

HJR

29

HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: April 11, 1997

FURTHER REFERRALS:

Date of Committee Action: 5/1/97

The STATE AFFAIRS Committee considered:

HJR 29

HOUSE JOINT RESOLUTION NO. 29

FUNDING FOR PROSTATE CANCER RESEARCH

Supporting an increase in federal funding for prostate cancer research.

recommends it be replaced with the following committee substitute [] the same title [] a new title

[] additional referral to _____ Committee [] attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) APPROVES PREVIOUS: (Dept/Date)

[] fiscal note(s) _____ [] fiscal note(s) _____

[] zero fiscal note(s) _____ [X] zero fiscal note(s) LAA

Table with 5 columns: SIGNING WITH RECOMMENDATIONS, DP, DNP, NR, AM. Contains handwritten signatures and checkmarks.

CHAIR'S SIGNATURE

Handwritten signature of Jeannette James

REPRESENTATIVE KIM ELTON

SPONSOR STATEMENT

House Joint Resolution 29

FUNDING FOR PROSTATE CANCER RESEARCH

Prostate cancer is the second most common form of cancer among males in the United States. It strikes one out of every five men. This year an estimated 334,500 men will be diagnosed with the disease; the cancer will cause over 41,800 deaths. As common as prostate cancer is, its causes, prevention and cures still elude the medical profession.

This resolution asks President Clinton to increase funding for prostate cancer research programs.

The resolution is inspired by a nation-wide campaign to eradicate the disease through research, education and public awareness. Cancer patients, advocates and supporting organizations (including the American Cancer Society) have formed the National Prostate Cancer Coalition. The group is collecting 1,000,000 signatures to present to the president on Father's Day, June 15.



WESTERN PACIFIC DIVISION, ALASKA AREA OFFICE

March 3, 1997

Rep. Ken Elton
Attn: Odette Foster

I've included Prostate Cancer statistics, a copy of the National Prostate Cancer Coalition (NPCC) petition. The American Cancer Society is a member of the NPCC.

A petition is being circulated, asking that the US Congress commit to increase funding to help in eradicating prostate cancer through research programs. The National office is requesting that we aim to obtain at least 334,000 signatures to be presented on March 17 at a special ceremony in Washington D.C. A second deadline is Father's Day in June, at which time the NPCC hopes to have collected 1,000,000 signatures, to present at a ceremony yet to be planned.

I have circulated petition through the ACS statewide community volunteers, but most of the information had not reached us until February which does not allow much time for March 17th deadline.

If you are in need of further assistance please contact me at (907) 263-2077.

Sincerely,

A handwritten signature in cursive script that reads "Barbara J Gill".

Barbara J Gill
Medical Affairs/Early Detection Director

FOR CANCER INFORMATION OR TO MAKE A MEMORIAL DONATION, CALL 1-800-ACS-2345
1057 W. FIREWEED LANE, STE 204, ANCHORAGE, AK 99503-1760
907-277-8696 1-800-478-9355 FAX 907-263-2073 <http://www.cancer.org>

BACKGROUND INFORMATION

WHAT ARE THE KEY STATISTICS ABOUT PROSTATE CANCER?

Prostate cancer is the most common cancer among American men, excluding skin cancers.

The American Cancer Society estimates that in 1997 some 334,500 new cases and 41,800 prostate cancer-related deaths will occur in the United States.

Prostate cancer is now the second leading cause of cancer death in men, exceeded only by lung cancer.

Prostate cancer accounts for 43% of all male cancers, and 14% of male cancer-related deaths.

Eighty-seven percent (87%) of men diagnosed with prostate cancer survive at least 5 years and 63% survive at least 10 years. Fifty-eight percent (58%) of all prostate cancers are discovered while still localized, and the 5-year relative survival rate for men with localized prostate cancer is 99%.

The number of prostate cancer cases has increased significantly over the past 35 years. This increase is most likely a result of widespread use of improved screening techniques. However, mortality data also suggest that there has been a small increase in the incidence of this disease due to the aging of the U.S. population.

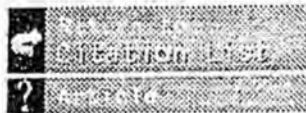
Now that the prostate-specific antigen (PSA) blood test is widely used to screen for prostate cancer, it is expected that even more cases will be found in the future.

Other prostate cancer statistics

Approximately 1 out of every 5 American men will develop prostate cancer in their lifetime.

Prostate cancer incidence rates are 66% higher for African-American men than for white men. In fact, African-American men have the highest rate of prostate cancer in the world.

