

[~118H9304]

  
(Original Signature of Member)119TH CONGRESS  
1ST SESSION**H. R.** \_\_\_\_\_

To require the Director of the National Cancer Institute to conduct a review of the current state of stomach cancer incidence, prevention, screening, awareness, and future public health importance, and for other purposes.

---

IN THE HOUSE OF REPRESENTATIVES

Ms. CHU introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_

---

**A BILL**

To require the Director of the National Cancer Institute to conduct a review of the current state of stomach cancer incidence, prevention, screening, awareness, and future public health importance, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stomach Cancer Pre-  
5 vention and Early Detection Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) Stomach cancer accounts for about 1.5 per-  
2           cent of all new cancers diagnosed in the United  
3           States each year.

4           (2) It is estimated that there will be nearly  
5           30,300 new cases of stomach cancer in 2025.

6           (3) There are disparities in stomach cancer in-  
7           cidence and mortality among racial and ethnic  
8           groups in the United States.

9           (4) While there has been a decline in stomach  
10          cancer incidence, the lack of awareness and focus on  
11          risk factors and early detection through screening  
12          and surveillance may cause individuals at high risk  
13          for the disease to dismiss their symptoms.

14          (5) Establishing a basis for stomach cancer  
15          prevalence, awareness, current screening, and impli-  
16          cations for future public health importance will allow  
17          for—

18                (A) more effective outreach and screening  
19                among individuals at risk;

20                (B) increased awareness and education  
21                among the general public to prevent stomach  
22                cancer; and

23                (C) increased awareness and education  
24                among health care providers regarding gastric

1 cancer disparities, screening, treatment, and  
2 monitoring.

3 **SEC. 3. NCI REVIEW ON CURRENT STATE OF STOMACH CAN-**  
4 **CER INCIDENCE, PREVENTION, SCREENING,**  
5 **AWARENESS, AND FUTURE PUBLIC HEALTH**  
6 **IMPORTANCE.**

7 (a) REVIEW.—The Director of the National Cancer  
8 Institute shall conduct a review of—

9 (1) the current incidence of stomach cancer in  
10 the United States;

11 (2) the risk factors for stomach cancer, includ-  
12 ing the incidence of such risk factors among high-  
13 risk populations and the general public;

14 (3) the optimal age range to test for and treat  
15 *Helicobacter pylori* (*H. pylori*) infection, as a risk  
16 factor, for the purpose of primary prevention in  
17 high-risk populations and the general population;

18 (4) the availability and frequency of screening  
19 for stomach cancer, including utilization and effec-  
20 tiveness, among high-risk populations;

21 (5) the availability and effectiveness of  
22 endoscopic screenings in high-risk populations;

23 (6) the availability and effectiveness of  
24 endoscopic resection and surveillance endoscopy for  
25 patients with confirmed gastric intestinal metaplasia

1 (GIM) with high-grade dysplasia and early gastric  
2 cancer;

3 (7) the benefits of surveillance endoscopy for  
4 patients at elevated risk, including patients with gas-  
5 tric intestinal metaplasia (GIM) who are at in-  
6 creased risk of gastric cancer due to ethnic back-  
7 ground, family history, or other risk stratification  
8 parameters such as smoking and H. pylori infection;

9 (8) current awareness and education about  
10 stomach cancer risk factors, prevention, symptoms,  
11 screening, and treatment options among high-risk  
12 populations and the general public; and

13 (9) current Federal efforts to increase aware-  
14 ness and education of stomach cancer among high-  
15 risk populations and the general public.

16 (b) REPORT.—Not later than 18 months after the  
17 date of enactment of this Act, the Director of the National  
18 Cancer Institute shall—

19 (1) submit to the Congress a report on the re-  
20 sults of the review under subsection (a); and

21 (2) include in such report recommendations  
22 for—

23 (A) establishing a clear definition of high-  
24 risk populations in the United States;

1 (B) informing researchers, clinicians, phy-  
2 sicians, patients, and other relevant stake-  
3 holders on—

4 (i) identifying high-risk individuals;

5 and

6 (ii) effective methods for detecting  
7 precancerous lesions and early gastric can-  
8 cer;

9 (C) establishing routine screening guide-  
10 lines for stomach cancer; and

11 (D) actions to improve research on, pre-  
12 vention and early diagnosis of, and screening  
13 and treatment for stomach cancer.

14 **SEC. 4. DEPARTMENT OF DEFENSE STUDY ON STOMACH**  
15 **CANCER INCIDENCE AND RISK FACTORS**  
16 **AMONG MILITARY PERSONNEL.**

17 (a) STUDY.—The Secretary of Defense, in coordina-  
18 tion with the Director of the National Cancer Institute  
19 and the Director of the Centers for Disease Control and  
20 Prevention, shall conduct a study on the incidence, risk  
21 factors, prevention, and early detection of stomach cancer  
22 among members of the Armed Forces and former mem-  
23 bers of the Armed Forces.

24 (b) ELEMENTS.—The study under subsection (a)  
25 shall include—

1 (1) an examination of—

2 (A) the incidence, prevalence, and mor-  
3 tality rates of stomach cancer among members  
4 of the Armed Forces serving on active duty and  
5 former members of the Armed Forces who  
6 served on active duty;

7 (B) the identification of service-related or  
8 deployment-related risk factors, including expo-  
9 sure to burn pits, hazardous chemicals, con-  
10 taminated water, occupational hazards, and en-  
11 demic infections such as *Helicobacter pylori* (*H.*  
12 *pylori*);

13 (C) disparities in stomach cancer outcomes  
14 based on race, ethnicity, gender, Armed Force,  
15 or geographic deployment history within mili-  
16 tary populations;

17 (D) the availability and use of stomach  
18 cancer screening, diagnostic, and treatment  
19 services within the military health system and  
20 the health system of the Department of Vet-  
21 erans Affairs; and

22 (E) opportunities to improve prevention  
23 and early detection strategies within the mili-  
24 tary health system and the health system of the  
25 Department of Veterans Affairs; and

1           (2) relevant coordination with the Surveillance,  
2       Epidemiology, and End Results Program and other  
3       national cancer registries to ensure comprehensive  
4       data collection and analysis.

5       (c) REPORT.—Not later than 18 months after the  
6       date of the enactment of this Act, the Secretary of Defense  
7       shall submit to Congress a report on the findings of the  
8       study under subsection (a), including—

9           (1) policy and programmatic recommendations  
10      to reduce stomach cancer incidence and mortality  
11      among members of the Armed Forces and former  
12      members of the Armed Forces; and

13          (2) proposed strategies for integrating stomach  
14      cancer awareness, screening, and treatment proto-  
15      cols into the military health system and the health  
16      system of the Department of Veterans Affairs.