

THE GAP



Volume 1, Summer edition



INSIDER

Leo Dlamini on what's behind **BESTMED'S** growing success

- >> Were you **misdiagnosed?**
Have your say!
- >> TRA puts **gap cover** on
the map with HOT 102.7FM
- >> Win a **Sportsman's Warehouse**
voucher to the value of R2 500

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We investigate leading male cancers | Listen to our three-part podcast featuring a breast cancer survivor



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From the editor

Happy 2024 to all our policyholders, suppliers, colleagues and readers! As we embark on a new year, and take on fresh challenges and opportunities, we pause to reflect on the past 12 months. And what a year it was for TRA and its policyholders! With the team remaining firmly focused on their primary goal – to provide their member base with superior products at a competitive price – TRA underwent an extraordinary growth spurt, and are now providing medical gap cover for 83 500 lives around South Africa.

So much to shout about and share, which our advertising campaign with HOT 102.7FM in December, masterfully did. In fact, such was the success of this initiative, that we are repeating it, with another dedicated advertising drive on Joburg's Best Old Skool and R&B radio station this month. This time around, listeners stand the chance to win their share of R180 000, in a high-frequency "Mind the Gap" Credit Card Crush promotion which will roll out for two weeks. If you live in Johannesburg, be sure to tune it, to claim your share of the winnings! Of course, it's not only about winning, but about giving back – a motto TRA strives to live by – and one that saw TRA presenting a cheque for R20 000 to the recent Teddython drive, hosted by HOT 102.7FM.

Giving back to the community remains a top priority for 2024, as our story on Matthew Sates, South Africa's newest swimming sensation,

aptly demonstrates, with TRA pledging its support to this talented youngster during the course of the year and beyond.

Our feature story on doctors' charges, in the Spring edition, elicited a great deal of response via the poll we created to gauge general opinion on this controversial issue. You now have another chance to have your say, if you or a loved one, has been misdiagnosed by the medical fraternity. Take our poll and let us know of your personal experiences. We love hearing from our readers!

Sit back and enjoy the stories and podcasts we have selected for you. And, ladies, please don't miss our three-part podcast, featuring a courageous survivor of breast cancer. Her story is inspiring!

Also, look out for latest competition where you stand the chance to win a Sportsman's Warehouse voucher to the value of R2 500!

Wishing you and yours, everything of the best for 2024!

Liana



On the Cover: Leo Dlamini

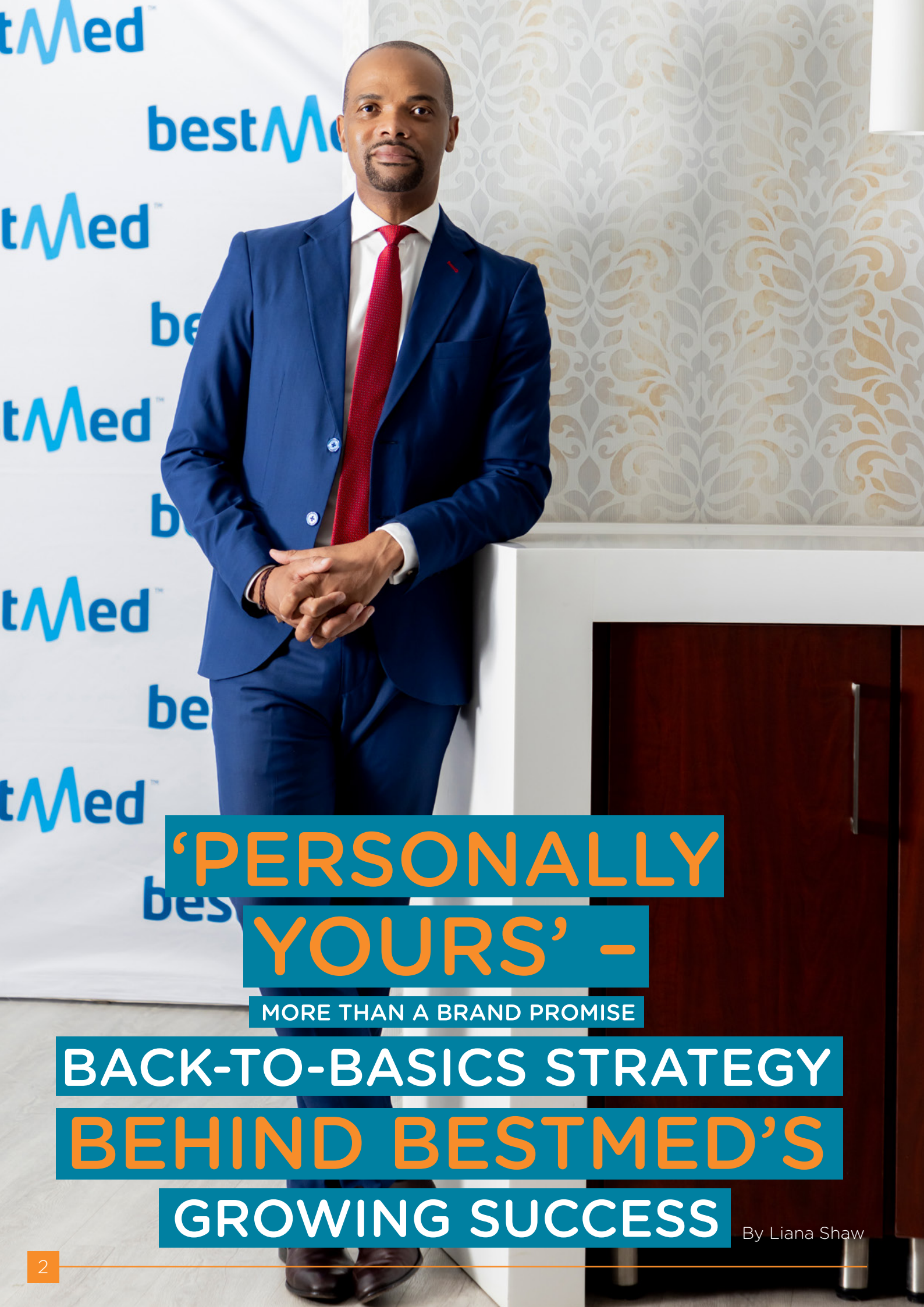
Editor: Liana Shaw • Sky Publications cc • Cell: 082 851 6777

Head of Design: Simone Anderson • Email: Simone@jdenterpriseone.com



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'PERSONALLY YOURS' –

MORE THAN A BRAND PROMISE

BACK-TO-BASICS STRATEGY BEHIND BESTMED'S GROWING SUCCESS

By Liana Shaw

Forget the bells and whistles. A back-to-basics approach toward healthcare has reaped rewards for South Africa's fourth largest open medical scheme, and the country's largest self-administered entity – Bestmed Medical Scheme.

This formidable medical scheme recorded a 20 percent upswing to its member base, in the last five years, despite the healthcare industry recording little to no significant growth in more than a decade.

