

AWARENESS MONTH

PROSTATE CANCER

SEPTEMBER

Prostate Cancer Prevention and Education Resource Toolkit September 2025



The Maryland Department of Health Center for Cancer Prevention and Control is sharing this guide with local Cigarette Restitution Fund-Cancer Prevention, Education, Screening and Treatment programs to assist in the development of prostate cancer awareness materials.

This guide provides information and materials from reputable sources. Resources such as videos, factsheets, resource guides and social media toolkits are compiled here to help you create, update and tailor health education materials for the communities that you serve.



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Ctrl and click on the image below to open the link to the toolkit.

This toolkit from the George Washington Cancer Center provides information on prostate cancer such as data and statistics, best practices for communicating about prostate cancer, tips on how to communicate with diverse audiences, social media messaging and graphics, and additional resources.

PROSTATE CANCER AWARENESS CAMPAIGN



Authored by: GW Cancer Center

August 10, 2023

Ctrl and click on each image to open the videos on YouTube.

Videos

Prostate Cancer Statistics: Did You Know?—National Cancer Institute



Prostate Cancer: Informed Decision Making—American Cancer Society (ACS)



Should I Get Tested for Prostate Cancer—Center for Disease Control and Prevention



Prostate Cancer Video for Clinicians— American Cancer Society (ACS)

