



feature



Even though my dad died of prostate cancer, I didn't twig that I was at risk ...

Wayne Swan and Sam Newman have beaten it. Alan Jones is the latest high-profile victim. Prostate cancer kills almost 3000 men a year in Australia. **Julie-Anne Davies** meets a man who's trying to turn that around

- ▶ **Machine operator:** the robot's levers that surgeon Tony Costello operates.
- ▶ **Personal touch:** (far right) Costello takes a closer, physical inspection of the surgery.
- ▶ **Revolutionary:** the da Vinci unit performs a robotic prostatectomy, which causes fewer side effects than the more invasive regular surgery.

Pictures: CAMERON TANDY

HERE'S a quick and effective way to silence a table full of men older than 50. Ask how many have had their prostate checked. Out of 10 you'll probably get one or two takers. But the rest will clench their jaws (and probably their buttocks) and shake their heads silently.

In 2008, despite improved survival rates, cancer is still one of our most-feared enemies. And for men, prostate cancer is perhaps the worst. Not only because it kills nearly 3000 of them every year, but also because many men worry that the cure might be worse than the disease.

Why, the untested blokes demand, only half joking, would you want to live if it means sanitary napkins to deal with incontinence and pills, pumps and injections to try to coax erections out of a perpetually limp penis?

Well, says Des Davey, a 51-year-old Queenslander who flew to Melbourne a fortnight ago to have his cancerous prostate removed, the answer is simple, really. It's called life.

His surgeon, Prof Tony Costello, puts it another way. You can't have sex in your coffin.

The first time we meet is in an operating theatre on the third floor of Melbourne's Epworth Hospital. Davey, who was diagnosed two months earlier, isn't talking. He has been anaesthetised and is about to have his cancerous prostate sliced out by a \$3 million piece of hardware the medicos call the da Vinci robot.

But forget any comparisons to the robot made famous in the 1960s sci-fi television show *Lost in Space*. This contraption, its five arms somewhat incongruously clothed in a custom-made surgical gown of sterile plastic, is revolutionising prostate surgery.

And Costello, who controls and guides the machine, is its master.

This is the same state-of-the-art surgery Sam Newman had in March. Davey decided to come to Melbourne for the robotic surgery after seeing a story on TV about Newman's operation.

The latest national statistics released this month by the Australian Institute of



tralian men took the test in 2006-2007, up from 698,828 tests in 2005. In the same period, the number of operations to remove men's diseased prostates rose by 1000 to 10,447.

And the "Sam Newman factor" is also proving a potent force. Pathology labs report a significant jump in the number of PSA tests since the *Footy Show* panel member and former Geelong AFL star went public with his diagnosis.

Costello, who will steer the robot's five arms during Davey's two-hour operation, is a blunt man with a straight-shooting yet optimistic bedside manner that must come as a relief to the scores of petrified men he treats for prostate cancer.

He is an unashamed interventionist, a position that has earned him his reputation as one of the world's best when it comes to the robotic prostatectomy he pioneered in Australia in 2003. His patients adore him, but his unequivocal approach upsets some in the medical establishment who accuse him of peddling prostate-cancer hysteria.

"There's a view among some out-of-touch GPs and a few scientists that urologists like me are trying to turn healthy Australian men into smelly, nappy-wearing, sexually and socially withdrawn, pitiful creatures," he says.

Costello believes every man older than 45 should have his PSA levels

Health and Welfare shows that after non-melanoma skin cancer, prostate cancer is the most commonly diagnosed cancer in Australia.

It's no coincidence there has been a correspondingly large increase in the number of men having the controversial PSA blood test. This simple test is the imperfect — but increasingly significant — marker that measures the level of prostate-specific antigen. A raised level indicates a prostate problem, which may mean cancer.

According to Medicare, 811,529 Aus-



Da Vinci mode: state-of-the-art robotic prostate surgery



1. Surgeon Tony Costello operates the da Vinci robot.
2. The da Vinci robot under its sterile plastic covers.
3. Scrub nurses Sue Watson (left) and Liz Hayes.
4. The patient at the Epworth Hospital.
5. Anaesthetist Dr Tim Costello, Tony's brother.

checked annually for early signs of cancer. He sees it as the male equivalent of a mammography for breast cancer or pap smear for cervical cancer.

But not everyone is convinced. They argue its accuracy is unproven. Results from two clinical trials in Britain and the US involving more than 300,000 men will not be known until next year at the earliest. Cancer Council Victoria head Prof David Hill says men should not be queuing to have their PSA levels monitored because, he insists, the science is not there yet.

IF THESE trials show the blood test to be more accurate than we currently know, of course we'll change our position and be agitating for universal screening. But right now, we just can't say that."

Hill would prefer it if government and specialists such as Costello put more effort into promoting screening for bowel cancer — a cancer that has a proven test. It's this kind of statement that makes Costello furious.

