



Prostate Cancer Fact Sheet

for Health Care Professionals



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 after lung cancer. Some prostate cancers grow and spread quickly, but most grow slowly.

Types of Prostate Cancer²

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

Risk Factors^{1, 2}

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.

Race/ethnicity: The risk for prostate cancer is higher in African American men and in Caribbean men of African ancestry than in men of other races.

Personal or family history: Having a father or brother with prostate cancer more than doubles a man's risk of developing this disease. (The risk is higher for men who have a brother with the disease than for those who have a father with 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.

Geography: Prostate cancer is most common in North America, northwestern Europe, Australia, and on Caribbean islands. It is less common in Asia, Africa, Central America, and South America.

Screening and Detection^{2, 3, 4}

The American Cancer Society recommends that **all men** be given the chance 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 who are expected to live at least 10 more years
- **Age 45** for men at high risk. This includes Black men 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^{1, 2}

Early-stage prostate cancer usually has no symptoms. More advanced prostate cancer, however, may cause 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. It can also cause weakness or numbness in the legs or feet, or loss of bladder or bowel control from cancer pressing on the spinal cord.

Prevention^{1, 2}

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^{2, 3}

Treatment options are based on the tumor subtype, stage, and molecular characteristics, along with patient comorbidities. Surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy drugs, either in combination or alone, are common treatments that might be used. Visit [cancer.org/cancer/prostate-cancer](https://www.cancer.org/cancer/prostate-cancer) to learn more about treatment options for the different types of prostate cancer.

Prostate Cancer in the US:

2023 estimates^{1, 4}

New cases: 288,300

Deaths: 34,700

5-year relative survival rate for localized stages: >99%

5-year relative survival rate for all stages combined: 97%

Quality of Life^{3, 4, 5}

Common issues affecting quality of life for men with prostate cancer include urinary incontinence, bowel complications, and/or erectile dysfunction, which may be permanent. People receiving hormonal treatment 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 through treatment, and until the end of life. Throughout a person's cancer journey, it's very important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

References

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4. 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 12, 2023.
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