Prostate cancer is most common in North America and northwestern Europe. It is rare in Asia, Africa, Central America and South America.



Retrieve

The Columbia Univ. Coll. of Physicians & Surgeons Complete Home Medical Guide,
Edition 3, 1995 p271(2)



Link

Prostate Cancer (Cancers Common to Men) (Chapter 10), *Thor S. Sawczuk*;
Ridwan Shabsigh; *Carl A. Olsson*; *Karen H. Antman*.

Full Text: COPYRIGHT 1995 Crown Publishers Inc.

(Prepared with Karen H. Antman, M.D.)

Definition

The prostate gland is the most common cancer site in men, with about 200,000 new cases a year. About 38,000 men die of prostate cancer each year, making it the second leading cause of cancer mortality in men (exceeded only by lung cancer). According to American Cancer Society statistics, the overall 5-year survival rate is 78 percent--a marked improvement from the 50 percent survival rate of the 1960s. About 58 percent of prostate cancer is diagnosed while still localized; in these patients, the 5-year survival rate climbs to 92 percent. In contrast, only 28 percent live 5 years if the cancer has metastasized.

Often early prostate cancer develops without symptoms; in other instances, it produces symptoms similar to those of benign prostate enlargement: a weak or interrupted urinary flow and occasionally blood in the urine or pain and burning during urination. Advanced prostate cancer characteristically spreads to the skeleton, resulting in bone pain, especially in the lower back.

Cause

Although the exact cause of prostate cancer is unknown, epidemiological studies point to a number of predisposing factors, including heredity, male sex hormones, infectious agents, environment, and diet.

Diagnosis

A rectal examination, in which a doctor inserts a gloved finger into the rectum to palpate the prostate for any unusual swelling or nodules, remains the most common screening examination for prostate cancer. However, the recent development of a blood test for prostate specific antigen (PSA) is a major advance in early detection of possible prostate cancer. PSA is a protein produced by the prostate gland; when blood tests detect higher than normal levels, prostatic enlargement is likely and further testing is indicated to rule out cancer. These

examinations may include an ultrasound examination of the prostate, but only a biopsy of suspicious tissue can diagnose or discount cancer.

Once prostate cancer has been diagnosed, additional tests are needed to determine whether it has metastasized. These usually include bone and CT scans. In some cases, some pelvic lymph nodes may be removed and studied for the presence of cancer.

Treatment

Treatment depends upon the stage of the disease. Patients with localized cancer are treated with surgical removal of the prostate (a radical prostatectomy) and/or external beam radiation therapy. In some cases, elderly men with very slow-growing disease may be monitored and treated only if the disease accelerates.

In the past, a radical prostatectomy was associated with a high incidence of impotence, resulting from severing of the pelvic nerves. A new procedure developed in 1982 to treat localized prostate cancer spares the nerves and often preserves sexual function. Even so, the patient will be infertile because the prostate is needed to make components of the seminal fluid that transports sperm. This new technique also makes it easier to reattach the urethra to the bladder, reducing the risk of urinary incontinence. In some patients, incontinence and/or impotence are temporary problems, although it may take a year to regain full function.

Radiation therapy is an alternative to surgery, especially for patients who are too ill or are unwilling to undergo an operation. Typically, the radiation is delivered by an external beam of high-energy rays. Alternatively, radioactive seeds may be inserted into the prostate gland to destroy cancer cells. This form of radiation therapy may be combined with cryosurgery, the use of a freezing technique.

Advanced cancer requires systemic treatment. Because 80 percent of prostate cancers are stimulated by testosterone, hormone therapy to eliminate testosterone is the best form of palliation. This may be achieved by surgical removal of the testes, or by complete androgen blockade. This can be achieved by administering luteinizing-hormone releasing hormone (LHRH), a substance that blocks the chemical signals to produce testosterone from the pituitary to the testes and with an anti-androgen to block testosterone formed from other sites. Estrogen, the major female sex hormone, has a similar effect. All of the treatments cause significant side effects, including loss of libido and impotence. Estrogen can also cause breast swelling, fluid retention, and an increased risk of cardiovascular disease.

Prevention

A low-fat diet has been advocated as preventive, but there is no scientific proof that this is so. To date, the best approach to prevention remains annual screening to detect the disease while it is confined to the prostate.