What is more, in 2020, 2022, and again in 2023, Bestmed was the recipient of the Board of Healthcare Funders' Titanium Award for Excellence in Creating Access to Quality Healthcare, via an independent panel of judges, operating to strict criteria. Bestmed also won a Titanium Award for Service to Membership: Open, Closed & Self-administered Medical Schemes, Administrators and Managed Care Organisations in 2022.

In 2021 and 2022, Bestmed ranked first in the South African Customer Satisfaction Index (SAcsi), owing to its overall performance, which included the least number of customer complaints.

We caught up with CEO and Principal Officer, Leo Dlamini, to learn more about the man behind the organisation's new-found growth and success.

Thank you for taking the time to meet with us, Leo. As a leader who, four-and-a-half years ago, transitioned from the energy sector to healthcare, what parallels do you draw between the two, in terms of operational efficiency, resilience, growth and innovation?

The two industries may differ, but fundamentally, there are important parallels to be drawn. All businesses operate on the basis of key components / aspects that work together to deliver a specific objective. The success of that business / industry will be determined by the performance (individually as well as collectively) of the aspects / components. It is therefore important to identify and manage those key components / aspects to succeed.

Within Bestmed our approach is to keep it simple and focus on the key aspects – a strategy that has contributed to our growth, and one which I believe will work equally well in other business sectors and disciplines.

Congratulations on securing four prestigious Titanium Awards. Would you attribute your recent success at the Titanium Awards to your business model?

Yes, Bestmed's success is a direct result of our focus on the key aspects of the business and also being attuned to stakeholders' needs – especially our membership. One of the major advantages of a self-administered medical scheme, is the control one has across our value chain. This allows the scheme to be sensitive and agile to the members' needs.

Medical schemes are mandated with a huge responsibility of safeguarding the healthcare needs of its members – a mandate that is only possible through the monthly contributions of the members. Also, medical insurance is relatively expensive and is mostly needed when a member is unwell (i.e. vulnerable).

At Bestmed we are acutely aware of this dynamic – a dynamic that is central to our brand promise of 'Personally Yours'.

Bestmed's brand promise – Personally Yours – is about a commitment to providing a personal and compassionate experience to our members. Our size and self-administered model allows us to deliver a personal experience to our membership.

This is why we are proud of receiving the membership-based awards which do not only provide rec-

“A major advantage of a self-administration medical scheme, is the control one has across our value chain.”

ognition across the industry but are also testament to how our members experience the Scheme and our brand promise.

Do you offer your members any value-add services? Is that how you achieved growth in membership?

As a medical scheme that is self-administered the Medical Schemes Act (MSA) prohibits us from offering services outside the mandate of providing medical health cover. This is a fact that most people do not understand about medical schemes. We are often asked why we do not have some kind of a loyalty / rewards programme that will offer discounted flights, movie tickets, gym membership, etc. The reality is that the MSA specifically prohibits medical schemes from doing that. The question is then how are certain schemes able to do this? The schemes do not but their administrators do, and due to the brand association between the scheme and administrator the uninformed person will perceive the offering to be from the medical scheme.

Has much of this growth came about through word of mouth?

This is an industry that has limited budgets for activities beyond direct healthcare expenditure for members. Therefore, any channel that disseminates messages / sentiments about a scheme without a direct cost is important. Word-of-mouth is therefore as important as a scheme's marketing campaigns, especially because the full membership is potentially agents of communicating the scheme's performance and how current members experience it.

Bestmed has a well-defined marketing strategy, excellent sales teams as well as strong support from our stakeholders (e.g. Advisors, healthcare providers, etc) all of which contributes to the growth of the Scheme.

What are some other measures you have taken to strengthen your brand and differentiate Bestmed from its competitors?

In recent years, we focused on correcting brand perception. Historically, Bestmed was perceived as a brand exclusive to Gauteng North, which was not the case. So, we implemented a holistic marketing strategy that covers various channels including television,

radio, billboards, digital, public relations and interviews to reposition the brand and increase brand visibility in the target market.

With the corporate market making more than 60 percent of our membership base, we also made a conscious effort to grow our individual membership through our Direct Sales teams. We redesigned the remuneration model for the Direct Sales teams to focus on strong and good quality growth. This has proved very successful.

We have also grown and strengthened our relationships with major healthcare advisors' groups. This includes ensuring that the advisory groups understand our product offering and have access to and can leverage our infrastructure to grow their clients.

Are you currently noticing higher claim volumes?

Unfortunately, yes. This is partly due to a rise in elective procedures, post-COVID demand, but we are also noticing a disturbing spike in oncology, which is driving up health costs.

Much of this, we believe, is a consequence of people neglecting their health screenings during the COVID lock-down period, which is now translating into more serious health issues that require more aggressive clinical intervention – more exploratory procedures and specialised treatment.

In light of this, what advice would you offer your members and the South African public at large, with respect to their healthcare?

Firstly, we all have to take responsibility for our health. We need to do regular health screenings particularly as we get older. Establishing a baseline for one's health and regularly screening ensures that any changes in the health condition is quickly identifiable and therefor acted upon which is often lifesaving. Bestmed has a wellness programme which is available to all its members at no additional cost. The wellness offering, which includes access to biokinetics, dieticians, etc, does not impact the specific limits that a member's option offers i.e. not funded from the member's day-to-day benefits.

Secondly, medical schemes are funded through contributions from members i.e. the funds are from and belong to the members. Therefore, members need to work with their respective schemes to ensure that those funds are spent correctly i.e. not wasted, abused, or lost through fraud. Alarmingly, the incidence of 'waste and abuse' is on the rise. It is estimated that up to 15% of every Rand spent within the Healthcare industry is lost to Fraud, Waste and Abuse (FWA). While schemes put measures in place to eliminate FWA it is important that members join the effort. Members need ensure that medical procedures being recommended are appropriate to their health condition. Members also need to be on the lookout for anomalies in their billing statements instead of blindly insisting that the medical schemes pay.

“Members need to work together with their respective schemes to ensure their funds are spent correctly.”

What can we expect in 2024 by way of healthcare costs and how are medical schemes likely to respond to these costs?

The biggest cost driver in healthcare is the cost of hospitalisation. While the number of hospital admissions is lower than those of 2022, the average cost per admission has risen substantially. Costs are rising in general with medical inflation higher than the country's consumer price index (CPI) which is currently high.

Healthcare expenditure is funded from member's contributions and reserves accumulated from previous years. The extent to which members' healthcare need rise together with the cost of providing the healthcare will determine our future contribution adjustments. As a scheme we do our best to negotiate preferential tariffs for our members. Bestmed's preferential tariffs are available to members through the Service Provider Network which boasts over 17 000 providers.

Ultimately, our commitment to members is that of ensuring that their contributions remain competitive and that they receive good value for their contribution.

Can you explain medical gap cover and why consumers should be investing in this to supplement their medical costs?

This is a part of the value chain of providing healthcare cover that Bestmed is not directly involved in. There is a strong link between medical scheme cover and gap cover from a member's perspective in terms of minimizing healthcare cost shortfalls. Medical scheme cover has benefit limits regardless of which product option a member is on. Even the most comprehensive option has limits and is unlikely to cover all medical costs. These funding shortfalls are where gap cover plays an important role.

