

# UROLOGICAL SURGEON DR MARTIN ELMES

## Men's Health Matters

ISSUE 3 | 2019

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### WELCOME to the third edition of Men's Health matters for 2019.

What a great year it has been and we would like to take this opportunity to thank you for your ongoing support. We hope our newsletters provided you with insightful information on the advances in Urology and we look forward to sharing more great updates with you in the New Year.

This edition will provide more insights into prostate cancer screening to assist with patient concerns and also explore the advanced treatment option Dr Elmes offers.

We will take a look at new findings for HoLEP for the treatment of LUTS and how it is fast becoming the new gold standard for treatment. The newest form of BPH treatment, known as Rezum will be discussed and what features make this technique different to other treatments like TURP and UroLift.

### PROSTATE CANCER DIAGNOSIS AND TREATMENT



Most prostate cancers are first found during testing with a **prostate-specific antigen (PSA) blood test or prostate examination**. The PSA reading indicates how "active" a prostate is and their risk of having prostate cancer.

Dr Elmes utilises many specialised PSA tests - PSA age specific, PSA kinetics (annual rise), free/total ratio, prostate examination, family history, prostate/breast cancer, previous prostate biopsy results. The actual **diagnosis** of prostate cancer can only be made with a prostate biopsy. There are many things that can be done to increase the chance of finding prostate cancer in an individual if it is present.

- **Multiparametric MRI Prostate:** a highly specialised radiological test that allows unparalleled images of an individual's prostate, pelvic lymph nodes and neighbouring structures.
- **Computer targeted Artemis/MRI Ultrasound fusion prostate biopsy:** Due to obvious constraints, an MRI machine can't be located in an operating theatre so to show the prostate, ultrasound is used. Prostate cancer is invisible on ultrasound. The Artemis overlays the patient's pre-operative MRI (in which Prostate cancer is visible) with the in theatre ultrasound and guides the biopsy to the areas of concern.
- **PET PSMA:** A new PET molecular imaging technique using prostate-specific membrane antigen (PSMA) has demonstrated excellent sensitivity in detection of low volume metastatic PCa. Nodules > 4mm can be seen and allows better tailoring of procedures.

Once there has been a diagnosis of prostate cancer a decision needs to be made regarding management and treatment. The decision will depend on a number of factors including:

- **Gleason score** - high (more aggressive), intermediate (Gleason 7), or low grade
- **ISUP** - revised prostate cancer grading system. Five grades

Risk Group	ISUP Grade Group	Gleason Score
Low	Grade Group 1	Gleason Score ≤ 6
Intermediate Favourable	Grade Group 2	Gleason Score 7 (3 + 4)
Intermediate Unfavourable	Grade Group 3	Gleason Score 7 (4 + 3)
High	Grade Group 4	Gleason Score 8
High	Grade Group 5	Gleason Score 9-10

- **Stage of cancer, level of PSA, ages and general health, side effects of treatment, personal preference**

### SNAPSHOT –

#### PSA TESTING POLICY GUIDELINES SUMMARISED

50-70 y.o men – Prostate blood test (PSA) + Prostate exam (DRE) annually.

40-50 y.o men – Prostate blood test (PSA) + Prostate exam (DRE) single test.

- If PSA > 0.6 (median) OR if positive family history (prostate or breast) then annual testing should continue otherwise commence at 50 y.o.

#### Refer on when:

- PSA > age related cut off
- DRE abnormal
- PSA kinetics (>0.4/yr rise if PSA < 4 OR >0.8/yr rise if PSA > 4)
- +/- F/T ratio

### WHAT ARE THE SYMPTOMS?

In the early stages, there are often no symptoms and the only way to suspect Prostate cancer is with an annual PSA and DRE. Prostate cancer may be accompanied by a variety of urinary symptoms, in the later stages;

- Frequency/urgency
- Hesitancy and other obstructive symptoms
- Macroscopic haematuria

However, more often these are related to BPH.

