
Proposed Proclamation
for
Prostate Cancer Awareness Month
September 2017



Proposed Proclamation

Prostate Cancer Awareness Month – September 2017

Table of Contents

Page	Subject
1.	Table of Contents
2.	Discussion
3.	Proposed Proclamation
4.	Reference: ACS Cancer Facts & Figures 2017
5.	Reference: ACS Cancer Facts & Figures 2017
6.	Reference: ACS Cancer Facts & Figures 2017
7.	Reference: ACS Cancer Facts & Figures 2017
8.	Reference: ACS Cancer Facts & Figures 2017
9.	White House Prostate Cancer Awareness Proclamation
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 2017 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. The entire 76-page document is available in a PDF format.

Prepared by

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

Proposed Proclamation

Prostate Cancer Awareness Month – September 2017

Discussion

The purpose of this report is to assist government agencies issue a Proclamation designating September 2017 as Prostate Cancer Awareness Month. In this report, 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 report. All of the references in this report are from American Cancer Society 2017 sources. There is a page number in parenthesis after each WHEREAS. This page number refers to the location in this report 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 8 men will develop prostate cancer in their lifetime; which is the same ratio of women developing breast cancer in their lifetime. Prostate cancer is the third leading cause of cancer deaths in men. Every 20 minutes, 24/7, an American man dies from prostate cancer.

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 29% 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.

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, 14,520 men will be diagnosed and 3,130 men will die from this disease.

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 report for the reader to review the format and phrasing used in other Proclamations.

Proposed Proclamation

Prostate Cancer Awareness Month – September 2017

This is a Proclamation to designate September 2017 as Prostate Cancer Awareness Month.

1 WHEREAS, prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer, and it is estimated 1 in 8 men will develop this disease in their lifetime; and (pages 4 & 8)

2 WHEREAS, the American Cancer Society estimates there will be 161,360 new cases of prostate cancer in the USA in 2017, resulting in an estimated 26,730 deaths; and (page 4)

3 WHEREAS, it is estimated 14,520 men in California will be diagnosed with prostate cancer this year and it is estimated 3,130 California men will die from this disease; and (pages 6 & 7)

4 WHEREAS, men of African American descent have the highest prostate cancer incident rates in the world and their death rate is twice as high as any other ethnic group; and (page 4)

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 4)

6 WHEREAS, advanced prostate cancer commonly spreads to the bones, which can cause pain in the hips, spine, ribs, or other areas in the body; and (page 4)

7 WHEREAS, the 5-year survival rate approaches 100% when prostate cancer is diagnosed and treated early, but drops to 29% when it spreads to the other parts of the body; and (page 5)

8 WHEREAS, treatment options for prostate cancer vary depending on a man's age, stage and grade of his cancer, as well as his other existing medical conditions; and (page 5)

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 5)

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 2017 as Prostate Cancer Awareness Month.

Deaths: Pancreatic cancer is the fourth-leading cause of cancer death in both men and women, with an estimated 43,090 deaths in 2017.

Mortality trends: From 2005 to 2014, death rates for pancreatic cancer increased by 0.3% per year in white men, were stable in white women, and decreased by 0.5% per year in black men and women.

Signs and symptoms: Symptoms for pancreatic cancer, which usually do not appear until the disease has progressed, include weight loss, abdominal discomfort that may radiate to the back, and occasionally the development of diabetes. Tumors that develop near the common bile duct can cause jaundice (yellowing of the skin and eyes), which sometimes facilitates an early stage diagnosis. Signs of advanced stage disease may include severe abdominal pain, nausea, and vomiting.

Risk factors: The risk of pancreatic cancer in cigarette smokers is about twice that for never smokers. Use of smokeless tobacco also increases risk. Other risk factors include a family history of pancreatic cancer, a personal history of chronic pancreatitis or diabetes, and obesity. Excessive alcohol consumption may increase risk. Individuals with Lynch syndrome and certain other genetic syndromes, as well as *BRCA1* and *BRCA2* mutation carriers, are also at increased risk.

