

Key Findings

1. Prostate cancer is the most commonly diagnosed cancer among men in St. Louis County and Missouri.¹
2. St. Louis County ranked 7th in prostate cancer incidence and 50th in prostate cancer mortality out of all counties in Missouri from 2015 to 2019.^{1,2}
3. From 2015 to 2019, there were 3,720 new prostate cancer cases and 489 deaths due to prostate cancer in St. Louis County.^{3,4}
4. In 2020, 34.6% of white Missouri men and 29% of Black/African American men aged 40 and older reported having a prostate-specific antigen (PSA) test in the past two years, decreasing from 51% and 45.6%, respectively, in 2012.⁵
5. Black men were 1.6 times more likely to have prostate cancer than white men (at 181.1 and 112 new cases, respectively, per 100,000) during the 2015 to 2019 reporting period. The disparity in death rates was even greater, with 37.1 prostate cancer deaths per 100,000 Black men to 15 deaths per 100,000 white men.^{3,4}

Incidence (New Cases)

Prostate cancer is the most commonly diagnosed cancer among men in St. Louis County, accounting for 26% of all cancers in people assigned male at birth (AMAB).³ Prostate cancer incidence peaked in 2011 and again in 2015 and has decreased since then, as seen in **Figure 1**. The age-adjusted prostate cancer incidence rate from 2015 to 2019 was 122.2 per 100,000 population.

Prostate cancer incidence differs by stage, also shown in **Figure 1**. The local stage refers to cancer that has not spread. In the regional stage, the cancer has spread to nearby lymph nodes or organs, and in the distant stage, the cancer has spread to distant parts of the body.⁶ Most prostate cancer cases are identified at the local stage, followed by regional, while the fewest are identified at the distant stage. Regional and distant prostate cancer incidence has remained steady over time, but local prostate cancer incidence has decreased since 2015. Incidence also differs by age group, which is shown in **Figure 2**. Incidence is lowest among men aged 45-54 and increases until peaking in men aged 65-74, then decreases among older age groups.

Figure 1. Prostate cancer incidence by stage; St. Louis County, 2010-2019.³

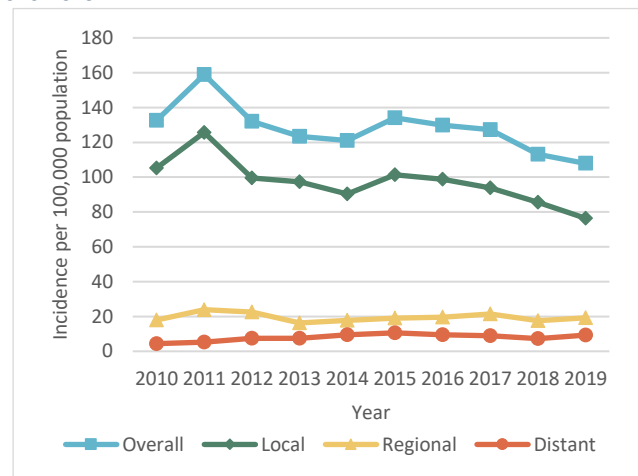


Figure 2. Prostate cancer incidence by age group; St. Louis County, 2015-2019 average.³

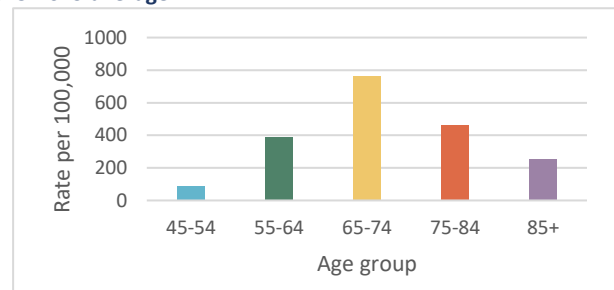


Figure 3. Deaths due to prostate cancer; St. Louis County, Missouri, and the United States, 2010-2019.⁷

