

Prostate Cancer Outcomes Report Card

Data to help you understand treatment outcomes

This Report Card provides a snapshot of how South Australian men are doing after receiving different treatments for prostate cancer. It has been compiled using real-life data from more than 8,500 men on the South Australian Prostate Cancer Clinical Outcomes Collaborative (SA-PCCOC) registry diagnosed with prostate cancer between 2008 to 2018. Outcomes for men with advanced/metastatic prostate cancer are not included.

If you've been diagnosed with prostate cancer, there are several treatment approaches available to you. Knowing which treatment is best will depend on several factors – including aggressiveness and extent of spread of the cancer as well as your fitness or presence of other diseases.

For each treatment type, this report will help you understand how many men survive, how many men have cancer recurrence, and how treatment can affect lifestyle and wellbeing.

Some outcomes are also reported by risk group.

Prostate cancer survival

Refers to the proportion of men who were still alive or did not die from prostate cancer (but may have died from other causes), after receiving treatment.

Cancer recurrence

Refers to the proportion of men who have prostate cancer come back after initial treatment like surgery and radiotherapy.

Cancer recurrence is indicated by rising prostate-specific antigen (PSA) levels after surgery or radiotherapy. Rising PSA indicates prostate cancer cells are growing in the body.

Impacts on lifestyle & wellbeing

Refers to the impact the treatment has on a person's day-to-day life, including sexual function, bladder function, bowel function and mental wellbeing.

Information on physical function was collected directly from men who enrolled in the registry using surveys before and after treatment.

Risk group

There are three general risk groups which are determined based on aggressiveness of the cancer (Gleason score), level of prostate markers (PSA) in the blood and extent of spread (stage). Risk groups help doctors to determine which treatments are most suitable.

Low: tumour is confined to the prostate, PSA is <10 and Gleason score 6 (grade group 1)

Intermediate: tumour is confined to the prostate or PSA is 10 – 20 or Gleason score 7 (grade group 2 or 3)

High: tumour extends outside the prostate or PSA is >20 or Gleason score 8 – 10 (grade group 4 or 5)

This Report Card is not a treatment decision tool, but it may help men discuss treatment choices with their healthcare professionals.

At a glance

In 2022, there were approximately:

24,000

new cases in Australia

2,200

new cases in South Australia



1 in 7 South Australian men will be diagnosed with prostate cancer before age 75.

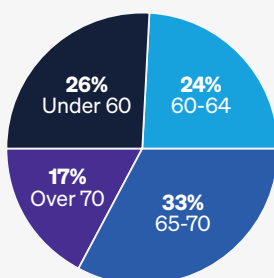
Profile of all men in this Report Card

8,513

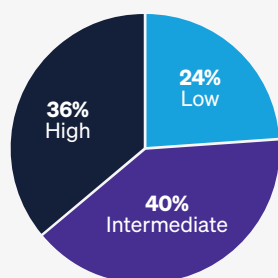
Men

68 yrs

Average age at diagnosis



Age group



Risk group



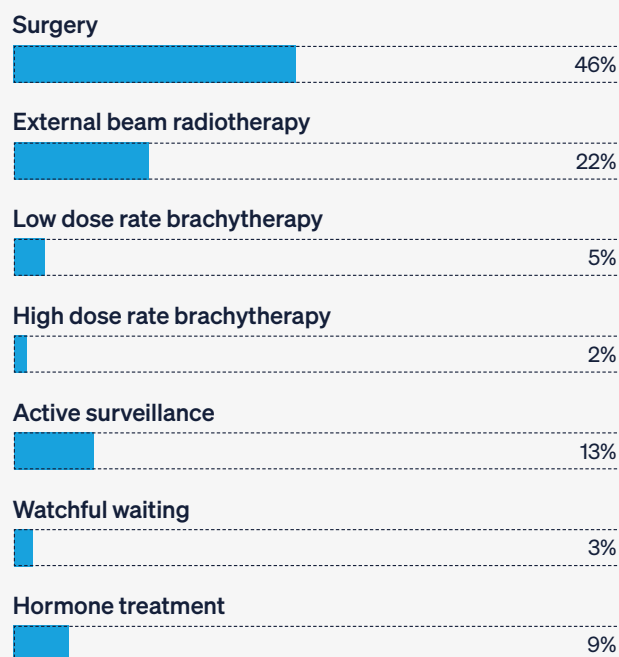
Residence

Treatment approaches

Treatments available for men diagnosed with localised prostate cancer are surgery, external beam radiotherapy, low dose rate brachytherapy, high dose rate brachytherapy, active surveillance, watchful waiting and hormone treatment.

