Proposed Proclamation for

Prostate Cancer Awareness Month

September 2018



Proposed Proclamation

Prostate Cancer Awareness Month – September 2018

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The American Cancer Society document Cancer Facts & Figures 2018 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.

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Proposed Proclamation

Prostate Cancer Awareness Month – September 2018

Discussion

The purpose of this report is to assist government agencies issue a Proclamation designating September 2018 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 2018 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 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 18 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, 15,190 men will be diagnosed and 3,490 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 report for the reader to review the format and phrasing used in other Proclamations.

Proposed Proclamation

Prostate Cancer Awareness Month – September 2018

This is a Proclamation to designate September 2018 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 164,690 new cases of prostate cancer in the USA in 2018, resulting in an estimated 29,430 deaths; and (pages 5 & 6)
- WHEREAS, it is estimated 15.190 men in California will be diagnosed with prostate cancer this year and it is estimated 3,490 California men will die from this disease; and (pages 7 & 8)
- WHEREAS, Black men in the USA and Caribbean have the highest documented prostate cancer incidence rates in the world; and (page 6)
- 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 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 6)
- 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 5)
- 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 (page 6)
- 9 WHEREAS, prostate cancer treatment decisions should be based on clinician recommendations and patient values and preferences; and (page 6)
- 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 2018 as Prostate Cancer Awareness Month.

Figure 3. Leading Sites of New Cancer Cases and Deaths - 2018 Estimates Male **Female Prostate** 164,690 19% **Breast** 266,120 30% 13% Lung & bronchus 121,680 14% Lung & bronchus 112,350 **Estimated New Cases** 75,610 9% 64,640 7% Colon & rectum Colon & rectum 7% 63,230 7% Urinary bladder 62,380 Uterine corpus Melanoma of the skin 55,150 6% Thyroid 40,900 5% Melanoma of the skin 4% Kidney & renal pelvis 42,680 5% 36,120 Non-Hodgkin lymphoma 41,730 5% Non-Hodgkin lymphoma 32,950 4% Oral cavity & pharynx 37,160 4% **Pancreas** 26,240 3% 25,270 3% Leukemia 35,030 4% Leukemia 3% 22,660 Liver & intrahepatic bile duct 30,610 4% Kidney & renal pelvis 878,980 100% All sites 100% All sites 856,370 Male **Female** 25% 70,500 Lung & bronchus 83,550 26% Lung & bronchus 9% 40,920 14% **Prostate** 29,430 **Breast** Colon & rectum 27,390 8% Colon & rectum 23,240 8% **Estimated Deaths** 7% 21.310 7% **Pancreas** 23,020 **Pancreas** 5% Liver & intrahepatic bile duct 20,540 6% Ovary 14,070 11,350 4% Leukemia 14,270 4% Uterine corpus Esophagus 12,850 4% Leukemia 10,100 4% 3% Urinary bladder 12,520 4% Liver & intrahepatic bile duct 9,660 3% 8,400 Non-Hodgkin lymphoma 11,510 4% Non-Hodgkin lymphoma Brain & other nervous system 7,340 3% Kidney & renal pelvis 10,010 3% All sites 323,630 100% All sites 286,010 100% Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Ranking is based on

Breast

New cases: In the US in 2018, there will be an estimated 266,120 new cases of invasive breast cancer diagnosed in women (Figure 3); 2,550 cases diagnosed in men; and an additional 63,960 cases of in situ breast lesions diagnosed in women (Table 1, page 4).

modeled projections and may differ from the most recent observed data.

Incidence trends: From 2005 to 2014, the most recent 10 years for which data are available, invasive breast cancer incidence rates were stable in white women and increased slightly (by 0.3% per year) in black women.

Deaths: An estimated 41,400 breast cancer deaths (40,920 women, 480 men) will occur in 2018.

Mortality trends: The female breast cancer death rate peaked at 33.2 (per 100,000) in 1989, then declined by 39% to 20.3 in 2015. This progress, which is attributed to improvements in early detection (through screening, as well as increased awareness) and treatment, translates to an estimated 322,600 fewer breast cancer deaths than

would have been expected if the death rate had remained at its peak. The annual percent decline from 2006 to 2015 was slightly larger for white women (1.8%) than for black women (1.5%).

