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## Prostate Cancer Prognosis

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In general, the earlier prostate cancer is caught, the more likely it is for a man to get successful treatment and remain disease-free. The overall prognosis for prostate cancer is among the best of all cancers.

It's important to keep in mind that survival rates and likelihood of recurrence are based on averages and won't necessarily reflect any individual patient outcome. The prognosis for prostate cancer depends on many factors. Your doctor will offer insight and advice based on your specific disease.

## High Cure Rates for Local and Regional Prostate Cancers

Approximately 80 percent to 85 percent of all prostate cancers are detected in the local or regional stages, which represent stages I, II and III. Many men diagnosed and treated at the local or regional stages will be disease-free after five years.

## Stage IV Prostate Cancer Prognosis

Prostate cancers detected at the distant stage have an average five-year survival rate of 28 percent, which is much lower than local and regional cancers of the prostate. This average survival rate represents stage IV prostate cancers that have metastasized (spread) beyond nearby areas to lymph nodes, organs or bones in other parts of the body.

## How We Treat Prostate Cancer

The prognosis for metastatic prostate cancer can be discouraging, but some treatment centers—like the Johns Hopkins Precision Medicine Center of Excellence for Prostate Cancer—specialize in innovative, individualized therapy with the potential to improve outcomes.

## Long-Term Prognosis

Because most prostate cancers are diagnosed with early screening measures and are curable, the average long-term prognosis for prostate cancer is quite encouraging. The figures below, provided by the American Cancer Society, represent the average relative survival rate of all men with prostate cancer. They represent a patient's chances of

survival after a specified number of years as compared with the larger population's chances of survival during that same timeframe. Since these numbers include all stages of prostate cancer, they will not accurately predict an individual man's prognosis.

**5-year relative survival rate of nearly 100 percent:** Five years after diagnosis, the average prostate cancer patient is about as likely as a man without prostate cancer to still be living.

**10-year relative survival rate of 98 percent:** Ten years after diagnosis, the average prostate cancer patient is just 2 percent less likely to survive than a man without prostate cancer.

**15-year relative survival rate of 95 percent:** Fifteen years after diagnosis, the average prostate cancer patient is 5 percent less likely to survive than a man without prostate cancer.

## Recurrence

Even if your cancer was treated with an initial primary therapy (surgery or radiation), there is always a possibility that the cancer will reoccur. About 20 percent to 30 percent of men will relapse (have the cancer detected by a PSA blood test) after the five-year mark, following the initial therapy. The likelihood of recurrence depends on the extent and aggressiveness of the cancer.

Several online tools have been assembled to help predict the likelihood of recurrence. Try inputting your own information into the [Han Tables](https://www.hopkinsmedicine.org/brady-urology-institute/conditions-and-treatments/prostate-cancer/risk-assessment-tools/han-tables) (<https://www.hopkinsmedicine.org/brady-urology-institute/conditions-and-treatments/prostate-cancer/risk-assessment-tools/han-tables>) prediction tool.

## The Role of PSA

Prostate cancer recurrence is determined by rising PSA levels following treatment. Use the following guide to gauge recurrence:

Clinicians use the change in PSA over time as a marker for the aggressiveness of the recurrence. After a certain amount of time, the cancer will become visible radiographically (e.g., via [CT scans](https://www.hopkinsmedicine.org/healthlibrary/conditions/adult/radiology/Computed_Tomography_Scan_22,ComputedTomographyScan/)

([https://www.hopkinsmedicine.org/healthlibrary/conditions/adult/radiology/Computed\\_Tomography\\_Scan\\_22,ComputedTomographyScan/](https://www.hopkinsmedicine.org/healthlibrary/conditions/adult/radiology/Computed_Tomography_Scan_22,ComputedTomographyScan/)) or [bone scans](https://www.hopkinsmedicine.org/healthlibrary/test_procedures/orthopaedic/bone_scan_92,P07663)

([https://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/orthopaedic/bone\\_scan\\_92,P07663](https://www.hopkinsmedicine.org/healthlibrary/test_procedures/orthopaedic/bone_scan_92,P07663))). Prostate cancer can recur locally in the pelvis or elsewhere in the body. The location of the recurrence is determined by these radiographic scans.

After **surgery**, PSA levels should drop to zero. When PSA levels rise above 0.2 ng/mL, the cancer is considered recurrent.

After **treatment with radiation**, PSA levels rarely drops completely to zero. However, the PSA should level out at a low number, which is called the nadir. When PSA rises 2 points from its lowest value, the cancer is considered recurrent.

## Request an Appointment

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