An even better test - phi
A new blood test for prostate cancer, the Prostate Health Index (phi) is now 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 3 forms of PSA – total PSA, free PSA and p2PSA. The three measurements are combined using a formula to give a single result – phi. phi 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.

phi is a better indicator of whether a patient should proceed to biopsy and can assist patients and doctors to make the biopsy decision. phi is also minimally influenced by the age of an individual.

phi tests are not rebatable by Medicare and cost $95*.

What other alternatives exist?
Another new test has recently been introduced into Australia through Sonic Healthcare (Melbourne Pathology’s parent company). PCA3 tests for the presence of cancer in urine, which is only attributable to a urinary cancer (ie prostate or bladder cancer in men.) PCA3 is a very specific test which is not Medicare rebatable. It is a useful test for patients who have an elevated PSA but a negative biopsy. This test is only available through urologists (specialist doctors who deal with prostate disease).

PCA3 tests are not rebatable by Medicare and cost $495*.

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 in any given year.

Prostate Specific Antigen (PSA): Total
A Medicare rebate is available for one PSA per year in any man. Patients with previously diagnosed prostatic disease can have an unrestricted number of PSA tests.

Prostate Specific Antigen (PSA): Free/Total ratio
A Medicare rebate is available to follow-up a PSA result that:
1) lies at or above the age-related median, but below the age-related, method-specific 97.5% reference limit – 1 test per 12 month period, or
2) lies at or above the age-related, method-specific 97.5% reference limit, but below a value of 10 μg/L – 4 tests per 12 month period.

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 options and possible outcomes.

More information
There are some fantastic websites around that provide 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.
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 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 3,000 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 improvement on DRE. Current guidelines suggest men should start having PSA tests from the age of 40.

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 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 they are cancerous.

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

Do all doctors follow the same testing regimes?
Doctors are continuing to learn more and more about testing and treatment options for prostate diseases. 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 family history of prostate cancer, the age of the patient, the actual PSA results, how quickly those results are changing as well as what other symptoms are evident.

What types of blood tests are available?
A good test - PSA (Prostate Specific Antigen)
The PSA test is a blood test that measures the level 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 that is higher than expected could be caused by a variety of factors – and is not usually due to cancer (only 30% are 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 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.