The Bree Collaborative Prostate Cancer Screening Workgroup Charter

Problem Statement

The prostate specific antigen (PSA) test has been used to test asymptomatic men for prostate cancer along with the digital rectal exam since FDA approval in 1986.ⁱ After a systematic review in 2012, the United States Preventive Services Task Force recommended "against prostate specific antigen-based screening for prostate cancer" concluding "that many men are harmed as a result of prostate cancer screening and few, if any, benefit."ⁱⁱⁱ Variation in PSA testing and high rates of PSA testing may expose men to increased risk of harm, lower quality of life, and undue cost. Despite these recommendations, those of the American Urological Association, and others, PSA testing for prostate cancer screening is common.

Aim

To align with evidence-based best practice and standardize the use of prostate specific antigen testing for prostate cancer screening in Washington State.

Purpose

To identify evidence-based best practice for prostate cancer specific antigen testing for prostate cancer screening and propose recommendations along with data-driven implementation strategies to the full Bree Collaborative.

Duties & Functions

The PCS workgroup shall:

- Consult members of the Washington State Hospital Association, the Washington State Medical Association, the Washington State Urology Society, and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Research evidence-based guidelines and emerging best practices to align current PSA testing practice.
- Meet for six to nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven implementation strategies.
- Create and oversee subsequent subgroups to help carry out the work, as needed.

Structure

The PCS workgroup will consist of individuals appointed by the chair of the Bree Collaborative or the workgroup chair and confirmed by Bree Collaborative members.

The chair of the PCS workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative project director will staff and provide management and support services for the PCS workgroup.

Less than the full PCS workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The PCS workgroup will hold meetings as necessary. The PCS workgroup chair will conduct meetings and arrange for the recording of each meeting, and will distribute meeting agendas and other materials prior to each meeting.

Name	Title	Organization
	Urologist, clinician, surgeon,	
John Gore, MD, MS	researcher	University of Washington Medicine
	Associate Medical Director,	
Matt Handley, MD	Quality and Informatics	Group Health Cooperative
Leah Hole-Marshall, JD	Medical Administrator	Department of Labor & Industries
Steve Lovell	Retired	Patient and Family Advisory Council
Rick Ludwig, MD (Chair)	Chief Medical Officer	Accountable Care Organization,
		Providence Health & Services
Bruce Montgomery, MD	Clinical Director of Genitourinary	Seattle Cancer Care Alliance
	Medical Oncology	
Eric Wall, MD, MPH	Market Medical Director	UnitedHealthcare
Shawn West, MD	Family Physician	Edmonds Family Medicine
Jonathan Wright, MD,	Assistant professor of	University of Washington/Fred
MS, FACS	urology/affiliate researcher	Hutchinson Cancer Research Center

ⁱ National Cancer Institute at the National Institutes of Health. Prostate-Specific Antigen (PSA) Test. Accessed: March 2015. Available: <u>www.cancer.gov/cancertopics/types/prostate/psa-fact-sheet</u>.

ⁱⁱ Moyer VA; U.S. Preventive Services Task Force. Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012 Jul 17;157(2):120-34.