4-10-2020

Society of Behavior Medicine (SBM) Urges Congress to Ensure Affordable Care Act Coverage of Prostate Cancer Screening Support Services for High-Risk Men

Karriem Watson
University of Illinois at Chicago

Josef Ben Levi
Northeastern Illinois University, j-benlevi@neiu.edu

other co-authors

Recommended Citation

Watson K, Buscemi J, Fitzgibbon M, Murray M, Murphy A, Abern M, Gann P, Levi JB, Stinson J, Diefenbach M, Winn RA. Society of Behavior Medicine (SBM) Urges Congress to Ensure Affordable Care Act Coverage of Prostate Cancer Screening Support Services for High-Risk Men. Transl Behav Med. 2020 May 20;10(2):492-494. doi: 10.1093/tbm/ibz034. PMID: 30855080; PMCID: PMC7237538.

TBM

PRACTICE AND PUBLIC HEALTH POLICIES

Society of Behavior Medicine (SBM) Urges Congress to Ensure Affordable Care Act Coverage of Prostate Cancer Screening Support Services for High-Risk Men

Karriem Watson,[1] Joanna Buscemi,[1,2] Marian Fitzgibbon,[1] Marcus Murray,[3] Adam Murphy,[4] Michael Abern,[1] Peter Gann,[1] Josef Ben Levi,[5] James Stinson,[1] Michael Diefenbach,[6] Robert A. Winn[1]

[1]University of Illinois Cancer Center, University of Illinois at Chicago, Chicago, IL, USA
[2]Department of Psychology, DePaul University, Chicago, IL, USA
[3]Project Brotherhood
[4]Department of Urology, Northwestern University, Evanston, IL, USA
[5]College of Education, Northeastern Illinois University, Chicago, IL, USA
[6]Department of Medicine and Urology, Northwell Health, New York, NY, USA

Correspondence to: Karriem Watson, Kswatson@uic.edu

Cite this as: *TBM* 2020;10:492–494
doi: 10.1093/tbm/ibz034

Abstract

Prostate cancer (PCa) disproportionately affects African American men. Early detection reduces risk of mortality. The United States Preventive Services Task Force (USPSTF) issued an updated recommendation statement on serum Prostate Specific Antigen (PSA)-based screening for PCa. Specifically, in 2012, the USPSTF recommended against PSA-based screening due to risk for overdiagnosis and overtreatment. However, the updated 2018 guidelines recommend consideration of screening for certain at risk men and revised the recommendation rating from "D" to "C." This new guideline recommends providers to educate high-risk men on the benefits and harms of PSA-based PCa screening so that they can make an informed decision. The Affordable Care Act (ACA) includes provisions of service coverage for patient navigators who can help patients decide whether screening is appropriate, given potential risks and benefits, and training of health care providers in shared-decision regarding screening/treatment. These services can be utilized to support health care providers to better adhere to the new guideline. However, recommendations that are given a C rating or lower are not consistently reimbursed through many plans, including those offered through the ACA marketplace. The Society of Behavioral Medicine (SBM) supports the USPSTF guideline for the consideration of prostate cancer screening for high-risk men between the ages of 55 and 69. SBM encourages policymakers to include provisions for coverage of patient navigation services in the ACA to facilitate shared decision-making between providers and patients regarding screening.

Keywords

Prostate cancer; Screening; Health equity; Shared decision-making

Implications

Practice: Patient Navigators should receive training in risk assessment and providing shared decision-making services to men at high risk for prostate cancer considering screening.

Policy: Policymakers should include provisions for coverage of patient navigation services in the Affordable Care Act to facilitate shared decision-making between providers and patients regarding prostate cancer screening.

Research: Future research should be aimed at barriers and facilitators to prostate cancer screening among high-risk men.

INTRODUCTION

Prostate cancer (PCa) is the second most common cancer in men, only second to skin cancer [1]. In 2017, 161,360 new cases of prostate cancer occurred in the USA [1]. Men in the USA have an 11.2% lifetime risk of being diagnosed with prostate cancer. Disparities in incidence and mortality exist for African American (AA) men. AA men carry a 70% greater risk of being diagnosed with PCa compared to white men [1, 2] and are twice as likely to die from PCa. Additionally, incidence of PCa among AA men is much higher at younger ages as compared to Whites [3]. Specifically, the incidence rate of PCa among AA men at ages 45–49 is identical to the incidence rate among White men at ages 55–59 [4].

