

# **SAVING BLACK MEN'S LIVES:** A MANIFESTO FOR COLLABORATIVE CHANGE



**PROSTATE  
CANCER UK**

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## WHO WE ARE

**PROSTATE CANCER IS THE MOST COMMON CANCER IN THE UK.**

**Black men face a 1 in 4 lifetime risk of prostate cancer, compared with 1 in 8 white men. Black men are more likely to develop the disease younger and are more often diagnosed at a stage when it is no longer curable. Almost 1,600 Black men are diagnosed with prostate cancer each year.**

Prostate Cancer UK is committed to ensuring no man dies from prostate cancer – and that no man is left behind. There is both a moral and urgent need to address the health inequities that Black men experience when navigating prostate cancer.

We lead the way in advocating for Black men and tackling these inequalities, through raising awareness in the community and engaging with primary and secondary care providers.

We've worked with NHS England to create toolkits for communities and healthcare professionals, raising awareness of prostate cancer with and for Black men.

We have gathered some of the UK's leading experts on health inequalities in prostate cancer to spotlight the stark health differences Black men face in diagnosis and treatment, and to discuss how we can close this gap in care. Our community engagement programme has reached thousands of Black men and their communities. Over 180,000 Black men have used our 30-second risk checker to understand their risk and start conversations about testing.

Our powerful partnerships with Black brands, like MOB0, Notting Hill Carnival and The Voice, have enhanced our mass reach and helped to raise the profile of our Black health equity work. 70% of Black men over 45 believe that Prostate Cancer

UK is relevant to their community and gives men the power to navigate prostate cancer.

A key tenet of our advocacy for Black men is driving positive change throughout the organisation. This is about more than good intentions. It's about meaningful action. It means we listen deeply, act with purpose, and hold each other accountable for change.

Founded in 2023, our Black Men's Health Advisory Group brings together Black men with lived experience of prostate cancer, Black community groups, and Black clinicians and researchers. They provide ongoing insights, support and guidance on the progress of the Black health equity work taking place across Prostate Cancer UK.



# BLACK HEALTH EQUITY STRATEGY

We've launched an exciting new strategy shaped by Black men, for Black men. It will ensure that by 2030:

- More Black men who have prostate cancer are diagnosed at a curable stage.
- More Black men who have prostate cancer feel supported in making an informed decision about their treatment.
- More support services are culturally informed, personalised and improve Black men's quality of life.

## UNEQUAL OUTCOMES: EVIDENCE FROM THE NATIONAL PROSTATE CANCER AUDIT

The earlier you detect prostate cancer, the easier it is to treat. But the National Prostate Cancer Audit confirms a worrying trend: Black men have higher rates of stage 3 and 4 prostate cancer diagnoses than any other ethnic group. It is deeply worrying that 440 of every 100,000 Black men in the UK get diagnosed at a later stage, compared with just 295 out of every 100,000 white men. Current NHS guidelines treat Black men the same as other men who have lower risk – and make it each man's responsibility to find out about his risk and decide whether to request a PSA blood test. This must change.

We can't change the fact that Black men are at highest risk of being diagnosed with prostate cancer, but we can change the fact that they're twice as likely to die from a cancer that's treatable if caught early.

We've called on the government to update NHS guidelines, so that GPs can proactively talk to Black men about prostate cancer from the age of 45. We've invested in the £42 million TRANSFORM research trial that will find the safest and most effective way to screen men for prostate cancer.

We urgently need new evidence to change national policy and improve prostate cancer outcomes for Black men. We've invested over £1.2m in real-world evidence to provide timely answers and help shift outdated national policies now, so we can improve care and reduce health inequalities in prostate cancer.

## A CLOSER LOOK AT THE WEST MIDLANDS

In the West Midlands, health inequalities and slower post-pandemic recovery of urological cancer referral rates raise concerns about access to timely diagnosis.

National registry data also reveal variation in the rate of metastatic prostate cancer at the time of diagnosis. This is prostate cancer that has spread to other areas of the body and is no longer curable. Areas with a higher Black population, or that are more deprived, had increased rates of diagnosis at an already advanced stage. In the West Midlands, a relatively deprived region with a relatively high population of Black men, the rate is 5.95 per 10,000 men (adjusted for age, ethnicity and socioeconomic status) – higher than the national annual rate of 5.72 per 10,000 men in England.

