

Cancer in Utah

Prostate

<i>Summary</i>	Utah 1996-2000	US 1996-99
Average annual age-adjusted incidence rates*	180.8	169.3
Rank among cancer incidence rates	1	1
Average annual number of new cases	1,185	194,560
Percent of all new cancer cases	36.1 %	29.9 %
Lifetime risk of this cancer (00-79 years)	1 in 5	1 in 6
Average annual age-adjusted mortality rates*	37.2	33.2
Rank among cancer mortality rates	2	2
Average annual number of deaths	196	32,736
Percent of all cancer deaths	16.4	11.6 %
* Rates per 100,000 and standardized to the 2000 U.S. population		

Prostate cancer is the most common cancer in men. The steep rate of increase in age-specific incidence rates for prostate cancer after age 45 years is greater than for any other cancer. An interesting feature of this neoplasm is the frequent occurrence of latent carcinoma, i.e., asymptomatic lesions confined to the prostate that histologically appear malignant but may not progress to cause clinical disease. The prevalence of these lesions in autopsy series increases with age and approaches 100 percent in older individuals whose prostates are examined systematically by serial sectioning.

Prostate cancer incidence rates rose dramatically following the widespread introduction of screening for the Prostate Specific Antigen (PSA) in the late 1980's. The greatest increase in rates over time has been for localized tumors, suggesting that the overall rise in incidence was largely due to more aggressive diagnostic practices that identified cases of latent disease that might have previously gone undetected. Prostate cancer incidence rates have now declined to a level slightly higher than was observed prior to the initiation of PSA-based screening.

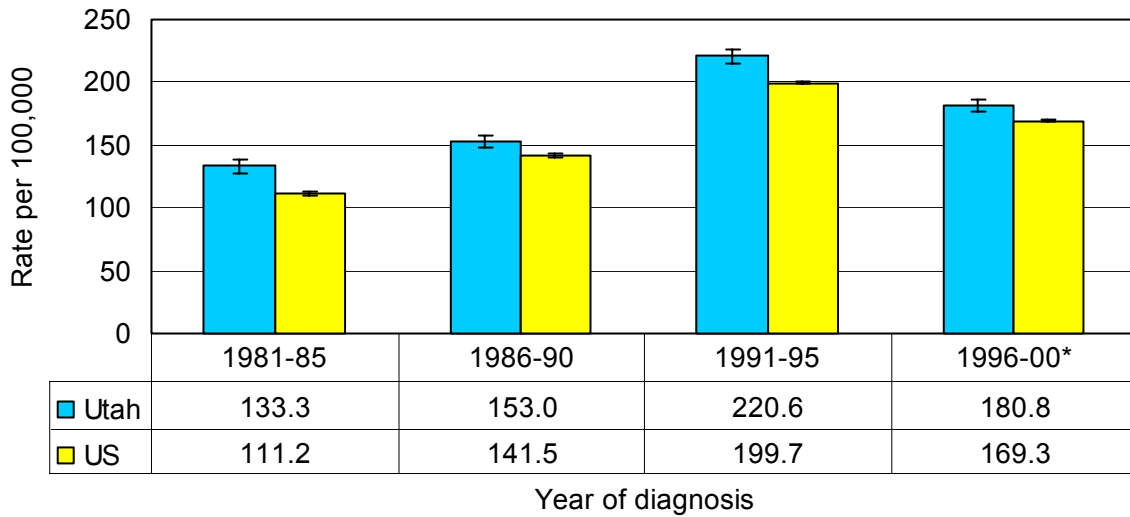
United States Blacks have the highest reported rate of the disease in the world. In contrast, prostate cancer incidence rates among men in Asia are generally low. However, Japanese men who migrated to the United States are at increased risk of the disease compared to their counterparts in Japan.

Individuals with a family history of prostate cancer are at increased risk of this disease. Dietary fat, certain vitamins, and vasectomy have also been investigated as potential risk factors for prostate cancer, but results from various studies have been inconsistent. No causes of this disease have been clearly identified. To date, there is limited evidence regarding the efficacy of screening for prostate cancer, though this is an important area of current investigation.

