The James

THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

House Bill 8
Proponent Testimony
Ohio House Health Committee
April 9, 2025

Regan M. Memmott, MD, PhD
Assistant Professor
Department of Internal Medicine, Division of Medical Oncology
OSUCCC-James

Good afternoon, Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee. I am an assistant professor and a thoracic medical oncologist at The Ohio State University Comprehensive Cancer Center, Arthur G. James Cancer Hospital, and Richard J. Solove Research Institute (OSUCCC-James). I am testifying today in support of House Bill 8.

Thank you for the opportunity to share with you how critical biomarker testing is for our patients. We have been involved in the dialogue around this bill since its introduction and appreciate the thorough process that has been conducted to explore the important issues involved.

The only freestanding cancer hospital in central Ohio and the first in the Midwest, The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) is an international leader in cancer prevention, detection, and treatment. Understanding that no cancer is routine because every case is biologically different, OSUCCC – James physicians and scientists focus on basic, clinical and translational research to determine the molecular origin of each person's cancer and how best to treat it, leading to better outcomes, fewer side effects and more hope.

The OSUCCC – James is a 356-bed cancer hospital, one of only 51 comprehensive cancer centers designated by the National Cancer Institute (NCI) and one of only a few institutions funded by the NCI to conduct both phase I and phase II clinical trials on novel anticancer agents sponsored by the NCI. With total annual research funding of $82 million, including just over $78 million from the NCI, OSUCCC – James researchers are advancing the understanding of cancer and translating that knowledge into new treatments, moving us closer to achieving our vision of a cancer-free world.

It can be scary for a person and their loved ones to hear that they have been diagnosed with cancer. However, there is great reason for them to be hopeful. Ten years ago, if a person was diagnosed with advanced lung cancer, they likely had less than a year to live and less than 5% of people lived longer than 5 years. Now, more than ~25% of people with advanced lung cancer are living more than 5 years and some of them might even be cured. We are seeing similar successes in many other types of cancer. So, what has changed in the past 10 years? The development of new types of drugs known as "targeted" and "immune" therapies and the critical use of biomarker testing to determine which of these drugs will be most effective in treating a person's cancer.

Cancer is a disease caused by mutations that occur in a cancer cell's DNA, its genes. In most cases, these mutations only occur in a person's cancer cells, not their normal, healthy cells, and they cannot be inherited by a son or a daughter. These mutations most frequently occur due to environmental exposures such as air

pollution, UV rays, or radon. Which genes are mutated in one person's cancer can be very different from another person's cancer, but they are universally responsible for the cancer growing and spreading. The specific mutations in a person's cancer also affect whether the cancer will shrink and die in response to targeted therapy, immunotherapy, chemotherapy, or a combination of these therapies, and which of these therapies will be ineffective. That is why biomarker testing is so important. It determines the best treatment for a person's cancer that can help them live years longer, and it prevents oncologists from giving treatments to a person that are expensive and not helpful.

I would like to share with you a story about one of my patients. He was a 48-year-old never smoker. At the time of diagnosis, he had advanced lung cancer that had spread outside of his lungs to his adrenal glands and bones. He was started on a combination of chemotherapy and immunotherapy by a physician out in the community. Unfortunately, over the next couple of months, he did rather poorly. He was in and out of the hospital to have fluid drained from his chest. He also had terrible pain due to the cancer that had spread to his bones, which required radiation to control his pain. He then came to The Ohio State University Comprehensive Cancer Center--James for a second opinion. Biomarker testing on his tumor biopsy was done and revealed that he had a driver mutation in a gene called ALK, which is known not to respond to immunotherapy, so I switched him to targeted therapy. Within just 2 months of starting therapy there was nearly complete resolution of his cancer on CT scans. When he was first diagnosed, he felt poorly. He was not able to work and went on disability. After being on targeted therapy for a few months, he felt great and returned to work. If biomarker testing has been done at the time of his initial diagnosis, it would have saved tens of thousands of dollars on immunotherapy that did not work, tens of thousands of dollars for radiation that would not have been necessary, and hundreds of thousands of dollars in costs related to his hospitalizations. It also would have provided him with several more months of quality time at home with his family.

We urge your support of House Bill 8. Thank you for your time and the opportunity to speak on the merits of this important legislation.