## APPLYING THE FINDINGS FROM OUR AUDIT OF THE WEST MIDLANDS

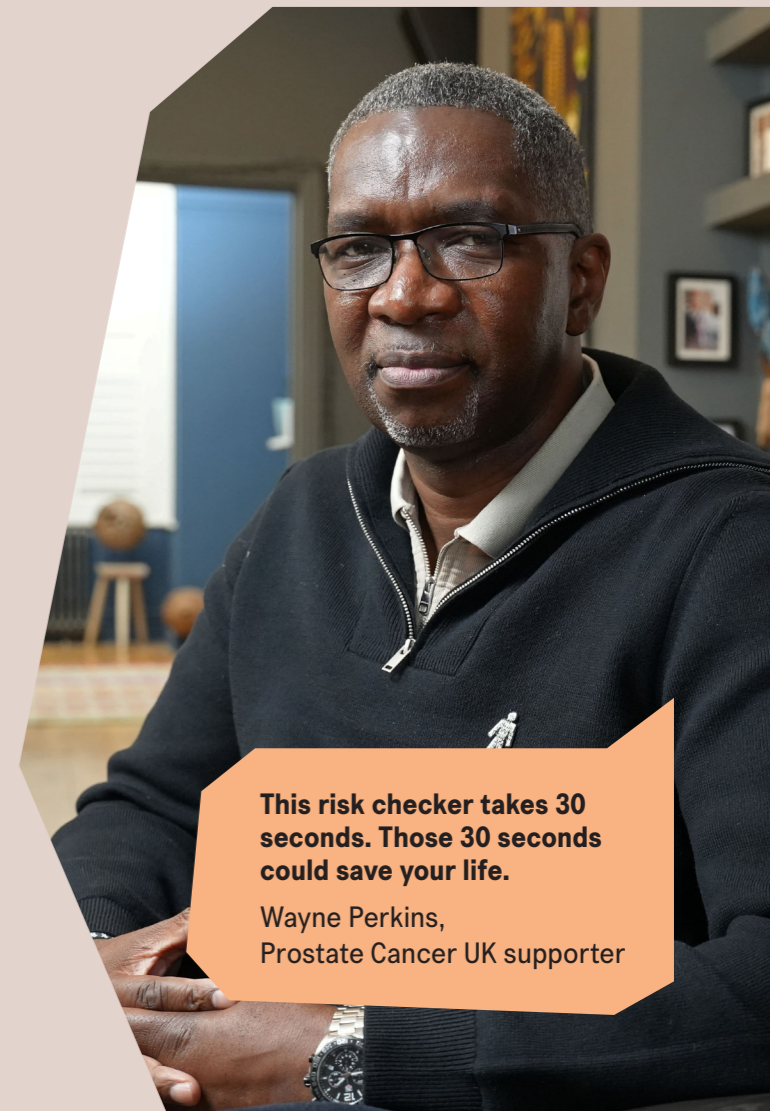
While public health campaigns encourage symptom awareness and early testing, there is limited understanding of how and where Black men access prostate cancer information, and what influences their engagement with services across the region.

Prostate Cancer UK commissioned an audit of the region to better understand:

- Where and how Black men in the West Midlands access information about prostate cancer.
- Their experience of navigating the prostate cancer diagnostic and treatment pathway.

- The barriers to early diagnosis encountered by Black men, and the challenges healthcare professionals and community workers/leaders face in facilitating timely diagnosis.
- The current level of clinical understanding of diagnostic pathways in the region.

The audit provided the most comprehensive regional examination to date of how Black men in the West Midlands understand, access, and experience prostate cancer information, diagnosis, treatment, and support. It has helped to inform and shape this manifesto, ensuring that the voices of Black men and their community are heard as we work to dismantle the barriers to earlier diagnosis.



**This risk checker takes 30 seconds. Those 30 seconds could save your life.**

Wayne Perkins, Prostate Cancer UK supporter

# LIFESAVING COLLABORATION

Collaboration between the NHS, voluntary, community and social enterprises (VCSEs) and communities is no longer a 'nice-to-have'; it's a necessity. Strong partnerships are essential to:

- tackle pressing health inequalities
- drive earlier adoption of research findings and innovation
- improve survival rates and overall patient outcomes
- build personalised, predictive models of care that work across populations, and
- make sure policy and practice keep pace with what people need.