In 2018, the United States Preventive Services Task Force (USPSTF) issued an updated recommendation statement on serum Prostate Specific Antigen (PSA)-based screening for PCa [5]. In 2012, the USPSTF recommended against PSA-based screening for men aged 55–69, concluding that any morbidity and mortality benefits were outweighed by harms related to overdiagnosis and overtreatment resulting from screening (e.g., anxiety from false positive tests, morbidity from treatment of indolent tumors) (D rating; see Table 1). Following this recommendation, rates of PSA screening declined substantially, among men in all risk levels. In 2018, a new USPSTF panel revised PSA screening to a C recommendation based mainly on: (a) cumulative evidence that the previous analysis had underestimated the mortality benefit and (b) emerging evidence that active surveillance was a safe option for men with low-risk cancer, which could thus reduce harm due to overtreatment. The latest guideline recommends that care providers and men aged 55–69 engage in a shared decision process about benefits and risks before PSA screening is started.

Table 1 | USPSTF recommendation ratings

Grade	Definition	Suggestions for practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

While concluding that too few data were available to definitively assess the relative benefits and harms, the panel noted that decision analysis models indicated that benefits could be greater for AA men, especially if initiated before age 55. Furthermore, the latest USPSTF panel encouraged clinicians to perform a risk assessment and to inform AA men and those with a positive family history about their increased risk as part of shared decision-making.

POLICY GAPS

This new recommendation will require providers to educate high-risk men on the benefits and harms of PSA-based PCa screening so that they can make an informed decision [5]. The ACA includes provisions of service coverage for patient navigators who can help patients decide whether screening is appropriate given potential risks and benefits and training of health care providers in shared decision regarding screening/treatment. These services can be utilized to support health care providers to better adhere to the new guideline. However, recommendations that are given a C rating or lower are not consistently reimbursed through many plans, including those offered through the ACA marketplace. Given that the updated screening recommendation for high-risk men was given a C rating, there are limitations in terms of reimbursement for these essential services. Compared to many other interventions, shared decision making regarding PCa screening is a complex issue for patients, especially for those who are high risk or may have relatively low health literacy. Thus, care providers must be given adequate time and reimbursement in order for this C recommendation to be carried out effectively.

SUMMARY STATEMENT AND RECOMMENDATIONS

The updated recommendation for PCa screening represents an important step toward addressing continuing inequities in PCa that exist for high-risk populations, including AA men and men with a family history of PCa. However, if PCa screening is deemed appropriate given risk factors, provider recommendation, and patient preference, patient navigation services and training should be reimbursed through the ACA regardless of recommendation rating.

SBM supports the updated USPSTF guideline and proposes additional recommendations for policy makers/legislators to better adhere to the new guideline:

RECOMMENDATIONS FOR POLICYMAKERS

1. Expand the provisions within the ACA that support the use of patient navigators to ensure care coordination of cancer screening and follow-up.
2. Expand the provisions within the ACA that support training of health care providers (i.e., physicians, nurses, physician assistants, patient navigators) in risk assessment and shared decision-making with high-risk men.

Funding: This publication was supported, in part, by the National Institutes of Health's National Cancer Institute (U54CA202995, U54CA202997, and U54CA203000). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Compliance with Ethical Standards

Conflicts of Interest: Karriem Watson, Joanna Buscemi, Marian Fitzgibbon, Marcus Murray, Adam Murphy, Michael Abern, Peter Gann, Josef Ben Levi, James Stinson, Michael Diefenbach, and Robert Winn declare that they have no conflicts of interest.

Ethical Approval: This manuscript does not contain any studies with human participants performed by any of the authors. This manuscript does not contain any studies with animals performed by any of the authors.

Informed Consent: This manuscript is a health policy brief, and therefore informed consent was not required.

References

1. Prostate Cancer: Statistics. (January 2018). Available at https://www.cancer.net/cancer-types/prostate-cancer/statistics. Accessibility verified January 2019.
2. Shenoy D, Packianathan S, Chen AM, Vijayakumar S. Do African-American men need separate prostate cancer screening guidelines? *BMC Urol.* 2016;16(1):19.
3. Nettey OS, Walker AJ, Keeter MK, et al. Self-reported Black race predicts significant prostate cancer independent of clinical setting and clinical and socioeconomic risk factors. *Urol Oncol.* 2018;36(11):501.e1–501.e8.
4. National Cancer Institute. Cancer Stat Facts: Prostate Cancer. (2018). Available at http://seer.cancer.gov/statfacts/html/prost.html. Accessibility verified January 2019.
5. United States Preventive Services Task Force. Final Recommendation Statement: Prostate Cancer Screening. (October 2018). Available at https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening. Accessibility verified January 2019.