Proposed Proclamation for

Prostate Cancer Awareness Month

September 2021



Proposed Proclamation Supplement

Prostate Cancer Awareness Month – September 2021

Table of Contents

Page Subject 1. Table of Contents 2. Discussion 3. Proposed Proclamation 4. Reference: ACS Cancer Facts & Figures 2021 5. Reference: ACS Cancer Facts & Figures 2021 6. Reference: ACS Cancer Facts & Figures 2021 7. Reference: ACS Cancer Facts & Figures 2021 8. Reference: ACS Cancer Facts & Figures 2021 9. White House Prostate Cancer Awareness Statement 10. U.S. Senate Prostate Cancer Awareness Resolution (2 pages) 11. California Senate & Assembly Prostate Cancer Awareness Resolution

The American Cancer Society document Cancer Facts & Figures 2021 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 2021. The entire 67-page document is available in a PDF format.

Prepared by

Bill Doss
Director
California Prostate Cancer Coalition
4909 Moonshadow Court
Rocklin, CA 95677
916-772-2222
wdoss@surewest.net
www.prostatecalif.org

Proposed Proclamation Supplement

Prostate Cancer Awareness Month – September 2021

Discussion

The purpose of this Supplement is to assist government agencies issue a Proclamation designating September 2021 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 statements from the American Cancer Society document "Cancer Facts & Figures – 2021". 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. The American Cancer Society estimates that 1 in 8 men will develop prostate cancer in their lifetime. Prostate cancer is the most diagnosed cancer in men and 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, 25,880 men will be diagnosed and 4,140 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 previous 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.

000

Proposed Proclamation

Prostate Cancer Awareness Month – September 2021

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 2021 as 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 (page 4)
- WHEREAS, the American Cancer Society estimates there will be 248,530 new cases of prostate cancer in the USA in 2021, resulting in an estimated 34,130 deaths; and (page 4)
- WHEREAS, it is estimated 25,880 men in California will be diagnosed with prostate cancer this year and it is estimated 4,140 California men will die from this disease this year; and (page 5-6)
- WHEREAS, the incidence of prostate cancer is almost 80% higher in non-Hispanic Black men than in non-Hispanic White men for reasons that remain unclear; and (page 7)
- WHEREAS, early-stage prostate cancer usually has no symptoms and studies suggest strong genetic predisposition may be responsible for 5%-10% of prostate cancer; and (page 7)
- 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)
- 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, risk factors for prostate cancer are increasing age, African ancestry, a family history of the disease, and certain inherited genetic conditions; and (page 7)
- WHEREAS, the American Cancer Society recommends that men have a conversation with their health care provider and make an informed decision about whether to be tested for prostate cancer based on their personal values and preferences; and (page 7)
- 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
- RESOLVED, that the (name of issuing government body) designate September 2021 as Prostate Cancer Awareness Month.

Figure 3. Leading Sites of New Cancer Cases and Deaths - 2021 Estimates Male **Female** Prostate 248,530 26% Breast 281,550 30% Lung & bronchus 119,100 12% Lung & bronchus 116,660 13% **Estimated New Cases** Colon & rectum 79,520 8% Colon & rectum 69,980 8% Urinary bladder 64,280 7% Uterine corpus 66,570 7% Melanoma of the skin 62,260 6% Melanoma of the skin 43,850 5% Kidney & renal pelvis 48,780 5% Non-Hodgkin lymphoma 35,930 4% Non-Hodgkin lymphoma 45,630 5% Thyroid 3% 32,130 Oral cavity & pharynx 38,800 4% **Pancreas** 28,480 3% Leukemia 35,530 4% Kidney & renal pelvis 27,300 3% **Pancreas** 31,950 Leukemia 25,560 3% All sites 970,250 All sites 927,910 Male Female Lung & bronchus 69,410 22% Lung & bronchus 62,470 22% Prostate 11% <u>34,130</u> Breast 43,600 15% Colon & rectum 9% 28,520 Colon & rectum 24,460 8% **Estimated Deaths** 8% **Pancreas** 25,270 Pancreas 22,950 8% Liver & intrahepatic bile duct 20,300 6% Ovary 13,770 5% Leukemia 4% 13,900 Uterine corpus 12,940 4% Esophagus 12,410 4% Liver & intrahepatic bile duct 9,930 3% Urinary bladder 4% 12,260 Leukemia 9,760 3% Non-Hodgkin lymphoma 4% 12,170 Non-Hodgkin lymphoma 8,550 3% Brain & other nervous system 10,500 3% Brain & other nervous system 8,100 3% All sites 319,420 All sites 289,150

