Nationwide Incidence Rate

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

Incidence Rate in Florida

95.2 in every 100,000 men diagnosed
16.3 in every 100,000 men die from the disease

This year in the United States...

New cases: 268,490
Deaths: 34,500

Veterans are 1.5x more likely to get prostate cancer.

This year in Florida...

New cases: 20,680
Deaths: 2,720

National Rankings by State:

#40 for prostate cancer incidence
#50 for prostate cancer deaths

Source: Estimates based on 2022 data from the American Cancer Society

ZERO’s Impact in Florida

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, MENtor, and Caregiver Connector 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 Drive transportation program provides transportation-related financial assistance to prostate cancer patients who are unable to find reliable transportation for their prostate cancer care.

ZERO – The End of Prostate Cancer is the leading national nonprofit with the mission to end prostate cancer. ZERO advances research, improves the lives of men and families, and inspires action. Visit our website: www.zerocancer.org.

ZERO Contact:
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CDMRP Grants in Florida

Year Introduced: 1997  
Total Grants to Date: 68  
Total Grant Awards Through FY 2020*: $28M

*PCRP data for FY 2021 has not yet been posted

<table>
<thead>
<tr>
<th>Grant Recipient</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of South Florida</td>
<td>2018</td>
<td>$1,719,936.00</td>
</tr>
<tr>
<td>H. Lee Moffitt Cancer Center &amp; Research Institute</td>
<td>2014</td>
<td>$1,089,679.00</td>
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<td>University of Florida</td>
<td>2000</td>
<td>$1,083,392.00</td>
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<td>University of Miami School of Medicine</td>
<td>2003</td>
<td>$1,064,029.00</td>
</tr>
<tr>
<td>Florida A&amp;M University</td>
<td>2012</td>
<td>$1,020,322.00</td>
</tr>
</tbody>
</table>

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

- Disseminate appropriate prostate cancer education targeted to disparate population.
- Support high quality prostate cancer research and the development of collaborative research networks across Florida.
- Increase outreach efforts to minority men to educate on prostate cancer risk reduction behaviors and informed decision making on prostate cancer screening.
- Increase healthcare provider utilization of the informed decision making process to address screening and treatment options for prostate cancer.
- Increase health communication and health education efforts to educate the public, policy makers, and the healthcare sector about the major issues relating to prostate cancer.
- Raise awareness of survivorship needs.
- Increase healthcare professionals’ knowledge, skills, and practice to address prostate cancer prevention, diagnosis, treatment, rehabilitation, and support for prostate cancer, as well as improve access and appropriate utilization of high-quality prostate cancer care. Although the value of PSA screening remains controversial, men who present for periodic health examinations should be made aware of the availability of PSA testing so that they can make informed decisions about their individual need for routine screening. Discussion should include the implications for treatment versus continued monitoring, if positive values are found.

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2022 Prostate Cancer
Facts & Statistics

Objective 6.3: By 2025, pilot a method of bidirectional reporting between the state cancer registry and health care providers for identifying cancer cases that may benefit from genetic counseling and germline genetic testing. Cases at high risk for germline genetic mutations may include, but are not limited to, patients with one or more of the following: breast cancer diagnosed before the age of 50 years, ovarian cancer diagnosed at any age, male breast cancer, pancreatic cancer diagnosed at any age, individuals diagnosed with multiple primary cancers, or men with high-risk, very high-risk, regional or metastatic prostate cancer (as defined by National Comprehensive Cancer Network [NCCN] guidelines).

Goal: Reduce prostate cancer mortality in Florida men through early detection of advanced disease.

Each year, over 12,000 Florida men are diagnosed with prostate cancer and over 2,000 will die of disease. The Florida Prostate Cancer Advisory Council (PCAC) studied new screening data and recently changed screening guidelines, and it recommends patient-doctor discussions beginning at age 40 years old for Floridians with average risk of prostate cancer about the advantages and disadvantages of prostate cancer screening; and to begin screening at age 50 years old for Floridians who give informed consent. For Florida men with above-average risk of prostate cancer, PCAC recommends prostate cancer screening starting at age 40 years old. Populations at above-average risk include Florida men of African American race, families with strong history for prostate cancer, known germline gene mutations (e.g., BRCA1, BRCA2), and known exposure to Agent Orange. Moreover, African American men when diagnosed with prostate cancer are more likely to have more aggressive disease. This goal and its objectives are aligned with PCAC recommendations.

Objective: By 2025, increase the percentage of Florida men aged 40 to 85 years old who have ever discussed the advantages and disadvantages of the PSA blood test with a healthcare provider from 17.2% (Baseline, 2018 BRFSS, PCPSADI1 and PCPSAAD3) to 25% or higher.

Objective: By 2025, identify or develop a surveillance method that measures the percentage of Florida men who are at above-average risk for prostate cancer and who have undergone prostate cancer screenings.

Strategies:

- Educate Florida men age 40 years old and older to talk to their doctors about the advantages and disadvantages of prostate cancer screening.
- Educate Florida men with above-average risk of prostate cancer to talk to their doctors about screening.
- Communicate to the public the Florida PCAC recommendations on prostate cancer screening.
- Update Florida primary care providers about prostate cancer screening guidelines and the recommendations from Florida PCAC about prostate cancer screening in the general Florida population and above-average risk men.
- Use a variety of culturally competent media to communicate prostate cancer screening information to diverse populations in a variety of settings, such as African American men.
- Reduce the out-of-pocket cost of diagnostic prostate cancer screening.
- Work with Florida cancer epidemiologists to identify or develop a surveillance method for measuring and tracking participation of above-average risk Florida men in prostate cancer screening. This strategy may include recommendation to the State of Florida and CDC to add questions to their behavioral health surveys.
- Support primary care practices and other clinics in developing and implementing system changes that improve prostate cancer screening, including electronic health record tools that help providers identify and refer Floridians who need to discuss prostate cancer screening or prostate cancer diagnostic work-up. Tools are also needed to aid providers in the follow up of patients with abnormal screening test results.