At the centre of this effort are cancer alliances, which play a vital role in delivering the NHS Long Term Plan for cancer. These alliances provide system-wide leadership and distribute targeted funding to improve outcomes across populations.

In 2025, West Midlands Cancer Alliance funded 17 grassroots community projects. This inspiring work shows how local organisations, working alongside the NHS, can shape projects that reflect lived experience, reach seldom-heard groups, and break down barriers to early diagnosis. From grassroots engagement to community-led solutions, these projects highlight the vital role of community support in strengthening NHS cancer initiatives.

The West Midlands Cancer Alliance has been working to address and reduce unfair, avoidable differences in cancer outcomes across communities in the region. In response to the disproportionate impact of prostate cancer on Black men, the Alliance has set up and chairs a Health Inequalities group comprised of healthcare professionals, VCSEs, prostate cancer

spokespeople and advocates, and Black men with lived experience across the region. The group meets regularly to share best practice and discuss innovative approaches through collaboration to tackle systemic drivers of prostate cancer inequalities in the region.



**51%** of the public say they've read or heard about Black men over 45 being at higher risk of prostate cancer, up from 41% last year

# COLLABORATION IN ACTION: CASE STUDIES

## Title:

EARLY PROSTATE CANCER DETECTION PILOT BY WOLVERHAMPTON NORTH NETWORK PCN. LED BY DR SHAHID RAFIQ, CLINICAL DIRECTOR, AND SAM SUTCLIFFE, CARE COORDINATOR

## Background:

This pilot initiative aimed to promote awareness and early detection of prostate cancer in Black men. Working across seven GP practices in Wolverhampton, they conducted case-finding of high-risk patients, including Black men aged 45+, and sent text message and letter invites to eligible patients at one of the practices. Patients could self-book a PSA blood test appointment directly from the link included in the invite. A total of 4,215 patients were identified as high risk (age, family history, ethnicity) but had never had a PSA blood test. This proactive approach to reaching high-risk groups was combined with more awareness materials in participating practices and Cancer Awareness days in community settings, including local Church halls where attendees could book PSA tests.

## Outcome:

305 Black men aged 70 or under received their first ever PSA result. A total of 33 of the 305 results were marked as raised/abnormal (10.8% abnormal rate). Fast track referrals were made following a raised result for 23 men (69.7% referral rate). Six Black men were diagnosed with prostate cancer following secondary care investigation. Two of every 100 Black men that had a PSA test received a prostate cancer diagnosis that may otherwise have been missed.

## Title:

THE BLACHIR REVIEW BY LEWISHAM COUNCIL AND BIRMINGHAM CITY COUNCIL

## Background:

The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) was created to meet the two Public Health divisions' shared goal of addressing health inequalities within Black African and Black Caribbean communities. The review made seven recommendations, including earlier detection and diagnosis of disease, and identification of risk factors based on the evidence that Black African and Black Caribbean populations are at greatest risk of many health conditions but have lower uptake of health checks and screening services.

## Outcome:

A clear set of best practice instructions were agreed, including: culturally appropriate data collection and analysis; engagement of Black communities and community organisations that is meaningful and valued; and prevention services that are fair, appropriate, and consider the needs of Black populations to address issues with health literacy.

## Title:

WEST MIDLANDS CANCER BUS TOUR BY FIVE WEST MIDLAND INTEGRATED CARE BOARDS (ICBS)

## Background:

The Cancer Team worked with Community Groups, Cancer Champions, and West Midlands Cancer Alliance to hire a double-decker bus that travelled across the West Midlands. Organised by Black Country, Birmingham and Solihull, Coventry and Warwickshire, Staffordshire and Stoke-on-Trent, Shropshire, Telford and Wrekin ICBS and the West Midlands Cancer Alliance, the cancer bus tour was an opportunity for local people to meet and talk with a range of clinicians about how to check for symptoms of cancer, the support services available, and what to do if they're concerned.

## Outcome:

Over 10,500 individuals were directly engaged with cancer information. A total of 2,540 mini health checks were delivered, and cancer information packs were distributed via bus stops and local retailers.

