

INTRODUCTION OF RESOLUTION
RECOGNIZING THE IMPORTANCE
OF ADVANCED IMAGING TECH-
NOLOGIES IN THE DETECTION
AND TREATMENT OF PROSTATE
CANCER.

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OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

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Mr. CUMMINGS. Mr. Speaker, in keeping with the overall theme of Men's Health Week, which we commemorate each year during the week leading up to Father's Day, I rise to introduce House Resolution 863, which is intended to bring to our collective attention to the need to develop better tools for ourselves, our fathers, husbands, brothers and friends in the fight against prostate cancer.

Prostate cancer is the second most common cancer in the United States. It is also the second leading cause of cancer-related deaths in men, claiming around 27,000 lives in 2005 alone, according to the National Prostate Cancer Coalition. According to the National Cancer Institute, in 2005 our Nation likely saw more than 230,000 new cases of prostate cancer, meaning that some 2 million American men are living with prostate cancer at this time. Statistics tell us that prostate cancer will strike one in six men. We also know that African American men suffer disproportionately from prostate cancer, with an incidence rate 60 percent higher than white males and with mortality rates double that of white males. African American men also are 2.5 times more likely to die from the disease than white men. To put this into perspective, consider this: as the time ticks by during Men's Health Week, every 2–3 minutes sees a new case of prostate cancer and every 18 minutes we lose another American to the disease.

Faced with these statistics, we need to start getting serious about our diagnostic and treatment options. We must acknowledge that the state of prostate cancer care is decades behind what it should be. We need more accurate technology, more reliable weapons in the fight against prostate cancer—tools like digital imaging. It is alarming that a disease that strikes so many receives such antiquated care. And our men are suffering for it.

The current screening methods of digital rectal exams and PSA blood tests are our best tools available—but they are not enough. There are many important groups that are working tirelessly in the critical effort to get more men to undergo screening as part of their annual physical exams, and I commend them for their work. Other groups have succeeded in focusing the attention of policy-makers on the need to devote resources to developing better drugs for men who have been diagnosed with prostate cancer. I am pleased to know that progress is occurring on that front as well.

However, I recently learned from a study funded by the National Cancer Institute, that PSA blood screening tests, the most common form of testing for prostate cancer, result in both false positives and false negatives. I am advised that this study found that as many as 15 percent of men with normal PSA levels still have prostate cancer. Even with an abnormal level, many men whose doctors recommend biopsies find out that they do not actually have

cancer, meaning that the procedure was only necessary because there is no accessible and affordable imaging alternative at this time. According to the National Cancer Institute, which has published interim results of a large scale clinical trial involving prostate cancer, results of the baseline round of prostate cancer screening in the trial show about 14 percent of men had either a positive PSA test or a positive DRE test. Of those men, about 12 percent were diagnosed with prostate cancer within 12 months, the majority with early stage disease. From these results, one can infer that if 12 percent of the men with positive tests using current detection methods did end up with prostate cancer the 88 percent who did not receive such a diagnosis might have been able to avoid having to deal with invasive biopsies and surgery to the extent that such procedures followed their initial positive test.

The PSA test is apparently the best tool we have in the diagnostic field. Men need to continue to get tested, even with the chance that the results may be misleading at times.

Although not every American has a prostate and not every American man will get prostate cancer, this disease affects all of us. It might be your family member, a favorite coworker, a beloved entertainer and or retired athlete, even an elected official you admire, but somehow, we all seem to be touched by this disease—much like breast cancer affects all Americans in one way or another. Americans should care about the fight against prostate cancer not only for health reasons, but because the false indicators from today's detection methods can create enormous emotional and psychological strain on American men and their families and generate substantial costs for our already overburdened medical system. With the ever-increasing costs of health care, both private and public providers need to get behind the call for more cost-effective and results-oriented technologies in the battle against prostate cancer.

Our Resolution calls for an increased focus on developing advanced imaging technologies that could not only detect prostate cancer, but could help a physician determine what type of prostate cancer it is, and what treatment options were required, without once invading the patient's body. With imaging technologies, pinpointing treatment then becomes possible, allowing for minimal invasion of the patient and minimal discomfort, complications or costs.

Right now in my Congressional District, Johns Hopkins University researchers are working on improving the early detection of prostate cancer, when it is most curable. I am advised that their research involves novel prostate imaging approaches that might be able to demonstrate the location of abnormal lesions so that a biopsy can be directed, not performed blindly. In addition, I understand that Johns Hopkins researchers are studying the spread of this cancer, to determine which prostate cancers are more aggressive and progressive than others, and how to tailor the treatment to the particular progression of that cancer. This helps physicians determine when treatments are effective and should be continued, and when they should be stopped when they lose efficacy. Johns Hopkins researchers are engaged in this battle against prostate cancer, and are doing their part through innovative research, hard work and dedication.

We in Congress can do our part by encouraging the same level of cooperation that

breast cancer initiatives spurred in the last decade of the 20th century. We need to increase our investment in the search for new diagnostic and treatment tools for prostate cancer, like creating the equivalent to digital breast imaging for the prostate. Both prostate cancer and breast cancer are ruthless diseases and cause not just physical damage but also psychological injury to their victims. The difference in imaging technologies, I believe, reflects the fact that women have over the years courageously demanded that medical science develop better treatment for themselves and their sisters-in-arms in the fight against breast cancer, while men have hunkered down, gritted their teeth, and failed for the most part to fight for more advanced prostate cancer detection and treatment.

Prostate cancer has no such voice. Most men don't organize walks. Most men don't rally around pink ribbons and educate the public like women have over the past several years. We have much to learn from the women in our lives. While there are some very commendable patient advocacy organizations that are focused on prostate cancer which are doing an excellent job of getting the word out about this disease and its effects, there are thousands of men, suffering in silence or in a state of ignorance, afraid that diagnosis will lead to possible side effects, including impotence and incontinence. This is a disease that often strikes at the very heart of masculinity and men do not like to talk about it. We cannot afford to put our masculinity over our health, our pride over our future.

American men need our help, especially African American men. They need a chorus of voices demanding better prostate cancer care, and they need it now. Men's Health Week is an opportunity for us to start this groundswell. This is an issue we can all get behind. We all have fathers, brothers, uncles, and friends. Many of us have been personally touched by prostate cancer. It is our voices that need to rise in support of those suffering in silence.

Let us start now, and carry this message on through National Prostate Cancer Awareness Month in September and beyond. As Members of the House of Representatives, we can take advantage of our position to raise public awareness of the need for discourse and detection regarding prostate cancer. With this Resolution, we want to show that we will not lie down, we will not be silenced, and we will not stop until prostate cancer is a concern of the past. We must demand the advances in technology and treatment now, to protect the lives and future of America's sons.

Lastly, I want thank my colleagues Congressman BURTON and Congresswoman CHRISTENSEN for joining me as the sponsors of this important resolution, as well as Representatives CLYBURN, PAYNE, CARDIN, WYNN, WATERS, MEEKS, KILPATRICK, MILLENDER-MCDONALD, E. B. JOHNSON, LEWIS (GA), JEFFERSON, TOWNS, NORTON, CONYERS, MEEK, JOHN CARTER and CAPPS who joined us.