

# ACS CAN SUPPORTS

## INCREASED ACCESS TO PROSTATE CANCER SCREENING

- In 2025, an estimated 313,780 new cases of prostate cancer will be diagnosed in the US, and 35,770 men will die from prostate cancer.
  - In New Jersey, there are an estimated 10,740 new cases and 780 deaths from prostate cancer. New Jersey has the highest incidence rate of prostate cancer in the U.S.
  - New Jerseyans ages 40+ who were screened for prostate cancer in the last two years dropped from 58.2% in 2010 to 33.9% in 2020.
  - In the last decade, the metastatic case rate increased 5% per year, outpacing the overall prostate cancer case rate by an additional 2%.
  - Prostate cancer is often asymptomatic until it becomes metastatic, and screening helps detect the disease early when it's most survivable and least costly to treat.

## EARLY SCREENING SAVES LIVES AND COSTS FOR PATIENTS

Screening saves one life for every 11 to 16 men diagnosed, but cost-sharing drives men to cut back on screenings, annual examinations, and visits to the urologist, which can mean later-stage disease due to delayed diagnosis, which is 70% less survivable and \$77,333 more costly to treat each year.

- Bipartisan legislation A1841/S3060 removes out-of-pocket costs for prostate cancer screening for high-risk men, saving lives and costs through improved screening access.
- Fiscal notes for similar bills in Texas, Kentucky, Maryland, Tennessee, and Virginia showed no significant impact on state spending or insurance premiums, with Maryland's premiums increasing by \$0.35 per person annually following bill passage and Kentucky anticipating long-term savings via improved screening access.
- Similar bipartisan bills have been passed in Delaware, Illinois, Kentucky, New York, Maryland, Oregon, Rhode Island, Tennessee, and Washington, D.C., and are being considered in Georgia, New Jersey, Ohio, Texas, and Virginia.
- Research suggests that passing A1841 / S3060 would lead to:
  - 186,497 more New Jerseyans screened every two years, increasing screening by 25%.<sup>i</sup>
  - 272 metastatic cases prevented, and 9,050 more cases detected in men aged 55-69 over 13 years.<sup>ii</sup>
  - \$83,984,132 in treatment cost savings for men aged 55-69 over 13 years.<sup>iii</sup>
  - 158 lives saved of men aged 55-69 over 16 years,<sup>iv</sup> including the lives of veterans<sup>v</sup>, Black men, rural residents<sup>vi</sup>, men with a family history<sup>vii</sup> or genetic predisposition,<sup>viii</sup> and legislators who are all at-risk.<sup>ix</sup>



**ACS CAN is asking legislators to pass S3060/A1841, which would increase access and reduce barriers to prostate cancer screening for patients who need it.**

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For more information, contact Quinton Law, New Jersey Government Relations Director ACS CAN  
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ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer. For more information, please visit [www.fightcancer.org](http://www.fightcancer.org).

American Cancer Society Cancer Action Network | 655 15th Street, NW, Suite 503 | Washington, DC 20005

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- <sup>i</sup> Bitler, Marianne P., and Christopher S. Carpenter. 2016. "Health Insurance Mandates, Mammography, and Breast Cancer Diagnoses." *American Economic Journal: Economic Policy*, 8 (3): 39-68.
- <sup>ii</sup> US Preventive Services Task Force, Grossman DC, Curry SJ, et al. Screening for Prostate Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA* 2018; 319(18):1901–1913
- <sup>iii</sup> McGarvey, N., Gitlin, M., Fadli, E., & Chung, K. C. (2022). Increased healthcare costs by later stage cancer diagnosis. In *BMC Health Services Research* (Vol. 22, Issue 1). Springer Science and Business Media LLC. <https://doi.org/10.1186/s12913-022-08457-6>
- <sup>iv</sup> Hugosson J, Roobol MJ, Månsson M, et al. A 16-yr follow-up of the European Randomized Study of Screening for Prostate Cancer. *European Urology* 2019; 76(1):43–51
- <sup>v</sup> Zhu, K., Devesa, S. S., Wu, H., Zahm, S. H., Jatoi, I., Anderson, W. F., Peoples, G. E., Maxwell, L. G., Granger, E., Potter, J. F., & McGlynn, K. A. (2009). Cancer Incidence in the U.S. Military Population: Comparison with Rates from the SEER Program. In *Cancer Epidemiology, Biomarkers & Prevention* (Vol. 18, Issue 6, pp. 1740–1745). American Association for Cancer Research (AACR). <https://doi.org/10.1158/1055-9965.epi-09-0041>
- <sup>vi</sup> Powell IJ, Bock CH, Ruterbusch JJ, Sakr W. Evidence supports a faster growth rate and/or earlier transformation to clinically significant prostate cancer in black than in white American men and influences racial progression and mortality disparity. *J Urol.* 2010;183:1792–1796.
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- <sup>viii</sup> Akbari MR, Wallis CJ, Toi A, et al.: The impact of a BRCA2 mutation on mortality from screen-detected prostate cancer. *Br J Cancer* 111 (6): 1238-40, 2014
- <sup>ix</sup> 23 Bijoux, W., Cordina-Duverger, E., Balbolia, S., Lamy, P.-J., Rebillard, X., Tretarre, B., Cenee, S., & Menegaux, F. (2022). Occupation and prostate Cancer risk: results from the epidemiological study of prostate cancer (EPICAP). In *Journal of Occupational Medicine and Toxicology* (Vol. 17, Issue 1). Springer Science and Business Media LLC. <https://doi.org/10.1186/s12995-022-00346-2>