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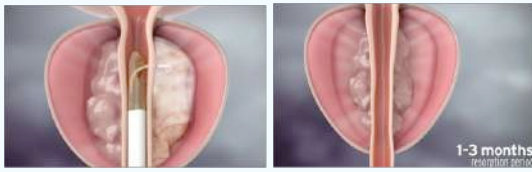
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## REZUM – Steam activated cell death

A new form of treatment for BPH has recently been used by Dr Elmes at Pindara Hospital on suitable patients. This technique uses **water vapour (steam)** that is injected into the prostate adenoma that is blocking the flow of urine from the bladder, where it immediately turns back to water, releasing the energy stored in the vapour into the cell membranes. The cells are damaged, causing cell death. The body will absorb the treated tissue.



It is important to note the **recovery** stage of this procedure differs to that of HoLEP. The healing process occurs over time (3 or so months) as cell death occurs gradually so symptoms may regress in early recovery stages before they get better. As the procedure is relatively new, there is limited literature available to review the durability and results but Dr Elmes will monitor this closely and analyse patient IPSS/IEFF scores to see comparisons with UroLift and HoLEP.

### Q. What other alternatives are there for BPH?

#### A.

##### Medications:

###### Flomaxtra (alpha blocker)

- 1 out of 3 patients respond
- Use if concerned re: Duodart sexual side effects

##### Duodart

- Response but sexual side effects
  - Reduced libido (5%)
  - Erectile Dysfunction (5%)

## HoLEP is proven to be extremely durable and effective for LUTS due to BPH – article review

An article by Das et al. was released in August of this year and highlights HoLEP as an extremely durable and effective treatment for patients suffering with LUTS due to BPH.

Comparisons between TURP and HoLEP are discussed. Conclusions are drawn that HoLEP is a superior surgical solution than TURP and it could be said that HoLEP is becoming the new gold standard in BPH treatment.

#### Key points drawn from the article:

- OP (open prostatectomy) HoLEP shows significantly less blood loss, shorter hospital stays, and less catheterisation time in the HoLEP patients.
- HoLEP technique takes advantage of the distinct anatomical planes to remove the entire prostatic transition zone, thus removing more tissue than TURP and leading to a lower retreatment rate.
- HoLEP has proven to be more efficacious than TURP with improved outcomes such as; improved hemostasis, better short-term urinary parameter improvements, fewer immediate complications, shorter catheter times and shorter hospital stays.
- Excellent hemostasis seen with the endoscopic use of the holmium laser therefore the procedure is able to be utilized on anticoagulated patients, due to the low risk of bleeding secondary to the effective hemostasis the laser provides as shown by multiple studies.
- Another big change in operative efficiency has come from the improvements in the type of morcellators available. The Piranha morcellator is faster and safer than previous models and tissue is easily histopathologically analysed.
- Both the quality of life and functional improvements seen following the HoLEP procedure are not age limited and age does not appear to increase the risk of HoLEP or be a predictor of poor outcome.
- HoLEP had the most favourable outcomes in terms of urinary intermittency, weak stream, straining, and overall quality of life. Notably, patients undergoing the HoLEP procedure had the lowest level of regret across all procedures.

Ref: Article reference: Das AK, Teplitzky S & Humphreys MR (2019), 'Holmium laser enucleation of the prostate (HoLEP): a review and update', The Canadian Journal of Urology, 26 (Aug), pp13-19.

Be sure to refer your patients to [www.edsa.com.au](http://www.edsa.com.au) for their Erectile Dysfunction concerns. Great educational resources and products available online.

## 2020 EVENTS TO LOOK OUT FOR

We will be holding a GP education evening in March next year focusing on **Urological Advances in men's health** with discussions around LUTS and BPH treatments.

The event will have 2 CPD points assigned. More information will be sent out next year but feel free to RSVP here [marketing@goldcoasturologist.com.au](mailto:marketing@goldcoasturologist.com.au)

For more information on the treatments and procedures we offer contact our rooms on (07) 5575 7922 / 1300 373 284 or visit our websites [www.edsa.com.au](http://www.edsa.com.au), [www.goldcoasturologist.com.au](http://www.goldcoasturologist.com.au), [www.prostatesurgeon.com.au](http://www.prostatesurgeon.com.au)

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