

# Did you know?



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## Movember series: prostate cancer explained

Movember is an annual, month-long celebration of the moustache highlighting men's health issues, specifically, prostate cancer and depression in men. The event, which takes place every November, has expanded beyond Australian shores and now has participants from New Zealand, the US, Canada, the UK and Ireland. This week's article looks at prostate cancer.

According to the Cancer Council Australia<sup>1</sup>, prostate cancer is the second most-common type of cancer diagnosed in Australian men. The Australian Institute of Health and Welfare (AIHW)<sup>2</sup> recently highlighted that in 2006, 17,444 prostate cancer cases were reported in Australia. In 2007<sup>2</sup>, prostate cancer was a leading specific underlying cause of death of 2,938 Australian men and a contributing cause of death of 4,390 men.

At Commlnsure, for the financial year ending on 30 June 2010, prostate cancer was the most common cause of trauma claims among our male clients, reflecting almost 40 per cent of all cancer claims paid to men that year<sup>3</sup>.

### What is prostate cancer?

Prostate cancer arises when normal cells in the prostate gland start growing more rapidly and in an uncontrolled fashion, eventually resulting in a malignant tumour that can cause destruction of healthy tissue and also spread elsewhere (metastasise) in the body. Early-stage prostate cancers usually show indiscernible or no symptoms, which is why screening for this cancer is very important, especially in middle-aged men.

Prostate cancer is potentially curable if detected at an early stage. Prostate Specific Antigen (PSA) blood testing is currently used in Australia to screen men for the disease, with Digital Rectal Examination (DRE) also used in a clinical setting, especially if a patient complains of relevant symptoms, such as difficulty when urinating. The Prostate Cancer Foundation of Australia recommends that all men over the age of 50 years (or from the age of 40 years if there's a positive family history of prostate cancer) should have annual screening assessments in the form of a PSA test and a DRE. It is important to note that these two tests alone don't always result in a conclusive diagnosis; however, they can still provide strong clues if prostate cancer is indeed present.

If there is initial evidence of prostate cancer, further medical testing may include a prostate biopsy, which typically involves an imaging procedure called a trans-rectal ultrasound, often described as a TRUS biopsy. During this procedure, an ultrasound probe is inserted into the rectum and between six to 12 samples of prostate tissue are taken from suspicious-looking areas of the prostate gland, using a high-speed biopsy device. Other medical tests that could also be indicated include Computerised Tomography and Magnetic Resonance Imaging.

### Staging of prostate cancer

The American Joint Committee on Cancer's (AJCC) Tumour, Node, Metastases (or TNM) staging system is the prevailing guideline for the staging of prostate cancer in Australia. The TNM system encompasses the extent of growth of the primary tumour (T), whether metastases (M) were found in nearby lymph nodes (N) or had otherwise also spread to a more distant site in the body. The TNM staging system is also used to determine an individual patient's optimal treatment options and provides an indication of the survival outlook, or prognosis.

Table 1 below contains a summary of the early staging of prostate cancer. What is evident is that 'incidental' (less than five per cent of removed tissue) histopathology findings of prostate cancer are classified T1a, whereas the higher T1b classification applies for similarly incidental findings where the tumour reflects more than five per cent of

<sup>1</sup> Cancer Council Australia. 2011. *Prostate cancer*. Source:

<http://www.cancer.org.au/Healthprofessionals/PositionStatements/prostatecancer.htm>

<sup>2</sup> Australian Institute of Health and Welfare 2010. *Australia's health 2010*. Australia's health series no. 12. Cat. no. AUS 122. Canberra: AIHW.

<sup>3</sup> Dr Alan Carless, Senior Medical Consultant, Commlnsure.

removed prostate tissue. The T1c classification means that a tumour is identified by needle biopsy (such as though the TRUS biopsy procedure described earlier) following an elevated screening PSA test.

**Table 1. TNM staging classification of early prostate cancer<sup>4</sup>**

<b>T1a</b>	Tumour incidental histologic finding in five per cent or less of tissue resected
<b>T1b</b>	Tumour incidental histologic finding in more than five per cent of tissue resected
<b>T1c*</b>	Tumour identified by needle biopsy (e.g. because of elevated PSA)

\*Tumour found in one or both lobes by needle biopsy, but not palpable or reliably visible by imaging, is classified as T1c.

### **Importance of the Gleason Score**

The other important measure of prostate cancer severity is the Gleason Score (GS), which is calculated from the Gleason grade observed under the microscope. The Gleason grade describes the extent that observed cancerous cells deviate from otherwise healthy prostate tissue. Research has shown that increasing Gleason grades reflect greater 'aggressiveness' of a prostate cancer and are associated with worse survival outcomes. A Gleason Score of five or six generally reflects a lower grade and less aggressive prostate cancer with a relatively more favourable survival outcome, whereas a GS of eight, nine or 10 reflects a more aggressive cancer with a relatively worse prognosis<sup>4</sup>.

### **Commlnsure's Trauma Cover for prostate cancer**

Customers who hold Trauma Cover with Commlnsure receive a full benefit in the event of a diagnosis of a T1a or T1b prostate cancer where the GS is five or more. A full benefit is also paid on the diagnosis of T1c prostate cancer, regardless of the GS.

For Commlnsure's Trauma Plus policyholder's, a diagnosis of T1a or T1b prostate cancer with a GS less than five, would result in a partial benefit payment of 20 per cent of the sum insured, up to a maximum of \$100,000.

### **Promising new research**

Researchers around the globe have been investigating new and better techniques of diagnosing prostate cancer, as well as potential vaccines against this condition. According to a recent report by Science Daily<sup>5</sup>, Mayo Clinic investigators in the United Kingdom have cured prostate tumours in mice using a vaccine derived from cells in humans.

The article further highlights that, according to Dr Vile (who led the Mayo Clinic's research), this vaccine already shows promise for the future treatment of prostate cancer and melanoma in humans. Immunotherapy is also a potential treatment for many other aggressive cancer types, such as lung, brain and pancreatic cancers.

## **Summary**

Prostate cancer is the second most common type of cancer diagnosed in Australian men. At Commlnsure, prostate cancer is the leading cause of all trauma cover cancer claims in men. Commlnsure's comprehensive Trauma and Trauma Plus Cover for prostate cancer can help ensure that your male clients are eligible for a full benefit following diagnosis, or at least a partial benefit if Trauma Plus Cover applies.

For more details on Movember, visit <http://au.movember.com>

### **Important information**

This information was prepared by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA) for the use of advisers only

<sup>4</sup> Johns Hopkins Medicine. 2011. *Focus on the Gleason Score*. Source: [http://www.johnshopkinshealthalerts.com/alerts/prostate\\_disorders/Gleason-score\\_5861-1.html](http://www.johnshopkinshealthalerts.com/alerts/prostate_disorders/Gleason-score_5861-1.html)

<sup>5</sup> Science Daily. 2011. *Human vaccine used to cure prostate cancer in mice*. Source: <http://www.sciencedaily.com/releases/2011/06/110619133456.htm>

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