In addition, a targeted case finding study known as 'The Man Van' reported that Black men were more likely to be diagnosed with clinically significant prostate cancer compared to white men (7.1% versus 1.8%). Mobile medical centres offer a novel approach to tackling health inequalities, combining awareness raising, improved access to healthcare as well as ease of follow-up.



## WHAT WE WANT

We want the West Midlands healthcare community, including healthcare providers, local government, and VCSEs to (i) sign up and commit to the manifesto recommendations; (ii) take measurable action during the next 12 months.

### CULTURALLY COMPETENT SERVICES AND SUPPORT

Many Black men have experienced or inherited mistrust of health systems due to systemic racism, stereotyping, or being dismissed. Services that understand Black men's realities, communicate with respect, and reflect their communities are far more likely to be trusted. Trust is critical to supporting Black men with making decisions such as seeking risk information, attending GP appointments, taking a PSA blood test, and returning for follow-ups.

It is widely acknowledged that regional variation in clinical practice, alongside a lack of consistent inclusion or cultural competency training, may be contributing to delayed diagnosis or reduced engagement with care by at-risk Black men.

The West Midlands audit identified a consistent finding across interviews and focus groups with Black men: The perceived absence of visible, culturally specific prostate cancer support in Birmingham, contrasted with awareness of activity elsewhere in the region or nationally.

Men in Birmingham frequently reported uncertainty about where to access trusted information or peer support, interpreting this absence as a signal of low priority rather than low need.

The audit also found that, in some Black communities, prostate symptoms were often normalised, minimised, or associated with stigma around masculinity, ageing, or sexual health. Culturally competent support would recognise these beliefs and address them sensitively, rather than assuming "lack of awareness" or blaming individuals for late presentation.

Standard health messaging often fails to resonate with Black men. Culturally competent services and support use language, imagery, and explanations that feel relevant and accessible: explaining risk clearly, answering fears – like those about intrusive examinations – honestly, and avoiding medical jargon.

Culturally competent services don't just improve experiences – they change behaviour, increase trust, remove barriers and create the conditions for Black men to be diagnosed earlier.

### WE ARE CALLING ON THE WEST MIDLANDS HEALTH COMMUNITY TO:

**Develop workforce cultural competence through regular compulsory intercultural competence training for healthcare professionals.**

Work together to produce culturally specific prostate cancer engagement materials designed with and for Black men and their families, covering topics informed by cultural heritage including myths, cultural narratives and diaspora beliefs, masculinity, cancer stigma and treatment fears.

Distribute these materials through local community centres, barbershops, faith organisations, GP practices, pharmacies, leisure centres, and Black media outlets and community influencers.

Hold more community forums and health talks led jointly by clinicians and community leaders and advocates for Black men in their community particularly in regions that are perceived to be less resourced.

#### Tailored risk-information services

Black men are at significantly higher risk of developing prostate cancer, and of being diagnosed at a later stage. When information clearly explains your risk, at your age, in your community, it cuts through the assumption that prostate cancer is "something only older white men get" and prompts earlier conversations with GPs.

Men must request a PSA blood test rather than being routinely invited. Without tailored risk information, many Black men don't realise that they are at risk and therefore eligible to ask for a PSA blood test at an earlier age. In the audit, one contributor described being handed "a pile of leaflets" with little tailored explanation for Black

men – he felt the images may be getting better, but the explanation isn't.

When information about risk reflects men's real experiences and acknowledges historical neglect, it signals honesty and builds trust in health messages, increasing the likelihood that Black men will act on them.

The risk of prostate cancer for Black men increases from the age of 45. It was clear from the audit that younger Black men wanted to see more variety in the formats used to share risk information, including in digital and audio forms. This compared with older Black men, who maintained a strong interest in face-to-face interaction.

### WE ARE CALLING ON THE WEST MIDLANDS HEALTH COMMUNITY TO:

**Provide risk-information materials that are specific to Black men and include all the factors that contribute to the disproportionate impact of prostate cancer on Black men.**

Ensure collaboration with under-represented groups to design resources and services, including recent migrants and Black men from LGBTQ+ groups, as a distinct phase of work. This should build on existing risk information, ensuring that future interventions are appropriately tailored.

Share information in a range of formats. For younger Black men, engagement should prioritise peer-led and digitally mediated formats (e.g. short-form video, podcasts, WhatsApp-based discussion) that directly challenge the framing of prostate cancer as an older man's disease. For older Black men, particularly those with family history, approaches should spotlight real men's experiences, relational discussion, and clear



information about the possible psychological and physical impact of certain treatment options.

