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**Proposed Proclamations**  
**for**  
**Prostate Cancer Awareness Month**  
**September 2012**



## Proposed Proclamation

### Prostate Cancer Awareness Month – September 2012

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The American Cancer Society document Cancer Facts & Figures 2012 can be found on the ACS website: [www.cancer.org](http://www.cancer.org). In the Search box, type Cancer Facts & Figures 2012. The entire 68-page document is available in a PDF format.

The 2012 California Cancer Facts & Figures 37 page document may be obtained by calling the American Cancer Society California Division office in Oakland at (510) 893-7900.

#### Prepared by

Bill Doss  
California Prostate Cancer Coalition  
4909 Moonshadow Court  
Rocklin, CA 95677  
916-772-2222  
[wdoss@surewest.net](mailto:wdoss@surewest.net)  
[www.prostatecalif.org](http://www.prostatecalif.org)

## **Proposed Proclamation**

### **Prostate Cancer Awareness Month – September 2012**

#### **Discussion**

The purpose of this report is to assist issuing a Proclamation designating September 2012 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 the month of September as Prostate Cancer Awareness Month.

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.

Today there are more than 2.5 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. After lung cancer, prostate cancer is also the number one cause of cancer death in men. The American Cancer Society estimates that 1 in 6 men will develop prostate cancer in their lifetime. Men have a 33% higher rate of developing prostate cancer than women have of developing breast cancer. In the average American family, the husband is more at risk of developing prostate cancer than the wife is of developing breast cancer. In the USA, men also have a higher death rate from prostate cancer than women have from breast cancer. Every 18 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. Early detection is the key to prostate cancer survival. The 5-year survival rate for prostate cancer is 100% if the disease is treated early. The 5-year survival rate drops to 29% if the cancer has metastasized.

In California, prostate cancer is the most common form of cancer among men in almost all race/ethnic groups. 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, 20,190 men will be diagnosed and 3,085 men will die from this disease.

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 2012 American Cancer Society 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.

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.

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## **Proposed Proclamation**

### **Prostate Cancer Awareness Month – September 2012**

This is a Proclamation to designate September 2012 as Prostate Cancer Awareness Month.

1 WHEREAS, prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer, and the second leading cause of cancer death in men aside from lung cancer; and (pages 4, 5)

2 WHEREAS, the American Cancer Society estimates there will be 241,740 new cases of prostate cancer in the USA in 2012, resulting in an estimated 28,170 deaths, and it is estimate 1 in 6 men will develop this disease in their lifetime; and (pages 4, 6)

3 WHEREAS, in California, prostate cancer is the most common cancer among men in almost all race and ethnic groups and African-American men are over 56% more likely to develop this disease than non-Hispanic white men and over 78% more likely than Hispanic men; and (page 7)

4 WHEREAS, it is estimated 20,195 men in California will be diagnosed with prostate cancer this year and it is estimated 3,085 California men will die from this disease; and (page 8)

5 WHEREAS, the 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 9)

6 WHEREAS, early prostate cancer usually has no symptoms and familial predisposition may be responsible for 5% to 10% of the disease cases; and (page 10)

7 WHEREAS, recent studies suggest that a diet high in processed meat or dairy foods may be a risk factor, and obesity appears to increase risk of aggressive prostate cancer; and (page 10)

8 WHEREAS, obesity and smoking are associated with an increased risk of dying from prostate cancer; and (page 10)

9 WHEREAS, the American Cancer Society recommends that all men should be given sufficient information about the benefits and limitations of testing and early detection to allow them to make a decision based on their personal values and preferences; and (page 10)

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 2012 as Prostate Cancer Awareness Month.

**Treatment:** Treatment includes surgery and usually chemotherapy. Surgery usually involves removal of one or both ovaries and fallopian tubes (salpingo-oophorectomy) and the uterus (hysterectomy). In younger women with very early stage tumors who wish to have children, only the involved ovary and fallopian tube may be removed. Among patients with early ovarian cancer, more complete surgical staging has been associated with better outcomes. For women with advanced disease, surgically removing all abdominal metastases enhances the effect of chemotherapy and helps improve survival. For women with stage III ovarian cancer that has been optimally debulked (removal of as much of the cancerous tissue as possible), studies have shown that chemotherapy administered both intravenously and directly into the abdomen improves survival. Studies have also found that ovarian cancer patients whose surgery is performed by a gynecologic oncologist have more successful outcomes. Clinical trials are currently under way to test targeted drugs such as bevacizumab and cediranib in the treatment of ovarian cancer.

**Survival:** Relative survival varies by age; women younger than 65 are twice as likely to survive 5 years (57%) following diagnosis as women 65 and older (27%). Overall, the 1-, 5-, and 10-year relative survival of ovarian cancer patients is 75%, 44%, and 35%, respectively. If diagnosed at the localized stage, the 5-year survival rate is 93%; however, only 15% of all cases are detected at this stage, usually incidentally during another medical procedure. The majority of cases (63%) are diagnosed at distant stage. For women with regional and distant disease, 5-year survival rates are 72% and 27%, respectively.

## Pancreas

**New cases:** An estimated 43,920 new cases of pancreatic cancer are expected to occur in the US in 2012. Since 2004, incidence rates of pancreatic cancer have been increasing by 1.5% per year.

**Deaths:** An estimated 37,390 deaths are expected to occur in 2012, about the same number in women (18,540) as in men (18,850). During 2004 to 2008, the death rate for pancreatic cancer increased by 0.4% per year.

**Signs and symptoms:** Cancer of the pancreas often develops without early symptoms. Symptoms may include weight loss, pain in the upper abdomen that may radiate to the back, and occasionally glucose intolerance (high blood glucose levels). Tumors that develop near the common bile duct may cause a blockage that leads to jaundice (yellowing of the skin and eyes), which can sometimes allow the tumor to be diagnosed at an early stage.

