



2022 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: 268,490
Deaths: 34,500

Veterans are 1.5x more likely to get prostate cancer.

African-American men are 2.2x more likely to die of prostate cancer.

Incidence Rate in Massachusetts

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

This year in Massachusetts...

New cases: 5,670
Deaths: 700

National Rankings by State:

#28 for prostate cancer incidence
#36 for prostate cancer deaths

Source: Estimates based on 2022 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, 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 – 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.

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CDMRP Grants in Massachusetts

Year Introduced: 1997

Total Grants to Date: 275

Total Grand Awards Through FY 2020*: \$130.7M

*PCRP data for FY 2021 has not yet been posted

Grant Recipient	Year	Amount
Beth Israel Deaconess Medical Center	2015	\$1,840,716.00
Dana-Farber Cancer Institute	2016	\$1,606,988.00
Dana-Farber Cancer Institute	2019	\$1,327,500.00
Dana-Farber Cancer Institute	2020	\$1,335,000.00
Dana-Farber Cancer Institute	2019	\$1,327,500.00
Beth Israel Deaconess Medical Center	2019	\$1,312,500.00

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

- **Priorities:** Reduce barriers to treatment, decrease disparities in prostate cancer and breast cancer deaths, and improve access to and public awareness of palliative care.
- **Objective:** by 2021, decrease the percent of obesity among Massachusetts adults and you by 5%
- **Strategy:** Provide relevant content, including data, for stakeholder education initiatives (for example, for a community health center) that shows the relationship between obesity and chronic disease including heart disease, diabetes, and cancer (for example, breast, colon, and prostate cancers), particularly in targeted populations.
- **Goal:** Ensure the optimal implementation of evidence-based interventions for promoting appropriate cancer screening and shared decision making for all Massachusetts residents.
- **Goal:** Ensure that all Massachusetts residents have equal access to the interventions that are effective in promoting cancer screening and to screening tests, especially groups with higher than average mortality and low screening rates.
- **Objective:** By 2021, increase the number of Massachusetts men ages 40 years and older that have discussed both advantages and disadvantages of prostate cancer screening with their physicians from 31% to 50%.
- **Strategies**
 - 1. The Prostate Cancer Work Group will identify barriers to implementing shared decision making for prostate cancer screening by meeting with providers and key stakeholders and will develop and support implementation of interventions to increase provider adoption of shared decision marking, including:

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- Conferences and trainings on shared decision making through collaboration with Mass. Medical Society.
- Pilot interventions and/or demonstration projects that involve community health workers and patient navigators in providing shared decision making.
- Interventions that support medical institutions in implementation of shared decision making.
- Dissemination of materials developed by the work group to providers, including a decision aid and other educational media.
- Collaboration with partners and other organizations to develop and implement a small media campaign.
- 2. Develop and pilot customized approaches to the above strategies to reach Black men. Examples include:
 - Inclusion of specific guidance on PSA testing for Black men in all provider and patient educational materials and programs
 - Promotion of adoption and implementation of culturally and linguistically appropriate service standards to providers of healthcare for Black men
 - A small media campaign focused on Black men
 - Increased attention to applying all relevant strategies to community health centers which serve large populations of Black men.
- **Goal 1:** Ensure equity in access to timely and high-quality treatment for all Massachusetts residents.
- **Goal 2:** Ensure that all Massachusetts residents have access to palliative care upon diagnosis of cancer.
- **Objective 1:** By 2019, seek and analyze Massachusetts Cancer Registry data and existing data from other sources to identify racial/ethnic disparities in the treatment of prostate cancer and to guide the development of interventions aimed at ensuring equitable treatment for prostate cancer especially for Black non-Hispanic men
- **Strategy:**
 - Conduct an in-depth data analysis of baseline MCR data on the first course of treatment for prostate cancer for men, comparing treatment characteristics by race, age, and ethnicity, and by cancer stage and tumor characteristics.
 - In collaboration with local and national partners identify barriers responsible for disparities in prostate cancer treatment, especially those affecting Black men, and develop interventions aimed at addressing key barriers.

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