How do you believe gap cover providers should be advising and promoting their services and product offerings?

Strong partnerships between gap cover providers and medical schemes are essential. Preferably, this collaboration should begin when medical schemes are designing their suite of benefit options.

Identifying suitable platforms that allow for more integration between the schemes and gap cover suppliers should also be a primary focus, with the aim being to better present a combined product offering to the member. The members want a seamless process that ensures that their healthcare episode is not aggravated by funding-related challenges. It is therefore in the collective interests of both medical scheme and gap cover entities to work together in the interests of their members.

Reflecting on the potential implications of National Health Insurance (NHI), how might its implementation reshape the private sector health environment, in your view?

The current debate about the viability of achieving universal healthcare coverage via NHI is testimony to the disparate views that exist within the country. Some of

“Even the most comprehensive medical scheme option has limits and this is where gap cover plays an important role.”

the major areas of debate include questions about the appropriateness of a single state-run fund, Section 33 of the Bill which intends to impose restriction of medical schemes to the provision of complementary cover with the intention of rendering them irrelevant and/or unsustainable and the lack of clarity on how the NHI will be funded, with mixed and contradictory narratives from the Department of Health and the Department of Finance.

In the unlikely event that the above issues are resolved promptly the creation of the infrastructure to implement NHI will take a few years. This means that medical schemes in their current form will continue to exist in the short to medium term.

I believe that focus should be finding a way that the private and public healthcare sectors can work together to increase coverage and improve deployment of healthcare to all South Africans. Such collaboration was showcased during the Covid-19 pandemic.



A close-up photograph of a Black female doctor wearing a white lab coat, a blue surgical mask, and a purple stethoscope. She is looking down and to the left, examining a patient's ear. The patient has blonde hair and is also wearing a white mask. The background is a blurred clinical setting.

MISDIAGNOSED CASES ARE A GROWING CONCERN

By Liana Shaw

When a close friend began experiencing chronic pain behind her left ear, she was referred to an Ear, Nose and Throat specialist, for further investigation. The specialist initially diagnosed her with Temporomandibular Joint Disorder – a condition where the hinge connecting the upper and lower jaw is not working properly. He referred her to a physiotherapist where she underwent a succession of painful treatments, which did little to alleviate her symptoms. She went back to the specialist, who again, could not find anything of major concern, and finally suggested the pain could be linked to Vertigo. She left his rooms with a string of exercises (simple head movements known as the Epley manoeuvre), designed to correct the condition. They did not work. The pain persisted, over time, becoming more intense.

Intent on getting to the bottom of it, she finally consulted with a local general practitioner who referred her to a neurologist. The neurologist made a surprising guess at her condition, suggesting the pain behind her ear could be linked to the liver. Bizarre? Perhaps. But in the end, and after a long, and rigorous series of tests, she was diagnosed with Primary Biliary Cholangitis (PBC), a rare, but serious autoimmune condition that attacks the bile ducts in the liver. Left untreated, the patient can eventually develop cirrhosis of the liver, and may need a liver transplant.

This was five years ago and I shudder to think what would have happened to my dear friend, had the correct diagnosis not eventually been made. Although there is no cure for PBC, the medication available for this condition, (Ursodeoxycholic acid), helps move bile through the liver and seems to improve liver function and reduce liver scarring. If caught early, (which hers was), and provided the patient responds to it, (luckily, she did), the medication slows the progression of the disease and prevents complications. In short, the patient can expect normal life expectancy, provided they remain on their medication for the rest of their life.

Sadly, my friend's case is not unique. Only last week, I heard of another tragic case involving a friend's mother who was concerned about a mass beneath the skin of her right cheek. The specialist she saw dismissed it as 'harmless and nothing to worry about'. The 'harmless' mass turned out to be a melanoma. She underwent surgery to remove it, but a few months later, the cancer spread and she was recently diagnosed with stage 4 lung cancer.

Sadly, examples such as these are not isolated incidents. In fact, they seem to be on the rise. According to medicallaw.co.za, the Health Professions Council of South Africa has noted an increase in patient misdiagnosis complaints over the last few years.

The stats speak for themselves

So, just how common is misdiagnosis? According to the University of the Free State, legal claims for

medical mistakes are on the rise in South Africa. Their report, published on August 15, 2022 said that Medico-legal claims – claims based on medical negligence or malpractice – have skyrocketed in South Africa, (recent figures indicate a growth rate of 23% for medico-legal claims in the public sector since 2014. In the 2021 financial year, more than R6.5 billion was awarded in medico-legal claims.

This is not just a South African issue, but a global one. A report published in [usatoday.com](https://www.usatoday.com), stated that overall, medical providers misdiagnose diseases 11% of the time. The report says that some diseases are missed at low rates, whereas others are missed more than half the time, researchers found.

So, why is this? The University of the Free States says that in South Africa, the primary and most obvious cause relates to the quality of healthcare services and clinical errors made, claiming that Cerebral palsy-type claims make up around half of medico-legal claims in South Africa. Other medico-legal claims include negligence in applying proper care, failure to take reasonable steps to prevent stillbirth, misdiagnosis and delayed treatment.

But does the fault lie squarely at the medical practitioner's door? Not according to the University of the Free State which suggests issues in the healthcare system often go beyond individual negligence. They said: "Healthcare practitioners are expected to perform their duties according to the degree of care and skill reasonably expected of them, but this may not always be possible, especially if they are working with equipment that may be old and deficient, or facilities are understaffed," (referencing public health facilities, in particular).

Take control of your health

Consulting with a medical malpractice lawyer who will help you lodge a claim, should you be misdiagnosed or fall victim to malpractice, is one thing. Taking legal action can certainly provide some financial relief, but is there anything we can do to ensure that we are correctly diagnosed to begin with?

My friend's story at the beginning of the story illustrates the importance of doing just that. Had she not persisted, she could very well have gone undiagnosed and her name would likely have been added to the liver transplant list, by now.

Nobody knows your body the way you do! If you are not satisfied or suspect the diagnosis you were given is incorrect, get a second opinion, a third, a fourth. You have that right.

Of course, tests and exploratory medical procedures can be costly, and this could be a major deterrent for many people. To protect yourself, (should these diagnostic procedures or treatments occur in-hospital), take out medical gap cover which will help you cover the shortfalls your medical scheme will not meet.

In short, take control of your own health. If the diagnosis, treatment and/or medication you receive does not seem to be helping and your symptoms persist, your health condition likely needs further investigation.





HAVE YOUR SAY...

Have you or someone you know been misdiagnosed?
Feel free to share your experience with us.

Take our poll below, and let us know!

☐ Yes
☐ No



HAVE YOUR SAY...

POLL RESULTS

In our previous issue we asked you to take part in our online survey where we asked if you believe that doctors are over-charging, or, if are they charging a fair price for their time, knowledge and expertise?

Here are the results...

88.46%

Yes

7.69%

No

3.85%

Unsure



CHEMICALS LINKED TO BLADDER CANCER

By Liana Shaw

Did you know that men are more likely to develop bladder cancer than women are? This, according to the American Cancer Society, which says that men have an approximately 1 in 28 chance of developing bladder cancer in their lifetime, while for women, this chance is about 1 in 91.

