

119TH CONGRESS
1ST SESSION

H. R. 4841

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

AUGUST 1, 2025

Ms. CHU (for herself and Mr. WILSON of South Carolina) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Armed Services, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

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

6 (2) It is estimated that there will be nearly
7 30,300 new cases of stomach cancer in 2025.

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

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

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

20 (A) more effective outreach and screening
21 among individuals at risk;

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

25 (C) increased awareness and education
26 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.

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