Deliver tailored messaging through trusted community platforms including barbershops and men's groups, faith organisations and community centres, local Black media and radio stations, and social media groups led by local influencers. This should be complemented with ongoing community health talks, Q&A sessions with clinicians and men who have had prostate cancer, and culturally specific health campaigns.

### Early detection programme

Every year, more than 63,000 men are diagnosed with prostate cancer, and over 12,000 men die from this disease, making it the UK's second leading cause of cancer deaths in men. Black men and men with a family history of the disease face a significantly higher risk. Prostate cancer often has no symptoms until it has already spread to other parts of the body.

Despite this, there is no national screening programme in the UK, and access to the PSA test remains dependent on a man knowing they need to ask for it. This creates a system where awareness, not risk, determines who gets tested, and puts the highest risk men at disproportionate danger of dying from prostate cancer.

That's why Prostate Cancer UK has campaigned across the UK to raise lifesaving awareness and developed an award-winning 30-second online risk checker that has reached more than four million men, including over 180,000 Black men, boosting early diagnosis and showing that mass awareness saves lives. A total of 80% of the men that have used our risk checker are at higher risk of prostate cancer.

The audit confirmed that in Black communities, high awareness of risk does not translate into access unless a system for proactive arrangement

of GP appointments is offered. There were several examples of Black men that had a high understanding of prostate cancer and their increased risk, and yet never approached their GP to explore the option of a PSA test.

One GP that participated in the audit suggested that system-level reform should include a dedicated Men's Health Clinic model targeting high-risk patients, including Black men, as a proactive alternative to the current pathways.

We've been pushing for a national screening programme to ensure men at the highest risk are not left behind.

Early detection campaigns have contributed to a fundamental shift in public understanding and beliefs about prostate cancer, which has undoubtedly saved lives.

## WE ARE CALLING ON THE WEST MIDLANDS HEALTH COMMUNITY TO:

**Adopt a regional early detection programme that focuses on: updating outdated patient information; case-finding (identifying high-risk patients) and inviting them to book an appointment; providing a bespoke appointment pathway for high-risk patients; and producing large-scale risk awareness campaigns with community groups.**

Use the West Midlands Cancer Alliance Primary Care Prostate Toolkit. Primary care engagement should be strengthened through supported and accountable use of the toolkit, with particular emphasis on proactive discussion of PSA testing with at-risk Black men; clearer explanation of PSA uncertainty, results, and referral pathways; and recognition of ethnicity-specific risk as part of routine clinical assessment.

Create a dedicated Men's Health Clinic for the men at highest risk, to provide PSA testing, culturally sensitive consultations, and specialist follow-up under one roof.

Join our campaign to change GP guidelines on speaking to high-risk, asymptomatic men about prostate cancer.

### Equity Impact Assessments (EIAs)

EIAs are evidence-based approaches that help organisations ensure their policies, practices, events and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups from participation. This covers both strategic and operational activities.

Given the established racial disparity in incidence and mortality, failing to conduct an EIA when designing prostate cancer services risks reinforcing systemic inequity.

The audit recommended that implementation of new best practice models, such as the Prostate Toolkit, should be accompanied by an EIA. The purpose is to assess whether Black men report improved understanding of PSA risk and uncertainty following GP consultations, greater confidence navigating diagnostic pathways, and clearer, more transparent communication with primary care.

The EIA should examine whether ethnicity-specific risk is addressed in practice, not just in theory, and should draw on disaggregated, qualitative or mixed-method feedback from Black men, rather than relying solely on measures of activity or throughout.

## WE ARE CALLING ON THE WEST MIDLANDS HEALTH COMMUNITY TO:

**Ensure EIAs are conducted for new best-practice models, starting with the Prostate Toolkit.**

Create a regional Equity Baseline and a Prostate Cancer Equity Dashboard to track progress – stratified by risk factors including ethnicity and age, to measure PSA testing rates, stage at diagnosis, and patient experience.

Encourage targeted training on Black health equity for clinicians to better understand structural inequity in prostate cancer.

Target resource allocation to the regions of greatest need so that the deployment of required resources is prioritised where services are not able to reach those most in need.

