

March 24, 2025

The Honorable Marc Korman Chair, Environment and Transportation Committee 250 Taylor House Office Building Annapolis, MD 21401

RE: Senate Bill 849 / House Bill 757: Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program – Funding.

Dear Chair Korman:

The Maryland State Council on Cancer Control (the Council) is submitting this letter of concern for Senate Bill 849 / House Bill 757 (SB 849/HB 757), titled: "Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program – Funding." SB 849/HB 757 intends to significantly increase funding to the Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program from \$500,000 to \$3,000,000 starting fiscal year 2025 and allows the Secretary of Health to allocate up to 20% of program funds to support an academic medical center to analyze program outcome data.

Concerns Regarding Premature Implementation of Innovative Screening Technologies

The Council recognizes the importance of increasing funding for cancer screening programs, particularly for high-risk populations like firefighters and we acknowledge and appreciate the intent of SB 849/HB 757 to enhance cancer prevention efforts. However, the Council has significant concerns regarding the premature inclusion of innovative cancer screening tests, particularly multicancer early detection tests (MCEDs), also known as multi-cancer blood tests, as an alternative to established, guideline-recommended screening protocols.

Nationally recognized organizations such as the United States Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) rigorously evaluate the <u>benefits and potential harms</u> of various cancer screening modalities. Currently, MCEDs lack sufficient clinical evidence to warrant inclusion in standard screening guidelines issued by any of these organizations. While several MCED tests are available for sale through loopholes in FDA regulations, these same tests are being evaluated in clinical trials aimed at getting FDA approval. To date, no MCED test has been FDA approved. This underscores the need for more comprehensive research and validation before widescale deployment among large populations.

Potential Harms and Risks

MCEDs detect cancer biomarkers (risks), but do not diagnose cancer. The widespread use of these tests would inevitably generate a high volume of positive biomarker results, a significant portion of which would be false positives. All positive tests merit follow-up testing with CT scans, MRIs, and biopsies, and other investigations. Regardless of whether the investigative outcome confirms a true



cancer diagnosis or is shown to be falsely positive, there will be the potential to expose individual firefighters to potential harms without clear benefits. Possible harms include substantial financial burdens on firefighters due to costs not covered by insurance; inherent risks from follow-up procedures like radiation exposure and biopsy complications; emotional distress from prolonged uncertainty; unnecessary and invasive procedures causing physical and psychological harm; the detection of clinically insignificant findings leading to overdiagnosis and overtreatment. At the health care systems level, widespread use of MCEDs and the resulting diagnostic investigations needed may divert resources from proven cancer screening methods. These potential harms underscore the Council's significant concerns regarding the use of MCEDs as a substitute for established, guideline-recommended screening protocols.

Recommendation for Rigorous Clinical Evaluation

Rather than solely focusing on a study analyzing program outcome data, the Council strongly recommends that resources be directed towards a well-designed clinical study that would collect robust data to establish the true utility of MCEDs in cancer screening. Such a study would adhere to rigorous scientific standards, including appropriate control groups, standardized data collection, and independent analysis. This approach would provide the necessary evidence to determine the clinical effectiveness and safety of MCEDs, ensuring that any future implementation is based on sound scientific principles and ultimately benefits the health of Maryland's firefighters.

While the Council supports the intent of SB 849/HB 757 to enhance cancer screening for firefighters, we urge the legislature to reconsider the premature expansion of MCED tests. We believe that prioritizing established, evidence-based screening protocols, coupled with a rigorous clinical evaluation of emerging technologies, is the most responsible approach. This will ensure that valuable resources are used effectively to protect the health and well-being of Maryland's firefighters, while avoiding the potential harms associated with unproven screening methods. The Council remains committed to working with the legislature and the Maryland Department of Health to develop and implement cancer screening strategies that are both effective and safe.

Sincerely,

Paul Celano, MD

Vice Chair,

Maryland State Council on Cancer Control

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