

113TH CONGRESS
1ST SESSION

S. RES. 251

Expressing the sense of the Senate that the United States Preventive Services Task Force should reevaluate its recommendations against prostate-specific antigen-based screening for prostate cancer for men in all age groups in consultation with appropriate specialists.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 23, 2013

Mr. SESSIONS submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions

RESOLUTION

Expressing the sense of the Senate that the United States Preventive Services Task Force should reevaluate its recommendations against prostate-specific antigen-based screening for prostate cancer for men in all age groups in consultation with appropriate specialists.

Whereas the United States Preventive Services Task Force (referred to in this preamble as the “USPSTF”) is an independent panel of primary care physicians, not employed by the Federal Government, who are experts in preventive and evidence-based medicine;

Whereas the physicians on the USPSTF conduct scientific evidence reviews of a broad range of clinical health care preventive services and develop recommendations for primary care clinicians and health systems;

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

Whereas the National Cancer Institute estimates that, in 2013, 238,590 men will be diagnosed with, and 29,720 men will die of, prostate cancer;

Whereas the National Cancer Institute estimates that 1 in 6 men will be diagnosed with prostate cancer during his lifetime;

Whereas family history has been shown to be a risk factor for prostate cancer for men of all races and ethnicities, and men with a family history of prostate cancer are twice as likely to be diagnosed with the disease;

Whereas the USPSTF acknowledges that prostate cancer is the most commonly diagnosed non-skin cancer for men in the United States, with a lifetime risk for diagnosis estimated at 15.9 percent;

Whereas the USPSTF acknowledges that African-American men are twice as likely to die from prostate cancer than other men in the United States;

Whereas the USPSTF does not have any members who are urologists, a type of physician who specializes in diagnosing and treating patients with prostate cancer;

Whereas the USPSTF does not have any members who are oncologists, a type of physician who specializes in diagnosing and treating patients with cancer;

Whereas the Food and Drug Administration first approved the prostate-specific antigen (commonly referred to as “PSA”) blood test for prostate cancer screening and diagnosis in 1992 and, since that time, the mortality rate due to prostate cancer has decreased by 40 percent;

Whereas, in August 2008, the USPSTF recommended against prostate-specific antigen-based screening for prostate cancer for men ages 75 and older, because the USPSTF determined that there was insufficient evidence to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75;

Whereas, in May 2012, the USPSTF issued a new recommendation, to replace its 2008 recommendation, against prostate-specific antigen-based screening for prostate cancer for men in all age groups, because the USPSTF concluded that there is moderate-to-high certainty that the test has no net benefit, or that the harms outweigh the benefits, and suggested that this screening practice be discouraged;

Whereas the May 2012 recommendation against screening applies to all men in the United States, regardless of age;

Whereas the May 2012 recommendation against screening applies to all men in the United States, regardless of race, even though the USPSTF acknowledges that African-American men have a substantially higher incidence rate for prostate cancer than White men have and more than twice the mortality rate from prostate cancer that White men have;

Whereas the May 2012 recommendation against screening applies to all men in the United States, even though the USPSTF acknowledges that there is convincing evidence that prostate-specific antigen-based testing helps detect many cases of asymptomatic prostate cancer; and

Whereas the USPSTF acknowledges that clinical decisions regarding cancer screening involve multiple considerations and that clinicians should individualize decision-

making to the specific patient or situation: Now, therefore, be it

1 *Resolved*, That it is the sense of the Senate that—

2 (1) the United States Preventive Services Task
3 Force should—

4 (A) reevaluate its recommendation against
5 prostate-specific antigen-based screening for
6 prostate cancer for men in all age groups;

7 (B) seriously engage and consult with spe-
8 cialists, including urologists and oncologists, as
9 it reevaluates its recommendation; and

10 (C) identify areas for additional research
11 and evaluation of methods of treatment of, and
12 screening procedures for, prostate cancer;

13 (2) prostate cancer screening decisions should
14 be made by each individual patient and his physi-
15 cian, taking into account the personal risk factors of
16 the patient, such as his overall health, age, race,
17 family history, and life expectancy, as well as his de-
18 sire for eventual treatment if he is diagnosed with
19 prostate cancer; and

20 (3) steps should be taken to raise awareness of,
21 and increase public knowledge about, prostate can-
22 cer, the benefits of early detection, and the appro-
23 priateness of screening tests.

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