Recommendations for Prostate Cancer Early Detection During the COVID-19 Pandemic
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Introduction

- This memorandum acknowledges the challenges of prostate cancer screening and early detection during the COVID-19 pandemic and endorses the following principles:
    - Patient safety – Minimizing patient exposure to SARS-CoV-2.
    - Occupational safety – Minimizing exposure of health care providers to SARS-CoV-2.
    - Resource utilization stewardship – Ensuring thoughtful, community-focused preservation of scarce medical resources.
    - Maintenance of social distancing – Minimizing contact between individuals, and between individuals and the health care system.
- We note that the risks of a delay in diagnosis of up to 6 to 12 months are minimal for most prostate cancers.
- We endorse principles of shared decision-making and recognize the unique needs of every patient.
- We endorse the need to balance patient-focused with community-focused care during the COVID-19 pandemic.[1]
- Health care providers should follow guidance from federal, state, and local governments, as well as leadership of individual health systems, to determine the appropriate time to resume normal health care operations.
- We expect these recommendations to change in the midst of a dynamic health care environment.
- For further information on prostate cancer treatment during the COVID-19 pandemic, please refer to: https://www.nccn.org/covid-19/pdf/NCCN_PCa_COVID_guidelines.pdf.

General Principles

- Avoid
    - Routine prostate cancer screening—including prostate-specific antigen (PSA) testing and digital rectal examination (DRE)—for all asymptomatic individuals until the pandemic subsides. For more information on screening and early detection of prostate cancer, please refer to https://www.nccn.org/professionals/physician_gls/PDF/prostate_detection.pdf.

- Defer
    - Patients with elevated PSA and/or abnormal DRE should defer further testing—laboratory, imaging, and prostate biopsy—until health care facilities are considered safe and harbor a low risk for COVID-19 infection as assessed by regional and national guidelines.
    - In rare and exceptional circumstances under which prostate biopsy is deemed necessary for diagnosis of a potentially lethal prostate cancer—based on symptoms, PSA levels, physical examination, and imaging—a more immediate rather than a deferred biopsy *may* be considered.
        - Strategies to minimize the risk of infectious complications should be employed, including but not limited to a thorough history to identify high-risk individuals, application of local antibiograms, antibiotic augmentation, rectal culture, and a transperineal approach to biopsy (https://www.auanet.org/guidelines/prostate-needle-biopsy-complications).

Reference:

1. Nacoti M, Ciocca A, Giupponi A, et al. At the Epicenter of the Covid-19 Pandemic and Humanitarian Crises in Italy: Changing Perspectives on Preparation and Mitigation. NEJM Catalyst 2020;epub. Available at: https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0080.