
Proposed Proclamation
for
Prostate Cancer Awareness Month
September 2020



Proposed Proclamation

Prostate Cancer Awareness Month – September 2020

Supplement

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The American Cancer Society document Cancer Facts & Figures 2020 is the source document for all of the information in this Proposed Proclamation. It can be found on the ACS website: www.cancer.org. In the Search box, type Cancer Facts & Figures 2020. The entire 70-page document is available in a PDF format.

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Proposed Proclamation

Prostate Cancer Awareness Month – September 2020

Discussion

The purpose of this Supplement is to assist government agencies issue a Proclamation designating September 2020 as Prostate Cancer Awareness Month. In this Supplement, the word “Resolution” may be substituted for the word “Proclamation” as required by the issuing government body. The proposed Proclamation on page 3 is in keeping with the national historical practice of recognizing September as Prostate Cancer Awareness Month.

The proposed Proclamation on the next page was prepared using the references listed in this Supplement. All of the references in this Supplement are from American Cancer Society 2020 sources. There is a page number in parenthesis after each WHEREAS. This page number refers to the location in this Supplement for the source of the WHEREAS. Information on each reference page has been underlined to assist the reader identify the source for each WHEREAS.

There are more than 3.1 million men alive in the USA with a history of prostate cancer. Prostate cancer is the most diagnosed cancer in men today, second only to skin cancer. The American Cancer Society estimates that 1 in 9 men will develop prostate cancer in their lifetime. Prostate cancer is the second leading cause of cancer deaths in men after lung cancer. Every 16 minutes, 24/7, an American man dies from prostate cancer.

More men are diagnosed with prostate cancer in California than any other state. California also has the highest number of deaths from this disease. It is estimated that this year in the state, 20,160 men will be diagnosed and 3,890 men will die from this disease.

The early stages of prostate cancer usually show no symptoms and there are no self-tests for this disease. Early detection is the key to prostate cancer survival. The 5-year survival rate for prostate cancer approaches 100% if the disease is treated early. The 5-year survival rate drops to 31% if the cancer has metastasized. Treatment options for prostate cancer vary depending on a man’s age, the cancer stage and grade, as well as the patient’s other medical conditions. The patient’s personal values and preferences are also a consideration.

Each year, the President of the United States, The United States Senate, and the Governors of many States issue Proclamations declaring September as Prostate Cancer Awareness Month. Many counties and cities across the country also recognize Prostate Cancer Awareness Month in September by issuing their own Proclamations.

Copies of last year’s Prostate Cancer Awareness Proclamations from the White House, US Senate, and California Senate and Assembly, are provided at the end of this Supplement for the reader to review the format and phrasing used in other Proclamations.

Proposed Proclamation

Prostate Cancer Awareness Month – September 2020

Note:

After each WHEREAS, there is a page reference in this Supplement for the source of each statement

This is a Proclamation to designate September 2020 as Prostate Cancer Awareness Month.

- 1 WHEREAS, prostate cancer is the most frequently diagnosed cancer in men and the second leading cause of cancer deaths in men; and (page 4)
- 2 WHEREAS, the American Cancer Society estimates there will be 191,930 new cases of prostate cancer in the USA in 2020, resulting in an estimated 33,330 deaths; and (page 4)
- 3 WHEREAS, it is estimated 20,160 men in California will be diagnosed with prostate cancer this year and it is estimated 3,890 California men will die from this disease; and (pages 5 & 6)
- 4 WHEREAS, Black men in the USA and Caribbean have the highest documented prostate cancer incidence rates in the world; and. (page 7)
- 5 WHEREAS, early prostate cancer usually has no symptoms and studies suggest strong familial predisposition may be responsible for 5% to 10% of the disease cases; and (page 7)
- 6 WHEREAS, late stage prostate cancer commonly spreads to the bones, which can cause pain in the hips, spine, ribs, or other areas in the body; and (page 7)
- 7 WHEREAS, the 5-year survival rate approaches 100% when prostate cancer is diagnosed and treated early, but drops to 31% when it spreads to the other parts of the body; and (page 8)
- 8 WHEREAS, the rapid reduction in prostate cancer mortality is attributed to early detection through PSA testing and advancement in treatment, and (page7)
- 9 WHEREAS, the American Cancer Society recommends that men should have an opportunity to make an informed decision about whether to be tested for prostate cancer based on their personal values and preferences; and. (page 7)
- 10 WHEREAS, the (name of issuing governing body) joins communities across our nation to increase the awareness about the importance for men to make an informed decision with their health care provider about early detection and testing for prostate cancer, and now, therefore be it
- 11 RESOLVED, that the (name of issuing government body) designate September 2020 as Prostate Cancer Awareness Month.