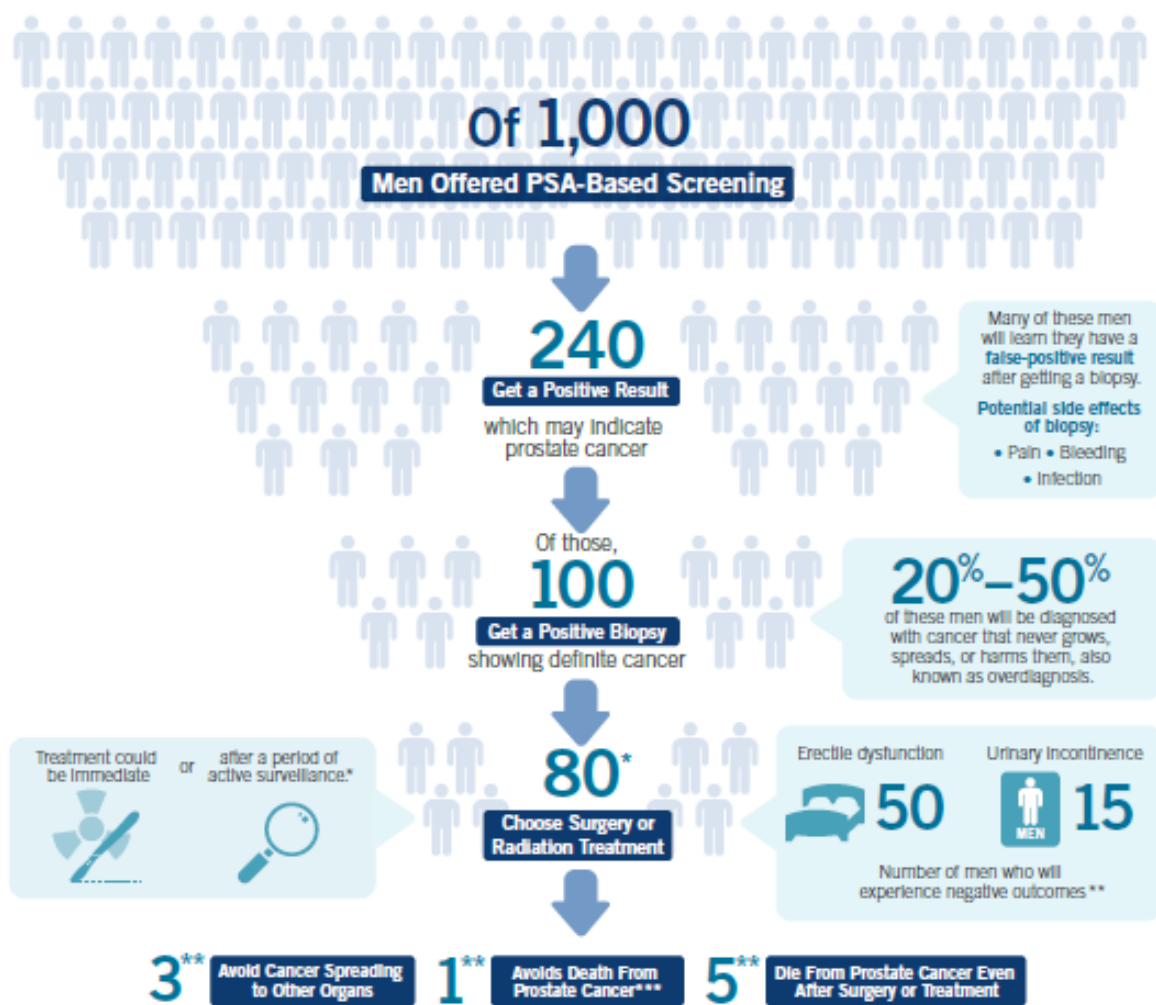


Is Prostate Cancer Screening Right for You?

Understanding the Potential Benefits vs. Risks for Men 55–69

The prostate-specific antigen (PSA) screening test is the most common method clinicians use to screen for prostate cancer. The PSA test measures the amount of PSA, a type of protein, in the blood. When a man has an elevated PSA level, it may be caused by prostate cancer, but it could also be caused by other conditions too. Studies show that PSA-based screening in men 55–69 comes with potential benefits and harms over a period of 10–15 years.

The U.S. Preventive Services Task Force recommends that for men 55–69, the decision to receive PSA-based screening should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening and to incorporate their values into the decision. (C grade)



Note: This summary document is based on a comprehensive review of PSA-based screening and treatment studies, and is meant for informational purposes. Men with questions should talk to a trusted health care professional to learn more about the potential benefits and harms of PSA-based screening. Estimates are based on benefits observed in the ERSPC trial for men aged 55 to 69 years and harms derived from pooled results from three treatment trials (ProtecT, PIVOT, and SPCG-4).

* This includes 65 men who choose surgery or radiation at diagnosis, as well as 15 men who choose to monitor their cancer initially and later have surgery or radiation when it progresses.

** Estimates based on benefits observed in the ERSPC trial for men aged 55 to 69 years and on treatment harms derived from pooled absolute rates in the treatment group in the three treatment trials (ProtecT, PIVOT, SPCG-4). Experienced harms may result directly from treatment, cancer, age, or other causes. Of men randomized to screening in the ERSPC trial, 83% had one or more PSA screening tests during the trial.

*** 1.3 deaths are avoided per 1,000 men offered PSA-based screening.

Data sources: Final Recommendation Statement: Screening for Prostate Cancer and Final Evidence Review: Screening for Prostate Cancer. U.S. Preventive Services Task Force. May 2018. www.uspreventiveservicestaskforce.org

HEALTH TIPS for men about prostate cancer: *What you can do*

Most prostate cancers grow slowly and don't cause any health problems in men who have them.

If you decide not to get screened, you can always change your mind later. If you decide to get screened, it does not mean you have to go to the next step. You should discuss each step with your doctor.

Most prostate cancers found by screening are small and slow growing and may not be fatal. Some men may have a faster growing prostate cancer and will benefit from early treatment.

Older men, African-American men, and men who have a family history of prostate cancer have a greater risk for developing prostate cancer. If you are concerned that you may have a greater risk for prostate cancer, talk to your doctor about screening.

//////////////////// Screening for Prostate Cancer //////////////////////

One screening test for prostate cancer is a blood test, which can be abnormal (not normal) for several reasons besides prostate cancer.

The only way to know if an abnormal test is due to cancer is to do a biopsy.

