



## WESTERN AUSTRALIAN ELECTION PRIORITIES

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### 2021 State Election

### Supporting WA Men & Families with Prostate Cancer

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#### The Issue

Prostate cancer is the most commonly diagnosed cancer in Western Australia and the most common cancer diagnosed among WA men, accounting for nearly 30% of total male cancer cases.

Each year more than 2,000 WA men are diagnosed and nearly 300 WA men will die from the disease. In WA more than 1 in 10 cancer deaths among men are caused by prostate cancer.

Of concern, the number of men diagnosed is expected to increase by up to 70% between now and 2040, due to an ageing and increasing population. This could see the number diagnosed each year increase to over 3,500.

Men in regional, rural, and remote areas face a 24% higher risk of death, and 22% of men diagnosed in WA live in country areas, with 480 men treated by the WA Country Health Service each year.

Of equal worry, men with prostate cancer face a 70% higher risk of suicide, 1 in 5 will experience anxiety or depression, and it's common for men to struggle with the serious side-effects of treatment, such as erectile dysfunction, incontinence, and hormonal changes, which can be lifelong and extremely distressing.

#### The Solutions

Prostate Cancer Foundation of Australia calls on all State Election candidates to acknowledge the high burden of prostate cancer on WA men and families, by pledging to fund three key initiatives that can improve survivorship:

##### 1. **\$3.6M to establish a Regional Patient Accommodation & Support Centre**

Capital works investment in a Regional Patient Accommodation & Support Centre for country men and families impacted by prostate cancer will provide up to 2,190 patient bed nights per year for tens of thousands of regional men and their loved ones over the anticipated life of the facility. The Centre will accommodate regional men and carers who are required to travel to Perth for prostate cancer diagnostic services and treatment.

The proposed accommodation units will be co-located with a PCFA support centre to deliver integrated expert care, information, and community education. The combined facility will serve as a hub for PCFA's services and programs in WA, enabling coordination and cross-promotion of the Prostate Cancer Specialist Nursing Service, Telenursing Service, MatesCONNECT Program, Support Group Network, psycho-education initiatives, exercise programs, and research activity in Western Australia.

Importantly, the project will serve the dual purpose of creating jobs in the construction industry, supporting the ongoing growth of the WA economy and employment market.



## **2. \$450k to fund a Specialist Telehealth Nursing Program for men on Androgen Deprivation Therapy (ADT)**

Extensive research shows that men undergoing ADT for prostate cancer experience alarmingly higher rates of poor physical and mental quality of life in the days and years after their diagnosis.

Between 30 and 50 per cent of all men diagnosed with prostate cancer undergo ADT during treatment for their disease. While ADT is effective in increasing survival and delaying the spread of prostate cancer, it has multiple debilitating side-effects such as changes in physical, cognitive, social and sexual functioning. These include major mood disturbances, increased fat mass, body feminisation, cognitive decline, functional impairment, frailty, fatigue, and sexual dysfunction. ADT also increases men's risks of developing new medical conditions such as cardiovascular disease, diabetes, sarcopenia, and osteoporosis.

Men on ADT have poorer quality of life and higher levels of psychological distress, including depression, anxiety, relationship difficulties, cognitive and affective symptoms, and sleep disturbances. Men undergoing ADT also have an increased risk of suicide compared to those who do not, particularly in the first six-months post diagnosis.

Despite the high number of men with prostate cancer receiving ADT, and the significant distress it causes, no effective survivorship intervention currently exists to support these men.

Investment of \$450,000 over three years will fund the establishment of a new Specialist Telehealth Nursing Program specifically for men with prostate cancer undergoing ADT. The funding will support around 1,000 men or more per year, covering the costs of service establishment, training, resourcing, and information distribution to patients.

## **3. \$220k to fund programs delivered by 22 PCFA Support Groups statewide**

Peer-based support for men with prostate cancer is key to reducing the 70% increased risk of patient suicide and improving survivorship outcomes for WA men and families.

A \$220,000 one-off funding grant will be used to support the work of 22 existing PCFA Prostate Cancer Support Groups to deliver targeted local activities to assist men and families who are facing the physical and mental hardships of prostate cancer.

Research has found that peer-run self-help programs deliver significant improvement in psychological and psychosocial quality of life, resulting in decreased hospitalisation, enhanced productivity, and improved social cohesion.

The funding grant will be applied to 22 Support Groups statewide, enabling enhanced outreach, increased engagement, and the dedicated provision of prostate cancer information materials and referrals to expert support. The funding is expected to benefit the 2,093 WA men who are diagnosed with prostate cancer each year, in addition to providing ongoing support for the many thousands of men who are currently living with the disease, creating new pathways for access to life-changing services and programs and empowering men to feel more in control of their disease and treatment journey.