Treatment: Surgery, radiation therapy, and chemotherapy are treatment options that may extend survival and/or relieve symptoms, but seldom produce a cure. Less than 20% of patients are candidates for surgery because pancreatic cancer is usually detected after it has spread beyond the pancreas. For those who undergo surgery, adjuvant treatment with chemotherapy (and sometimes radiation) may lower the risk of recurrence. For advanced disease, chemotherapy (sometimes along with a targeted therapy drug) may lengthen survival. Clinical trials are testing several new agents for their ability to improve survival.

Survival: For all stages combined, the 5-year relative survival rate is 8%. Even for the small percentage of people diagnosed with local disease (9%), the 5-year survival is only 29%. About half (52%) of patients are diagnosed at a distant stage, for which 5-year survival is 3%.

Prostate

New cases: An estimated 161,360 new cases of prostate cancer will be diagnosed in the US during 2017. Prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer. The risk of prostate cancer is 74% higher in blacks than in whites for reasons that remain unclear, but may include inherited susceptibility.

Incidence trends: In the late 1980s and early 1990s, incidence rates for prostate cancer spiked dramatically, in large part because of widespread screening with the prostate-specific antigen (PSA) blood test. The decline in rates since around 2000 has accelerated in recent years, likely due to recommendations against routine PSA screening beginning in 2008. From 2009 to 2013, the rate decreased by about 8% per year.

Deaths: With an estimated 26,730 deaths in 2017, prostate cancer is the third-leading cause of cancer death in men.

Mortality trends: Prostate cancer death rates have been decreasing since the early 1990s in men of all races/ethnicities, although they remain more than twice as high in blacks as in any other group (see Table 10, page 51). Overall, the prostate cancer death rate has been decreasing by about 3% per year since 1999.

Signs and symptoms: Early prostate cancer usually has no symptoms. With more advanced disease, men may experience 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. Advanced prostate cancer commonly spreads to the bones, which can cause pain in the hips, spine, ribs, or other areas.

Risk factors: The only well-established risk factors for prostate cancer are increasing age, African ancestry, a family history of the disease, and certain inherited genetic conditions. Black men in the US and Caribbean men of African descent 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. Inherited conditions associated with increased risk include Lynch

syndrome and *BRCA1* and *BRCA2* mutations. Smoking may increase the risk of fatal prostate cancer.

Prevention: The chemoprevention of prostate cancer is an active area of research. Two drugs of interest, finasteride and dutasteride, reduce the amount of certain male hormones in the body and are approved to treat the symptoms of benign prostatic hyperplasia. Although these drugs also seem to reduce prostate cancer risk, neither is approved for the prevention of prostate cancer because the benefits have not been shown to outweigh the harms, such as side effects like erectile dysfunction and decreased sexual drive.

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), along with the significant potential for serious side effects associated with prostate cancer treatment. 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 or 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 age 40.

Treatment: Treatment options vary depending on age, stage, and grade of cancer, as well as other medical conditions and patient values and preferences. Careful observation (called active surveillance) instead of immediate treatment is appropriate for many patients, particularly those diagnosed at an early stage, men with less aggressive tumors, and older men. 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 in order to improve the distinction between indolent and aggressive disease to minimize unnecessary treatment.

Disease 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 is often used if hormone treatments are no longer effective, although recent studies have shown that adding chemotherapy to initial hormone therapy may lengthen survival. 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 specifically attack prostate cancer cells. Newer forms of hormone therapy have been shown to be beneficial for the treatment of metastatic disease that is resistant to initial hormone therapy and/or chemotherapy. Other types of drugs can be used to treat prostate cancer that has spread to the bones.

Survival: The majority (92%) 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 distant-stage disease is 29%. Ten- and 15-year survival rates for prostate cancer are 98% and 96%, respectively.

Skin

New cases: Skin cancer is the most commonly diagnosed cancer in the US. However, the actual number of the most common types – basal cell and squamous cell skin cancer (i.e., keratinocyte carcinoma or KC), also referred to as nonmelanoma skin cancer – is very difficult to estimate because these cases are not required to be reported to cancer registries. The most recent study of KC occurrence estimated that in 2012, 5.4 million cases were diagnosed among 3.3 million people (many people are diagnosed with more than one KC).

