

House Committee on Oversight and Government Reform

(Chairman: Ed Towns, D, NY)

Hearing on

“Prostate Cancer: New Questions About Screening and Treatment”

March 4, 2010

**Joint Statement of
America’s Prostate Cancer Organizations**

comprising

Malecare Prostate Cancer Support
www.malecare.com

Men’s Health Network
www.menshealthnetwork.org

National Alliance of State Prostate Cancer Coalitions
www.naspcc.org

Prostate Cancer Foundation
www.pcf.org

Prostate Cancer International
www.pcainternational.org

Prostate Conditions Education Council
www.prostateconditions.org

Prostate Health Education Network
www.prostatehealthed.org

The Prostate Net
www.theprostatenet.org

Us TOO International Prostate Cancer Education and Support Network
www.ustoo.org

Women Against Prostate Cancer
www.womenagainstprostatecancer.org

ZERO – The Project to End Prostate Cancer
www.zerocancer.org

With Support From:

RetireSafe
www.retiresafe.org

Veterans Health Council
www.veteranshealth.org

Vietnam Veterans of America
www.vva.org

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Collectively, America’s Prostate Cancer Organizations thanks the Committee on Oversight and Reform for holding this important hearing, and we appreciate the opportunity to submit joint testimony on the critical issues that affect the current status of the prevention, diagnosis, and treatment of prostate cancer, and research into all aspects of this disease.

America’s Prostate Cancer Organizations is a collaborative group of independent not-for-profit organizations that seek to represent the best interests of men at risk for, diagnosed with, and treated for prostate cancer in America today. Our shared goal is that *all* such men should receive the most appropriate advice and care, and that we continue to limit the devastating impact of prostate cancer on men and their families.

America’s Prostate Cancer Organizations counts among its collaborators:

- The largest network of prostate cancer patient support groups in the world
- The world’s largest, independent, not-for-profit organization involved in raising money to support prostate cancer research
- Organizations that represent the interests of specific underserved and special interest groups, including African Americans and the gay community

Our fundamental objective in presenting this testimony is to offer the committee some guidance on current priorities -- as seen from the point of view of the men at risk for prostate cancer, patients with this disease, and the families of men who either have prostate cancer today or have passed away as a consequence of this disease.

Our testimony is brief and to the point, and demonstrates to the Committee the shared perspective of literally tens of thousands -- if not millions -- of men and their families across America.

We wish to make just five important observations, and we ask the Committee to consider these observations with great care:

- Prostate cancer is a complex and problematic disease that affects not only the male patient but also his wife or partner and other family members over many years. Nearly 200,000 men will be diagnosed with prostate cancer in the U.S. in 2010, and about 28,000 will die from this disease.

- The early detection and appropriate treatment of clinically significant and potentially lethal prostate cancer remains a critical priority, especially among men at high risk because of family history, ethnicity, or other factors that define such risk.
 - Every man has the right to know whether he is at risk for potentially lethal prostate cancer.
 - Experts disagree on the adequacy and usefulness of currently available tests to identify men at risk for potentially lethal prostate cancer early enough to offer curative therapy.
 - African-American men have one of the very highest rates of incidence and death from prostate cancer anywhere in the world.
 - Physicians and their adult male patients should be encouraged to discuss the patients' personal risks for prostate cancer and the individual need for prostate cancer testing at each patient's annual physical exam.
 - Men at higher levels of risk for prostate cancer (because of ethnicity, family history, and other factors) should be encouraged to undergo appropriate tests at a relatively early age.
- Until more accurate tests are available, all health care insurance plans should include coverage of regular testing for prostate cancer (including the prostate-specific antigen or PSA test and the digital rectal examination or DRE) – and its subsequent diagnosis.
- Additional funding is urgently needed to support research into better ways to identify and discriminate between very low risk (“indolent”) and higher risk (clinically significant and potentially lethal) forms of prostate cancer at the time of diagnosis **and** into better forms of management for patients with or at risk for potentially lethal disease.
 - Most specifically, we support a significant increase in funding for the Prostate Cancer Research Program (PCRP) of the Congressionally Directed Medical Research Program (CDMRP) at the Department of Defense, which has been funded at \$80 million each year since 2001.
- We continue to support the need for an Office of Men's Health (comparable to the highly successful Office of Woman's Health) within the Department of Health and Human Services (DHHS) that can represent the specific health interests of the male population of America.

In conclusion, we thank the Committee for its efforts and its leadership in many aspects of health care, and specifically for presenting this opportunity for the many issues affecting the prevention, diagnosis, and management of prostate cancer (and its clinical consequences) to be discussed in this public forum.