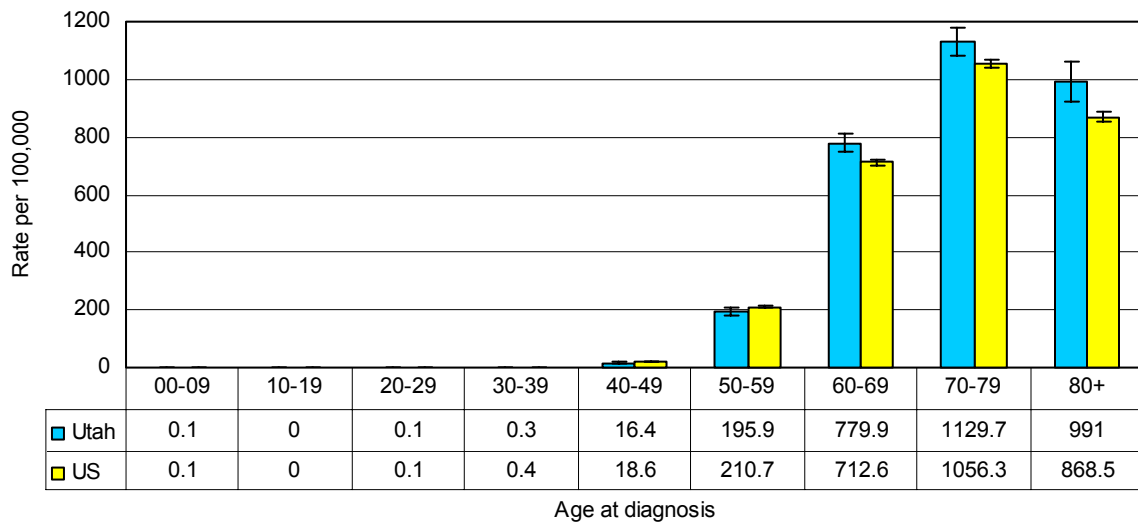
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Prostate	Incidence
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Average annual age-adjusted incidence rates per 100,000 (US 2000 standard)
by 5-year time period, 1981-2000



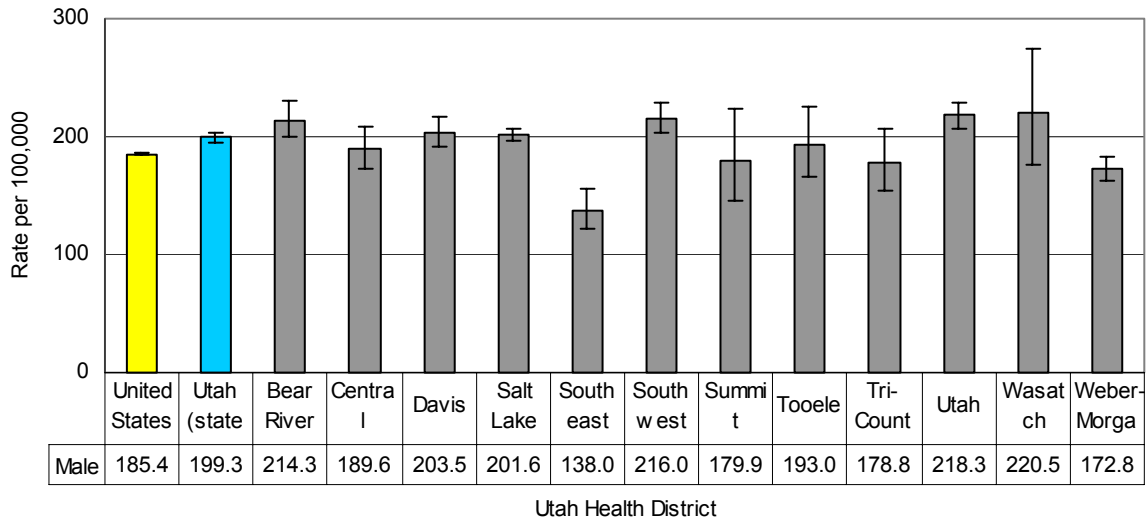
Average annual age-specific incidence rates per 100,000, 1996-2000