While men may have several different treatments across their prostate cancer journey, in this Report Card only data about the most definitive treatment is reported

Main treatment approach



While surgery is the most common treatment approach, management by active surveillance is increasing among men with low risk prostate cancer.

97% 5-year prostate cancer survival

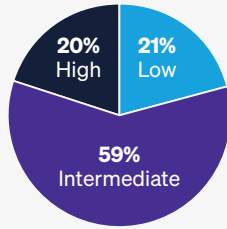
Current research and clinical trials are leading to breakthroughs in treatment that are most likely to further improve survival.

Surgery

Surgery involves removing the whole prostate gland, with all the prostate cancer. While it is an option for men in all risk groups, it is not usually an option for men whose prostate cancer has spread to other parts of the body.

64 yrs

Average age



Risk group

Prostate cancer survival

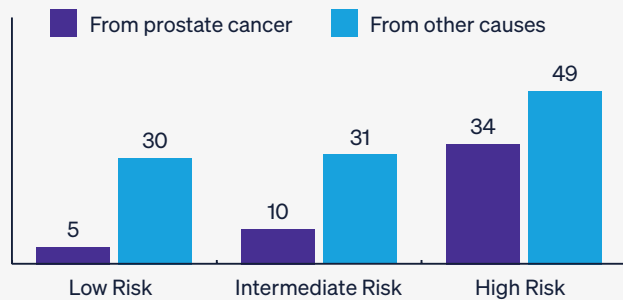
>99%

5-year prostate cancer survival

99%

10-year prostate cancer survival

Number of deaths per 1000 men within 10 years of diagnosis



The chance of dying from prostate cancer increases across risk groups, but is still quite low after 10 years.

“I had worried too much about how long I could live but the high survival rate is something comforting and reassuring.”