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Signs and symptoms: The most common sign is a lump or mass in the breast. Other symptoms include persistent changes to the breast, such as thickening, swelling, distortion, tenderness, skin irritation, redness, scaliness, and nipple abnormalities or spontaneous nipple discharge. Early breast cancer usually has no symptoms and is most often diagnosed through mammography screening.

Risk factors: Like most cancers, older age is the strongest risk factor for breast cancer. Many other factors that influence risk modify exposure of breast tissue to reproductive hormones. Some of these are potentially modifiable, such as weight gain after the age of 18 and/or being overweight or obese (for postmenopausal breast cancer), postmenopausal hormone use (combined estrogen and progestin), physical inactivity, and alcohol consumption; breastfeeding for at least one year

Table 8. Five-year Relative Survival Rates* (%) by Stage at Diagnosis, US, 2007-2013

	All stages	Local	Regional	Distant		All stages	Local	Regional	Distant
Breast (female)	90	99	85	27	Oral cavity & pharynx	65	84	64	39
Colon & rectum	65	90	71	14	Ovary	47	93	73	29
Colon	64	91	72	14	Pancreas	8	32	12	3
Rectum	67	88	70	15	Prostate	99	>99	>99	30
Esophagus	19	43	23	5	Stomach	31	67	31	5
Kidney [†]	74	93	67	12	Testis	95	99	96	73
Larynx	61	77	45	34	Thyroid	98	>99	98	56
Liver‡	18	31	11	3	Urinary bladder§	77	70	35	5
Lung & bronchus	18	56	29	5	Uterine cervix	67	92	57	17
Melanoma of the skin	92	99	63	20	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 2007-2013, all followed through 2014. †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: Howlader N, Noone AM, Krapcho M, et al. (eds). SEER Cancer Statistics Review, 1975-2014, National Cancer Institute, Bethesda, MD, http://seer.cancer.gov/csr/1975_2014/, based on November 2016 SEER data submission, posted to the SEER website April 2017.

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Deaths: An estimated 44,330 deaths from pancreatic cancer will occur in 2018.

Mortality trends: From 2006 to 2015, the death rate for pancreatic cancer increased slightly in whites (by 0.2% per year), but decreased in blacks by 0.5% per year.

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 sometimes cause jaundice (yellowing of the skin and eyes), which can facilitate earlier 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 in 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. Heavy 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 targeted agents and immunotherapies.

Survival: For all stages combined, the 5-year relative survival rate is 8%. Even for the small percentage of people diagnosed with local disease (10%), the 5-year survival is only 32%. About half (52%) of patients are diagnosed at a distant stage, for which 5-year survival is 3%.

Prostate

New cases: An estimated 164,690 new cases of prostate cancer will be diagnosed in the US during 2018. The risk of prostate cancer is 74% higher in blacks than in whites for reasons that remain unclear.

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 2010 to 2014, the rate decreased by about 10% per year.

Deaths: An estimated 29,430 deaths from prostate cancer will occur in 2018.

Mortality trends: Prostate cancer death rates have been decreasing since the early 1990s, although rates appear to have stabilized from 2013 to 2015.

Signs and symptoms: Early-stage prostate cancer usually has no symptoms; men with more advanced disease 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 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.

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 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 or have less aggressive tumors or 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 2. Estimated Number* of New Cases for Selected Cancers by State, US, 2018