**Risk factors:** Tobacco smoking and smokeless tobacco use increase the risk of pancreatic cancer; incidence rates are about twice as high for cigarette smokers as for nonsmokers. Risk also increases with a family history of pancreatic cancer and a personal history of pancreatitis, diabetes, obesity, and possibly high

levels of alcohol consumption. Individuals with Lynch syndrome and certain other genetic syndromes are also at increased risk. Though evidence is still accumulating, consumption of red meat may increase risk.

**Early detection:** At present, there is no widely used method for the early detection of pancreatic cancer, though research is under way in this area.

**Treatment:** Surgery, radiation therapy, and chemotherapy are treatment options that may extend survival and/or relieve symptoms in many patients, 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; even when surgery is performed, it often cannot remove all of the cancer. For patients who do undergo surgery, adjuvant treatment with the chemotherapy drug gemcitabine lengthens survival. The targeted anticancer drug erlotinib (Tarceva) has demonstrated a small improvement in advanced pancreatic cancer survival when used in combination with gemcitabine. Clinical trials with several new agents, combined with radiation and surgery, may offer improved survival and should be considered as a treatment option.

**Survival:** For all stages combined, the 1- and 5-year relative survival rates are 26% and 6%, respectively. Even for those people diagnosed with local disease, the 5-year survival is only 22%. More than half of patients are diagnosed at a distant stage, for which 5-year survival is 2%.

## Prostate

**New cases:** An estimated 241,740 new cases of prostate cancer will occur in the US during 2012. Prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer. For reasons that remain unclear, incidence rates are significantly higher in African Americans than in whites, 241 (per 100,000 men) versus 149, respectively, in 2008. Incidence rates for prostate cancer changed substantially between the mid-1980s and mid-1990s and have since fluctuated widely from year to year, in large part reflecting changes in prostate cancer screening with the prostate-specific antigen (PSA) blood test. Since 2004, incidence rates have decreased by 2.7% per year among men 65 years of age and older and have remained stable among men younger than 65 years.

**Deaths:** With an estimated 28,170 deaths in 2012, prostate cancer is the second-leading cause of cancer death in men. Prostate cancer death rates have been decreasing since the early 1990s in both African Americans and whites. Although death rates have decreased more rapidly among African American than white men, rates in African Americans remain more than twice as high as those in whites. Prostate cancer death rates decreased 3.0% per year in white men and 3.5% per year in African American men from 2004 to 2008.