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Prostate	<i>Incidence</i>
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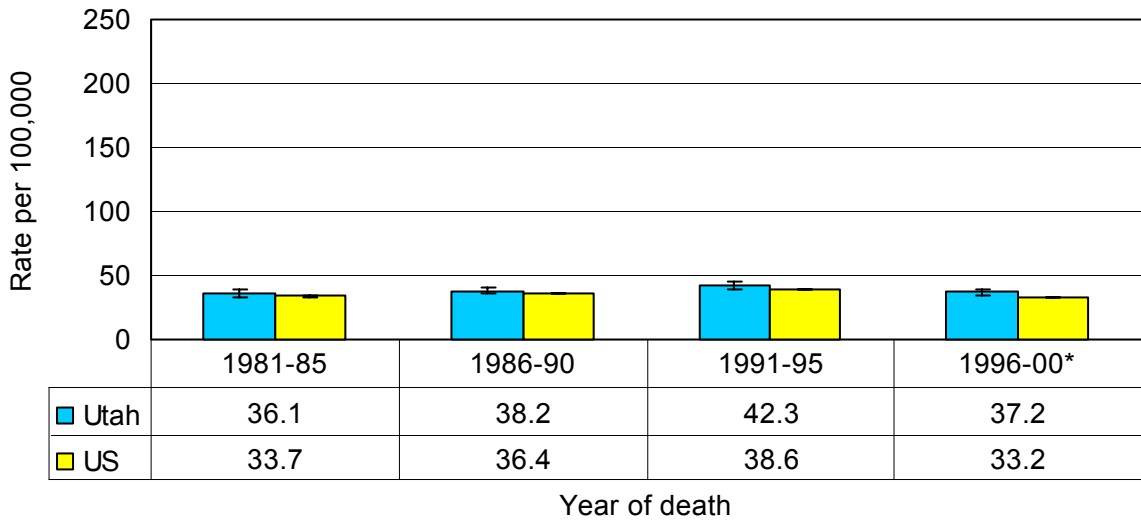
Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



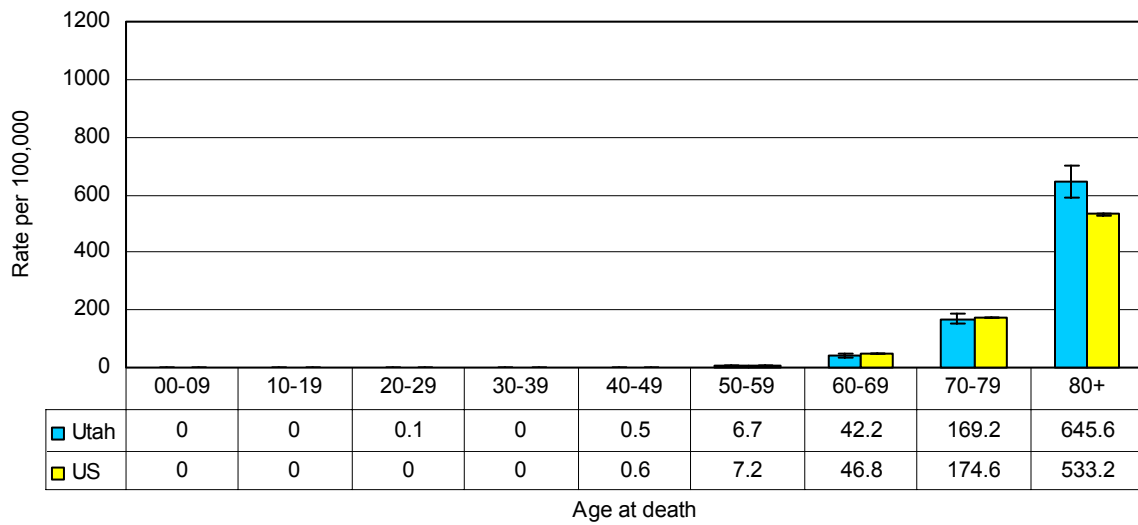
Cancer in Utah

Prostate	Mortality
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard)
by 5-year time period, 1981-2000



