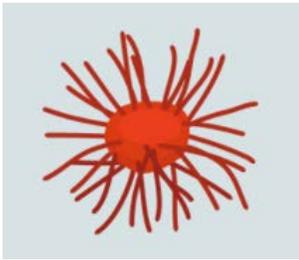


# Prostate Cancer Disparities in Medicare Fee-For-Service Beneficiaries

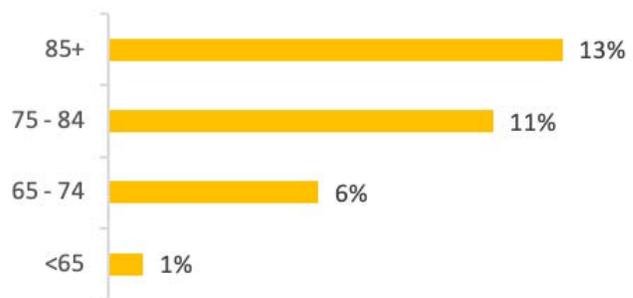


The prostate gland is part of the male reproductive system that produces fluid that forms part of semen. Cancer is a disease in which cells in the body grow out of control and crowd out healthy cells, making it difficult for the body to function normally. Prostate cancer develops when cells in the prostate grow out of control. Risk factors for prostate cancer include increasing age and having a family history of prostate cancer.

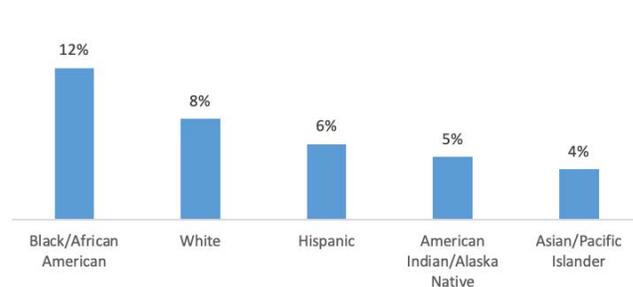
Some symptoms for prostate cancer include difficulty urinating, frequent urination, pain in back, hips, or pelvis, and blood in urine or semen. However, not all men experience symptoms from prostate cancer. According to the Centers for Disease Control and Prevention (CDC), 107.5 per 100,000 of all men were diagnosed with prostate cancer in 2018, and it was the second-leading cause of cancer death among males.<sup>1</sup>

The Centers for Medicare & Medicaid Services' (CMS's) Chronic Condition data indicates that 7.3% of male Medicare fee-for-service (FFS) beneficiaries had claims with a diagnosis of prostate cancer in 2018.<sup>2</sup> The **Mapping Medicare Disparities Tool** developed by CMS Office of Minority Health shows the prevalence of prostate cancer among male Medicare FFS beneficiaries varied by age, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas in 2019.<sup>3</sup> As shown in Figure 1, the older age groups had a higher prevalence rate of prostate cancer; 13% of males 85 years and older had claims while only 1% of the males under the age of 65 had claims with prostate cancer. Figure 2 shows the age standardized prevalence of prostate cancer was highest among Black/African American beneficiaries (12%), followed by White (8%),

**Figure 1. Prevalence of Prostate Cancer among Male Medicare FFS Beneficiaries by Age Group, 2019**



**Figure 2. Age Standardized Prevalence of Prostate Cancer among Male Medicare FFS Beneficiaries by Race/Ethnicity, 2019**



Hispanic (6%), American Indian/Alaska Native (5%), and Asian/Pacific Islander (4%) beneficiaries. The tool also shows Florida (10%), Maryland (9%) and New Jersey (9%) had a higher prevalence rate, and Kentucky, New Mexico and West Virginia had the lowest prevalence rate (5%).

September is National Prostate Awareness Month, which focuses on increasing awareness about this chronic disease. It is recommended that males 50 years and older get screened for prostate cancer which is covered by Medicare. Medicare Part B provides coverage for two prostate screening procedures, the Digital Rectal Exam (DRE) and the Prostate specific antigen (PSA) test; however, analysis of CMS claims data found that only 17% of male Medicare beneficiaries took advantage of this benefit in 2019.<sup>3</sup>

### **Beneficiary Resources**

- [What Is Prostate Cancer?](#)
- [Medicare and You Handbook](#)
- [Medicare & You: Men's Health \(video\)](#)
- [Chronic Care Management Services](#)
- [Your Medicare Coverage: Prostate cancer screenings](#)
- [Prostate Cancer Causes, Risk Factors, and Prevention](#)

### **Provider Resources**

- [CMS: Medicare Chronic Conditions](#)
- [CMS-Medicare Learning Network: Medicare Preventive Services](#)
- [Prostate Cancer Screening](#)
- [Cancer Statistics At a Glance](#)
- [Advances in Prostate Cancer Research](#)

### **References/Sources**

1. Centers for Disease Control and Prevention. Prostate Cancer. <https://www.cdc.gov/cancer/prostate/statistics/index.htm>
2. Centers for Medicare & Medicaid Services. Chronic Conditions. [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC\\_Main](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main)

3. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool. <https://data.cms.gov/mapping-medicare-disparities> (Results from 2019 were considered preliminary at the time of this analysis, as the data were not fully complete due to a “claims lag” between when a service occurs and when the claim is collected by CMS and, ultimately, appears in the CCW database.)

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