APPENDIX

Appendix 1. Screening guidelines for prostate cancer compared to guidelines from 2008

<table>
<thead>
<tr>
<th>Organization</th>
<th>PSA/DRE</th>
<th>Current DRE and PSA recommendations</th>
<th>2008 DRE and PSA recommendations$^{23}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Task Force on Preventive Health Care$^{19}$</td>
<td>PSA</td>
<td>PSA should be excluded from periodic health exam.</td>
<td>PSA should be excluded from periodic health exam.</td>
</tr>
<tr>
<td></td>
<td>DRE</td>
<td>Insufficient evidence to include or exclude on periodic health exam.</td>
<td>Insufficient evidence to include or exclude on periodic health exam.</td>
</tr>
<tr>
<td>US Preventive Services Task Force$^{10,11}$</td>
<td>PSA</td>
<td>Men aged 55–69 years should make an individual decision about whether to be screened after a conversation with their clinician. Men 70 years and older should not be screened.</td>
<td>Insufficient evidence to recommend for or against PSA testing for prostate cancer screening.</td>
</tr>
<tr>
<td></td>
<td>DRE</td>
<td>Insufficient evidence to recommend for or against DRE for prostate cancer screening.</td>
<td>Insufficient evidence to recommend for or against DRE for prostate cancer screening.</td>
</tr>
<tr>
<td>Canadian Urological Association$^{5}$</td>
<td>PSA</td>
<td>For men electing to undergo PSA screening, start PSA testing at age 50 in most men and age 45 in men at increased risk of prostate cancer.</td>
<td>Men should be aware of potential benefits and risks to make an informed decision</td>
</tr>
<tr>
<td></td>
<td>DRE</td>
<td>Average-risk men aged 50 years and older with 10-year life expectancy should be screened with both DRE and PSA</td>
<td>Men should be aware of potential benefits and risks to make an informed decision</td>
</tr>
<tr>
<td>American Urological Association$^{20}$</td>
<td>PSA</td>
<td>For men ages 55–69 years, shared decision-making based on patients values and preferences. If patient</td>
<td>PSA testing should be offered to men over 50 with a life expectancy of more than 10 years</td>
</tr>
<tr>
<td>Source</td>
<td>Test</td>
<td>Practice/Recommendation</td>
<td>Belief/Conclusion</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>BC Cancer Agency</strong>&lt;sup&gt;12,13&lt;/sup&gt;</td>
<td>DRE</td>
<td>Insufficient evidence to support the continued use of DRE as first-line screening test. May be useful with PSA.</td>
<td>DRE screening should be offered to men over 50 with a life expectancy of more than 10 years.</td>
</tr>
<tr>
<td>PSA</td>
<td></td>
<td>Fit men aged 50–70 with at least 10 years life expectancy should be made aware of the potential benefits and risks. If desired, PSA testing should be performed annually for 2–3 years, and if normal and stable, then every 2–3 years.</td>
<td>Fit men age 50–70 with at least 10 years life expectancy should be made aware of the potential benefits and risks. If desired, PSA testing should be performed annually for 2–3 years, and if normal and stable, then every 2–3 years.</td>
</tr>
<tr>
<td>DRE</td>
<td></td>
<td>DRE recommended during routine physical checkup.</td>
<td>Should be done annually in fit men 50–70 years or when obstructive or other urinary tract symptoms are present.</td>
</tr>
<tr>
<td><strong>European Association of Urology</strong>&lt;sup&gt;21&lt;/sup&gt;</td>
<td>PSA</td>
<td>Offer PSA testing in well-informed men at elevated risk of having prostate cancer and &gt;15-year life expectancy.</td>
<td>Lack of evidence to support or disregard population-based screening programs for prostate cancer.</td>
</tr>
<tr>
<td>DRE</td>
<td></td>
<td>Offer DRE in well-informed men requesting an early diagnosis.</td>
<td>Lack of evidence to support or disregard population-based screening programs for prostate cancer.</td>
</tr>
</tbody>
</table>

DRE: digital rectal exam; PSA: prostate-specific antigen.
Appendix 2. Questionnaire delivered to primary care physicians in Victoria, BC. Initially used and by Hoag et al.\textsuperscript{14}

Please enter your demographic information:

Gender: Male ☐ Female ☐ Years in Practice: _____ Age: _____

Please check (✔) the box corresponding to the answer that is most appropriate.

