



Prostate Cancer Fact Sheet

Prostate Cancer in the US^{1, 2}

In men, prostate cancer is the most common type of cancer (other than skin cancer) and the second-leading cause of cancer death among men after lung cancer. Most prostate cancers grow slowly, but when they spread, they can do so quickly.

Types of Prostate Cancer³

Almost all prostate cancers are adenocarcinomas. Other less common types of prostate cancer include: small cell carcinomas, neuroendocrine tumors, transitional cell carcinomas, and sarcomas.

Risk Factors^{2, 3}

Age Although men of any age can get prostate cancer, the chance of having it increases rapidly after age 50. About 60% of all prostate cancers are diagnosed in men older than 65.

Racial/Ethnic background The risk for prostate cancer is higher in African American men and in Caribbean men of African ancestry than in men of other races.

Family history Having a first-degree relative with prostate cancer more than doubles a man's risk of developing it. The risk is much higher for men with several affected relatives, especially if their relatives were young when the cancer was found.

Genetic mutations Having certain inherited gene mutations might raise the risk for prostate cancer, such as the *BRCA1* and *BRCA2* genes along with genes associated with Lynch syndrome.

Screening and Detection^{2, 4, 5}

Screening is a process used to test for cancer in people who have no symptoms. The American Cancer Society recommends that **all men** have the opportunity to make an informed decision with their health care provider about whether to be screened after discussing the potential risks, benefits, and limitations of prostate cancer screening. This discussion should take place at:

- **Age 50** for men at average risk and are expected to live at least 10 more years
- **Age 45** for men at high risk. This includes African American men, Caribbean men of African ancestry, and men who have a first-degree relative diagnosed with prostate cancer at an early age (younger than age 65).
- **Age 40** for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age)

If a man chooses to be tested, the prostate specific antigen (PSA) test is recommended. Some clinicians may perform a digital rectal exam as part of screening.

Signs and Symptoms^{2, 3}

Early-stage prostate cancer usually has no symptoms. More advanced prostate cancer may have symptoms, including weak or interrupted urine flow; urinary hesitancy or frequency, especially at night; blood in the urine or semen; pain with urination; or erectile dysfunction. Late-stage prostate cancer commonly spreads to the bones, which can cause pain in the hips, spine, ribs, or other areas.

Prevention^{2, 3}

There is no sure way to prevent prostate cancer. Risk factors, such as age, race, and family history can't be controlled. Some studies suggest that regular physical activity; getting to and staying at a healthy weight; and following a healthy eating pattern with plenty of fruits and vegetables and limitation or avoidance of red and processed meats, sugar-sweetened beverages, and highly processed foods might help lower the risk of prostate cancer. Studies using 5 α -reductase inhibitors (finasteride or dutasteride) have shown decreased risk for prostate cancer risk in some men, but the drugs' effect on prostate cancer death rates is not known.

Treatment^{3, 4}

- If prostate cancer is found early, treatment with curative intent is often given. Treatment options include surgery, external beam radiation, or brachytherapy.
- If the cancer is low-risk and localized, observation or active surveillance (“watchful waiting”) may be chosen instead of immediate treatment, especially for older men diagnosed at an early stage with less aggressive tumors. Active treatment might be started later if the cancer progresses or symptoms appear.
- For cancer that has metastasized, treatments such as hormone therapy, chemotherapy, radiation therapy, and/or immunotherapy may be recommended.

Quality of Life^{5, 6, 7}

Many prostate cancer survivors who were treated with surgery or radiation experience incontinence, bowel complications, and/or erectile dysfunction, which may be permanent. Patients receiving hormonal treatment

Prostate Cancer in the US:

2020 estimates^{1, 6}

- New cases: 191,930
- Deaths: 33,330
- 5-year relative survival rate for localized stages: Nearly 100%
- 5-year relative survival rate for all stages combined: 98%

may experience loss of libido, hot flashes, night sweats, irritability, and mild breast development. Hormonal therapy also increases the risk of anemia, osteoporosis, and metabolic syndrome, and may increase the risk of cardiovascular disease and depression.

A cancer diagnosis can profoundly impact quality of life. **Clinicians should assess for any physical, social, psychological, spiritual, and financial issues.** Integrating palliative care can help manage symptoms, address issues, and improve quality of life. It can be offered at any time from the point of diagnosis, during treatment, and until the end of life. Throughout a patient's cancer journey, it's very important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

References

1. American Cancer Society. *Cancer Facts & Figures 2020*. Atlanta. American Cancer Society; 2020. Accessed at <http://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html> on January 14, 2020.
2. American Cancer Society. *Cancer Prevention and Early Detection Facts & Figures 2019-2020*. Atlanta. American Cancer Society; 2019. Accessed at <http://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/cancer-prevention-and-early-detection-facts-and-figures-2019-2020.pdf> on January 14, 2020.
3. American Cancer Society. *Prostate Cancer*. 2019. Accessed at <https://www.cancer.org/cancer/prostate-cancer.html> on January 14, 2020.
4. Smith RA, Andrews KS, Brooks D, et. al. Cancer screening in the United States, 2019: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA: A Cancer Journal for Clinicians*. 2019; 69:184-210.
5. National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]), Prostate Cancer, Version 4.2019. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf on January 14, 2020.
6. American Cancer Society. *Cancer Treatment & Survivorship Facts & Figures 2019-2021*. Atlanta. American Cancer Society; 2019. Accessed at <http://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-treatment-and-survivorship-facts-and-figures/cancer-treatment-and-survivorship-facts-and-figures-2019-2021.pdf> on January 14, 2020.
7. Brown CG, ed. *A Guide to Oncology Symptom Management*. 2nd ed. Pittsburgh, PA: Oncology Nursing Society; 2015.



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