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**Proposed Proclamation**  
**for**  
**Prostate Cancer Awareness Month**  
**September 2019**



## Proposed Proclamation

### Prostate Cancer Awareness Month – September 2019

#### Supplement

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The American Cancer Society document Cancer Facts & Figures 2019 is the source document for all of the information in this Proposed Proclamation. It can be found on the ACS website: [www.cancer.org](http://www.cancer.org). In the Search box, type Cancer Facts & Figures 2019. The entire 76-page document is available in a PDF format.

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## Proposed Proclamation

### Prostate Cancer Awareness Month – September 2019

#### Discussion

The purpose of this Supplement is to assist government agencies issue a Proclamation designating September 2019 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 2019 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 2.9 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 17 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, 24,550 men will be diagnosed and 4,470 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 30% 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.

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## Proposed Proclamation

### Prostate Cancer Awareness Month – September 2019

**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 2019 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 174,650 new cases of prostate cancer in the USA in 2019, resulting in an estimated 31,620 deaths; and (page 4)

3 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 (page 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 30% when it spreads to the other parts of the body; and (page 8)

8 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. (page7)

9 WHEREAS, prostate cancer treatment decisions should be based on clinician recommendations and patient 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 2019 as Prostate Cancer Awareness Month.



Figure 3. Leading Sites of New Cancer Cases and Deaths – 2019 Estimates

	Male			Female		
Estimated New Cases	Prostate	174,650	20%	Breast	268,600	30%
	Lung & bronchus	116,440	13%	Lung & bronchus	111,710	13%
	Colon & rectum	78,500	9%	Colon & rectum	67,100	7%
	Urinary bladder	61,700	7%	Uterine corpus	61,880	7%
	Melanoma of the skin	57,220	7%	Melanoma of the skin	39,260	5%
	Kidney & renal pelvis	44,120	5%	Thyroid	37,810	4%
	Non-Hodgkin lymphoma	41,090	5%	Non-Hodgkin lymphoma	33,110	4%
	Oral cavity & pharynx	38,140	4%	Kidney & renal pelvis	29,700	3%
	Leukemia	35,920	4%	Pancreas	26,830	3%
	Pancreas	29,940	3%	Leukemia	25,860	3%
	All sites	870,970		All sites	891,480	
	Estimated Deaths	Lung & bronchus	76,650	24%	Lung & bronchus	66,020
Prostate		31,620	10%	Breast	41,760	15%
Colon & rectum		27,640	9%	Colon & rectum	23,380	8%
Pancreas		23,800	7%	Pancreas	21,950	8%
Liver & intrahepatic bile duct		21,600	7%	Ovary	13,980	5%
Leukemia		13,150	4%	Uterine corpus	12,160	4%
Esophagus		13,020	4%	Liver & intrahepatic bile duct	10,180	4%
Urinary bladder		12,870	4%	Leukemia	9,690	3%
Non-Hodgkin lymphoma		11,510	4%	Non-Hodgkin lymphoma	8,460	3%
Brain & other nervous system		9,910	3%	Brain & other nervous system	7,850	3%
All sites		321,670		All sites	285,210	

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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## Breast

**New cases:** In the US in 2019, there will be an estimated 268,600 new cases of invasive breast cancer diagnosed in women (Figure 3); 2,670 cases diagnosed in men; and an additional 62,930 cases of in situ breast lesions (ductal carcinoma in situ [DCIS] or lobular carcinoma in situ [LCIS]) diagnosed in women (Table 1).

**Incidence trends:** From 2006 to 2015, invasive female breast cancer incidence rates increased slightly, by 0.4% per year.

**Deaths:** An estimated 42,260 breast cancer deaths (41,760 women, 500 men) will occur in 2019.

**Mortality trends:** The female breast cancer death rate peaked at 33.2 (per 100,000) in 1989, then declined by 40% to 20.0 in 2016. This progress reflects improvements in early detection (through screening, as well as increased awareness of symptoms) and treatment, and translates to an estimated 348,800 fewer breast cancer deaths than

would have been expected if the death rate had remained at its peak. From 2007 to 2016, the breast cancer death rate declined by 1.8% per year.

