



Prostate Cancer Initiatives



Through prostate cancer control initiatives, CDC provides the public, physicians, and policy makers with the information they need to make informed decisions about the potential risks and benefits of prostate cancer screening and follow-up.

The Burden of Prostate Cancer

Prostate cancer is the most common form of cancer, other than skin cancer, among men in the United States. In 2002, more than 190,000 men in this country were diagnosed with prostate cancer, and 30,446 men died of the disease (1).^{*} In fact, prostate cancer is the second leading cause of cancer deaths among men in the United States, after lung cancer, and the sixth leading cause of death overall for men in this country.

- The incidence of prostate cancer in the United States increased by 1.7% per year from 1995–2002 (1).
- The incidence of prostate cancer remained level during the past several years for African American men (1995–2002) and Hispanic men (1992–2002) (1).

- Deaths from prostate cancer in the United States decreased significantly, by 4.0% per year, from 1994–2002 (1).
- More than 65% of all diagnosed prostate cancers are found in men aged 65 years or older (2).
- African American men die of prostate cancer more often than men in any other racial/ethnic group (3).

* Incidence counts cover approximately 93% of the U.S. population. Death counts cover 100% of the U.S. population. Use caution in comparing incidence and death counts.

Risk Factors

Prostate cancer risk factors include:

- Age. The older a man is, the greater his risk for getting prostate cancer (4).
- Family history. A man with a father, brother, or son who has had prostate cancer is two to three times more likely to develop the disease himself (4).
- Race. Prostate cancer is more common in some racial and ethnic groups than in others, but medical experts do not know why. Prostate cancer is more common among African American men than among white men. It is less common among Hispanic, Asian, Pacific Islander, and Native American men (4).

Researchers are trying to determine the causes of prostate cancer and whether it can be prevented. They do not yet agree on the factors that can

influence a man's risk of developing the disease. Some of the factors under study include (4, 6–7)

- Herbal supplements.
- Lycopene (an antioxidant abundant in red tomatoes and processed tomato products).
- Diets high in animal fat or low in fruits and vegetables.
- Vitamin E and selenium.
- Men's hormone levels.
- Environmental agents (pesticide residues on foods, and industrial and occupational exposures).
- Physical inactivity.
- Overweight and obesity.

Screening

Tests

The two most common tests used by physicians to detect prostate cancer are the digital rectal examination (DRE) and the prostate-specific antigen (PSA) test. For the DRE, the doctor inserts a gloved and lubricated finger into the rectum. This allows the doctor to feel the back portion of the prostate (where most cancers begin) for size and any irregularities. The PSA test is a blood test that measures the prostate-specific antigen, an enzyme produced only by the prostate, to see if the PSA level is within normal limits. The doctor also may use this test to check for any change in PSA level compared to the previous PSA test.

Recommendations

Although there is good evidence that PSA screening can detect early-stage prostate cancer, evidence is mixed and inconclusive about whether early detection improves health outcomes. Additionally, prostate cancer screening is associated with possible risks, which include anxiety and follow-up procedures based on test results that sometimes are false-positive, as well as the complications that may

result from treating prostate cancers that, if left untreated, might not have affected the man's health.

- Because current evidence is insufficient to determine whether the potential benefits of prostate cancer screening outweigh its potential risks, there is no scientific consensus that such screening is beneficial (5).
- CDC and other federal agencies follow the prostate cancer screening guidelines set forth by the U.S. Preventive Services Task Force (www.ahcpr.gov/clinic/uspstf/uspsprca.htm), led by the Agency for Healthcare Research and Quality (www.ahrq.gov).
- CDC promotes informed decision making, which occurs when a man understands the nature and risks of prostate cancer; understands the risks of, benefits of, and alternatives to screening; participates in decision making at a level he desires; and makes a decision consistent with his preferences and values, or defers the decision to a later time.

Accomplishments

CDC has expanded its series of educational materials about prostate cancer screening with a CD-ROM that fosters dialogue between patients and physicians, and helps men aged 50 or older make informed decisions about prostate cancer screening. It features interactive tools, various medical and public health perspectives on prostate cancer screening, and different conclusions patients might reach about screening after weighing all of the issues.

CDC also has created two decision guides about prostate cancer screening—one for African American men and another for Hispanic men. *Prostate Cancer Screening: A Decision Guide for African Americans* and *La detección del cáncer de próstata: Una guía para hispanos en los Estados Unidos* help men make informed decisions about screening by providing information about the prostate gland, prostate cancer, and prostate cancer screening. These guides encourage men to decide whether screening is the right

choice for them, and can be viewed or ordered online at www.cdc.gov/cancer/prostate/.

Additional materials include *Prostate Cancer Screening: A Decision Guide*, which presents a balanced approach to the pros and cons of prostate cancer screening, and enables men, their families, and physicians to make a decision that is right for them. Also available is a Web-based slide presentation, *Screening for Prostate Cancer: Sharing the Decision*, designed to give primary care physicians information about the potential benefits and risks of prostate cancer screening and to explain how clinicians can help each man make the best choice.

