

Medicare Must Recognise MRI's Role in Beating Prostate Cancer



Dr Christian Wriedt
President of the
Australian Diagnostic
Imaging Association

ADIA represents medical imaging practices throughout Australia, both in the community and in hospitals, and promotes ongoing development of quality practice standards so doctors and their patients can have certainty of quality, access and delivery of medical imaging services.

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With on-going research clearly showing the benefits of MRI in the diagnosis and treatment of prostate cancer, the time has come to adjust current funding settings to make the technology more widely available, says *Dr Christian Wriedt*, President of the Australian Diagnostic Imaging Association.

Not only would it help the health outcomes of tens of thousands of Australian men every year, it would reduce pressure on the overall health budget by eliminating costly and unnecessary procedures.

The Australian Diagnostic Imaging Association (ADIA), which represents private imaging practices across the country, is now working to have MRI services for prostate cancer covered by Medicare rebates.

The Urological Society of Australia and New Zealand is similarly supportive, and as a consequence representatives from ADIA, the College of Urology, the College of Radiology and the Prostate Cancer Foundation have formed a working party to advance the process through the Medical Services Advisory Committee process.

It is certainly worth the effort because, as everyone knows, prostate cancer is a major health concern in Australia. It's the second most common cause of cancer death, after lung cancer. Every year some 19,000 men are diagnosed with the condition, accounting for approximately 30 per cent of all cancers in men, and about 3,000 die.

It is estimated that more than 120,000 Australian men are living with prostate cancer, and it is predicted that number will increase to 267,000 by 2017.*

"The technology of multi-parametric MRI has been available for a while but now we have gathered enough peer-reviewed research data that proves we have a better tool to tackle this very common cancer," said Dr Ron Shnier, a Radiologist and clinical research specialist who has been involved in this area for more than a decade.

"In my opinion, it's now incumbent on the medical system to make multi-parametric MRI available to those who need it – not just those who can afford it."

The most recent research, carried out by Urologists at St Vincent's Prostate Cancer Centre in Sydney, involved 150 men over the age of 40. A similar, earlier clinical trial was conducted at Brisbane's Wesley Hospital involving 223 patients. All had prostate issues. A number of international studies have also been completed.

"This research conducted over the past three to five years clearly shows that using multi-parametric MRI we

can now get much better evaluation of the prostate. This means that when we see a 'normal' prostate we can be 90-95 per cent sure that there is no cancer," Dr Shnier said.

"It's not perfect – no medical test is – but adds significant value to the current diagnostic paradigm."

For many years specialists have been using a blood test to help detect prostate cancer, looking for raised levels of Prostate Specific Antigen (PSA).

However, there are well recognised problems with this approach. This is a sensitive test but has low specificity. There is no 'standard' level of PSA and PSA levels can rise due to a range of factors, only one of which is cancer.

"Because of these weaknesses PSA screening creates many false positives which then require further examination," Dr Shnier said. "This is usually a digital examination, which is also unreliable, often followed by a biopsy."

Some 75 per cent of those biopsies come back negative.

As with any medical procedure, these biopsies come with a risk. Known as transrectal ultrasound biopsy, an anaesthetic is needed, nerves can be damaged and there's a three to four per cent chance of patients being infected by multi-resistant bacteria which increases morbidity.

"We now know that by using multi-parametric MRI as part of the risk stratification for abnormality, we can eliminate many of those unnecessary biopsies," Dr Shnier said.

Indeed, it's estimated the new technology could reduce the number of men needing prostate biopsies by 30-50 per cent, particularly men on active surveillance.

By anyone's measure that is a significant risk reduction, but along with patient health, there's also a very powerful financial incentive for the government supporting the use of multi-parametric MRI. The total costs for an in-theatre biopsy is around five times the cost of an MRI which can make the biopsy unnecessary. There would be a cost saving in reducing the number of biopsies.

Better health outcomes and financial savings - by themselves these are two very powerful arguments for Medicare rebates to apply for prostate-related MRI. But this form of imaging technology has even more going for it.

"Even when a biopsy is needed, this new MRI technology has a significant role to play," Dr Shnier said.

It's generally accepted that some 30 per cent of significant prostate cancers are missed using current biopsy techniques.

"Biopsies without image guidance are effectively hit and miss. Is the needle going in the right spot?" Dr Shnier said.

Prostate biopsies are generally conducted with the aid of ultrasound but many tumours are invisible to ultrasound and some areas of the prostate are very hard to image, such as the anterior gland.

"When there is an abnormality on the MRI we can make sure the biopsy sample is taken from exactly the right spot," he said.

Another major benefit of involving multi-parametric MRI in the fight against prostate cancer is the ability to better distinguish the cancer tumours.

Many prostate cancers are very slow growing and will never threaten the patient's life. Others are fast growing and often