### Death Rates\* for Selected Cancers by State, US, 2004-2008

State	All Sites		Breast	Colon & Rectum		Lung & Bronchus		Non-Hodgkin Lymphoma		Pancreas		Prostate
	Male	Female	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Alabama	262.0	158.7	24.5	23.6	15.2	90.3	41.0	8.5	5.5	12.9	9.4	29.9
Alaska	212.4	157.2	21.7	21.5	13.5	62.3	46.3	7.7	5.1	11.9	10.4	22.5
Arizona	186.7	132.4	21.0	17.5	11.9	52.1	33.9	7.7	4.9	11.4	7.8	20.6
Arkansas	254.9	164.1	24.0	23.2	15.6	93.2	47.4	8.6	5.2	12.7	9.5	26.2
California	197.4	143.4	22.5	18.4	13.3	50.3	33.9	8.2	5.1	11.8	9.3	23.6
Colorado	187.3	135.7	20.5	18.3	13.3	46.1	32.3	8.2	4.7	11.2	8.8	24.3
Connecticut	216.4	152.5	23.2	18.1	13.8	58.5	39.1	8.2	5.4	14.4	10.1	25.7
Delaware	238.5	167.5	24.3	20.8	15.0	73.7	50.3	9.0	5.1	12.1	9.8	26.7
Dist. of Columbia	260.4	161.1	27.6	23.0	18.1	68.6	35.1	8.8	3.2	16.1	10.1	41.7
Florida	209.4	143.9	21.9	18.7	13.3	65.1	40.1	8.0	5.0	11.9	8.6	20.3
Georgia	237.1	149.5	23.2	20.7	14.3	78.9	38.9	8.0	4.8	12.8	8.8	28.6
Hawaii	186.2	120.7	17.8	18.8	10.7	51.8	27.4	7.2	4.4	12.9	9.4	16.8
Idaho	197.9	145.7	21.2	15.9	13.8	52.0	34.9	8.2	5.8	11.6	10.2	27.3
Illinois	233.3	162.0	24.7	23.2	16.2	69.9	42.0	9.1	5.6	13.2	10.1	26.1
Indiana	247.3	164.8	24.0	23.1	15.6	82.8	47.2	9.9	5.8	12.9	9.5	25.2
Iowa	224.7	151.7	22.1	21.3	15.5	70.0	39.3	9.2	5.6	12.1	8.8	25.1
Kansas	224.7	151.3	23.1	21.8	14.5	71.8	40.9	9.7	5.5	12.7	9.4	22.2
Kentucky	271.2	175.1	23.5	24.4	17.0	103.0	56.1	9.3	6.0	12.3	9.3	25.6
Louisiana	268.1	168.6	26.8	25.8	16.3	87.8	45.0	9.3	5.5	14.0	10.9	28.6
Maine	243.4	164.7	21.5	20.9	15.4	75.6	47.3	9.3	6.0	12.7	10.0	25.0
Maryland	229.7	159.7	25.6	22.6	15.0	67.4	42.2	8.1	5.0	12.8	10.5	27.5
Massachusetts	227.3	156.0	22.3	20.1	14.4	64.0	42.7	8.7	5.4	13.2	10.3	24.1
Michigan	231.1	162.1	24.4	20.6	15.1	71.5	43.9	9.2	6.2	13.6	9.9	23.6
Minnesota	208.8	147.6	21.6	18.2	13.0	57.0	37.3	9.5	5.4	11.8	9.3	25.1
Mississippi	276.1	161.4	25.5	25.2	16.6	98.9	43.3	8.5	4.6	13.6	9.6	31.7
Missouri	242.0	162.7	25.4	22.1	15.0	83.1	46.4	8.5	5.5	12.9	9.5	23.1
Montana	208.1	153.0	20.7	17.5	13.9	59.5	42.4	8.5	5.6	12.3	9.3	28.0
Nebraska	217.1	147.2	22.0	22.9	15.6	64.1	35.9	9.0	5.9	12.2	8.7	24.9
Nevada	214.7	163.0	23.5	21.3	16.4	62.7	50.0	6.8	4.9	12.1	10.0	24.5
New Hampshire	223.4	159.1	22.8	20.5	13.9	63.4	43.7	8.3	5.1	12.8	11.0	25.1
New Jersey	218.5	160.6	26.5	22.6	16.0	59.7	39.1	8.5	5.7	13.3	9.9	23.4
New Mexico	193.0	136.8	21.5	19.6	13.4	45.5	29.5	6.6	4.8	11.5	9.3	24.6
New York	204.6	148.0	23.1	20.2	14.5	56.6	36.4	8.0	5.1	12.6	9.8	23.0
North Carolina	241.4	155.5	24.4	20.4	14.2	81.1	41.9	8.0	5.3	12.5	9.7	27.0
North Dakota	212.8	146.0	22.3	22.2	14.3	59.3	35.4	8.0	5.1	12.4	9.5	25.9
Ohio	246.5	165.5	25.9	23.3	16.0	78.5	45.0	9.5	5.6	13.1	9.7	26.3
Oklahoma	245.4	161.5	24.1	23.3	14.9	84.0	46.8	9.2	5.7	11.8	8.7	23.9
Oregon	217.7	158.7	22.5	19.0	14.1	62.9	44.3	9.1	5.9	12.3	10.3	26.0
Pennsylvania	235.6	161.1	24.8	22.7	15.8	69.9	40.3	9.4	5.9	13.5	9.8	24.5
Rhode Island	234.4	155.0	22.2	20.6	13.5	69.0	43.4	9.1	4.8	12.3	8.7	23.8
South Carolina	245.7	153.9	24.3	20.9	14.6	81.7	39.9	7.8	5.1	12.6	9.5	28.5
South Dakota	214.2	142.7	21.8	20.5	14.3	65.4	36.3	8.7	5.3	11.2	9.2	24.4
Tennessee	261.1	164.0	24.5	22.7	15.6	93.9	47.2	9.3	5.5	12.8	9.4	26.3
Texas	217.8	145.1	22.6	20.7	13.4	65.7	36.9	8.2	5.2	11.8	8.6	22.6
Utah	158.3	112.4	22.1	14.6	10.2	29.5	16.9	7.8	5.0	9.7	7.9	25.6
Vermont	214.2	155.5	21.7	20.2	15.0	62.5	43.2	7.7	5.1	11.5	9.6	24.3
Virginia	232.7	155.5	25.1	21.0	14.4	73.0	41.3	8.3	5.1	13.1	9.9	26.3
Washington	211.9	155.7	22.4	18.2	13.1	59.7	43.2	8.9	5.7	12.1	9.8	25.2
West Virginia	257.1	174.0	23.9	24.4	16.9	89.1	50.8	9.6	6.5	11.7	7.6	21.6
Wisconsin	222.8	154.3	22.1	19.4	13.6	61.4	39.2	9.5	5.9	12.8	9.7	26.7
Wyoming	199.4	150.7	22.1	19.9	14.6	52.5	38.2	8.1	6.3	12.4	10.4	22.7
<b>United States</b>	<b>223.0</b>	<b>153.2</b>	<b>23.5</b>	<b>20.7</b>	<b>14.5</b>	<b>67.4</b>	<b>40.1</b>	<b>8.6</b>	<b>5.4</b>	<b>12.5</b>	<b>9.4</b>	<b>24.4</b>

\*Per 100,000, age adjusted to the 2000 US standard population.

Source: US Mortality Data, National Center for Health Statistics, Centers for Disease Control and Prevention.

American Cancer Society, Surveillance Research, 2012

**Probability (%) of Developing Invasive Cancers over Selected Age Intervals by Sex, US, 2006-2008\***

		Birth to 39	40 to 59	60 to 69	70 and Older	Birth to Death
All sites†	Male	1.45 (1 in 69)	8.68 (1 in 12)	16.00 (1 in 6)	38.27 (1 in 3)	44.85 (1 in 2)
	Female	2.15 (1 in 46)	9.10 (1 in 11)	10.34 (1 in 10)	26.68 (1 in 4)	38.08 (1 in 3)
Urinary bladder‡	Male	0.02 (1 in 5,035)	0.38 (1 in 266)	0.92 (1 in 109)	3.71 (1 in 27)	3.84 (1 in 26)
	Female	0.01 (1 in 12,682)	0.12 (1 in 851)	0.25 (1 in 400)	0.98 (1 in 102)	1.15 (1 in 87)
Breast	Female	0.49 (1 in 203)	3.76 (1 in 27)	3.53 (1 in 28)	6.58 (1 in 15)	12.29 (1 in 8)
Colon & rectum	Male	0.08 (1 in 1,236)	0.92 (1 in 109)	1.44 (1 in 70)	4.32 (1 in 23)	5.27 (1 in 19)
	Female	0.08 (1 in 1,258)	0.73 (1 in 137)	1.01 (1 in 99)	3.95 (1 in 25)	4.91 (1 in 20)
Leukemia	Male	0.16 (1 in 614)	0.22 (1 in 445)	0.34 (1 in 291)	1.24 (1 in 81)	1.57 (1 in 64)
	Female	0.14 (1 in 737)	0.15 (1 in 665)	0.21 (1 in 482)	0.81 (1 in 123)	1.14 (1 in 88)
Lung & bronchus	Male	0.03 (1 in 3,631)	0.91 (1 in 109)	2.26 (1 in 44)	6.69 (1 in 15)	7.66 (1 in 13)
	Female	0.03 (1 in 3,285)	0.76 (1 in 132)	1.72 (1 in 58)	4.91 (1 in 20)	6.33 (1 in 16)
Melanoma of the skin§	Male	0.15 (1 in 677)	0.63 (1 in 158)	0.75 (1 in 133)	1.94 (1 in 52)	2.80 (1 in 36)
	Female	0.27 (1 in 377)	0.56 (1 in 180)	0.39 (1 in 256)	0.82 (1 in 123)	1.83 (1 in 55)
Non-Hodgkin lymphoma	Male	0.13 (1 in 775)	0.45 (1 in 223)	0.60 (1 in 167)	1.77 (1 in 57)	2.34 (1 in 43)
	Female	0.09 (1 in 1,152)	0.32 (1 in 313)	0.44 (1 in 228)	1.41 (1 in 71)	1.94 (1 in 51)
Prostate	Male	0.01 (1 in 8,499)	2.63 (1 in 38)	6.84 (1 in 15)	12.54 (1 in 8)	16.48 (1 in 6)
Uterine cervix	Female	0.15 (1 in 650)	0.27 (1 in 373)	0.13 (1 in 771)	0.18 (1 in 549)	0.68 (1 in 147)
Uterine corpus	Female	0.07 (1 in 1,373)	0.77 (1 in 130)	0.87 (1 in 114)	1.24 (1 in 81)	2.61 (1 in 38)