The Mayo Clinic claims that exposure to certain harmful chemicals may increase the risk of developing the disease. This is largely because the kidneys play a major role in filtering harmful chemicals from the bloodstream and moving them into the bladder for elimination.

Precisely why the disease is more likely to present in males is unclear, however, the statistics reveal that in most of Africa, the most common type of bladder cancer is squamous cell carcinoma.

Squamous cell carcinoma is associated with chronic irritation of the bladder, which could be from an infection or from long-term use of a urinary catheter. It is also more common in parts of the world where a certain parasitic infection (schistosomiasis) – commonly referred to as bilharzia – is a common cause of bladder infections.

Know the risk factors

Aside from repeated or chronic infections of the bladder, that can trigger bladder cancer, exposure to certain cancer-causing chemicals found in cigarettes, cigars or pipes, is also thought to be a major contributor.

When you smoke, your body processes the chemicals in the smoke, excreting some of them in your urine. These harmful chemicals may damage the lining of the bladder, which can increase your risk of cancer.

Other chemicals thought to increase your bladder cancer risk - according to the Mayo Clinic - include exposure to arsenic and chemicals used in the manufacture of dyes, rubber, leather, textiles and paint products.

Additional risk factors include ageing, (most people diagnosed with bladder cancer are older than 55), previous cancer treatment with the anti-cancer drug cyclophosphamide, or radiation treatments aimed at the pelvis.

And of course, if you have had bladder cancer, you stand the risk of the cancer recurring. And, if one of your blood relatives – a parent, sibling or child – has a history of bladder cancer, you may have an increased risk of the disease.

A family history of Lynch syndrome, also known as hereditary nonpolyposis colorectal cancer, can also increase the risk of cancer in the urinary system, as well as in the colon, uterus, ovaries and other organs.

Symptoms to look out for

Symptoms of bladder cancer can mimic a urinary tract infection, manifesting in urinary frequency and urgency, urine leakage (incontinence), and painful urination.

In addition, the disease can present with abdominal pain, blood in the urine, weight loss, fatigue and bone pain or tenderness, (if the cancer spreads to the bone).

Treating bladder cancer

The good news is that the outlook for people with stage 0a (non-invasive papillary) bladder cancer is very positive, as these cancers can almost always be cured with treatment.

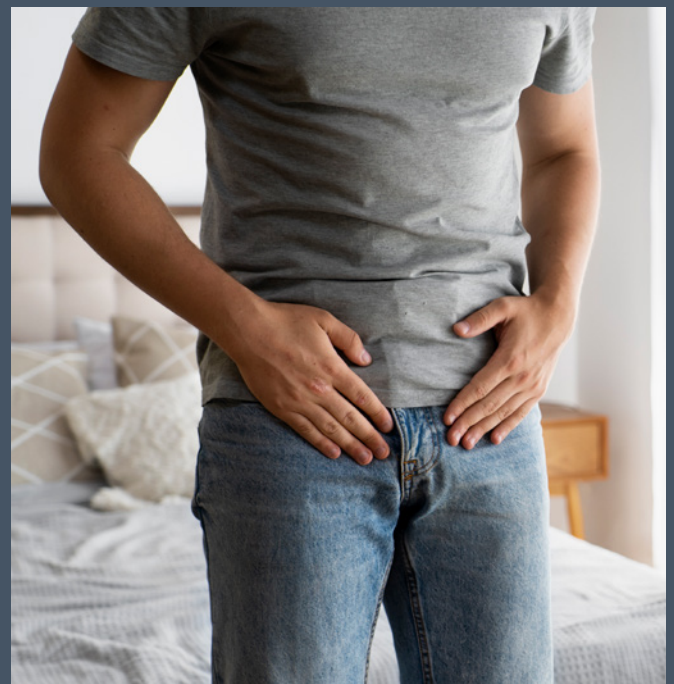
Treatment would typically include surgery, (this is the main treatment for bladder cancer), radiation therapy, chemotherapy, immunotherapy, targeted therapy, clinical trials, as well as follow-up testing, according to the National Cancer Institute.

As bladder cancer is known to present in men over a certain age, watching out for any possible symptoms is your best line of defense against this disease.

Coupled to this, taking out dedicated cancer cover to take care of the bills, should you be diagnosed, is highly recommended.

There are several policies available in the market, such as TRAs Female Cancer Cover, which also makes provision for the male partner to have access to specific male cancers – including bladder cancer – from as little as R75.00 per month!

Luckily, the five-year relative survival rate, (commonly used in arriving at a prognosis), for localised bladder cancer is 71 percent. Finding and treating bladder cancer at the early onset of the disease, is key to a successful outcome.





COULD YOU HAVE

PENILE

CANCER?

The Human papillomavirus (HPV) and its direct link to developing cervical cancer has already been discussed in our stories and podcast series on female cancers. But, did you know, that HPV infection may also increase the risk of penile cancer? Although relatively rare, according to cansa.org.za, penile cancer accounts for more than 10 percent of cancers among males in Africa, Asia and South America.

What the stats reveal

Incidence of Penile Cancer in South Africa, (according to the outdated National Cancer Registry (2017) - known for under reporting of cancer cases), a total number of 373 new cases presented during this period, across all race groups, with men over the age 40 seemingly being more likely to suffer from this disease.

Possible causes

According to the Urology Care Foundation, penile tumours are thought to be caused by body fluids that get trapped in the foreskin. If they are not routinely washed away, they can have cancer-causing effects. Men who keep clean and maintain good general hygiene, and men who are circumcised are much less likely to get penile cancer.

The presence of the HPV virus (transmitted through sex), is also thought to play a role in contracting the disease, with antibodies to HPV-16 being found in many patients with penile cancer. Condom use and the HPV vaccine are recommended to help prevent infection with HPV.

Other risk factors can include ageing, smoking or health conditions such as AIDS, which can also lead to penile cancer.

What are the signs?

Penile cancer usually forms on or under the foreskin. Should you detect any notable changes to the foreskin, or the shaft of the penis, see your health practitioner immediately. The earlier penile cancer is found, the greater your chance for successful treatment and a cure.

Should the cancer have spread to the lymph nodes, further tests will need to be performed, together with a lymph node biopsy, to determine the cancer's stage and grade. If the cancer is thought to have spread to other parts of the body, imaging tests such as a CT scan or MRI, will be carried out.

Medical experts say, however, that catching this particular disease early should not be difficult, as men touch their penis when urinating.

Changes that may visibly occur include: an area of the skin becoming thicker and/or changing colour; a lump on the penis; an ulcer (sore) that might bleed; a reddish, velvety rash; small, crusty bumps; flat, bluish-brown growths; smelly discharge (fluid) under the foreskin and swelling.

Notwithstanding, should you experience any of these symptoms, do not be alarmed, cautions the Urology Care Foundation, which claims that most of these symptoms may be from a bacterial or fungal infection, or even an allergic reaction. Should this be the case, all of these conditions will respond to antibacterial or antifungal ointments and creams.

