

109TH CONGRESS
2D SESSION

H. RES. 739

Expressing the sense of the House of Representatives that the President should declare lung cancer a public health priority and should implement a comprehensive inter-agency program that will reduce lung cancer mortality by at least 50 percent by 2015.

IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2006

Mr. SHAW submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Expressing the sense of the House of Representatives that the President should declare lung cancer a public health priority and should implement a comprehensive inter-agency program that will reduce lung cancer mortality by at least 50 percent by 2015.

Whereas lung cancer is the leading cause of cancer death for both men and women, accounting for 28 percent of all cancer deaths;

Whereas lung cancer kills more people annually than breast cancer, prostate cancer, colon cancer, liver cancer, melanoma and kidney cancer combined;

Whereas since the National Cancer Act of 1971, coordinated and comprehensive research has elevated the five year

survival rates for breast cancer to 87 percent, for prostate cancer to 99 percent, and for colon cancer to 64 percent, which are decreases in mortality we should seek to replicate;

Whereas the survival rate for lung cancer is still only 15 percent and will require similar coordinated and comprehensive research to achieve decreases in mortality;

Whereas 60 percent of lung cancer is now diagnosed in nonsmokers and former smokers;

Whereas two-thirds of nonsmokers diagnosed with lung cancer are women;

Whereas certain minority populations, such as black males, have disproportionately high rates of lung cancer incidence and mortality, notwithstanding their lower smoking rate;

Whereas “baby boomer” generation Americans are now entering their sixties, the most common age for cancer development;

Whereas tobacco addiction and exposure to other lung cancer carcinogens, such as Agent Orange and other herbicides and battlefield emissions, are serious problems among military personnel and war veterans;

Whereas the National Cancer Institute’s Lung Cancer Progress Review Report of 2001 stated that funding for lung cancer research was “far below the levels characterized for other common malignancies and far out of proportion to its massive health impact”;

Whereas the Lung Cancer Progress Review Report identified as its “highest priority” the creation of integrated, multidisciplinary, multi-institutional research consortia orga-

nized around the problem of lung cancer rather than around specific research disciplines; and

Whereas the Federal Government should enhance its response to the issues raised in the Lung Cancer Progress Review Report: Now, therefore, be it

1 *Resolved*, That it is the sense of the House of Rep-
2 resentatives that the President should—

3 (1) declare lung cancer a public health priority
4 and immediately lead a coordinated effort to reduce
5 the mortality rate of lung cancer by 50 percent by
6 2015;

7 (2) direct the Secretary of Health and Human
8 Services to increase funding for lung cancer research
9 and other lung cancer related programs within a co-
10 ordinated strategy and defined goals, including, but
11 not limited to—

12 (A) translational research and specialized
13 lung cancer research centers;

14 (B) expansion of existing multi-institu-
15 tional, population-based screening programs in-
16 corporating state-of-the-art image processing,
17 centralized review, clinical management, and to-
18 bacco-cessation protocols;

19 (C) research on disparities in lung cancer
20 incidence and mortality rates;

1 (D) graduate medical education programs
2 in thoracic medicine and cardiothoracic surgery;

3 (E) new programs within the Food and
4 Drug Administration to expedite the develop-
5 ment of chemoprevention and targeted therapies
6 for lung cancer;

7 (F) annual reviews by the Agency for
8 Healthcare Research and Quality of lung cancer
9 screening and treatment protocols;

10 (G) the appointment of a lung cancer di-
11 rector within the Centers for Disease Control
12 and Prevention with authority to improve lung
13 cancer surveillance and screening programs;
14 and

15 (H) lung cancer screening demonstration
16 programs under the direction of the Centers for
17 Medicare & Medicaid Services;

18 (3) direct the Secretary of Defense, in conjunc-
19 tion with the Secretary of Veterans Affairs, to de-
20 velop a broad-based lung cancer screening and dis-
21 ease management program among military personnel
22 and veterans, and to develop technologically ad-
23 vanced diagnostic programs for the early detection
24 of lung cancer;

1 (4) request the cooperation of other agencies of
2 the Federal Government, such as the Department of
3 Energy and the Environmental Protective Agency,
4 with expertise in additional areas that could be uti-
5 lized to achieve the goal of reducing lung cancer
6 mortality;

7 (5) appoint a Lung Cancer Scientific and Med-
8 ical Advisory Committee composed of medical, sci-
9 entific, pharmaceutical, and patient advocacy rep-
10 resentatives to work with the National Lung Cancer
11 Public Health Policy Board and to report to the
12 President and the Congress on the progress and the
13 obstacles in achieving the mission as described in
14 paragraph (1); and

15 (6) convene a National Lung Cancer Public
16 Health Policy Board that is composed of multi-agen-
17 cy and multi-department representatives and at least
18 three members of the Lung Cancer Scientific and
19 Medical Advisory Committee, and that will oversee
20 and coordinate all efforts to accomplish the mission
21 of reducing lung cancer mortality rate by 50 percent
22 by 2015.

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