

# COUNTY OF SANTA BARBARA CALIFORNIA

## RESOLUTION DECLARING SEPTEMBER 2020 AS "PROSTATE CANCER AWARENESS MONTH" IN SANTA BARBARA COUNTY

**WHEREAS**, prostate cancer is the most frequently diagnosed cancer in men and the second leading cause of cancer deaths in men, with the American Cancer Society estimating 191,930 new cases of prostate cancer in the USA in 2020, resulting in an estimated 33,330 deaths, and an estimated 20,160 men in California to be diagnosed with prostate cancer this year with 3,890 men from California men estimated to die from this disease this year; and

**WHEREAS**, Black men in the USA and Caribbean have the highest documented prostate cancer incidence rates in the world; and

**WHEREAS**, early prostate cancer usually has no symptoms and studies suggest strong familial predisposition may be responsible for 5% to 10% of the disease cases; and

**WHEREAS**, the 5-year survival rate approaches 100% when prostate cancer is diagnosed and treated early, but drops to 31% when it spreads to the other parts of the body; and

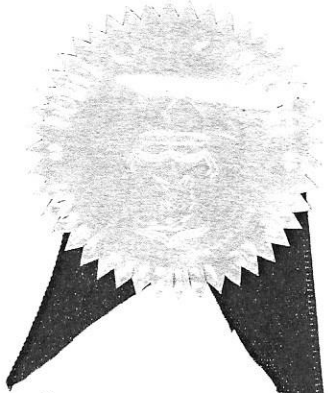
**WHEREAS**, the rapid reduction in prostate cancer mortality is attributed to early detection through PSA testing and advancement in treatment, and

**WHEREAS**, the American Cancer Society recommends that men should have an opportunity to make an informed decision about whether to be tested for prostate cancer based on their personal values and preferences; and

**WHEREAS**, the County of Santa Barbara joins communities across our nation to increase the awareness about the importance for men to make an informed decision with their health care provider about early detection and testing for prostate cancer,

**NOW, THEREFORE, IT IS HEREBY RESOLVED**, that the County of Santa Barbara Board of Supervisors does hereby proclaim September 2020 as Prostate Cancer Awareness Month.

**PASSED AND ADOPTED** by the Board of Supervisors of Santa Barbara County, State of California, this 1<sup>st</sup> day of September, 2020 by unanimous vote of all members present.



ATTEST: Monica [Signature]  
Clerk of the Board

<u>[Signature]</u>	Supervisor - 1st District
<u>[Signature]</u>	Supervisor - 2nd District
<u>[Signature]</u>	Supervisor - 3rd District
<u>[Signature]</u>	Supervisor - 4th District
<u>[Signature]</u>	Supervisor - 5th District