Table 2. Estimated Number* of New Cases for Selected Cancers by State, US, 2017

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	26,160	3,960	210	2,210	720	770	3,880	1,320	960	2,410	1,090
Alaska	3,600	500	†	280	120	100	450	130	140	320	150
Arizona	35,810	4,870	240	2,630	1,110	1,170	3,940	2,050	1,410	2,990	1,670
Arkansas	16,040	2,100	150	1,390	480	580	2,620	610	660	1,440	710
California	176,140	27,980	1,490	13,890	6,280	6,740	18,270	9,180	7,880	14,520	7,500
Colorado	24,330	3,840	170	1,770	890	960	2,420	1,590	1,090	2,880	1,120
Connecticut	21,900	3,420	120	1,600	890	800	2,540	970	950	2,140	1,220
Delaware	5,660	840	†	440	200	180	850	340	250	590	270
Dist. of Columbia	3,070	520	†	210	110	90	310	120	110	380	90
Florida	124,740	18,170	1,040	9,930	4,230	5,070	19,000	7,610	5,410	12,830	6,430
Georgia	48,850	7,820	410	4,040	1,510	1,550	6,610	2,930	1,890	5,410	1,880
Hawaii	6,540	1,120	50	660	290	210	700	460	260	500	240
Idaho	7,310	1,080	50	610	290	310	980	550	370	870	480
Illinois	64,720	10,210	520	5,580	2,740	2,350	8,600	2,810	2,750	6,410	3,070
Indiana	36,440	5,140	290	3,080	1,370	1,280	5,540	1,730	1,560	3,410	1,710
Iowa	17,230	2,400	100	1,510	700	760	2,410	1,020	800	1,430	870
Kansas	14,400	2,180	110	1,170	540	560	1,880	830	630	1,320	640
Kentucky	26,220	3,590	210	2,250	830	1,050	4,830	1,410	1,070	2,050	1,190
Louisiana	24,220	3,320	230	2,150	630	770	3,510	960	990	2,620	980
Maine	8,750	1,350	†	710	380	310	1,380	450	380	720	570
Maryland	31,820	5,250	220	2,430	1,200	1,000	4,020	1,700	1,260	3,400	1,390
Massachusetts	37,130	5,940	200	2,760	1,600	1,220	4,890	1,890	1,630	3,930	2,050
Michigan	57,600	8,160	370	4,660	2,320	2,010	8,190	2,780	2,480	5,350	3,050
Minnesota	30,000	4,230	140	2,170	1,080	1,290	3,620	1,330	1,370	2,750	1,320
Mississippi	17,290	2,340	140	1,520	410	530	2,570	560	560	1,380	620
Missouri	34,400	4,930	240	2,860	1,250	1,210	5,620	1,690	1,420	2,990	1,610
Montana	6,140	900	†	500	220	260	750	400	280	750	350
Nebraska	9,520	1,450	60	840	380	380	1,220	490	440	840	450
Nevada	13,840	2,010	110	1,160	400	460	1,680	560	560	1,190	700
New Hampshire	8,670	1,260	†	620	350	290	1,150	470	340	770	520
New Jersey	51,680	7,890	360	4,000	2,100	1,990	5,540	2,790	2,380	5,180	2,560
New Mexico	10,040	1,410	80	800	350	370	1,010	490	400	960	390
New York	107,530	16,310	810	8,490	4,420	4,320	12,700	4,900	4,760	10,060	5,410
North Carolina	56,900	8,580	400	4,290	1,810	1,970	7,940	3,060	2,180	5,560	2,500
North Dakota	4,180	550	†	330	140	150	480	210	170	360	200
Ohio	68,180	9,430	460	5,510	2,670	2,270	10,660	3,140	2,860	5,840	3,360
Oklahoma	18,710	2,690	170	1,610	590	760	3,050	790	840	1,700	860
Oregon	21,780	3,450	140	1,620	870	730	2,900	1,580	970	2,060	1,070
Pennsylvania	77,710	11,300	520	6,300	3,270	2,800	9,930	4,140	3,310	7,320	4,190
Rhode Island	5,870	930	†	480	250	190	860	270	260	780	350
South Carolina	28,680	4,250	210	2,270	890	990	4,320	1,740	1,120	3,250	1,260
South Dakota	4,920	690	†	410	180	200	590	240	210	430	240
Tennessee	37,080	5,510	290	3,080	1,090	1,300	5,830	1,840	1,490	2,830	1,620
Texas	116,200	17,060	1,300	9,690	3,890	4,550	14,560	4,240	5,250	12,550	4,270
Utah	10,990	1,460	70	740	400	460	850	950	490	1,240	430
Vermont	4,000	580	†	280	160	110	510	220	170	380	240
Virginia	42,770	7,020	280	3,260	1,490	1,380	5,400	2,500	1,720	3,950	1,870
Washington	35,560	5,950	250	2,720	1,380	1,390	4,390	2,590	1,740	3,580	1,830
West Virginia	11,690	1,520	80	1,050	450	410	1,980	700	480	840	610
Wisconsin	32,990	4,850	180	2,650	1,360	1,460	4,280	1,590	1,380	3,570	1,670
Wyoming	2,780	410	†	220	100	100	320	190	120	320	150
United States	1,688,780	252,710	12,820	135,430	61,380	62,130	222,500	87,110	72,240	161,360	79,030