- 71-year-old man who had surgery

Cancer recurrence

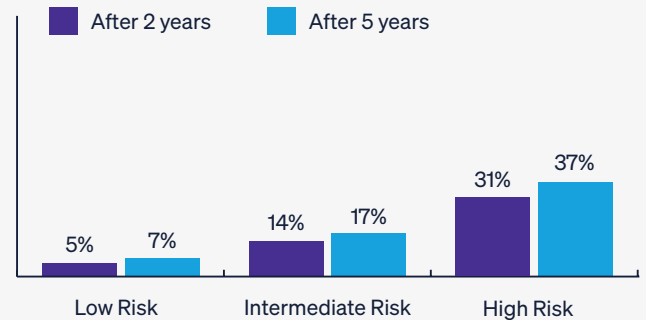


1 in 7 (14%): cancer returned within 2 years

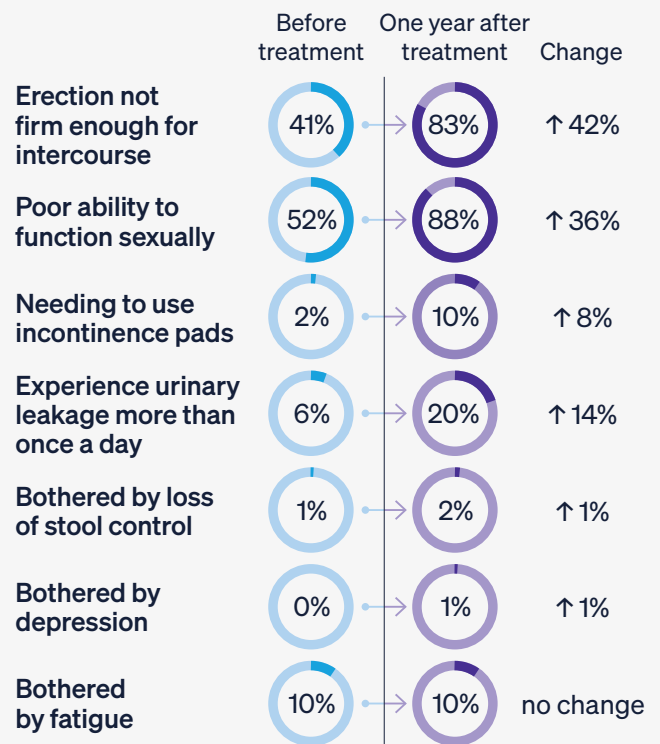


1 in 6 (17%): cancer returned within 5 years

Cancer recurrence by risk group



Impacts on lifestyle and wellbeing



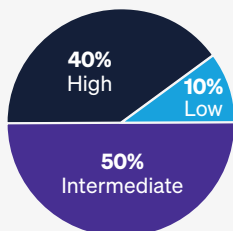
External beam radiotherapy

External beam radiotherapy involves high energy X-rays being delivered to the prostate from outside the body to kill or damage cancer cells so they can't multiply or grow.

About 30% of men also received hormone treatment around the time of radiotherapy.

72yrs

Average age



Risk group

Prostate cancer survival

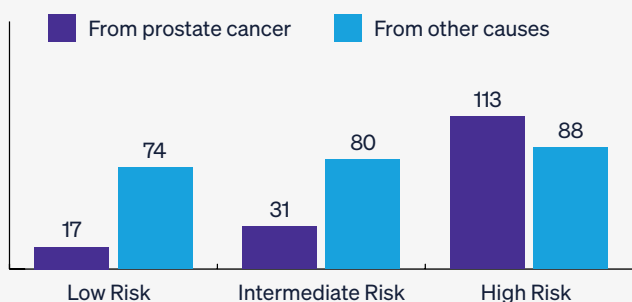
98%

5-year prostate cancer survival

95%

10-year prostate cancer survival

Number of deaths per 1000 men within 10 years of diagnosis



Generally, men with low and intermediate risk disease are more likely to die from causes other than prostate cancer. However, men with high risk prostate cancer are more likely to die from their cancer, rather than other causes.

"I am pretty much at risk of dying from other causes in the next 10 years than from prostate cancer"

- 70-year-old man who had radiotherapy

Cancer recurrence



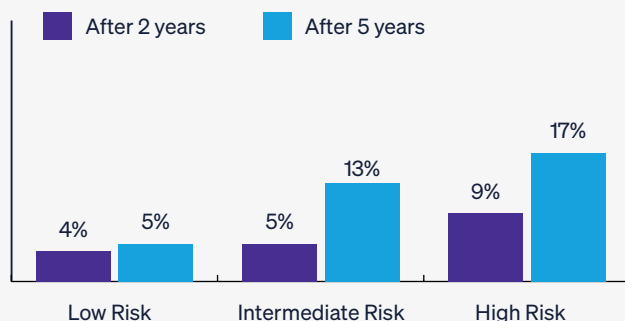
1 in 14 (7%): cancer returned within 2 years



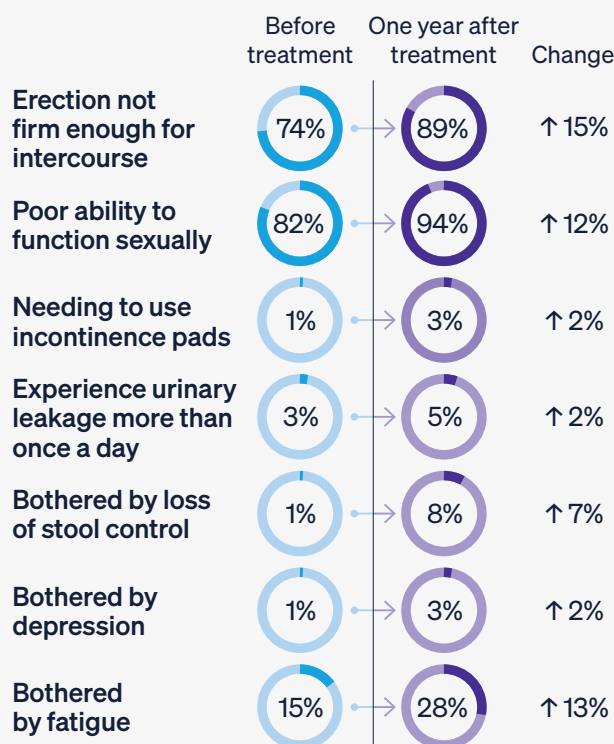
1 in 7 (14%): cancer returned within 5 years

17% of men with high risk disease who had external beam radiotherapy had their cancer come back within five years.

