

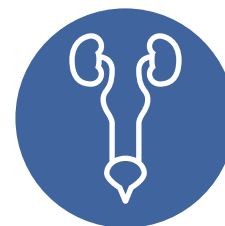


Belgian Cancer Registry

CANCER FACT SHEET 2024

PROSTATE CANCER

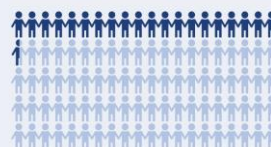
ICD-10 C61



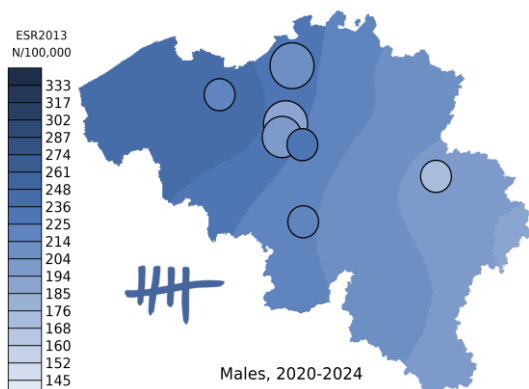
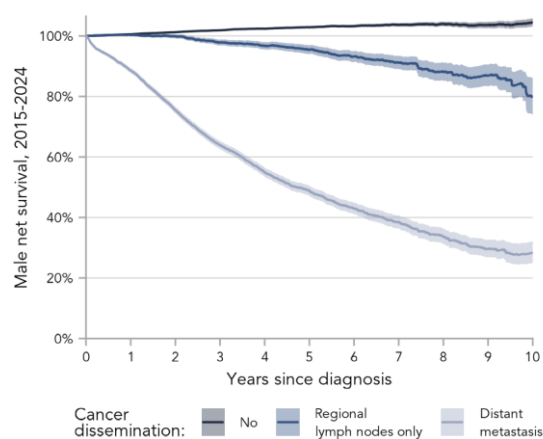
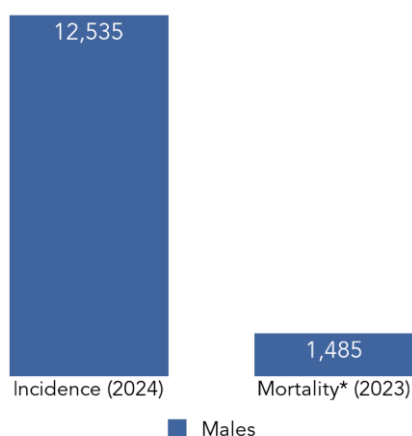
Key facts

- Most common cancer in males
- **12,535** new diagnoses in 2024
- **1,485** deaths due to prostate cancer in 2023
- 10-year net survival of **97.0%**

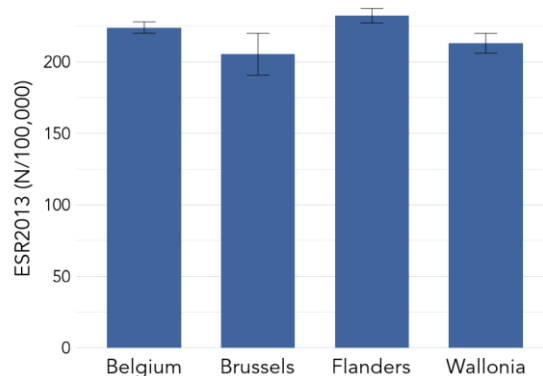
Lifetime risk (0-84 years)