*Rounded to nearest 10. Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder. †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 at cancerstatisticscenter.cancer.org.

Table 3. Estimated Number* of Deaths for Selected Cancers by State, US, 2017

State	All sites	Brain/ nervous system	Female breast	Colon & rectum	Leukemia	Liver†	Lung & bronchus	Non- Hodgkin lymphoma	Ovary	Pancreas	Prostate
Alabama	10,530	320	650	940	420	470	3,200	320	250	710	450
Alaska	1,070	†	70	100	†	60	280	†	†	80	50
Arizona	12,050	380	810	1,020	550	660	2,820	430	310	930	600
Arkansas	6,800	180	420	600	250	280	2,160	210	150	430	260
California	59,400	1,830	4,440	5,240	2,610	3,750	12,000	2,140	1,530	4,510	3,130
Colorado	7,840	270	570	660	340	380	1,640	260	240	580	450
Connecticut	6,610	190	430	450	300	300	1,630	230	170	490	310
Delaware	2,050	50	130	150	70	110	590	70	50	150	90
Dist. of Columbia	1,060	†	100	90	†	90	220	†	†	100	70
Florida	43,870	1,250	2,910	3,620	1,800	2,020	11,790	1,510	970	3,170	2,050
Georgia	17,280	490	1,320	1,540	620	850	4,720	510	420	1,160	780
Hawaii	2,520	50	140	240	90	170	590	100	50	220	100
Idaho	2,900	100	190	250	110	120	680	110	70	230	170
Illinois	24,040	610	1,680	2,030	990	1,040	6,470	790	570	1,650	1,040
Indiana	13,590	350	860	1,110	550	520	4,030	450	300	900	550
Iowa	6,460	190	380	570	260	240	1,740	240	150	440	280
Kansas	5,440	170	330	470	260	230	1,500	180	120	400	230
Kentucky	10,400	250	590	830	390	400	3,560	330	200	640	340
Louisiana	9,240	220	620	830	320	520	2,610	300	170	700	370
Maine	3,260	100	170	220	130	120	960	110	60	220	140
Maryland	10,650	280	820	860	410	560	2,630	340	260	840	470
Massachusetts	12,620	350	760	910	540	670	3,270	410	320	950	550
Michigan	21,050	570	1,410	1,680	830	860	5,650	760	500	1,560	830
Minnesota	9,860	280	610	760	480	390	2,450	390	230	710	470
Mississippi	6,560	220	420	650	230	300	1,940	170	110	460	280
Missouri	14,380	330	860	1,070	550	580	4,030	390	250	910	500
Montana	2,030	60	130	170	80	80	510	70	50	140	120
Nebraska	3,520	110	230	330	150	130	900	120	70	250	180
Nevada	5,200	150	380	500	200	230	1,400	160	120	360	270
New Hampshire	2,710	80	170	200	110	90	760	80	60	200	120
New Jersey	15,880	420	1,250	1,420	640	700	3,760	510	410	1,270	700
New Mexico	3,630	90	250	340	150	220	760	110	100	250	200
New York	35,960	910	2,410	2,870	1,460	1,680	8,660	1,210	910	2,750	1,560
North Carolina	20,020	600	1,360	1,530	760	940	5,830	620	440	1,350	840
North Dakota	1,290	†	70	120	60	†	340	†	†	90	70
Ohio	25,430	640	1,690	2,130	990	990	7,300	860	570	1,810	1,020
Oklahoma	8,200	200	530	710	340	360	2,450	270	200	520	350
Oregon	8,140	260	520	660	320	440	2,030	290	230	580	410
Pennsylvania	28,510	700	1,900	2,390	1,210	1,220	7,420	1,010	690	2,110	1,200
Rhode Island	2,160	50	120	170	90	110	610	60	50	140	90
South Carolina	10,320	260	700	830	380	440	2,920	300	230	710	460
South Dakota	1,660	60	110	160	90	60	450	50	†	110	70
Tennessee	14,830	380	920	1,220	570	670	4,590	470	310	950	550
Texas	40,260	1,100	2,830	3,700	1,690	2,620	9,540	1,380	920	2,780	1,650
Utah	3,180	130	270	260	170	150	460	120	100	270	210
Vermont	1,400	50	70	100	50	50	400	†	†	110	70
Virginia	14,870	390	1,060	1,190	550	670	3,810	490	370	1,080	650
Washington	12,720	410	850	970	520	680	3,100	460	330	920	620
West Virginia	4,780	110	280	430	190	170	1,450	160	90	280	160
Wisconsin	11,710	360	740	880	540	440	3,070	420	220	870	570
Wyoming	960	†	60	80	60	†	220	†	†	70	†
United States	600,920	16,700	40,610	50,260	24,500	28,920	155,870	20,140	14,080	43,090	26,730

