

ASSEMBLY JOINT RESOLUTION

No. 89

STATE OF NEW JERSEY 214th LEGISLATURE

INTRODUCED DECEMBER 12, 2011

Sponsored by:

Assemblywoman JOAN M. QUIGLEY

District 32 (Bergen and Hudson)

Assemblyman ALEX DECROCE

District 26 (Morris and Passaic)

Co-Sponsored by:

Senators Weinberg, Vitale, Madden and Greenstein

SYNOPSIS

Memorializes Congress to seek withdrawal of United States Preventive Services Task Force recommendation against prostate-specific antigen-based screening for prostate cancer.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/10/2012)

1 **A JOINT RESOLUTION** memorializing the Congress of the United
2 States to seek the withdrawal of the United States Preventive
3 Services Task Force recommendation against prostate-specific
4 antigen-based screening for prostate cancer for men in all age
5 groups.
6

7 **WHEREAS**, The United States Preventive Services Task Force
8 (USPSTF) is an independent panel of non-federal experts in
9 prevention and evidence-based medicine that is composed of
10 primary care physicians who conduct scientific evidence reviews of
11 a broad range of clinical health care preventive services and
12 develop recommendations for primary care clinicians and health
13 systems; and

14 **WHEREAS**, The USPSTF acknowledges that prostate cancer is the
15 most commonly diagnosed non-skin cancer in men in the United
16 States, with one in six American men being diagnosed with prostate
17 cancer in his lifetime; and

18 **WHEREAS**, Prostate cancer is the second leading cause of cancer
19 related deaths in men in the United States; and

20 **WHEREAS**, The National Cancer Institute and the American Cancer
21 Society estimate that approximately 240,890 men in the United
22 States will be diagnosed with prostate cancer and 33,720 men will
23 die from the disease in 2011; and

24 **WHEREAS**, The American Cancer Society projects that in New Jersey
25 alone, there will be approximately 7,840 newly diagnosed cases of
26 prostate cancer and 1,100 deaths from the disease in 2011; and

27 **WHEREAS**, In 2008, the USPSTF recommended against prostate-
28 specific antigen-based screening for prostate cancer for men 75
29 years and older; and

30 **WHEREAS**, In October 2011, the USPSTF issued a new
31 recommendation against prostate-specific antigen-based screening
32 for prostate cancer for men in all age groups because it concluded
33 that there is moderate or high certainty that the service has no net
34 benefit or that the harms outweigh the benefits; and

35 **WHEREAS**, The USPSTF states that the October 2011
36 recommendation applies to men in the United States that do not
37 have symptoms of prostate cancer, even though by the time a man
38 experiences symptoms of prostate cancer, the cancer is generally
39 too advanced to cure; and

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

45 **WHEREAS**, The USPSTF issued this recent recommendation without
46 having a urologist or oncologist, two types of physicians who
47 specialize in diagnosing and treating patients with prostate cancer,
48 on the task force; and

1 **WHEREAS**, The USPSTF's new recommendation regarding prostate
2 cancer screening follows their recommendation in November 2009
3 against mammograms for women ages 40-49 and against teaching
4 women to do breast self-exams, which Congress rejected after
5 public outcry; and

6 **WHEREAS**, The most recently updated study, the Goteborg
7 Randomized Population-based Prostate Cancer Screening Trial,
8 found that with screening, deaths from prostate cancer dropped
9 44% over a 14 year period, compared with men who did not
10 undergo screening, and that prostate cancer screening efficiency
11 was similar to other cancers; and

12 **WHEREAS**, The USPSTF recommendation against screening puts into
13 harm's way men who are most at risk: the underinsured, those who
14 live in areas where health care is not readily available, those who
15 have a family history of prostate cancer, and African-American
16 men, who have a higher incidence rate and higher mortality rate of
17 prostate cancer than white men; now, therefore,

18
19 **BE IT RESOLVED** *by the Senate and General Assembly of the*
20 *State of New Jersey:*

21
22 1. The Governor and the Legislature of this State respectfully
23 memorialize the Congress of the United States to seek the
24 withdrawal of the United States Preventive Services Task Force
25 recommendation against prostate-specific antigen-based screening
26 for prostate cancer for men in all age groups.

27
28 2. Duly authenticated copies of this joint resolution shall be
29 transmitted to the presiding officers of the United States Congress
30 and every member of the United States Congress elected from this
31 State.

32
33 3. This joint resolution shall take effect immediately.

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STATEMENT

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38 The Governor and the Legislature respectfully memorialize the
39 Congress of the United States to seek the withdrawal of the United
40 States Preventive Services Task Force (USPSTF) recommendation
41 against prostate-specific antigen-based screening for prostate cancer
42 for men in all age groups. Prostate cancer is the most commonly
43 diagnosed non-skin cancer in men and is the second leading cause
44 of cancer related death in men in the United States. The American
45 Cancer Society projects that in New Jersey there will be
46 approximately 7,840 newly diagnosed cases of prostate cancer and
47 1,100 deaths from prostate cancer in 2011.

1 The USPSTF issued the new recommendation against screening
2 without having a urologist or oncologist, two types of physicians
3 that specialize in diagnosing and treating prostate cancer, on the
4 task force. The most recently updated study found that with
5 screening, deaths from prostate cancer dropped 44% over a 14 year
6 period.

7 The USPSTF recommendation against screening puts the men
8 who are most at risk in harm's way: specifically, the underinsured,
9 those who live in areas where health care is not readily available,
10 those who have a family history of prostate cancer and African-
11 American men who have a substantially higher prostate cancer
12 incidence rate than white men and more than twice the prostate
13 cancer mortality rate of white men.