

Did you know?



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Movember: 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 in Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Hong Kong, Ireland, Netherland, New Zealand, Norway, Singapore, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States. In 2012 the Movember movement raised AUD141.5 million. Further details can be found at <http://au.movember.com>. This week's article looks at prostate cancer.

Prostate cancer statistics

According to the Cancer Council Australia, prostate cancer is the most common cancer diagnosed in Australian men. Prostate cancer is the most common cancer diagnosed in Australia and the third most common cause of cancer death. It is more common in older men, with 85% of cases diagnosed in men over 65 years of age¹. The Australian Institute of Health and Welfare (AIHW) recently highlighted that in 2008, 20,750 prostate cancer cases were reported in Australia. In 2010, there were 3,235 deaths from prostate cancer, accounting for 13.3 per cent of all cancer deaths in men in this country. In 2010, the risk of dying from prostate cancer before the age of 85 was 1 in 25². Thankfully, the relative survival rates have increased in recent years in Australia: Between the periods 1982-87 and 2006-10, five year relative survival increased from 58.2 per cent to 92.0 per cent³.

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 6 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.

What are the risk factors?

- **Gender:** prostate cancer only affects men as women do not have a prostate gland
- **Age:** the older a man, the more likely he is to be diagnosed with prostate cancer
- **Family History:** a man with a father or brother who developed prostate cancer before age 60 is twice as likely to develop the disease
- **Ethnicity:** increased occurrence in black African males
- **Lifestyle:** poor diet and lack of exercise

¹ Cancer Council of Australia. Source: <http://www.cancer.org.au/about-cancer/types-of-cancer/prostate-cancer.html>

² Australian Institute of Health and Welfare 2012, Australia's Health 2012, Australia's health series. No.13. Cat. no. AUS 156. Canberra AIHW

³ Australian Institute of Health and Welfare, *Cancer survival and prevalence in Australia: period estimates from 1982 to 2010*. Cancer Series no. 69. Cat. No. CAN 65. Canberra: AIHW

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 5 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 5 per cent of 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 cancer⁴

T1a	Tumour incidental histologic finding in 5 per cent or less of tissue resected
T1b	Tumour incidental histologic finding in more than 5 per cent of tissue resected
T1c*	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 5 or 6 generally reflects a lower grade and less aggressive prostate cancer with a relatively more favourable survival outcome, whereas a GS of 8, 9 or 10 reflects a more aggressive cancer with a relatively worse prognosis⁴.

Newly Diagnosed

If you or someone you know has just been diagnosed with prostate cancer you may be experiencing a number of feelings; disbelief, fear, anger, anxiety and depression are common. There are many treatment options and support resources that can help you and your family through this difficult time and on toward a normal, healthy life.

Dealing with a new prostate cancer diagnosis

1. Learning more about prostate cancer and the available treatments is the first step towards improving the outlook and relieving some of the anxiety and stress caused by diagnosis.
2. Be an empowered patient and feel comfortable getting a second opinion. The doctors work for you, not the other way around.
3. Be prepared with a list of questions for your doctor.
4. Bring along your partner, a family member or friend for support and an objective observer who can help translate what occurred and what information has been offered in the doctor's office.

Visit the [Prostate Cancer Foundation of Australia](http://www.prostatecancer.org.au) website for extensive post-diagnosis information.

CommInsure's trauma cover for prostate cancer

At CommInsure, customers who hold a Total Care Plan Trauma cover policy receive a full benefit in the event of a diagnosis of a T1a or T1b prostate cancer where the GS is 6 or more. A full benefit is also paid on the diagnosis of T1c prostate cancer, regardless of the GS.

For CommInsure's Trauma Plus policyholders, a diagnosis of T1a or T1b prostate cancer with a GS of 5 or less would result in a partial benefit payment of 20 per cent of the sum insured, up to a maximum of \$100,000.

According to Dr Alan Carless, CommInsure's Medical Consultant: "Prostate cancer may be of such limited extent and low grade that, after diagnosis, optimal treatment is active surveillance. Improvements to CommInsure's prostate cancer definitions in October 2010 mean that many men undergoing active surveillance are now successfully claiming full trauma benefits for mid-grade [Gleason 6] prostate cancer and partial benefits for lower grade cancers. These changes are benefiting men through automatic upgrades to existing policies (full trauma

⁴ Johns Hopkins Medicine Health Alerts. 2013. *Focus on the Gleason Score*.
http://www.johnshopkinshealthalerts.com/alerts/prostate_disorders/Gleason-score_5861-1.html

benefits) or those who have taken Trauma Plus policies (partial benefits). Even with concurrent improvements to other cancer definitions, they have increased the proportion of claims for prostate cancer among men with cancer.”

Promising new research

Researchers around the globe have been investigating new and better techniques of diagnosing prostate cancer. Doctors doing prostate biopsies often rely on transrectal ultrasound (TRUS), which creates black and white images of the prostate using sound waves, to know where to take samples from. But standard ultrasound may not detect some areas containing cancer.

A newer approach is to measure blood flow within the gland using a technique called colour Doppler ultrasound. (Tumours often have more blood vessels around them than normal tissue.) It may make prostate biopsies more accurate by helping to ensure the right part of the gland is sampled.

An even newer technique may enhance colour Doppler further. It involves first injecting the patient with a contrast agent containing microbubbles. Promising results have been reported, but more studies will be needed before its use becomes common. This test is currently only available as a part of a clinical trial.

Doctors are also studying whether MRI can be used to help guide prostate biopsies in men who previously had negative TRUS-guided biopsies but when the doctor still suspects cancer⁵.

Summary

Prostate cancer is the most common type of cancer diagnosed in Australian men and the third most common cause of cancer death in this country. CommInsure's comprehensive Trauma and Trauma Plus covers 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.

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⁵ Quoted from <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-new-research>