"No, the hard evidence is not there yet, but we've seen enough men now who have been tested to know that logically this test is a bloody good indicator that there's a problem. Mammography was introduced before the hard data finally came through because clinicians on the ground — not scientists — saw first-hand that the test was detecting cancers and saving lives."

While he prepares for the super-sensitive task of cutting his way through Davey's abdomen by guiding the robot's arms from his console a few metres from the operating table, Costello tells me about a 61-year-old man he'd seen that morning.

"He went to his GP when he was 50 and asked if he should have the blood test. The doctor said no. Now he turns up

to see me with a PSA of 28 — anything over four is cause for concern — a rock-hard prostate and an incurable cancer that will kill him slowly and painfully in the next three or four years. I say that's too young to die."

Watching Costello's hands at work as he tunnels his way through Davey's innards until he reaches the prostate is a little like a journey to the centre of the earth. He has a unique three-dimensional view of his patient's anatomy via a camera attached to one of the robot's arms and plugged inside one of the small keyhole incisions in Davey's abdomen.

The reason men such as Davey and Newman are choosing this surgery is because it is less invasive, which means faster recovery. But, more crucially, there is less risk of damaging the nerves that coil like electric wiring around the prostate. This means a much greater chance of retaining sexual function and bladder control.



► The fact that so many doctors are still perpetuating the myth that it's better for men to not know and are not informing men about testing is a disgrace

THE reality, though, is that 75 per cent of the 10,500 prostatectomies performed in Australia every year are done using the more traditional open, radical surgery or, increasingly, laparoscopic surgery.

Patients in the public system don't have access to robotic surgery unless they are prepared to pay about \$18,000 for the procedure.

Costello, who is head of urology at the Royal Melbourne Hospital, says he finds it "gross" to perform the old-style operation because the difference in recovery time and side effects for the patient are so stark. He has done more than 400 operations (120 last year) with the machine and not lost a patient.

The open radical method has a death rate of one in 200, he says. And, according to his figures, 70 per cent of his patients are continent and sexually potent two years after surgery. These odds are a lot better than those faced by men who have the traditional open-cut procedure.

In the meantime, Costello and an increasing number of other specialists and cancer survivors are talking up routine testing and, if necessary, radical prostate surgery.

GPs are crucial in this debate. They are the gatekeepers to our health, but, say Costello and many other PSA advocates, they are not talking to men about prostate cancer, let alone offering them the blood test.

Federal Treasurer Wayne Swan, himself a survivor of prostate cancer, is a passionate advocate of PSA screening and a harsh critic of doctors who continue to stay silent on the disease that killed his father.

"Even though my dad died of prostate cancer, I didn't twig that I was at risk until a switched-on GP — and so many of them aren't — got me to have a test," Swan told the *Herald Sun*.

He was 47. He is in no doubt the test saved his life, and ever since he has been happy to be a prominent face of the prostate-cancer movement.

"The fact that so many doctors are still perpetuating the myth that it's better for men to not know and are not informing men about testing is a disgrace," he says.

It's not Federal Government policy to support a universal screening program, but Swan insists there is as strong a case for it as there is for breast cancer.

"The health bureaucrats are still opposed, and I guess some might accuse me of acting in self-interest, but we'll just grind away on it. I can't speak officially as the Treasurer, but everyone knows my views."

Swan's views were certainly heard when, in his first Budget, he announced \$15 million for prostate cancer research. Half of this money will be spent on establishing the Epworth Centre for Prostate Cancer Research.

"The reality is that if there is to be a grassroots campaign to pressure Australian men into having annual PSA tests, the momentum is going to have to come from their wives, sisters and mothers," says Helen Crowe, the nurse practitioner who has worked alongside

Costello for 16 years. She is the emotional engine in his team, preparing the men and their partners for what lies ahead and educating and sometimes counselling them in the months, sometimes years, after their surgery.

SHE shows them how to inject their penises to achieve erection, a procedure that is, she says, not as bad as it sounds and very effective.

One big problem men face post-prostatectomy is incontinence and, as with women after childbirth, they must learn to exercise their pelvic-floor muscles.

"All of this is deeply personal and counter-intuitive for so many men, but the point is we actually can reassure them that in most cases things will get better."

One thing Crowe has learnt is to never make assumptions.

"I can be sitting opposite an older couple and they will tell me outright that impotency is a major issue for them, and an hour later a younger couple in their early 40s will say sex isn't a big deal because they don't have it any more."

The erection problem, though, is a significant one. Crowe says not enough research exists on how to tackle it, but she and Costello make the point that most of the men they treat have survival as their priority. Impotence becomes more of an issue later. Staying alive is the goal.

For more information on prostate cancer visit www.prostate.org.au



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▲ **Remote control:**
Tony Costello performs a prostatectomy by machine, guiding the robot's arms from his console a few metres from the operating table.