

Spooner J, et al. The times they are a-changin': The evolution of prostate cancer screening practices and beliefs among primary care physicians in Victoria, British Columbia

APPENDIX

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

Organization	PSA/DRE	Current DRE and PSA recommendations	2008 DRE and PSA recommendations²³
Canadian Task Force on Preventive Health Care ¹⁹	PSA	PSA should be excluded from periodic health exam.	PSA should be excluded from periodic health exam.
	DRE	Insufficient evidence to include or exclude on periodic health exam.	Insufficient evidence to include or exclude on periodic health exam.
US Preventive Services Task Force ^{10,11}	PSA	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.	Insufficient evidence to recommend for or against PSA testing for prostate cancer screening.
	DRE	Insufficient evidence to recommend for or against DRE for prostate cancer screening.	Insufficient evidence to recommend for or against DRE for prostate cancer screening
Canadian Urological Association ⁵	PSA	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.	Men should be aware of potential benefits and risks to make an informed decision
	DRE	Average-risk men aged 50 years and older with 10-year life expectancy should be screened with both DRE and PSA	Men should be aware of potential benefits and risks to make an informed decision
American Urological Association ²⁰	PSA	For men ages 55–69 years, shared decision-making based on patients values and preferences. If patient	PSA testing should be offered to men over 50 with a life expectancy of more than 10 years

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		chooses screening, it should be done every two years.	
	DRE	Insufficient evidence to support the continued use of DRE as first-line screening test. May be useful with PSA	DRE screening should be offered to men over 50 with a life expectancy of more than 10 years.
BC Cancer Agency ^{12,13}	PSA	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.	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.
	DRE	DRE recommended during routine physical checkup.	Should be done annually in fit men 50–70 years or when obstructive or other urinary tract symptoms are present.
European Association of Urology ²¹	PSA	Offer PSA testing in well-informed men at elevated risk of having prostate cancer and >15-year life expectancy.	Lack of evidence to support or disregard population-based screening programs for prostate cancer.
	DRE	Offer DRE in well-informed men requesting an early diagnosis.	Lack of evidence to support or disregard population-based screening programs for prostate cancer.

DRE: digital rectal exam; PSA: prostate-specific antigen.

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Appendix 2. Questionnaire delivered to primary care physicians in Victoria, BC. Initially used and by Hoag et al.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? ≥40 ≥50 ≥60 ≥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? ≥40 ≥50 ≥60 ≥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 screening.

Strongly agree
 Agree
 Undecided
 Disagree
 Strongly disagree

9. There is insufficient evidence PSA testing for prostate cancer

Strongly agree
 Agree
 Undecided
 Disagree
 Strongly disagree

5. DRE training/teaching is a valuable supporting component of medical education screening

Strongly agree
 Agree
 Undecided
 Disagree

10. There is insufficient evidence DRE as part of prostate cancer

Strongly agree
 Agree
 Undecided
 Disagree

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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 testing.

screening.

Strongly agree

Agree

Undecided

Disagree

Strongly disagree

12. I am comfortable with my knowledge on when MSP should be billed for PSA

Strongly agree

Agree

Undecided

Disagree

Strongly disagree

8. I check the "MSP billable" box when ordering of 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. prostate biopsy.

Strongly agree

Agree

Undecided

Disagree

Strongly disagree

15. If PSA is elevated on testing, it is appropriate to refer for

Strongly agree

Agree

Undecided

Disagree

Strongly disagree

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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
- Family History of prostate cancer
- Lower urinary tract symptoms
- Hematuria
- Patient over 50 years of age
- Previous elevated PSA
- Patient over 40 years of age
- Professional association guideline Recommendations
- Other (specify) _____
- Patient requests PSA testing
- Professional literature
- Media influence/promotion
- Poor quality diet
- Patient of African descent over 40 years old
- Previous vasectomy
- History of infrequent ejaculation
- Obesity/Sedentary lifestyle

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