

# Newman Weekly

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29 April 2006



The New Zealand Centre for Political Debate

## Treating Men's Health Equally

Last year I presented a petition to Parliament calling for the introduction of a national screening programme for prostate cancer for men. As a result of that petition, I will be making a submission to the Health Select Committee on Wednesday.

This hearing comes amid revelations that almost 1500 men with serious ailments - including suspected prostate cancer - are having to wait longer than the Ministry of Health's prescribed maximum timeframe of six months to see a urologist for the first time. It also follows the release of a damning report by the Health and Disability Commissioner into the complaints of a Southland man who had been forced to wait almost two years for an "urgent" urological assessment, despite test results indicating that he had a high chance of having prostate cancer.

Prostate cancer is the most common form of cancer in New Zealand. It is a disease, usually occurring in men over the age of 40, in which the cells of the prostate gland begin to grow uncontrollably. There is a very strong genetic link with prostate cancer men who have a father or grandfather with the disease are very likely to get it themselves.

Cancer of the prostate is a 'silent' disease: men with early prostate cancer are unlikely to have any symptoms at all, as these only occur when the cancer is large enough to put pressure on the urethra or disturb bladder function.

That is a huge concern according to the President of the New Zealand Prostate Cancer Foundation, Barry Young, who is this week's NZCPD guest commentator: "The insidious thing about prostate cancer is that in its early stages it does not generally exhibit symptoms, so a man may be walking around with the disease and not know it. If he does begin to get symptoms, and these turn out to be caused by prostate

cancer, then the cancer is much less amenable to treatment".

Urologists have advised the Foundation that some 300 lives a year could be saved if prostate cancer is diagnosed early enough. When caught and treated early, prostate cancer has a cure rate of over 90 percent.

The link between the early diagnosis of cancer and successful treatment, underpins the effectiveness of national cancer-screening programmes. New Zealand already has programmes in place for the screening of breast cancer and cervical cancer, and based on statistics, there is a strong case for a national prostate-screening programme for men.

The latest New Zealand Health Information Service data from 2001 shows that 17,913 people were diagnosed with cancer, and that 7,810 people died of cancer. Of those, 2,310 women were diagnosed with breast cancer and 615 died of breast cancer, and 189 women were diagnosed with cervical cancer and 63 died. In comparison, 3,046 men were diagnosed with prostate cancer and 592 men died of prostate cancer.

The most common methods of detecting prostate cancer are through the use of a blood test called the prostate specific antigen (PSA) test, a digital rectal examination (DRE), and a biopsy. A 'two step' screening process is the preferred methodology with PSA and DRE tests being used in the first instance to be followed by a biopsy where necessary. This is similar to the practice used for breast cancer, whereby a biopsy is undertaken only after a mammography and clinical examination indicates the need for additional tests. Further, the rate of "false positives" in PSA testing is similar to the rate of false positives in breast cancer screening.

In light of the importance of early detection of prostate cancer and the fact that in those early stages

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there are no symptoms, the American Cancer Society, along with the American Urological Association, the American College of Surgeons, and the American College of Radiology, recommends that all men who have a life expectancy of at least 10 years should be offered the PSA test and DRE annually beginning at age 50. They also recommend screening earlier for at-risk groups and stipulate that “discouraging” testing and “not offering” testing are unacceptable practices.

These recommendations are completely at odds with those found on the New Zealand Ministry of Health's website: “The National Health Committee do not recommend routine screening of men without symptoms for prostate cancer in New Zealand”. In light of evidence that the early detection of prostate cancer can save lives, this advice for doctors and patients (formulated as a result of a 'questionable' report by the National Health Committee which failed to follow standard peer review protocols), which discourages any testing for prostate cancer until symptoms appear, is in effect a death sentence to many men.

These Ministry of Health recommendations are symptomatic of the deep divide on the merits of prostate cancer screening that exists within the medical profession, between those with a public health perspective and concern for the most cost-effective allocation of public health funding, and

those with a focus on individual patient health and wellbeing. However, I cannot help but speculate that if prostate cancer were a disease effecting women, a comprehensive screening programme would have been introduced years ago!

Next Wednesday I will be suggesting that as a first step, men in the high prostate cancer risk group be given annual PSA and DRE tests from age 40, and that other men have these as part of a general 'warrant of fitness' check at age 50. This will not only help to restore a better gender balance in our health system, but it will also create a useful opportunity to engage men more pro-actively in the health education process.

There is a wealth of information on prostate cancer the disease, treatment, and prevention which I will be posting on a regular basis on the NZCPD website as part of a Prostate Awareness Campaign. If you would like to join and support this campaign please visit <http://www.nzcpd.com> and sign up.

Further if you know of others who would be interested in joining a Prostate Awareness Campaign, please pass this message on to them, and if you know people who should be interested, pass it on to them as well!

*The poll this week asks whether you believe a national prostate cancer-screening programme should be introduced for men?*

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