**Risk factors:** Older age and being a woman are the strongest risk factors for breast cancer. Potentially modifiable factors that increase risk include weight gain after the age of 18 and/or being overweight or obese (for postmenopausal breast cancer); menopausal hormone therapy (combined estrogen and progestin); alcohol consumption; and physical inactivity. Breastfeeding for at least one year decreases risk. Non-modifiable factors that increase risk include a personal or family history of breast or ovarian cancer; inherited mutations (genetic alterations) in breast cancer susceptibility genes (e.g., *BRCA1* or *BRCA2*); certain benign breast conditions, such as atypical hyperplasia; a history of ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS); high breast tissue density (the amount of glandular tissue relative to fatty tissue measured on a mammogram); and high-dose radiation to the chest at a young age (e.g., for treatment of lymphoma). Reproductive factors that



**Table 2. Estimated Number\* of New Cases for Selected Cancers by State, US, 2019**

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	28,950	4,240	240	2,330	760	840	4,150	1,420	990	4,060	1,100
Alaska	3,090	470	†	290	110	90	400	120	130	460	150
Arizona	37,490	5,630	250	2,840	1,200	1,110	4,290	2,340	1,420	2,800	1,780
Arkansas	16,580	2,210	140	1,440	510	560	2,690	760	640	2,680	740
California	186,920	27,700	1,590	15,360	6,230	6,030	18,990	10,710	8,230	24,550	7,780
Colorado	26,800	4,180	170	1,940	830	810	2,690	1,830	1,130	2,270	1,210
Connecticut	21,950	3,490	120	1,560	720	670	2,580	930	950	1,980	1,160
Delaware	5,870	930	†	440	220	210	840	400	240	700	300
Dist. of Columbia	3,190	510	†	260	120	80	340	80	120	300	80
Florida	131,470	19,130	1,040	11,310	4,520	4,980	18,560	8,360	5,420	11,860	6,450
Georgia	50,450	8,000	440	4,450	1,640	1,800	7,070	3,050	2,030	5,400	2,040
Hawaii	7,120	1,280	50	620	310	200	860	490	280	680	280
Idaho	8,390	1,340	50	630	310	340	1,030	670	380	1,370	460
Illinois	68,560	11,560	510	6,030	2,700	2,380	9,130	3,750	2,890	6,990	3,240
Indiana	35,280	5,820	270	3,360	1,330	1,230	5,500	2,120	1,550	2,530	1,710
Iowa	17,810	2,730	100	1,540	660	730	2,410	1,070	830	1,720	890
Kansas	15,340	2,420	110	1,290	520	590	2,000	870	650	2,070	640
Kentucky	26,400	3,670	200	2,320	890	940	4,960	1,310	1,050	2,190	1,130
Louisiana	26,800	3,770	230	2,340	700	830	3,810	1,020	1,060	3,380	1,050
Maine	8,920	1,390	50	670	320	310	1,400	510	400	660	560
Maryland	33,140	5,290	230	2,620	1,280	960	4,040	1,750	1,280	3,810	1,390
Massachusetts	40,020	6,610	210	2,840	1,380	1,140	5,150	1,640	1,720	2,710	2,130
Michigan	58,360	9,310	360	5,040	2,200	1,930	8,070	3,300	2,530	4,580	2,930
Minnesota	30,560	4,740	140	2,300	1,080	1,360	3,600	1,640	1,360	1,970	1,400
Mississippi	17,050	2,370	150	1,680	450	520	2,520	650	570	1,930	630
Missouri	35,480	5,350	260	3,110	1,180	1,240	5,490	1,800	1,430	3,290	1,570
Montana	5,920	890	†	470	220	240	820	390	260	600	340
Nebraska	9,780	1,580	70	900	360	420	1,290	580	460	750	470
Nevada	14,810	2,190	140	1,340	420	530	1,880	850	600	1,180	770
New Hampshire	8,610	1,330	†	590	300	260	1,140	450	370	1,030	500
New Jersey	53,400	8,340	410	4,250	2,130	2,070	6,070	2,850	2,330	5,710	2,580
New Mexico	9,460	1,440	80	830	370	360	1,070	630	400	520	410
New York	111,870	17,490	880	9,150	4,500	4,540	13,380	5,150	5,030	9,700	5,410
North Carolina	58,690	8,870	410	4,310	1,960	1,960	8,010	3,550	2,220	7,490	2,490
North Dakota	3,940	590	†	350	130	170	430	230	180	360	190
Ohio	67,150	10,240	430	6,200	2,600	2,100	9,680	3,750	2,850	5,340	3,210
Oklahoma	20,540	2,980	170	1,840	630	780	3,220	860	850	1,800	910
Oregon	23,320	3,390	150	1,620	810	670	2,900	1,780	1,010	1,950	1,140
Pennsylvania	79,890	12,070	540	6,520	3,280	3,040	10,380	4,340	3,430	7,470	4,230
Rhode Island	6,540	1,010	†	470	210	190	940	310	270	550	360
South Carolina	29,830	4,470	210	2,370	930	1,040	4,360	1,810	1,100	3,130	1,270
South Dakota	4,770	750	†	430	160	200	580	250	210	400	240
Tennessee	37,350	5,580	310	3,290	1,210	1,280	6,210	2,070	1,550	3,160	1,670
Texas	124,890	18,750	1,290	10,950	4,090	4,820	14,750	4,270	5,430	10,660	4,470
Utah	11,620	1,660	70	770	420	480	780	1,160	550	1,080	450
Vermont	3,920	620	†	280	130	130	510	250	170	210	230
Virginia	45,440	7,120	310	3,540	1,650	1,400	5,950	2,810	1,760	5,440	2,010
Washington	39,160	5,840	230	2,800	1,400	1,370	4,770	2,790	1,800	2,470	1,910
West Virginia	12,440	1,540	80	980	450	410	2,010	650	470	1,010	630
Wisconsin	34,220	5,270	190	2,450	1,290	1,320	4,150	1,940	1,480	5,260	1,710
Wyoming	2,930	440	†	250	100	110	310	210	130	430	150
<b>United States</b>	<b>1,762,450</b>	<b>268,600</b>	<b>13,170</b>	<b>145,600</b>	<b>61,880</b>	<b>61,780</b>	<b>228,150</b>	<b>96,480</b>	<b>74,200</b>	<b>174,650</b>	<b>80,470</b>

