May 31, 2017

James L. Mohler, M.D.
Chair, NCCN Prostate Cancer Treatments Guidelines Panel
Roswell Park Cancer Institute
Buffalo, NY 14263

Subject: Reducing the Patient's Potential Risk of Active Surveillance

Dear Dr. Mohler and Members of the NCCN Prostate Cancer Treatments Guidelines Panel,

The draft Prostate Cancer Screening Recommendation released by the U. S. Preventive Services Task Force on April 21, 2017 highlighted the potential risk that patients harboring aggressive disease are erroneously assigned to active surveillance. The NCCN also recognizes this risk within its ***Prostate Cancer Treatments Guidelines*** (V.2.2017, page MS9: Active Surveillance). The patient advocate community is very supportive of reducing the over-treatment of prostate cancer through active surveillance where it is appropriate. Accordingly, we feel strongly that the NCCN Guidelines should encourage clinicians to use the three (3) molecular tests recommended by the "Molecular Diagnostic Services Program," listed within Table 1 on page MS 46 of the Guidelines, by including them within the Guidelines' Algorithm in addition to the current footnotes. This action will raise the profile of these tools for clinicians, and help to make them more readily available to meet patient needs.

The potential active surveillance risk referenced was summarized within the USPSTF's Recommendation's "Clinical Considerations" under "Treatment:"

"Active surveillance has become a more common treatment choice in the United States over the past several years. In a study assessing community-based urology practice in the United States between 2010 and 2013, about half of men with low-risk prostate cancer were treated with radical prostatectomy. The active surveillance rate, however, increased from 14.3% in 2009 to 40.4% in 2013 among men with low-risk prostate cancer. In the multicenter Prostate Testing for Cancer and Treatment (ProtecT) trial—a recent randomized trial that compared radical prostatectomy, radiation therapy, and active surveillance in men with screen-detected prostate cancer—there was no statistically significant difference in prostate cancer–specific mortality or all-cause mortality among the three treatment groups after 10 years of follow up. The overall 10-year survival rate across all three groups was more than 98%, which may limit detection of mortality differences in

this trial. Approximately 50% of men randomized to active surveillance underwent active treatment (radical prostatectomy or radiation therapy) over the 10-year follow-up period. Men randomized to active surveillance had higher rates of metastatic disease."

This data seem to indicate that a significant number of the men on active surveillance could have been better served by being placed on an immediate active treatment protocol to reduce their risk of metastatic disease (and possibly death over a longer period of time). This appears to be a high risk that could be moderated by the three recommended molecular tests to "Improve decision making in newly diagnosed men considering active surveillance." We see an urgent need to guard against the real danger of a swing away from over-treatment to under-treatment for patients who might traditionally present as "low-risk" if they are randomly and blindly placed on an active surveillance protocol without the benefit of available and recommended molecular tests.

The USPSTF states in its "Rationale" section that "The goal of screening for prostate cancer is to identify high-risk, localized prostate cancer that can be successfully treated, thereby preventing the morbidity and mortality associated with advanced or metastatic prostate cancer." We feel that the referenced molecular tests can help clinicians better meet this objective. This is our rationale for requesting that the NCCN treatment guidelines encourage their use by making them more visible (mainstream) within the guidelines even though they are currently included within the guidelines.

The undersigned Prostate Cancer Patient Education and Advocacy Organizations greatly appreciate your review and consideration of this request.

National Alliance of State Prostate Cancer Coalitions (NASPCC)

Prostate Cancer Conditions and Education Council (PCEC)

Prostate Health Education Network (PHEN)

Us TOO International Prostate Cancer Education & Support

ZERO - The End of Prostate Cancer