

H. Res. 323

In the House of Representatives, U.S.,

June 22, 2006.

Whereas an estimated 12,400 children will be diagnosed with cancer in the year 2005;

Whereas cancer is the leading cause of death by disease in children under age 15;

Whereas an estimated 2,300 children will die from cancer in the year 2005;

Whereas the incidence of cancer among children in the United States is rising by about one percent each year;

Whereas 1 in every 330 Americans develops cancer before age 20;

Whereas approximately 8 percent of deaths of those between 1 and 19 years old are caused by cancer;

Whereas while some progress has been made, a number of promising opportunities for childhood cancer research still remain untapped;

Whereas limited resources for childhood cancer research can hinder the recruitment of investigators and physicians to pediatric oncology;

Whereas peer-reviewed clinical trials are the standard of care for pediatrics and have improved cancer survival rates among children;

Whereas the number of survivors of childhood cancers continues to grow, with about 1 in 640 adults between ages 20 to 39 who have a history of cancer;

Whereas up to two-thirds of childhood cancer survivors are likely to experience at least one late effect from treatment, many of which may be life-threatening;

Whereas some late effects of cancer treatment are identified early in follow-up and are easily resolved, while others may become chronic problems in adulthood and may have serious consequences; and

Whereas 89 percent of children with cancer experience substantial suffering in the last month of life: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that the Congress should support—

- (1) public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, treatment options, and long-term follow-up;
- (2) pediatric cancer research to improve prevention, diagnosis, treatment, rehabilitation, post-treatment monitoring, and long-term survival;
- (3) policies that encourage medical trainees and investigators to enter the field of pediatric oncology;
- (4) policies that encourage the development of drugs and biologics designed to treat pediatric cancers;
- (5) policies that encourage participation in clinical trials;

- (6) efforts to encourage the incorporation of pain management for pediatric cancer patients into medical education curricula; and
- (7) policies that enhance education, services, and other resources related to late effects from treatment.

Attest:

Clerk.