

Changing the Name of Lowest-Risk Prostate Cancer Could Save Lives

Removing “cancer” from the name of low-risk Grade Group 1 prostate cancer may reduce overtreatment and encourage appropriate screening.

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Removing the cancer label from lowest-risk [prostate cancer](#) could dramatically reduce overtreatment and encourage more men to get screened, according to [a study published in JAMA Oncology](#). Renaming “Grade Group 1 prostate cancer,” the earliest and lowest-risk form of the disease, as “precancerous” prevented 2,400 prostate cancer [deaths](#) annually.

“Medicine has a history of appropriately redefining conditions when terminology no longer accurately reflects risk,” said senior study author Scott Eggener, MD, in a [University of California Los Angeles \(UCLA\) press release](#). “Similar changes have occurred in other cancers, including bladder, cervical and thyroid cancers, where some conditions once classified as cancer have been redefined to better reflect their extremely low likelihood of causing harm. It has even happened before in prostate cancer.”

One in eight men will be diagnosed with prostate cancer during their lifetime, according to the [American Cancer Society](#). [Screening](#) is imperative because men with prostate cancer typically don’t experience symptoms until the disease is more advanced, and the earlier the cancer is treated, the better the health outcome.

The [Prostate Cancer Foundation](#) recommends men begin screening for prostate cancer in their 40s. Initial prostate screening no longer requires a digital rectal exam (when the doctor inserts a finger in the rectum). Today’s gold-standard screening is a simple blood test measuring levels of [prostate-specific antigen \(PSA\)](#), a protein overproduced by the prostate when there’s a problem with the organ. (The male sex gland is about the size of a walnut or small lemon and is located below the bladder. Among other functions, it produces liquid in semen for sperm.)

To learn more, check out Cancer Health’s [Basics on Prostate Cancer](#).

The Grade Group of a prostate cancer describes how likely the cancer is to grow or spread quickly and is based on the Gleason score, which ranges from 1 to 10 and evaluates aggressiveness, according to [the American Joint Committee on Cancer staging system](#). In Grade Group 1 prostate cancers, the tumor cells have a Gleason score of 6 or less, meaning they take years or decades to grow, if they grow at all, and they do not cause symptoms or become life-threatening unless a higher-grade cancer develops in the prostate.

A large body of research suggests that Grade Group 1 cancers cannot cause symptoms or [metastasize](#), and [active surveillance](#) through PSA testing, [MRI](#) and [biopsies](#) is recommended over cancer treatment. Nevertheless, up to 40% of men diagnosed with Grade Group 1 prostate cancer continue to get treatment, according to researchers.

In the study, UCLA researchers designed a decision analytical model to predict the costs and benefits of relabeling Grade Group 1 prostate disease as “precancerous.” The model used clinical data and research findings from 2020 to 2025 to estimate prostate cancer diagnoses and changes in patient behavior. Researchers then used a range of surveillance and screening adherence scenarios to estimate how changes in patient behavior would impact the number of prostate cancer deaths.

“Changing the terminology does not mean ignoring these tumors or eliminating follow-up care,” [said Eggener in the UCLA press release](#). “It means recognizing that not all prostate cancer carries the same risk, and language should better reflect the biology of the disease.”

The researchers found that relabeling Grade Group 1 cancers as precancerous would prevent approximately 2,835 prostate cancer deaths each year through increased screening, while potentially causing about 452 additional deaths if some patients did not continue active surveillance. The net reduction of prostate cancer deaths each year was 2,400.

Even in a modest scenario, where surveillance only increased by 50%, nonadherence doubled and screening increased only by 10%, annual prostate cancer deaths would be reduced by close to 500. There would even be a net decrease in mortality if the absolute increase in screening rate was only 3%.

The researchers noted that future studies would need to follow real patients to understand the real-world impacts on patient outcomes, screening rates and mortality rates. Still, the current findings demonstrate the potential benefits of reconsidering how low-risk prostate cancer is classified and discussed with patients.

“Patients deserve information that reflects the actual risk of their disease, not just a label that may create fear or confusion,” said Eggener. “Our hope is that this work encourages a more thoughtful approach to how we define and communicate low-risk prostate cancer.”

For related articles, check out Cancer Health’s recent cover profile of Euvon Jones, “[My Story Is a Story of What Not to Do](#).” With the help of his wife, Jones turned his life around after a diagnosis of Stage IV prostate cancer. And click [#Prostate Cancer](#), where you’ll find headlines such as “[Deciding Not to Treat My Cancer](#),” about men with low-risk prostate cancer who elect to go on active surveillance to avoid aggressive treatment and possible side effects.

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