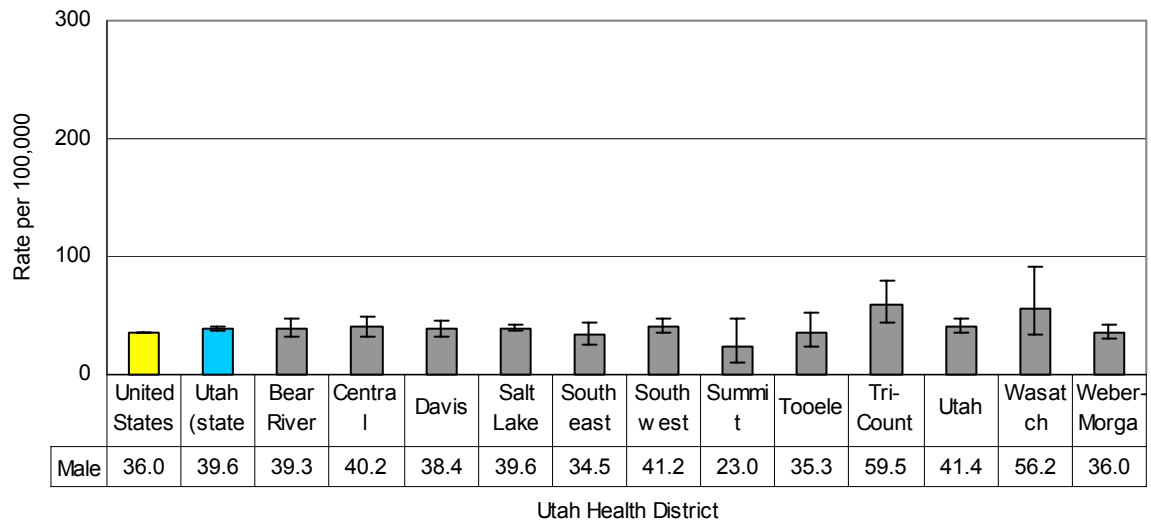
Average annual age-specific mortality rates per 100,000, 1996-2000



Cancer in Utah

Prostate	Mortality
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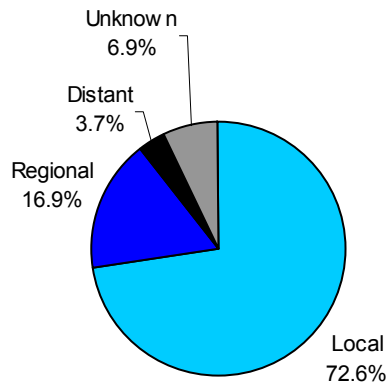
Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



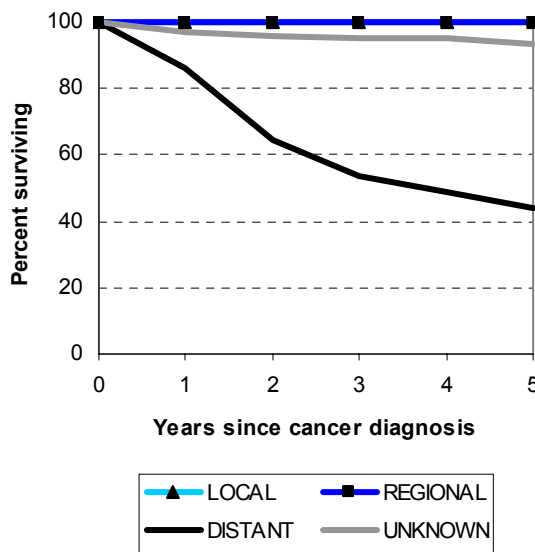
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Prostate Stage and Survival