But, they add, growths that return or sores that do not heal must be thought of as cancer until it is proven that they are not.

How to treat penile cancer

The good news is that, if found early, penile cancer can be treated with success and low risk, says the Urology Care Foundation. Sometimes, if the tumour is on top of the skin, all that may be required is to treat it with a topical skin cream, with few side effects. Equally, external beam radiation is also a therapy for small lesions.

If the lesion is larger, (but still about the size of a pea), a small, excision or 'Moh's surgery' may be performed. This involves shaving off the layers of abnormal tissue, until normal tissue is reached. According to the medical experts, with both of these methods, the penis should still look normal and work as usual. Also, at this stage, it is highly unlikely that the cancer has spread to the lymph nodes, although careful follow-up must be done to check for a recurrence.

It stands to reason, of course, that with larger lesions, more tissue will need to be removed, as well as possible drainage or removal of the lymph nodes in the groin. Treatment in cases like these is more likely to involve a mix of surgery, radiation and chemotherapy. And in cases where the cancer is more advanced, the whole penis may need to be removed.

But it does not have to come to that, cautions the Urology Care Foundation. Early detection ensures better results, more treatment options and fewer costs.

Treatment costs can be crippling

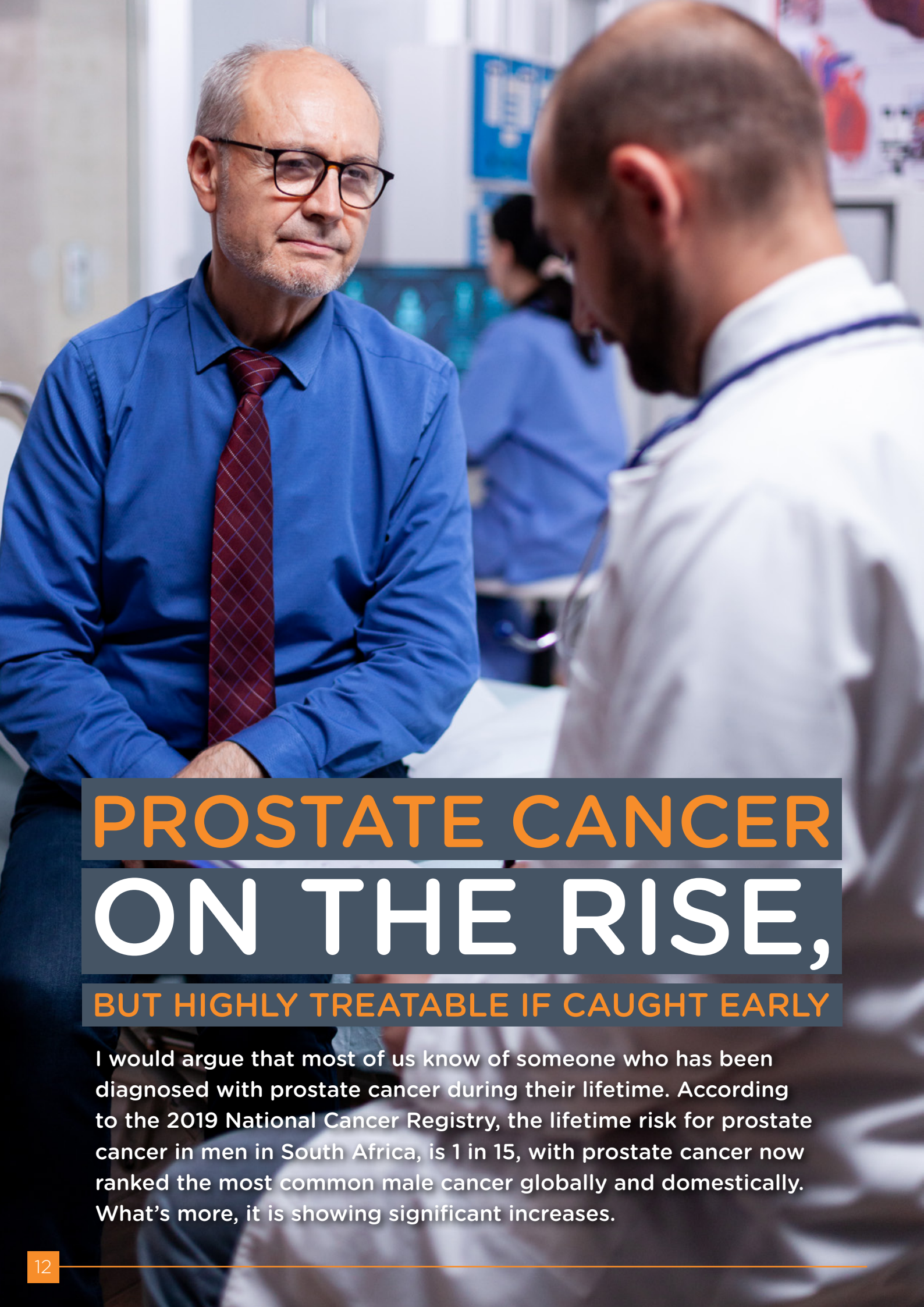
And now, for the bad news. According to the Independent Clinical Oncology Network, it is estimated that depending on the type of cancer, treatment in South Africa, can cost anything between R10 000 and R1 million per patient, per year.

As the medical schemes are unlikely to cover these costs in full, taking out additional health insurance, by way of medical gap cover, is highly advised.

Some gap cover providers, like Total Risk Administrators, have introduced specific cancer cover policies for their female members, which also allow their male partners to piggy-back on this cover, from as little as R75.00 per month! A product such as this, is well worth looking into, to prevent you from having to raise funds for much-needed treatment, upon being diagnosed.

But, as with most cancers, early detection and diagnosis is key. Watch out for any significant changes to your male genitalia. If you notice any of the warning signs, act swiftly!





PROSTATE CANCER ON THE RISE,

BUT HIGHLY TREATABLE IF CAUGHT EARLY

I would argue that most of us know of someone who has been diagnosed with prostate cancer during their lifetime. According to the 2019 National Cancer Registry, the lifetime risk for prostate cancer in men in South Africa, is 1 in 15, with prostate cancer now ranked the most common male cancer globally and domestically. What's more, it is showing significant increases.

What is the prostate?

The prostate is a walnut-sized gland of the male reproductive system, located just below the bladder. Its function is to produce fluid that nourishes and transports sperm, to secrete prostate-specific antigen (PSA) - a protein that helps semen retain its liquid state - and to help aid urine control.

According to the Mayo Clinic, experts do not know what causes prostate cancer, but can definitively predict that the risk increases with age. Prostate cancer often grows very slowly, although some types are more aggressive and can spread rapidly, if not treated.

In the early stages, men may have no symptoms whatsoever, which is why regular screening for men over the age of 40 is highly recommended. If caught early, prostate cancer is highly treatable and should not impact life expectancy.

What are the risk factors?

Age plays a major role, but other risk factors for prostate cancer include family history, being obese or overweight, certain dietary factors and ethnicity.