A biopsy is a minor surgery to get small pieces of the prostate to look at under a microscope.

If the biopsy shows there are cancer cells, then your doctor will discuss treatment options.

Treatment of prostate cancer may include:

- ▶ Close monitoring and follow-up visits
- ▶ Radiation
- ▶ Surgery to remove the prostate

Side effects from radiation or surgery may include:

- ▶ Impotence
- ▶ Loss of bladder control
- ▶ Problems with your rectum

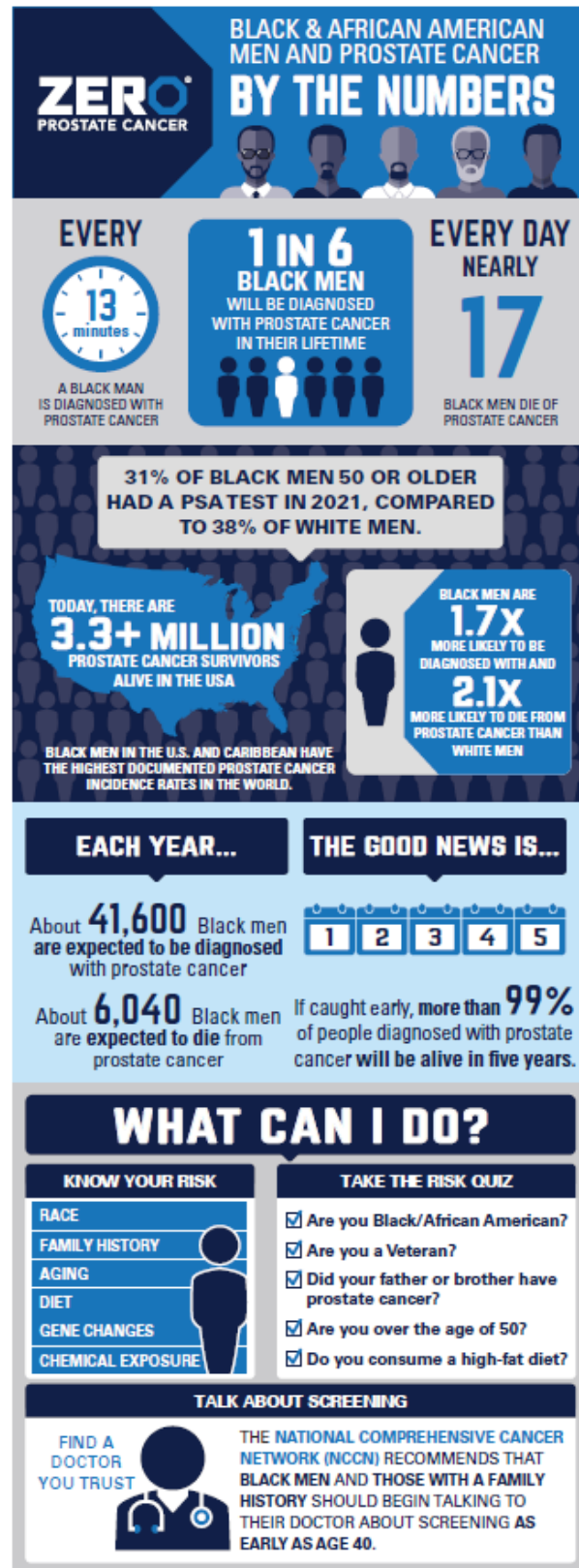
Medical groups do not agree on screening recommendations.

Talk with your doctor or nurse to decide together if prostate cancer screening is right for you.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

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AMERICAN CANCER SOCIETY. CANCER FACTS & FIGURES FOR AFRICAN AMERICAN/BLACK PEOPLE 2022-2024. ATLANTA: AMERICAN CANCER SOCIETY, 2022.



PROSTATE CANCER QUICK FACTS



What is prostate cancer?