CDC continues to promote and disseminate materials about informed decision making nationwide. More information about these materials is available at www.cdc.gov/cancer/prostate/.

Ongoing Work

CDC's prostate cancer activities for fiscal year 2006 include

- Conducting research and developing materials that explore how best to communicate about and promote informed decision making related to prostate cancer screening.
- Enhancing prostate cancer data in cancer registries—especially information about the stage of disease at the time of diagnosis, quality of care, and the race and ethnicity of men with prostate cancer.

- Sponsoring research on whether screening for prostate cancer reduces deaths caused by the disease, and on men's and health care providers' knowledge and awareness of prostate cancer screening.
- Providing funding to states, tribes/tribal organizations, and U.S. territories for prostate cancer activities identified in local Comprehensive Cancer Control plans. More information about these plans is available at www.cdc.gov/cancer/ncccp.

These activities will further efforts to develop and deliver appropriate public health strategies for prostate cancer, and will improve the sharing of screening-related information between providers and their patients. In so doing, the activities also will advance CDC's overarching goal of helping older adults live better, longer.

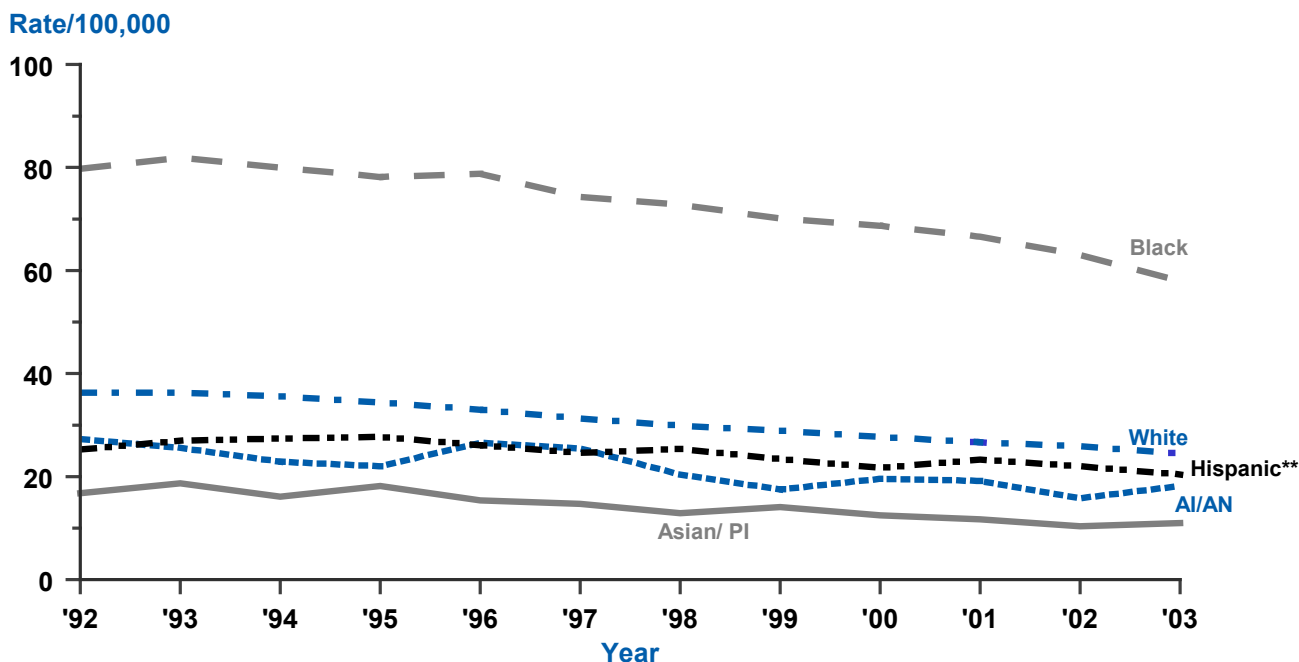
Future Directions

CDC will continue to support intramural and extramural awareness about prostate cancer and research efforts to

- Review and implement, as appropriate, recommendations from a December 2000 prostate cancer meeting of health care providers, researchers, survivors, advocates, and others.
- Expand research about prostate cancer screening and treatment options, especially those focused on developing appropriate interventions to help men make informed decisions about screening.
- Promote and disseminate CDC's materials about informed decision making nationwide.

Prostate Cancer

U. S. Death Rates* By Race/Ethnicity, 1992-2003



* Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.

** Hispanic and Non-Hispanic are not mutually exclusive from White, Black, American Indian/Alaska Native (AI/AN), and Asian or Pacific Islander (Asian/PI).

Source: NCI (SEER) (www.seer.cancer.gov) SEER*Stat Incidence and Mortality, April 2006

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