

Advanced Prostate Cancer Diagnoses Rose Even After Shift in Testing Recommendations

A recent study analyzed the annual diagnosis rate of metastatic prostate cancer in men 50 and older.

May 28, 2020 By [Benjamin Ryan](#)

Following the U.S. Preventive Services Task Force (USPSTF) recommendations against routine prostate cancer screenings, the annual diagnosis rate, or incidence, of regional- and distant-stage prostate cancer continued to rise among men age 50 and older, a recent study found.

Regional-stage prostate cancer refers to cancer that has spread to nearby organs but remains within the pelvis. Distant-stage cancer means it has spread more widely—for example, to the liver or bones. Local-stage cancer means the cancer has not spread beyond the prostate.

In 2008, the USPSTF recommended against prostate-specific antigen (PSA) testing, which measures a protein produced by the prostate in the blood, for men 75 years old and older and then in 2012 shifted the recommendation to apply to all men. The latest recommendation, updated in 2018, advises that men between ages 55 and 69 should make an individual decision about screening in consultation with their doctor, taking into account their risk factors and personal preferences.

Publishing their findings in the *Journal of the National Cancer Institute*, researchers conducted a retrospective study of data from the U.S. Cancer Statistics Public Use Research Database to analyze trends in invasive prostate cancer incidence. They looked specifically at the 2005 to 2016 range and focused on men age 50 and older.

For local-stage prostate cancer, the overall incidence declined by 6.4% annually between 2007 and 2016. Among men 50 to 74 years old, the rate declined by 10.7% per year between 2007 and 2013 and then plateaued.

As for regional- and distant-stage prostate cancer, among men 50 to 74 years old, the incidence rose by 2.4% annually between 2008 and 2012 and by 5.6% annually between 2012 and 2016. Among men age 75 and older, the incidence rose by 5.2% annually between 2010 and 2016.

“These data illustrate the trade-off between higher screening rates and more early-stage disease diagnoses (possibly overdiagnosis and overtreatment) and lower screening rates and more late-stage (possibly fatal) disease,” the study authors wrote.

Several modeling studies, however, have shown that the harms associated with higher PSA screening rates can be mitigated while preserving the benefit of screening through strategies that include longer screening intervals, higher PSA thresholds for biopsies in older men and restricting routine testing to men age 70 or younger.

To read a press release about the study, [click here](#).

To read the study abstract, [click here](#).

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