



Foundation 49: Men's Health

Men's Health Symposium and Active Learning Module

Predisposing Activity

40 Category 1 CPD points, activity number: 759146

Name

CPD number Contact phone no

Question 1

Which of the following statements is true of prostate screening? (Choose more than one)

- a. Prostate cancer is the most common cancer among Australian men after non-melanoma skin cancer and the second-leading cause of cancer death after lung cancer.
- b. Tests are available that may help to pick up the disease; they are also shown to be extremely effective for population-based screening.
- c. Increasing age is the most significant risk factor for prostate cancer.
- d. If younger men are diagnosed with prostate cancer, they are less likely to die prematurely from the disease.
- e. PSA levels are rarely raised with benign prostatic hypertrophy (BPH) or prostatitis.
- f. The use of the digital rectal exam (DRE) has never been shown to prevent prostate cancer deaths when used as the only screening test.
- g. It is imperative that men requesting prostate cancer testing are appropriately counselled about their prostate cancer risk and the potential benefits, limitations and implications of PSA testing prior to being tested.

Answers:

a.		e.	
b.		f.	
c.		g.	
d.			

Question 2

Mr James Ward is a 57 year old man recently investigated for prostatic cancer. His PSA was 5.7 and Gleason Score on TRUS biopsy was 10. His MRI scan reveals a negative result for regional lymphatic involvement. What is correct about the treatment options available? (You can choose more than one right answer.)

- a. Active surveillance is best saved for the older patient, when the cancer is small the possible treatment side effects have more impact on their life than the cancer.
- b. The nerves and muscles needed for erections and bladder control are near the prostate. These may be damaged during surgery, causing problems.
- c. Problems with erections are extremely rare after external radiotherapy.
- d. Brachytherapy: Permanent radioactive seeds always cause erection problems compared with other treatments.
- e. Injections of luteinising hormone-releasing hormone (LHRH) have a high rate of cure in the elderly.
- f. Robotic techniques have been reported as being associated with reduced duration of hospital stays, blood loss, transfusions, and use of pain medication.
- g. One of the advantages of high intensity focused ultrasound (HiFu) is that it is able to be repeated if cancer reappears.

Answers:

a.	
b.	
c.	
d.	
e.	
f.	
g.	

Question 3

Mr Colin Brown is a 73 year old man who has been told by the urology and radiation oncology team that he has contained prostatic cancer and that he can make a choice between a number of treatments. Which of these are true complications with prostate cancer treatment?

- a. Impotence and incontinence are the most common side effects of the radical prostatectomy.
- b. One of the more common complications of prostate cancer and its treatment is depression.
- c. According to a study conducted on patients of the Henry Ford Health System in the USA, 97 percent of robotic prostatectomy patients were significantly anaemic at the time of discharge.
- d. External beam radiation rarely helps in preserving sexual function when compared to brachytherapy.
- e. Brachytherapy is especially for men who have had a transurethral resection of the prostate (TURP) and patients with advanced cancer, high-grade tumours, or very enlarged prostate glands.
- f. Because of the side effects and unproven benefit, hormonal therapy is not offered in conjunction with radiotherapy for low-risk disease.
- g. HiFu treatment for prostate disease is very safe and requires very little training for the treating clinician.

Answers:

a.	
b.	
c.	
d.	
e.	
f.	
g.	

Question 4

Mr Laurie Smith is a 57 year old smoker with a BMI of 35 who presents with some vague chest tightness on exertion associated with some breathlessness. Which comment is true of the investigations available for his symptoms? (choose more than one)

- a. A resting ECG is often enough in assessing high risk ischaemic heart disease.
- b. Cardiac angiography is no longer the gold standard for evaluating coronary artery disease.
- c. Nuclear scans can produce low-resolution images that may depict an apparent defect resulting from breast tissue, hiccups, paradoxical septal motion, or other confounding factors.
- d. CT uses X-rays typically equivalent to the dose needed for about 200 chest radiographs.
- e. The traditional treadmill test has sensitivity 25% and specificity 30% for significant ischaemic heart disease.
- f. The stress echocardiogram provides specific information about valvular disease and pressure in the heart and lungs.
- g. During exercise, myocardial blood flow normally increases by up to 10-20 fold to supply the increase in oxygen demand.

Answers:

a.	
b.	
c.	
d.	
e.	
f.	
g.	

Question 5

Mr John Phillip is a 72 year man who presented to his dermatologist with a number of suspicious pigmented skin lesions. Which statement is true for the diagnosis and management of pigmented skin cancers? (choose more than one)

- a. Cancer Council Australia and the Australasian College of Dermatologists do not recommend mass or population-based screening for NMSC or melanoma.
- b. The only role for General Practitioners who identify risk factors for skin cancer is to inform patients about sun protection measures.
- c. Tumour thickness is the most important factor in survival after a melanoma diagnosis.
- d. Skin cancer is the most common form of cancer in Australia, with 80 per cent of all cancers diagnosed in Australia being skin cancer. Queensland has the highest rate of skin cancer in the world.
- e. Solariums can emit UV radiation up to five times as strong as the summer midday sun.
- f. The most common form of skin cancer is basal cell carcinoma, which accounts for about 75 per cent of all skin cancers. Squamous cell carcinoma accounts for 20 per cent and melanoma less than five per cent
- g. According to Australian researchers, melanoma screening by using a whole-body skin examination has had no effect on mortality from the disease at all.