Cancer recurrence by risk group



Impacts on lifestyle and wellbeing



To know more about external beam radiotherapy, please visit pcfa.org.au/radiation

Low dose rate brachytherapy

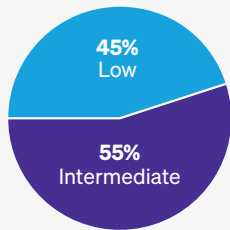
Low dose rate brachytherapy is a form of radiotherapy which involves radioactive seeds being permanently inserted into the prostate. It is only suitable for some low and intermediate risk patients.

Another type of brachytherapy is high dose rate brachytherapy, which involves implanting radioactive seeds in the prostate for a short time and removing them later. It is usually given as a boost with external beam radiotherapy.

High dose rate brachytherapy is not included in this Report Card because only a small number of men had this treatment.

63 yrs

Average age



Risk group

Prostate cancer survival

99%

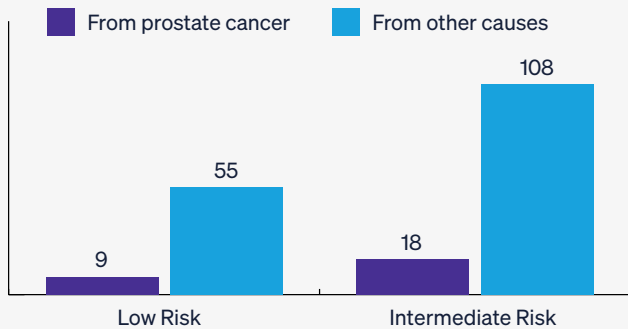
5-year prostate cancer survival

98%

10-year prostate cancer survival

More men die from causes other than prostate cancer.

Number of deaths per 1000 men within 10 years of diagnosis

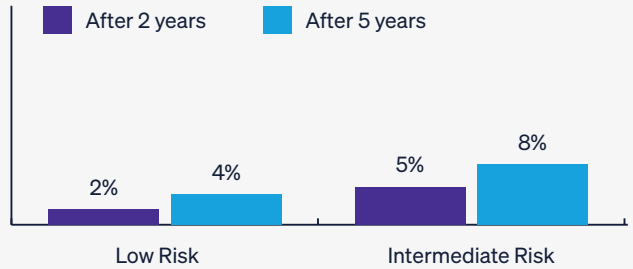


Cancer recurrence



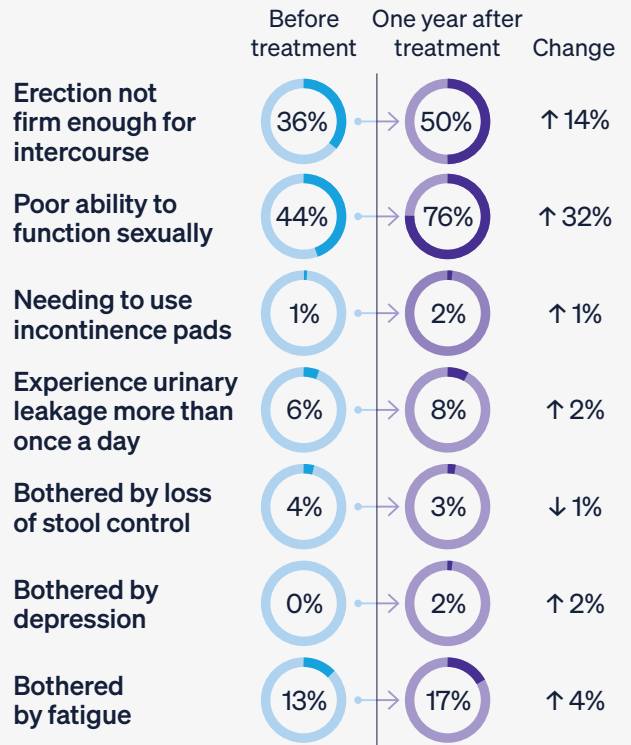
1 in 20 (5%): cancer returned within 5 years

Cancer recurrence by risk group



8% of men with intermediate risk disease who had low dose rate brachytherapy had their cancer come back within five years.