Prostate cancer occurs when prostate cells stop behaving normally. Normal cells grow, divide, and die on a regular basis. Sometimes, something goes wrong with this process, and the cells don't die as they should. Instead, they create a growth or tumor.



Who is at risk of having prostate cancer?

Anyone born with a prostate is at risk of developing prostate cancer. However, some men are at more risk than others. Risk factors include:

- **Age:** Men age 50 or older have a higher risk of prostate cancer.
- **Race:** Black men are about 70% more likely to be diagnosed with prostate cancer than White men, and more than twice as likely to die from the disease.
- **Family History:** Men with a first-degree relative (father, brother, or son) diagnosed with prostate cancer have a 2 to 3 times higher risk of developing the disease compared to the general population.
- **Gene Mutations:** Men with certain genetic mutations, such as in the BRCA1 or BRCA2 genes, have a higher risk.
- **Military Service:** Military personnel are about two times as likely to be diagnosed with prostate cancer as the general public. Studies show Veterans with environmental exposure to Agent Orange and burn pits have a higher occurrence of prostate cancer.



What lifestyle factors may increase prostate cancer risk?

Maintaining a healthy lifestyle may help reduce the risk of prostate cancer. **Studies have shown that diets high in saturated fats, processed meats, and dairy products may be associated with a higher risk of prostate cancer.**

1-in-8 men will be diagnosed with prostate cancer during his lifetime.



Are you more likely to get prostate cancer the older you get?

Age is a significant risk factor for prostate cancer, with the likelihood of developing the disease increasing as men grow older. According to the American Cancer Society, about 60% of all prostate cancer cases are diagnosed in men aged 65 or older.



How do you get screened for prostate cancer?

Routine prostate cancer screening starts with a PSA blood test. A Prostate-Specific Antigen (PSA) blood test measures the level of PSA in the blood. A higher PSA level may be an indicator of prostate cancer. Your doctor may choose to do a physical exam, as well.



What is a normal PSA level?

There isn't a specific "normal" PSA score. However, the higher someone's PSA level, the likelier it is that prostate cancer is present. Your PSA score is influenced by several factors, including age, recent activities, medications, and other conditions that affect prostate health.

In general, a PSA level above 4.0 ng/mL is considered abnormal. Because PSA levels increase with age, some doctors apply a higher cutoff for older men and a lower cutoff for younger men.

A lower cutoff may be used in men taking certain drugs like finasteride and dutasteride, which are used to treat an enlarged prostate. These drugs lower the PSA level.



How early should prostate cancer screening begin?

Everyone born with a prostate should understand their personal prostate cancer risk and when to get a baseline PSA blood test. Men at higher risk – Black/African Americans, military personnel/Veterans, and those with a family history of cancer – should discuss PSA testing with their doctor at age 40. Other men should discuss PSA testing with their doctor at age 45.

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Prostate Cancer Screening

What You Need to Know About the PSA Test

The PSA blood test is a simple way to check your prostate health. It can detect issues early when they are most treatable. Working together with your doctor, you can weigh the pros and cons of prostate cancer screening. This team approach, known as shared decision-making, puts your needs and preferences at the center of the decision, making sure it's the right choice for you.

WHAT IS THE PSA TEST?

- PSA stands for prostate-specific antigen, a protein produced by the prostate gland
- The PSA test is a simple blood test that measures the level of PSA in the blood
- Higher PSA levels can be a sign of prostate cancer or other prostate issues



WHY GET A PSA TEST?



- The PSA test can help detect prostate cancer early when it is most treatable
- Prostate cancer often has no symptoms in its early stages
- For many men, knowing their PSA level provides reassurance about their prostate health

WHO SHOULD GET TESTED, AND WHEN?

- Everyone born with a prostate (men and transgender women) should understand their personal prostate cancer risk and when to get a baseline PSA blood test
- Men of African descent, military personnel/Veterans, and those with a family history of cancer should consider having a PSA test done at age 40
- Other men should discuss PSA testing with their doctor at age 45



IS THE PSA TEST PERFECT?