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.

@2021, American Cancer Society, Inc., Surveillance Research

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 for cancer subtypes. (For information on rare cancers, see the Special Section in *Cancer Facts & Figures 2017* at cancer.org/statistics.) Cancer trends are generally based on incidence data during 2000 through 2017 from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, and mortality data during 1975 through 2018 from the National Center for Health Statistics. See Sources of Statistics on page 64 for more information.

Breast

New cases and deaths: In the US in 2021, there will be an estimated 281,550 new cases of invasive breast cancer diagnosed in women (Figure 3); 2,650 cases diagnosed in

men; and an additional 49,290 cases of ductal carcinoma in situ (DCIS) diagnosed in women (Table 1). An estimated 44,130 breast cancer deaths (43,600 women, 530 men) will occur in 2021.

Incidence trends: From 2008 to 2017, invasive female breast cancer incidence rates increased by about 0.5% per year.

Mortality trends: Since its peak in 1989, the female breast cancer death rate had declined by 41% in 2018 because of earlier detection (through screening, as well as increased awareness of symptoms) and improved treatment. This decrease translates to approximately 403,200 fewer breast cancer deaths during this time period than would have been expected in the absence of this progress. However, the pace of the decline has slowed from almost 2% annually during the 2000s to 1% per year from 2013 to 2018.