\*For people free of cancer at beginning of age interval. †All sites excludes basal and squamous cell skin cancers and in situ cancers except urinary bladder.

‡Includes invasive and in situ cancer cases. §Statistic is for whites only.

Source: DevCan: Probability of Developing or Dying of Cancer Software, Version 6.6.0. Statistical Research and Applications Branch, National Cancer Institute, 2011. www.srab.cancer.gov/devcan.

American Cancer Society, Surveillance Research, 2012

in cancer treatment, is a substantial source of radiation exposure. Leukemia may also occur as a side effect of chemotherapy. Children with Down syndrome and certain other genetic abnormalities have higher incidence rates of leukemia. Some recent studies suggest that obesity may also be associated with an increased risk of leukemia. Family history is one of the strongest risk factors for CLL. Cigarette smoking and exposure to certain chemicals such as benzene, a component in gasoline and cigarette smoke, are risk factors for AML. There is limited evidence that parental smoking and maternal exposure to paint increases the risk of childhood leukemia. Infection with human T-cell leukemia virus type I (HTLV-I) can cause a rare type of CLL called adult T-cell leukemia/lymphoma. The prevalence of HTLV-I infection is geographically localized and is most common in southern Japan and the Caribbean; infected individuals in the US tend to be descendants or immigrants from endemic regions.

**Early detection:** Leukemia can be difficult to diagnose early because symptoms often resemble those of other, less serious conditions. When a physician does suspect leukemia, diagnosis can be made using blood tests and a bone marrow biopsy.

**Treatment:** Chemotherapy is the most effective method of treating leukemia. Various anticancer drugs are used, either in combination or as single agents. Imatinib (Gleevec), nilotinib (Tasigna), and dasatinib (Sprycel) are very effective targeted drugs for the treatment of CML. These drugs are also sometimes

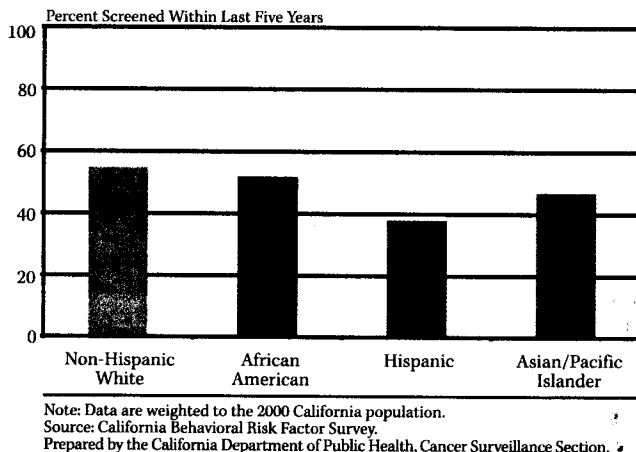
used to treat a certain type of ALL. Some people with CLL may not need treatment right away, unless the leukemia is progressing or causing symptoms. Recent clinical trials have shown that adults with AML who are treated with twice the conventional dose of daunorubicin experience higher and more rapid rates of remission. Antibiotics and transfusions of blood components are used as supportive treatments. Under appropriate conditions, stem cell transplantation may be useful in treating certain types of leukemia.

**Survival:** Survival rates vary substantially by leukemia type, ranging from a 5-year relative survival of 24% for patients diagnosed with AML to 81% for those with CLL. Advances in treatment have resulted in a dramatic improvement in survival over the past three decades for most types of leukemia. For example, from 1975-1977 to 2001-2007, the 5-year relative survival rate for ALL increased from 41% to 67% overall, and from 58% to 91% among children. In large part due to the discovery of the targeted cancer drug imatinib (Gleevec), the 5-year survival rate for CML increased from 31% for cases diagnosed during 1990-1992 to 55% for those diagnosed during 2001-2007.

**Liver**

**New Cases:** An estimated 28,720 new cases of liver cancer (including intrahepatic bile duct cancers) are expected to occur in the US during 2012. More than 80% of these cases are hepato-

## Sigmoidoscopy/Colonoscopy Use Among Persons Ages 50 and Older by Race/Ethnicity in California, 2010



## American Cancer Society Colon and Rectum Cancer Activities

The American Cancer Society has an aggressive, multi-pronged initiative to reduce incidence and mortality from colon and rectum cancer: Educating men and women ages 50 and over that they need to get tested; encouraging physicians and other health care providers to recommend screening to their eligible patients; and working with health plans and health insurers who set policy and control payment for screening procedures. The legislative advocacy campaign targets activities to increase funding to support research into the causes, cures, and care of colon and rectum cancer and addresses legislation for programs to provide coverage for screening.