\*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](https://cancer.org/statistics) or via the Cancer Statistics Center at [cancerstatisticscenter.cancer.org](https://cancerstatisticscenter.cancer.org).

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**Table 3. Estimated Number\* of Deaths for Selected Cancers by State, US, 2019**

State	All sites	Brain/ nervous system	Female breast	Colon & rectum	Leukemia	Liver†	Lung & bronchus	Non- Hodgkin lymphoma	Ovary	Pancreas	Prostate
Alabama	10,630	350	690	930	380	540	2,760	290	240	770	510
Alaska	1,120	†	70	110	†	60	260	†	†	90	50
Arizona	12,470	400	890	1,050	510	710	2,630	410	320	1,040	900
Arkansas	6,800	190	410	600	240	310	1,960	200	140	440	280
California	60,590	1,970	4,560	5,290	2,400	4,070	10,970	2,110	1,580	4,720	4,470
Colorado	8,120	290	610	660	330	430	1,500	250	220	600	540
Connecticut	6,470	210	430	470	270	320	1,440	230	160	520	320
Delaware	2,140	60	150	150	80	110	540	80	50	180	90
Dist. of Columbia	1,020	†	100	100	†	90	180	†	†	90	70
Florida	45,000	1,240	3,000	3,700	1,740	2,300	10,880	1,500	980	3,490	2,290
Georgia	17,880	530	1,350	1,630	590	940	4,340	530	410	1,260	920
Hawaii	2,560	50	160	230	80	190	550	90	†	230	120
Idaho	3,040	110	220	250	110	160	620	120	90	240	200
Illinois	24,410	670	1,720	2,070	900	1,150	5,940	770	560	1,740	1,480
Indiana	13,690	360	870	1,110	510	580	3,690	460	290	950	610
Iowa	6,480	200	380	560	240	270	1,600	240	150	480	310
Kansas	5,550	170	350	470	240	260	1,370	190	110	420	270
Kentucky	10,580	290	610	820	370	460	3,290	320	190	670	400
Louisiana	9,260	230	620	830	320	580	2,390	290	160	740	410
Maine	3,310	100	180	230	110	120	890	110	60	230	170
Maryland	10,780	300	830	880	390	600	2,380	340	260	870	550
Massachusetts	12,420	400	750	870	480	690	2,920	380	310	990	620
Michigan	21,150	600	1,410	1,650	770	920	5,410	740	490	1,650	980
Minnesota	10,020	320	640	790	420	440	2,260	380	220	780	530
Mississippi	6,720	190	440	650	210	340	1,810	170	110	500	320
Missouri	13,080	340	860	1,050	480	580	3,650	370	250	920	560
Montana	2,100	70	140	180	80	100	480	70	50	160	140
Nebraska	3,520	120	230	310	150	130	840	120	70	270	180
Nevada	5,390	200	400	540	200	250	1,280	160	150	380	290
New Hampshire	2,820	90	180	200	100	120	730	110	60	200	130
New Jersey	15,860	470	1,250	1,410	590	750	3,390	570	380	1,290	780
New Mexico	3,720	100	270	340	130	250	700	120	120	270	210
New York	35,010	940	2,460	2,890	1,370	1,740	7,790	1,210	890	2,830	1,730
North Carolina	20,410	550	1,390	1,580	720	1,110	5,370	610	420	1,450	960
North Dakota	1,280	†	80	120	50	†	300	50	†	90	70
Ohio	25,440	680	1,710	2,110	920	1,100	6,690	860	560	1,880	1,130
Oklahoma	8,420	220	540	760	340	420	2,270	270	180	560	410
Oregon	8,270	250	560	650	300	500	1,820	280	230	650	470
Pennsylvania	28,170	770	1,900	2,380	1,080	1,320	6,730	960	660	2,220	1,320
Rhode Island	2,140	60	130	160	80	120	560	70	†	170	100
South Carolina	10,720	300	740	870	380	530	2,710	320	220	790	540
South Dakota	1,680	60	110	170	70	70	410	60	†	130	90
Tennessee	14,840	360	950	1,220	520	730	4,190	470	310	980	620
Texas	41,300	1,300	2,980	3,850	1,580	2,810	8,640	1,350	920	3,030	1,900
Utah	3,310	140	280	280	160	170	440	130	110	280	230
Vermont	1,440	50	80	110	50	50	370	50	†	110	70
Virginia	15,200	440	1,120	1,340	520	770	3,590	490	360	1,140	730
Washington	13,010	430	890	1,000	480	730	2,830	450	340	970	710
West Virginia	4,820	120	290	440	190	190	1,360	150	90	300	190
Wisconsin	11,730	380	740	900	490	480	2,770	400	260	930	620
Wyoming	980	†	70	80	50	60	200	†	†	70	50
<b>United States</b>	<b>606,880</b>	<b>17,760</b>	<b>41,760</b>	<b>51,020</b>	<b>22,840</b>	<b>31,780</b>	<b>142,670</b>	<b>19,970</b>	<b>13,980</b>	<b>45,750</b>	<b>31,620</b>