- No test is perfect, but the PSA test is currently the best prostate cancer screening tool
- Some men with prostate cancer have normal PSA levels
- Some men with elevated PSA levels do not have cancer

HOW IS PROSTATE CANCER DIAGNOSED?

- Prostate cancer can only be diagnosed with a biopsy
- The prostate biopsy is then examined under a microscope by a trained pathologist
- A diagnosis is made or ruled out based on several factors, including the results of the biopsy



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Care for the Prostate Cancer Caregiver



Tips and Resources

The term “caregiver” refers to someone in an informal, unpaid role who cares for and supports a loved one; in this case, with prostate cancer. **Empowering yourself with knowledge, resources, and tools for self-care can help you in your role as a caregiver.**

MEDICAL CARE

If you feel comfortable, participate in conversations with your loved one and their doctors. Understanding the diagnosis, treatment, and side effects can help you and your loved one feel more confident.

- Take a list of questions for the doctor. Visit [zerocancer.org/questions-for-your-doctor](https://www.zerocancer.org/questions-for-your-doctor) for ideas.
- Take notes at appointments, or ask to record with your phone, if you can.
- Ask the doctor to write down terms or medications that are difficult to pronounce or spell.
- Seeking a second opinion or seeing multiple professionals (urologist, oncologist, radiation oncologist) is common and may help in the treatment decision-making process.
- Find out if a clinical trial is an option. You can find more information and search for clinical trials at [zerocancer.org/clinicaltrials](https://www.zerocancer.org/clinicaltrials).

CARE TOGETHER

A loved one’s prostate cancer diagnosis can be overwhelming. It is important to communicate and support each other through treatment and beyond.

- Listening to your loved one may be the most valuable thing you can offer.
- Discuss which decisions you should make together.
- Make time for each other, such as scheduling dates or sharing a daily meal or walk.
- Consider counseling for you and your loved one, to strengthen your relationship.
- If you are the spouse or intimate partner of someone with prostate cancer, challenges with intimacy are common. Consider speaking with a sexual health professional.

SELF-CARE

Your role as a caregiver can be stressful and time-consuming. It is important to take care of yourself.

- Take time to relax and find enjoyment daily.
- Acknowledge your feelings. Get support, whether it is through a support group, an online forum, a spiritual leader, counselor, or therapist.
- Take care of your physical health: prioritize sleep, eat healthy, exercise, and keep up to date on your medical needs.
- Ask for and accept help. Use resources such as [caringbridge.org](https://www.caringbridge.org) or [lotsahelpinghands.com](https://www.lotsahelpinghands.com) to communicate updates and needs.

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ask the
DOCTOR

ZERO[®]
PROSTATE CANCER



Living with Prostate Cancer

What does it mean to “live” with prostate cancer? Well, for most men it means continuous and routine screening, learning ways to manage side effects of treatments, and discovering new ways to adapt to life after diagnosis. After a prostate cancer diagnosis, priorities regarding relationships, careers, or lifestyle may change.

There are more than three million prostate cancer survivors in the United States and each of them are on an individual journey to navigate their life with this disease.



LIVING WITH PROSTATE CANCER

What is Survivorship?

Survivorship focuses on the health and well-being of a person with cancer from the time of diagnosis until the end of life. This includes the physical, mental, emotional, social, and financial effects of cancer.

All patients who have completed primary cancer treatment should receive a comprehensive care summary and follow-up plan. The plan will inform you and your treatment team of the long-term effects of prostate cancer and its treatment, identify support resources in the community, and provide guidance on follow-up care, early detection, and health maintenance.