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2020 Estimates

	Male			Female		
Estimated New Cases	Prostate	191,930	21%	Breast	276,480	30%
	Lung & bronchus	116,300	13%	Lung & bronchus	112,520	12%
	Colon & rectum	78,300	9%	Colon & rectum	69,650	8%
	Urinary bladder	62,100	7%	Uterine corpus	65,620	7%
	Melanoma of the skin	60,190	7%	Thyroid	40,170	4%
	Kidney & renal pelvis	45,520	5%	Melanoma of the skin	40,160	4%
	Non-Hodgkin lymphoma	42,380	5%	Non-Hodgkin lymphoma	34,860	4%
	Oral cavity & pharynx	38,380	4%	Kidney & renal pelvis	28,230	3%
	Leukemia	35,470	4%	Pancreas	27,200	3%
	Pancreas	30,400	3%	Leukemia	25,060	3%
	All sites	893,660		All sites	912,930	
Estimated Deaths	Lung & bronchus	72,500	23%	Lung & bronchus	63,220	22%
	Prostate	33,330	10%	Breast	42,170	15%
	Colon & rectum	28,630	9%	Colon & rectum	24,570	9%
	Pancreas	24,640	8%	Pancreas	22,410	8%
	Liver & intrahepatic bile duct	20,020	6%	Ovary	13,940	5%
	Leukemia	13,420	4%	Uterine corpus	12,590	4%
	Esophagus	13,100	4%	Liver & intrahepatic bile duct	10,140	4%
	Urinary bladder	13,050	4%	Leukemia	9,680	3%
	Non-Hodgkin lymphoma	11,460	4%	Non-Hodgkin lymphoma	8,480	3%
	Brain & other nervous system	10,190	3%	Brain & other nervous system	7,830	3%
	All sites	321,160		All sites	285,360	

Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates do not include Puerto Rico or other US territories. Ranking is based on modeled projections and may differ from the most recent observed data.

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Selected Cancers

This section provides information on the occurrence, risk factors, symptoms, early detection, and treatment for the most commonly diagnosed cancers, and may have limited relevance to rarer cancers or cancer subtypes. (For information on rare cancers, see the Special Section in *Cancer Facts & Figures 2017* at cancer.org/statistics.) Cancer incidence trends are based on data from 2000 through 2016 from the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) registries, and mortality trends are based on deaths from 1975 through 2017 reported by the National Center for Health Statistics. Generally, trends are described based on the average annual percent change in the most recent 5 or 10 years, as appropriate. See Sources of Statistics on page 67 for more information.

Breast

New cases and deaths: In the US in 2020, there will be an estimated 276,480 new cases of invasive breast cancer diagnosed in women (Figure 3); 2,620 cases diagnosed in men; and an additional 48,530 cases of ductal carcinoma in situ (DCIS) diagnosed in women (Table 1). An estimated 42,690 breast cancer deaths (42,170 women, 520 men) will occur in 2020.

Incidence trends: From 2007 to 2016, invasive female breast cancer incidence rates increased slightly, by 0.3% per year.