\*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](http://cancer.org/statistics) or via the Cancer Statistics Center at [cancerstatisticscenter.cancer.org](http://cancerstatisticscenter.cancer.org).

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**Deaths:** An estimated 31,620 deaths from prostate cancer will occur in 2019.

**Mortality trends:** The prostate cancer death rate has declined by 51%, from a peak of 39.3 (per 100,000) in 1993 to 19.4 in 2016, 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 organizations presently endorse 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:** Treatment decisions should be based on clinician recommendations and patient values and preferences. 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 include surgery, external beam radiation, or radioactive seed implants (brachytherapy). Hormonal 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 to minimize unnecessary treatment by improving the distinction between indolent and aggressive disease.

Prostate cancer that has spread to distant sites is treated with hormonal therapy, chemotherapy, radiation therapy, and/or other treatments. 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. Chemotherapy may be given along with hormone therapy, or it may be used if hormone treatments are no longer effective. 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. Newer forms of hormone therapy have been shown to be beneficial for treating advanced disease. Other types of drugs can be used to treat prostate cancer that has spread to the bones.



**Table 8. Five-year Relative Survival Rates\* (%) by Stage at Diagnosis, US, 2008-2014**

	All stages	Local	Regional	Distant		All stages	Local	Regional	Distant
Breast (female)	90	99	85	27	Oral cavity & pharynx	65	84	65	39
Colon & rectum	65	90	71	14	Ovary	47	92	75	29
Colon	64	90	71	14	Pancreas	9	34	12	3
Rectum	67	89	70	15	Prostate	98	>99	>99	30
Esophagus	19	45	24	5	Stomach	31	68	31	5
Kidney†	75	93	69	12	Testis	95	99	96	74
Larynx	61	78	46	34	Thyroid	98	>99	98	56
Liver‡	18	31	11	2	Urinary bladder§	77	69	35	5
Lung & bronchus	19	56	30	5	Uterine cervix	66	92	56	17
Melanoma of the skin	92	98	64	23	Uterine corpus	81	95	69	16

\*Rates are adjusted for normal life expectancy and are based on cases diagnosed in the SEER 18 areas from 2008-2014, all followed through 2015. †Includes renal pelvis. ‡Includes intrahepatic bile duct. §Rate for in situ cases is 95%.

