

## Talking Points

### The Problem

- Prostate cancer is the most commonly diagnosed cancer in men.
- Prostate cancer is the second leading cause of cancer-related death in men.
- In 2025, an estimated 313,780 men will be diagnosed with prostate cancer, and 35,770 men will die from it.
- Rates of advanced prostate cancer are rising, reflecting the failure to screen and catch prostate cancer early.
- A man will be diagnosed with prostate cancer every 2 minutes in 2025 and die from it every 15 minutes.
- African American men are at increased risk for the disease. 1 in 6 African American men will be diagnosed with prostate cancer.
- African American men are more than 2 times more likely to die from the disease and 1.7 times more likely to be diagnosed with the disease.
- Veterans who were exposed to herbicides like Agent Orange and other toxic exposures are at increased risk for developing prostate cancer and are more likely to have an aggressive form of the disease.
- If caught early, prostate cancer has a five-year survival rate of nearly 100%. However, for late-stage prostate cancer, the five-year survival rate is 29%.
- The economic and social burden of prostate cancer is huge:
- Prostate cancer is estimated to cost over \$8 billion in direct medical expenditures.
- Men who survive after treatment frequently suffer from side effects, including impotence and incontinence

### **The PSA & USPSTF**

- In 2018, the United States Preventive Services Task Force (USPSTF) issued a recommendation for prostate cancer screening. The PSA test was given a “C” rating for men ages 55-69 and a “D” rating for men 70 and over.
- The “C” rating suggests that providers should offer the test for high-risk men in that category, but it does not require insurance coverage for the test.
- The “D” rating for men 70 and above means the PSA test is not recommended for older men, regardless of their life expectancy or state of health.
- Unfortunately, this recommendation has led to much confusion about how and when providers should screen men for prostate cancer. The Affordable Care Act (ACA) tied USPSTF recommendations to insurance coverage. The law requires commercial insurers to cover screenings with “A” or “B” ratings without patient cost sharing.
- ZERO joined the provider community in submitting comments urging the USPSTF to reverse these ratings, but the USPSTF claims it needs more data to support screening—even the common-sense screening of high-risk men. This data could take decades to generate.
- There is no alternative to the PSA test. Without its widespread use, prostate cancer is going undiagnosed. Many experts agree that more men will die because their cancer will not be detected in time to be treated successfully.
- In fact, after decades of declining death rates, there has been a 15 percent jump in the number of prostate cancer deaths since 2017.
- A decline in screening related to changing recommendations from the USPSTF corresponded with a later increase in advanced disease at first diagnosis.
- Researchers are working to develop a better, more precise diagnostic tool for prostate cancer. But until there is an alternative to the PSA test, we must make sure that men have access to the PSA test and can engage in an informed conversation with their doctors about the screening and treatment of prostate cancer.
- This is especially true for African American men and men with a family history of prostate cancer, who are at a much higher risk of developing the disease. USPSTF has reported a data gap for these populations and said that filling this gap is a national priority.

- 
- Researchers are unlikely to fill these data gaps because prostate cancer is slow-growing, screening some men and not others is unethical, and enrolling African Americans and men with a family history in clinical trials is challenging.
  - Reps. Neal Dunn, MD (R-FL) and Yvette Clarke (D-NY) introduced the PSA Screening for HIM Act (H.R. 1300) with original cosponsors Reps. Greg Murphy, MD (R-NC) and Troy Carter (D-LA), which requires PSA screening coverage for those two categories (African Americans and family history). The bill would require that these categories be treated as if they had an A rating, meaning that insurance coverage without copays for the test would be guaranteed.
  - Senators John Boozman (R-AR) and Cory Booker (D-NJ) introduced S.297, the Senate companion to PSA Screening for HIM.
  - This legislation would give prostate cancer parity with breast cancer, which had a similar problem with its 2012 mammography screening recommendation from USPSTF that was reversed by Congressional action.