Answers:

a.	
b.	
c.	
d.	
e.	
f.	
g.	

Question 6

Mr Ian Dixon is a 78 year old man who presents with acute pains related to chronic compression fractures of his mid thoracic vertebrae. What statements are true with regard to screening for osteoporosis? (choose more than one)

- a. Osteoporosis is especially common in women after menopause. However, men also get osteoporosis as they age and can have osteoporosis-related fractures.
- b. Good-quality studies show that men who are older than age 70 years, have low body weight or weight loss, and are not physically active are at very low risk for osteoporosis.
- c. Because about 6 of 100 men have osteoporosis by age 65 years, it is reasonable to start screening for risk factors before this age.
- d. Cigarette smoking and low dietary intake of calcium are poor predictors of low bone mass.
- e. Alcohol use results in an increased probability of fracture but has not been associated with decreased BMD in the available studies.
- f. Bone density measurement with DXA is the only reference standard for diagnosing osteoporosis in men.
- g. Osteoporosis in men is substantially underdiagnosed and undertreated in Australia and worldwide.

Answers:

a.	
b.	
c.	
d.	
e.	
f.	
g.	

Question 7

Mr Jonny Flannagan is a 3rd Year Medical Student who lives on McDonalds and beer.

Please insert the correct response to the tabled comment.

BREAD, CEREALS, RICE, PASTA, NOODLES	
VEGETABLES, LEGUMES	
FRUIT	
MILK, YOGHURT, CHEESE	
MEAT, FISH, POULTRY, EGGS, NUTS, LEGUMES	

1.	protein, iron, zinc
2.	calcium, protein
3.	vitamins, especially vitamin C
4.	vitamin A (beta-carotene)
5.	carbohydrate, iron, thiamin

Question 8

Mr Harold Stephenson is 87 years of age. He has previously undergone angioplasties and stents of the major coronary vessels for ischaemic heart disease and remains on maximum medical treatment for troublesome angina. What are important factors when assessing his physical activity needs (choose more than one)

- a. The study of more than 15,000 U.S. military veterans is one of the largest yet to show that exercise extends lives regardless of race or income.
- b. One study showed statistically significant and identical improvement in standard measurements of depression, implying that exercise was just as effective as medication in treating major depression.
- c. Other cognitive functions that were measured by the team – attention, concentration and psychomotor skills – revealed a similar improvement with exercise.
- d. Studies confirm that elderly patients only rarely benefit from improved functional status and quality of life following appropriate coronary artery surgery.
- e. Studies have shown that the risk of death is cut in half with an exercise capacity that can easily be achieved by a brisk walk of about 30 minutes per session 5-6 days per week.
- f. Various cardiorespiratory fitness (CRF) indexes offer no predictability for the development of cardiovascular disease in men.
- g. One study revealed that weight loss outcomes for men actively exercising were the same for those unsupervised at home and those supervised away from home.

Answers:

a.	
b.	
c.	
d.	
e.	
f.	
g.	

Question 9

Unsafe consumer habits in men impact on all levels of society from family to work to community. List four major impacts that anti-social behaviour by men of all ages has on the people around them.

1.

2.

3.

4.

Question 10

Mr Philip Thomas is a 53 year old man who is morbidly obese. He has been told by his family doctor that he has metabolic syndrome. Does this mean he is headed for the male menopause? Choose the most appropriate comments (More than one)

- a. Around 40% of men with Type 2 Diabetes have low serum testosterone levels.
- b. Low testosterone has no impact on the premature development of ischaemic heart disease and premature death from all causes.
- c. In one study 83% of hypogonadal men with metabolic syndrome who received combined TRT and diet and exercise intervention reversed symptoms of the condition after one year of treatment.
- d. Studies looking at the effect of testosterone supplements haven't shown any improvements in the grab bag of symptoms attributed to the 'male menopause'.
- e. Conditions of primary testosterone deficiency such as Klinefelter's syndrome, are often misdiagnosed as male menopause.
- f. The male menopause may reflect issues with aging, concomitant disease and unhealthy lifestyle choices rather than an independent reduction in the serum testosterone.
- g. Some researchers prefer the term "androgen deficiency of the aging male" ("ADAM"), to more accurately reflect the fact that the loss of testosterone production is gradual and asymptotic.

Answers:

a.	
b.	
c.	
d.	
e.	
f.	
g.	