Table 2. Estimated Number* of New Cases for Selected Cancers by State, US, 2021

State	All sites	Female breast	Uterine cervix	Colon & rectum	Uterine corpus	Leukemia	Lung & bronchus	Melanoma of the skin	Non- Hodgkin Iymphoma	Prostate	Urinary bladder
Alabama	30,830	4,460	250	2,470	820	870	4,520	1,590	1,080	4,020	1,300
Alaska	3,190	520	†	330	100	100	370	110	110	440	160
Arizona	39,640	5,850	300	3,060	1,290	1,110	4,550	2,900	1,690	4,680	1,910
Arkansas	17,980	2,370	160	1,500	540	520	2,970	930	680	2,470	780
California	187,140	30,730	1,720	15,880	7,470	5,830	17,760	11,450	8,510	25,880	7,730
Colorado	28,630	4,580	200	2,140	930	870	2,570	2,240	1,090	3,920	1,230
Connecticut	22,910	3,540	120	1,560	860	650	2,750	1,300	1,010	3,160	1,180
Delaware	7,090	990	†	490	250	200	910	430	290	900	320
Dist. of Columbia	3,450	630	†	270	140	80	360	120	110	550	110
Florida	148,010	20,160	1,260	11,220	4,870	6,660	18,470	9,680	8,440	19,950	6,870
Georgia	58,060	8,770	490	4,840	1,820	1,840	7,250	3,800	2,100	8,550	2,150
Hawaii	7,570	1,390	60	710	360	200	930	460	330	880	300
Idaho	10,240	1,410	70	740	330	350	1,060	860	450	1,260	500
Illinois	74,980	11,190	560	6,200	2,710	2,120	9,600	4,030	3,010	10,250	3,320
Indiana	39,010	5,460	290	3,310	1,300	1,150	5,960	2,310	1,570	4,260	1,830
lowa	20,000	2,710	120	1,570	700	740	2,610	1,290	890	2,530	880
Kansas	16,980	2,380	100	1,440	530	570	2,160	940	690	2,420	710
Kentucky	30,270	3,820	200	2,540	910	870	4,970	1,740	1,130	3,710	1,270
Louisiana	27,880	4,020	240	2,440	720	850	3,910	1,130	1,110	3,990	1,120
Maine	10,090	1,430	50	700	380	330	1,530	650	430	1,110	600
Maryland	34,590	5,470	220	2,550	1,260	980	4,230	1,870	1,360	5,020	1,320
Massachusetts	42,750	6,650	210	2,940	1,500	1,000	5,550	2,530	1,730	5,020	2,080
Michigan	62,150	8,700	380	4,690	2,240	1,800	8,590	2,550 3,440	2,620	3,290 8,940	CONTRACTOR AND ADMINISTRAL
Minnesota	33,260	4,850	160	2,490	1,210	1,380	3,970	3,440 1,850			3,010
Mississippi	18,750	2,550	160	1,670	500	1,580 510	2,870	750	1,520 630	4,020	1,520 700
Missouri	37,390	5,490	250	2,930	1,280	1,180	5,570	1,840		2,380	
Montana	6,930	950	250 †	500	210	240	3,370 810	510	1,500	4,280	1,640
Nebraska	11,180	1,560	80	950	360	390			310 460	750	340
Nevada	16,970	2,490	160				1,350	670 1 000	460 740	1,420	510
New Hampshire	9,560	1,340	50	1,400	480	530	2,080	1,000	740	2,090	790
New Jersey	56,360	8,330	420	670	380	270	1,240	770	410	1,180	560
New Mexico	10,970	1,640	90	4,250	2,260	1,840	5,900	2,570	2,460	8,120	2,620
New York	es de la trata y leber está suda en trescrito	ner i grengrig galangggalan i jia		860	410	350	960	680	460	1,350	430
North Carolina	120,200	17,540	920	8,920	4,810	4,110	13,950	4,290	5,480	15,840	5,610
	63,930	9,850	430	4,650	2,110	2,050	8,830	4,250	2,480	8,970	2,650
North Dakota	4,200	570	t	350	140	170	490	250	190	560	200
Ohio	73,320	10,450	500	5,860	2,750	1,930	10,350	4,610	2,890	9,010	3,330
Oklahoma	22,820	3,230	200	1,900	660	760	3,300	1,110	900	2,710	920
Oregon	24,790	3,870	160	1,810	930	720	2,990	1,710	1,070	3,130	1,270
Pennsylvania	85,440	12,140	560	6,670	3,290	2,690	11,170	3,690	3,840	11,160	4,260
Rhode Island	6,910	1,000	50	490	250	210	950	410	310	920	370
South Carolina	33,030	4,990	240	2,570	1,060	1,010	4,510	1,970	1,260	4,860	1,340
South Dakota	5,330	740	† Matemetra aleman	450	170	190	650	310	230	750	240
Tennessee	41,980	5,850	350	3,370	1,250	1,180	6,410	1,830	1,560	5,430	1,720
Texas	133,730	20,900	1,470	11,280	4,590	4,820	15,010	4,600	5,780	14,200	4,780
Utah	12,750	1,850	80	900	480	400	770	1,610	510	1,980	480
Vermont	4,310	610	† 25. 4. April 18. April 1	310	170	110	570	380	190	430	230
Virginia	46,340	7,450	310	3,600	1,500	1,310	5,820	2,530	1,840	6,540	1,940
Washington	42,170	6,810	310	3,140	1,320	1,290	4,780	2,730	1,870	5,370	2,000
West Virginia	12,500	1,610	80	1,090	440	410	2,020	720	530	1,430	660
Wisconsin	36,520	5,210	210	2,620	1,390	1,240	4,540	2,410	1,560	4,930	1,810
Wyoming	3,050	440	†	230	100	90	320	250	130	490	150
United States	1,898,160	281,550	14,480	149,500	66,570	61,090	235,760	106,110	81,560	248,530	83,730

^{*}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).

