

Malpractice Trends in the Setting of Prostate Cancer Screening

BACKGROUND

- There has been controversy surrounding PSA testing and prostate cancer screening, specifically the United States Preventive Services Task Force (USPSTF) whose 2012 guidelines advised against PSA testing that were later modified in 2018.

OBJECTIVE

- The purpose of this study is to identify factors leading to litigation and recent trends related to the screening of prostate cancer.
- Additionally, the question of whether the 2012 guidelines led to a change in MP cases will be addressed

METHODS

- The Westlaw database was used to search for jury verdicts ranging from January 2000 to December 2018. Each case was examined for year of trial, patient age, specialty of defendant, alleged cause of MP, and the case outcome

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RESULTS

- Of 129 examined cases, 66% went to trial and of those, 69% were decided for the defendant.
- The mean settlement was \$967,000, while the mean verdict was \$2.0 million. Primary care physicians (PCP) (73.7%) were the most cited defendant followed by urologists (U) (21.2%).
- The most common cause was failure to follow-up for an elevated PSA (37%) followed by failing to get an initial PSA (31%).
- There was significantly fewer MP cases per year after the USPSTF recommendations (7.9 vs. 4.3, $p=0.03$). There were no differences between the mean settlement and mean plaintiff award before and after the guidelines.

CONCLUSIONS

- There was a lower incidence of MP since the introduction of the 2012 USPSTF guideline which may be a result of less prostate cancer being detected given the decrease in PSA testing
- It is possible there may be a significant increase of MP cases in the future when patients could present with more advanced disease.