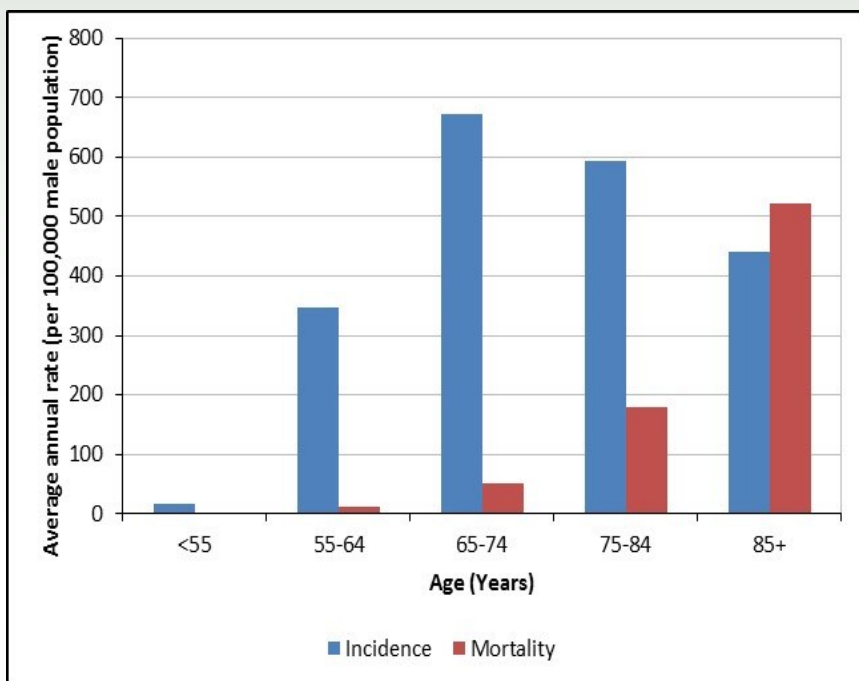


# Prostate Cancer in Nebraska

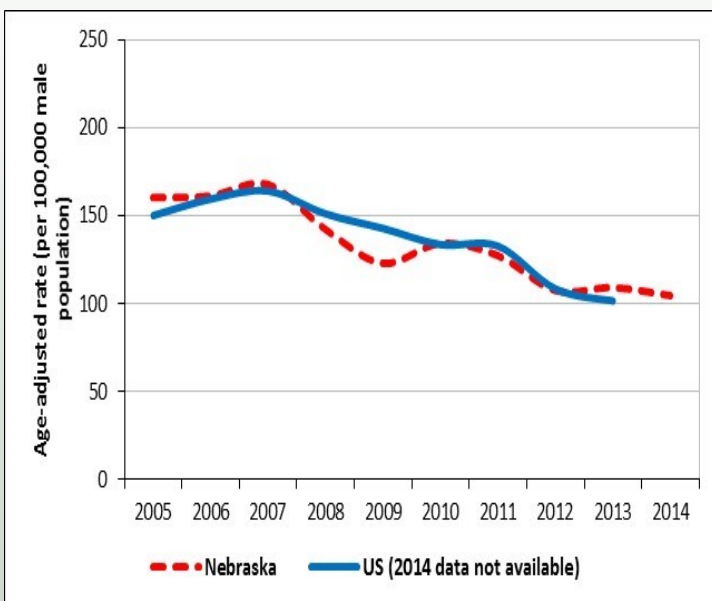
**Figure 1. Prostate Cancer Incidence and Mortality, by Age, Nebraska (2010-2014)**



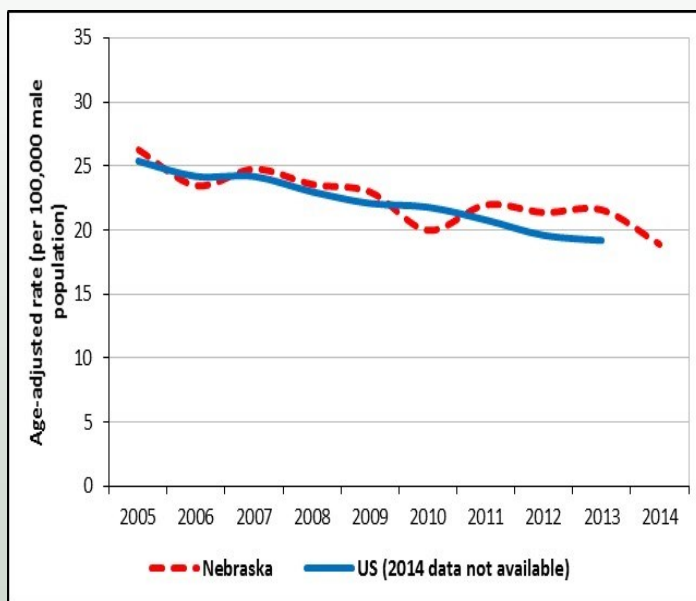
**Nebraska Prostate Cancer Quick Facts:**