©2021, American Cancer Society, Inc., Surveillance Research

Table 3. Estimated Number* of Deaths for Selected Cancers by State, US, 2021

State	All sites	Brain/ nervous system	Female breast	Colon & rectum	Leukemia	Liver‡	Lung & bronchus	Non- Hodgkin lymphoma	Ovary	Pancreas	Prostate
Alabama	10,590	310	720	920	350	470	2,860	270	220	820	480
Alaska	940	†	60	110	†	†	180	†	†	60	50
Arizona	12,510	410	900	1,240	490	590	2,580	420	310	1,060	780
Arkansas	6,250	140	400	500	210	280	1,810	200	130	450	270
California	61,860	1,990	4,730	5,390	2,300	3,780	9,900	2,190	1,640	4,940	4,140
Colorado	8,420	300	690	700	300	420	1,290	270	180	660	560
Connecticut	6,400	210	420	440	250	320	1,350	230	160	550	390
Delaware	2,170	60	160	160	90	120	540	80	50	190	90
Dist. of Columbia	1,020	70	100	90	†	50	140	+	1	100	70
Florida	47,170	1,370	3,120	4,360	1,930	2,080	10,940	1,590	1,020	3,700	2,850
Georgia	17,760	570	1,410	1,700	640	890	4,200	550	410	1,380	1,030
Hawaii	2,430	60	170	230	90	180	540	90	†	230	180
Idaho	3,230	110	250	330	140	140	620	120	80	250	200
Illinois	23,070	680	1,750	2,100	890	1,090	4,990	770	550	2,110	1,210
Indiana	13,460	380	910	1,160	510	610	3,520	450	290	1,030	760
lowa	6,510	190	390	550	260	240	1,460	240	140	450	440
Kansas	5,620	180	370	500	250 250	270	1,360	190	140	420	270
Kentucky	10,090	300	630	930	390	400	2,660	330	180	730	440
Louisiana	9,380	240	670	860	330	610	2,360	290	240	660	440
Maine	3,390	110	190	230	120	130	2,300 840	120	70	250	490 160
Maryland	11,010	310	860	1,050	430	540	2,440	350	250	840	640
Massachusetts	12,540	430	780	1,000	500	640	2,440	490	310		
Michigan	21,260	600	1,420	1,640	800	940	and the company of the contract of the contrac			1,070	690
Minnesota	10,220	350	640	1,040 850	470	480	5,040	750 400	380	1,750	980
Mississippi	6,580	190	450	650	270	370	1,950 1,740	400 170	210	820	560
Missouri	12,960	340	850	1,070	510	680	3,250	410	120	530	340
Montana	2,150	70	140	1,070	80	110	3,250 480		250	960	630
Nebraska	3,560	120	240	320	160		480 680	70 130	50	160	170
Nevada	5,410	170	400	560		100		120	80	290	270
New Hampshire	2,840	90	170	290	210	270	1,080	180	130	420	300
New Jersey	15,870	520	1,250	***************************************	80	120	730	90	100	200	150
New Mexico	3,820	110		1,410	640	760	3,050	570	360	1,360	760
New York	Of the restable Conference page 120 K		290	350	130	280	560	130	110	280	220
	33,920	990	2,510	2,820	1,410	1,330	6,860	1,220	870	2,920	1,880
North Carolina	20,150	590	1,470	1,590	760	950	4,790	630	410	1,560	970
North Dakota	1,310	720	80	-110	60	60	300	50	†	100	70
Ohio	25,140	720	1,720	2,110	960	1,130	6,180	870	390	2,000	1,450
Oklahoma	8,610	240	600	770	310	440	2,030	270	190	590	400
Oregon	8,430	270	570	650	320	460	1,690	310	240	690	520
Pennsylvania	27,960	830	1,970	2,340	1,100	1,140	6,140	980	620	2,300	1,510
Rhode Island	2,140	70	120	160	120	120	430	70	†	180	100
South Carolina	10,940	360	780	880	410	580	2,550	320	180	860	620
South Dakota	1,710	60	110	170	60	70	410	60	80	130	80
Tennessee	14,050	390	1,070	1,220	540	690	3,390	480	340	1,040	710
Texas	42,840	1,330	3,420	4,030	1,710	2,800	8,300	1,420	940	3,220	2,180
Útah	3,470	150	300	290	170	160	460	150	100	280	240
Vermont	1,470	60	80	130	50	50	340	50	†	110	70
Virginia	15,550	480	1,240	1,400	580	710	3,520	580	360	1,220	940
Washington	13,130	470	940	1,020	510	780	2,690	470	330	1,030	850
West Virginia	4,580	120	290	430	190	210	1,190	160	90	310	180
Wisconsin	11,700	360	750	900	490	490	2,490	400	260	870	730
Wyoming	990	50	70	80	t	60	210	†	†	80	- 50
United States	608,570	18,600	43,600	52,980	23,660	30,230	131,880	20,720	13,770	48,220	34,130

