



Prostate Cancer Fact Sheet

for Health Care Professionals



Prostate Cancer in the US^{1, 2}

Prostate cancer is the most common type of cancer in men (other than skin cancer) and the second-leading cause of cancer death after lung cancer. The incidence rate for prostate cancer has been increasing since 2014 at a rate of 3% per year overall and about 5% per year for advanced-stage disease.

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

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: Black men are 70% more likely to get prostate cancer than men of other races. The reason for this is unclear.

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 can raise the risk for prostate cancer. For example, *BRCA1* and *BRCA2* mutations and Lynch Syndrome (hereditary non-polyposis colorectal cancer, or HNPCC) can increase the risk.

Screening and Detection^{2, 3, 4}

The American Cancer Society recommends that **all men** have a shared decision-making discussion with their health care provider, including education about the benefits and harms of PSA screening, and be encouraged to make a personal choice. These discussions should start 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 before 65 years of age.
- **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 also 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 or burning 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 5α-reductase inhibitors (finasteride or dutasteride) have shown decreased risk for low-grade prostate cancer risk in some men. But the effect of these drugs on prevention of high-grade prostate cancer and 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:

2025 estimates¹

New cases: 313,780

Deaths: 35,770

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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