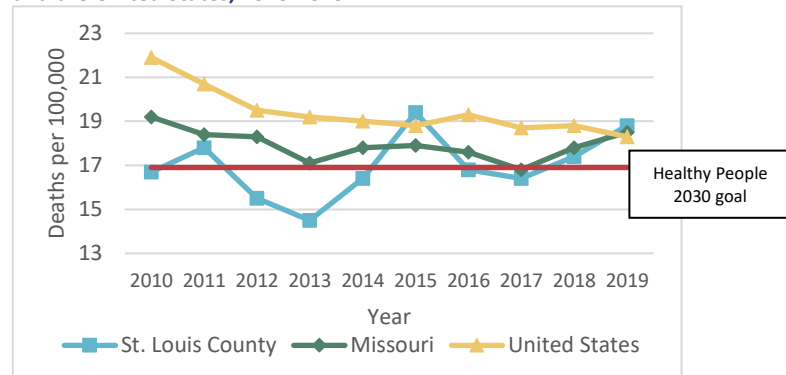
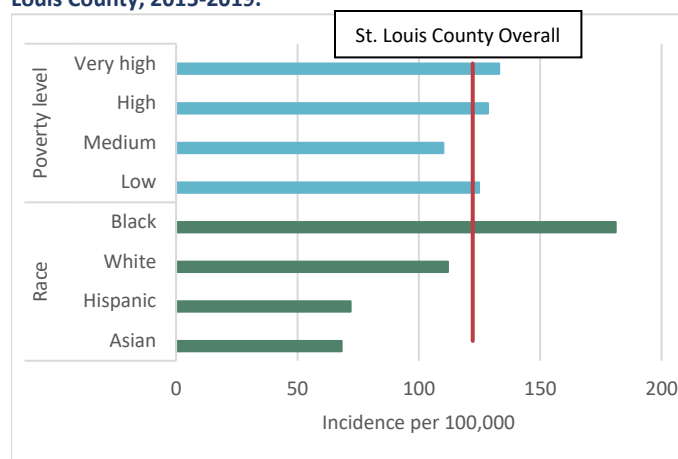
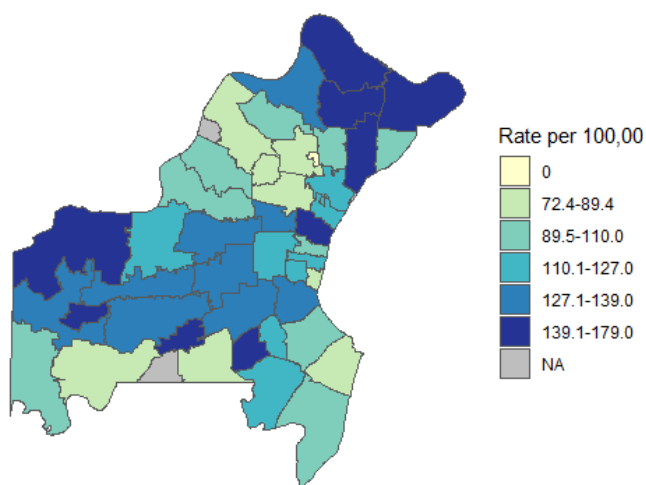


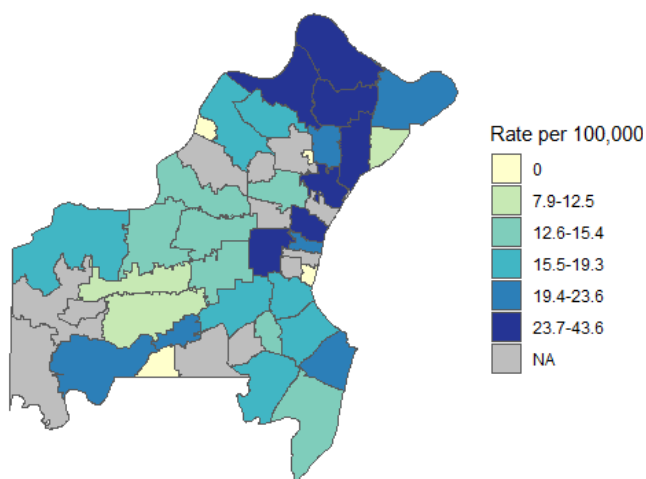
Figure 4. Prostate cancer incidence by poverty level and race; St. Louis County, 2015-2019.³



Map 1. Prostate cancer incidence by ZIP code; St. Louis County, 2015-2019.³



Map 2. Prostate cancer mortality by ZIP code; St. Louis County, 2015-2019.³



Mortality (Deaths)

Prostate cancer is the second most common cause of cancer death among men in St. Louis County, behind lung cancer, and is the cause of 9.6% of all male cancer deaths.² From 2015 to 2019, 489 people died from prostate cancer in St. Louis County, and the age-adjusted mortality rate was 18 per 100,000 population. The mortality rate peaked in 2015 and decreased for several years before increasing again after 2017, as shown in **Figure 3**. Generally, the prostate cancer mortality rate in St. Louis County was lower than the rate in Missouri and the United States, though in 2015 and 2019, the rate in St. Louis County was highest of the three.

Prostate Cancer Disparities

Black/African American men had the highest prostate cancer incidence at 181.1 cases per 100,000 population, followed by white men at 112, as shown in **Figure 4**. Asian men had the lowest incidence. Similarly, prostate cancer mortality was 2.5 times greater among Black/African American men compared to white men, at 37.1 deaths per 100,000 vs. 15. In addition, the median age at diagnosis for Black/African American men is 64, compared to 66 for white men. The racial disparity in prostate cancer deaths is thought to be due to socioeconomic disparities, including inequities in employment, income, education, and access to care. Socioeconomic status has been correlated with cancer risk, as poverty is associated with cancer risk factors like tobacco use and lack of physical activity.⁸ Disparities in mortality are also influenced by access to screening, differences in the quality of health care received, and the timeliness of care.

Prostate cancer incidence was higher in neighborhoods with high and very high poverty levels than in neighborhoods with low and medium poverty levels, although the difference was small. Mortality followed a similar pattern – the mortality rate in neighborhoods with high poverty was 26.1 deaths per 100,000 compared to 16.3 in neighborhoods with low poverty.

