Prostate specific antigen (PSA) is a protein produced by prostate cells.

**METHODS**

The objective was to examine whether prostate cancer screening test volume changed after the USPSTF draft recommendation against routine screening in all ages in October 2011.

**OBJECTIVES**

- The object is to examine whether prostate cancer screening test volume changed after the USPSTF issued the draft recommendation against routine screening in all ages in October 2011.

**LIMITATIONS**

- Data used for this analysis was limited to those persons visiting a LabCorp® testing facility and did not include prostate screening tests conducted at non-LabCorp® testing facilities.
- The focus of this analysis was on all males aged 40 and older and did not examine trends by race which has been shown to impact on PSA level changes as males age.
- Diagnosis code used for the test order may not represent final diagnosis as determined by the ordering provider. Using prostate cancer diagnoses listed on previous test orders to exclude persons from subsequent screening calculations may erroneously limit true screening tests from the analysis.

**CONCLUSIONS**

- Using de-identified data from LabCorp®, we observed a decline in PSA screening test volume against the USPSTF draft recommendation.
- The observed trend began well before the USPSTF draft recommendation, suggesting awareness of the original BMJ meta-analysis published in September 2010 as well as journal of Family Practice article that reiterated the meta-analysis findings shortly thereafter.

**RESULTS (continued)**

- The vast majority of PSA screening tests were ordered by family medicine physicians, general practitioners, and internists (Figure 5).