Article A1903F536



Top of
Article



Next
Article

DIALOG Search for Odette Foster, Rep. Elton's Office
File 630: Los Angeles Times
April 9, 1997

Scientists a Step Closer to Finding Prostate Cancer Gene

by Thomas H. Maugh II,
Times Medical Writer

Los Angeles Times, Friday, November 22, 1996
Edition: Home, Page: A32
Word Count: 753

Defying what some believed to be insurmountable odds, researchers have narrowed the search for a prostate cancer gene to one small corner of the human genetic blueprint, a finding that promises improved diagnosis, new treatments and better survival rates for this most common of male cancers.

An estimated 317,000 American men are diagnosed with prostate cancer each year and 40,000 die from it.

The localization of a gene that causes the disease in families, reported today in the journal *Science*, "provides the first strong evidence that specific genes for prostate cancer do exist," said Dr. William Isaacs of the Johns Hopkins University School of Medicine.

And it is a major step toward finding those genes, perhaps within the next year, according to some researchers.

Researchers estimate that the new gene, called hereditary prostate cancer 1 (HPC1), causes about a third of all inherited cases of prostate cancer—a percentage remarkably similar to that caused by the first breast cancer gene identified in women. They believe that identifying it and understanding its function will shed new light on how non-inherited cases of the disease develop as well.

"Once we learn what it does, it may turn out that it is mutated in many other men as well," said Judith C. Gasson, director of UCLA's Jonsson Comprehensive Cancer Center.

But the greatest excitement about the discovery is simply the recognition that a prostate cancer susceptibility gene exists. Scientists believe that about 10% of all prostate cancer is inherited.

"When we began this project, it was like Columbus setting off across the Atlantic Ocean in boats and not knowing if he was going to find land or drop off the edge of the world," said Dr. Francis Collins, director of the National Center for Human Genome Research, where most of the study was carried out. "Now we have land in sight."

Researchers estimate that about one in every 500 American men carries the defective gene and that these men have a 90% chance of developing prostate cancer by age 85. "The ability to identify a quarter of a million men with this ticking time bomb will be very useful," Collins said.

Identifying men at high risk should improve therapy by enabling physicians to monitor them for the onset of the disease. "What you want to do is detect it early enough to cure it surgically or with radiation before it spreads," Collins said. "Being able to focus your resources on men at the highest risk should be very beneficial—and probably even economical."

A better understanding of the genetics of prostate cancer will be especially valuable, according to Dr. Harmon Eyre, chief medical officer of the American Cancer Society, because "it is the most complex cancer problem in the country."

Some types of prostate cancer are extremely aggressive and require immediate, intensive treatment, he noted, while others are relatively benign and can be ignored. Unfortunately, clinicians have no way to distinguish between the two.

"The way in which we are ultimately going to determine which are aggressive and which are not is to understand their genetic makeup," Eyre said. "This is an opening step toward that goal."

Many scientists doubted that it would be possible to isolate a prostate cancer gene, both because the disease is so common—one man in five will develop it if they live long enough—and because it develops so late in life. The commonness suggests many causes, while the late onset makes it difficult to assemble families for study, both of which render the search for a gene extremely difficult.

Nonetheless, the evidence of inheritance of prostate cancer "was so compelling that we felt it was worth the investment of time" to look for the gene, said molecular biologist Jeffrey M. Trent of the genome research center, senior author of the Science report.

Researchers from the center, Hopkins and Umea University in Sweden studied blood samples from 600 patients in 91 Swedish and American families with a history of prostate disease. In a little more than a year, they performed more than 200,000 DNA profiles on the samples in what Trent called "truly a Herculean effort."

Their research led them to a short segment of Chromosome 1, one of the 23 pairs of chromosomes that make up the human genetic blueprint. That segment contains between 70 and 200 genes, a very small fraction of the 100,000 required to build a human being. The discovery of the actual gene involved with the disease, he added, could occur "next week or next year."

Copyright (c) 1996, Times Mirror Company

**COMPLIMENTS OF THE
ALASKA STATE LIBRARY**

April 7, 1997

The Honorable Kim Elton
Alaska House of Representatives
State Capitol
Juneau, Alaska 99801-1182

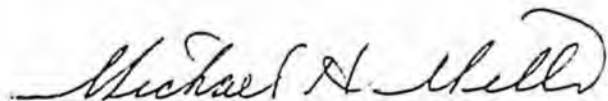
Dear Representative Elton:

As a person prolonging their life with metastatic prostate cancer I wish to join you and your colleagues in sending President Clinton a resolution from the State of Alaska.