Mortality trends: The female breast cancer death rate peaked at 33.2 (per 100,000) in 1989, then declined by 40% to 19.8 in 2017. This progress reflects earlier detection (through screening, as well as increased awareness of symptoms) and improved treatment, and translates to an

Table 2. Estimated Number* of New Cases for Selected Cancers by State, US, 2020

State	All sites	Female breast	Uterine cervix	Colon & rectum	Uterine corpus	Leukemia	Lung & bronchus	Melanoma of the skin	Non-Hodgkin lymphoma	Prostate	Urinary bladder
Alabama	28,570	4,120	240	2,460	780	810	4,230	1,550	1,000	3,530	1,090
Alaska	2,960	510	†	320	120	90	400	120	120	340	160
Arizona	36,730	5,630	260	3,010	1,240	990	4,200	2,380	1,500	3,830	1,810
Arkansas	17,200	2,430	140	1,540	500	630	2,760	800	650	1,860	760
California	172,040	30,650	1,630	15,530	7,030	6,060	18,040	10,980	8,200	20,160	7,780
Colorado	27,290	4,530	190	2,040	920	910	2,550	1,920	1,150	3,140	1,250
Connecticut	20,300	3,590	130	1,520	910	400	2,650	1,110	930	2,320	1,080
Delaware	6,660	960	†	470	220	230	890	420	260	770	320
Dist. of Columbia	3,600	510	†	250	120	110	300	90	130	370	80
Florida	150,500	19,900	1,130	11,310	4,460	3,370	18,150	8,750	7,170	13,950	6,780
Georgia	55,190	8,340	440	4,660	1,710	1,550	7,240	3,190	2,280	6,840	2,110
Hawaii	6,800	1,300	60	730	330	230	870	520	290	700	300
Idaho	8,540	1,340	60	730	310	340	990	740	390	1,160	470
Illinois	71,990	11,020	540	6,240	2,850	2,400	9,210	3,700	2,920	8,000	3,310
Indiana	37,940	5,410	270	3,410	1,430	1,290	5,700	2,370	1,590	3,570	1,720
Iowa	18,460	2,710	110	1,600	700	840	2,440	1,150	800	1,920	870
Kansas	16,170	2,390	110	1,320	560	620	2,020	890	650	1,730	640
Kentucky	26,500	3,800	200	2,440	870	920	4,890	1,330	1,040	2,440	1,130
Louisiana	26,480	3,910	260	2,370	690	930	3,700	1,030	1,110	2,970	1,050
Maine	8,180	1,370	50	670	390	160	1,430	520	390	800	520
Maryland	34,710	5,500	250	2,570	1,300	820	3,930	1,780	1,330	4,410	1,360
Massachusetts	36,990	6,690	220	2,650	1,630	580	5,150	2,190	1,670	3,890	1,970
Michigan	61,770	8,800	360	4,620	2,380	2,060	8,140	3,290	2,450	6,820	2,890
Minnesota	33,210	4,670	140	2,320	1,200	1,600	3,580	1,750	1,350	2,880	1,460
Mississippi	17,190	2,390	160	1,730	450	500	2,510	620	570	2,050	630
Missouri	37,540	5,360	270	3,090	1,290	1,370	5,540	1,820	1,410	3,540	1,580
Montana	5,850	960	†	500	220	250	770	450	250	680	330
Nebraska	10,560	1,580	70	940	390	480	1,270	610	450	980	470
Nevada	16,540	2,310	130	1,480	480	520	1,850	840	650	1,780	780
New Hampshire	8,060	1,350	†	590	370	180	1,220	530	370	910	510
New Jersey	53,340	8,260	440	4,250	2,240	2,100	6,100	2,770	2,340	6,010	2,640
New Mexico	9,800	1,570	80	890	370	340	1,040	610	410	920	410
New York	117,910	17,540	930	8,910	4,840	4,600	13,370	4,980	5,120	11,470	5,590
North Carolina	59,620	9,340	430	4,540	2,030	1,640	8,470	3,680	2,480	7,200	2,510
North Dakota	4,060	590	†	360	140	190	460	230	170	400	200
Ohio	71,850	10,350	440	5,910	2,790	2,280	10,110	4,100	2,820	7,030	3,190
Oklahoma	20,530	3,130	170	1,870	620	860	3,200	940	860	2,130	920
Oregon	23,330	3,880	160	1,740	910	740	2,930	1,730	1,000	2,470	1,150
Pennsylvania	80,240	12,180	530	6,520	3,390	3,050	10,710	4,410	3,480	8,300	4,350
Rhode Island	5,930	1,020	†	430	260	100	920	340	270	650	320
South Carolina	31,710	4,790	230	2,550	970	1,220	4,460	1,900	1,300	3,390	1,270
South Dakota	4,960	720	†	430	170	230	590	270	200	520	240
Tennessee	39,360	5,760	330	3,540	1,220	1,280	6,300	2,110	1,580	3,990	1,700
Texas	129,770	19,590	1,410	11,430	4,120	5,260	14,830	4,530	5,650	12,110	4,590
Utah	11,900	1,780	80	840	450	500	730	1,230	550	1,380	460
Vermont	3,740	630	†	270	170	90	570	270	170	330	210
Virginia	47,550	7,410	320	3,530	1,660	1,370	5,960	2,920	1,940	6,200	2,010
Washington	36,290	6,690	250	2,970	1,480	1,430	4,790	2,800	1,740	4,040	1,930
West Virginia	12,380	1,680	80	1,040	440	480	2,030	680	500	1,110	620
Wisconsin	35,280	5,120	200	2,540	1,410	1,420	4,290	2,190	1,460	3,560	1,740
Wyoming	2,880	430	†	260	100	110	320	220	120	400	150
United States	1,806,590	276,480	13,800	147,950	65,620	60,530	228,820	100,350	77,240	191,930	81,400