The Society is also a strong supporter and participant in the statewide California Colorectal Cancer Coalition (C4), whose mission is to save lives and reduce suffering from colorectal cancer. C4 has provided Colorectal Cancer education to Californians through community forums. In Spring 2011, C4 held its Annual Lobby Day at the State Capitol to increase awareness among the State Legislators the importance of adequate screening resources for all Californians.

## Prostate Cancer

Prostate cancer is the most common cancer among men in almost all racial/ethnic groups in California. The number of prostate cancers diagnosed each year rose dramatically in the early 1990s when the prostate-specific antigen (PSA) test began to be widely used to detect this cancer. Incidence rates peaked in 1992-93 and were approximately 2% lower in 2009 than in 1988, depending on

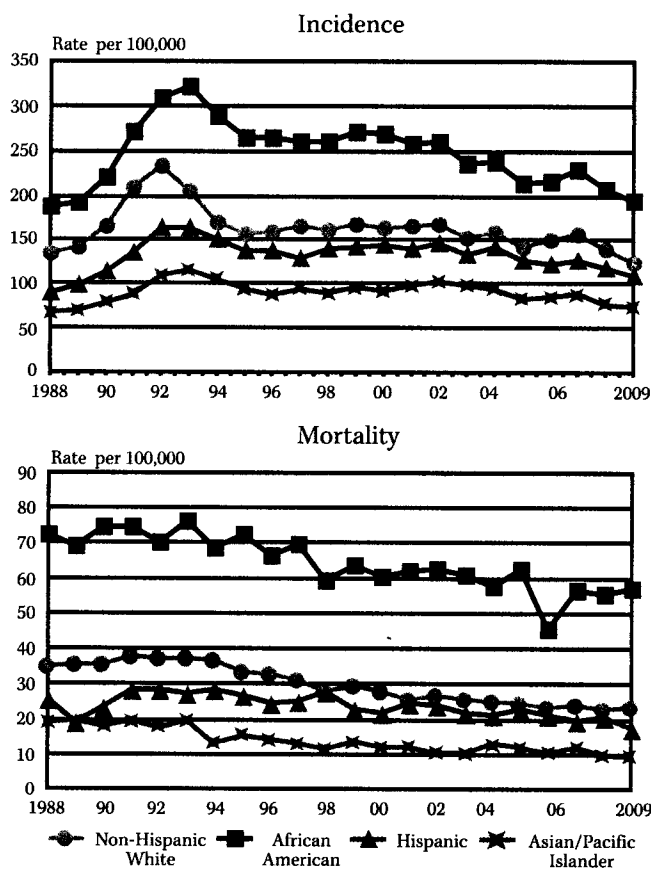
race/ethnicity. These trends are consistent with the rapid introduction of a new, sensitive screening method.

African American men are at especially high risk for prostate cancer. They are over 56% more likely to develop this disease than non-Hispanic white men, over 78% more likely than Hispanic men, and nearly three times more likely than Asian/Pacific Islanders. Unlike breast cancer, prostate cancer tends to be diagnosed late in life. Nearly 70% of prostate cancers are diagnosed among men ages 65 and older.

Very little is known about the causes of prostate cancer. Large international differences in prostate cancer risk indicate that lifestyle factors such as diet may be involved, and it is likely that diet interacts with hormonal status in complex ways.

The survival rate for prostate cancer is quite high (see page 7), especially when diagnosed early. Prostate cancer mortality in California decreased by 36% after 1988,

## Trends in Prostate Cancer by Race/Ethnicity in California, 1988-2009\*



Note: Rates are age-adjusted to the 2000 U.S. population.  
Source: California Cancer Registry, California Department of Public Health.  
Prepared by the California Department of Public Health, Cancer Surveillance Section.

\*Veterans Health Administration hospitals did not report cancer cases to the California Cancer Registry (CCR) in 2005. Therefore, case counts and incidence rates for adult males in 2005 are underestimated and should be interpreted with caution (see page 1 or <http://www.ccrca.org/Vatechnotes.html>).



# Expected New Cancer Cases & Deaths in California – 2012

Site	Expected New Cases			Expected Deaths		
	Total*	Male	Female	Total*	Male	Female
All Sites	144,800	73,060	71,740	55,415	28,260	27,150
Oral Cavity and Pharynx	3,665	2,535	1,135	870	590	280
Digestive System	28,095	15,520	12,575	14,830	8,210	6,620
Esophagus	1,365	1,040	325	1,235	945	290
Stomach	2,615	1,550	1,065	1,500	870	630
Small Intestine	575	305	270	140	65	75
Colon excluding Rectum	10,295	5,080	5,215	4,185	2,080	2,100
Rectum and Rectosigmoid	4,235	2,450	1,785	935	535	405
Anus, Canal and Anorectum	685	285	400	80	30	50
Liver and Intrahepatic Bile Duct	3,095	2,245	850	2,545	1,665	880
Gallbladder	365	110	255	215	65	150
Other Biliary	670	370	305	145	70	70
Pancreas	3,755	1,890	1,860	3,625	1,790	1,835
Retroperitoneum	125	65	65	30	15	10
Respiratory System	17,575	9,255	8,325	13,465	7,285	6,180
Nasal Cavity, Middle Ear	215	115	100	60	40	20
Larynx	810	670	140	295	235	60
Lung and Bronchus	16,540	8,450	8,090	13,045	6,975	6,070
Pleura	5	5	5	25	20	10
Bones and Joints	325	195	130	155	95	60
Soft Tissue including Heart	1,135	615	520	455	255	200
Melanomas of the Skin	7,050	4,180	2,870	925	610	315
Other Non-Epithelial Skin	735	455	280	340	250	85
Breast	23,460	180	23,280	4,360	25	4,335
Female Genital System	8,975	0	8,975	2,985	0	2,985
Cervix Uteri	1,455	0	1,455	435	0	435
Corpus Uteri and Uterus, NOS**	4,700	0	4,700	790	0	790
Ovary	2,305	0	2,305	1,560	0	1,560
Vagina	130	0	130	45	0	45
Vulva	375	0	375	105	0	105
Male Genital System	21,360	21,360	0	3,175	3,175	0
Prostate	20,195	20,195	0	3,085	3,085	0
Testis	1,045	1,045	0	60	60	0
Penis	125	125	0	30	30	0
Urinary System	11,425	8,005	3,420	2,645	1,785	860
Urinary Bladder	6,210	4,685	1,525	1,325	935	390
Kidney and Renal Pelvis	5,050	3,240	1,810	1,240	795	440
Ureter	170	100	70	35	20	15
Eye and Orbit	275	155	120	40	15	25
Brain and Other Nervous System	2,105	1,200	900	1,545	875	670
Thyroid Gland	4,430	1,050	3,380	210	85	130
Other Endocrine, Thymus	260	135	125	110	55	55
Hodgkins Disease	895	475	420	130	70	60
Non-Hodgkins Lymphomas	6,385	3,505	2,880	2,090	1,160	925
Multiple Myeloma	1,770	980	785	1,055	605	455
Leukemias	3,990	2,285	1,710	2,305	1,290	1,020
Lymphocytic Leukemia	1,990	1,205	785	675	390	290
Acute Lymphocytic Leukemia	690	385	305	210	115	95
Chronic Lymphocytic Leukemia	1,165	725	435	420	245	175
Myeloid and Monocytic Leukemia	1,845	1,020	825	1,195	665	525
Acute Myeloid Leukemia	1,205	650	555	1,000	550	455
Acute Monocytic Leukemia	95	50	45	15	10	5
Chronic Myeloid Leukemia	495	295	200	100	65	35
Ill Defined/Unknown	3,050	1,510	1,540	3,810	2,000	1,810

