


Re: Prostate Cancer Incidence 5 Years After US Preventive Services Task Force Recommendations Against Screening

Steven Lehrer , MD,¹ Peter H. Rheinstein, MD, JD, MS^{2,*}

¹Department of Radiation Oncology, Icahn School of Medicine at Mount Sinai, New York, NY, USA and ²Severn Health Solutions, Severna Park, MD, USA

*Correspondence to: Steven Lehrer, MD, Box 1236 Radiation Oncology, Mount Sinai Medical Center, 1 Gustave L. Levy Place, New York, NY 10029, USA (e-mail: steven.lehrer@mssm.edu).

Jemal et al. (1) analyzed prostate cancer incidence between 1998 and 2016. Their analysis included the 5 years after the US Preventive Services Task Force (USPSTF) 2012 recommended against routine prostate-specific antigen (PSA) screening. In a recent article in the Journal, using the Surveillance, Epidemiology, and End Results (SEER) database, Jemal et al. (1) reported that regional- and distant-stage prostate cancer incidence continued to increase in the United States in men aged 50 years and older. Rising obesity may play a role, because obesity predisposes to aggressive prostate cancer (2). However, Jemal et al. did not examine associated survival data.

Using SEER, we have examined survival data to augment the results of the study by Jemal et al. (1). SEER data from population-based cancer registries include 28% of the US population (3). We analyzed 5-year relative survival data from 18 251 pros-

tate cancer patients aged 50 years and older. We selected SEER-stat relative survival, which represents cancer survival in the absence of other causes of death. Relative survival adjusts for general survival of the US population for race, sex, age, and date at which the age was coded (4). We looked mainly at distant disease, because almost all cases of localized prostate cancer will still be alive at 60 months.

For 18 251 patients aged 50 years and older, SEER relative survival for local and regional disease was 100%. SEER relative survival for distant disease increased between 1998 and 2016 (Figure 1). For example, in 1998, relative 12-month survival was 71.7% (95% confidence interval [CI] = 68.2% to 74.9%), and in 2016, it was 81.4% (95% CI = 78.9% to 83.6%).

For the 10 104 patients aged 50 to 74 years, SEER relative survival for local and regional disease was 100%. SEER relative survival for distant disease increased between 1998 and 2016. For example, in 1998, relative 12-month survival was 78.0% (95% CI = 73.5% to 81.9%), and in 2016, it was 87.0% (95% CI = 84.2% to 89.4%).

For the 8147 patients aged 75 years and older, SEER relative survival for local and regional disease was 100%. SEER relative survival for distant disease increased between 1998 and 2016. For example, in 1998, relative 12-month survival was 64.7% (95% CI = 59.1% to 69.7%), and in 2016, it was 72.9% (95% CI = 68.3% to 76.9%). Although this increase was not statistically significant, probably because of the smaller sample size, the 5-year relative survival of older patients with prostate cancer is similar to the 5-year survival of all men of the same age (5).

Our analysis confirms the recent stabilization of prostate cancer death rates after a steady decline since the early 1990s (6). Nevertheless, in 2018, the USPSTF updated its recommendations for individualized decision making for PSA-based screening for men aged 55–69 years (7). Given the complications associated with curative treatment of prostate cancer, especially in older men, we feel that the original USPSTF recommendation against routine PSA screening was well taken.

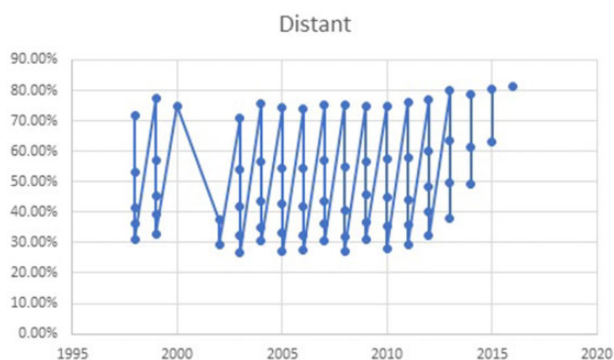


Figure 1. Relative survival (percentage) of 18 251 prostate cancer patients aged 50 years and older with distant disease vs year of diagnosis, 1998–2016. The points, top to bottom, indicate 12-month (top), 24-month, 36-month, 48-month, and 60-month (bottom) survival. For 2016, only 12-month survival was available: 2015, 12-month and 24-month; 2014, 12-month, 24-month, 36-month; 2013, 12-month, 24-month, 36-month, 48-month. Survival increased statistically significant after 1998.

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Notes

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