



Addressing Prostate Cancer and Social Determinants of Health

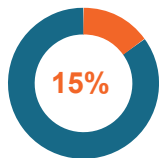
Prostate Cancer in The United States

Prostate cancer is the second most common cancer in men (after skin cancer) and the second leading cause of cancer deaths in men (after lung cancer).¹ Each year, nearly 300,000 men in the United States receive a prostate cancer diagnosis, and 35,000 men die from it.²

Early detection of prostate cancer is important: **For prostate cancers diagnosed in localized or regional stages, the 5-year relative survival rate is 100%.**² Because prostate cancer is often curable if detected early, increasing awareness, early detection, and treatment options for prostate cancer is important, especially for populations that do not see a doctor regularly.



1 in 8 men will receive a prostate cancer diagnosis in their lifetime.³



15% of all cancer diagnoses in the United States are prostate cancer diagnoses.²

Prostate Cancer Comorbidities and Survivorship

Twenty-nine percent of prostate cancer patients have at least one additional disease, called a comorbidity.⁴ Having prostate cancer and a comorbidity can increase the risk of death from all causes.^{5,6} People with multiple comorbidities may have limited prostate cancer treatment options, as healthcare personnel (HCP) may find that the potential harms of treatment will outweigh any potential benefits.⁷

Prostate Cancer and Social Determinants of Health (SDOH)

SDOH affect men across the cancer continuum, from prevention to detection to treatment. For instance, food insecurity can prevent people from seeking follow-up cancer treatment and maintaining medication adherence, as purchasing food can take precedence over potential treatment costs.⁸ Men with low socioeconomic status (SES) characteristics (e.g., low income, low level of education) may have to make prostate cancer treatment decisions based on treatment costs, treatment duration, and foregone wages during treatment, causing treatment delays and decreased cancer survivorship.⁹

Men with **high SES** characteristics are **more likely** to receive a prostate cancer **diagnosis**, perhaps due to increased access to health care.¹⁰ However, **low SDOH** characteristics may affect prostate cancer **survivorship**, especially in Black men, who are twice as likely to die of prostate cancer than White men.^{1,10,11,12} Black men experience higher rates of prostate cancer and worse prostate cancer outcomes for many reasons, such as genetic factors, a lack of representation in clinical trials, and decreased access to care.¹³



Social determinants of health that may affect men's prostate cancer outcomes include^{10,14}



Lower Levels of Education and Income



Certain Occupations (e.g., firefighters, veterans, farmers)¹⁵



Unstable Housing or Employment

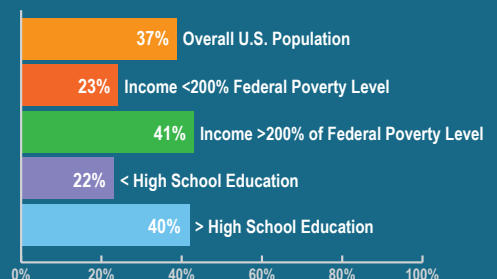


Medical Mistrust



Health Insurance Status (e.g., inadequate health insurance or being uninsured)

Percent of Men Ages 55-69 Who Have Received a Prostate-specific Antigen (PSA) Test in the Last Year¹⁶



All men aged 40 and older should discuss their prostate cancer risk with a healthcare provider.



Prostate Cancer Risks, Prevention, and Screening

Some men have a higher risk of prostate cancer, including^{2,22}

- Black men,
- Men with a family history of prostate cancer, and
- Men with a family history of some other cancers (e.g., breast cancer caused by BRCA mutation).

Known risk factors for prostate cancer cannot be changed, but regular prostate cancer screenings can help detect prostate cancer at early stages, when it is most treatable. Prostate cancer screenings test blood to measure prostate-specific antigen levels.²³

Myths and Medical Mistrust

Medical mistrust affects prostate cancer outcomes across the cancer continuum and is often associated with SDOH. In one study, Black men with prostate cancer were less willing to discuss participation in clinical trials and more likely to believe that members of their racial group should be suspicious of health care than White men with prostate cancer.¹⁷ In rural Appalachia, patients with higher levels of food insecurity reported higher levels of medical mistrust.¹⁸ Low levels of education and health literacy can also contribute to mistrust of health systems.