### Effective Collaboration with VCSEs

In many Black communities, trust in health institutions may be fragile due to historical neglect or discrimination, poor past experiences, perceived lack of cultural understanding and suspicion of systemic racism. While it is possible to rebuild trust, it takes time and may never be rebuilt completely. System-level factors, as well as the attitudes, knowledge and behaviours of healthcare staff, contribute to feelings of being 'othered', unwelcome, and poorly cared for. These factors undermine trust and feed fear, which in turn can result in poorer access to, and engagement with, services.

Conversely, VCSEs often have trusted, longstanding relationships, command an important level of cultural credibility, and exist in informal and familiar settings that help to reinforce trust.

Without that bridge of trust, awareness campaigns, screening initiatives, and treatment pathways will not reach those most at risk.

There are several common barriers to effective strategic relationships between healthcare systems and VCSEs. These include perceived or real differences in priorities and approaches, a lack of capacity to proactively invest in relationships, and long-standing issues around existing relationships and structures.

The audit showed that Black men and health-equity advocates consistently identified community-based risk information and support with decision making as essential to overcoming practical and psychological barriers to early diagnosis. This was particularly salient for men that expressed one or more of these barriers: difficulty with getting time off work for appointments, mistrust of GP settings, prior negative healthcare encounters, uncertainty about initiating conversations in primary care. For example, community-based testing was viewed not as an alternative to NHS care, but as a trusted entry point into formal diagnostic pathways.

For some Black men, community settings such as faith institutions can be powerful sites for engagement, but they may also reinforce stigma. This dual role mirrors evidence showing that Black churches can support engagement when approaches are led by men who have had prostate cancer and pastorally endorsed, but may deter disclosure if engagement is perceived as moralising or intrusive.

This manifesto provides an opportunity for the healthcare community (both health system and VCSEs) to collaborate effectively.

## WE ARE CALLING ON THE WEST MIDLANDS HEALTH COMMUNITY TO:

**Employ community-informed strategies to reduce systemic barriers selectively. Where used, it should prioritise discussions led by men who have had prostate cancer, voluntary participation, and clear boundaries around confidentiality, recognising the variation between African and Caribbean communities, denominations, and generational groups.**

Expand community-based and mobile PSA testing initiatives strategically targeted across the West Midlands, with explicit referral pathways into NHS urology services.

Report on and publish examples of effective collaboration highlighting how this approach has transformed the experience of the diagnostic pathway for Black men in the region.

### **Sustainable investment in community-led partnerships**

Dismantling the systemic barriers to earlier diagnosis for Black men requires sustainable investment in community-led partnerships.

Long-term funding builds community capacity and capability, allowing for the design of effective interventions to address complex health issues such as inequity. It enables community organisations and advocates to take calculated risks, explore options best suited to the needs of their audience, plan more strategically, and embed equity-focused evaluation into their programme.

Existing community anchor organisations represent potential partners for co-design but require dedicated prostate cancer-specific investment rather than reliance on generic community capacity.

The audit emphasised the importance of sustainable investment, with contributors highlighting the fragility of current provision. It noted that existing community groups rely heavily on volunteer commitment and informal leadership rather than secure funding streams. Community leaders warned that without commissioning, reliance on goodwill is unsustainable.

In the audit, community organisations and advocates described strong credibility and reach among Black men but highlighted that limited evaluation capacity often undermined sustainability and recognition within commissioning systems. Where data is collected, it tends to focus on attendance or activity rather than on changes in understanding, confidence, or navigation of care.

The 2026 National Cancer Plan for England signals a shift toward treating cancer closer to home, positioning the VCSE sector as a critical partner in reducing health inequalities. Sustainable funding needs to accompany partnership working to fully achieve its goals.

