

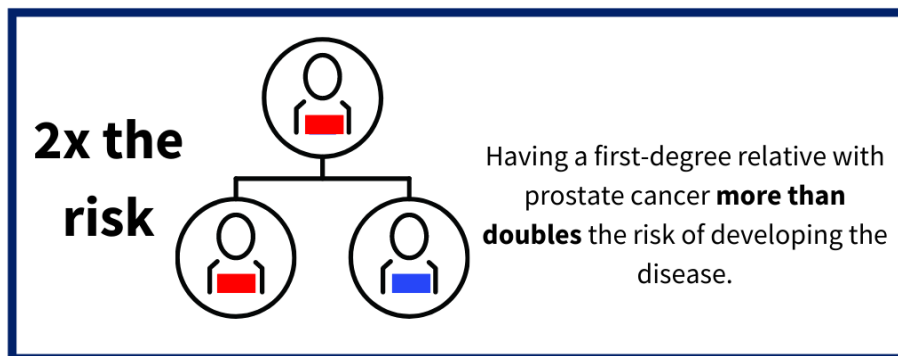
PSA Screening for HIM Act (H.R. 1826/S. 2821)

Overview

In 2024, an estimated 299,010 new cases of prostate cancer will be diagnosed in the US and 35,250 men¹ will die from prostate cancer.² **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 who has been diagnosed with prostate cancer.**³

Black men in the US have among the highest documented prostate cancer rate in the world, and their cancer deaths are one of the greatest mortality disparities in oncology.²

Additionally, having a first-degree relative (father or brother) with prostate cancer more than doubles the risk of developing the disease, the risk is even higher for those with several affected relatives.⁴



1 in 6



Black men have a 70% higher incidence rate compared to White men and approximately **one in six** will be diagnosed with prostate cancer.

Prostate Cancer Can Be Detected Early

Prostate cancer survival rates increase when it is detected early; however, there has been a recent increase in diagnosis of men with advanced prostate cancer.⁵ Screening can help detect prostate cancer at an early stage often before any signs and symptoms are present and before the disease becomes more advanced and more difficult to treat, however cost sharing or out-of-pocket requirements can be a barrier to accessing screening.⁶

The **Prostate-Specific Antigen Screening for High-risk Insured Men (PSA Screening for HIM) Act** (H.R. 1826/S. 2821) would give men at high-risk for prostate cancer improved access to prostate cancer screening by requiring

health insurance coverage for evidence-based prostate cancer preventive care and screenings, like the prostate-specific antigen (PSA) test, without cost sharing.

ACS CAN Position

ACS CAN supports the PSA Screening for HIM Act (H.R. 1826/S. 2821) because all men at high-risk for prostate cancer who decide to move forward with screening after a discussion with their health care provider about screening and treatment for prostate cancer should have access to screening that is barrier-free without cost sharing.

¹ Throughout this document *men* refers to individuals assigned male at birth and/or persons with a prostate.

² American Cancer Society. Cancer Facts & Figures 2024. Atlanta: American Cancer Society; 2024.

³ Wolf, A. M., Wender, R. C., Etzioni, R. B., Thompson, I. M., D'Amico, A. V., Volk, R. J., Brooks, D. D., Dash, C., Guessous, I., Andrews, K., DeSantis, C., Smith, R. A., & American Cancer Society Prostate Cancer Advisory Committee (2010). American Cancer Society guideline for the early detection of prostate cancer: update 2010. *CA: a cancer journal for clinicians*, 60(2), 70–98. <https://doi.org/10.3322/caac.20066>

⁴ American Cancer Society. Prostate Cancer Risk Factors 2020. Retrieved from: <https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html>

⁵ Siegel, R. L., Miller, K. D., Wagle, N. S., & Jemal, A. (2023). Cancer statistics, 2023. *CA: a cancer journal for clinicians*, 73(1), 17–48. <https://doi.org/10.3322/caac.21763>

⁶ Smith, K. T., Monti, D., Mir, N., Peters, E., Tipirneni, R., & Politi, M. C. (2018). Access Is Necessary but Not Sufficient: Factors Influencing Delay and Avoidance of Health Care Services. *MDM policy & practice*, 3(1), 2381468318760298. <https://doi.org/10.1177/2381468318760298>