Prostate cancer incidence was highest in north and west regions of St. Louis County and lowest in South County, as shown in **Map 1**. However, **Map 2** shows that patterns in mortality differed substantially. Prostate cancer mortality

was highest in north St. Louis County and lowest in West County.

Stage at Diagnosis

Maps 3 and 4 show early- and late-stage prostate cancer incidence, respectively. Early stage includes cancers identified at the local stage and late stage includes cancers identified at the regional or distant stages. Early-stage prostate cancer incidence is similar between North and West County, while late-stage incidence is higher in West County.

Screening

The United States Preventive Services Task Force (USPSTF) does not recommend routine screening for prostate cancer among people with average risk of developing the disease. Men aged 55 to 69 should discuss screening with a doctor and make a personal decision about whether screening is right for them.⁹ Men at higher risk of developing prostate cancer, including African American men and men who have a family history of prostate cancer, should begin discussing screening at age 40 to 45.¹⁰ **Map 5** shows the distribution of county residents screened for prostate cancer at St. Louis County Department of Public Health clinics. Most screenings occurred in North and South County, near the two main DPH clinics.

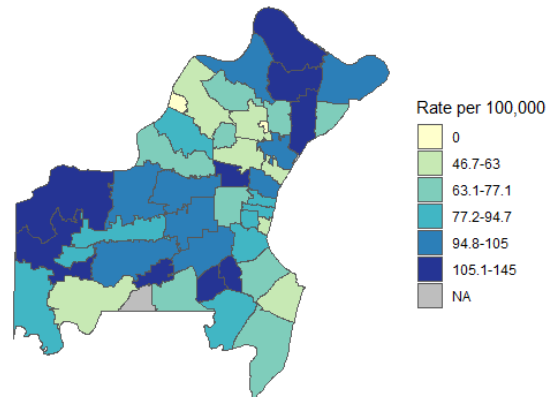
Healthy People 2030

Healthy People provides 10-year, measurable public health objectives to help communities improve health and well-being. The Healthy People 2030 goal is to decrease prostate cancer mortality to 16.9 deaths per 100,000 people.¹¹ In 2019, the prostate cancer mortality rate in St. Louis County was 18.8 deaths per 100,000. To meet the Healthy People 2030 goal, prostate cancer deaths need to be reduced by 10.1%.

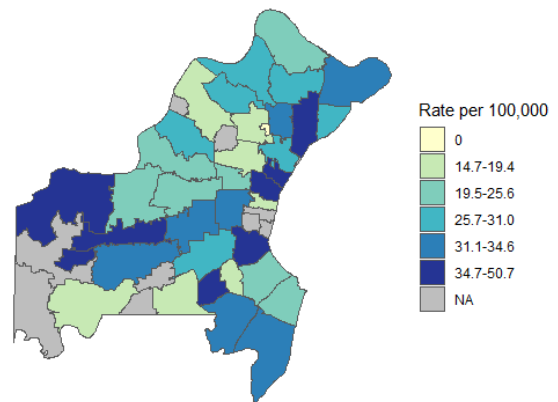
Local Resources

The Prostate Cancer Coalition is a group of health care providers and cancer survivors who advocate for prostate cancer screening for African American men and men with a family history of prostate cancer in the St. Louis area.¹² Their [website](#) contains information about prostate cancer and screening, as well as other resources. The Program for the Elimination of Cancer Disparities ([PECaD](#)), which works to reduce the cancer burden and related disparities in the St. Louis area, also provides many resources related to prostate cancer and other cancers.¹³ Siteman Cancer Center

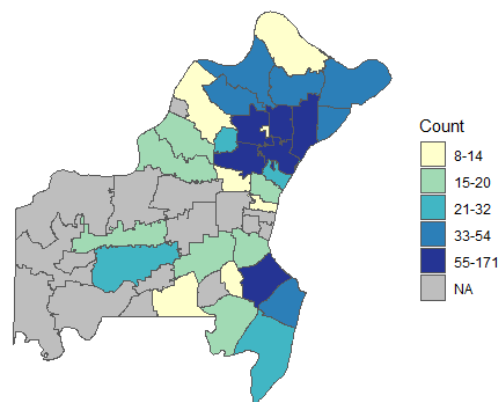
Map 3. Early stage prostate cancer incidence by ZIP code; St. Louis County, 2015-2019.³



Map 4. Late stage prostate cancer incidence by ZIP code; St. Louis County, 2015-2019.³



Map 5. Prostate cancer screening at St. Louis County Department of Public Health clinics by ZIP code; St. Louis County, 2015-2019.



offers health information and free PSA screenings through its Get Screened Now campaign.¹⁴ Screening is also available at St. Louis County Department of Public Health clinics located in Berkeley, Pine Lawn, and Sunset Hills.

Notes

^a In this data brief, 'man' is used to refer to a person assigned male at birth (AMAB). St. Louis County Department of Public Health recognizes that prostate cancer also affects people who were assigned male at birth but may identify as transgender or gender non-conforming.

Acknowledgements

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