

14 January 2015

Cancer Council Australia
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To whom it may concern,

Thank you for the opportunity to respond to the Prostate Cancer Foundation of Australia and Cancer Council Australia Draft Clinical Practice Guidelines PSA Testing and Early Management of Test-Detected Prostate Cancer.

Prostate cancer testing and treatment is a contentious area. As such, it is essential that guidelines in this area are developed in line with guideline development best practice and there is a robust and systematic assessment of the evidence. The RACGP therefore welcomes the fact that these guidelines have followed such a process. Accordingly, we believe this guidance reflects current knowledge and best clinical practice. However, we believe there is scope for the guidelines to be enhanced with a few practical suggestions.

Clear message re population PSA screening

To avoid any lingering confusion and to make it abundantly clear that PSA screening is not recommended, these statements in the guidelines should be made much clearer. This need is evidenced by the fact that following the release of the draft guidelines, some commentary in the media has interpreted the guidelines as pro screening. We suggest using the unequivocal language of the 2014 Australian Health Ministers' Advisory Council and Cancer Council Position statement: *'Current evidence indicates that the PSA test is not suitable for population screening, as the harms outweigh the benefits'*.

The guidelines would also benefit from clearer statements clarifying the difference between testing and screening.

The purpose of the guidelines needs to be more clearly stated

It should be stated clearly as - to propose a testing schedule in men who, once informed about the risks and benefits, request a PSA test for prostate cancer screening. The second purpose is guidance for managing early prostate cancer in men who have been diagnosed with the disease

Importantly, as the integrity of these guidelines rests on the assumption of improved mortality (which the guidance agrees is a contestable statement) – it should be stated upfront that if this evidence changes on mortality benefit, then the guidance is obsolete.

Further, as the evidence does not support population PSA screening, text that suggests doctors may offer screening when a patient has not asked for a test are inappropriate and should be removed.

The target population should be stated more clearly

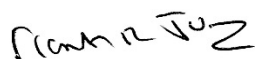
The target population should be more clearly presented. The target audience is men who ask about testing and, once informed about the risks and benefits, request a test. Again, as the evidence does not support population PSA screening, words that suggest doctors may offer testing when a patient has not asked for a test are inappropriate and should be removed.

Recommendations

The recommendations are generally clear and concise.

As only 10 of the 38 recommendations are evidence based, and many of these have low levels of evidence, we believe it would be appropriate to more clearly highlight the evidence based recommendations in the opening summary of the document, which is the section most likely to be read. This would help ensure the evidence based recommendations carry the most weight.

Yours sincerely



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President