*Rounded to the nearest 10. Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder. Estimates for Puerto Rico are unavailable.

†Estimate is fewer than 50 cases. These estimates are offered as a rough guide and should be interpreted with caution. State estimates may not sum to US total due to rounding and exclusion of state estimates fewer than 50 cases.

Please note: Estimated cases for additional cancer sites by state can be found in Supplemental Data at cancer.org/statistics or via the Cancer Statistics Center (cancerstatisticscenter.cancer.org).

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Table 3. Estimated Number* of Deaths for Selected Cancers by State, US, 2020

State	All sites	Brain/ nervous system	Female breast	Colon & rectum	Leukemia	Liver†	Lung & bronchus	Non- Hodgkin lymphoma	Ovary	Pancreas	Prostate
Alabama	10,530	340	690	960	370	520	2,790	290	230	790	520
Alaska	1,090	†	70	120	†	50	190	†	†	90	60
Arizona	12,580	400	900	1,120	520	680	2,590	410	310	1,070	760
Arkansas	6,730	190	410	610	240	290	1,890	190	140	450	280
California	60,660	1,980	4,620	5,480	2,400	3,880	10,210	2,140	1,590	4,840	3,890
Colorado	8,220	290	640	700	330	410	1,450	260	210	620	590
Connecticut	6,390	210	430	460	260	310	1,370	230	160	520	480
Delaware	2,130	60	150	160	90	120	510	80	50	190	90
Dist. of Columbia	1,020	†	100	100	†	80	180	†	†	90	70
Florida	45,300	1,290	3,040	3,930	1,800	2,200	10,580	1,500	1,000	3,570	2,800
Georgia	17,990	540	1,380	1,730	600	760	4,210	530	400	1,300	990
Hawaii	2,540	60	160	240	90	180	520	90	†	240	130
Idaho	3,100	100	230	260	110	160	590	120	90	260	210
Illinois	24,220	670	1,720	2,160	900	1,080	5,710	750	560	1,780	1,560
Indiana	13,630	370	880	1,170	510	550	3,570	450	290	990	640
Iowa	6,440	190	380	560	250	260	1,530	240	150	500	340
Kansas	5,520	170	350	500	240	250	1,300	180	120	410	290
Kentucky	10,540	290	630	870	370	440	2,910	330	180	670	430
Louisiana	9,300	240	640	880	320	580	2,330	280	160	750	450
Maine	3,350	100	180	240	120	120	870	110	70	240	180
Maryland	10,790	300	850	920	410	580	2,310	340	260	870	580
Massachusetts	12,430	410	780	910	480	640	2,810	390	310	1,020	660
Michigan	21,000	600	1,380	1,700	770	890	5,220	720	480	1,720	1,030
Minnesota	10,040	330	630	790	430	420	2,210	390	210	820	590
Mississippi	6,700	180	460	670	220	320	1,740	160	120	520	360
Missouri	13,010	340	850	1,090	480	570	3,250	390	250	940	570
Montana	2,140	70	140	190	70	100	460	70	50	160	150
Nebraska	3,520	120	240	320	150	120	800	120	80	280	190
Nevada	5,460	210	400	590	200	240	1,230	170	150	400	310
New Hampshire	2,830	90	170	290	110	120	700	90	70	200	150
New Jersey	15,710	480	1,230	1,440	620	700	3,230	560	390	1,340	810
New Mexico	3,730	110	280	360	120	250	670	120	110	280	230
New York	34,710	960	2,430	2,950	1,370	1,610	6,510	1,230	870	2,890	1,850
North Carolina	20,410	570	1,440	1,640	710	850	5,020	610	430	1,500	1,010
North Dakota	1,260	†	80	110	60	†	280	50	†	100	70
Ohio	25,380	700	1,710	2,170	930	1,090	6,460	850	550	1,930	1,200
Oklahoma	8,430	230	560	800	330	410	2,180	270	190	570	430
Oregon	8,280	260	550	660	310	480	1,750	270	240	680	500
Pennsylvania	27,860	780	1,910	2,440	1,070	1,270	6,460	950	640	2,270	1,390
Rhode Island	2,120	60	120	160	80	110	540	70	†	170	110
South Carolina	10,780	310	750	910	390	520	2,610	320	210	830	590
South Dakota	1,690	60	110	170	70	70	400	60	†	130	90
Tennessee	14,780	380	950	1,260	530	730	3,990	460	310	1,010	660
Texas	41,810	1,260	3,060	4,070	1,620	2,740	8,420	1,350	930	3,130	2,310
Utah	3,350	140	290	300	170	160	430	130	110	280	240
Vermont	1,450	60	70	130	50	50	350	50	†	110	70
Virginia	15,220	450	1,140	1,400	540	730	3,450	490	370	1,180	800
Washington	13,020	440	900	1,050	490	720	2,740	450	330	1,000	750
West Virginia	4,750	120	290	440	180	200	1,300	150	90	310	190
Wisconsin	11,610	380	720	920	470	450	2,690	400	250	950	660
Wyoming	960	†	60	80	50	60	190	†	†	70	50
United States	606,520	18,020	42,170	53,200	23,100	30,160	135,720	19,940	13,940	47,050	33,330