^{*}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).

©2021, American Cancer Society, Inc., Surveillance Research

cancer has usually spread beyond the pancreas when it is diagnosed. For those who do undergo surgery, adjuvant treatment with chemotherapy (and sometimes radiation) may lower the risk of recurrence. For advanced disease, chemotherapy (sometimes along with or followed by a targeted therapy drug) may lengthen survival. Clinical trials are testing several new targeted agents and immunotherapies.

Survival: For all stages combined, the 5-year relative survival rate is 10%. Even for the small percentage (11%) of people diagnosed with local disease, the 5-year survival rate is only 39%.

Prostate

New cases and deaths: In 2021, an estimated 248,530 new cases of prostate cancer will be diagnosed in the US and 34,130 men will die from the disease (Table 1). The incidence of prostate cancer is almost 80% higher in non-Hispanic Black men than in non-Hispanic White men for reasons that remain unclear.

Incidence trends: Incidence rates for prostate cancer spiked dramatically in the late 1980s and early 1990s, in large part because of a surge in screening with the prostate-specific antigen (PSA) blood test. Likewise, reduced PSA screening, partly because of changes in guidelines, led to an incidence decline beginning around 2000, although the rate has stabilized in recent years (2013-2017).

Mortality trends: Prostate cancer death rates declined by about half from the mid-1990s to the mid-2010s due to earlier detection through PSA testing and advances in treatment, but remained stable from 2014 to 2018.

Risk factors: Well-established <u>risk factors for prostate</u> cancer are increasing age, African ancestry, a family <u>history of the disease</u>, and certain inherited genetic <u>conditions</u> (e.g., Lynch syndrome and <u>BRCA1</u> and <u>BRCA2</u> mutations). Black men in the US and the Caribbean have the highest documented prostate cancer incidence rates in the world. <u>Studies suggest that a strong genetic</u> predisposition may be responsible for 5%-10% of prostate

<u>cancers</u>, with another 30%-40% caused by more common gene mutations (higher prevalence) conferring less excess risk (lower penetrance). The only modifiable risk factors are smoking and excess body weight, which may increase risk of aggressive and/or fatal disease.

Early detection: Although studies have shown that PSA testing reduces prostate cancer mortality, no major medical organization presently endorses routine 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. However, because prostate cancer is a leading cause of cancer death in men, 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. 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 (several close relatives diagnosed at an early age and BRCA mutation carriers) should have this discussion beginning at age 40.

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

Table 8. Five-year Relative Survival Rates* (%) by Stage at Diagnosis, US, 2010-2016

				_					
	All stages	Local	Regional	Distant		All stages	Local	Regional	Distant
Breast (female)	90	99	86	28	Oral cavity & pharynx	66	85	67	40
Colon & rectum	65	90	72	14	Ovary	49	93	75	30
Colon	63	91	72	14	Pancreas	10	39	13	3
Rectum	67	89	72	16	Prostate	98	>99	>99	30
Esophagus	20	47	25	5	Stomach	32	70	32	6
Kidney†	75	93	70	13	Testis	95	99	96	73
Larynx	61	78	45	34	Thyroid	98	>99	98	55
Liver‡	20	34	12	3	Urinary bladder§	77	69	37	6
Lung & bronchus	21	59	32	6	Uterine cervix	66	92	58	17
Melanoma of the skin	93	99	66	27	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 2010-2016, all followed through 2017. †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, 1975-2017, National Cancer Institute, Bethesda, MD, https://seer.cancer.gov/csr/1975_2017/, based on November 2018 SEER data submission, posted to the SEER website, April 2019.

