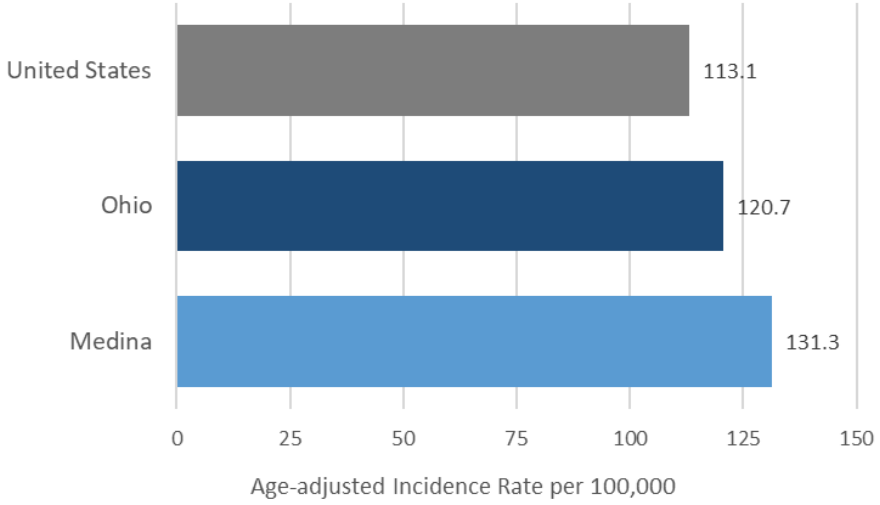
Prostate Cancer Data Brief

Last revised: January 2026

Overview

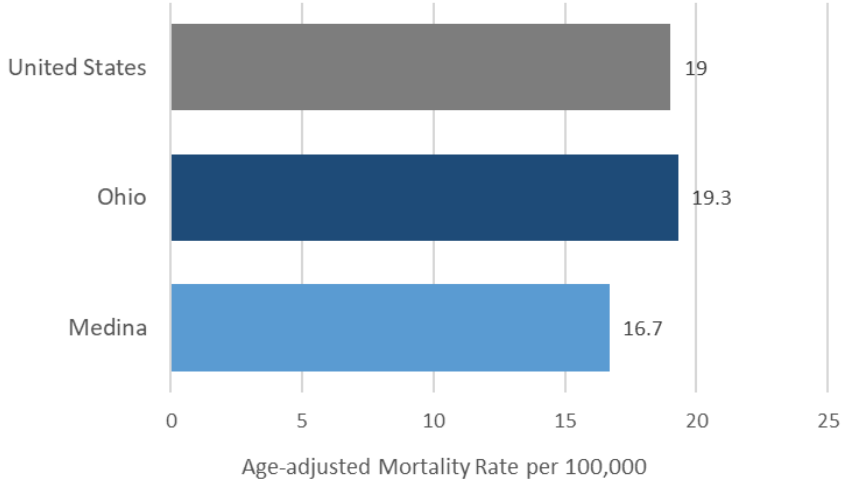
This report provides an overview of prostate cancer in Medina County, including data on cancer incidence (new cases) and mortality (deaths), patterns, trends, early detection, and risk factors. Cancer disparities may be associated with lifestyle factors, lack of access to healthcare, later stage at diagnosis, inadequate treatment, or other risk factors that could be addressed through cancer prevention and early detection.

Medina County Prostate Cancer Incidence Comparison, 2018-2022



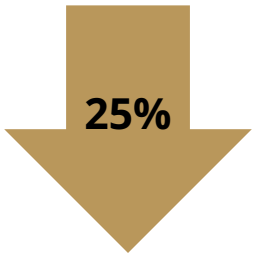
Prostate cancer is the **2nd leading cancer diagnosis** among Medina County residents. On average, **174 new cases** are diagnosed each year. Incidence rates among Medina County residents were **9% above** the state average from 2018-2022.

Medina County Prostate Cancer Mortality Comparison, 2018-2022

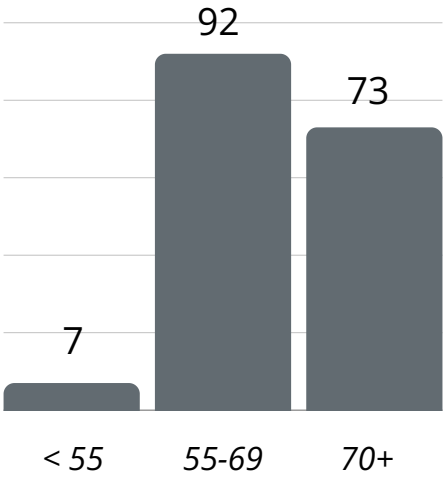


Prostate cancer is the **2nd leading cause of cancer death** among Medina County residents. On average, **18 people die** each year. Mortality rates among Medina County residents were **16% below** the state average from 2018-2022.