*Rounded to 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.

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 at cancerstatisticscenter.cancer.org.

Table 6. Probability (%) of Developing Invasive Cancer during Selected Age Intervals by Sex, US, 2011-2013*

		Birth to 49	50 to 59	60 to 69	70 and older	Birth to death
All sites†	Male	3.4 (1 in 30)	6.3 (1 in 16)	14.0 (1 in 7)	33.3 (1 in 3)	40.8 (1 in 2)
	Female	5.4 (1 in 18)	6.0 (1 in 17)	10.0 (1 in 10)	25.9 (1 in 4)	37.5 (1 in 3)
Breast	Female	1.9 (1 in 52)	2.3 (1 in 44)	3.5 (1 in 29)	6.8 (1 in 15)	12.4 (1 in 8)
Colon & rectum	Male	0.3 (1 in 294)	0.7 (1 in 149)	1.2 (1 in 84)	3.5 (1 in 28)	4.6 (1 in 22)
	Female	0.3 (1 in 318)	0.5 (1 in 198)	0.8 (1 in 120)	3.2 (1 in 31)	4.2 (1 in 24)
Kidney & renal pelvis	Male	0.2 (1 in 457)	0.3 (1 in 289)	0.6 (1 in 157)	1.3 (1 in 75)	2.1 (1 in 48)
	Female	0.1 (1 in 729)	0.2 (1 in 582)	0.3 (1 in 315)	0.7 (1 in 135)	1.2 (1 in 83)
Leukemia	Male	0.2 (1 in 410)	0.2 (1 in 574)	0.6 (1 in 259)	1.4 (1 in 72)	1.8 (1 in 57)
	Female	0.2 (1 in 509)	0.1 (1 in 901)	0.4 (1 in 447)	0.9 (1 in 113)	1.2 (1 in 81)
Lung & bronchus	Male	0.2 (1 in 643)	0.7 (1 in 149)	1.9 (1 in 53)	6.2 (1 in 16)	7.0 (1 in 14)
	Female	0.2 (1 in 598)	0.6 (1 in 178)	1.5 (1 in 68)	4.8 (1 in 21)	6.0 (1 in 17)
Melanoma of the skin‡	Male	0.5 (1 in 220)	0.5 (1 in 198)	0.9 (1 in 111)	2.5 (1 in 40)	3.5 (1 in 28)
	Female	0.6 (1 in 155)	0.4 (1 in 273)	0.5 (1 in 212)	1.0 (1 in 97)	2.3 (1 in 44)
Non-Hodgkin lymphoma	Male	0.3 (1 in 385)	0.3 (1 in 353)	0.4 (1 in 175)	1.8 (1 in 55)	2.4 (1 in 42)
	Female	0.2 (1 in 547)	0.2 (1 in 483)	0.2 (1 in 245)	1.3 (1 in 74)	1.9 (1 in 54)
Prostate	Male	0.3 (1 in 354)	1.9 (1 in 52)	5.4 (1 in 19)	9.1 (1 in 11)	12.9 (1 in 8)
Thyroid	Male	0.2 (1 in 533)	0.1 (1 in 799)	0.2 (1 in 620)	0.2 (1 in 429)	0.6 (1 in 163)
	Female	0.8 (1 in 127)	0.4 (1 in 275)	0.3 (1 in 292)	0.4 (1 in 258)	1.8 (1 in 57)
Uterine cervix	Female	0.3 (1 in 371)	0.1 (1 in 868)	0.1 (1 in 899)	0.2 (1 in 594)	0.6 (1 in 161)
Uterine corpus	Female	0.3 (1 in 352)	0.6 (1 in 169)	1.0 (1 in 105)	1.3 (1 in 76)	2.8 (1 in 36)

