## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE RESOLUTION No. 523 Session of 2011

INTRODUCED BY BOBACK, BEAR, CALTAGIRONE, COHEN, D. COSTA, DALEY, EVERETT, GEORGE, GINGRICH, HARHART, HARKINS, HEFFLEY, HESS, HORNAMAN, KULA, MAHONEY, MAJOR, MANN, MARSICO, MILLARD, MURT, O'NEILL, PASHINSKI, PICKETT, READSHAW, ROCK, SAINATO, STERN, STEVENSON, TOOHIL, VEREB, VULAKOVICH, YOUNGBLOOD, DELUCA, GIBBONS, GILLESPIE, BRADFORD AND MYERS, DECEMBER 14, 2011

AS REPORTED FROM COMMITTEE ON HEALTH, HOUSE OF REPRESENTATIVES, AS AMENDED, APRIL 30, 2012

## A RESOLUTION

1 2 3 4	Memorializing the Congress of the United States in its health care reform decisions to apply the American Cancer Society's guidelines for prostate cancer screening TO SEEK THE WITHDRAWAL OF THE UNITED STATES PREVENTIVE SERVICES TASK
5 6	FORCE RECOMMENDATION AGAINST PROSTATE-SPECIFIC ANTIGEN-BASED SCREENING FOR PROSTATE CANCER FOR MEN IN ALL AGE GROUPS.
7	WHEREAS, The U.S. Preventive Services Task Force (USPSTF)
8	acknowledges that prostate cancer is the most commonly diagnosed
9	nonskin NON-SKIN cancer in men in the United States, with a $\leftarrow$
10	lifetime risk of diagnosis currently estimated at 15.9%; and
11	WHEREAS, Prostate cancer can often be found early by testing
12	the amount of prostate-specific antigen (PSA) through a blood
13	test; and
14	WHEREAS, There are limits to the PSA test, which is not 100% $\leftarrow$
15	accurate; and
16	WHEREAS, Because of an elevated PSA level, some men may be-
17	diagnosed with a prostate cancer that would never have led to

1 their death or even caused any symptoms; and

2 WHEREAS, Treatments for prostate cancer can have side effects-

3 that may seriously affect a man's quality of life; and

4 WHEREAS, The USPSTF recommends against PSA based screening-

## 5 for prostate cancer; and

6 WHEREAS, The Centers for Disease Control and Prevention 7 reports that prostate cancer is the most common cancer among 8 American men and is the second-leading cause of cancer death 9 among American men, behind only lung cancer; and

10 WHEREAS, The National Cancer Institute estimates that 11 approximately 240,890 new cases of prostate cancer <del>will be</del> WERE 12 diagnosed and approximately 33,720 men <del>will die</del> DIED of prostate 13 cancer in 2011 in the United States; and

WHEREAS, The Pennsylvania Department of Health reports that in 2008, 10,098 men were diagnosed with prostate cancer, the largest number of all cancer cases diagnosed in men in Pennsylvania (26.5%), which was responsible for the deaths of 1,451 men; and

19 WHEREAS, The goal of screening for prostate cancer is to find 20 it early so that it can be treated more effectively; and

21 WHEREAS, The National Cancer Institute reports that prostate 22 cancer incident rates rose in the late 1980s when screening with 23 the PSA came into wide use; and

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23 the PSA came into wide use; and 24 WHEREAS, Since the early 1990s, the incidence of prostate 25 cancer and deaths from prostate cancer have been declining; and 26 WHEREAS, IN OCTOBER 2011, THE USPSTF ISSUED A RECOMMENDATION 27 AGAINST PSA SCREENING FOR PROSTATE CANCER FOR MEN IN ALL AGE