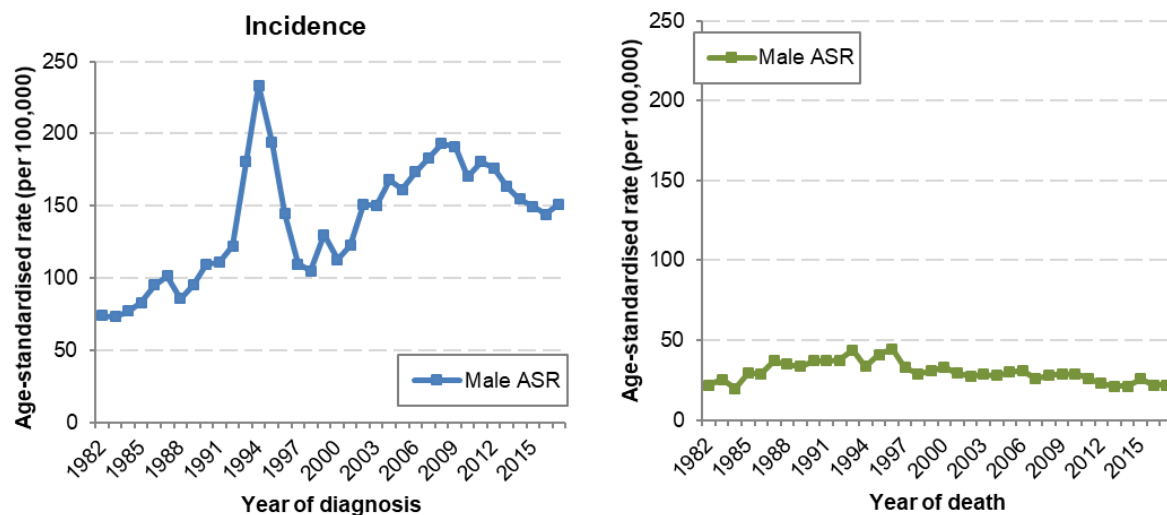
These three funding priorities are vital to thousands of Western Australian men and families impacted by prostate cancer and we welcome your pledge to their delivery.

## Appendix: Prostate Cancer in Western Australia

Table 1. Incidence, mortality by age group, cumulative risk (2017)

Incidence		Mortality		Survival (Males)		
	Male		Male		1 year	5 year
0-14 yrs	0	0-14 yrs	0	1993-1997	97.6%	88.3%
15-39 yrs	2	15-39 yrs	1	1998-2002	96.3%	87.7%
40-64 yrs	732	40-64 yrs	17	2003-2007	97.7%	91.7%
65+ yrs	1359	65+ yrs	251	2008-2012	99.1%	96.8%
<b>Total</b>	<b>2093</b>	<b>Total</b>	<b>269</b>	<b>2013-2017</b>	<b>98.6%</b>	<b>94.5%</b>
<b>Risk</b>	<b>1 in 8</b>	<b>Risk</b>	<b>1 in 146</b>			

Figures 1 & 2. Age-standardised incidence and mortality rates (1982-2017)



Tables 2 & 3. Incidence and mortality, by health service area and region, 2017

Service Area	Health Region	Incidence	Service Area	Health Region	Mortality
<b>NMHS</b>	<b>NMHS</b>	605	<b>NMHS</b>	<b>NMHS</b>	67
<b>SMHS</b>	<b>SMHS</b>	554	<b>SMHS</b>	<b>SMHS</b>	80
<b>EMHS</b>	<b>EMHS</b>	454	<b>EMHS</b>	<b>EMHS</b>	60
<b>WACHS</b>	<b>WACHS</b>	480	<b>WACHS</b>	<b>WACHS</b>	62
	<i>Kimberley</i>	18		<i>Kimberley</i>	1
	<i>Pilbara</i>	4		<i>Pilbara</i>	1
	<i>Midwest</i>	79		<i>Midwest</i>	15
	<i>Wheatbelt</i>	78		<i>Wheatbelt</i>	10
	<i>Goldfields</i>	36		<i>Goldfields</i>	3
	<i>Great Southern</i>	85		<i>Great Southern</i>	12
	<i>South West</i>	180		<i>South West</i>	20
Other WA address		-	Other WA address		-
<b>Total WA</b>		<b>2,093</b>	<b>Total WA</b>		<b>269</b>