

Organ transplant does not worsen prostate cancer outcome

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(HealthDay)—Among older men with prostate cancer, an organ

transplant is associated with higher overall mortality, but not prostate cancer-specific mortality (PCSM), according to a study published online Nov. 15 in the *Journal of the National Cancer Institute*.

Stanley L. Liauw, M.D., from the University of Chicago, and colleagues used Surveillance, Epidemiology, and End Results-Medicare-linked data to identify 163,676 men aged ≥ 66 years who were diagnosed with nonmetastatic prostate cancer. History of solid [organ transplant](#) was identified using diagnosis or procedure codes, and outcomes were compared to a propensity score-matched cohort of nontransplanted men matched by age, race, region, year, T-stage, grade, comorbidity, and [cancer therapy](#).

The researchers identified 620 men with transplant ≤ 10 years before (320 men) or five years after (300 men) prostate cancer diagnosis and matched them to 3,100 men. At 10 years, overall mortality was 55.7 percent and PCSM was 6 percent in the transplant cohort versus 42.4 percent (P

"These findings suggest men with [prostate cancer](#) and previous or future organ transplantation should be managed per usual standards of care, including consideration of active surveillance for low-risk cancer characteristics," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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