

Prostate Cancer and Black Men

Impact of Prostate Cancer on Black Men

After declining through much of the late 2000s and early 2010s, prostate cancer incidence rates have risen for nearly a decade. The increase includes distant-stage disease diagnoses among men of all ages, climbing by nearly 3% annually among those younger than 55 years. Some men are at a higher risk of developing prostate cancer than others, including African American men and men who have a first-degree relative (i.e., a parent, sibling, or child) who has been diagnosed with prostate cancer.

Prostate cancer remains the most commonly diagnosed cancer among Black men in the United States, with an estimated 57,300 cases expected in 2025, accounting for 44% of all cancer diagnoses in Black men. Black men have the highest prostate cancer death rate than any other racial or ethnic group, and are over twice as likely to die from prostate cancer than White men. This large disparity in prostate cancer deaths reflect less access to high-quality treatment options; and evidence suggests that Black men have equivalent or higher prostate cancer-specific survival rates when they are treated within an equal-access health care system such as the Veterans Health Administration.

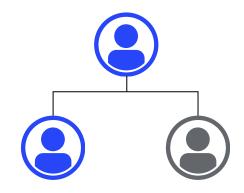
The good news is deaths from prostate cancer have been declining, in part due to improvements in treatment, management of recurrent disease, and early detection with a prostate-specific antigen (PSA) test. Among Black men, prostate cancer deaths have dropped by 56% since their peak in 1993.



1 in 6 Black men will be diagnosed with prostate cancer in his lifetime.

+2X

Black men die from prostate cancer at **more than twice the rate** of White men.



Having a first-degree relative (i.e., parent, sibling, or child) with prostate cancer **more than doubles** the risk of developing the disease.

The Challenges

Screening: The American Cancer Society's 2010 guidelines recommend that males aged 50+, who are of average risk and asymptomatic, engage in informed decision making with their health care provider about whether to be screened for prostate cancer. However, for Black men and men who have a first-degree relative who had a prostate cancer diagnosis before age 65, conversations with health care providers should begin at age 45. While physicians are encouraged to educate men about the benefits and limitations of PSA testing, studies indicate that Black men are less likely than White men to receive information about prostate cancer screening. VI

Clinical Trials: Given the significant disparities in prostate cancer incidence and survival, special focus should be placed on ensuring inclusion of Black men, and others of increased risk, in prostate cancer clinical trials. Representation from diverse ethnic and racial groups in clinical trials can shed light on variations in disease progression and treatment response between groups. Additionally, participants in clinical trials have an opportunity to gain access to the newest developments in cancer treatment. Due to limited access and other barriers. Black men are underrepresented in prostate cancer clinical trials despite accounting for a disproportionately high share of prostate cancer cases in the United States.vii Beyond clinical trials, products treating and diagnosing prostate cancer should continue to be studied once on the market to identify any potential differences in efficacy for Black men.

Call to Action: Closing the Gap in Prostate Cancer Outcomes

The higher incidence and mortality rates for Black men for prostate cancer are exceptionally concerning. To close the gaps in prostate cancer outcomes, ACS CAN urges Congress to pass the Prostate-Specific Antigen Screening for High-risk Insured Men (PSA Screening for HIM) Act (H.R. 1300/S.297). This federal legislation would waive cost-sharing requirements such as deductibles, copayments, and coinsurance for prostate cancer screening tests for men with the highest risk of prostate cancer. All men at high risk for prostate cancer who decide to move forward with screening after a discussion with their health care provider should have access to screening that is barrier-free without cost sharing.



Incidence rates, 2017 - 2021

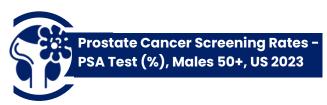
by select race and ethnicity, for prostate cancer



Mortality rates, 2018 - 2022

by select race and ethnicity, for prostate cancer





34% of Black males are up-to-date on screening

24% of all males engage in **shared decision-making** for PSA testing with a physician

63% of all males **never discussed PSA testing with a physician**

i. Kratzer, T. B., Mazzitelli, N., Star, J., Dahut, W. L., Jemal, A., & Siegel, R. L. (2025). Prostate cancer statistics, 2025. CA: A Cancer Journal for Clinicians. Advance online publication. https://doi.org/10.3322/caac.70028

ii. Siegel, R. L., Kratzer, T. B., Giaquinto, A. N., Sung, H., & Jemal, A. (2025). Cancer statistics, 2025. CA: A Cancer Journal for Clinicians. Advance online publication. https://doi.org/10.3322/caac.21871

iii. Rose, B., Mahal, B. A., et al. (2020). Survival of African American and non-Hispanic White men in an equal-access health care system: a Veterans Affairs prostate cancer study. Cancer, 126(6), 1254-1260. https://doi.org/10.1002/cncr.33224

iv. Saka, A. H., Giaquinto, A. N., Star, J., Jemal, A., Siegel, R. L., et al. (2025). Cancer statistics for African American and Black people, 2025. CA: A Cancer Journal for Clinicians. Advance online publication. https://doi.org/10.3322/caac.21874

v. A prostate-specific antigen (PSA) test is a blood test that asses the levels of protein made by the prostate.

vi. Leyva B, Persoskie A, Ottenbacher A, Hamilton JG, Allen JD, Kobrin SC, Taplin SH. Do men receive information required for shared decision making about PSA testing? Results from a national survey. J Cancer Educ. 2016 Dec; 31(4):693–701. doi:10.1007/s13187-015-0870-8

vii. Joseph M Unger, Dawn L Hershman, Raymond U Osarogiagbon, Anirudh Gothwal, Seerat Anand, Arvind Dasari, Michael Overman, Jonathan M Loree, Kanwal Raghav, Representativeness of Black Patients in Cancer Clinical Trials Sponsored by the National Cancer Institute Compared With Pharmaceutical Companies, JNCI Cancer Spectrum, Volume 4, Issue 4, August 2020, pkaa034, https://doi.org/10.1093/jncics/pkaa034