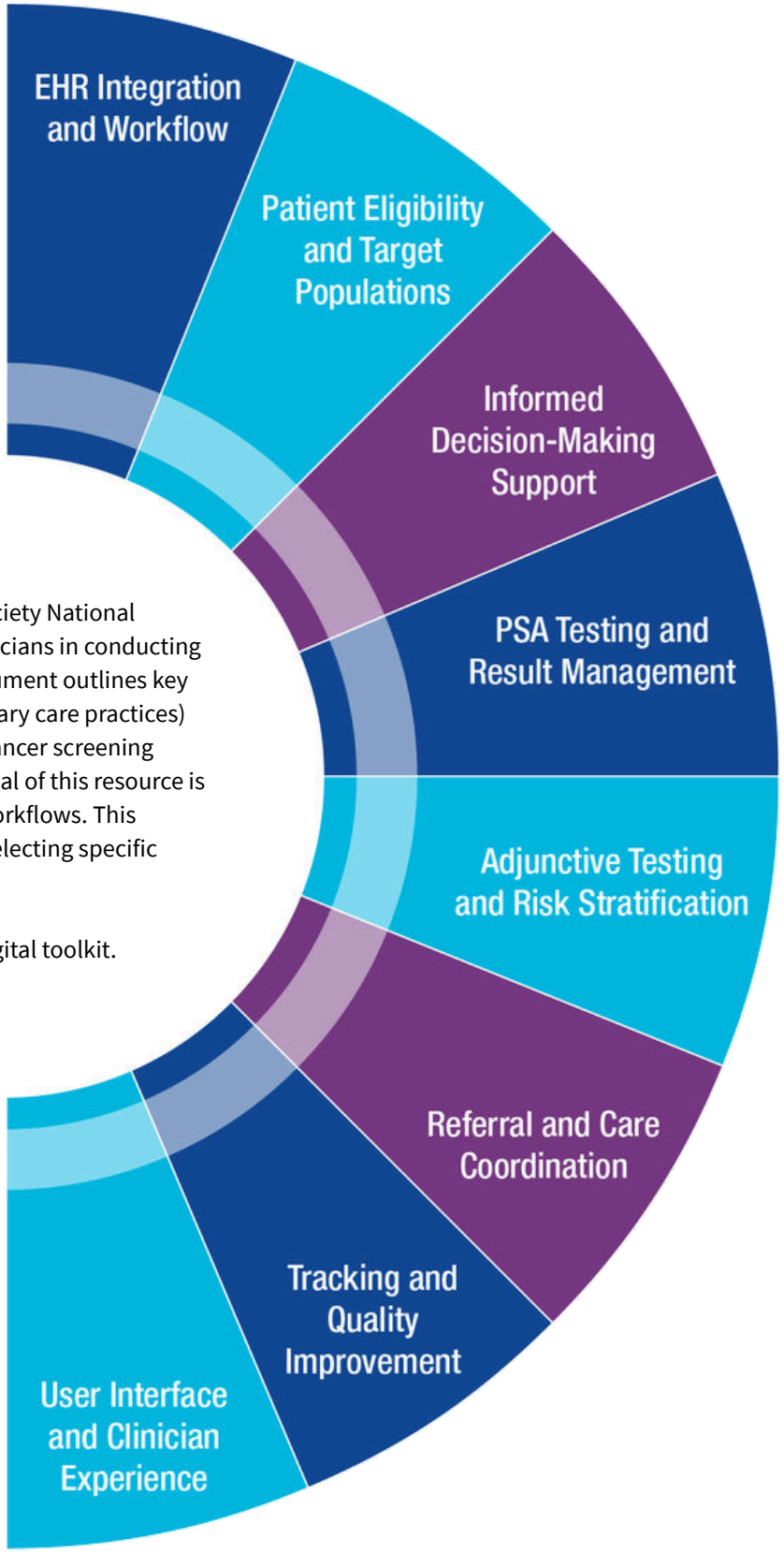
EHR Integration Discussion Guide for Prostate Cancer Screening



This resource was developed by the American Cancer Society National Prostate Cancer Roundtable to support primary care clinicians in conducting prostate cancer risk assessment and screening. This document outlines key considerations for practices (e.g., urology practices, primary care practices) and IT departments collaborating to integrate prostate cancer screening workflows into the electronic health record (EHR). The goal of this resource is to support implementation without disrupting clinical workflows. This discussion guide can be used as a whole or adapted by selecting specific sections that best suit the needs of your practice.

For more prostate cancer screening resources, see the digital toolkit.

EHR Integration and Workflow

- [ ] Discuss how prostate cancer screening will be integrated into the EHR (e.g., PSA order sets, clinical decision support alerts, embedded risk stratification modules).
- [ ] Identify key points in the clinical workflow where screening should be triggered (e.g., annual wellness visits for eligible patients, specific clinical manifestations, high PSA level follow-up).
- [ ] Determine how the system will identify and flag high-risk patients (Black population, those with family history, germline mutations).
- [ ] Determine how and where informed decision-making discussions and screening decisions will be documented and stored in the EHR.

