

TALKING POINTS

THE PROBLEM

1. Prostate cancer is the most commonly diagnosed cancer in men.
2. Prostate cancer is the second leading cause of cancer-related death in men.
3. 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.
4. A man will be diagnosed with prostate cancer every 2 minutes in 2022, and die from it every 15 minutes
5. African American men are at increased risk for the disease. 1 in 7 African American men will be diagnosed with prostate cancer.
6. 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.
7. 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.
8. 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%.
9. 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

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.

COMMON QUESTIONS

1. Are there similar coordinating committees for other research?
 - *Yes! There are many coordinating committees, such as for autism and muscular dystrophy.*
2. How much will this coordinating committee cost?
 - *While there is no official price tag, other committees come with a very low cost. And with the committee's focus on making federal research more efficient, it would likely save money in the long run.*
3. I would like to sign onto this bill. Who do I talk to?
 - *A Congressional office interested in signing onto the bill can reach out to McLean Piner in Representative Murphy's office at McLean.Piner@mail.house.gov or Nishith Pandya in Representative Rush's office at Nishith.Pandya@mail.house.gov.*