

Incidence of Metastatic Prostate Cancer On the Rise

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The incidence of metastatic prostate cancer (mPC) in the United States has been rising over the past decade, according to an analysis published in the CDC's *Morbidity and Mortality Weekly Report*.¹

Although the overall age-adjusted incidence of prostate cancer went down from 155 to 105 per 100,000 men between 2003 and 2017, the CDC analysis indicated that the percentage of patients diagnosed with mPC increased from 4% to 8% during the same time period.

The CDC report examined data from the population-based cancer registries that are used for the official US Cancer Statistics composite. In total, there were 3,087,800 new prostate cancer cases diagnosed in the United States between 2003 and 2017. The incidence was highest among men aged 70 to 74 years and among Black men. The vast majority of these cases were localized (77%), followed by regional (11%), metastatic (5%), and unknown (7%). Compared with all other races/ethnicities, White men had the lowest rates of metastatic (5%) and unknown stage (6%) disease at diagnosis.

"Although approximately three-fourths of US men with prostate cancer have localized stage at diagnosis, an increasing number and percentage of men have received diagnoses of distant stage prostate cancer," noted the investigators. "Survival with distant stage prostate cancer has improved, but fewer than one-third of men survive 5 years

after diagnosis."

Survival data available for 3,104,380 men across all disease stages showed that between 2001 and 2016, the 5-year and 10-year relative survival rates (RSRs) were 97.6% and 97.2%, respectively. The 10-year RSRs for men with localized disease vs mPC were 100% vs 18.5%, respectively. The 10-year RSRs were 96.1% for patients with regional disease and 78.1% for patients whose disease status was unknown.

According to the investigators, a possible explanation for the recent uptick in the incidence of mPC was the US Preventive Services Task Force (USPSTF) issuing a grade D recommendation in 2012 against the use of prostate-specific antigen (PSA) screening in the general US population, regardless of age.

"This recommendation likely contributed to a decrease in overall reported prostate cancer incidence and might have contributed to an increase in the percentage and incidence of distant stage prostate cancer," they wrote.

The current recommended PSA screening policy has since changed slightly, with the USPSTF issuing a grade C recommendation for men aged 55 to 69 years. For this population, an individual decision on screening should be made based on a physician-patient discussion of the potential benefits and risks. Some urologists still disagree with this recommendation, however, believing that all healthy men should undergo some form of PSA screening.²

Of note, when comparing the 5-year

RSRs for 2001-2005 vs 2011-2016, the rate improved from 28.7% to 32.3% in patients with mPC. The investigators suggested that the improvement might be attributed to recent advances in the prostate cancer armamentarium, including novel antibody and hormone treatments.

Although the 5-year RSR was higher for White vs Black or Hispanic men when combining all stages of prostate cancer, the 5-year RSR for patients with mPC was higher for Black and Hispanic men compared with White men. The 5-year RSR by race for men diagnosed with mPC between 2001 and 2016 were 42.0% for Asian/Pacific Islander men; 37.2% for Hispanic men; 32.2% for American Indian/Alaska Native men; 31.6% for Black men; and 29.1% for White men.

In their concluding remarks, the CDC investigators wrote, "Understanding incidence and long-term survival by stage, race/ethnicity, and age could inform messaging related to the possible benefits and harms of prostate cancer screening and could guide public health planning related to treatment and survivor care. Further research is needed to examine how social determinants of health affect prostate cancer diagnosis and treatment; findings should inform interventions to decrease disparities in outcomes."■

FINANCIAL DISCLOSURE: The authors have no significant financial interest in or other relationship with the manufacturer of any product or provider of any service mentioned in this article.

▶ For full reference list, visit cancernetwork.com/mPC_incidence