Prostate Cancer Trends, 1973 - 1995

A new information booklet about trends in prostate cancer incidence, mortality, survival, and treatment patterns has recently been published by the National Cancer Institute. Our own Dr. Janet Stanford was one of the authors of the publication, titled *Prostate Cancer Trends, 1973 to 1995*. The program that published the monograph is called "SEER" or Surveillance, Epidemiology and End Results Program. The SEER program was established in the early 1970s to track new cancer cases, treatment, and survival in all residents of selected geographical regions of the U.S. SEER collects data from the following areas: Connecticut, Hawaii, Iowa, New Mexico, and Utah and the metropolitan areas of Atlanta, GA; Detroit, MI; Los Angeles, CA; San Francisco/Oakland, CA; San Jose/Monterey, CA; and Seattle/Puget Sound, WA. Because the information is collected about everyone in the region and not just collected from certain people, the data are very useful to cancer researchers for calculating cancer statistics.

The publication presents some good news about prostate cancer.

1. Prostate cancer mortality has recently declined, as pictured in the graph above. The prostate cancer mortality rate is the number of deaths from prostate cancer per 100,000 men per year. Mortality peaked in the early 1990s and began to decline in 1993, though African American men continue to have nearly double the mortality rate from prostate cancer as white men.

2. Prostate cancer incidence has started to decline. Incidence is the number of men diagnosed with prostate cancer per 100,000 men per year. Prostate cancer incidence increased 108% in white men and 102% in black men during the period 1986 to 1993. However, incidence declined from 1993 to 1995 in both groups.

3. Most of the increase in incidence was due to an increase in the diagnosis of localized stage prostate cancer, which is cancer diagnosed before it spreads beyond the prostate. This may reflect the increased use of the prostate specific antigen (PSA) blood test to screen for prostate cancer.

4. The relative five-year survival for men diagnosed with localized stage prostate cancer now exceeds 99%. This means that 99% of men diagnosed with localized stage prostate cancer are still living five years after diagnosis.

NOTE: The prostate cancer monograph, *Prostate Cancer Trends 1973-1995*, is available free of charge from the National Cancer Institute. To order your copy, call the Cancer Information Service at 1-800-4-CANCER (1-800-422-6237) and request a copy of publication number 99-4543. The full text of the monograph is also available on the Web at www-seer.ims.nci.nih.gov.
We are beginning to analyze the data from the PROGRESS questionnaire. The following are the preliminary descriptive data about prostate cancer treatments and other cancers reported by participants.

The most commonly reported treatment was prostatectomy, with 58.1% of participants reporting they had the operation, either alone or in combination with radiation or another treatment. Radiation was the second most commonly reported treatment, with 27.6% of participants reporting they had been treated with radiation therapy. This treatment information is closely related to the stage of the cancer at diagnosis and the aggressiveness of the cancer. We are in the process of gathering information from the medical records to find out what percentage of the men in PROGRESS were diagnosed with advanced stage disease, and what percentage were diagnosed at an earlier stage of disease (when the cancer has not spread beyond the prostate). We have received consent to review medical records from 94% of the men participating in the study who have been diagnosed with prostate cancer. If you are a participant with prostate cancer and you have not yet signed and returned your medical release form, we need that signed form in order to obtain the information from your medical records.

Aside from prostate cancer, the four most common cancer sites in PROGRESS (melanoma, lung, colon and breast) are also frequently diagnosed cancers in the U.S., so it is not yet clear whether the rates of cancers reported in PROGRESS families are different than the rates in the general population.

The terms first- and second-degree tell us how closely related the relatives are. First-degree relatives are the closest relations, such as parents, children, brothers, and sisters. Second-degree relatives are one further step away, such as grandparents, aunts, uncles, nieces and nephews. It is important in our genetic study to determine how closely people are related because more distant relatives are less likely to share the same genes. We may be calling some families to obtain more specific information about other cancer diagnoses in the family. We greatly appreciate your ongoing participation and patience with our data collection efforts.