

# Surgery improves survival for prostate cancer patients younger than 50

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For men younger than 50 with prostate cancer, undergoing a radical prostatectomy can greatly increase their chances for long-term survival, according to a new study from Henry Ford Hospital.

Results from the study done on the National SEER database show that the surgical procedure improves the 5-, 10-, 15- and 20-year survival for younger [patients](#), when compared with other standard treatments such as radiotherapy or watchful waiting.

"When given the choice between surgery, watchful waiting or external beam radiotherapy, patients younger than 50 with moderately and poorly differentiated prostate cancers have better long-term overall and cancer-specific survival when they opt for surgery," says study author Naveen Pokala, M.D., an urologist with Henry Ford Hospital.

Based on findings from the study, Dr. Pokala and co-author Mani Menon, M.D., director of Henry Ford's Vattikuti Urology Institute, strongly recommend retropubic radical prostatectomy - a surgical procedure that removes the entire prostate gland plus some of the tissue around it - as the treatment of choice for prostate cancer patients under the age of 50.

Prostate cancer affects one in six men in the United States during his lifetime, but according to the American Cancer Society only one in 35 will die of it.

Although the majority of all prostate cancer are diagnosed in men older than 65, its prevalence is growing among men younger than 50. In fact, about one in 10,000 men under the age of 40 will be diagnosed this year with prostate cancer.

To determine which treatment option offers the best chance for long-term survival for younger prostate cancer patients, Pokala and Menon studied more than 8,200 [men](#) under age 50 with prostate cancer.

Among the study group, 73 percent were white and about 22 percent were black. The mean age was 46, and over 70 percent had moderately and 22 percent had poorly differentiated cancers. Of the patients, 1,065 were managed with no definitive treatment (watchful waiting); 6,614 (79.9 percent) with radical retropubic prostatectomy; and 600 with external beam radiotherapy.

The cancer-specific survival in the NDT group was 78 percent at 16 years, in the radiation group was 63 percent at 17 years; and 94 percent in the radical prostatectomy at 21 years. On a subset analysis the outcome was significantly better after radical prostatectomy in patients with moderately and poorly differentiated [prostate cancer](#).

Overall, the study shows the 5-year, 10-year, 15-year and 20-year overall survival and cancer specific survival is significantly increased in patients who were less than 50 years of age with moderately and poorly differentiated cancers in the surgery group.

Source: Henry Ford Health System ([news](#) : [web](#))

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