## WE ARE CALLING ON THE WEST MIDLANDS HEALTH COMMUNITY TO:

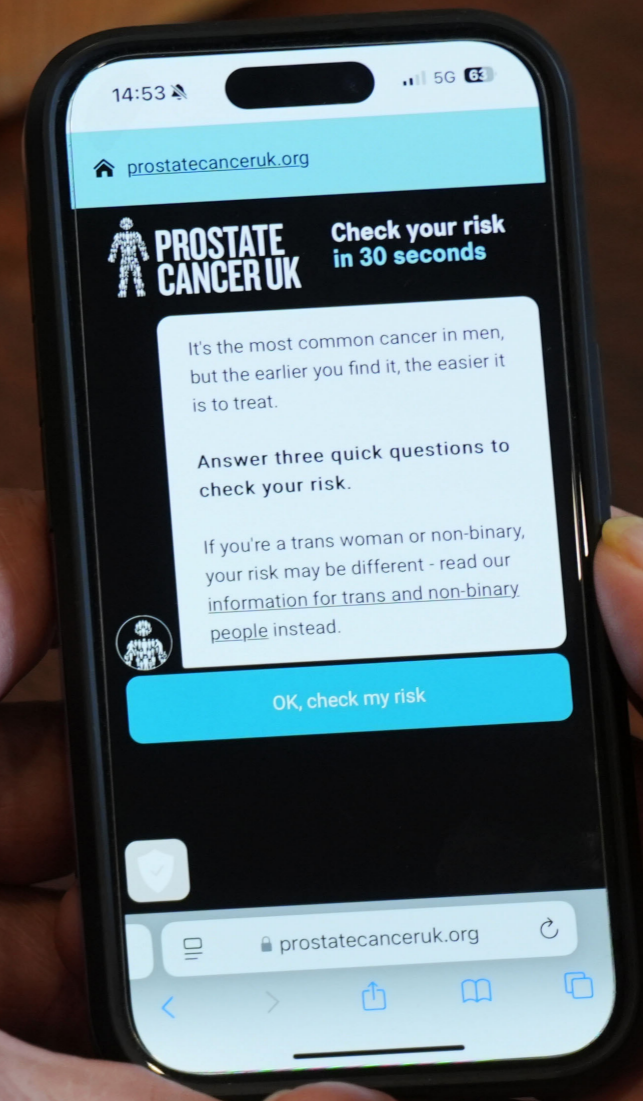
**Commit to long-term commissioning of community-led partnerships with regional health systems that demonstrate transformational change in the diagnostic pathway for Black men.**

Ensure the commissioning of community-led partnerships are prioritised towards specific areas such as Birmingham and supported to develop culturally specific prostate cancer engagement and support for Black men.

Support commissioned community-led prostate cancer initiatives to undertake equity-focused evaluation, capturing not only reach and uptake but also Black men's reported understanding of PSA risk, confidence navigating diagnostic pathways, and experiences of communication and follow-up.

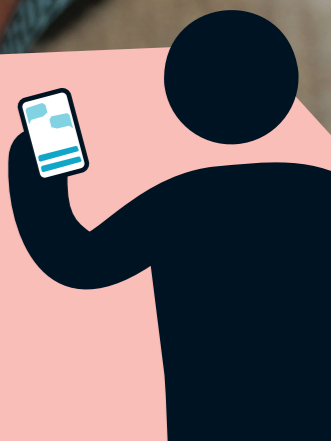
Ensure data collection is proportionate and aligned with Cancer Alliance and ICB frameworks, enabling learning across the region without over-burdening community delivery.





**180,000**

Black men have used  
our online Risk Checker



## OUR PLEDGE

Prostate Cancer UK is committed to ensuring more Black men with prostate cancer in the West Midlands are diagnosed at a curable stage. We are therefore making the following pledges:

We will support the West Midlands Health Community with implementing the manifesto.

We will partner with the West Midlands Cancer Alliance to develop a new bridging fund to invest in community-led partnerships.

We will encourage and promote collaborations between members of the West Midlands Health Community.

We will create tailored offers from our existing services for the benefit of West Midlands Health Community including, education, data and evidence, community engagement, and health improvement.

## OUR ASK

We want the West Midlands Health Community to:

Implement compulsory intercultural competence training.

Provide risk information materials that are specific to Black men.

Agree to mandatory use of the West Midlands Cancer Alliance Prostate toolkit.

Target resource allocation in regions of greatest need.

## CONCLUSION

This manifesto provides a comprehensive blueprint for addressing the health inequities Black men in the West Midlands are experiencing when trying to navigate the diagnostic pathway for prostate cancer. Its recommendations align with national policy on tackling health inequalities and regional commitment to address the disproportionate impact of prostate cancer on Black men. It offers targeted solutions for fostering a culturally inclusive healthcare system where Black men receive equitable, timely and high-quality prostate cancer risk information and decision-making support.