Source: California Cancer Registry, California Department of Public Health. Excludes non-melanoma skin cancers and carcinoma *in situ*, except bladder. Deaths include persons who may have been diagnosed in previous years. These projections are offered as a rough guide, and should not be regarded as definitive.

\* Male and female cases and deaths do not sum up to the total because of rounding of numbers.

\*\* NOS: Not Otherwise Specified

For more information please visit the California Cancer Registry web site at <http://www.ccrca.org/>

### Five-year Relative Survival Rates\* (%) by Stage at Diagnosis, 2001-2007

	All Stages	Local	Regional	Distant		All Stages	Local	Regional	Distant
Breast (female)	89	99	84	23	Ovary	44	92	72	27
Colon & rectum	64	90	69	12	Pancreas	6	22	9	2
Esophagus	17	37	18	3	Prostate	99	100	100	29
Kidney†	70	91	63	11	Stomach	26	62	28	4
Larynx	61	77	42	33	Testis	95	99	96	73
Liver‡	14	27	9	4	Thyroid	97	100	97	56
Lung & bronchus	16	52	24	4	Urinary bladder§	78	71	35	5
Melanoma of the skin	91	98	61	15	Uterine cervix	69	91	57	19
Oral cavity & pharynx	61	82	56	34	Uterine corpus	82	96	67	16

\*Rates are adjusted for normal life expectancy and are based on cases diagnosed in the SEER 17 areas from 2001-2007, followed through 2008.

†Includes renal pelvis. ‡Includes intrahepatic bile duct. §Rate for in situ cases is 97%.

**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 by way of lymphatic system; 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, Krapcho M, Neyman N, et al. (eds). *SEER Cancer Statistics Review, 1975-2008*, National Cancer Institute, Bethesda, MD, www.seer.cancer.gov/csr/1975\_2008/, 2011.

American Cancer Society, Surveillance Research 2012

Hodgkin lymphoma is usually treated with chemotherapy, radiation therapy, or a combination of the two, depending on stage and cell type of the disease. Bone marrow or stem cell transplantation may be an option if these are not effective. The FDA recently approved the targeted drug brentuximab vedotin (Adcetris) to treat Hodgkin lymphoma (as well as a rare form of NHL) in patients whose disease has failed to respond to other treatment.

**Survival:** Survival varies widely by cell type and stage of disease. For NHL, the overall 1- and 5-year relative survival is 81% and 67%, respectively; survival declines to 55% at 10 years after diagnosis. For Hodgkin lymphoma, the 1-, 5-, and 10-year relative survival rates are 92%, 84%, and 79%, respectively.

### Oral Cavity and Pharynx

**New cases:** An estimated 40,250 new cases of cancer of the oral cavity and pharynx (throat) are expected in 2012. Incidence rates are more than twice as high in men as in women. From 2004 to 2008, incidence rates declined by 1.0% per year in women and were stable in men. However, recent studies have shown that incidence is increasing for cancers of the oropharynx that are associated with human papillomavirus (HPV) infection among white men and women.

**Deaths:** An estimated 7,850 deaths from oral cavity and pharynx cancer are expected in 2012. Death rates have been decreasing over the past three decades; from 2004 to 2008, rates decreased by 1.2% per year in men and by 2.2% per year in women.

**Signs and symptoms:** Symptoms may include a sore in the throat or mouth that bleeds easily and does not heal, a red or white patch that persists, a lump or thickening, ear pain, a neck mass, or coughing up blood. Difficulties in chewing, swallowing, or moving the tongue or jaws are often late symptoms.

**Risk factors:** Known risk factors include all forms of smoked and smokeless tobacco products and excessive consumption of alcohol. Many studies have reported a synergism between smoking and alcohol use, resulting in a more than 30-fold increased risk for individuals who both smoke and drink heavily. HPV infection is associated with cancers of the tonsil, base of tongue, and some other sites within the oropharynx and is believed to be transmitted through sexual contact.

**Early detection:** Cancer can affect any part of the oral cavity, including the lip, tongue, mouth, and throat. Through visual inspection, dentists and primary care physicians can often detect premalignant abnormalities and cancer at an early stage, when treatment is both less extensive and more successful.