*Rounded to the nearest 10. †Estimate is fewer than 50 deaths. ‡Liver includes intrahepatic bile duct. These estimates are offered as a rough guide and should be interpreted with caution. State estimates may not sum to US total due to rounding and exclusion of state estimates fewer than 50 deaths. Estimates are not available for Puerto Rico.

Please note: Estimated deaths for additional cancer sites by state can be found in Supplemental Data at cancer.org/statistics or via the Cancer Statistics Center (cancerstatisticscenter.cancer.org).

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to a low of 18.8 in 2017, although it appears to have stabilized in recent years. The rapid reduction in prostate cancer mortality is attributed to earlier detection through PSA testing and advances in treatment.

Risk factors: Well-established risk factors for prostate cancer are increasing age, African ancestry, a family history of the disease, and certain inherited genetic conditions (e.g., Lynch syndrome and *BRCA1* and *BRCA2* mutations). Black men in the US and the Caribbean have the highest documented prostate cancer incidence rates in the world. Genetic studies suggest that strong familial predisposition may be responsible for 5%-10% of prostate cancers. There is accumulating evidence that smoking increases the risk of fatal prostate cancer and excess body weight increases risk of aggressive and fatal prostate cancer.

Early detection: No organization presently endorses routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms or harm), along with the high potential for serious side effects associated with prostate cancer treatment. Rather, many organizations recommend an “informed decision-making” approach whereby men are educated about screening and encouraged to make a personal choice. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men and those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at 40.

Signs and symptoms: Early-stage prostate cancer usually has no symptoms. More advanced disease shares symptoms with benign prostate conditions, including weak or interrupted urine flow; difficulty starting or

stopping urine flow; the need to urinate frequently, especially at night; blood in the urine; or pain or burning with urination. Late-stage prostate cancer commonly spreads to the bones, which can cause pain in the hips, spine, ribs, or other areas.