*For those who are free of cancer at the beginning of each age interval. †All sites excludes basal and squamous cell skin cancers and in situ cancers except urinary bladder. ‡Statistic is for non-hispanic whites.

Source: DevCan: Probability of Developing or Dying of Cancer Software, Version 6.7.4. Statistical Research and Applications Branch, National Cancer Institute, 2016. srab.cancer.gov/devcan.

Please note: The probability of developing cancer for additional sites, as well as the probability of cancer death, can be found in Supplemental Data at cancer.org/research/cancerfactsstatistics/index.

©2017, American Cancer Society, Inc., Surveillance Research

Mortality trends: The colorectal cancer death rate in 2014 (14 per 100,000) was half that in 1975 (28 per 100,000) because of declines in incidence and improvements in early detection and treatment. From 2005 to 2014, the rate declined by 2.5% per year.

Signs and symptoms: Early stage colorectal cancer typically does not have symptoms, which is why screening is usually necessary to detect this cancer early. Symptoms may include rectal bleeding, blood in the stool, a change in bowel habits or stool shape (e.g., narrower than usual), the feeling that the bowel is not completely empty, cramping pain in the lower abdomen, decreased appetite, or weight loss. In some cases, blood loss from the cancer leads to anemia (low number of red blood cells), causing symptoms such as weakness and fatigue. Timely evaluation of these symptoms is essential for adults of all ages.

Risk factors: Modifiable factors that increase risk include obesity, physical inactivity, long-term smoking, high

consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables. (Processed meat was classified as a carcinogen by the International Agency for Research on Cancer in 2016 based on its consistent association with colorectal cancer.) Consumption of whole-grain fiber reduces risk. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions (e.g., Lynch syndrome, also known as hereditary nonpolyposis colorectal cancer [HNPCC], and familial adenomatous polyposis [FAP]), a personal history of chronic inflammatory bowel disease (e.g., ulcerative colitis or Crohn disease), and type 2 diabetes.

Regular long-term use of nonsteroidal anti-inflammatory drugs, such as aspirin, reduces risk, but these drugs can have serious adverse health effects, such as stomach bleeding. The American Cancer Society has not made recommendations about the use of these drugs for cancer prevention. However, based on a review of aspirin's



The White House

NATIONAL PROSTATE CANCER AWARENESS MONTH, SEPTEMBER 2016

A PROCLAMATION BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

Prostate cancer is one of the leading causes of cancer-related death in American men, and too many men and their families feel the pain and grief it brings. As a country, we must do everything in our power to support men who are battling prostate cancer, deliver the care and treatment they need, and defeat this devastating disease. A cancer-free future is within our grasp -- with bold vision and daring optimism, we are pioneering medical breakthroughs in research and seeking to discover a cure for cancer in our time. During National Prostate Cancer Awareness Month, we remember all the men who lost their lives to this disease, and resolve to reach a tomorrow where prostate cancer is no longer a threat to our sons and grandsons.

In 2016, approximately 180,000 men will be diagnosed, and 26,000 men will lose their battle with prostate cancer. Incredible advancements have paved the way for better prevention, detection, and treatment of this disease, and over the past two decades, the incidence of new cases and mortality rates for prostate cancer have been steadily declining. Men who are African American, over the age of 65, or have a family history of prostate cancer are at higher risk and should be aware of risk factors and symptoms. I encourage all men to talk to their health care providers about how prostate cancer can affect them, and to learn more by visiting www.Cancer.gov/Prostate or www.CDC.gov/Cancer/Prostate.