Stage of disease at diagnosis:
Utah residents diagnosed 1996-2000



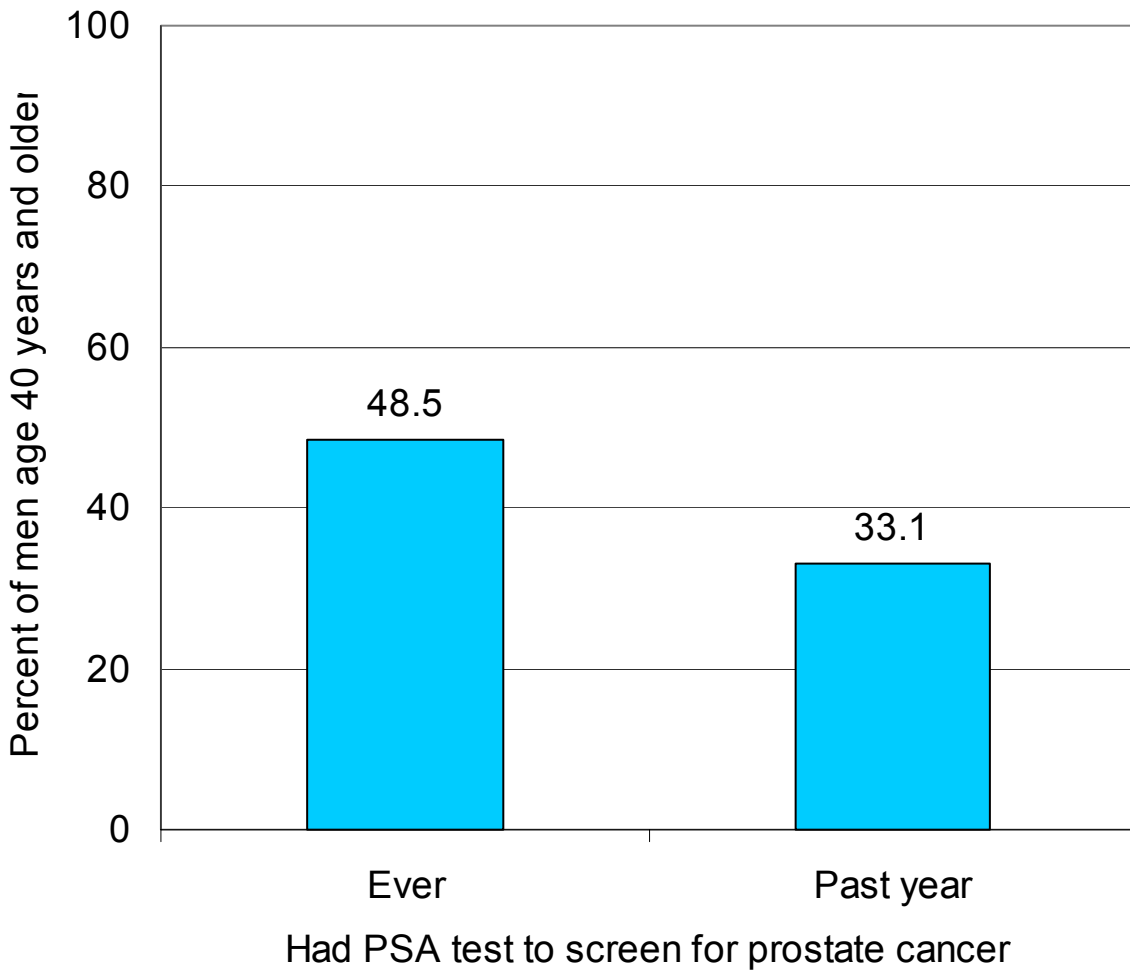
5-year relative survival by stage:
Utah residents diagnosed 1991-95



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Prostate Screening

Percentage of Utah men, 40 years of age and older, who reported having a Prostate Specific Antigen (PSA) test to screen for prostate cancer (Survey conducted in calendar year 2000)



Source: Behavioral Risk Factor Surveillance System

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