1a. Do you order Prostate Specific Antigen (PSA) blood testing for prostate cancer screening?
☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

1b. If yes, at what age do you begin screening? ☐ $\geq$40 ☐ $\geq$50 ☐ $\geq$60 ☐ $\geq$70 ☐ other_____  

2a. Do you perform digital rectal exam (DRE) on men for prostate cancer screening?
☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

2b. If yes, at what age do you begin screening? ☐ $\geq$40 ☐ $\geq$50 ☐ $\geq$60 ☐ $\geq$70 ☐ other_____  

3. Which of the following is your preferred initial screening tool for prostate cancer?
☐ PSA ☐ DRE ☐ PSA & DRE ☐ Other ___________ ☐ None

4. DRE is an important examination in supporting males over 50 years.
☐ Strongly agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly disagree

9. There is insufficient evidence PSA testing for prostate cancer screening.
☐ Strongly agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly disagree

5. DRE training/teaching is a valuable component of medical education.
☐ Strongly agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly disagree

10. There is insufficient evidence DRE as part of prostate cancer screening.
☐ Strongly agree ☐ Agree ☐ Undecided ☐ Disagree
□ Strongly disagree  □ Strongly disagree

6. PSA testing is a valuable tool for prostate cancer screening.
   □ Strongly agree
   □ Agree
   □ Undecided
   □ Disagree
   □ Strongly disagree

11. DRE is a valuable tool in prostate cancer screening.
    □ Strongly agree
    □ Agree
    □ Undecided
    □ Disagree
    □ Strongly disagree

7. The Medical Services Plan (MSP) should pay for PSA testing for prostate cancer screening.
   □ Strongly agree
   □ Agree
   □ Undecided
   □ Disagree
   □ Strongly disagree

12. I am comfortable with my knowledge on when MSP should be billed for PSA testing.
    □ Strongly agree
    □ Agree
    □ Undecided
    □ Disagree
    □ Strongly disagree

8. I check the “MSP billable” box when ordering PSA tests for prostate cancer screening in asymptomatic men.
   □ Strongly agree
   □ Agree
   □ Undecided
   □ Disagree
   □ Strongly disagree

13. PSA testing leads to excess subsequent investigations (ie: biopsies).
    □ Strongly agree
    □ Agree
    □ Undecided
    □ Disagree
    □ Strongly disagree

14. PSA testing and DRE should be utilized in combination for prostate cancer screening.
    □ Strongly agree
    □ Agree
    □ Undecided
    □ Disagree
    □ Strongly disagree

15. If PSA is elevated on testing, it is appropriate to refer for prostate biopsy.
    □ Strongly agree
    □ Agree
    □ Undecided
    □ Disagree
    □ Strongly disagree
16. Do published clinical guidelines/recommendations influence your prostate cancer screening practices? □ Yes □ No □ Undecided

17. Which ONE of the following guidelines/recommendations on prostate cancer screening are you most comfortable following? (Please choose ONE option only)
□ American Urological Association
□ BC Cancer Agency and The Prostate Centre (VGH)
□ Canadian Task Force on Preventative Health Care
□ Canadian Urological Association
□ European Association of Urology
□ US Preventative Services Task Force
□ Other (Please specify) ____________________________
□ None/Prefer to decide own prostate cancer screening practices.

18. Which of the following factors would lead you to perform prostate cancer screening in an (otherwise) asymptomatic man (ie: order PSA test and/or perform DRE)? Check (✔) all that apply.
□ Suspicious findings on DRE □ Patient requests PSA testing
□ Family History of prostate cancer □ Professional literature
□ Lower urinary tract symptoms □ Media influence/promotion
□ Hematuria □ Poor quality diet
□ Patient over 50 years of age □ Patient of African descent over 40 years old
□ Previous elevated PSA □ Previous vasectomy
□ Patient over 40 years of age □ History of infrequent ejaculation
□ Professional association guideline □ Obesity/Sedentary lifestyle
Recommendations
□ Other (specify) ____________________

The survey is now complete. Thank you for your time.