Treatment: Recent changes in the grading system for prostate cancer have improved tumor characterization and disease management. Careful monitoring of disease progression (called active surveillance) instead of immediate treatment is appropriate for many patients, particularly men who are diagnosed at an early stage, have less aggressive tumors, and are older. Treatment options for early-stage disease include surgery, external beam radiation, or radioactive seed implants (brachytherapy). Hormone therapy may be used along with surgery or radiation in more advanced cases. Treatment often impacts a man’s quality of life due to side effects or complications, such as urinary and erectile difficulties, which may be temporary or long term. Current research is exploring new biologic markers for prostate cancer, which could be used to minimize unnecessary treatment by distinguishing early-stage cancers that are potentially more aggressive from those that are less likely to progress if left untreated.

Late-stage prostate cancer treatment options include hormonal therapy, chemotherapy, and/or radiation therapy. Hormone treatment may control advanced prostate cancer for long periods of time by shrinking the size or limiting the growth of the cancer, thus helping to relieve pain and other symptoms. An option for some men with advanced prostate cancer that is no longer responding to hormones is a cancer vaccine designed to stimulate the patient’s immune system to attack prostate cancer cells specifically. Other types of drugs can be used to treat prostate cancer that has spread to the bones.

Survival: The vast majority (90%) of prostate cancers are discovered at a local or regional stage, for which the 5-year relative survival rate approaches 100%. The 5-year survival for disease diagnosed at a distant stage is 31%. The 10-year survival rate for all stages combined is 98%.

Table 8. Five-year Relative Survival Rates* (%) by Stage at Diagnosis, US, 2009-2015

	All stages	Local	Regional	Distant		All stages	Local	Regional	Distant
Breast (female)	90	99	86	27	Oral cavity & pharynx	65	84	66	39
Colon & rectum	64	90	71	14	Ovary	48	92	75	29
Colon	63	90	71	14	Pancreas	9	37	12	3
Rectum	67	89	71	15	Prostate	98	>99	>99	31
Esophagus	20	47	25	5	Stomach	32	69	31	5
Kidney†	75	93	70	12	Testis	95	99	96	73
Larynx	60	77	45	33	Thyroid	98	>99	98	56
Liver‡	18	33	11	2	Urinary bladder§	77	70	36	5
Lung & bronchus	19	57	31	5	Uterine cervix	66	92	56	17
Melanoma of the skin	92	99	65	25	Uterine corpus	81	95	69	17

*Rates are adjusted for normal life expectancy and are based on cases diagnosed in the SEER 18 areas from 2009-2015, all followed through 2016. †Includes renal pelvis. ‡Includes intrahepatic bile duct. §Rate for in situ cases is 96%.

Local: an invasive malignant cancer confined entirely to the organ of origin. **Regional:** a malignant cancer that 1) has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; 2) involves regional lymph nodes; or 3) has both regional extension and involvement of regional lymph nodes. **Distant:** a malignant cancer that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distant organs, tissues, or via the lymphatic system to distant lymph nodes.

Source: Source: Howlader N, Noone AM, Krapcho M, et al (eds). *SEER Cancer Statistics Review, 1975-2016*, National Cancer Institute, Bethesda, MD, https://seer.cancer.gov/csr/1975_2016/, based on November 2018 SEER data submission, posted to the SEER website, April 2019.

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syndrome) are at increased risk. Other medical conditions and characteristics associated with increased risk include a personal history of breast cancer, endometriosis, or pelvic inflammatory disease, and adult height. Modifiable factors associated with increased risk include excess body weight, menopausal hormone therapy (estrogen alone or combined with progesterone), and cigarette smoking, which is associated with a rare subtype (mucinous). Factors associated with lower risk include pregnancy, fallopian tube ligation or removal (salpingectomy), and use of oral contraceptives (OCs), with risk reductions of 40% among long-term (10+ years) OC users. It is unclear whether genital talc-based powder use increases the risk of ovarian cancer, in part because most of the evidence is from case-control studies, which are especially prone to bias, and because the type of body powder (i.e., with or without talc) and location of use (i.e., genital vs. non-genital) was sometimes unclear.