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	27,830	3,760	220	2,230	770	830	4,190	1,380	990	2,460	1,110
Alaska	3,550	510	†	270	120	110	460	130	140	360	160
Arizona	34,740	5,700	270	2,840	1,210	1,150	4,460	1,880	1,480	3,180	1,810
Arkansas	16,130	2,160	150	1,370	480	510	2,720	670	650	1,260	720
California	178,130	29,360	1,540	14,400	6,610	6,220	18,760	9,830	8,190	15,190	7,800
Colorado	25,570	3,630	180	1,850	870	910	2,560	1,640	1,100	3,190	1,180
Connecticut	21,240	3,540	120	1,520	890	760	2,700	970	970	2,220	1,210
Delaware	6,110	780	t	450	210	180	890	380	250	640	290
Dist. of Columbia	3,260	520	†	240	120	70	310	120	120	420	80
Florida	135,170	19,860	1,100	11,670	4,450	4,770	18,710	7,940	5,990	13,630	6,600
Georgia	56,920	7,490	430	4,120	1,600	1,590	7,160	3,040	1,970	5,340	1,960
Hawaii	6,280	1,150	50	650	280	200	830	490	270	510	260
Idaho	8,450	1,070	50	630	290	310	1,060	590	390	900	490
Illinois	66,330	9,960	570	5,340	2,800	2,170	9,220	2,980	2,830	6,300	3,190
Indiana	37,250	5,630	290	3,190	1,400	1,210	5,840	1,900	1,600	3,460	1,740
Iowa	17,630	2,560	110	1,510	710	700	2,480	1,050	810	1,580	880
Kansas	15,400	2,290	110	1,220	530	590	2,050	850	640	1,360	660
Kentucky	25,990	3,720	210	2,370	850	960	5,150	1,440	1,060	2,210	1,200
Louisiana	25,080	3,570	210	2,310	670	740	3,660	1,000	1,040	2,600	1,000
Maine	8,600	1,350	50	660	380	320	1,450	470	400	710	580
Maryland	33,810	5,940	220	2,950	1,270	910	4,270	1,690	1,290	3,470	1,500
Massachusetts	37,130	6,490	210	2,630	1,590	1,150	5,140	2,090	1,650	4,060	2,040
Michigan	56,590	8,730	370	4,510	2,330	1,820	8,780	2,890	2,590	5,400	3,070
Minnesota	31,270	4,500	140	2,270	1,120	1,270	3,980	1,420	1,420	2,920	1,380
Mississippi	18,130	2,240	150	1,550	430	560	2,690	590	560	1,370	620
Missouri	35,520	5,160	250	2,890	1,240	1,240	5,750	1,800	1,480	3,000	1,640
Montana	6,080	1,020	†	520	220	230	830	440	280	810	350
Nebraska	10,320	1,560	70	900	380	410	1,310	540	460	960	490
Nevada	14,060	2,180	130	1,130	410	500	2,090	790	580	1,190	770
	8,080	1,360	†	590	360	280	1,230	460	370	840	520
New Hampshire	53,260	8,550	380	4,100	2,180	1,990	5,870	2,830	2,370	5,430	2,590
New Jersey	9,730	1,470	80	800	340	360	1,090	500	410	960	390
New Mexico			870	9,080	4,580	4,410	13,190	4,920	4,890	9,880	5,440
New York	110,800	17,890	410	4,440	1,910	2,050	8,490	3,310	2,240	5,580	2,530
North Carolina	55,130	7,760	410	350	1,910	150	500	220	170	380	200
North Dakota	4,110	570					10,760	3,400	2,880	5,810	3,350
Ohio	68,470	10,610	480	5,550	2,740	2,060 710		860	860	1,670	890
Oklahoma	19,030	2,870	170	1,670	590	650	3,210 3,140	1,570	1,010	2,040	1,130
Oregon	21,520	3,400	140	1,510	890	A CHARLES AND PARTY OF THE PART	VICTOR CONTRACTOR AND ADDRESS OF THE PARTY O	4,320	3,430	7,360	4,240
Pennsylvania	80,960	12,140	500	6,440	3,320	2,930	10,470	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN C	270	7,300	360
Rhode Island	5,920	1,010	†	460	260	190	880	280		Name and Address of the Owner o	1,310
South Carolina	30,450	4,540	220	2,410	920	960	4,630	1,820	1,150	3,080	
South Dakota	5,100	740	†	440	170	190	650	270	220	510	260
Tennessee	36,760	5,590	310	3,110	1,130	1,370	6,030	1,900	1,540	2,750	1,660
Texas	121,860	18,260	1,360	10,080	4,000	4,580	15,460	4,440	5,460	12,600	4,530
Utah	10,950	1,720	70	780	400	480	900	1,010	520	1,250	440
Vermont	3,840	600	†	270	160	120	560	230	170	390	250
Virginia	42,420	7,510	290	3,380	1,570	1,250	5,860	2,620	1,760	4,200	1,900
Washington	36,170	5,580	240	2,710	1,390	1,330	4,810	2,650	1,770	3,730	1,940
West Virginia	12,110	1,700	90	1,030	450	390	2,060	720	480	820	620
Wisconsin	33,340	5,420	190	2,650	1,410	1,350	4,400	1,740	1,410	3,660	1,710
Wyoming	2,780	450	†	210	100	100	330	200	120	330	160
United States	1,735,350	266,120	13,240	140,250	63,230	60,300	234,030	91,270	74,680	164,690	81,190

^{*}Rounded to the 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.