According to Prof Riana Bornman, Senior Research Professor at the University of Pretoria's School of Health Systems and Public Health, the most common risk factors include African ancestry. She said: "It might be that prostate cancer grows more rapidly in black than in white men and that transformation from latent to aggressive prostate cancer might occur earlier in black men. Rural men especially may present late and with advanced disease.

"Annual prostate specific antigen (PSA) testing is essential to help detect prostate cancer early, through a simple blood test," she added.

Early symptoms

As the disease progresses, men may experience trouble urinating, decreased force in the stream of urine, blood in the urine, blood in the semen, bone pain, unexplained weight loss and erectile dysfunction. This, according to Mayo Clinic.

If detected at an early stage, prostate brachytherapy is the treatment most commonly applied. The procedure places radioactive sources, (seeds) within the prostate, so the cancer receives most of the radiation and nearby healthy tissue receives a minimal dose of radiation. This therapy delivers a high dose of radiation directly to the prostate gland and sometimes to the seminal vesicles. The seeds give off their radiation slowly over several months, and within twelve months, their radiation completely decays. Luckily, there is no need to remove the seeds, which can remain safely in place for the rest of a man's life.

For larger prostate cancers or those that have a greater chance of spreading beyond the prostate,



Mayo Clinic says that brachytherapy may be used alongside other treatments, such as external beam radiation therapy (EBRT), or hormone therapy.

Prostate cancer that has advanced and spread to the lymph nodes or to distant areas of the body, will not benefit from brachytherapy therapy, however, and may need to be treated via surgery, radiation therapy and radiopharmaceutical therapy, chemotherapy, targeted therapy, immunotherapy or bisphosphonate therapy.

Cancer.gov has announced that a new treatment for prostate cancer - Enzalutamide - is in the works, with the new drug said being heralded for its ability to block hormones from fueling cancer cell growth. This new drug (Talazoparib), is the third PARP-blocking drug to be cleared to treat prostate cancer.

When prostate cancer spreads

Sadly, for a number of individuals, who either missed the signs and failed to act swiftly to target the disease, or who may have been misdiagnosed, the disease can be life-threatening, resulting in emotional and financial distress.

Investing in cancer cover as one ages, is of paramount importance. The Female Cancer Cover through TRA is a good one, in that it not only covers the full range of female cancers, but also provides coverage for the male spouse from only R75.00 per month.

Although prostate cases are on the rise, the disease is by no means fatal, if detected early. Do not neglect your annual screening and be aware of any of the symptoms that could point to prostate cancer.



WHAT'S NEW IN 2024?!

2023 was a year of achievement for TRA and its rapidly expanding client base. Did you know, that thanks to the company's dedicated drive to embrace artificial intelligence and digital marketing, TRA now covers more than 83 500 lives around the country?!

What is more, TRA has become the preferred gap cover provider for a number of high-profile employer groups, among them: Multichoice; Omnia; Cotton On; XtraSpace and Belgium Campus. Currently, TRA is embarking on a radio awareness campaign with HOT 102.7FM, Joburg's Best Old Skool and R&B station, which is also serving to debunk the myths surrounding gap cover in the market.

Social media platforms have all been refreshed, as you have likely already noticed, and TRA's digital presence has really taken off, further boosted by the launch of its own DigiMag – The Gap Insider – which you are reading as we speak!

More exciting still, Alan Fritz – a household name in the healthcare industry – was appointed Chief Commercial Officer, and is working relentlessly to energise TRA's brand and presence in its substantial broker and corporate landscape.

So, with all that said, what can we expect to see in 2024?

First, TRA has confirmed cover for a defined list of out-of-hospital procedures, where policyholders can claim for shortfalls where their medical aids have paid their share first and the treatment is authorised and paid from the in-hospital or major medical benefit.

Second, in addition to the standard travel benefit and comprehensive buy-up option, TRA gap cover policyholders qualify for a 20% discount on eSIM

services. ***No more having to swap SIM cards when travelling overseas!***

And the good news does not end there! As of 2024, policyholders will have access to the Roadguard service, as part of the panic button on the TRA Assist mobile app!

****Roadguard – a service offered to clients who might find themselves stranded next to the road and need additional security to keep them safe while waiting for the breakdown vehicle.***

Keep an eye out for TRA's own WhatsApp channel and enhanced Chatbot through which policyholders will be able to request personalised documentation, such as claim statements, policy documents and 'how to' guides. They will also be able to request access to TRA's team of agents.

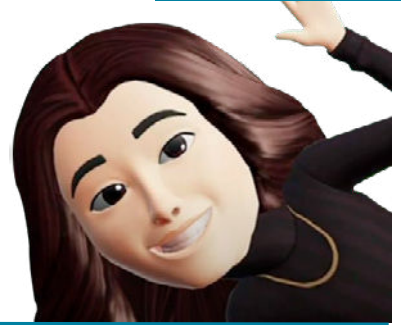
TRA has also taken a strategic decision to merge Absolute Cover into Super Cover Plus, in a bid to provide greatly enhanced benefits to Absolute Cover policyholders, but at a similar premium to what they were paying.

Best of all – and despite private healthcare experiencing its range of challenges – **TRA's retail product will only increase by a weighted average of 8.52%.**

TRA is looking forward to continue to provide quality cover and services throughout the 2024 year and beyond.

Let's Take Care

Listen to our various PodCasts hosted by Liana Shaw



Prostate Cancer

According to the 2019 National Cancer Registry, the lifetime risk for prostate cancer in men in South Africa, is 1 in 15, with prostate cancer now ranked the most common male cancer globally and domestically. What's more, it is showing significant increases.

[Click onto our podcast for the details.](#)



Penile Cancer

The Human papillomavirus (HPV) and its direct link to developing cervical cancer has already been discussed in our stories and podcast series on female cancers. But, did you know, that HPV infection may also increase the risk of penile cancer?

[Click onto our podcast for the details.](#)



Male Bladder Cancer

Bladder cancer is a common type of cancer that begins in the cells of the bladder. Bladder cancer most often begins in the cells (urothelial cells) that line the inside of your bladder.

