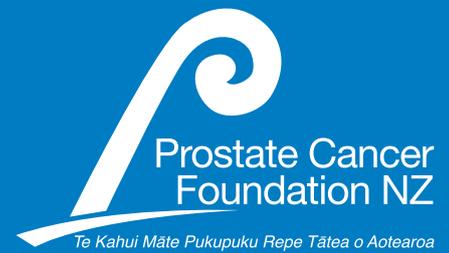


PROSTATE CANCER

Time To Address Deficiencies In Care



PROSTATE CANCER IS A MAJOR HEALTH ISSUE FOR KIWI MEN

- 1 in 8 men will be diagnosed in their lifetime,
- About 3,500 men are diagnosed annually [2016-2017 figures] – the #1 cancer diagnosed in Kiwi men,
- Over 600 Kiwi men die every year,
- Many more Kiwi men are diagnosed with prostate cancer than women with breast cancer,
- An estimated 40,000 men are living in NZ post a prostate cancer diagnosis, and
- The numbers of Kiwi men diagnosed are increasing – by 24% [over the three years 2015 – 2017]

A 2015 New Zealand Health and Disabilities Commissioner's Report painted a depressing picture about prostate cancer treatment in New Zealand:

Compared with other cancers prostate cancer cases had the longest average diagnostic delay [defined as the time from when the patient presents with the first sign or symptom of cancer to when the cancer is diagnosed] (13 months) followed by cases of colorectal cancer (9 months), lung cancer (8 months), lymphomas (6 months), breast and skin cancer (5 months each). ... While prostate cancers were under-represented in the HDC complaint data, the cases that were present showed some of the longest diagnostic delays, with an average delay of 13 months across the ten cases.

After five years successive Governments have failed to take effective action to remedy the situation – this is not good enough.



IMPORTANT NEW-GENERATION SCANS ARE NOT FUNDED

- MRI scans have provided a significant advance in prostate cancer diagnosis but are not funded in most DHBs resulting in less than optimal diagnostic and treatment decisions. Consequently, men are not receiving optimal treatment.
- PSMA scans are a game-changer in assessing the stage of disease at diagnosis but are mostly unfunded. Using these scans avoids unnecessary surgery and significantly improves treatment decisions, both saving costs to the health system and resulting in better outcomes for patients.

Many General Practitioners are still unaware of the 2015 Prostate Cancer Management and Referral Guidance, issued by the then Minister of Health

- The 2015 Guidance was distributed by the Ministry of Health to District Health Boards and Primary Health Organisations, but many GPs remain unaware of its existence – it is very clear that the 2015 Guidance has not been adequately promoted by the Ministry of Health.
- Nothing has been done to hold the DHBs and PHOs accountable for their failures to ensure that GPs received the 2015 Guidance.
- In 2011 the Parliamentary Select Committee reported on its inquiry into the early detection and treatment of prostate cancer, but almost a decade later little improvement has been achieved, and politicians have failed to remedy the position!

Māori, Pacific Island and those in lower socio-economic groups, and those living in more remote and smaller communities are disadvantaged in getting access to prostate cancer tests and treatment

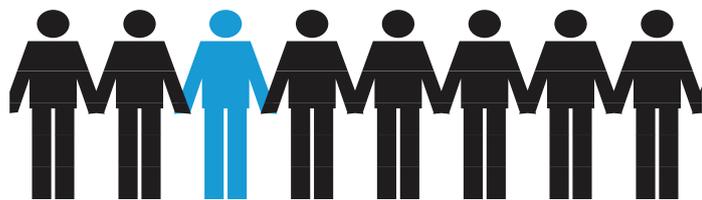
(see the reports cited in <https://prostate.org.nz/wp/wp-content/uploads/2017/12/Priorities-in-Prostate-Cancer-in-NZ-2017.pdf>).

• **The 2009 Parliamentary Health Select Committee Report into prostate cancer noted that “Inequities and unfair differences are avoidable,” but despite the fact that the Committee unanimously adopted that Report there is no sign of effective action to reduce and eventually eliminate these asserted “avoidable” inequities and unfair differences.**

• **A 2015 report funded by the New Zealand Law Foundation, Fault Lines, Human Rights in New Zealand, concluded that “inequalities in health outcomes for Māori, Pacific and socio-economically disadvantaged sectors of the community remain.”**

Two 2014 New Zealand prostate cancer research project reports, The Midlands Prostate Cancer Study: Understanding the Pathways of Care for Men with Localised Prostate Cancer in New Zealand, and Final Report for the Management of Metastatic Prostate Cancer Study, clearly proved that there are “inequalities in health outcomes for Māori, Pacific and socio-economically disadvantaged sectors of the community,” and that “Māori men are about twice as likely to have metastatic disease at diagnosis as non-Māori,” and one of those Reports also recorded that Māori and Pacific patients had an appalling 49% greater risk of death following diagnosis.

1 in 8



New Zealand men will get prostate cancer in their lifetime and over 600 die needlessly each year

The very clear, distressing realities outlined above reflect very poorly on our health system and on the failure of successive Governments to address those inequities.

Unmet supportive care needs after prostate cancer treatment

Two 2016 Australian study reports identified specific support needs after prostate cancer, and one stated that “82% of men reported unmet supportive care needs” (sexuality, 58%; prostate-specific, 57%; psychological, 47%; physical and daily living, 41%; and health system and information), and the position in New Zealand must be similar. The Government funds no such support, and the Prostate Cancer Foundation and Cancer Society do their best to provide such support.

DISPARITIES IN CARE BASED ON GENDER

After breast cancer treatment, if it is clinically safe to do so, most women and men have Government-funded access to breast reconstructive surgery, a breast prosthesis service payment, and some other benefits. In contrast, men receive no Government-funded support for the psychological or physical effects of prostate cancer treatment. Why not?

SEXUAL DYSFUNCTION OR IMPOTENCE

After prostate cancer treatment many men also experience the lessening or loss of sexual function which is particularly distressing for most men and their partners, but the physiological changes associated with the loss or lessening of sexual function also have other adverse effects on penile health (primarily related to loss of muscle tone). No funded treatments are available for post-treatment impotence and consequently most men do not receive follow-up treatment for this unpleasant outcome.

DEPRESSION AND RELATIONSHIP PROBLEMS

Depression and relationship problems are a common issue after prostate cancer diagnosis and any treatment, and frequently require counselling, but no funded counselling is provided as part of post-treatment follow-up.

PALLIATIVE CARE FOR THE DYING

A 2014 New Zealand Midlands' Report into Management of Metastatic Prostate Cancer (already referred to) identified major deficiencies in palliative care. The Ministry of Health's 2013 “Prostate Cancer Awareness and Quality Improvement Programme” recognised that “Providing appropriate and effective palliative care is important for the quality of life of men with metastatic prostate cancer,” but there appears to have been no effective steps taken to ensure that such palliative care is provided by the New Zealand public health system.