In 1997 approximately 290 Alaskan men will be diagnosed with prostate cancer. Nationwide approximately 334,500 men will be diagnosed with prostate cancer. To date, prostate cancer makes up 43 percent of all male cancers with 14 percent responsible for actual deaths. This last statistic should give us an extreme sense of urgency to obtain increased funding for prostate cancer research. While medical treatment for this disease has improved there still is a high mortality rate. Finding a prevention and/or cure will save money as well as lives.

Again, I wish to join you and the Alaska State Legislative body in sending President Clinton and the United States Congress a message that Alaska is very serious about preventative health care and the need to eradicate prostate cancer by increasing funding for research.

Respectfully Submitted,



Michael H. Miller
6737 Gray Street
Juneau, Alaska 99801
(907) 586-2952

SUPPORT

TO: REPRESENTATIVE KIM ELTON

RE: HJR 29

FROM: JAN YOUNG, RN

I am writing this letter of support for HJR 29. I am a nurse who has worked with Prostate Cancer patients for many years and am convinced that patient and professional education, early detection and access to the most current treatment programs are vital to their health and survival.

The American Cancer Society has revised their priorities over the last few years to enable their volunteers to focus on key cancer education and prevention areas as well as target fundraising. The National ACS office has conducted and reviewed research on these priority areas to assure that the funding and education programs can actually make a difference in the outcome for these particular cancer patients. In November of 1996, the National ACS declared Prostate Cancer as it's newest priority. This is the most common cancer among American men, excluding skin cancer and is the second leading cause of cancer death in men, exceeded only by lung cancer. It is time for Americans to take a stand against this dreaded disease and dedicate time and financial support to research and treatment efforts.

Thank you for your help and support,



Jan Young RN
Hospice and Home Care of Juneau Clinical Supervisor
ACS Western Pacific Division Board of Directors



WESTERN PACIFIC DIVISION, ALASKA AREA OFFICE

April 7, 1997

Representative Kim Elton
Alaska House of Representatives
State Capitol
Juneau, Alaska 99801-1182

Dear Representative Elton,

It is estimated that in the United States 334,500 men will be newly diagnosed with prostate cancer. Mortality is estimated at 41,000 men. Alaska estimates approximately 290 newly diagnosed with an estimated mortality of 40 men to prostate cancer. There has been a significant increase in prostate cancer diagnosis over the past 35 years and continues to rise because of the increase in screening programs, but too many men are still unaware of the risk or are being diagnosed in late stages of the disease.

The American Cancer Society, as a founding member of the National Prostate Cancer Coalition, support all efforts to help in eradicating this prevalent disease. Through proper screening techniques it has been proven to decrease the mortality rate while increasing the rate of those being diagnosed at an earlier stage of the disease when cure rate and survival are significant.

The American Cancer Society supports your HJR 29 asking for President Clinton to support the signature petition which is asking for an increase in federal funding for prostate cancer research programs. With better funding the nationwide outreach, through education, awareness, and screening programs, will significantly impact the unnecessary loss due to prostate cancer.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barbara J Gill".

Barbara J Gill
Medical Affairs/Early Detection Director
Alaska Area

FOR CANCER INFORMATION OR TO MAKE A MEMORIAL DONATION, CALL 1-800-ACS-2345
1057 W. FIREWEED LANE, STE 204, ANCHORAGE, AK 99503-1760
907-277-8696 1-800-478-9355 FAX 907-263-2073 <http://www.cancer.org>



April 2, 1997

The Honorable Kim Elton
Alaska House of Representatives
State Capitol
Juneau, AK 99801-1182

Dear Representative Elton:

On behalf of the American Cancer Society, Western Pacific Division, I want to thank you for giving us the opportunity to voice our enthusiastic support of HJR 29.

The American Cancer Society advocates for increased research funding of all cancers, but prostate cancer is of particular concern due to the high incidence rate and high mortality rate for this disease.

Prostate cancer costs our country billions of dollars in lost productivity and medical treatment. Finding a prevention and/or cure for this disease will, in the future, save money as well as lives.

We applaud your effort to send a message to President Clinton and the United States Congress to commit to eradicating prostate cancer by increasing funding for research and making prostate cancer a national priority.

Sincerely,

Deborah Spence Schiro
Program Manager, Detection
Western Pacific Division
American Cancer Society

April 6, 1997

Representative Kim Elton
State Capitol
Juneau, AK 99801-1182

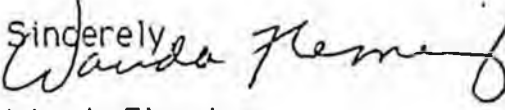
Dear Representative Elton:

I received your letter regarding your request for a letter of support regarding the recently introduced HJR 29 - Funding for Prostrate Cancer Research. I would be honored to write a brief statement of support.