The Affordable Care Act has ensured that more Americans have access to quality, affordable health insurance, and it prohibits insurance companies from denying coverage to someone simply because they have prostate cancer. The Act eliminates annual and lifetime limits on coverage and ensures individuals have the option to participate in clinical trials, which have proven helpful in advancing research of new treatment strategies and improving clinical care for men with prostate cancer.

This year, I asked Vice President Joe Biden to lead our Nation in a new effort to end cancer as we know it. The White House Cancer Moonshot Task Force is striving to make a decade of advances in cancer prevention, treatment, and care in just 5 years through the collaboration of Federal agencies, jumpstarted by a proposed nearly \$1 billion investment. Additionally, the Department of Veterans Affairs is helping to introduce a series of pilot programs that will accelerate clinical research and care for veterans with prostate cancer using cutting-edge biotechnologies -- they are also working to increase precision oncology research and strengthen personalized medicine for the treatment of prostate cancer among veterans. These efforts build on the goals of our Precision Medicine Initiative, which aims to deliver personalized care and apply medicine more efficiently and effectively based on genetics -- and ultimately, to bring us closer to curing diseases like cancer.

This month, let us thank the countless researchers, medical professionals, and advocates who dedicate themselves to supporting survivors and beating cancer. Let us continue raising awareness of prostate cancer and renew our commitment to finding a cure once and for all.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 2016 as National Prostate Cancer Awareness Month. I encourage all citizens, government agencies, private businesses, non-profit organizations, and other groups to join in activities that will increase awareness and prevention of prostate cancer.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of September, in the year of our Lord two thousand sixteen, and of the Independence of the United States of America the two hundred and forty-first.

BARACK OBAMA



114th CONGRESS – 2nd Session

S. RES. 517

Designating September 2016 as National Prostate Cancer Awareness Month

IN THE SENATE OF THE UNITED STATES

June 29, 2016

RESOLUTION

Mr. Sessions (for himself, Mr. Shelby, Mr. Vitter, Mr. Moran, Mr. Cardin, Mr. Blunt, Mr. Menendez, Mrs. Boxer, Mr. Daines, Ms. Warren, Mr. Booker, Ms. Ayotte, and Mr. Graham) submitted the following resolution; which was considered and agreed to

Whereas over 2,900,000 families in the United States live with prostate cancer;

Whereas 1 in 7 men in the United States will be diagnosed with prostate cancer in their lifetimes;

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 National Cancer Institute estimates that in 2016, 180,890 men will be diagnosed with, and more than 26,120 men will die of, prostate cancer;

Whereas 40 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 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, particularly if the relatives were young at the time that the cancer was found;

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 28 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 2015, the Director of the National Institutes of Health supported approximately \$288,000,000 in research projects that focus 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 2016 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.

Page 2 of 2

<<<<<< - >>>>>>>



**California Senate Concurrent Resolution Number 145
Prostate Cancer Awareness Month
September 2016**

Introduced by Senator Gaines, May 17, 2016

**SCR 145 designates
September 2016 as Prostate Cancer Awareness Month in the State of California.**

WHEREAS, Prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer. An estimated one in seven men will develop this disease in his lifetime; and

WHEREAS, The American Cancer Society estimates that there will be 180,890 new cases of prostate cancer in the United States in 2016, resulting in an estimated 26,120 deaths; and

WHEREAS, An estimated 17,240 men in California will be diagnosed with prostate cancer this year, and an estimated 3,050 men in California will die from this disease; and

WHEREAS, African American men have the highest prostate cancer incidence rates in the world, and their prostate cancer mortality rate in the United States is more than twice that of any other ethnic group of men; and

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

WHEREAS, Advanced 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 survival rate approaches 100 percent when prostate cancer is diagnosed and treated early, but it drops to 28 percent when it spreads to other parts of the body; and

WHEREAS, Treatment options for prostate cancer vary depending on a man's age, the state and grade of his cancer, and his other existing medical conditions; and

WHEREAS, The American Cancer Society recommends that a man should have an opportunity to make an informed decision about whether to be tested for prostate cancer based on his personal values and preferences; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature hereby proclaims the month of September 2016 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.