



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 Washington

98.1 in every 100,000 men diagnosed
20.2 in every 100,000 men die from the disease

This year in Washington...

New cases: 5,670
Deaths: 850

National Rankings by State:

#34 for prostate cancer incidence
#14 for prostate cancer deaths

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

ZERO's Impact in Washington

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.

ZERO Contact:

Ali Manson, MPH
Vice President, Government Relations & Advocacy
ali@zerocancer.org | 703-624-1223



CDMRP Grants in Washington

Year Introduced: 1997

Total Grants to Date: 145

Total Grand Awards Through FY 2020*: \$82.4M

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

Grant Recipient	Year	Amount
University of Washington	2012	\$6,507,986.36
Fred Hutchinson Cancer Research Center	2013	\$2,773,315.14
Fred Hutchinson Cancer Research Center	2008	\$1,551,655.00
Fred Hutchinson Cancer Research Center	2014	\$1,348,528.00
University of Washington	2006	\$1,323,750.00

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

- **Goal:** Reduce morbidity and mortality due to prostate cancer in the District.
- **Objective:** Through the provision of professional and public education, improve the appropriateness of prostate cancer screening for District residents.
- **Strategy:** Convene task force to organize and engage other partners (including representatives of primary care providers, public health educators, health literacy experts, etc.) and devise work plan and schedule to achieve objective.
- **Strategy:** Assess state of best practices and evidence-based educational interventions to increase knowledge about the risks and benefits of prostate cancer screening, both in professional care providers and general populations.
- **Strategy:** Assess current research on public and professional knowledge and attitudes about informed decision-making and prostate cancer-specific information, including risk factors, personal history, screening and diagnosis modalities (and their risks and benefits), treatment options, etc.
- **Strategy:** Based on assessments, develop, leverage resources for, and implement any required data collection plan, possibly including surveys and focus groups, to obtain District-specific information on public and professional knowledge and attitudes, as well as information on messaging (influencers, etc.).
- **Strategy:** Utilizing available research, design, leverage resources for, and implement professional and public educational initiatives to increase knowledge about prostate cancer and the risks and benefits of screening, possibly including internet-based, print, and small-group instructional modalities.
- **Strategy:** Develop campaign that will target specially burdened populations such as African Americans to heighten their perception of risk and encourage earlier screening (at 45 years of age).
- **Strategy:** Develop a monitoring strategy, possibly including Behavioral Risk Factor Surveillance

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System (BRFSS) questions, surveys, health record reviews, and health payer and health system monitoring, to track informed decision-making and screening activity.

- **Strategy:** Continually study the impacts of intervention for improvement and make periodic reports to DCCC membership.
- **Objective:** Increase the early detection and appropriate management of clinically relevant prostate cancer, those cases with a reasonably high probability of disease, which adversely impacts chances of survival and quality of life
- **Strategy:** Convene taskforce, including organizations performing community 97 DC Cancer Control Plan 2013-2018 Prostate Cancer screening, to develop work plan and schedule to achieve objective.
- **Strategy:** Using existing data sources, complete an inventory of current community screening programs, including populations served, educational materials and processes used, use of informed decision-making, and data collection methods used for measuring screening and follow-up activity
- **Strategy:** Collect and assess best practices and evidence-based interventions for community screening and lay person based client education.
- **Strategy:** Analyze the collected data and achieve consensus on standards for community screening programs.
- **Strategy:** Advocate with public and non-profit funders to build unified standards into requests for proposals and applications, and with organizational leaders to gain buy-in.
- **Strategy:** Develop a dissemination and educational plan for program staff and organizational leaders for the unified standards and any knowledge foundation required for implementation.
- **Strategy:** Develop a monitoring strategy, possibly including surveys, program reports, and record reviews, to track informed decision-making, screening activity, and follow-up.
- **Strategy:** Study the impacts of initiatives for continual improvement and reporting to DCCC membership.
- **Objective:** Increase the early detection and appropriate management of clinically relevant prostate cancer, those cases with a reasonably high probability of disease, which adversely impacts chances of survival and quality of life
- **Strategy:** Convene taskforce to organize and engage other proposed members (including representatives of primary care providers, patient navigators, etc.) to develop work plan and schedule to accomplish objective.
- **Strategy:** Assess barriers (economic and noneconomic) to, and enablers of, appropriate prostate cancer screening and management in the District, using existing data or through the development and implementation of a needs assessment plan.
- **Strategy:** Develop and implement policy plan for assuring appropriate early detection opportunities, possibly to include mandated professional education hours on chronic disease and cancer and changes in health care financing.
- **Strategy:** Leverage DCCC membership to advocate for the assurance of public and/or private resources for the availability of District-wide patient navigation services.
- **Strategy:** Examine current data collection and monitoring schemes for screening, referral, and treatment activity in the District; produce recommendations on system and quality improvement (including modification of Cancer 98 DC Cancer Control Plan 2013-2018 Prostate Cancer Registry

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criteria to capture active surveillance as a medical management tool, abnormal screening tracking, etc.); and report findings for further planning and advocacy.

- **Objective:** Reduce the proportion of unstaged prostate cancer cases for all races from the 2004-2008 Surveillance Epidemiology and End-Year Results (SEER) baseline of 11.7 to <3.
- **Strategy:** Determine the proportion of unstaged cases by race and the source of these unstaged cases.
- **Strategy:** Convene taskforce of stakeholders to organize, engage other proposed members (including representatives of the appropriate medical specialists, medical educators, etc.), and devise work and reporting schedules.
- **Strategy:** Examine barriers (education and training-related, etc.) to prostate cancer staging and its assurance in the District, using existing data or through the development and implementation of a needs assessment plan.
- **Strategy:** Design, develop funding for, and implement a professional educational program to improve prostate cancer staging.
- **Strategy:** Examine District cancer center accreditation and certification standards in order to develop any required policy and regulatory intervention plan to provide for assurance of timely and appropriate staging at the District's cancer centers.
- **Strategy:** Study the impacts of initiatives for continual improvement and reporting to DCCC membership

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