29 CERTAINTY THAT THE SERVICE HAS NO NET BENEFIT OR THAT THE HARMS

GROUPS BECAUSE IT CONCLUDED THAT THERE IS MODERATE OR HIGH

30 OUTWEIGH THE BENEFITS; AND

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WHEREAS, THE USPSTF STATES THAT THE OCTOBER 2011
 RECOMMENDATION APPLIES TO MEN IN THE UNITED STATES WHO DO NOT
 HAVE SYMPTOMS OF PROSTATE CANCER, EVEN THOUGH BY THE TIME A MAN
 EXPERIENCES SYMPTOMS OF PROSTATE CANCER, THE CANCER IS GENERALLY
 TOO ADVANCED TO CURE; AND

6 WHEREAS, THE USPSTF STATES THAT ITS NEW RECOMMENDATION 7 AGAINST SCREENING APPLIES REGARDLESS OF RACE, EVEN THOUGH THE 8 USPSTF ACKNOWLEDGES THAT AFRICAN-AMERICAN MEN HAVE A 9 SUBSTANTIALLY HIGHER PROSTATE CANCER INCIDENCE RATE THAN WHITE 10 MEN AND MORE THAN TWICE THE PROSTATE CANCER MORTALITY RATE OF 11 WHITE MEN; AND

12 WHEREAS, AT THE TIME THE USPSTF ISSUED ITS RECOMMENDATION IN 13 OCTOBER 2011, THE MOST RECENTLY UPDATED STUDY, THE GÖTEBORG 14 RANDOMIZED POPULATION-BASED PROSTATE CANCER SCREENING TRIAL, HAD 15 FOUND THAT, WITH SCREENING, DEATHS FROM PROSTATE CANCER DROPPED 16 44% OVER A 14-YEAR PERIOD, COMPARED WITH MEN WHO DID NOT UNDERGO 17 SCREENING AND THAT PROSTATE CANCER SCREENING EFFICIENCY WAS 18 SIMILAR TO OTHER CANCERS; AND

WHEREAS, A STUDY PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE IN MARCH 2012 ENTITLED "PROSTATE-CANCER MORTALITY AT 11 YEARS OF FOLLOW-UP" REVEALED THAT PSA SCREENING WAS SHOWN TO REDUCE THE MORTALITY OF PROSTATE CANCER BY 29%; AND

23 WHEREAS, The Prostate Cancer Foundation supports continued 24 routine PSA screening of informed patients; and

25 WHEREAS, The American Urological Association strongly opposes 26 the recommendations of the USPSTF, supports the use of PSA 27 screening and urges men to speak with their physicians about the 28 value of prostate cancer testing; and

29 WHEREAS, The American Cancer Society recommends that men30 should have a discussion with their health care providers in-

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1 order to make an informed decision about whether to be screened

2 for prostate cancer; therefore be it

RESOLVED, That the House of Representatives memorialize the
Congress of the United States in its health care reform

5 decisions to apply the American Cancer Society's guidelines for

6 prostate cancer, which specify that the discussion between a man-

7 and his health care provider regarding prostate cancer screening-

8 should take place between the ages of 40 and 50 based on the-

9 individual's level of risk and family history of prostate

10 cancer.

WHEREAS, THE USPSTF RECOMMENDATION AGAINST SCREENING PUTS 11 INTO HARM'S WAY MEN WHO ARE MOST AT RISK: THE UNDERINSURED, 12 13 THOSE WHO LIVE IN AREAS WHERE HEALTH CARE IS NOT READILY 14 AVAILABLE, THOSE WHO HAVE A FAMILY HISTORY OF PROSTATE CANCER AND AFRICAN-AMERICAN MEN; THEREFORE BE IT 15 RESOLVED, THAT THE HOUSE OF REPRESENTATIVES MEMORIALIZE THE 16 17 CONGRESS OF THE UNITED STATES TO SEEK THE WITHDRAWAL OF THE U.S. 18 PREVENTIVE SERVICES TASK FORCE RECOMMENDATION AGAINST PSA

19 SCREENING FOR MEN IN ALL AGE GROUPS.

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