Impacts on lifestyle and wellbeing



"I was lucky and haven't experienced any side effects. Have got a good chance of survival...my next ten years are pretty good"

- 68-year-old man who had brachytherapy

To know more about brachytherapy, please visit pcfa.org.au/radiation

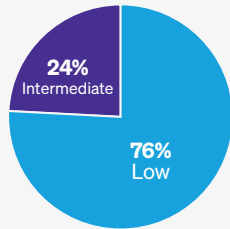
Active surveillance

Active surveillance is an approach for managing prostate cancer by observation.

- It is only considered for men with low risk or very favourable intermediate risk prostate cancer.
- There is strong evidence that men with low risk prostate cancer can be safely managed through close monitoring.
- Treatment is offered if there are signs that the cancer is progressing.

65yrs

Average age



Risk group

Prostate cancer survival

100%

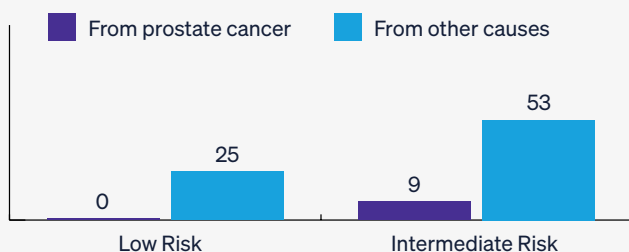
5-year prostate cancer survival

>99%

10-year prostate cancer survival

100% of men who were on active surveillance had survived prostate cancer five years after diagnosis. This includes some men who switched to surgery or radiotherapy.

Number of deaths per 1000 men within 10 years of diagnosis



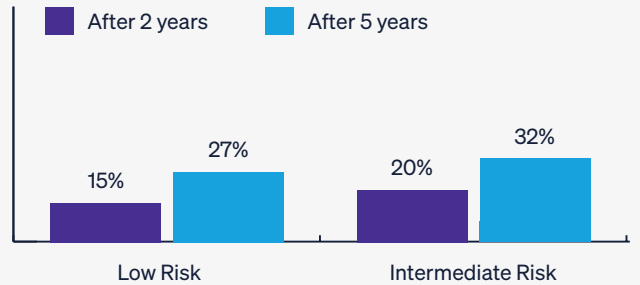
“I’m now five years since my diagnosis. I haven’t experienced any problem because it was caught early”

- 73-year-old man who is on active surveillance

Need of other treatment

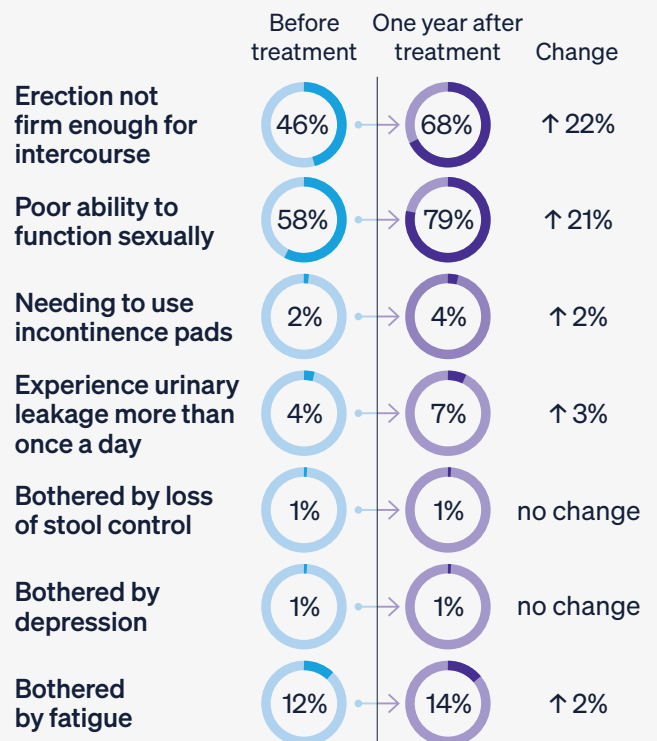
Around 1 in 3 men who started on active surveillance required other treatment, due to changes in their cancer or personal choice, within five years.

