPSTF recommendation and consider future unintended consequences," the authors write.

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