20.6 in 100 males

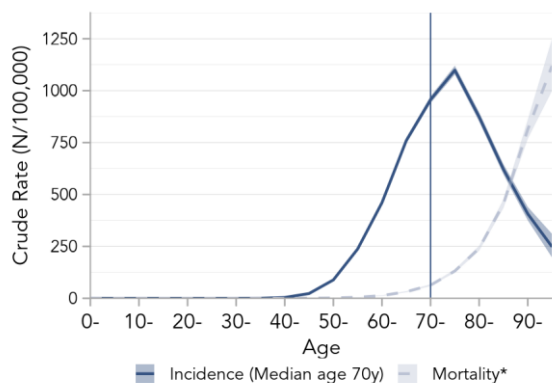


Incidence by region

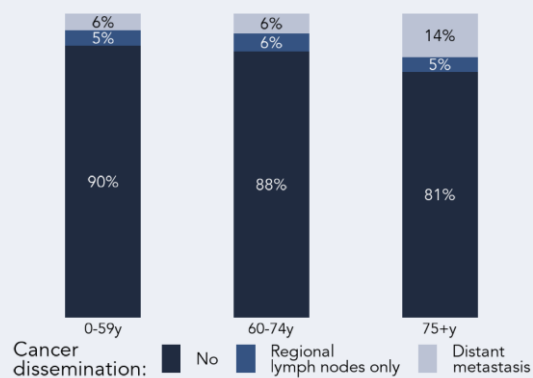




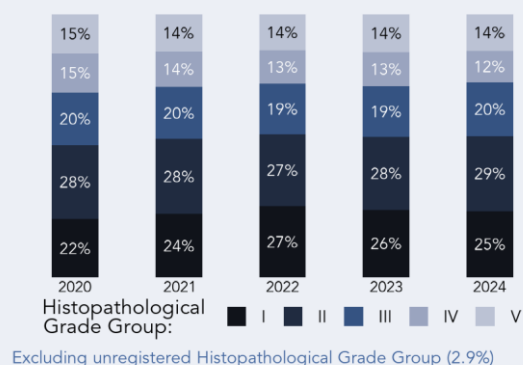
Age-specific incidence, 2020-2024,
and mortality, 2019-2023



Cancer dissemination by age

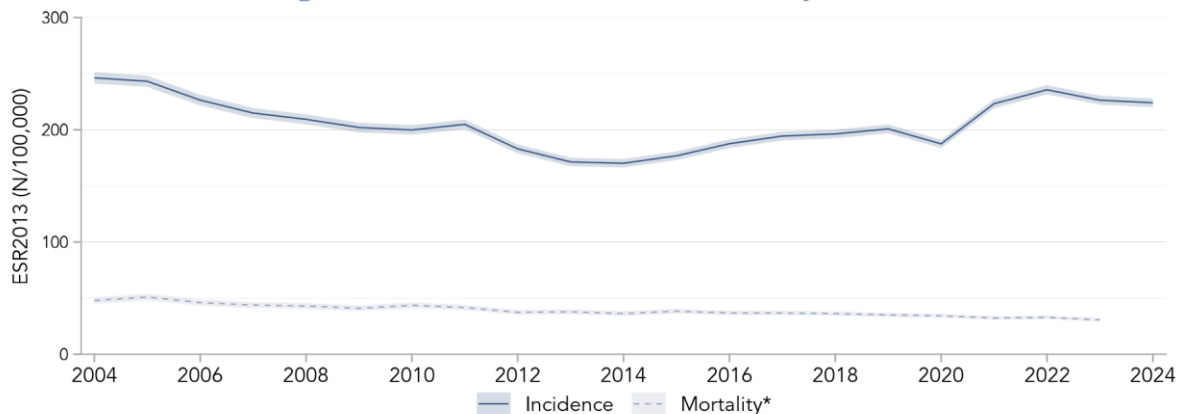


Histopathological Grade Group
distribution over the years



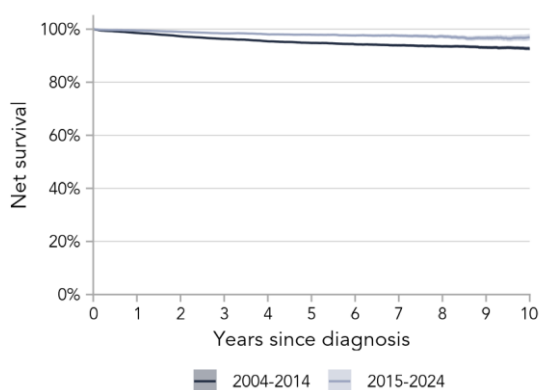
- Median age at diagnosis for prostate cancer is **70 years**
- **Metastases** are more common at **older age**
- The average annual percentage change of the risk of a prostate cancer **diagnosis** is **+3.1%**, for the period 2015-2024
- Risk of a prostate cancer **mortality** is **decreasing** with an average annual percentage change of **-2.2%**

Age-standardised incidence and mortality, 2004-2024

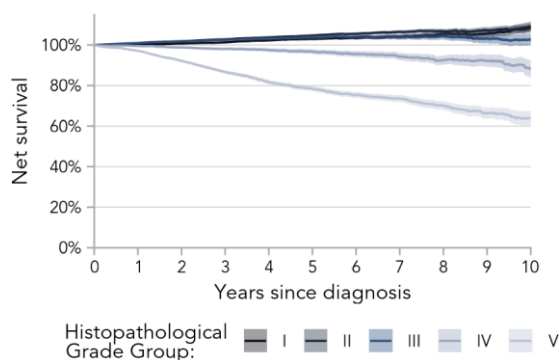




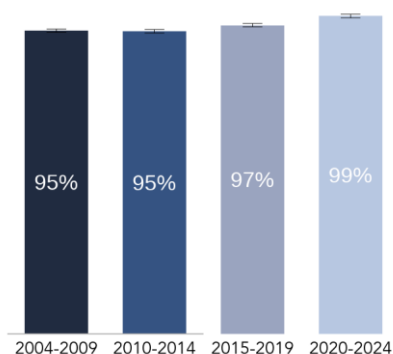
Net survival by period of diagnosis



Net survival by Histopathological Grade Group, 2015-2024



5-year net survival over time



- **5-year net survival has been improving** for males in the last 21 years
- Diagnosis with **lower Histopathological Grade Group** and **no metastasis** is associated with a **better prognosis**
- More than **125,000 males** are living with the consequences of prostate cancer