Additionally, harmful stereotypes about manliness and invulnerability may prevent men from discussing prostate cancer or receiving care; men in some communities may avoid seeking care out of fear of stigma from prostate cancer treatments and their perceived side effects.¹⁹

Organizations can help address myths, medical mistrust, and other barriers to care to improve prostate cancer outcomes through the following actions:

Challenges or Barriers	Proposed Solutions, Action Steps, and Strategies
Medical mistrust	<ul style="list-style-type: none"> • Focus on validating concerns and displaying empathy when talking about controversial health topics.²⁰ • Facilitate conversations between HCPs and patients outside of healthcare settings to address mistrust.²⁰ • Train HCPs, HCP students in clinical trainings, multi-disciplinary professionals, and community health workers (CHWs) on culturally competent messaging.²¹ • Implement training to address biases and promote cultural humility.²⁰ • Develop community-healthcare system partnerships to address medical mistrust.²¹ • Support the growth of a diverse healthcare workforce that includes people from a variety of socioeconomic, racial, ethnic, and geographic backgrounds.⁹ • Educate low-income men residing in metropolitan and rural communities with information vital to shared decision-making before prostate cancer screening.⁹
SDOH: Food Insecurity/ Inadequate Food Access	<ul style="list-style-type: none"> • Conduct SDOH screening using a multi-disciplinary approach that involves physicians, mid-level practitioners (nurse practitioners, physician assistants), other registered nurses, licensed practical nurses, patient navigators, and CHWs. • Continuously link low-income and other low SES populations to food security resources and document follow up.
Myths, stigmas, and misinformation	<ul style="list-style-type: none"> • Use dialogues with members of your community to drive action.²¹ • Partner with trusted leaders (including local churches and national church associations) to discuss important health topics with communities.²⁰ • Educate men about the risks, signs, and dangers of prostate cancer early and often (e.g., through workplaces, colleges, local sports teams, trade schools, fraternities, or correctional facilities). • Highlight the advantages of prostate cancer screening, which can improve screening uptake.¹⁴
Affordability/Lack of insurance	<ul style="list-style-type: none"> • Share programs that help cover costs of prostate cancer screening, follow up, and treatment.
Screening and Survivorship	<ul style="list-style-type: none"> • Create patient-provider relationships that foster open conversations about health risks and family health histories. • Incorporate women into discussions about prostate cancer to improve uptake of screening by male family members.⁹ • Connect men with prostate cancer to research programs.⁹ • Connect men with prostate cancer to resources to help find and afford healthy foods and to help quit commercial tobacco. • Consider initiatives that pair important cancer screenings (e.g., lung and prostate cancer screenings).

Resources

Featured Resource

American Cancer Society's [Increasing Food Security Efforts Across the Cancer Continuum: A Toolkit for Comprehensive Cancer Control Coalitions \(2023\)](#) is a user-friendly toolkit with strategies to help increase food security. Cancer and chronic disease coalitions, non-profit hospitals, cancer centers, ambulatory infusion centers, federally qualified health centers, rural health clinics, health departments, medical practices, medical associations, community-based organizations, non-profit organizations, and HCPs can use the toolkit to help improve food security in their communities.

Source	Resource
CDC	Prostate Cancer Health Tips
	Tips From Former Smokers Motivational Cards
National Cancer Institute	Understanding Prostate Changes and Conditions
	Support Services Directory
American Academy of Ambulatory Care Nursing	Diversity, Equity, and Inclusion: Cultural Humility as a Framework for Ambulatory Care Nurses to Address Health Equity and Inclusion
American Academy of Family Physicians	Cultural Humility is Critical to Health Equity
American Cancer Society	Easy Reading: If You Have Prostate Cancer
	Cancer Prevention & Early Detection Facts & Figures
	Cancer Prevention & Early Detection Facts & Figures: Tables & Figures 2024
The American Journal of Medicine	The 5 Rs of Cultural Humility: A Conceptual Model for Health Care Leaders
American Urological Association	Early Detection of Prostate Cancer: AUA/SUO Guideline (2023)
	Prostate Cancer Screening Assessment Tool
Prostate Cancer Foundation	Financial Resources
	Patient Resources
	Additional Facts for Black Men and Their Families
	PCF Webinar Series for Patients and Caregivers
ProstateCancer.net	Does Prostate Cancer Have Common Comorbid Conditions?
Prostate Health Education Network	Church Partnerships
	Survivor Network
	Dr. PSA
SelfMade Health Network	SelfMade Health Network Quit Tobacco Toolkit: Men's Health
	Commercial Tobacco Cessation Messaging Toolkit for Medicaid Healthcare Providers and Multidisciplinary Teams, Including Community Health Workers and Patient Navigators, in All Settings
	Understanding Health Risk: Using Family Health Histories to Promote Health
	From the Lungs to the Heart: How Tobacco-Related Diseases and Cancer Affect Men's Health
Society of Hospital Medicine	The 5 Rs of Cultural Humility
U.S. Preventive Services Task Force	Prostate Cancer: Screening (Updated Guidelines)
	Prostate Cancer: Screening (2018)
Zero Prostate Cancer	Help and Support
	Prostate Cancer Risk Factors
	Financial Resources

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Centers for Disease Control and Prevention Consortium of National Networks
SelfMade Health Network (CDC National Disparity Network)