

109TH CONGRESS
2^D SESSION

S. RES. 408

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

IN THE SENATE OF THE UNITED STATES

MARCH 28, 2006

Mr. HAGEL (for himself, Mrs. CLINTON, and Mr. DEWINE) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions

MAY 2, 2006

Committee discharged; considered and agreed to

RESOLUTION

Expressing the sense of the Senate that the President should declare lung cancer a public health priority and should implement a comprehensive interagency 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 (Public Law 92–218; 85 Stat. 778), coordinated and comprehensive research has elevated the 5-year survival rates for breast cancer to 87 percent, for prostate cancer to 99 percent, and colon cancer to 64 percent;

Whereas the survival rate for lung cancer is still only 15 percent and a similar coordinated and comprehensive research effort is required to achieve increases in lung cancer survivability rates;

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

Whereas $\frac{2}{3}$ 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 members of the Baby Boomer generation are entering their sixties, the most common age for the development of cancer;

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 August 2001 Report of the Lung Cancer Progress Review Group of the National Cancer Institute 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 Report of the Lung Cancer Progress Review Group identified as its “highest priority” the creation of integrated, multidisciplinary, multi-institutional research consortia organized around the problem of lung cancer rather than around specific research disciplines; and

Whereas the United States must enhance its response to the issues raised in the Report of the Lung Cancer Progress Review Group: Now, therefore, be it

1 *Resolved*, That it is the sense of the Senate that the
2 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 the Department of
8 Health and Human Services to increase funding for
9 lung cancer research and other lung cancer-related
10 programs within a coordinated strategy and defined
11 goals, including—

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;

1 (C) research on disparities in lung cancer
2 incidence and mortality rates;

3 (D) graduate medical education programs
4 in thoracic medicine and cardiothoracic surgery;

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

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

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

17 (H) lung cancer screening demonstration
18 programs under the direction of the Centers for
19 Medicare and Medicaid Services;

20 (3) direct the Secretary of Defense, in conjunc-
21 tion with the Secretary of Veterans Affairs, to de-
22 velop a broad-based lung cancer screening and dis-
23 ease management program among members of the
24 Armed Forces and veterans, and to develop techno-

1 logically advanced diagnostic programs for the early
2 detection of lung cancer;

3 (4) appoint the Lung Cancer Scientific and
4 Medical Advisory Committee comprised of medical,
5 scientific, pharmaceutical, and patient advocacy rep-
6 representatives to work with the National Lung Cancer
7 Public Health Policy Board and to report to the
8 President and Congress on the progress and the ob-
9 stacles in achieving the goal described in paragraph
10 1; and

11 (5) convene a National Lung Cancer Public
12 Health Policy Board comprised of multiagency and
13 multidepartment representatives and at least 3
14 members of the Lung Cancer Scientific and Medical
15 Advisory Committee, that will oversee and coordi-
16 nate all efforts to accomplish the mission of reducing
17 lung cancer mortality rate by 50 percent by 2015.

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