- Between 2010 and 2014, 5,981 Nebraska men were diagnosed with prostate cancer, and 914 Nebraska men died from it.
- The rate at which prostate cancer occurs (incidence) peaks between 65 and 74 years of age and then declines. Prostate cancer deaths (mortality) increase steadily with age. (Figure 1).
- Prostate cancer incidence and mortality fell significantly during the past decade, both in Nebraska and nationwide (Figures 2 & 3).
- Prostate cancer incidence and mortality rates in Nebraska are similar to US rates (Figures 2 & 3).

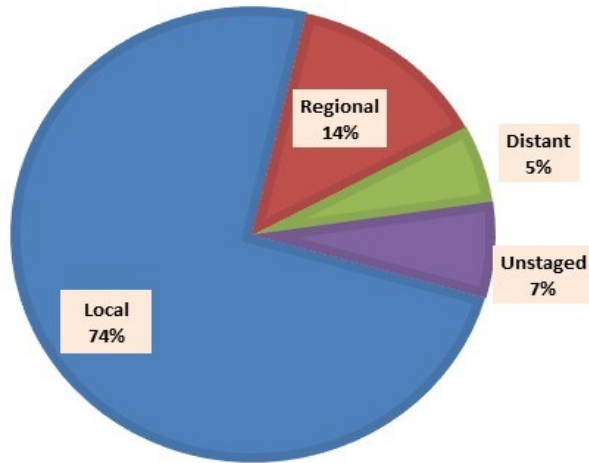
**Figure 2. Prostate Cancer Incidence, by Year of Diagnosis, Nebraska & US (2005-2014)**



**Figure 3. Prostate Cancer Mortality, by Year of Death, Nebraska & US (2005-2014)**



**Figure 4. Prostate Cancer: Percentage of Cases, by Stage of Disease at Diagnosis, Nebraska, 2010-2014**



- Between 2010 and 2014, the majority (74%) of Nebraska prostate cancer cases were diagnosed at a local stage of disease (Figure 4).
- Stage of disease at diagnosis strongly affects the prognosis for prostate cancer patients. The most recent national data show that the 5-year relative survival rates for prostate cancer were nearly 100% for both local and regional stage cases, but fell to 30% for late stage (distant) cases.

### Prostate Cancer Risk Factors and Screening

- Risk factors for prostate cancer include age (50+), African American race, and family history of prostate cancer. Other lifestyle and genetic factors are under study but their role in prostate cancer development remains unclear.
- During the past decade (2005-2014), the prostate cancer incidence rate was significantly higher among African American men in Nebraska (206.0 diagnoses per 100,000 men per year) compared to whites (132.0), while the mortality rate for Nebraska's African American men (35.3 deaths per 100,000 men per year) was 50% higher than that for whites (22.2).
- The American Cancer Society (ACS) recommends that men make an informed decision with their health care provider about whether to be screened for prostate cancer. This discussion should take place at age 50 for men with an average risk of prostate cancer and a life expectancy of at least 10 years. African American men and men with a family history of prostate cancer are at an increased risk for prostate cancer and should discuss screening earlier, at age 45. For those who choose to be screened, the ACS recommends the prostate-specific antigen (PSA) test with or without a digital rectal exam. By contrast, the US Preventive Services Task Force does not recommend PSA-based screening for prostate cancer.

### About the Nebraska Cancer Registry

The Nebraska Cancer Registry (NCR) was created by the Nebraska Unicameral in 1986 and began collecting data in 1987. The purpose of the registry is to document new cases of cancer among Nebraska residents, analyze geographic patterns and long-term trends, and plan and evaluate cancer control programs. The registry also provides statistical and other information about cancer in Nebraska in response to specific requests. The NCR collects information about cancer cases from hospitals, pathology laboratories, outpatient therapy sites, physician offices, death certificates, and cancer registries in other states. In recognition of the accuracy and completeness of the data it has collected, the North American Association of Central Cancer Registries has awarded the NCR its gold standard certificate of data quality for 19 consecutive years (1995-2013). The NCR is managed by the Nebraska Department of Health and Human Services.

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To learn more about the Nebraska Cancer Registry, or to view additional fact sheets and reports, visit: [http://dhhs.ne.gov/publichealth/Pages/ced\\_cancer\\_data.aspx](http://dhhs.ne.gov/publichealth/Pages/ced_cancer_data.aspx).