

How much does prostate testing cost?

Medicare provides rebates for some, but not all, prostate-related tests. They also put conditions on the number of tests that can be claimed within a 12-month period.

Prostate Specific Antigen: total PSA

A Medicare rebate is available for one PSA per 12 months in any man.

Patients with previously diagnosed prostatic disease can have an unrestricted number of PSA tests.

Prostate Specific Antigen: free/total PSA ratio

A Medicare rebate is available to follow-up a total PSA result lying within a specified range that may be associated with an increased risk of prostate cancer.

Are there any new advances in assessment of prostate disease?

Two new tests are now available through Douglass Hanly Moir Pathology and Barratt & Smith Pathology. Your doctor may consider that one, or both of these would assist in the assessment of prostate disease, depending on your history and management.

Prostate Health Index (phi)

Medicare Australia does not provide a rebate for phi, so patients will receive an account for \$95*. This fee cannot be claimed back from Medicare or private health insurers.

PCA3

Medicare Australia does not provide a rebate for PCA3, so patients will receive an account for \$495*. This fee cannot be claimed back from Medicare or private health insurers. PCA3 tests can only be arranged by urologists.

What should I do next?

All prostate testing should be discussed with your GP, or urologist, who will advise you of the various options.

Where can I get more information?

There are many websites available that provide additional information about prostate disease. We recommend **www.andrologyaustralia.org** for comprehensive, easy-to-understand information about prostate cancer, as well as a range of other male reproductive health issues.

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Assessment of Prostate Disease



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What is prostate cancer?

Prostate cancer is the most common type of cancer diagnosed in Australian men (excluding some forms of skin cancer), with more than 19,000 Australian men newly diagnosed each year. It usually occurs in older men, and is generally a very slow growing cancer, so doctors can take time to assess and manage it.

Prostate cancer kills about 3,000 Australian men each year, which is almost the same as the number of women who die every year from breast cancer. So it's important to be informed about how to test for this very common disease.

How is it diagnosed?

Despite the prevalence of prostate cancer, testing for the disease can still be a controversial area of modern medicine. Different doctors have different thoughts about testing, often according to their own experience. This is because diagnosing prostate cancer can be quite difficult and varies with the circumstances of each individual.

Essentially, diagnosis occurs in two stages.

Stage 1

In the first stage, your doctor will look for evidence of an abnormal prostate. There are two ways to do this – by palpating the prostate or by a blood test.

Initially, doctors perform a digital rectal examination (DRE) to assess the size and firmness of the prostate. This involves your doctor placing a gloved finger in the back passage. However, many men develop an enlarged prostate with increasing age, and it is often difficult to tell the difference between this benign (non-cancerous) enlargement and prostate cancer. In other words, it can be difficult to feel whether a prostate has changed just because the man is older, or due to prostate cancer.

In the 1990s, a simple blood test, Prostate Specific Antigen (PSA), was introduced to detect prostate disease. Although neither form of assessment is perfect, PSA offers significant improvement on DRE. For most men, the testing will stop there. As long as their results are within a defined range, the doctor will simply ask them to return in a set period of time (often 3-5 years) for re-assessment.

Other men will have routine yearly assessment, where their blood tests are carefully and regularly monitored to see whether any further action needs to be taken.

Stage 2

A small percentage of men will move to the next stage of testing, which involves taking a biopsy of the prostate, where tissue is collected from several parts of the prostate and then looked at under a microscope to determine whether any cancer is present.

Taking biopsies is an invasive procedure, but it is the only definitive way to determine whether there are cancerous cells within the prostate.

Do all doctors follow the same testing strategies?

Doctors are continuing to learn more and more about testing and treatment options for various types of prostate disease. Despite this, testing options depend on the experience of each individual doctor, as well as the specific circumstances of each patient. There is not a one-size-fits-all approach. A variety of individual factors are taken into account, including the age of the patient, whether there is a family history of prostate cancer, the actual PSA results, how quickly those results are changing, as well as what other symptoms are present.

What types of blood tests are available?

A good test – total PSA

The PSA test is a blood test that measures the serum level of a glycoprotein called prostate specific antigen. Elevated total PSA levels can be an indication of cancer, as well as other benign prostate conditions.

In terms of blood tests, the total PSA test is a good starting point, but it doesn't differentiate between benign enlargement of the prostate gland and prostate cancer. It is important to note that a PSA result that is higher than expected could be caused by a variety of factors and only about 30% may be caused by cancer. For this reason, a doctor will usually order a follow up test at least a couple of weeks after any PSA test that returns an elevated result.

A better test – free to total PSA ratio (FTR)

A further refinement of PSA testing has been the development of a test for free PSA. The ratio of free to total PSA is lower in cancer than benign prostate disease, so this blood test can be a more sensitive indicator of cancer.