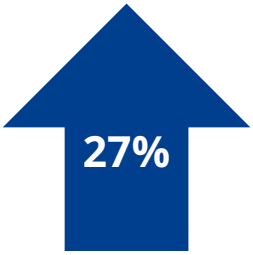
Prostate Cancer Incidence (new cases)



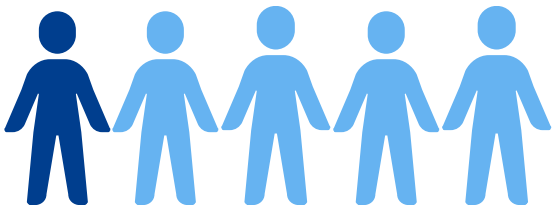
Trends:
Age-adjusted prostate cancer incidence rates among Medina County residents have **decreased 25%** between 2000-2004 and 2020-2022.



Patterns by Age Group:
The **highest number** of prostate cancer cases are diagnosed among males **ages 55 to 69** in 2020-2022. This pattern has been consistent over the last 20 years.

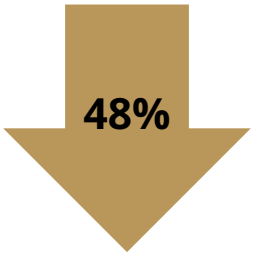


Patterns by Race:
Age-adjusted prostate cancer incidence rates are **27% higher among African American males** compared to **White males** in 2010-2022.

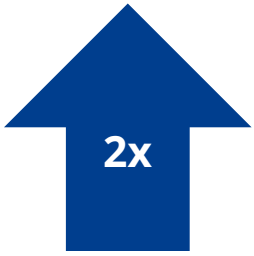


Stage at Diagnosis:
Approximately **1 in 5** cases of prostate cancer are diagnosed at a **late stage.** This pattern is consistent across age groups, race, and insurance status.

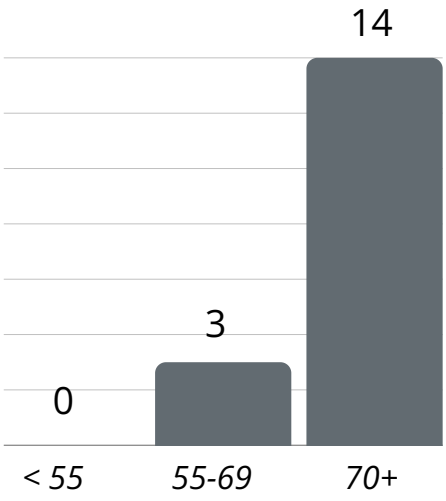
Prostate Cancer Mortality (deaths)



Trends:
Age-adjusted prostate cancer mortality rates among Medina County residents **decreased 48%** between 2000-2004 and 2020-2022.



Patterns by Race:
Age-adjusted prostate cancer mortality rates are **2x higher among African American males** compared to **White males** in 2010-2022.



Patterns by Age:
Most deaths from prostate cancer occur among men **ages 70+** in 2020-2022. This pattern has remained the same during the last 20 years.

Prostate Cancer Screening

Cancer screening can detect some cancers early when treatment is often less intensive and more successful. The recommended screening test for prostate cancer is the prostate specific antigen (PSA) test. The U.S. Preventive Services Task Force recommends the following screening guidelines:

- Men who are 55 to 69 years old should make individual decisions about being screened for prostate cancer with a prostate specific antigen (PSA) test. Men should talk to their doctor about the benefits and harms of screening for prostate cancer, including the benefits and harms of other tests and treatment.
- Men who are 70 and older should not be screened for prostate cancer routinely.

Data on the prevalence of PSA testing is not available for Medina County residents.

Risk Factors for Prostate Cancer

Age:

All men are at risk for prostate cancer. The most common risk factor is age. The older a man is, the greater the chance of getting prostate cancer.

Race:

African American men are more likely to get prostate cancer than men from other races. African American men are twice as likely to die from prostate cancer as men than other races.