Survivorship Care Plan

- Should be provided to every cancer survivor after primary treatment
- Serves as a comprehensive care summary
- Provides a record of treatments and follow-up plan
- Acts as a roadmap to life after prostate cancer treatment

Below are tips that may help you maximize your quality of life after a prostate cancer diagnosis:

- Join a prostate cancer support group
- Connect with a prostate cancer advocacy organization
- Stay current on prostate cancer diagnosis and treatment advances
- Speak with a sexual health specialist
- Make time for what you really want
- Find ways to relax



- Exercise regularly
- Maintain a healthy weight
- Eat a healthy diet

Funding and support provided by



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This document is one of a four-part Ask the Doctor educational literature and video series.
View all parts of the series at zerocancer.org/askthedoctor.



Prostate Cancer Fact Sheet

for Health Care Professionals



Prostate Cancer Fact Sheet

for Patients and Caregivers





How Will Treating My Early-Stage Prostate Cancer Affect My Quality of Life?

Early-stage prostate cancer can be treated in different ways. The three main ways are active surveillance, surgery, and radiotherapy. Active surveillance means having your prostate checked every few months to make sure the cancer is not spreading. Surgery would take out the prostate, and radiotherapy uses high-energy rays to kill cancer cells in the prostate.

Two recent PCORI-funded studies compare the effects of these choices on the quality of life for men with early stage prostate cancer. These studies looked at three effects treatment might have on a man's quality of life. These are problems having sex, urinary problems, and bowel problems.



Prostate cancer grows very slowly, making the risk of dying from the cancer very low.

That gives you a chance to think about quality of life issues that matter most to you.

Here's what the new research says:

The different ways of treating early-stage prostate cancer (active surveillance, radiotherapy, or surgery) affect men differently. Men who have surgery or radiotherapy have more sexual, urinary, and bowel problems in the first year compared with men who were treated with active surveillance. After 2 to 3 years, most symptoms improve, but there may still be differences.



Surgery



Men who had surgery to remove the prostate (called a total prostatectomy) were:

- more likely to have problems with sex
- more likely to leak urine

than men who chose radiotherapy or active surveillance.

But men who had surgery had:

- less of a need to rush to the bathroom to pee
- less of a feeling that their pee was unable to come out

than men who chose radiotherapy or active surveillance.

What to expect after surgery:

- About four out of ten men who had surgery still had sexual problems 3 years after surgery.
- Problems leaking urine caused by surgery were more likely to improve than sexual problems. After one year, urinary leaking caused by surgery improved to what it had been before surgery.

Radiation



Men who had radiation to kill cancer cells in the prostate were:

- more likely to feel burning when peeing, more likely to feel that their pee won't come out, or a need to rush to the bathroom to pee
- more likely to feel the need to rush to the bathroom for a bowel movement. This was not as common as urinary problems or problems with sex.

What to expect after radiation:

- Urinary problems were more likely to get better by two years after treatment for men who had radiation from outside the body (external beam radiotherapy) than men who had radiation from pellets placed inside the body (brachytherapy).
- About 2 out of every 10 men who had radiation had sexual problems. These problems started a few months after men had radiation.

Ctrl and click on the images below to open to the complete PDF of the documents.

PROSTATE CANCER

Early-stage Prostate Cancer Patient Guide



Urology Care
FOUNDATION™
The Official Foundation of the
American Urological Association

NCCN
GUIDELINES
FOR PATIENTS*

2025

Early-Stage Prostate Cancer

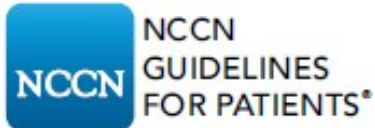


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Available online at
[NCCN.org/patientguidelines](https://www.nccn.org/patientguidelines)

Ctrl and click on the image below to open to the complete PDF of the document.



2025

Advanced-Stage Prostate Cancer



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Sample Messaging for Prostate Cancer Screening

Most prostate cancers found by screening are small and slow growing and may not be fatal. Some men may have a faster growing prostate cancer and will benefit from early treatment.

