
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE RESOLUTION

No. 330 Session of
2024

INTRODUCED BY MARTIN, FONTANA, GEBHARD, ROBINSON, PHILLIPS-HILL,
DUSH, LAUGHLIN, CULVER, TARTAGLIONE, BOSCOLA, BROOKS, REGAN,
CAPPELLETTI, HAYWOOD, HUTCHINSON, COMMITTA, VOGEL, BROWN,
BARTOLOTTA, MASTRIANO, LANGERHOLC, COSTA, SCHWANK, ARGALL AND
DILLON, SEPTEMBER 13, 2024

REFERRED TO RULES AND EXECUTIVE NOMINATIONS, SEPTEMBER 13, 2024

A RESOLUTION

1 Designating the month of September 2024 as "Childhood Cancer
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Childhood cancer is the second leading cause of
4 death in children under 15 years of age, exceeded only by car
5 accidents; and

6 WHEREAS, The American Cancer Society estimates that
7 approximately 9,610 children in the United States under 15 years
8 of age will be diagnosed with cancer in 2024, a decrease from
9 9,910 children in 2023; and

10 WHEREAS, According to the American Cancer Society,
11 approximately 1,040 children are expected to die from cancer in
12 2024, a statistic unchanged from the year prior; and

13 WHEREAS, In August 2024, the Pennsylvania Health Care Cost
14 Containment Council (PHC4) published a research brief providing
15 insight into hospitalization rates and trends among Pennsylvania
16 children from 2016 through 2023; and

1 WHEREAS, According to PHC4, hospitalizations due to a
2 pediatric cancer diagnosis ranged from a high of 3,051
3 hospitalizations in 2019 and a low of 2,555 hospitalizations in
4 2022; and

5 WHEREAS, Leukemia, secondary cancers (metastatic) and cancers
6 involving bone, connective tissue and skin, respectively, were
7 the three most prevalent amongst those hospitalized; and

8 WHEREAS, The potential years of life lost to childhood cancer
9 and the potential years of life saved by treatment exceed all
10 other cancers with the exception of breast cancer; and

11 WHEREAS, Most children cannot be treated at a local hospital,
12 and families have to face the disruption of relocating to
13 receive treatment at a regional cancer center; and

14 WHEREAS, As a result of major treatment advances in recent
15 decades, more than 85% of children with cancer now survive five
16 years or more; and

17 WHEREAS, The survival rate of children with cancer has
18 significantly increased since the mid-1970s, when the five-year
19 survival rate was approximately 58%; and

20 WHEREAS, Survival rates vary depending on the type of cancer
21 and other factors; and

22 WHEREAS, Due to children's bodies still growing and cancer
23 treatments largely geared toward use on adults, children are
24 more likely to experience long-term side effects from treatment;
25 and

26 WHEREAS, Possible late effects of cancer treatments include
27 heart or lung problems, slowed or delayed development, changes
28 in sexual development and the ability to have children, learning
29 disabilities and increased risk of secondary forms of cancer;
30 and

1 WHEREAS, Childhood cancer treatment is handled by a team of
2 pediatric oncologists, pediatric surgeons, radiation
3 oncologists, pediatric oncology nurses, nurse practitioners and
4 physician assistants; and

5 WHEREAS, Other members of the team of health professionals
6 aiding in the health and well-being of childhood cancer patients
7 include, but are not limited to, psychologists, social workers,
8 child life specialists, nutritionists, rehabilitation and
9 physical therapists and educators; and

10 WHEREAS, Some of the most important members of a pediatric
11 cancer patient's team are experienced parents who navigate and
12 advocate on behalf of their children; and

13 WHEREAS, This Commonwealth is a leader in the fight against
14 and treatment of childhood cancer with seven Children's Oncology
15 Group hospitals: Children's Hospital of Philadelphia, Penn State
16 Health Children's Hospital, UPMC Children's Hospital of
17 Pittsburgh, Penn Medicine's Abramson Cancer Center, Geisinger
18 Medical Center's Janet Weis Children's Hospital, Tower Health's
19 St. Christopher's Hospital for Children and Lehigh Valley's
20 Reilley Children's Hospital; and

21 WHEREAS, Several of the institutions participate in national
22 consortiums committed to bringing clinicians, scientists,
23 philanthropy and families together to enhance and facilitate
24 trial development to advance pediatric cancer treatments and
25 long-term care; and

26 WHEREAS, The Commonwealth has invested in telepresence
27 educational equipment that childhood cancer patients utilize to
28 allow for greater remote learning opportunities during long
29 absences and to increase access to needed social supports; and

30 WHEREAS, Act 39 of 2017 allowed for donations to the

1 Pediatric Cancer Research Fund (PCRF) to be used for pediatric
2 cancer research funded by reductions in personal income tax
3 refunds; and

4 WHEREAS, Act 73 of 2018 allowed for an additional funding
5 stream for the PCRF via electronic driver's license,
6 registration and identification card renewals; and

7 WHEREAS, As of August 2024, the PCRF collected \$4,005,444.73;
8 and

9 WHEREAS, Beginning with fiscal year 2021-2022 through fiscal
10 year 2024-2025, the Commonwealth has earmarked approximately \$40
11 million from the Tobacco Master Settlement Agreement to be
12 allocated to pediatric cancer research; therefore be it

13 RESOLVED, That the Senate designate the month of September
14 2024 as "Childhood Cancer Awareness Month" in Pennsylvania; and
15 be it further

16 RESOLVED, That the Senate and all related organizations
17 continue their efforts in aiding children battling pediatric
18 cancer while simultaneously renewing its commitment to the
19 cause; and be it further

20 RESOLVED, That the Senate encourage young Pennsylvanians who
21 are fighting cancer, honor young people who have lost their
22 lives to childhood cancer, express gratitude to the doctors,
23 nurses and parents who provide special care to patients and
24 families affected by childhood cancer and encourage all
25 residents in this Commonwealth to join the fight against
26 childhood cancer.