Percentage of men who required curative treatment



Impacts on lifestyle and wellbeing

Some men who initially started on active surveillance noticed a change in their sexual function. This could be due to increased stress, or the temporary effect of follow-up biopsies, or switching to another treatment.



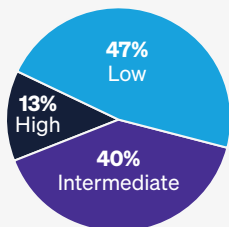
Watchful waiting

Watchful waiting (sometimes called watch and wait) is mostly offered to older men, or men with other diseases who cannot have surgery or radiotherapy.

It involves occasional monitoring and treatment for symptoms if they arise, usually by hormone therapy, without the intention to cure the cancer.

76yrs

Average age



Risk group

Prostate cancer survival

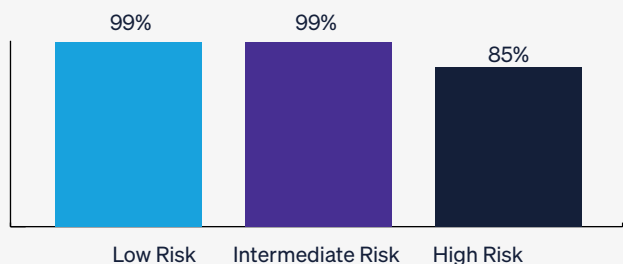
98%

5-year prostate cancer survival

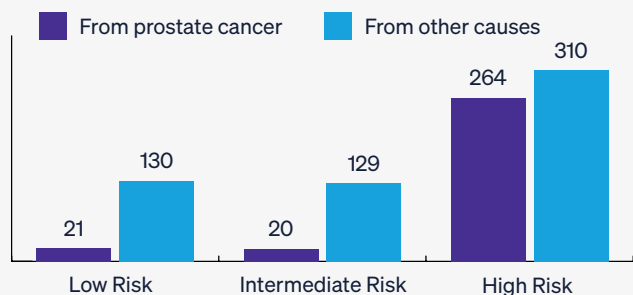
96%

10-year prostate cancer survival

Survival rate by risk group within 5 years of diagnosis

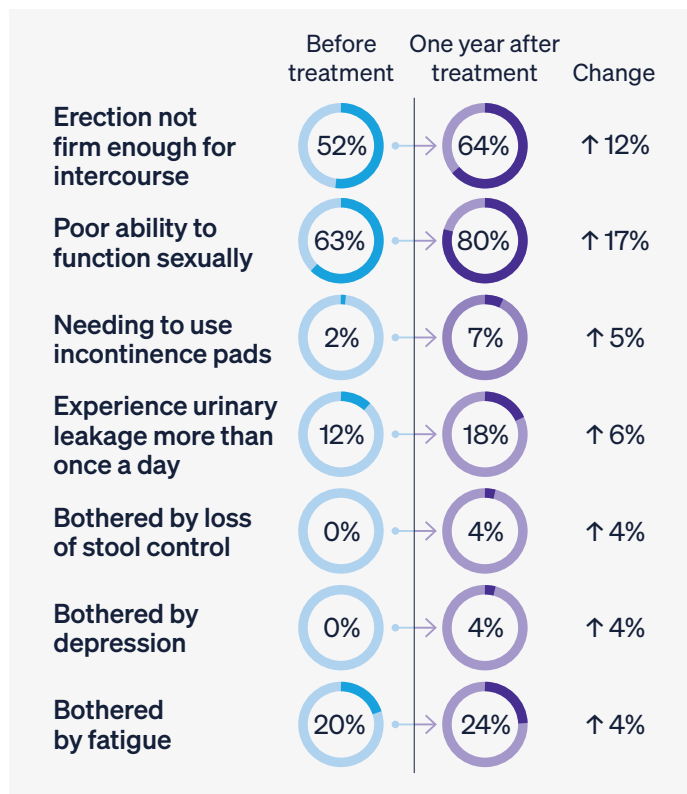


Number of deaths per 1000 men within 10 years of diagnosis



In all risk groups, men are more likely to die from other causes than from prostate cancer.

Impacts on lifestyle and wellbeing



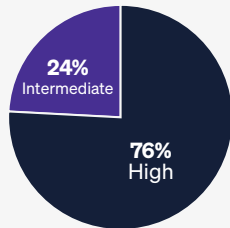
Hormonal treatment

Hormonal treatment is an option for older men and those with other health issues who are not able to have surgery or radiotherapy. It is not usually given when men have low-risk disease. The aim of this treatment is to control rather than cure the cancer.