Call your health care provider and take control of your health! If you do not have a provider, click [here](#) to find a cancer screening location and/or a provider near you. [#Don'tHesitate, CheckYourProstate](#)

Older men, Black or African American men, and men who have a family history of prostate cancer have a greater risk of developing prostate cancer. If you are concerned about your risk of prostate cancer, talk to your healthcare provider about screening. [#Don'tHesitate, CheckYourProstate](#)

Transgender women with male reproductive organs have varying risk levels based on their history with gender-affirming surgery (GAS) and gender-affirming hormone therapy (GAHT). Transgender women who have not undergone GAS or GAHT have the same risk levels as cisgender men. Transgender women with a history of GAS or GAHT are less likely to get prostate cancer than cisgender men.

If you are transgender individual, talk to your health care provider to ask if prostate cancer screening is the right option for you. [#Don'tHesitate, CheckYourProstate](#)

Prostate Specific Antigen (PSA) is a blood test to screen for prostate cancer. A PSA may be abnormal for other reasons besides cancer.

The only way to know if an abnormal test is due to cancer is to do a biopsy. A biopsy is a minor surgery to get small pieces of the prostate to look at under the microscope. If the biopsy shows there are cancer cells, then your health care provider will discuss treatment options with you.

Right now, you have the power to find out what is right for you. Call your health care provider. [#Don'tHesitate, CheckYourProstate](#)

September is Prostate Cancer Awareness Month! Talk to your health care provider about the right screening option for you. If you do not have a provider, click [here](#) to find a cancer screening location and/or provider near you. [#Don'tHesitate, CheckYourProstate](#)

References

1. Centers for Disease Control and Prevention. (2023, December 5). *HEALTH TIPS for men about prostate cancer: What you can do*. https://www.cdc.gov/cancer/prostate/pdf/prostate_health_tips.pdf
2. Gender Research Collaborative. (2022 January). *Prostate cancer in transgender women: What does a urologist need to know?* <https://pubmed.ncbi.nlm.nih.gov/34157213/>

Mensaje de Muestra Para el Cáncer de Próstata—Español

La mayoría de los cánceres de próstata detectados mediante pruebas de detección son pequeños, de crecimiento lento y podrían no ser mortales. Algunos hombres pueden tener un cáncer de próstata de crecimiento más rápido y se beneficiarán de un tratamiento temprano.

¡Llame a su proveedor de la salud y tome el control de su salud! Si no tiene un proveedor, haga clic [aquí](#) para encontrar un centro de detección de cáncer o un proveedor cerca de usted. [#NoLoDude, ReviseSuPróstata](#)

Los hombres mayores, los hombres afroamericanos, y los hombres con antecedentes familiares de cáncer de próstata tienen un mayor riesgo de desarrollar cáncer de próstata. Si le preocupa su riesgo de cáncer de próstata, consulte con su proveedor de salud sobre las pruebas de detección. [#NoLoDude, ReviseSuPróstata](#)

Las mujeres transgénero con órganos reproductivos masculinos presentan diferentes niveles de riesgo según su historial de cirugía de afirmación de género (GAS) y terapia hormonal de afirmación de género (GAHT). Las mujeres transgénero que no se han sometido a GAS ni GAHT tienen el mismo riesgo que los hombres cisgénero. Las mujeres transgénero con antecedentes de GAS o GAHT tienen menos probabilidades de desarrollar cáncer de próstata que los hombres cisgénero.

Si eres transgénero, consulta con tu profesional de la salud para preguntar si la prueba de detección del cáncer de próstata es la opción adecuada para ti. [#NoLoDude, ReviseSuPróstata](#)

El antígeno prostático específico (PSA) es un análisis de sangre para detectar el cáncer de próstata. Un PSA puede ser anormal por otras razones además del cáncer.

La única manera de saber si una prueba anormal se debe a cáncer es mediante una biopsia. Una biopsia es una cirugía menor para obtener pequeños fragmentos de la próstata y examinarlos al microscopio. Si la biopsia muestra células cancerosas, su profesional de la salud le explicará las opciones de tratamiento.