Family History (genetic risk factors):

For some men, genetic factors may put them at higher risk of prostate cancer. Increased risk of getting prostate cancer caused by genetics are linked with the following:

- First-degree relative (father, son, or brother) who had prostate cancer, including relatives in three generations on your mother's or father's side of the family.
- Diagnosed with prostate cancer when you were 55 years old or younger.
- Diagnosed with prostate cancer, and other family members have been diagnosed with breast, ovarian, or pancreatic cancer.

Cancer Data Definitions

Glossary

Age adjustment: *A statistical method used to compare rates among groups of people with different age compositions. This method applies a standard age composition to the groups being compared to remove the effect of age. Rates presented in this report are age-adjusted to the 2000 U.S. standard population.*

Incidence rate: *The number of new cases of a disease that occur in a defined population per 100,000 during a specified period of time. Incidence counts and rates in this report were based on newly diagnosed invasive cancers. Prostate cancer cases were defined as cases with an International Classification of Disease, version 10 (ICD-10) code of C61 listed as the site at diagnosis.*

Invasive cancer: *Cancer that has spread beyond the layer of cells where it first developed to involve adjacent tissues.*

Mortality rate: *The number of deaths that occur in a defined population per 100,000 during a specified period of time. Prostate cancer deaths were defined as decedents with an International Classification of Disease, version 10 (ICD-10) code of C61 listed as the underlying cause of death.*

Stage at diagnosis: *The degree to which a tumor has spread from its site of origin at the time of diagnosis. A system of summary staging is often used to group cases into the following stages:*

- *in situ − Noninvasive cancer that has not penetrated surrounding tissue.*
- *Local − A malignant tumor confined entirely to the organ of origin.*
- *Regional − A malignant tumor that has extended beyond the organ of origin directly into surrounding organs or tissues or into regional lymph nodes.*
- *Distant − A malignant tumor that has spread to parts of the body (distant organs, tissues, and/or lymph nodes) remote from the primary tumor.*
- *Unstaged/Missing − Insufficient information is available to determine the stage or extent of the disease at diagnosis.*

Stage Group: *Cancer stages are further collapsed into the following stage groupings:*

- *Early stage − Cancers diagnosed at the local stage.*
- *Late stage − Cancers diagnosed at the regional or distant stage.*

Data Sources

Ohio Department of Health (ODH) County Cancer Profiles: *Age-adjusted incidence and mortality rates for Medina County, Ohio, and the United States were obtained from the ODH County Cancer Profiles. Available at: https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/countyprofiles/medina-county.*

Ohio Cancer Incidence Surveillance System (OCISS): *Cancer incidence data were provided by OCISS, the central cancer registry for Ohio, and accessed through the Ohio Public Health Data Warehouse. OCISS is supported in part by the State of Ohio and the Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries, cooperative agreement number NU58DP006284. The contents of this report are the sole responsibility of the Medina County Health Department and do not necessarily represent the official views of the Ohio Department of Health or the CDC. 2022 data was considered preliminary and subject to change at the time this report was created.*

DataOhio Portal: *The DataOhio Portal displays the platform's public datasets and facilitates the request, approval and delivery of secured datasets. With the ability to easily browse and view data, the Portal allows the public to access information with transparency and ease, thereby improving customer interactions with state agencies and institutions. This was the data source for cancer deaths among Medina County residents occurring between 2010 and 2022. 2022 data was considered preliminary and subject to change at the time this report was created.*

CDC WONDER: *Wide-ranging Online Data for Epidemiologic Research (WONDER) -- is an internet system that makes the information resources of the Centers for Disease Control and Prevention (CDC) available to public health professionals and the public at large. It provides access to a wide array of public health information which includes mortality data. This was the data source for cancer deaths occurring among Medina County residents in 2000 to 2009 and cancer deaths occurring among Ohio residents from 2000 to 2021.*

Population Estimates: *Estimates for 2000-2009 are revised bridged-race intercensal estimates of the July 1 resident population. Estimates for 2010-2020 are bridged-race Vintage 2020 postcensal estimates of the July 1 resident population. These estimates were prepared by the U.S. Census Bureau in collaboration with the National Center for Health Statistics. The data for Medina County were accessed and downloaded from the CDC WONDER website.*

Questions about this report can be directed to the Medina County Health Department by emailing: epidemiology@medinahealth.org

Services are partially funded by your local health levy. This institution is an equal opportunity provider.

MEDINA COUNTY HEALTH DEPARTMENT
Prevent. Promote. Protect.