COMMITTEE REPORT

January 31, 2013

**S. 116**

Introduced by Senator Setzler

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Read the first time January 8, 2013.

**THE COMMITTEE ON MEDICAL AFFAIRS**

To whom was referred a Concurrent Resolution (S. 116) to memorialize the Congress of the United States to seek the withdrawal of the United States Preventive Services Task Force recommendation against prostate, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass:

HARVEY S. PEELER, JR. for Committee.

**A** **CONCURRENT RESOLUTION**

TO MEMORIALIZE THE CONGRESS OF THE UNITED STATES TO SEEK THE WITHDRAWAL OF THE UNITED STATES PREVENTIVE SERVICES TASK FORCE RECOMMENDATION AGAINST PROSTATE‑SPECIFIC ANTIGEN‑BASED SCREENING FOR PROSTATE CANCER FOR MEN IN ALL AGE GROUPS.

Whereas, the United States Preventive Services Task Force (USPSTF) is an independent panel of non‑federal experts in prevention and evidence‑based medicine that is composed of primary care physicians who conduct scientific evidence reviews of a broad range of clinical health care preventive services and develop recommendations for primary care clinicians and health systems; and

Whereas, the USPSTF acknowledges that prostate cancer is the most commonly diagnosed non‑skin cancer in men in the United States, with one in six American men being 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 latest American Cancer Society statistics estimated that approximately 241,740 men in the United States would be diagnosed with prostate cancer and 28,170 men would die from the disease in 2012; and

Whereas, the latest American Cancer Society statistics projected that in South Carolina alone, there would be approximately 4,140 newly diagnosed cases of prostate cancer and 440 deaths from the disease in 2012; and

Whereas, in 2008, the USPSTF recommended against prostate‑specific antigen‑based screening for prostate cancer for men 75 years of age and older; and

Whereas, in October 2011, the USPSTF issued a new recommendation against prostate‑specific antigen‑based screening for prostate cancer for men in all age groups, because the USPSTF concluded that there is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits; and

Whereas, the USPSTF states that the October 2011 recommendation applies to men in the United States that do not have symptoms of prostate cancer, even though by the time a man experiences symptoms of prostate cancer, the cancer is generally too advanced to cure; and

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

Whereas, the USPSTF issued this recent recommendation without having a urologist or oncologist, two types of physicians who specialize in diagnosing and treating patients with prostate cancer, on the task force; and

Whereas, the USPSTF’s new recommendation regarding prostate cancer screening follows its recommendation in November 2009 against mammograms for women ages 40‑49 and against teaching women to do breast self‑exams, which Congress rejected after public outcry; and

Whereas, the most recently updated study, the Goteborg Randomized Population‑based Prostate Cancer Screening Trial, found that with screening, deaths from prostate cancer dropped 44% over a 14 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 recommendation against screening puts into harm’s way men who are most at risk: the underinsured, those who live in areas where health care is not readily available, those who have a family history of prostate cancer, and African‑American men, who have a higher incidence rate and higher mortality rate of prostate cancer than Caucasian men. Now, therefore,

Be it resolved by the Senate, the House of Representatives concurring:

That the members of the South Carolina General Assembly, by this resolution, respectfully memorialize the Congress of the United States to seek the withdrawal of the United States Preventive Services Task Force recommendation against prostate‑specific antigen‑based screening for prostate cancer for men in all age groups.

Be it further resolved that a copy of this concurrent resolution be forwarded to each member of the South Carolina Legislative Delegation.

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