©2021 American Cancer Society, Inc., Surveillance Research

(68%) (Table 7), partly reflecting subsite distribution. Studies indicate better survival for patients with HPV-associated cancer.

Ovary

New cases and deaths: In 2021, an estimated 21,410 new cases of ovarian cancer will be diagnosed in the US and 13,770 women will die from the disease (Table 1). Most cases (90%) are epithelial ovarian cancer, the majority of which are high-grade serous tumors, which have the fewest established risk factors and worst prognosis.

Incidence trends: The ovarian cancer incidence rate declined by 1% to 2% per year from the mid-1980s through 2017.

Mortality trends: The ovarian cancer death rate declined by about 2% per year from 2009 to 2018, a steady trend since the early 2000s.

Risk factors: The most important risk factor other than age is a strong family history of breast or ovarian cancer. Women who have certain inherited mutations (e.g., *BRCA1* or *BRCA2* or those related to Lynch 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 tall adult height. Modifiable factors associated with increased risk include menopausal hormone therapy (estrogen alone or combined with progesterone), previously referred to as hormone replacement therapy or HRT, and excess body weight. Cigarette smoking 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. Although results from case-control and cohort studies are inconsistent, the weight of the evidence does not support an association between genital exposure to talc-based powder and risk of ovarian cancer.

Early detection: Currently, there are no recommended screening tests for ovarian cancer, although clinical trials to identify effective strategies are underway. Women who are at high risk (e.g., *BRCA* or Lynch syndrome mutations) 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 reduce ovarian cancer mortality and is associated with serious harms due to a high prevalence of false-positive results.



Presidential Message on National Prostate Cancer Awareness Month, 2020

Issued on: September 1, 2020

During National Prostate Cancer Awareness Month, we call attention to the struggles of men and families affected by prostate cancer, encourage understanding of the most common risk factors and treatments, and celebrate the victories and medical advances that give us hope that one day we will rid our Nation of this disease.

Prostate cancer is the most common form of cancer that affects American men, and nearly 12 percent of men in the United States will be diagnosed with prostate cancer in their lifetime. Each year, more than 200,000 men are newly diagnosed, and more than 30,000 die from this disease. Individuals at the greatest risk for prostate cancer include African American men, men over the age of 65, and men with family histories of prostate or other cancers. While some signs, like trouble urinating and pelvic pain, may indicate the presence of prostate cancer, many men never experience any symptoms. Screening for prostate cancer using the prostate specific antigen test can identify abnormalities and may find cancer early so that affected men can begin treatment before it spreads. For this reason, all men aged 55 to 69 are encouraged to talk to their physicians about screening options.

Thankfully, prostate cancer is treatable, and early detection can help save lives. My Administration remains committed to ensuring that Americans have access to necessary drugs and therapies to treat prostate cancer, as well as all other diseases they may face. That is why, in July of this year, I signed an Executive Order that eliminates kickbacks to drug company middlemen and passes on massive savings to consumers. This Executive Order will greatly improve prescription drug affordability. We will continue working to make all drugs more affordable to patients, including drugs to treat prostate and other cancers.

This September, we affirm our support for all those battling prostate cancer. Together, we will work to provide every patient with affordable, reliable care, and look toward a future free from the scourge of this disease.

. . .

Ref: https://www.whitehouse.gov/briefings-statements/presidential-message-national-prostate-cancer-awareness-month-2020/

File: Whitehouse, 09-01-20 (16 - ACS, Proclamations, 2020), wd



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.

0 0 0

Ref: https://www.govtrack.us/congress/bills/116/sres321/text

File: S. Res 321, 09-19-19



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.

. . .