

About this Legislation

The United States Preventive Services Task Force (USPSTF) Transparency and Accountability Act¹ is a bipartisan effort introduced by representatives Marsha Blackburn (R-TN) and Bobby Rush (D-IL) to enact fundamental reform of the USPSTF by requiring it to:



Enhance transparency by allowing Congressional oversight of USPSTF recommendations



Provide public input regarding the development of USPSTF recommendations



Allow needed consultation with those who treat the specific disease in question

This bill is an important step to reform the way USPSTF reviews and rates preventive services. It puts measures into place to ensure greater transparency and to provide experts and stakeholders the ability to participate in USPSTF decision-making processes that impact patient lives.

Since USPSTF's 2012 recommendation, **rates of PSA screening** decreased by 3–10 percent within all age groups and across most geographical regions of the USA.²



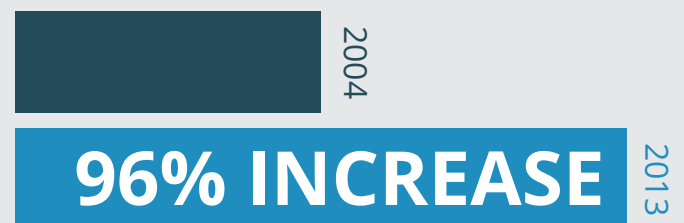
The **annual incidence of metastatic prostate cancer** increased from 2007 to 2013 and during 2013 rated 72 percent higher than 2004's total number of cases.³



The **greatest increase in metastatic prostate cancer** was seen in men aged 55–69 years, a 92 percent increase from 2004 to 2013.³



Researchers also found that in 2013, a **higher PSA level** of 49 was found in men diagnosed with metastatic prostate cancer, which nearly doubled 2004's average PSA level of 25.³



Why USPSTF Reform Matters

After skin cancer, prostate cancer is the most common cancer among American men.⁴

According to the American Cancer Society, more than 161,000 new prostate cancer cases are estimated to be identified in 2017; in fact, about one in seven men will be diagnosed with prostate cancer during his lifetime.⁴

In 2008, the U.S. Preventive Services Task Force (USPSTF) concluded that the evidence was insufficient to assess the balance of benefits and harms of screening for prostate cancer in men younger than age 75 years.⁵ The USPSTF recommended against screening for prostate cancer in men aged 75 years or older. In 2012, without stakeholder consultation, the USPSTF issued guidance assigning prostate-specific antigen (PSA) tests a "D" rating,⁵ meaning they discourage the screening and deem that it has no net benefit or that the harms outweigh the benefits.

On April 11, 2017, the USPSTF issued an updated draft recommendation on Screening for Prostate Cancer. The updated recommendation changed the grade for PSA-based screening from "D" to "C" for men aged 55-69. Meaning, the USPSTF now recommends that clinicians discuss with men aged 55-69 what the potential benefits and harms of prostate (PSA) screening entail. For men aged 70 years and older, the USPSTF maintained its "D" recommendation.

The failure of USPSTF's current recommendation process is underscored by recent data demonstrating the devastating impact of the USPSTF's discouragement of PSA tests for prostate cancer. Between 2011 and 2013, in the immediate wake of the USPSTF "D" grade for these screenings, there was a notable increase in the diagnosis of higher-risk prostate cancer.⁶ Researchers concluded this could result in more deaths from the disease.

The data reported on this topic served only to reinforce what many urologists already knew: doctors and patients must be allowed to make decisions based on what is best for each individual patient. That means having access to the tools they need to make those decisions. This can only be achieved by reforming the USPSTF and making sure decisions on the availability of tests and procedures are thoroughly discussed with all stakeholders so that patients and clinicians have access to the right care at the right time.

1. *USPSTF Transparency and Accountability Act of 2017*, H.R. 539, 115th Cong. January 2017. <https://www.congress.gov/bill/115th-congress/house-bill/539>
2. *The effect of the USPSTF PSA screening recommendation on prostate cancer incidence patterns in the USA*. Fleshner, K, et al. *Nature Reviews Urology*. 14. 26-37. December 2016. <http://www.nature.com/nrurol/journal/v14/n1/abs/nrurol.2016.251.html>
3. *Increasing incidence of metastatic prostate cancer in the United States (2004–2013)*. Weiner, A, et al. *Prostate Cancer and Prostatic Diseases*. 19(4). 395-397. July 2016. <http://www.nature.com/pcan/journal/v19/n4/full/pcan201630a.html>
4. *Key Statistics for Prostate Cancer*. American Cancer Society. January 2017. <https://www.cancer.org/cancer/prostate-cancer/about/key-statistics.html>
5. *Final Recommendation Statement: Prostate Cancer: Screening*. U.S. Preventive Services Task Force. May 2012. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening>
6. *Increase in higher-risk prostate cancer cases following new screening recommendation by the US Preventive Services Task Force (USPSTF)*. Hall, M, et al. 2015 Genitourinary Cancers Symposium. Abstract 143. June 2015. <http://meetinglibrary.asco.org/content/140836-159>



LUGPA is a trade Association that represents independent urology group practices in the U.S., with more than 2,300 physicians who make up more than 25 percent of the nation's practicing urologists, and provide more than 30 percent of the total urologic care in the U.S. The association is committed to providing the best resources and information for its member practices through advocacy, research, data collection and benchmarking efforts. LUGPA advocates for independent urology practices by promoting quality clinical outcomes, fostering new opportunities and improving advocacy in the legislative and regulatory arenas. For more information, visit lugpa.org.