Early detection: Currently, there is no recommended screening test for ovarian cancer, although clinical trials to identify effective strategies are underway. Women who are at high risk or have symptoms may be offered a thorough pelvic exam in combination with transvaginal ultrasound and a blood test for the CA125 tumor marker, although this strategy has not been proven to be effective in reducing ovarian cancer mortality and is associated with serious harms due to false-positive diagnoses.

Signs and symptoms: Early ovarian cancer usually has no obvious symptoms. However, some women experience persistent, nonspecific symptoms, such as back pain, bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, or urinary urgency or frequency in the months before diagnosis. Women who experience such symptoms daily for more than a few weeks should seek prompt medical evaluation. The most common sign of ovarian cancer is swelling of the abdomen, which is caused by the accumulation of fluid.

Treatment: Treatment includes surgery and often chemotherapy and targeted therapy. Surgery usually involves removal of both ovaries and fallopian tubes (bilateral salpingo-oophorectomy), the uterus (hysterectomy), and the omentum (fatty tissue attached to some of the organs in the belly), along with biopsies of the peritoneum (lining of the abdominal cavity). Additional abdominal organs may be removed in women with advanced disease, whereas only the involved ovary and fallopian tube may be removed in younger women with very early-stage tumors who want to preserve fertility. The goal of surgery is to remove as much of the tumor as possible, referred to as debulking, and stage the cancer. More accurate surgical staging (microscopic examination of tissue from different parts of the pelvis and abdomen) has been associated with better outcomes among patients with early-stage disease. For advan



**Statement from President Donald J. Trump
on
National Prostate Cancer Awareness Month
September 1, 2019**

Throughout National Prostate Cancer Awareness Month, we reaffirm our commitment to bring attention to prostate cancer and to better understand the risk factors and early symptoms of this horrible disease. We also renew our Nation's pledge to diligently work to find a cure.

Prostate cancer is the most common form of cancer and the second leading cause of cancer deaths for men in America. Prostate cancer, however, is treatable. Patients diagnosed with a localized or regional stage of prostate cancer have a nearly 100 percent 5-year Relative Survival Rate. It is critical for men of all ages to become familiar with the common signs and symptoms of prostate cancer and to immediately report concerns to a physician or healthcare provider. Additionally, recognizing the factors that can increase the risk of developing this cancer, such as family history, age, alcohol and tobacco use, and diet, can be beneficial in improving overall health.

My Administration is committed to ensuring that our health system works for Americans afflicted by this disease, as well as other serious health conditions. That is why we are taking action to end surprise medical billing and ensure Americans are not burdened by unknown or unforeseen expenses. In June, I signed an Executive Order "Improving Price and Quality Transparency in American Healthcare to Put Patients First," delivering on my promise to bring increased transparency to healthcare and drug pricing. At my direction, the Department of Health and Human Services is working to make information about out-of-pocket costs more readily available to patients before they receive care while also instructing hospitals to publicly disclose amounts that reflect what insurers pay for services in easy-to-read formats. Together, we will work to ensure patients know the true price and quality of the healthcare they receive and are given the information they need to make informed choices.

During National Prostate Cancer Awareness Month, we continue to support those who are fighting cancer. We are also committed to learning about the common warning signs of prostate cancer and sharing this information with family and friends. Through our collective efforts, we can assist in the early detection and diagnosis of this disease, leading to more optimistic prognoses for our loved ones.

Ref: <https://www.whitehouse.gov/briefings-statements/presidential-message-national-prostate-cancer-awareness-month-2019/>



116th CONGRESS – 1st Session

S. RES. 321

Designating September 2019 as National Prostate Cancer Awareness Month

IN THE SENATE OF THE UNITED STATES

September 19, 2019

RESOLUTION

Mr. Menendez (for himself, Mr. Crapo, Mr. Coons, Mr. Van Hollen, Mr. Booker, Mr. Hawley, Mr. Cardin, Mrs. Capito, Mr. Markey, and Mr. Wyden) submitted the following resolution; which was considered and agreed to

Whereas more than 2,900,000 men in the United States live with prostate cancer;

Whereas 1 in 9 men in the United States will be diagnosed with prostate cancer in their lifetimes and 1 in 41 men in the United States will die from prostate cancer;

