More Young Men Have Stage IV Prostate Cancer

BY FRAN LOWRY
Orlando Bureaus

CHICAGO — Advanced prostate cancer is being diagnosed increasingly in younger men aged 60 or less in the United States, despite the widespread availability of prostate-specific antigen testing, according to two studies presented Friday at the American Society for Clinical Oncology, where he presented the data in a poster.

The good news is that they are living longer than before.

Dr. Carducci, professor of medicine at Johns Hopkins University, Baltimore, tem-
perm ed the good news with the observation that the probability of prostate cancer being diagnosed is more than 12/100,000 men in the United States in 2003, for an average decrease of 6.4% per year (P< less than .0001).

The proportion of stage IV prostate cancer patients diagnosed at younger ages increased over the course of the study, which was divided into two time periods—1988-1992 and 1998-2003. In the earlier time period, 1% of men 50 years or younger were diagnosed with stage IV prostate cancer; in the later time period, that proportion jumped to 4.1% (P less than .0001). In both time periods, that proportion went from 9% in 1988-1992 to 20% in 1998-2003 (P less than .0001).

Also noteworthy was the improvement in 5-year survival. From 1988 to 1999, this rate jumped from 43% to 61% among all stage IV patients, but the improvement was particularly dramatic in younger pa-
tients. Among men less than age 50 years, the 5-year survival went from 37% in 1988-
1992 to 65% in 1998-1999, and in the 51-
to-60-year-old age group, 5-year survival increased from 40% to 63%.

Dr. Carducci disclosed that he is a con-
sultant to Amgen.

Even More Stage Prostate Cancers Need Follow-Up

ORLANDO — Metastasis occurs after surgical removal of prostate cancer in some men, suggesting that close follow-up is warranted.

Although there is an overall 30% recur-
rate decade after prostatectomy, a man with a Gleason score of 6 or less gener-
ally has a more favorable prognosis, Dr. Marc Birkhahn said.

He and his associates assessed 3,235 con-
secutive patients who had a radical pros-
tectomy and bilateral lymphadenectomy for prostate cancer between 1972 and 2005 in the University of Southern Califor-
ia/Norris Comprehensive Cancer Center database. From this group, they identified 1,183 men with a Gleason score of 6 or less.

Of the 1,083 men, 70% had a Gleason score of 6, 24% had a score of 5, 4% had a score of 4, and 2% had a score of 3 or 2. Only 2% had no node-positive disease. The cancer stages were pT2 (83%), pT3 (16%), and pT4 (2%). This is noteworthy because "tumor stage and Gleason score are the most important predictors of recurrence," Dr. Birkhahn said at the annual meeting of the American Urologic Association.

Biochemical recurrence occurred in 147 patients a mean of 4 years after surgery. Clinical recurrence (metastasis) occurred in 43 men a mean of 8 years postoperatively. As a result, "the Metastasis-free survival in the entire cohort of 3,235 men was 96% after 10 years and 94% after 15 years.

Among all patients in the total database with metastasis or recurrence after radical prostatectomy, 26% of PSA recurrences and 20% of clinical recurrences occurred in men with a Gleason score of 6 or less," said Dr. Birkhahn of the University of Southern California/Norris Comprehensive Cancer Center.

"In men with a Gleason score of 6 or less, the number at risk was too low for a definitive conclusion," he said. "The patients who have a Gleason score of 6 or lower are low risk but not no risk."

—Damin McNamara