[Click onto our podcast for the details.](#)

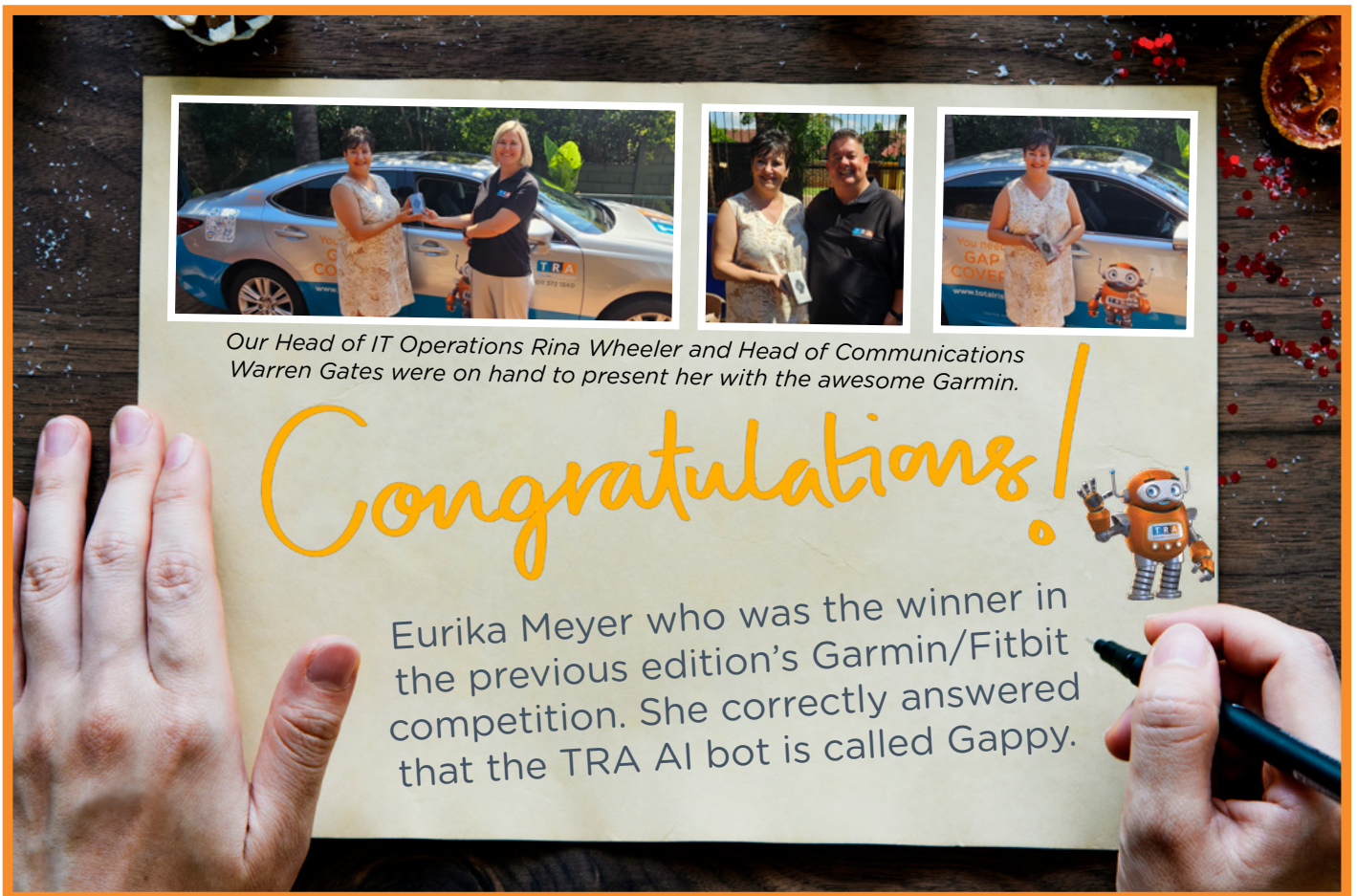


Breast Cancer

In 2020, there were 2.3 million women diagnosed with breast cancer and 685 000 deaths globally. As of the end of 2020, there were 7.8 million women alive who were diagnosed with breast cancer in the past 5 years, making it the world's most prevalent cancer.

[Click onto our podcast for the details.](#)

[Part 1](#) | [Part 2](#) | [Part 3](#)



As part of their product launch for 2024, TRA's network of accredited brokers were invited to enter a competition to win an Apple device. It was as simple as following a link in the launch material, answering a product related question and submitting their entry. Here, Warren Gates, TRA Head of Communications hands over the Apple iPad to Clinton Coetzee from Sweidan & Co. Congratulations Clinton!



YOUR chance to WIN!

WIN a
**Sportsman's
Warehouse**
voucher to the
value of **R2500!**

To enter, go to
www.totalrisksa.co.za/care
and answer the following question:

What
is the name
of TRA's orange
and silver
AI Bot?



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Click **HERE** to read the terms and conditions.

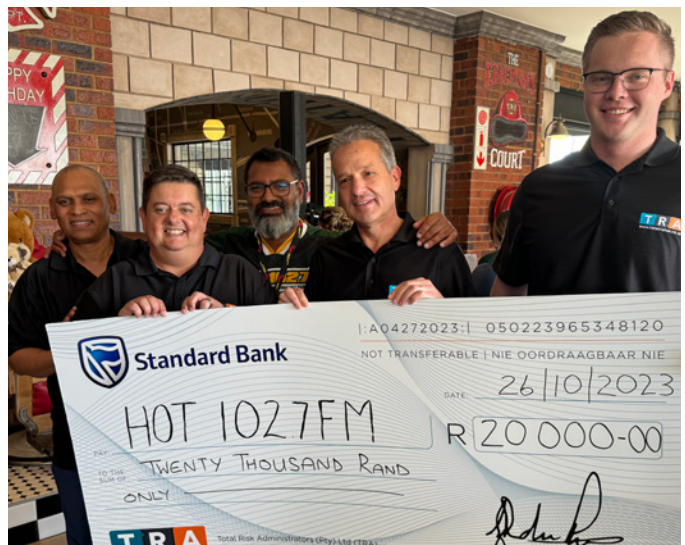
TRA PUTS GAP COVER ON THE MAP WITH HOT 102.7FM

The decision for TRA to partner with Johannesburg's newest commercial radio station - HOT 102.7FM - has served to raise awareness for the importance of investing in dedicated medical gap cover. Added to this, the partnership has provided a platform for TRA to make a sizeable contribution - to the tune of R20 000.00 - to the radio station's Teddython* campaign, calling upon its competitors in the marketplace to do the same.

TRA's advertising campaign took the form of several power spots on the station's main shows, highlighting three key items: awareness of gap cover and the difference between private rates and medical aid rates; how TRA covers co-payments and sub-limits; and TRA's added value benefits such as uber rides, the panic button, travel insurance and much more. TRA also featured in association with 'Alphabet Soup', a competition hosted by Ursula Chikane on the afternoon show.

Last, but my no means least, TRA donated R20 000 to their Teddython campaign, where they got to hand over the cheque to them at the live event, held on 26 October, at Papachinos in Broadacres.

Look out for TRA's next advertising campaign on HOT 102.7FM in January!



**The Teddython is a key event on the HOT 102.7FM calendar, providing the radio station with the opportunity to raise the much-needed funds for Hot Cares, to continue to uplift the community and make an impact within their four areas of focus: Humanitarian and Welfare; Medical; Education and Animal Welfare. This year, the Teddython raised a whopping R19 427 727 for these worthy causes!*



CLICK HERE
TO LISTEN >>>



TRA on the course

TRA were recently invited by Hippo to co-sponsor and man a tee box at the Medihelp Golf Day, held at the Pretoria Country Club.

This was a superb event that was well supported by the extended healthcare funding industry. In what has become their main focus, TRA went the extra mile and also sponsored a raffle competition where an entrant could win a Megamaster gas braai. The proceeds of this raffle amounting to R4608 went straight to the Medihelp charity of choice being Huis Silversig. They provide 24-hour care for 125 frail elderly people as well as a closed-off unit for women with dementia.



