patients relating to their use. In addition, including CAM physicians in groups such as accountable care organizations can improve communication between physicians and streamline patient records. Clinical and organizational incentives that encourage patient disclosure of CAM use may facilitate better coordination of care, reduce the risk of adverse interactions between conventional medications and CAM products, and lead to better patient outcomes.

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Differences in Prostate-Specific Antigen Testing Among Urologists and Primary Care Physicians Following the 2012 USPSTF Recommendations

The use of prostate-specific antigen (PSA) testing for early detection of prostate cancer remains controversial. In October 2011, the US Preventive Services Task Force (USPSTF) issued a recommendation against PSA screening for all men. This change was associated with a decline in rates of PSA testing among men aged 50 to 74 years and a decline in cases of incident prostate cancer. Given the evidence for heterogeneity in screening practices, we sought to compare the use of PSA testing among urologists vs primary care physicians (PCPs) before and after the latest USPSTF guidelines, hypothesizing that the adoption of these recommendations would vary according to physician specialty.

Methods | We used the National Ambulatory Medical Care Survey to examine the use of PSA testing in 2010 (conducted between December 28, 2009, and December 26, 2010) and 2012 (conducted between December 28, 2011, and December 26, 2012). The National Ambulatory Medical Care Survey is an annual, nationally representative survey of ambulatory care in the United States that collects information about outpatient physician visits, patient demographics, diagnoses, medications, and indications for consultation. Specialty of health care professional was dichotomized as urologist and PCP (general and family practice and internal medicine). We examined the frequency of PSA testing according to specialty and year to evaluate the association between the 2012 USPSTF recommendations and changes in PSA testing among men aged 50 to 74 years. Heterogeneity in testing practices between physicians was modeled by assessing the interaction term of physician specialty × survey year within a logistic regression model estimating probability of PSA testing. Results were weighted to reflect the US population based on the complex survey design. A 2-tailed level of significance was set at P < .05. The Brigham and Women's Hospital Institutional Review Board waived approval for the study. Data analysis was conducted from July 21 to November 16, 2015.

Results | We included all visits for men aged 50 to 74 years (n = 1222) who presented to urologists (n = 113 [9.2%]) or PCPs (n = 1109 [90.8%]) for a preventive care visit. Men with a diagnosis of prostate cancer (n = 18), elevated PSA level (n = 1), benign prostatic hyperplasia (n = 31), prostatitis (n = 5), or other unspecified disorders of the prostate (n = 3) were excluded. This exclusion resulted in a weighted sample of 27 million eligible visits (unweighted n = 1164) in 2010 and 2012, of which 800 000 (unweighted n = 64) were provided by urologists and 26.2 million (unweighted n = 1100) by PCPs. The use of PSA testing decreased...
The use of prostate-specific antigen (PSA) screening for prostate cancer is controversial. Various organizations have released conflicting messages regarding the use of the PSA on a sample of incident visits rather than a longitudinal follow-up over time.

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**Editor’s Note**

**Use of Prostate-Specific Antigen Testing Is in the Eye of the Beholder**

The use of prostate-specific antigen (PSA) screening for prostate cancer is controversial. Various organizations have released conflicting messages regarding the use of the PSA