PROSTATE AXIS



PROSTATE LEFT SIDE

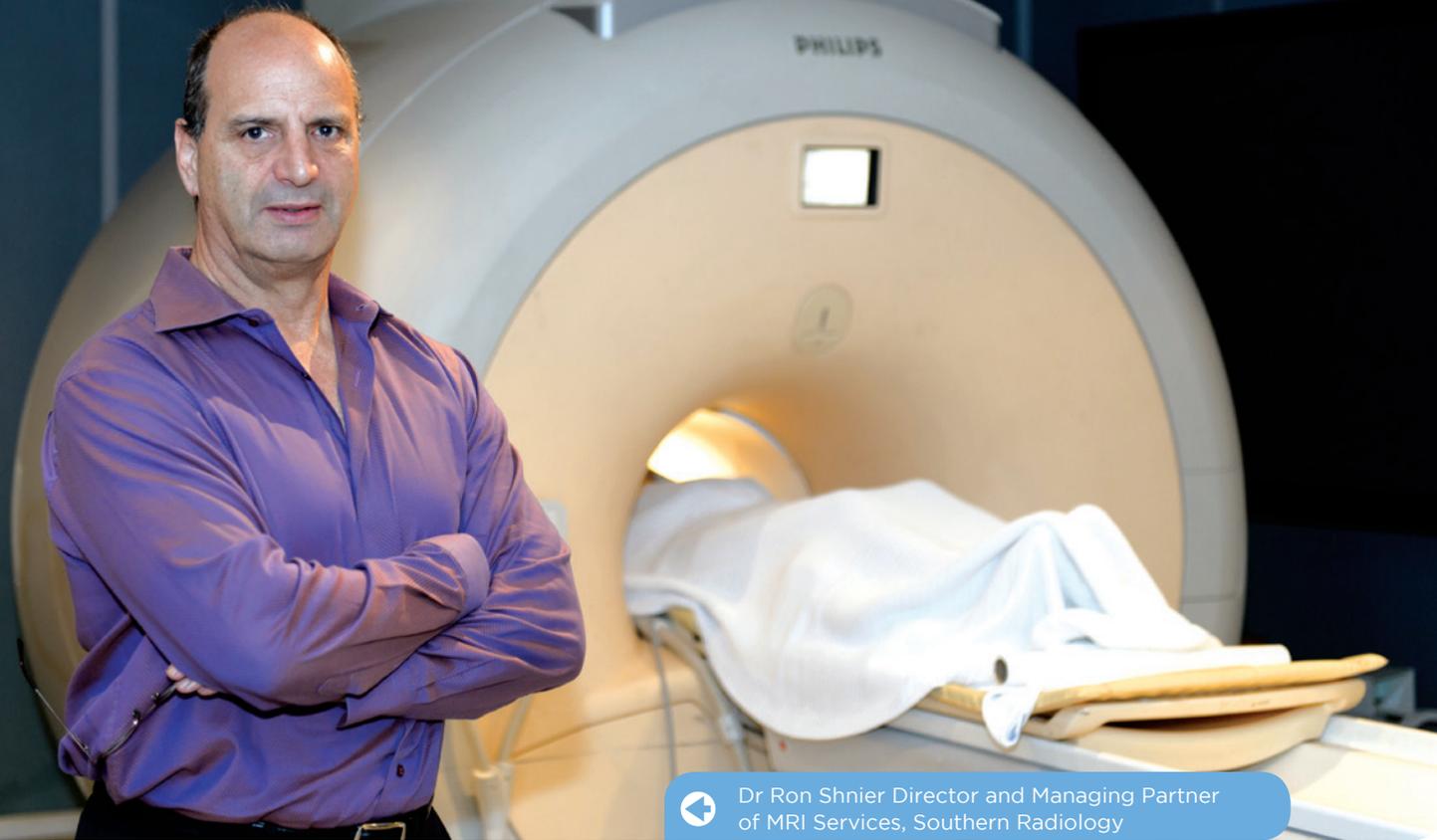
deadly. Multi-parametric MRI is much better at differentiating the two, allowing urologists to tailor a far better treatment program.

Smaller, slower tumours could simply be monitored, again using MRI, to ensure they remain stable.

Lead investigator of the St Vincent's study, Associate Professor Phillip Stricker, told ABC News this was a key result.

"There's been a lot of controversy about PSA testing over the years. This may take a lot of the controversy away," Dr Stricker said.

"You'll be able to see what's real and what's not real and we won't find these unnecessary, insignificant cancers, which are the big controversy." →



Dr Ron Shnier Director and Managing Partner of MRI Services, Southern Radiology

→ Avoiding unnecessary surgical intervention is certainly the preferred option. Because of the location of the prostate, any prostatectomy and in some cases saturation biopsy carries a significant risk of erectile dysfunction or urinary incontinence.

“Multi-parametric MRI does not solve every problem, but we now have enough peer-reviewed research data to show that it can vastly improve our ability to detect and treat what is a major health concern,” Dr Shnier said.

“I originally got involved in this area of research because I thought there had to be a way to improve on the traditional diagnostic paradigm. We now have that.”

While any man can now currently have a multi-parametric MRI of the prostate, he will have to pay the entire cost, often between \$500 and \$700 each time.

Many are happy to pay the bill because they are aware of the benefits MRI provides. However, that cost factor is a solid barrier to tens-of-thousands of men across the country.

Many of those men simply won't be able to afford it. Many others will choose to avoid the heavy expense, trusting that the existing higher-risk regimen will turn out alright.

This is the point which is very close to Dr Shnier's heart.

“I think that as a society we approach men's health issues quite badly.

“Imagine if we told the women of Australia that breast cancer would now be detected by an unreliable blood test and not a mammogram. It would simply be unacceptable, but that is the current situation for men who are facing a similarly common cancer.”

While ADIA accepts that the health budget is not limitless, it sincerely believes that money must be invested where it can do the most good.

Studies have shown time and again that money invested at the front end of the medical process – in prevention and early intervention – saves much more by avoiding costly surgery and hospital stays.

The peer-reviewed literature now clearly shows that multi-parametric MRI is an essential tool in diagnosing prostate cancer.

It can rule out cancer with a level of accuracy, it can eliminate thousands of risky biopsies every year, it can help provide better treatment when cancer is confirmed, and it can significantly reduce the overall cost burden of the disease.

There is simply no good reason why multi-parametric MRI should not now attract a suitable Medicare rebate so it is available to all Australian men – not just those who can afford it.

*Prostate Cancer Foundation <http://www.prostate.org.au>

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