**Treatment:** Radiation therapy and surgery, separately or in combination, are standard treatments; chemotherapy is added for advanced disease. Targeted therapy with cetuximab (Erbix) may be combined with radiation in initial treatment or used alone to treat recurrent cancer.

**Survival:** For all stages combined, about 84% of persons with oral cavity and pharynx cancer survive 1 year after diagnosis. The 5-year and 10-year relative survival rates are 61% and 50%, respectively.

### Ovary

**New cases:** An estimated 22,280 new cases of ovarian cancer are expected in the US in 2012. Ovarian cancer accounts for about 3% of all cancers among women. Incidence rates have been relatively stable since 1992.

**Deaths:** An estimated 15,500 deaths are expected in 2012. Ovarian cancer causes more deaths than any other cancer of the female reproductive system. The death rate for ovarian cancer decreased by 1.9% per year from 2004 to 2008.

**Signs and symptoms:** Early prostate cancer usually has no symptoms. With more advanced disease, men may experience weak or interrupted urine flow; inability to urinate or difficulty starting or stopping the 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, and a family history of the disease. About 60% of all prostate cancer cases are diagnosed in men 65 years of age and older, and 97% occur in men 50 and older. African American men and Jamaican men of African descent have the highest documented prostate cancer incidence rates in the world. The disease is common in North America and northwestern Europe, but less common in Asia and South America. Genetic studies suggest that strong familial predisposition may be responsible for 5%-10% of prostate cancers. Recent studies suggest that a diet high in processed meat or dairy foods may be a risk factor, and obesity appears to increase risk of aggressive prostate cancer. There is some evidence that risk is elevated in firefighters.

**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 already used to treat the symptoms of benign prostate enlargement. Both drugs have been found to lower the risk of prostate cancer by about 25% in large clinical trials with similar potential side effects, including reduced libido and risk of erectile dysfunction. However, it is not entirely clear which men are most likely to gain benefit from prophylactic treatment with these agents, and in December 2010, an advisory committee to the FDA recommended against approval for both finasteride and dutasteride for the prevention of prostate cancer based on risk-benefit analyses.

**Early detection:** At this time, there are insufficient data to recommend for or against routine testing for early prostate cancer detection with the PSA test. 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 receive information about the potential benefits and known limitations associated with testing for early prostate cancer detection and have an opportunity to make an informed decision about testing. Men at high risk of developing prostate cancer (African Americans or men with a close relative diagnosed with prostate cancer before age 65) should have this discussion with their health care provider beginning at age 45. Men at even higher risk (because they have several close relatives diagnosed with prostate cancer at an early age) should have this discussion with their provider at age 40. All men should be given sufficient information about the benefits and limitations of testing and early detection to allow them to make a decision based on their personal values and preferences.

Results from clinical trials designed to determine the efficacy of PSA testing for reducing prostate cancer deaths have been mixed; two European studies found a lower risk of death from prostate cancer among men receiving PSA screening while a study in the US found no reduction. Current research is exploring new biologic markers for prostate cancer, as well as alternative ages of screening initiation and timing of testing, with the goal of identifying and treating men at highest risk for aggressive disease while minimizing unnecessary testing and over-treatment of men at low risk for prostate cancer death. See page 64 for the American Cancer Society's screening guidelines for the early detection of prostate cancer.

**Treatment:** Treatment options vary depending on age, stage, and grade of cancer, as well as other medical conditions. The grade assigned to the tumor, typically called the Gleason score, indicates the likely aggressiveness of the cancer and ranges from 2 (nonaggressive) to 10 (very aggressive). Surgery (open, laparoscopic, or robotic-assisted), external beam radiation, or radioactive seed implants (brachytherapy) may be used to treat early stage disease. Data show similar survival rates for patients with early stage disease treated with any of these methods, and there is no current evidence supporting a "best" treatment for prostate cancer. Adjuvant hormonal therapy may be indicated in some cases. All of these treatments may impact a man's quality of life through side effects or complications that include urinary and erectile difficulties. Accumulating evidence suggests that careful observation ("active surveillance"), rather than immediate treatment, can be an appropriate option for men with less aggressive tumors and for older men.

Hormonal therapy, chemotherapy, radiation, or a combination of these treatments is used to treat more advanced disease. Hormone treatment may control advanced prostate cancer for long periods by shrinking the size or limiting the growth of the cancer, thus helping to relieve pain and other symptoms. An option for some men with advanced prostate cancer that is no longer responding to hormones is a cancer vaccine known as sipuleucel-T (Provenge). For this treatment, special immune cells are removed from a man's body, exposed to prostate proteins in a lab, and then re-infused back into the body, where they attack prostate cancer cells. Another option for these men is Abiraterone (Zytiga), which was recently approved for the treatment of metastatic disease that is resistant to hormone and chemotherapy.

**Survival:** More than 90% of all prostate cancers are discovered in the local or regional stages, for which the 5-year relative survival rate approaches 100%. Over the past 25 years, the 5-year relative survival rate for all stages combined has increased from 68% to almost 100%. According to the most recent data, 10- and 15-year relative survival rates are 98% and 91%, respectively. Obesity and smoking are associated with an increased risk of dying from prostate cancer.



## The White House

September 01, 2011

### Presidential Proclamation -- National Prostate Cancer Awareness Month

Prostate cancer is the second leading cause of cancer-related deaths among men in the United States. The weight of this illness is felt not only by the men living with and fighting prostate cancer, but also by their families, friends, and communities who rally to care for their loved ones. As we observe National Prostate Cancer Awareness Month, we renew our commitment to reducing the impact of prostate cancer on our country by raising awareness and supporting research that will lead to better ways to detect and treat this disease.

Although the exact causes of prostate cancer are not yet known, studies show certain factors-- including age, race, and family history-- may increase the likelihood of developing the disease. African Americans, in particular, are at a higher risk than men of other backgrounds. I encourage all men, especially those who are at an increased risk, to talk to their doctors about ways they can reduce their chances of developing prostate cancer.

