

Early evidence of increase in higher-risk prostate cancers from 2011-2013

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An analysis of data on roughly 87,500 men treated for prostate cancer since 2005 finds a notable increase in higher-risk cases of the disease between 2011 and 2013. The retrospective analysis of patient data found the proportion of men diagnosed with intermediate- and high-risk disease increased by nearly 6 percent in those years. While a rise in mortality has not yet been seen, the authors estimate this apparent trend could produce 1,400 additional prostate cancer deaths per year (based on the 2014 estimated number of new prostate cancer cases and the relative survival of patients with low- versus high-risk cancer). They emphasize, however, that the findings must be confirmed through further research. The study will be presented at the upcoming 2015 Genitourinary Cancers Symposium in Orlando.

In this study, researchers analyzed data on 87,562 men diagnosed with [prostate cancer](#) between January 2005 and June 2013. Patient data were collected from the National Oncology Data Alliance (NODA, a registered trademark of Elekta Medical Systems), a proprietary database that captures cancer cases at more than 150 U.S. hospitals. This database was selected because it included 2011 to 2013 data that were not available in the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) database at the time of this analysis. However, the authors note that the data submitted to NODA are the same as the data submitted to state tumor registries and ultimately to SEER.

Blood PSA level greater than 10 signifies intermediate- or high-risk prostate cancer, irrespective of tumor stage and grade. From 2005 to

2011, the proportion of men with prostate cancer and PSA greater than 10 decreased gradually. Between 2011 and 2013, however, the proportion of men diagnosed with intermediate- or high-risk cancer, based on blood PSA level, increased by 3 percent per year.

Based on 233,000 new prostate cancer cases predicted in 2014 in the United States, the authors estimate that this trend translated to 14,000 additional higher-risk prostate cancer diagnoses nationwide in 2014, compared to 2011. The authors predict that at least 1,400 additional men may die from prostate cancer each year. This estimation takes into account 10-year prostate cancer survival rates, which are approximately 95 percent for low-risk, 75-90 percent for intermediate-risk, and 60-80 percent for high-risk disease.

"Our study is the first to measure the changes in prostate cancer presentation in the period following the US Preventive Services Task Force's PSA screening recommendations," said lead study author Timothy E. Schultheiss, PhD, a professor and director of Radiation Physics at City of Hope in Duarte, CA. "Given the rise in intermediate- and high-risk prostate cancers seen in our analysis during this timeframe, men who are at increased risk for prostate cancer, especially those with a family history of prostate cancer, should consider talking with their doctor about PSA screening."

In follow up to this study, the researchers plan to update this analysis as new registry data become available.

Provided by American Society of Clinical Oncology

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