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Table 3. Estimated Number* of Deaths for Selected Cancers by State, US, 2018

State	All sites	Brain/ nervous system	Female breast	Colon & rectum	Leukemia	Liver‡	Lung & bronchus	Non- Hodgkin Iymphoma	Ovary	Pancreas	Prostate
Alabama	10,720	330	670	950	400	500	3,140	300	240	740	490
Alaska	1,120	†	70	100	†	60	290	†	†	80	50
Arizona	12,390	380	850	1,040	540	680	2,850	410	310	970	680
Arkansas	6,910	190	410	600	260	290	2,130	200	150	430	280
California	60,650	1,860	4,500	5,300	2,580	3,900	11,830	2,140	1,570	4,570	3,490
Colorado	8,000	270	580	660	340	410	1,600	250	230	580	510
Connecticut	6,590	200	410	460	290	320	1,570	220	160	520	320
Delaware	2,080	50	140	140	80	110	580	70	50	160	90
Dist. of Columbia	1,030	†	110	90	†	80	200	†	†	90	70
Florida	45,030	1,290	2,940	3,640	1,820	2,150	11,760	1,510	970	3,300	2,260
Georgia	17,730	500	1,320	1,580	620	890	4,650	530	420	1,210	870
Hawaii	2,580	50	160	230	90	180	590	100	†	230	120
Idaho	3,020	100	210	240	120	140	680	110	80	240	200
Illinois	24,670	620	1,720	2,080	980	1,100	6,410	790	560	1,680	1,160
Indiana	13,820	350	860	1,110	550	550	3,960	450	290	910	600
lowa	6,570	190	370	570	250	260	1,740	250	150	460	300
Kansas	5,600	170	350	470	260	240	1,490	180	120	420	260
Kentucky	10,590	260	580	830	380	440	3,530	320	190	660	390
Louisiana	9,370	220	610	830	330	550	2,580	290	170	730	400
Maine	3,360	100	180	230	130	120	970	110	60	230	150
	10,780	290	810	870	420	580	2,560	340	260	850	530
Maryland Massachusetts	12,610	370	750	890	520	650	3,180	380	320	960	600
Michigan	21,380	570	1,400	1,670	840	880	5,860	750	500	1,610	940
THE RESIDENCE OF THE PROPERTY		300	630	770	460	410	2,420	380	230	750	520
Minnesota	10,080	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	personal recognition and the state of the st	PER SECURIO DE PRESENTA DE PARTICIO DE PERSONA DE PARTICIO DE PART			1,930	170	110	490	310
Mississippi	6,750	220	420	640	230	310		370	250	920	550
Missouri	13,280	320	850	1,050	520	580	3,950 510	70	50	150	130
Montana	2,110	70	140	180	80	90					190
Nebraska	3,550	110	230	320	150	130	890	130	70	250	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P
Nevada	5,330	150	390	520	210	240	1,380	150	120	380	280
New Hampshire	2,810	80	170	190	110	100	760	80	70	210	130 750
New Jersey	16,040	430	1,250	1,400	650	720	3,670	510	400	1,300	220
New Mexico	3,750	100	260	340	140	240	760	120	110	270	
New York	35,350	900	2,390	2,970	1,460	1,710	8,490	1,200	910	2,760	1,680
North Carolina	20,380	540	1,370	1,570	760	1,010	5,770	610	430	1,390	940
North Dakota	1,290	+	80	110	60		310	50	†	90	70
Ohio	25,740	640	1,700	2,100	1,000	1,040	7,200	860	550	1,860	1,110
Oklahoma	8,470	210	530	750	350	400	2,460	270	190	540	390
Oregon	8,310	260	530	650	310	480	2,000	280	240	620	450
Pennsylvania	28,620	710	1,880	2,380	1,180	1,270	7,280	970	670	2,160	1,300
Rhode Island	2,180	50	130	160	90	120	610	60	50	150	100
South Carolina	10,630	270	710	860	400	470	2,900	300	230	730	520
South Dakota	1,680	60	110	160	80	60	440	50	†	110	80
Tennessee	14,900	350	920	1,220	540	700	4,480	460	310	960	600
Texas	41,030	1,130	2,880	3,740	1,660	2,700	9,310	1,330	920	2,880	1,830
Utah	3,270	130	280	280	170	150	470	130	110	270	220
Vermont	1,450	୍ 50	80	110	50	50	390	50	t	110	60
Virginia	15,260	400	1,090	1,210	550	720	3,780	490	370	1,120	700
Washington	13,030	400	860	970	520	710	3,080	450	340	950	690
West Virginia	4,900	110	280	430	200	190	1,470	150	90	300	180
Wisconsin	11,840	360	720	890	520	450	3,000	420	230	890	620
Wyoming	980	†	70	80	60	t	220	†	†	70	t
United States	609,640	16,830	40,920	50,630	24,370	30,200	154,050	19,910	14,070	44,330	29,430