The TRA golfers: Ashley Smart, Rowan Snyman, Warren Gates and Alexia Graham.



Rina Wheeler and Naomi Buchner at the TRA stand.



Our head of Communications, Warren Gates, gets passionate when he talks to brokers.

Johan Viljoen and Lee Fourie with Warren Gates about to hand over the prize to the raffle winner.

**TRA TO SPONSOR
SA'S NEWEST
SWIMMING SENSATION,
MATTHEW SATES**

In an ongoing bid to support important community projects, TRA has volunteered to sponsor South Africa's emerging sporting talent - Matthew Sates, a young swimmer from Kwazulu-Natal, who is taking the local and international swimming world by storm

Born on July 28, 2003, in Pietermaritzburg, Matthew has already achieved feats in the swimming arena that many can only dream of. Young Matt's swimming journey began under the mentorship of Wayne Riddin, at the Seals Swimming Club in Pietermaritzburg. Next, Matt sought further training in the US collegiate swimming circuit, during which time, he clinched the 500-yard freestyle title for the University of Georgia at the NCAA Championships, establishing a new record. On his return to South Africa, his training with Coach Riddin reconvened, and he went on to amass a range of accolades, ranging from setting several African records, to securing the title of the overall male winner at the 2021 FINA Swimming World Cup, (including the World Junior Records).

A year of triumphs

2023 has been a year of triumphs for Matt, beginning with the South Africa National Championships, where Matt displayed his prowess by clinching gold in multiple events, alongside silver and bronze titles.

On the International Circuit, at The World Aquatics Swimming World Cup, which took place across three nations, Matt continued to deliver consistent performances in cities such as Berlin, Athens and Budapest. His most notable achievement included securing eight gold medals and three silvers during the series in Budapest.

What's more, Matt's appearances at the Mare Nostrum Swim Tour in Europe were a testament to his stellar athletic ability, winning gold in all his events.

Looking ahead: Paris 2024 and beyond

With the upcoming Paris 2024 Olympics fast approaching, TRA has extended its sponsorship, ensuring comprehensive support for Matt's future pursuits.



"TRA remains committed to safeguarding Matt's health and wellbeing, as he gears up to represent South Africa on the global stage," said Geoff du Preez, Chief Operating Officer.

"TRA will cover comprehensive medical aid, gap cover, travel insurance, plus supply some branded kit. We are proud to be able to play a small role in his future accomplishments, and we invite our policyholders and the broader readership to follow Matt's journey with us," he added.

"As Matt approaches the zenith of his career, the best is yet to come," stated du Preez. Sentiments that are being echoed by many, including notable figures in the swimming community, such as Chad le Clos, who having recognised Matt's potential, is hinting at the young man's imminent rise to global prominence.

Foundation of success

Central to Matt's ascendancy in the world of competitive swimming, is the important role his family has played in his budding career. He grew up surrounded by a caring mother and a supportive sister, while his elder brother, Tim, further played a pivotal role in influencing Matt's inclination towards the sport.

"My formative years at St. Charles College in Pietermaritzburg, were also instrumental in honing my aquatic skills," claimed Matt. "Top class training, together with my family's support and my motto, to focus on the race and deliver the best performance that I can, are the cornerstones that continue to drive me," he said.

Matthew Sates has just celebrated another prestigious win, when on November 4th, he was named as Male Sports Personality of the Year, in the KZN Sport Awards 2023.



COMPLIANCE CORNER



BIG GOALS FOR 2024

And another year rolls on! Big goals, big dreams and hopefully big opportunity to grow your business. As always, successful businesses are underpinned by superior customer service, authentic company culture and a strong foundation of compliance. As the new year begins, it is a great time to ensure all your compliance is in order and ready to go. So some planning for the year ahead is essential.

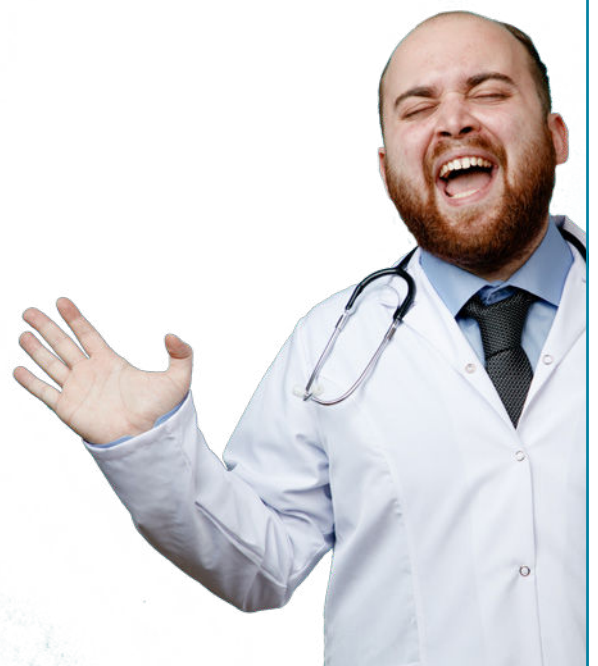
As Benjamin Franklin said: "By failing to prepare, you are preparing to fail". Make a compliance calendar for the year and plot in key dates like:

- Honesty and Integrity Declarations
- Annual Financial Statements
- CPD Deadlines
- Quarterly Compliance Review
- Levies Payments
- Financial Soundness Requirements
- Annual Policies and Procedures Review

Contact us at compliance@nfsgroup.co.za for a convenient compliance year planner.

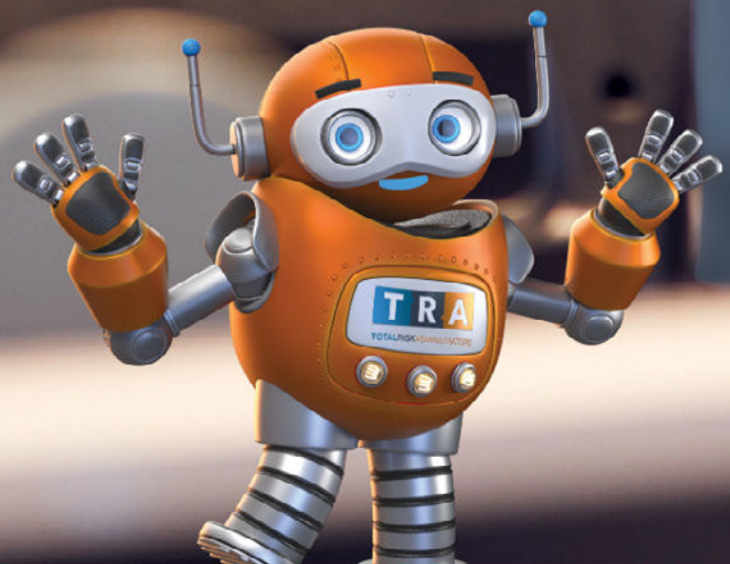
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ON A LIGHTER NOTE...





294 reviews
later, and
Hello Peter
gives us a
10 out of 10
trust index!





TOTALRISKADMINISTRATORS