


## Advanced cancer may triple without PSA tests: study

Eliminating prostate-specific antigen (PSA) testing for prostate cancer could result in three times more men with advanced prostate cancer, according to [new research](#)  published last week in the journal *Cancer*.

The study found that the extrapolation of cases from the pre-PSA era, considered to be 1983 to 1985, and 2008 showed that the number of metastatic (M1) prostate cancers at diagnosis would increase from 739 to an estimated 2,277. Applying this ratio to the total U.S. population in 2008 would result in the total number of men presenting with M1 prostate cancers to be about 25,000 instead of the approximately 8,000 actually observed that year, according to the study.

In May, the U.S. Preventive Services Task Force (USPSTF) recommended against PSA-based screening for prostate cancer. A month later, the AMA House of Delegates overwhelmingly adopted policy expressing concern about the USPSTF recommendations, which also relate to mammography, and the effects they have on limiting access to preventive care for Americans.

According to the policy, the AMA will "encourage the USPSTF to implement procedures that allow for meaningful input on recommendation development from specialists and stakeholders in the topic area under study."

Prostate cancer diagnosis and treatment is a complex issue, said William Gee, MD, a urologist in Lexington, Ky., and the right treatment must be based on the right diagnosis.

"The USPSTF made a blanket statement that may lead some primary care physicians to discount the potential seriousness of the disease," said Dr. Gee, the American Urological Association Delegate to the AMA House of Delegates. "Not all prostate cancer is the same, and not all prostate cancer needs aggressive treatment. A well-differentiated, low volume prostate cancer is very different from a high-volume, poorly differentiated prostate cancer.

"After diagnosis, all treatment options should be discussed with the patient taking into consideration age, other medical conditions and most importantly what the patient wants to do."

## Regulator raps insurer for claims recoupment practices

One of the nation's largest health insurers has been ordered to stop burdening California physicians with attempts to recoup overpayments on claims that are more than a year old.

California's Department of Managed Health Care (DMHC) last month ordered Anthem Blue Cross to halt its attempts to collect overpayments on claims older than 12 months when there is no evidence of fraud or misrepresentation. The insurance regulator found that the insurer had sought reimbursement of old claims from more than 500 physicians and other health care providers in California between 2008 and 2011, although state law limits recoupments to a 365-day period.

The investigation came at the request of the California Medical Association (CMA), which had received complaints about the insurer from several members.

"Anthem's practices interfere with physicians trying to run their practices and also increases the overall cost of care," CMA President James T. Hay, MD, said in a [news release](#). "Fighting unjust violations by insurers like Anthem takes time away from patient care. The order from DMHC will help pave the way so that we can get back to treating our patients."

This is just one recent example of physicians improving the health care system for everyone by voicing their concerns about unfair practices in the health insurance industry. Physicians can report such activities by [filing a complaint](#) with the AMA, their state medical association or their state insurance regulator. Doing so is simple and could lead to positive changes for physicians and patients alike.

[Read more](#)  about the order against Anthem in *American Medical News*.