Hormonal treatment can be given alone or with other treatments, usually with radiotherapies. This page presents information for men who went onto hormone treatment only.

74yrs

Average age



Risk group

Prostate cancer survival

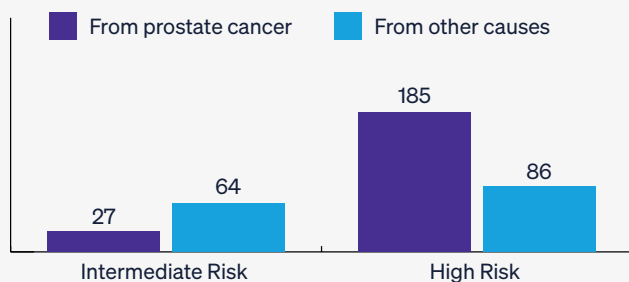
89%

5-year prostate cancer survival

87%

10-year prostate cancer survival

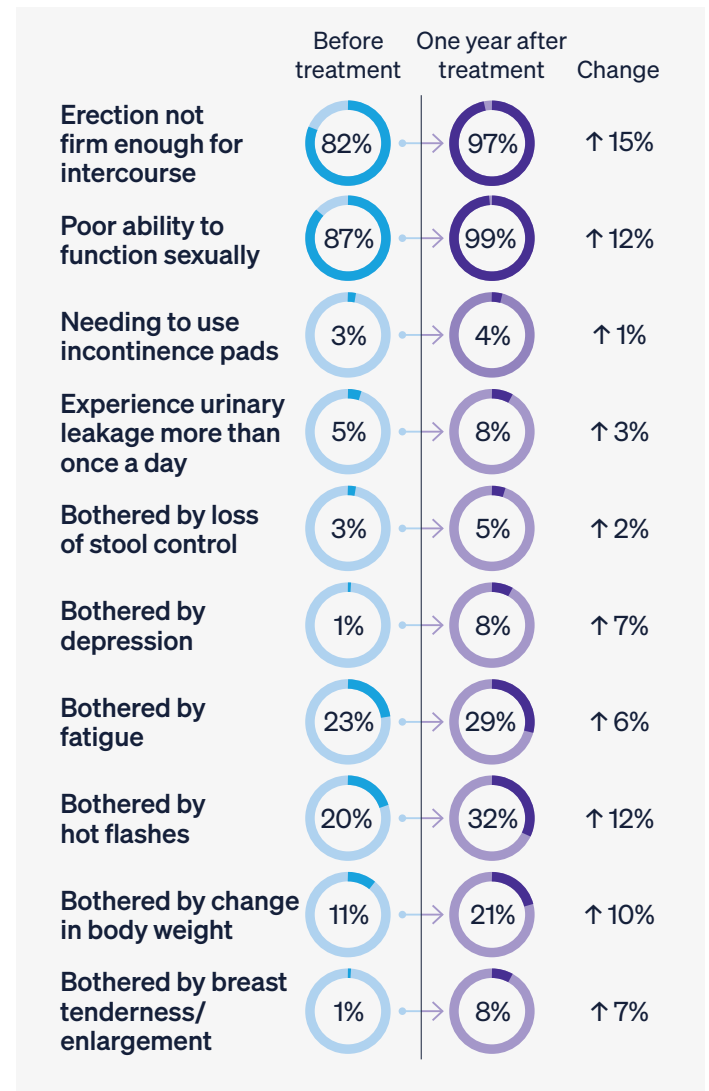
Number of deaths per 1000 men within 10 years of diagnosis



Men with high-risk disease have a higher chance of dying from prostate cancer than dying from other causes.

New generation hormonal therapies are improving survival for men with advanced cancer.

Impacts on lifestyle and wellbeing



Hormone therapy can lead to other side effects like increasing diabetes, heart disease and poor bone health.

"I have heart problems too, before the hormone treatment, which gives me more trouble than the [prostate] cancer"

- 72-year-old man who had hormone treatment

A positive prognosis

This Report Card should provide some comfort if you've been diagnosed with prostate cancer. That's because regardless of which treatment approach you choose, survival from prostate cancer is generally very high.