^{*}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.

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.

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Statement from President Donald J. Trump on National Prostate Cancer Awareness Month September 1, 2017

During National Prostate Cancer Awareness Month, I join my fellow Americans in supporting those who battle prostate cancer and reaffirm our Nation's commitment to making this a world free from cancer.

We have good reason to be hopeful about overcoming prostate cancer. The rate of new prostate cancer cases in the United States has fallen nearly 6 percent on average each year over the past decade. During this same time, the rate of deaths due to prostate cancer has also fallen by more than 3 percent on average each year. Men diagnosed with prostate cancer are living longer lives than ever thanks to innovative research and improvements in cancer treatment. Our Nation applauds these ongoing efforts to enhance the lives of Americans and provide comfort and support in the fight against cancer.

Nonetheless, in fighting prostate cancer, we are still mindful that it remains the second leading cause of cancer deaths among men. My Administration remains dedicated to finding better diagnostic and treatment options through the 21st Century Cures Act, as well as research collaborations between the Department of Health and Human Services, private industry, and the academic community. In addition, the National Institutes of Health is investing in research that will improve upon current approaches to combatting prostate cancer. Through these efforts and others, American men can experience a healthier future.

This month, I encourage men to talk with their healthcare providers about their risk for prostate cancer. I also call upon all Americans to do their part in raising awareness of this disease. We pray for Americans currently fighting prostate cancer and recognize the progress yet to be made in finding its cure.

Ref: https://www.whitehouse.gov/the-press-office/2017/09/01/statement-president-donald-j-trump-national-prostatecancer-awareness

File: Whitehouse, 09-01-17, wd



115th CONGRESS - 1st Session

S. RES. 269

Designating September 2017 as National Prostate Cancer Awareness Month

IN THE SENATE OF THE UNITED STATES

September 27, 2017

RESOLUTION

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

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 third-leading cause of cancer-related deaths among men in the United States;

Whereas the American Cancer Society estimates that in 2017, 161,360 men will be diagnosed with, and more than 26,730 men will die of, prostate cancer;

Whereas 43 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:

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 29 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 2017, the Director of the National Institutes of Health supported approximately \$274,000,000 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 2017 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;
- to take an active role in the fight to end the devastating effects of prostate cancer on individuals, families, and the economy; and
- (C) to observe National Prostate Cancer Awareness Month with appropriate ceremonies and activities.

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Ref: https://www.govtrack.us/congress/bills/115/sres269/text

File: S.Res 269



California Senate Concurrent Resolution Number 27 Prostate Cancer Awareness Month September 2017

Introduced by Senator Gaines, February 23, 2017

SCR 27 designates September 2017 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 eight men will develop this disease in his lifetime; and

WHEREAS, The American Cancer Society estimates that there will be 161,360 new cases of prostate cancer in the United States in 2017, resulting in an estimated 26,730 deaths; and

WHEREAS, An estimated 14,520 men in California will be diagnosed with prostate cancer this year, and an estimated 3,130 men in California will die from this disease; and

WHEREAS, Men of African American descent 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 five-year survival rate approaches 100 percent when prostate cancer is diagnosed and treated early, but it drops to 29 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 stage 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 2017 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.

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