This is a call for sustained focus on ensuring more Black men with prostate cancer are diagnosed at a curable stage.

## WHO WE WORKED WITH

We want to thank our partner **West Midlands Cancer Alliance** ([wmcanceralliance.nhs.uk](https://wmcanceralliance.nhs.uk)) for supporting our tailored work in the region.

The West Midlands audit informed and helped to shape this manifesto. We thank Dr Natalie Darko, Director of Inclusion at the National Institute for Health and Care Research (NIHR) for conducting a thorough and insightful examination of the experience of Black men navigating prostate cancer in the West Midlands.

We have consulted with key stakeholders including, the West Midlands Health Inequalities group, and our Black Men's Health Advisory Group.

Fundamentally, this manifesto could not be produced without the stories of Black men with lived experience of prostate cancer. We acknowledge and appreciate their contribution.

## END NOTES

1. Black men face a 1 in 4 lifetime risk of prostate cancer, compared with 1 in 8 white men. Black men are more likely to develop the disease younger and are more often diagnosed at a stage when it is no longer curable. Almost 1,600 Black men are diagnosed with prostate cancer each year.

Prostate cancer facts and figures. Prostate Cancer UK <https://prostatecanceruk.org/prostate-information-and-support/risk-and-symptoms/about-prostate-cancer/facts-and-figures>

2. We've launched an exciting new strategy shaped by Black men, for Black men.

Our Black Health Equity Strategy <https://prostatecanceruk.org/about-us/our-black-health-equity-strategy>

3. National Prostate Cancer Audit confirms a worrying trend: Black men have higher rates of stage 3 and 4 prostate cancer diagnoses than any other ethnic group.

**National Prostate Cancer Audit. NPCA State of the Nation Report 2024.** <https://www.natcan.org.uk/reports/npc-a-state-of-the-nation-report-2024/>

4. Prostate Cancer UK commissioned an audit of the region to better understand:

Prostate Cancer UK commissioned West Midlands Audit Report 2026. Dr Natalie Darko, University of Leicestershire. [West Midlands Audit Report on Black men and prostate cancer 2025.docx](#)

5. In 2025, West Midlands Cancer Alliance funded 17 grassroots community projects.

Spotlight on Community Awareness Projects – Tackling Cancer Inequalities Across the West Midlands 2025. <https://wmcanceralliance.nhs.uk/about-us/news/2713-spotlight-on-black-history-month>

6. 51% of the public say they've read or heard about Black men over 45 being at higher risk of prostate cancer, up from 41% last year

It's about time: Making an impact for men in 2024/25 <https://prostatecanceruk.org/about-us/reports-and-reviews/our-impact-2024-25>

7. This pilot initiative aimed to promote awareness and early detection of prostate cancer in Black men.

Early prostate cancer detection pilot – Wolverhampton North Network PCN 2023 <https://www.wmcanceralliance.nhs.uk/professionals-area/primary-care-resources-learning-and-development/prostate-toolkit/primary-care-best-practice>

8. The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) was created to meet the two Public Health divisions' shared goal of addressing health inequalities within Black African and Black Caribbean communities.

The Birmingham and Lewisham African and Caribbean Health Inequalities Review 2022. Opportunities for action. [https://www.birmingham.gov.uk/info/50266/other\\_public\\_health\\_projects/2309/birmingham\\_and\\_lewisham\\_african\\_and\\_caribbean\\_health\\_inequalities\\_review\\_blachir](https://www.birmingham.gov.uk/info/50266/other_public_health_projects/2309/birmingham_and_lewisham_african_and_caribbean_health_inequalities_review_blachir)

9. The Cancer Team worked with Community Groups, Cancer Champions, and West Midlands cancer alliance to hire a double-decker bus that travelled across the West Midlands.

Cancer bus tour 2025 <https://www.birminghamshullhullib.nhs.uk/health-information/cancer-and-diagnostics/cancer-bus-tour>

10. Delayed diagnosis or reduced engagement with care by at-risk Black men.

National Institute of Health. The impact of social determinants of health on Black men at the point of prostate cancer diagnosis: a scoping review 2025 <https://pmc.ncbi.nlm.nih.gov/articles/PMC12630255/>



# PROSTATE CANCER UK