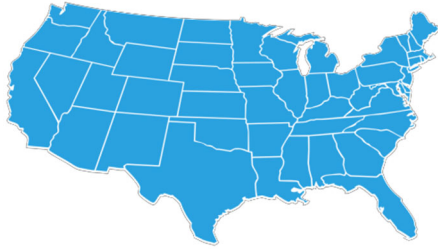




# 2022 Prostate Cancer Facts & Statistics



## 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 New Mexico

82.7 in every 100,000 men diagnosed  
19.1 in every 100,000 men die from the disease

## This year in New Mexico...

New cases: 1,430  
Deaths: 240

## National Rankings by State:

#49 for prostate cancer incidence  
#44 for prostate cancer deaths

*Source: Estimates based on 2022 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, 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](http://www.zerocancer.org).

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# 2022 Prostate Cancer Facts & Statistics

## CDMRP Grants in New Mexico

Year Introduced: 1997  
Total Grants to Date: 9  
Total Grand Awards Through FY 2020\*: \$1.9M

*\*PCRP data for FY 2021 has not yet been posted*

Grant Recipient	Year	Amount
Regents of the University of New Mexico	2001	\$542,745.00
Regents of the University of New Mexico	2001	\$500,825.00
Regents of the University of New Mexico	1997	\$257,329.00
Regents of the University of New Mexico	2006	\$115,361.00
University of New Mexico Health Sciences Center	2004	\$112,422.00

## 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 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, 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 United States Preventative Services Task Force or other nationally recognized evidence-based recommendations for all New Mexico populations.
- **Objective:** Promote and 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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