97% 5-year prostate cancer survival

Different treatments result in different side effects, but a common concern for men across all treatment categories was decreased sexual function.

Remember that you're not alone – sexual difficulties are common among Australian men without prostate cancer, and sexual problems generally increase as men grow older.

Please speak to your doctor if you have experienced any concerns about the side effects.

Mental wellbeing

Prostate cancer can take an emotional toll that continues beyond diagnosis and treatment.



1 in 4 (25%) men reported moderate to high levels of distress after 12 months of prostate cancer diagnosis*

23% of men reported unmet psychological support needs*

Steve's story

Steve is a 64-year-old man who had surgery. Surgery impacted his urinary and sexual function. He shares his feelings here:

“After a routine PSA test came back higher than it should have, then an MRI scan and subsequent biopsy, I found out I had prostate cancer. An emotional rollercoaster started immediately. I had a whirlwind of thoughts constantly playing on my mind. Am I going to die? What happens if it spreads somewhere else? Have I set up life for those I love if I don't make it? Why me? I've lived a healthy lifestyle and kept myself fit. I felt numb and initially it was very hard to sleep. I constantly thought about it and just wanted the cancer removed.

Twenty months after my surgery, I am now better educated. What you need to know is that every individual is different and affected in their own way. Recovery and physical effects may be different and may be relevant to your age, your current health and your lifestyle. Talk to a medical professional about your concerns.

You will have good days and some bad. As hard as it is, be comforted knowing that the care and medical treatment you receive is world class. The survival rate is high even after ten years. It is extremely comforting to know that!”

*Ettridge et al. Eur J Cancer Care. 2021;30:e13393

Support and information services

A range of support services are available to help manage potential side effects resulting from treatment and cope with the emotional impact of having prostate cancer.

“...having that support around you is so important. There are highly trained cancer nurses and other professionals you can talk to if you need help. Don't keep your concerns and thoughts bottled up, share!”

- Steve, 64

For mental health support and information:

Counselling services:

pcfa.org.au/counselling

PCFA peer support services:

call 1800 22 00 99

or email telenurse@pcfa.org.au

Cancer Council Helpline:

call 13 11 20

Beyond Blue:

beyondblue.org.au

or call 1300 224 636

About treatments and side effects:

pcfa.org.au/resources

For urinary incontinence:

continence.org.au

For sexual health:

healthymale.org.au

For diet, exercise and emotional wellbeing:

pcfa.org.au/wellbeing

Please speak to your healthcare provider to get more information about support services for men with prostate cancer.

If you are concerned that you may have prostate cancer, please speak to your doctor to discuss screening tests.

Glossary

Prostate-specific antigen (PSA) test: a blood test used to detect the level of PSA, which is a protein produced by the prostate. Higher PSA levels than normal may indicate the risk of prostate cancer, but other prostate conditions may also increase your PSA level.

Gleason grade: a method of classifying how abnormal or different the cancer tissue is compared to the normal tissue. It predicts how quickly the tumour is likely to grow. This is done based on biopsy results.

Clinical stage: describes the size of the cancer and extent of spread beyond the prostate.

Risk definition: risk groups are based on PSA level, Gleason grade and clinical stage.

(See table below)

Classifying criteria	Low risk Must be	Intermediate risk 1 or more of:	High risk 1 or more of:
PSA (prostate specific marker)	< 10	10 – 20	> 20
Grade Group	1	2 or 3	4 or 5
Gleason score	≤ 6	7	8-10
Clinical stage (spread)	(confined to the prostate)	(confined to the prostate)	(extends outside of the prostate)

Source: National Comprehensive Cancer Network

About the Prostate Cancer Outcomes Report Card

The Prostate Cancer Outcomes Report Card was prepared by the University of South Australia in partnership with SA-PCCOC (Prostatehealth.org.au) and was funded by The Hospital Research Foundation.

The research team includes Dr Kerri Beckmann and Dr Tenaw Tiruye from the University of South Australia, Dr Kerry Ettridge from the South Australian Health and Medical Research Institute, Associate Professor Michael O’Callaghan and Ms Kerry Santoro from Southern Adelaide Local Health Network, and Professor Kim Moretti from SA-PCCOC.

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