In their study (1), they report that men with low-risk prostate cancer have no increased risk of suicide compared with the background population. Their stratified analyses across tumor characteristics were based on the entire follow-up time after prostate cancer diagnosis and may, therefore, not be able to detect a potential sharp increase in risk during a narrow time window after diagnosis. In contrast, we focused on the immediate time period after diagnosis, but we had less detailed information on tumor characteristics (2). The findings of the two studies may, therefore, not be entirely comparable.

Following up on our findings from Sweden (3), we found that men with regional or local-stage disease indeed were at 90% increased risk of committing suicide within 3 months of their prostate cancer diagnosis (2). Beyond that time, there was only a marginal increased risk among men with localized or regional prostate cancer (standardized mortality ratio = 1.1; 95% confidence interval [CI] = 0.8 to 1.3), but there was an increased risk among men with metastatic disease (standardized mortality ratio = 3.0; 95% CI = 1.9 to 4.5). Thus, our data indicate that surveillance of psychiatric conditions during the months immediately after diagnosis may also be important for men with nonmetastatic disease. Our data further suggest that living without a partner is an important determinant for suicide after a prostate cancer diagnosis—a risk that has fortunately declined in the United States since the introduction of prostate-specific antigen testing.

Surveillance of psychiatric morbidity among patients with prostate cancer is an important but complicated matter; different target groups and screening strategies may be of importance during the immediate period after diagnosis as compared with the remaining course of the disease. Our Swedish study (3) indicates that the risk of suicide is by far the highest during the first week after the prostate cancer diagnosis (relative risk = 8.4; 95% CI = 1.9 to 22.7). It is conceivable that men diagnosed with T1c tumors experience a similar early peak in suicide risk or at least such an early peak in the risk for stress-induced cardiovascular deaths, as we found (2); such effects may be obscured in a long-term follow-up time of a population at lower risk of targeted outcomes than the general population. Thus, further studies with detailed information on tumor characteristics and adequate statistical power to assess short time windows are needed to guide the planning of screening programs for psychiatric morbidity early after a diagnosis of prostate cancer.

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References

Notes
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