The widespread use of prostate-specific antigen (PSA) testing has dramatically changed the epidemiology of prostate cancer. According to the American Cancer Society, incidence rates for prostate cancer spiked dramatically in the United States in the late 1980s and early 1990s, in large part because of increased use of the PSA blood test for screening. Since then, rates have been steadily declining. From 2007 to 2011, incidence rates were stable in men younger than 65 and decreased by 2.8% per year in those 65 and older (1). SEER has reported similar findings. Using statistical models for analysis, rates for new prostate cancer cases have been falling on average 2.4% each year over the last 10 years (2).

The decline in rates may represent the effect of screening anticipation: incidence has become lower than expected as cases that were bound to present have already been diagnosed. The decline in the incidence rate observed in North Carolina is consistent with that found in the national statistics and may suggest that the PSA screening prevalence effect is starting to subside. For more information on the PSA test, see http://www.cancer.gov/cancertopics/factsheet/detection/PSA.


The cases and rates for non-hispanic other races are significantly higher for all years because more individuals were classified as unknown race in the current submission file.