My Administration will continue to promote prostate cancer research and treatment and raise awareness of this illness. The Centers for Disease Control and Prevention support critical research projects and education activities that bring a public health perspective to the issues of early detection and treatment. The Department of Defense and the National Cancer Institute continue to support research, investigate new cancer detection methods, and develop innovative imaging methods and other diagnostic techniques. The Affordable Care Act also expands coverage and gives Americans greater freedom and control over their health-care choices. Reforms in the law ban insurance companies from dropping individuals when they get sick or imposing lifetime dollar limits on health benefits. These changes free cancer patients to focus on getting better instead of worrying about whether they will be able to afford their treatment.

During National Prostate Cancer Awareness Month, we reaffirm our support for prostate cancer patients and survivors, and commend health-care providers, advocates, and researchers for their dedication and perseverance. Our combined efforts to increase awareness of prostate cancer and bolster research will help save lives, and our commitment to our fathers, brothers, and sons will contribute to a brighter tomorrow for future generations.

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 2011 as National Prostate Cancer Awareness Month. I encourage all citizens, government agencies, private businesses, nonprofit 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 eleven, and of the Independence of the United States of America the two hundred and thirty-sixth.

BARACK OBAMA

Ref: <http://www.whitehouse.gov/the-press-office/2011/09/01/presidential-proclamation-national-prostate-cancer-awareness-month>

file: White House Proclamation, 2011

**Designating September 2011 as 'National Prostate Cancer Awareness Month**

IN THE SENATE OF THE UNITED STATES

September 23, 2011

**RESOLUTION**

Designating September 2011 as 'National Prostate Cancer Awareness Month'.

**Whereas** countless families in the United States live with prostate cancer;

**Whereas** 1 in 6 males in the United States will be diagnosed with prostate cancer in his lifetime;

**Whereas** prostate cancer is the most commonly diagnosed non-skin cancer and the second most common cause of cancer-related deaths among males in the United States;

**Whereas** in 2011, the American Cancer Society estimates that 240,890 males in the United States will be diagnosed with prostate cancer, and 33,720 males will die from the disease;

**Whereas** 30 percent of newly diagnosed prostate cancer cases occur in males under the age of 65;

**Whereas** approximately every 14 seconds, a male in the United States turns 50 years old and increases his odds of developing cancer, including prostate cancer;

**Whereas** African-American males suffer from a prostate cancer incidence rate that is up to 65 percent higher than White males and have double the prostate cancer mortality rate of White males;

**Whereas** obesity is a significant predictor of the severity of prostate cancer;

**Whereas** the probability that obesity will lead to death and high cholesterol levels is strongly associated with advanced prostate cancer;

**Whereas** males in the United States with 1 family member diagnosed with prostate cancer have a 1 in 3 chance of being diagnosed with the disease, males with 2 family members diagnosed have an 83 percent chance, and males with 3 family members diagnosed have a 97 percent chance;

**Whereas** screening by a digital rectal examination and a prostate-specific antigen blood test can detect the disease at the early stages, increasing the chances of survival for more than 5 years to nearly 100 percent;

**Whereas** only 33 percent of males survive more than 5 years if diagnosed during the late stages of the disease;

**Whereas** there are no noticeable symptoms of prostate cancer while it is still in the early stages, making screening critical;

**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 males and preserving and protecting families: Now, therefore, be it

**Resolved**, That the Senate--

(1) designates September 2011 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 increase research funding that is commensurate with the burden of prostate cancer so that--

(i) screening and treatment for prostate cancer may be improved;

(ii) the causes of prostate cancer may be discovered; and

(iii) a cure for prostate cancer may be developed; and

(C) to continue to consider ways for improving 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, interested 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.



## **Prostate Cancer Awareness Month**

BILL NUMBER 17

INTRODUCED BY SENATOR LA MALFA

ADOPTED IN THE CALIFORNIA SENATE SEPTEMBER 8, 2011

SCR 17, La Malfa. Prostate Cancer Awareness Month. This measure would designate the month of September 2011 as Prostate Cancer Awareness Month in the State of California.

WHEREAS, Prostate cancer impacts all Californians and has touched the Senate of the State of California last year with the passing of Senator Dave Cox after a 13-year battle with the disease; and

WHEREAS, The American Cancer Society estimates that one in six men will develop prostate cancer in their lifetime. Approximately 240,890 new cases of the disease in the United States are predicted for 2011, resulting in nearly 33,720 deaths; and

WHEREAS, In California, prostate cancer is the most common cancer among men in all race and ethnic groups. African American men are more likely to develop this disease than any other group of men; and

WHEREAS, In California, approximately 25,030 men are predicted to be diagnosed with prostate cancer in 2011 and each day more than 11 California men will die of this disease; and

WHEREAS, While prostate cancer is a leading cause of cancer deaths in men, little is known about this disease and there are usually no symptoms in the early stages; and

WHEREAS, The survival rate approaches 100 percent when prostate cancer is diagnosed and treated early, but drops to 30 percent when the disease spreads to other parts of the body; and

WHEREAS, A prostate-specific antigen (PSA) blood test and a digital rectal examination (DRE) diagnose most prostate cancers before symptoms develop; and

WHEREAS, The American Cancer Society recommends that health care providers offer the PSA and DRE to men who have at least a 10-year life expectancy, beginning when the men are 50 years of age; and

WHEREAS, Men who have a father, son, or brother who has been diagnosed with prostate cancer before 65 years of age, and African American men should be offered a PSA and DRE beginning when they are 45 years of age; and

WHEREAS, Men who have multiple family members who have been diagnosed with prostate cancer before 65 years of age should be offered a PSA and DRE beginning when they are 40 years of age; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature designates the month of September 2011 as Prostate Cancer Awareness Month in the State of California and encourages public officials and citizens of California to observe the month with appropriate activities and programs; and be it further

Resolved, That the Legislature joins communities across our nation to increase the awareness of the importance of early detection and treatment of prostate cancer; and be it further

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