

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 2022, an estimated 268,490 men will be diagnosed with prostate cancer and 34,500 men will die from it.
 - After decades of decline, prostate cancer death rates are on the rise: it is estimated that in 2022 more than 100,000 more men will be diagnosed with prostate cancer and over 5,000 more men will die from prostate cancer than in 2018.
 - This represents a 63% increase in diagnoses and a 17% rise in the death rate.
- A man will be diagnosed with prostate cancer every 2 minutes in 2022, and die from it every 15 minutes
- African American men are at increased risk for the disease. 1 in 7 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 1.8 times more likely to be diagnosed with the disease.
- Veterans who were exposed to herbicides like Agent Orange 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

COORDINATION OF PROSTATE CANCER RESEARCH

- Many federal agencies conduct prostate cancer research, provide grants to academic and industry partners to perform research, or create and administer policies informed by research. For example:
 - National Institutes of Health (NIH) – funds academic and industry research; conducts its own research
 - Veterans Health Administration (VHA) – conducts its own research with academic partners; sets screening and treatment policies for veterans
 - Department of Defense (DoD) – funds academic and industry research; conducts its own research; sets screening and treatment policies for active-duty service members and their families
 - Centers for Disease Control and Prevention (CDC) – disseminates information about screening and treatment
 - Centers for Medicare and Medicaid Services (CMS) – sets reimbursement policies for screening and treatment
 - Food and Drug Administration (FDA) – approves new diagnostics and treatments
 - Health Services and Resources Administration (HRSA) – sets screening and treatment policies for vulnerable populations
- In order to ensure that programs are not duplicative and have complementary objectives, coordination among agencies is necessary.
- The Prostate Cancer Community Assistance, Research and Education Act (PC-CARE Act) would create a coordinating committee, run by the NIH with participation from HHS, DoD, the VA, and other agencies as well as representatives from relevant non-profit organizations and medical societies.
- The PC-CARE Act (**H.R.7750**) was introduced by Representatives Greg Murphy (R-NC), who is also a urologist, and Bobby Rush (D-IL).
- Under the legislation, the Prostate Cancer Coordinating Committee would conduct a survey of federal prostate cancer research programs and create a research plan that would be updated every three years. The group would meet three times a year to stay up to date on the latest research and policy developments.

OUR ASK

1. **Cosponsor H.R.7750** – Congressmen Greg Murphy (R-NC) and Bobby Rush's (D-IL) PC-CARE Act creating a federal prostate cancer research coordinating committee.