

## 2023 Prostate Cancer Facts & Statistics





#### **Nationwide Incidence Rate**

1 in 8 men will be diagnosed during his lifetime 3.1M men currently diagnosed

#### This year in the United States...

New cases: 288,300 Deaths: 34,700

Veterans are 1.5x more likely to get prostate cancer.

African-American men are 2.1x more likely to die of prostate cancer.

#### Incidence Rate in New Mexico

84.2 in every 100,000 men diagnosed 19.3 in every 100,000 men die from the disease

#### This year in New Mexico...

New cases: 1680 Deaths: 280

#### **National Rankings by State:**

#50 for prostate cancer incidence #27 for prostate cancer deaths

**Source**: Estimates based on 2023 data from the American Cancer Society

### **ZERO's Impact in New Mexico**

#### **Patient Programs**

- ZERO360 is ZERO's comprehensive patient navigation service that provides individualized case management to help patients and their families connect with financial assistance, navigate insurance, and find other kinds of support including emotional support and even transportation assistance.
- ZERO also offers peer-to-peer support through our Us TOO Support Groups and MENtor programs. We match patients and caregivers with someone who has been on a similar journey to provide ongoing, one-on-one support. We also run a nationwide network of support groups for those affected by prostate cancer.
- ZERO Connect is our online private Facebook support group where you can connect with others
  affected by prostate cancer, learn from their experiences, and ask questions to patients and loved ones
  across the country.

**ZERO Prostate Cancer** is the leading national nonprofit with the mission to end prostate cancer and help all who are impacted. ZERO advances research, provides support, and creates solutions to achieve health equity to meet the most critical needs of our community. Visit our website: www.zerocancer.org

#### **ZERO Contact:**

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### **CDMRP Grants in New Mexico**

Year Introduced: 1997 Total Grants to Date: 9

Total Grand Awards Through FY 2021\*: \$1.9M

\*PCRP data for FY 2022 has not yet been posted

Grant Recipient	Year	Amount
Regents of the University of New Mexico	2001	\$542745
Regents of the University of New Mexico	2001	\$500825
Regents of the University of New Mexico	1997	\$257329
Regents of the University of New Mexico	2006	\$115361
University Of New Mexico Health Sciences Center	2004	\$112422

### CDC's National Comprehensive Cancer Control Program (NCCCP) Funding in New Mexico:

- Goal: Increase culturally and linguistically competent and effective education about appropriate screening services for the early detection and/or prevention of cancer among New Mexicans.
- Objective: Increase the number of men, especially those at high risk, who receive state-of-the-art, culturally and linguistically appropriate information about prostate cancer and screening, by 2017.
- Goal: Reduce disparities and inequities in access to appropriate and effective cancer prevention, screening, diagnosis, treatment, care and survivor services.
- Objective: Support efforts to analyze data on cancer disparities in New Mexico in order to identify strategies to reduce inequalities in cancer control and prevention. Promote data reports to Council members through listserv and to legislators, the Governor's Office and the press prior to the start of the legislative session (60-day sessions) by 2017.
- Objective: Improve access to cancer prevention, screening, diagnosis, treatment, care and survivor services Complementary and Alternative (CAM) services and clinical trials, especially among minority and rural populations, and among low-income, underinsured, and uninsured populations, by 2017, through expanding patient navigation services.
- Objective: Increase use of age specific cancer screening using U.S.P.S.T.F. or other nationally recognized evidence-based recommendations for all NM populations.

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• Objective: Promote/encourage culturally and linguistically competent providers and approaches when addressing issues of access, especially among minority and rural populations, and among low-income, underinsured, and uninsured populations, by 2017.

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