Asia, which comprises over 4 billion people, makes up approximately 60 percent of the world's population. Its population is currently seen to be rising faster than Europe’s or America’s. Asia’s population is also ageing and experiencing longer life expectancy, with a significant projected increase in proportion of people over 65 years of age, in the next few decades.

Prostate cancer is the 3rd most common cancer amongst men worldwide, and incidence rates are highest in western countries and lowest in Asian countries. Recent data from Asia have shown steady increase in prostate cancer incidence in the past few decades, with some countries such as Korea, experiencing a rapid rise. The average mortality rate of prostate cancer in Asian countries is 3.8 per 100,000, but current data shows a rising trend in a number of countries. Although prostate cancer incidence is lower in Asia compared to western countries, the mortality-to-incidence rate ratio is generally higher in Asian countries (up to 0.63), compared to that of Caucasian population in the USA (up to 0.17). These numbers differ across Asia, with Japan, Korea, and Singapore having lower mortality-to-incidence rate ratios than Vietnam, Malaysia, Philippines, and China. As for China, there is also a huge variability between Shanghai and other provinces.

Multiple factors including increasing age, genetic differences (including differences in prevalence of TMPRSS2-ERG fusion, PTEN inactivation and polymorphisms), environmental factors, changing dietary habits, increased obesity and increasing adoption of prostate cancer screening have been proposed to be responsible for the differences and rise in incidence rates, in Asia. Ethnic difference, relatively lower intensity of screening, late detection of cancers in advanced or metastatic stages, and variations in resource for access to therapy, are thought to contribute to the higher mortality rate in Asian countries.

There is a need for better understanding of the variations in biology, more data on the epidemiological trends, and collection of quality data on management and outcomes, for prostate cancer in Asia. Individualised screening and treatment strategies for each country, depending on epidemiological characteristics and resource availability, needs to be developed.

Conflict of interest

EC is involved with Advisory Boards and received honoraria from Janssen, Sanofi, Bayer, Astellas.

Key references