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(Original Signature of Member)

118TH CONGRESS
2D 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. CARAVEO 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 27,000 new cases of stomach cancer in 2024.

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.