

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO THE ESOPHAGEAL CANCER AWARENESS ACT  
OFFERED BY MR. COMER OF KENTUCKY**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Esophageal Cancer  
3 Awareness Act of 2025”.

**4 SEC. 2. FINDINGS.**

5       Congress finds that—

6           (1) esophageal cancer is the fastest increasing  
7 cancer among American men;

8           (2) esophageal cancer is one of the fastest  
9 growing cancer diagnoses among all Americans, in-  
10 creasing more than 700 percent in recent decades;

11           (3) esophageal cancer kills 1 American every 36  
12 minutes every day;

13           (4) esophageal cancer is among the deadliest of  
14 cancers, with only about 1 in 5 patients surviving 5  
15 years;

16           (5) esophageal cancer has tripled in incidence  
17 among younger Americans in recent decades;

1           (6) esophageal cancer has low survival rates be-  
2           cause it is usually discovered at advanced stages  
3           when treatment outcomes are poor;

4           (7) raising awareness about esophageal cancer  
5           empowers individuals to seek preventive care, recog-  
6           nize symptoms, and pursue early detection strate-  
7           gies;

8           (8) survivors, caregivers, medical professionals,  
9           and researchers have made tremendous strides in  
10          advancing treatment options and improving the  
11          quality of life for those affected by the disease;

12          (9) esophageal cancer can be prevented through  
13          early detection of its precursor, Barrett's esophagus,  
14          which can be eliminated with curative outpatient  
15          techniques;

16          (10) research indicates that patients diagnosed  
17          with early-stage esophageal cancer have a signifi-  
18          cantly higher 5-year survival rate (as high as 49 per-  
19          cent) compared to those diagnosed at later stages,  
20          underscoring the critical need for enhanced screen-  
21          ing and awareness; and

22          (11) as of December 2022, the American Gas-  
23          troenterological Association recommends screening  
24          with a standard upper endoscopy in individuals with  
25          3 or more established risk factors for Barrett's

1 Esophagus and esophageal adenocarcinoma, includ-  
2 ing—

3 (A) male sex;

4 (B) non-Hispanic white ethnicity;

5 (C) age of 50 years or older;

6 (D) a history of smoking, chronic gastro-  
7 intestinal reflux disease, or obesity; and

8 (E) a family history of Barrett's Esoph-  
9 agus or esophageal adenocarcinoma.

10 **SEC. 3. GAO REPORT.**

11 Not later than 1 year after the date of the enactment  
12 of this Act, the Comptroller General of the United States  
13 shall submit a report to Congress that includes an evalua-  
14 tion of—

15 (1) the total impact of esophageal cancer-re-  
16 lated health care spending under the Federal Em-  
17 ployee Health Benefits Program for Federal employ-  
18 ees and retirees diagnosed with esophageal cancer;  
19 and

20 (2) how often individuals covered under the  
21 Federal Employees Health Benefits Program with  
22 medical records indicating such individuals are high-  
23 risk for esophageal cancer undergo screening accord-  
24 ing to the established guidelines.