Additional detailed information (including prevalence) can be found in the [Appendix of the Cancer Fact Sheet](#) and on the [website of the Belgian Cancer Registry](#)



5-year net survival by age and cancer dissemination, 2020-2024, % (95% CI)

	All ages		15-59years		60-74years		75+years	
Total	99.5%	(98.9%; 100.0%)	98.7%	(98.0%; 99.3%)	99.6%	(99.1%; 100.1%)	99.6%	(98.0%; 101.1%)
No metastasis	104.5%	(103.9%; 105.0%)	101.1%	(100.6%; 101.6%)	102.6%	(102.1%; 103.1%)	109.4%	(107.8%; 111.0%)
Regional lymph nodes only	97.2%	(94.9%; 99.5%)	94.7%	(90.9%; 98.6%)	99.1%	(97.2%; 101.1%)	93.6%	(86.6%; 101.3%)
Distant metastasis	53.5%	(50.9%; 56.1%)	59.5%	(52.8%; 67.2%)	60.5%	(57.3%; 63.7%)	47.4%	(43.4%; 51.7%)

Net survival can exceed 100%; more information in 'Concepts & Abbreviations' (last page)



Belgian Cancer Registry

CONCEPTS & ABBREVIATIONS



- **Absolute numbers (N):** The number of newly registered cancer diagnoses observed for a given period of time. All figures and numbers in this cancer fact sheet are based on diagnoses of Belgian residents.
- **Cancer maps:** Cities with at least 150,000 inhabitants are directly represented on the map as circles with a diameter relative to the population size, and a colour shading indicating the actual calculated ESR2013 in that city. The 19 municipalities of the Brussels Capital Region (more than 1,000,000 inhabitants) are divided in three separate circles, based on socio-economic parameters. The socio-economic status is lowest in the westernmost circle and highest in the easternmost circle. Methodological information is available in 'Cancer burden in Belgium 2004-2017, Belgian Cancer Registry, Brussels, 2020'.
- **Crude Rate (CR):** The crude rate is obtained by dividing the absolute number of diagnoses (N) by the corresponding population size at risk (N/100,000).
- **ESR2013:** Incidence rates standardised to the 2013 revised European Standard Population (ESP): Standardisation is necessary to accommodate for differences in population size and age distribution (over time or among regions). An important factor in interpreting trends in cancer incidence is population ageing, as cancer is an age-dependent disease. For a higher proportion of elderly people in the population, a higher total number of cancer diagnoses can be expected for the same cancer risk. When only absolute numbers (N) or Crude Rate (CR) results are used, a misleading picture of the actual changes in the risk of a cancer diagnosis could be obtained. Therefore, direct standardisation is necessary to evaluate the evolution of the risk of cancer diagnosis over time or among regions.
- **Histopathological Grade Group:** is a grading system for prostate cancer, based on how similar the tumour is to the normal tissue (i.e., differentiation). Based on the Gleason Score, prostatic carcinomas can be divided into histopathological grade groups according to the International Society of Urological Pathology (ISUP) consensus on Gleason Grading.
- **Net survival:** Often also called the relative survival, is an estimate of the survival probability when other causes of death beside the cancer type(s) under study are excluded. As examples of other causes of death, patients with the cancer type(s) under study could also die because of an accident or unrelated cardiac conditions, etc. Net survival may exceed 100%, this occurs when the observed survival probability for patients with the cancer type(s) under study is higher than the one for the matched general population (no excess mortality due to cancer).
- The net survival estimation was based on the regional lifetables 2024, obtained from Statbel.
- **95% CI:** 95% Confidence Intervals are indicated with a shaded band or whiskers in the figures. The 95% CI is a range of values that has 95% chance to contain the true mean value.

**Mortality statistics in Belgium are collected and managed by the three Regions (Flemish Region: Departement Zorg; Brussels-Capital Region: Observatorium voor Gezondheid en Welzijn van Brussel-Hoofdstad/ l'Observatoire de la Santé et du Social de Bruxelles-Capitale; Walloon Region: Agence Wallonne de la Santé, de la Protection sociale, du Handicap et des Familles (AVIQ)). The Directorate General Statistics Belgium is responsible for collecting and merging the data coming from the regional agencies. Mortality data used in this cancer fact sheet are collected from the Directorate General Statistics Belgium and encompasses the period 2004-2023.*

Recommended reference: Cancer Fact Sheets 2024, Belgian Cancer Registry (BCR), 2026