Prostate cancer is the most commonly diagnosed malignancy and the second-leading cause of cancer-related deaths among men in Hawaii (American Cancer Society [ACS] Hawai‘i Pacific, 2010). Each year, about 800 men in Hawaii are diagnosed with prostate cancer and more than 100 die from the disease. Among Hawaii residents, Filipino men are more likely to be diagnosed with advanced-stage prostate cancer and to experience lower survival rates than all other racial and ethnic subgroups (ACS Hawai‘i Pacific, 2003). With repeated use of current prostate cancer screening techniques (prostate-specific antigen [PSA] blood test and digital rectal examination [DRE]), the majority of prostate cancers are detected at a clinically localized stage (Brawley, Ankerst, & Thompson, 2009). Therefore, a high rate of advanced-stage prostate cancer among an ethnic minority group may be indicative of low levels of participation in prostate cancer screening by members of that group. A qualitative approach was employed to explore the barriers and facilitators to prostate cancer screening among Filipino men residing in Hawaii. Because Filipino Americans constitute the second-largest and fastest-growing subpopulation of Asians residing in United States (Ghosh, 2003), and because limited information exists regarding the perceptions of prostate cancer and the barriers and facilitators to prostate cancer screening in this group, the information gained from this study will serve as a foundation for addressing an important disparity in health outcomes for this growing population.

**Background**

Stage at diagnosis is an important predictor of cancer survival. Nationally, the five-year relative survival rate for men diagnosed with localized prostate cancer approaches 100% (Jemal, Siegel, Xu, & Ward, 2010). In contrast, the five-year relative survival rate for men with metastatic prostate cancer is only 31% (Jemal et al., 2010). Among Hawaii residents, Filipino men (7.5%) are second only to Native Hawaiian men (9.5%) to be diagnosed with metastatic prostate cancer, followed by Caucasians (5.9%), Japanese (4.7%), and Chinese (3.3%) (ACS Hawai‘i Pacific, 2010).