

Prostate Cancer Tsunami Coming, Experts Caution

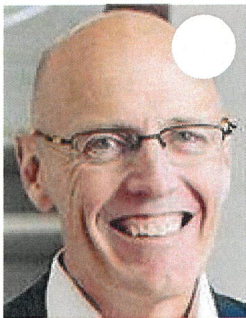
Howard Wolinsky

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An "inevitable" global surge in [prostate cancer](#) is coming, with a worldwide doubling of cases to 2.9 million and an 85% increase in deaths to nearly 700,000 by the year 2040, the *Lancet* Commission on Prostate Cancer warned this week.

At a meeting of urologists in Paris, France, the commission said that the acceleration is already underway in high-income countries such as the United States and the United Kingdom but will gain momentum in low- and medium-income countries.



Dr Nick James

Nick James, MD, lead author of the *Lancet* report and professor of prostate and [bladder cancer](#) research at The Institute of Cancer Research, in London, said that the surge, in part, is a medical success story.

"Prostate cancer paradoxically is a problem baked into the biology. Men get prostate cancer as they age," James told *Medscape Medical News*.

"There is a big rise in the high-income countries. But we're going to see a big rise in the number of 50-, 60-, 70-year-olds in the coming decades in the poorer countries, and with that comes more prostate cancer. High-income countries such as the UK and USA will also see smaller increases for the same reason."

The report will be presented on April 6 at the 2024 European Association of Urology Congress in Paris.

According to the report, "The case for prostate cancer screening for all men aged 50–70 years (and all men of African origin aged 45–70 years) in high-income countries is strengthening with improved use of technologies such as MRI and growing evidence for the safety of active surveillance."

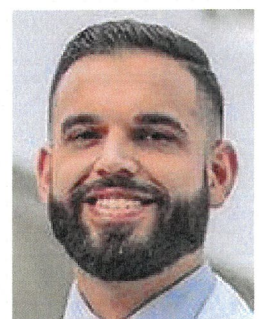
Andrew Vickers, PhD, a biostatistician at Memorial Sloan Kettering Cancer Center in New York City, said that the *Lancet* Commission came to similar conclusions as he and an international group of researchers did in a [2023 policy paper](#) in *The BMJ*. A major gap, Vickers said, is misuse of prostate-specific antigen (PSA) screening.

"We found that the ubiquitous policy compromise of letting patients decide for themselves about PSA has led to the worst possible outcomes of overuse in men unlikely to benefit, high rates of overdiagnosis and overtreatment, and economic and racial inequity," Vickers said. "Our view is that PSA screening should be done well — by implementing straightforward harm-reduction strategies like restricting screening in older men and use of secondary tests before biopsy — or not at all."

James said that undertreatment of advanced disease is widespread; only about 30-40% of men in the United States receive combination hormone therapy for metastatic disease, for example. "Simply doing what we know works would improve outcomes," he said.

James said that men of African ancestry are twice as likely to develop prostate cancer, but whether treatment should follow a different approach in these men is unclear. The new report stressed the need to include more men of African ancestry in research.

Brandon Mahal, MD, vice chair of research in radiation oncology the University of Miami Sylvester Comprehensive Cancer Center and a co-author of the report, said that new approaches are needed to enable earlier diagnosis of prostate cancer in men in low- to middle-income countries, where most patients present with metastatic disease and are less likely to survive for long periods.



Dr Brandon Mahal

James recommended pop-up clinics and mobile testing to encourage men who are at high risk for prostate cancer but feel well to detect lethal cancers early.

In England, for example, James helped introduce an outreach program called The Man Van which provided free health checks, including PSA tests, to high-risk men in London.

"By bringing a van with quick and easy testing straight to men at work and in the community, and targeting those who have a higher risk of prostate cancer, we provided thousands of health checks which resulted in almost 100 cancer diagnoses in men who might otherwise have only seen a doctor once their cancer has progressed to a more advanced stage," he said.

He noted that the medical community worldwide is ill-prepared for the onslaught of prostate cancer cases.

"The solution cannot be training more urologists, radiation oncologists, pathologists, and radiologists because it simply takes too long," James said. However, increased use of nurses and artificial intelligence may help. "In my own hospital, biopsies are a nurse-led and -delivered service. AI is extraordinarily good at diagnosis already and will only get better," he said.

In poorer countries, smartphones could fill gaps too. "The same technology that does face recognition already can say that's a Gleason 7 prostate cancer," James said. "It's not being rolled out in countries like America of course because pathologists' income is at risk."

James and Mahal reported no relevant financial conflicts of interest. Vickers reports royalties from 4Kscore.

Howard Wolinsky is a medical writer in Chicago.

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