

Being a Widower May Be an Indication for Routine Prostate-Specific Antigen Screening Above Age 69 Years, Which the American Urological Association Recommends as a Cutoff Point

Multiple studies have shown that being married improves the survival of patients with cancer, irrespective of race/ethnicity. The social and emotional support of marriage, rather than economic advantage, is apparently the deciding factor.^{1,2}

We examined whether information regarding marital status could inform treatment decisions and patient management among men diagnosed with prostate cancer. In particular, we wished to assess whether marital status is suggestive of whether routine prostate-specific antigen screening be performed in patients aged >69 years, which the American Urological Association recommends as a cutoff point.³

Patient data were identified from the National Cancer Institute's Surveillance, Epidemiology, and End Results database. We selected 298,054 patients who were diagnosed from January 1, 1998 through December 31, 2010 with localized prostate adenocarcinoma (T1 and T2 disease) who received nonsurgical treatment with combination external beam radiotherapy plus brachytherapy (31,400 patients) or who received no treatment, so-called "watchful waiting" (266,654 patients). Marital status was stratified as single, married, separated, divorced, or widowed. The median age of each group was 64.5 years in the single group, 67.0 years in the married group, 64.4 years in the separated group, 64.9 years in the divorced group, and 75.0 years in the widowed group.

Widowed men who received no treatment had significantly worse 5-year survival compared with all other patients ($P < .001$). However, the survival of widowed men treated with combined external beam radiotherapy and brachytherapy was the same as that of the other marital groups who received this treatment.

Marital status affects prostate cancer survival. In one study, married patients had significantly longer median survivals than those who were divorced, single, separated, or widowed. Comparison of the hazard ratio (0.79) of the overall survival benefit of chemotherapy from a randomized trial⁴ with the hazard ratio (0.74) for the survival benefit associated with marriage⁵ indicates that among patients with prostate cancer, the survival benefit conferred by marriage is larger than the survival benefit conferred by chemotherapy.

Given the fact that the widowers in our study had a median age of 75 years, being a widower may be an indication for routine prostate-specific antigen screening above the age of 69 years, which, as stated above, the American Urological Association recommends as a cutoff point.³

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