

How much does prostate testing cost?

Medicare provides rebates for some, but not all, prostate-related tests. There are also conditions on the number of tests that can be claimed in any given year. The Medicare criteria are based on the latest Prostate Cancer Foundation and National Health and Medical Research Council guidelines.

A financial consent form will be offered for you to sign at blood collection, and payment will only be required if you are ineligible for the rebate. The majority of our patients are eligible for the Medicare rebate and will be bulk billed.

Even if you have signed this form, you will only be asked to pay if the eligibility criteria are not met. Please be assured that we have mechanisms in place to identify patients who are at high risk and those who are being monitored using previous history, and we will match these with the Medicare eligibility criteria.

If your doctor has requested PSA fractions in addition, and you are not eligible based on Medicare criteria, they will not be performed and you will not be billed. Your doctor may consult with you and request them to be added, and this can be arranged at an additional cost of \$31.75 per episode.

Prostate Health Index (phi)

Medicare Australia **does not** provide a rebate for phi, so patients will receive an invoice for \$125*. This fee cannot be claimed back from Medicare or private health insurers.

What should I do next?

All prostate testing should be discussed with your GP or urologist who will advise you of the options and possible outcomes.

More information

There are some great websites with additional information about prostate cancer. 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.



Prostate cancer testing



OK, we can skirt around the edges, make a few bad puns, and even try to avoid the whole topic, but we're just going to come out and say it. Prostate cancer testing is really not that bad. Most of the time, it's just a simple blood test, and then you're on your way.

If that result isn't clear, what comes next is often another simple blood test. And sometimes even another simple blood test.

So if you've got a lot of unanswered questions about prostate cancer testing, but have been too embarrassed to ask them, then this is the brochure for you. Because quite simply, there is a lot of poor information about testing for prostate cancer, and it's better to make decisions based on real information.

Let's start at the beginning.

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 25,000 Australian men diagnosed each year.

It usually occurs in older men, and is generally a very slow growing cancer, so doctors can take time to assess it.

Prostate cancer kills about 3,500 Australian men each year, which is almost the same number as women who die 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 experiences. This is because diagnosing prostate cancer can be very 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 – through a blood test, or by trying to feel the prostate.

Traditionally, doctors used to perform a digital rectal examination (DRE) to feel the size 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 – PSA – was introduced to look for the same thing. Neither test is perfect, but PSA offers significant advantages over DRE. DRE is no longer recommended for prostate cancer testing in general practice. Current guidelines suggest men should start having PSA tests from the age of 50, or 40 for those with a strong family history of prostate cancer.

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 2 – 4 years) for repeat testing. Other men will have routine yearly testing 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 it is cancerous.

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

Are there any guidelines for PSA testing?

New guidelines for PSA testing were published in 2016. They were developed through a partnership of the Prostate Cancer Foundation of Australia and Cancer Council Australia. They are based on the most up-to-date evidence about the benefits and risks of PSA testing.

Recommendations

In men who have an average risk of prostate cancer (i.e. no strong family history) and no symptoms of prostate disease, PSA screening should be offered from the age of 50 years until 69 years at two yearly intervals.

For men younger than 50 years who are concerned about their risk for prostate cancer, have been informed of the benefits and harms of testing, and who wish to undergo regular testing for prostate cancer, PSA testing should be offered every two years from age 40 to age 69 years.

The risks of PSA testing are that prostate cancer may not ever cause any real problems during their lifetime, while surgery has real risks of causing incontinence and impotence. As a general guide, further investigation should be offered if the PSA result is:

- a) more than 2.0 ug/L for patients with a family history of prostate cancer; or
- b) more than 3.0 ug/L for patients who are at least 50 years of age but under 70 years of age; or
- c) more than 5.5 ug/L for patients who are at least 70 years of age.

In this situation, the test should be repeated 1 – 3 months later.

What types of blood tests are available?

First-line test: Total PSA (Prostate-Specific Antigen)

This measures the levels of a protein called serum prostate-specific antigen. Elevated PSA levels can be an indication of prostate cancer as well as other diseases. In terms of blood tests, the PSA test is a good starting point, but it doesn't differentiate between benign prostate enlargement and prostate cancer. Therefore, a PSA result higher than expected could be caused by a variety of factors – and is often not due to cancer (only 30% are caused by cancer). For this reason, a doctor will usually order a follow-up test 1 – 3 months after any PSA test that returns an elevated result.

Second-line test – Free to Total ratio

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 accurate detector of cancer, but it still isn't a perfect test.

Additional testing – Prostate Health Index (phi)

A blood test for prostate cancer, the Prostate Health Index (phi) is available through Melbourne Pathology. This breakthrough blood test provides even greater accuracy in diagnosing prostate cancer over currently available tests.

phi involves the measurement of all three forms of PSA – Total PSA, Free PSA and p2PSA. The three measurements are combined using a formula to give a single result – phi.

This test is most useful in men where the total PSA result is mildly elevated (2 – 10 ug/L). Determining the cancer risk in this range can be very difficult, and this uncertainty often leads to a prostate biopsy to clarify the diagnosis. It gives a better indicator of whether a patient should proceed to biopsy and can assist patients and doctors to make the biopsy decision. It is also minimally influenced by the age of an individual. This test is not rebatable by Medicare and incurs an out-of-pocket fee of \$125.