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 Massachusetts
111.6 in every 100,000 men diagnosed
18.2 in every 100,000 men die from the disease

This year in Massachusetts...
New cases: 6430
Deaths: 680

National Rankings by State:
#30 for prostate cancer incidence
#38 for prostate cancer deaths

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

ZERO’s Impact in Massachusetts

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:
Ali Manson, MPH
Vice President, Government Relations & Advocacy
ali@zerocancer.org | 202-888-9401
CDMRP Grants in Massachusetts

Year Introduced: 1997  
Total Grants to Date: 285  
Total Grand Awards Through FY 2021*: $139.4M

*PCRP data for FY 2022 has not yet been posted

<table>
<thead>
<tr>
<th>Grant Recipient</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Israel Deaconess Medical Center Boston</td>
<td>2015</td>
<td>$1840716</td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute</td>
<td>2016</td>
<td>$1637500</td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute</td>
<td>2016</td>
<td>$1606988</td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute</td>
<td>2020</td>
<td>$1335000</td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute</td>
<td>2019</td>
<td>$1327500</td>
</tr>
</tbody>
</table>

CDC’s National Comprehensive Cancer Control Program (NCCCP) Funding in Massachusetts:

• Goal: Ensure that all Massachusetts residents receive appropriate and timely screening for those cancers where strong evidence-based guidelines for screening currently exist.

• Goal: Increase awareness of and access to informed decision making for all Massachusetts residents about cancer screening for common cancers for which there is emerging evidence of effectiveness.

• Objective: By 2016, increase the number of men age 50 years and older who have discussed the risks and benefits of prostate cancer screening with their health care providers to 78%. Men at higher risk, such as those of African descent or with a family history of prostate cancer, should start discussing this issue at age 45. Baseline: Overall, 71%; White, non-Hispanics, 73%, Black, non-Hispanics, 72% Ð Data Source: BRFSS, 2008.

• Strategy: Develop a Prostate Cancer Work Group to monitor emerging science regarding informed decision making and prostate cancer screening.

• Strategy: Promote and offer training to health care providers and other health professionals regarding informed decision-making.

• Strategy: Explore and identify evidence-based strategies for informed decision-making through telephone interviews and other modalities. Design, test, and evaluate a small media campaign to educate Black, non-Hispanic men regarding prostate cancer through community and faith-based partners.
• Strategy: Continue Community Health Worker (CHW) outreach to Black, non-Hispanic men to educate them on their risk factors and the need for informed decision-making with their health care provider. By 2016, increase the number of men age 50 years and older who have discussed the risk and benefits of prostate cancer screening with their health care providers to 78% (baseline is 71%). Men at higher risk, such as those of African descent or with a family history of prostate cancer, should start discussing this issue at age 45.