Albury Wodonga Private Hospital
Part of Ramsay Health Care

Ostrich Syndrome – The Silent Covid Killer

Mr Jonathan Lewin

Hello 2021 and good riddance 2020! We are now entering a brave new world of Covid normal with the realisation that the medical disaster that is the Covid-19 pandemic has little affected us here in Victoria, unlike some other nations where the health systems are overwhelmed and the bodies piling up. However, we now have new challenges to face, notably the huge number of our patients who have disregarded both their physical and mental health over the last year through fear of contracting the virus.

Nowhere is this more evident than in prostate cancer. This has been apparent over the last 12 months where prostate cancer diagnoses have fallen by 40%[1] and remain at low levels, unlike many other cancers such as breast and colorectal where diagnoses also fell but have now recovered. Does this mean that there is less prostate cancer about, no, it simply means men are entering ostrich mode and ignoring the problem. Why would a 65 year-old asymptomatic man seek PSA screening when there are far greater worries to occupy and distract his mind?

The issue is certainly compounded by the history of mixed messages around the efficacy of prostate cancer screening and the historical morbidity associated with radical treatment. It is becoming clearer that select men do benefit from PSA screening and with the advent of mp-MRI the diagnosis and radical treatment of low-risk has been relegated to the history books. We are getting better at finding the men who really require treatment, and also treating those who will benefit whilst minimising harm. The most significant elements in the improvement in surgical outcome is urological subspecialisation and surgical volume [2], far greater than any minor modification in surgical technique or new surgical interface [3].

And so as we emerge and recover from the pandemic it is vital that we remember those hidden diseases, both physical and psychological, which will be silently killing our patients. We really don't want to be in the same space as the United Kingdom who are predicting an excess cancer mortality of 5, 000 people in breast, oesophageal, colorectal and lung alone due to under-diagnosis and under-treatment caused by Covid-19 [4]. Please consider engaging your patients about their prostate health and ask them to consider a PSA test. If they do end up requiring treatment the earlier they come to me the better the surgical and oncological outcomes I can offer them.

1. Data shared at the Victorian Tumour Summits Prostate cancer working party; November2020

2. The British Association of Urological Surgeons (BAUS) radical prostatectomy audit 2014/2015 - an update on current practice and outcomes by centre and surgeon case-volume.
Khadhouri S, Miller C, Fowler S, Hounsome L, McNeill A, Adshead J, McGrath JS; BAUS Section of Oncology.BJU Int. 2018 Jun;121(6):886-892. doi: 10.1111/bju.14156. Epub 2018 Feb 26.PMID: 29388311

3. Laparoscopic and robotic-assisted versus open radical prostatectomy for the treatment of localised prostate cancer.
Ilic D, Evans SM, Allan CA, Jung JH, Murphy D, Frydenberg M.Cochrane Database Syst Rev. 2017 Sep 12;9(9):CD009625. doi: 10.1002/14651858.CD009625.pub2.PMID: 28895658

4. The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study.
Maringe C, et al. Lancet Oncol. 2020. PMID: 32702310