**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:** Noone AM, Howlader N, Krapcho M, et al. (eds). *SEER Cancer Statistics Review, 1975-2015*, National Cancer Institute, Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2015/](http://seer.cancer.gov/csr/1975_2015/), based on November 2017 SEER data submission, posted to the SEER website April 2018.

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**Risk factors:** The most important risk factor other than age is a strong family history of breast or ovarian cancer. Women who have tested positive for inherited mutations in cancer susceptibility genes, such as *BRCA1* or *BRCA2*, are at increased risk. Other medical conditions associated with increased risk include a personal history of breast cancer, pelvic inflammatory disease, and Lynch syndrome. 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) women in the studies were using was not always clear.

**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 tumor marker CA125,

although this strategy has not proven effective in reducing ovarian cancer mortality.

**Signs and symptoms:** Early ovarian cancer usually has no obvious symptoms. However, studies indicate that 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. The goal of surgery is to stage the cancer and remove as much of the tumor as possible, referred to as debulking. It 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.



## Presidential Message on National Prostate Cancer Awareness Month

Issued on: August 31, 2018

During National Prostate Cancer Awareness Month, I join with families, communities, and organizations across America to draw attention to prostate cancer. While our efforts to find a cure are unwavering and enduring, this month affords a meaningful opportunity to consider the effects of prostate cancer on our fellow Americans, to redouble our commitment to fighting the disease, and to reflect on the memories of the loved ones we have lost.

In recent years, our Nation's researchers, scientists, and medical professionals have made important advances in the battle to end cancer. We applaud their continuing work, which has saved countless lives. At the same time, we recognize that prostate cancer remains a very real threat to many American men. Men who are 65-years-old and older, have a family history of prostate cancer, or are African American may face an increased risk of developing the disease.

I encourage all men to consult their doctors about their risk of prostate cancer, how to recognize symptoms of the disease, and how to make informed decisions about prevention, testing, and care. Men may also think deliberately about ways they can reduce general health risk behaviors so that they may live longer—and remain around for the loved ones who depend on them. Research suggests that smoking, drinking, and an unhealthy diet are preventable risk factors, while reversing those behaviors and increasing exercise may help prevent or delay the onset of the disease.

My Administration will support continuing research to improve prevention, detection, and treatment of prostate cancer, including through precision medicine and immunotherapy approaches. Earlier this year, I signed into law "Right to Try" legislation giving any patient with a terminal illness who is facing the most serious prognosis, including prostate cancer, expanded care and treatment options.

This September, we stand with all those currently fighting prostate cancer, the loved ones fighting right alongside them, and the survivors. Each new victory and every life saved in the battle against cancer brings us one step closer to a brighter future free from this horrendous disease.

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

File: Whitehouse, 08-31-18





115th CONGRESS - 2d Session

**S. RES. 645**

**Designating September 2018 as National Prostate Cancer Awareness Month.**

IN THE SENATE OF THE UNITED STATES

September 24, 2018

**RESOLUTION**

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

Whereas over 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 nonskin cancer and the second-leading cause of cancer-related deaths among men in the United States;

Whereas the American Cancer Society estimates that in 2018, 164,690 men will be diagnosed with, and more than 29,430 men will die of, prostate cancer;

Whereas 42.2 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 2018, the Director of the National Institutes of Health supported approximately \$259,000,000 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 2018 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.

Ref: <https://www.govtrack.us/congress/bills/115/sres645/text>

File: S.Res. 645



**California Senate Concurrent Resolution Number 142  
Prostate Cancer Awareness Month  
September 2018**

**Introduced by Senator Gaines, May 2, 2018**

**SCR 142 designates  
September 2018 as Prostate Cancer Awareness Month in the State of California.**

**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 164,690 new cases of prostate cancer in the United States in 2018, resulting in an estimated 29,430 deaths; and

**WHEREAS**, It is estimated that 15,190 men in California will be diagnosed with prostate cancer this year, and it is estimated that 3,490 of these men will die from this disease; and

**WHEREAS**, African American men in the United States and 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**, Advanced prostate cancer commonly spreads to the bones, which can cause pain to the hips, spine, ribs, or other areas of 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 other parts of the body; and

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

**WHEREAS**, The American Cancer Society recommends that men should have an opportunity to make an informed decision about whether or not to be tested for prostate cancer based on their personal values and preferences; now, therefore, be it

**Resolved** by the Senate of the State of California, the Assembly thereof concurring, That the Legislature of the State of California hereby proclaims the month of September 2018 as Prostate Cancer Awareness Month in California; and be it further

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

**Resolved**, That the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.