Ahora mismo, tiene el poder de encontrar la opción adecuada para usted. Llame a su profesional de la salud. [#NoLoDude, ReviseSuPróstata](#)

¡Septiembre es el Mes de Concientización sobre el Cáncer de Próstata! Consulte con su profesional de la salud sobre la opción de detección más adecuada para usted. Si no cuenta con un proveedor de la salud, haga clic [aquí](#) para encontrar un centro o proveedor de detección de cáncer cerca de usted. [#NoLoDude, ReviseSuPróstata](#)

References

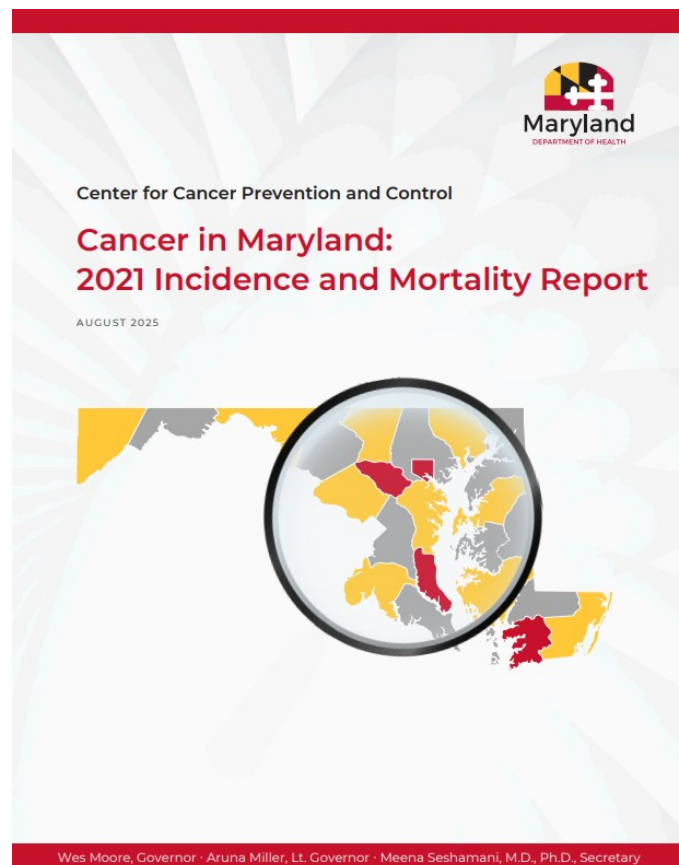
- Centers for Disease Control and Prevention. (2023, December 5). *HEALTH TIPS for men about prostate cancer: What you can do*. https://www.cdc.gov/cancer/prostate/pdf/prostate_health_tips.pdf
- Gender Research Collaborative. (2022 January). *Prostate cancer in transgender women: What does a urologist need to know?* <https://pubmed.ncbi.nlm.nih.gov/34157213/>

Ctrl and click on the images below to open to the complete PDF of the documents.

One target of the [Maryland Comprehensive Cancer Control Plan](#) is to increase proportion of men ages 55 to 69 who have discussed the advantages and disadvantages of the PSA test to screen for prostate cancer with their health care provider from 55.7% in 2018 to 58.5% by 2025. Click the image to learn more.



The Maryland Department of Health provides information on each county/jurisdiction-specific Incidence and Mortality Rates Fact-sheets (see page 34). Click the image to learn more.



Please note that not all cancer screening messages contained in the web resources listed above are consistent with the Maryland Department of Health's Center for Cancer Prevention and Control guidance. If you choose to use information from these resources, we encourage you to carefully check materials for consistency with the guidance we have provided.

Please contact Tony Rodriguez, Cancer Screening Programs Unit (CSPU) Health Educator, at Anthony.Rodriguez@maryland.gov if you have any questions.