As I am writing this today, I learned this morning of a close friend you has a tumor on his prostrate and will be going in for surgery to determine if it is cancer. I strongly believe that funding should be made available for prostrate cancer research programs. As with breast cancer - which strikes millions of women throughout the United States - I believe that there should be funding for both of these areas. It seems that we have worked on the cancer of the breast, but have put aside the fact that men throughout the United States are also stricken with their own type of cancer, that being prostrate. I urge the Alaska Legislation to support House Joint Resolution 29.

I have been a member of the Juneau Unit of the American Cancer Society for three years and am presently serving as the unit president. I am a seven year survivor of colon cancer and am very interested in fighting all various types of cancer.

If you have any questions, please feel free to contact me at my home 364-3617. I do wish the best to you with this resolution and getting the support it needs here in Alaska and nation wide.

Sincerely,

Wanda Fleming

cc: Mike Miller

Wanda J. Fleming
2192B-Lawson Creek Road
Douglas, Alaska 99824

WHAT ARE THE KEY STATISTICS ABOUT PROSTATE CANCER?

Prostate cancer is the most common cancer among American men, excluding skin cancers.

The American Cancer Society estimates that in 1997 some 334,500 new cases and 41,800 prostate cancer-related deaths will occur in the United States.

Prostate cancer is now the second leading cause of cancer death in men, exceeded only by lung cancer.

Prostate cancer accounts for 43% of all male cancers, and 14% of male cancer-related deaths.

Eighty-seven percent (87%) of men diagnosed with prostate cancer survive at least 5 years and 63% survive at least 10 years. Fifty-eight percent (58%) of all prostate cancers are discovered while still localized, and the 5-year relative survival rate for men with localized prostate cancer is 99%.

The number of prostate cancer cases has increased significantly over the past 35 years. This increase is most likely a result of widespread use of improved screening techniques. However, mortality data also suggest that there has been a small increase in the incidence of this disease due to the aging of the U.S. population.

Now that the prostate-specific antigen (PSA) blood test is widely used to screen for prostate cancer, it is expected that even more cases will be found in the future.

Other prostate cancer statistics

Approximately 1 out of every 5 American men will develop prostate cancer in their lifetime.

Prostate cancer incidence rates are 66% higher for African-American men than for white men. In fact, African-American men have the highest rate of prostate cancer in the world.

Prostate cancer is most common in North America and northwestern Europe. It is rare in Asia, Africa, Central America and South America.

REPRESENTATIVE KIM ELTON

MEMORANDUM

To: Representative Jeannette James, Chairman
House State Affairs Committee

From: Representative Kim Elton

Date: April 14, 1997

RE: Request for a hearing for
HJR 29, Funding for Prostate Cancer Research

I am requesting a hearing for HJR 29. This resolution focuses on the need for increased federal funding for prostate cancer research. The resolution and my sponsor statement are attached.

I am also asking that the hearing be teleconferenced; citizens in Anchorage might be interested in testifying.

I hope the resolution will pass this session. The resolution would strengthen the campaign by the National Prostate Cancer Coalition. This group plans to present a petition with a million signatures on it to President Clinton on Father's Day this year.

Thank you for your consideration.

Attachments

FISCAL NOTE

STATE OF ALASKA
1997 LEGISLATIVE SESSION

NO. _____
BILL VERSION: HJR 29
PUBLISH DATE: _____

Revision Date: _____
Title: Supporting an increase in federal
funding for prostate cancer research.
Sponsor: Representative Elton
Requestor: House HESS

Department Affected: Legislative Affairs Agency
BRU: All
Component: All

COMPONENT SERIAL NO:

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
----------------	---	---	---	---	---	---

REVENUE FUND SOURCE	0	0	0	0	0	0
----------------------------	---	---	---	---	---	---

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER FUND SOURCE						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary)

Zero fiscal impact.

Prepared By: Karla Schofield, Deputy Director *Karla Schofield* Phone: 465-3852
Division: Administrative Services Date: 4/7/97

Approved By: Pamela A. Varni, Executive Director *Pamela A. Varni*
Agency: Legislative Affairs Agency Date: 4/7/97

Distribution (by preparer): Leg. Finance, Legislative Sponsor, Requestor, OMB, Gov. , & Impacted Agency(ies).