Purpose: In the era of widespread prostate specific antigen (PSA) screening, a large proportion of older men have to live with a diagnosis of prostate cancer. In this study, we applied a new method for up-to-date analysis of long-term survival to evaluate if and to what extent these patients still have any excess mortality compared to the general population.

Methods: Five- and 10-year absolute and relative survival rates for the year 2000 were derived from the 1973 to 2000 database of the Surveillance, Epidemiology and End Results Program using the recently introduced period analysis methodology.

Results: Overall, 5- and 10-year relative survival rates were approximately 99% and 95%; that is, excess mortality compared with the general population was as low as 1% and 5% within 5 and 10 years following diagnosis, respectively. Two-thirds of patients were diagnosed with well or moderately differentiated localized/regional prostate cancer, and among these patients, 5- and 10-year relative survival rates were above 100% (indicating the lack of any excess mortality) at all ages.

Conclusion: While the value of PSA screening for lowering mortality due to prostate cancer remains to be shown by randomized clinical trials, the majority of patients diagnosed with prostate cancer in the PSA screening era do not have excess mortality compared to the general population under current patterns of medical care. This information may be important for both clinical management of, and for patients’ coping with, the disease.

Comment in
Period analysis of prostate cancer survival. [J Clin Oncol. 2005]

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