Whereas prostate cancer is the most commonly diagnosed non-skin cancer and the second-leading cause of cancer-related deaths among men in the United States;

Whereas the American Cancer Society estimates that, in 2019, 174,650 men will be diagnosed with, and more than 31,620 men will die of, prostate cancer;

Whereas 41.9 percent of newly diagnosed prostate cancer cases occur in men under the age of 65;

Whereas the odds of developing prostate cancer rise rapidly after age 50;

Whereas African-American men suffer from a prostate cancer incidence rate that is significantly higher than that of White men and have more than double the prostate cancer mortality rate than that of White men;

Whereas having a father or brother with prostate cancer more than doubles the risk of a man developing prostate cancer, with a higher risk for men who have a brother with the disease and the highest risk for men with several affected relatives;

Whereas screening by a digital rectal examination and a prostate-specific antigen blood test can detect the disease at the earlier, more treatable stages, which could increase the chances of survival for more than 5 years to nearly 100 percent;

Whereas only 30 percent of men survive more than 5 years if diagnosed with prostate cancer after the cancer has metastasized;

Whereas there are no noticeable symptoms of prostate cancer in the early stages, making appropriate screening critical;

Whereas, in fiscal year 2019, the Director of the National Institutes of Health supported approximately \$271,000,000 in research projects focused specifically on prostate cancer;

Whereas ongoing research promises further improvements in prostate cancer prevention, early detection, and treatment; and

Whereas educating people in the United States, including health care providers, about prostate cancer and early detection strategies is crucial to saving the lives of men and preserving and protecting families: Now, therefore, be it

That the Senate

(1) designates September 2019 as National Prostate Cancer Awareness Month;

(2) declares that steps should be taken

(A) to raise awareness about the importance of screening methods for, and treatment of, prostate cancer;

(B) to encourage research

(i) to improve screening and treatment for prostate cancer;

(ii) to discover the causes of prostate cancer; and

(iii) to develop a cure for prostate cancer; and

(C) to continue to consider ways to improve access to, and the quality of, health care services for detecting and treating prostate cancer; and

(3) calls on the people of the United States, interest groups, and affected persons

(A) to promote awareness of prostate cancer;

(B) to take an active role in the fight to end the devastating effects of prostate cancer on individuals, families, and the economy; and

(C) to observe National Prostate Cancer Awareness Month with appropriate ceremonies and activities.

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Assembly Concurrent Resolution No. 111
Relative to Prostate Cancer Awareness Month

August 27, 2019

ACR 111, Kiley. Prostate Cancer Awareness Month.

WHEREAS, Prostate cancer is the most frequently diagnosed cancer in men and the second leading cause of cancer deaths in men; and

WHEREAS, The American Cancer Society estimates there will be 174,650 new cases of prostate cancer in the United States in 2019, resulting in an estimated 31,620 deaths; and

WHEREAS, It is estimated 24,550 men in California will be diagnosed with prostate cancer this year and it is estimated 4,470 California men will die from this disease; and

WHEREAS, Black men in the United States and the Caribbean have the highest documented prostate cancer incidence rates in the world; and

WHEREAS, Early prostate cancer usually has no symptoms and studies suggest strong familial predisposition may be responsible for 5 to 10 percent of the disease cases; and

WHEREAS, Late stage prostate cancer commonly spreads to the bones, which can cause pain in the hips, spine, ribs, or other areas in the body; and

WHEREAS, The five-year survival rate approaches 100 percent when prostate cancer is diagnosed and treated early, but drops to 30 percent when it spreads to the other parts of the body; and

WHEREAS, The American Cancer Society recommends that men should have an opportunity to make an informed decision about whether to be tested for prostate cancer based on their personal values and preferences; and

WHEREAS, Prostate cancer treatment decisions should be based on clinician recommendations and patient values and preferences; now, therefore be it

Resolved by the Assembly of the State of California, the Senate thereof concurring, That the Legislature designates September 2019 as Prostate Cancer Awareness Month; and be it further

Resolved, That the Legislature joins communities across our nation to increase awareness about the importance for men to make an informed decision with their health care provider about early detection and testing for prostate cancer, and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.