Patient Eligibility and Target Populations

- [ ] Review the age ranges for initiating screening discussions (40-45 years for high-risk patients, 45-50 years for average-risk patients).
- [ ] Discuss criteria for identifying high-risk populations, including Black population, patients with a strong family history of prostate cancer, patients with a family history of hereditary breast and ovarian cancer syndrome or Lynch syndrome, and patients with germline mutations (e.g., BRCA2, MSH2, MSH6).
- [ ] Establish criteria for personalizing screening frequency based on age, PSA level, risk factors, and life expectancy.
- [ ] Confirm when screening should be discontinued (e.g., patients ≥70 years, patients with life expectancy <10 years).

Informed Decision-Making Support

- [ ] Determine how the EHR will support informed decision-making conversations (e.g., embedded decision aids, patient education materials, documentation templates).
- [ ] Discuss options for patient-facing outputs or printouts that explain PSA screening benefits, harms, and uncertainties to support discussions.
- [ ] Establish standard documentation for informed decision-making discussions, including patient understanding, questions addressed, and patient decision regarding screening.
- [ ] Review culturally appropriate materials available in multiple languages to support diverse patient populations.

PSA Testing and Result Management

- [ ] Identify the clinical data needed for PSA result interpretation (e.g., age, race, prior PSA values, family history).
- [ ] Establish thresholds and age-specific reference ranges for flagging elevated PSA results that warrant clinical action.
- [ ] Determine clinical decision support for next steps after elevated PSA (e.g., confirmatory PSA, MRI, biomarker testing, risk assessment, urology referral).
- [ ] Create workflows for communicating PSA results to patients, including normal results and elevated results requiring follow-up.

Adjunctive Testing and Risk Stratification

- [ ] Review available adjunctive tests for risk refinement, including prostate MRI (with PI-RADS scoring), biomarker testing (urine and serum), and risk calculators.
- [ ] Establish criteria for MRI ordering.
- [ ] Establish criteria for when biomarker testing should be considered.
- [ ] Discuss integration of risk calculator tools and when they should be used in the clinical workflow.
- [ ] Clarify licensing requirements, usage restrictions, and costs for selected risk calculators and biomarker tests. Consider freely available tools (e.g., PCPT V2, ERSPC, PBCG) versus proprietary options.
- [ ] Determine how MRI (PI-RADS scores), risk level, and biomarker results will be documented and incorporated into biopsy decision-making.

Referral and Care Coordination



- [ ] Establish clear criteria and workflows for urology referrals (e.g., PSA above agreed-upon thresholds, significant change in PSA level, persistently elevated PSA, abnormal MRI findings, patient preference for specialist consultation).
- [ ] Determine criteria for genetic counseling referrals (e.g., patients with family history suggestive of hereditary cancer, known or suspected cancer susceptibility genes).
- [ ] Create mechanisms for tracking referrals and ensuring appropriate follow-up of abnormal screening results.
- [ ] Establish communication pathways between primary care and specialist clinicians for coordinated patient care.

Example Scenario

A 52-year-old, non-Hispanic, White, cisgender, heterosexual man presents for his annual wellness visit. During the risk assessment discussion, he reports that his father was diagnosed with prostate cancer at age 57, which identifies him as having a family history risk factor.

The clinician uses an embedded decision aid to guide an informed decision-making conversation about screening benefits, limitations, and uncertainties. The patient decides to proceed with screening. His PSA result returns at 4.2 ng/mL (elevated for age). The EHR triggers a clinical decision support alert recommending confirmatory PSA testing and consideration of prostate MRI.

After confirmatory testing shows persistent elevation at 4.5 ng/mL, an MRI is ordered showing a PI-RADS 4 lesion in the peripheral zone. Based on these results and the risk calculator assessment showing 28% risk of clinically significant cancer, the patient is referred to urology for biopsy consideration. The EHR documents all informed decision-making discussions, test results, and care coordination steps, ensuring continuity of care.

Tracking and Quality Improvement

- [ ] Determine how screening activities will be tracked within the EHR for quality monitoring (e.g., screening rates by age and risk group, informed decision-making documentation rates).
- [ ] Define metrics for success, including screening completion rates in eligible populations, appropriate screening in high-risk groups, follow-up rates for abnormal results, referral completion rates, time to follow-up, and abnormal result resolution.
- [ ] Establish closed-loop tracking mechanisms for identifying patients overdue for screening, lost to follow-up, or with unresolved abnormal findings.
- [ ] Create reports to monitor equity in screening access, referral completion, time to follow-up, and resolution of abnormal results across different patient populations (race, ethnicity, socioeconomic status).

User Interface and Clinician Experience

- [ ] Review whether screening workflows are user-friendly for clinicians and feasible to use during visits.
- [ ] Establish a reasonable target duration for informed decision-making discussions, and ensure system design minimizes documentation burden.
- [ ] Provide training and support materials for clinicians on using EHR tools for prostate cancer screening.
- [ ] Gather clinician feedback on workflow efficiency and identify opportunities for improvement.

EHR Integration Action Plan



Goal: Support prostate cancer screening implementation without disrupting clinical workflows.

Topic	Action Steps	Person/Team Responsible	Resources Needed	Timeline
EHR Integration and Workflow				
Patient Eligibility and Target Populations				
Informed Decision-Making Support				
PSA Testing and Result Management				
Adjunctive Testing and Risk Stratification				
Referral and Care Coordination				
Tracking and Quality Improvement				
User Interface and Clinician Experience				