

HOUSE JOINT RESOLUTION 202

By Ramsey

A RESOLUTION to request Congress to seek withdrawal of draft recommendations on prostate cancer screenings by the U.S. Preventive Services Task Force.

WHEREAS, the United States Preventive Services Task Force (USPSTF) acknowledges that prostate cancer is the most commonly diagnosed nonskin cancer in the men in the United States, with one in six American men expected to be diagnosed with prostate cancer in his lifetime; and

WHEREAS, prostate cancer is the second leading cause of cancer-related deaths in men in the United States; and

WHEREAS, the National Cancer Institute and the American Cancer Society estimated that, in 2013, 238,590 men in the United States would be diagnosed with prostate cancer and 29,720 would die of the disease – more than one man every thirty minutes; and

WHEREAS, the American Cancer Society projected that in Tennessee alone, there would be approximately 4,990 new cases of prostate cancer and 630 deaths from the disease in 2013; and

WHEREAS, in 2008, the USPSTF recommended against prostate-specific antigen (PSA) screening for prostate cancer in men at least seventy-five years old; and

WHEREAS, in May 2012, the USPSTF replaced its 2008 recommendations with a new recommendation against PSA screening for prostate cancer in all age groups; and

WHEREAS, the USPSTF issued its recent recommendation without the benefit of having a urologist, radiation oncologist, or medical oncologist, the three types of physicians who specialize in diagnosing and treating patients with prostate cancer, on the USPSTF; and

WHEREAS, the USPSTF's new recommendation regarding prostate cancer screening follows the public outcry surrounding the USPSTF's recommendation, in November 2009,

against mammograms for women ages forty through forty-nine and against teaching women to do breast self-exams; and

WHEREAS, the USPSTF states that its March 2012 recommendation applies to men in the U.S. population that do not have symptoms that are highly suspicious for prostate cancer, even though it is well understood that by the time a man evidences “symptoms” of prostate cancer the disease is more likely to have spread to areas outside the prostate and is far less likely to be curable; and

WHEREAS, the USPSTF states that its new recommendation against PSA screening applies regardless of race, even though the USPSTF acknowledges that African American men have a substantially higher prostate-cancer incidence rate than white men and more than twice the prostate-cancer mortality rate; and

WHEREAS, the death rate from prostate cancer has decreased by nearly forty percent since the advent of widespread PSA screening in the early to mid-1990s; and

WHEREAS, the most recently updated, best designed and controlled study of prostate cancer, the Goteborg Randomized Population-Based Prostate Cancer Screening Trial, found that with screening, deaths from prostate cancer dropped forty-four percent over a fourteen-year period, compared with men who did not undergo screening, and that prostate-cancer screening efficiency was similar to other cancers; and

WHEREAS, the USPSTF’s recommendation against PSA screening puts into harm’s way the men who are most at risk, namely, the underinsured, those who live in rural areas where health care is not readily available, those who have a family history of prostate cancer, and particularly African-American men, who have the highest incidence of and death rates from prostate cancer; now, therefore,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDRED EIGHTH GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, THE SENATE CONCURRING, that the General Assembly requests that the Congress of the United States seek the withdrawal of the USPSTF draft recommendations against PSA screening for prostate cancer for men in all age groups.

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded by the Chief Clerk of the House to the Tennessee Congressional Delegation.