

## ATTENTION NEWS AND HEALTH REPORTERS

### **Cancer Advocacy Coalition of Canada Report Card 2004 Cancer System at Breaking Point**

*Too much research on mice and fruit flies and not enough on preventing cancer in humans,  
Persistent east-west gradient in cancer funding,  
Marked inter-provincial variation in waiting times and access to care*

Toronto, January 24, 2005 – In its fifth annual Report Card on the state of cancer in Canada, released today, the Cancer Advocacy Coalition of Canada (CACC) reveals a cancer system badly in need of reform based on a fundamental shift in thinking. Nothing short of a comprehensive pan-Canadian strategy for cancer control will make a difference.

“Our research highlights several key issues,” says Dr. Bill Hryniuk, medical oncologist and Chairman of the CACC. “First, Canada continues to spend a disproportionate amount of research dollars studying cancer in artificial systems rather than trying to help people avoid getting cancer in the first place. Further, a persistent east-west gradient in provincial funding and cancer mortality suggests that the more a province spends on cancer control, the lower the cancer death rate. Finally, the long waiting times and inter-provincial variations in access to treatment remain discouraging. CACC research clearly shows cancer patients do not receive the same standard of care across this country.”

The CACC also objects to the use of age-standardized incidence and mortality rates to suggest that cancer is no longer a problem in Canada. “The number of new cases is steadily increasing and this is only partly due to the fact that people are living longer.” said Dr. Jim Gowing, an oncologist in Cambridge, Ontario and member of the CACC Board, adding “surely these age-standardized rates were never meant to be used in a way that dismisses elderly patients.” The people delivering cancer care are not age-standardized, so the use of these rates to describe patients conceals the reality of a growing burden the system can no longer manage.

## HIGHLIGHTS OF REPORT

### **Allocation of Research Dollars**

The CACC discovered that in 2004, 70 per cent of Canada’s cancer research dollars<sup>1</sup> were spent on basic biological research, while only two per cent was spent on research aimed at finding strategies to help people change their high-risk behaviour. That’s \$3.30 per Canadian on mice, fruit flies and cancer cells in bottles and only 9 cents to reduce risk. “This is astoundingly

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<sup>1</sup> Based on a review of grants from the Canadian Institute for Health Research, funded by taxpayers and the National Cancer Institute of Canada, which uses funds from the Canadian Cancer Society and other charities.

disproportionate, since we know that almost half of all cancers are associated with unhealthy lifestyles that could be changed,” said Dr. Anthony Miller, a member of the CACC Board and leading international epidemiologist and researcher who advises the World Health Organization on cancer issues. “Helping people to make lifestyle changes is an area of behavioural research that holds greater prospect for controlling the cancer epidemic.” New investments for behavioural research should come from new funds, not merely reallocating Canada’s modest research dollars.

### **Waiting Times**

Again this year, the CACC reports that data on waiting times is incomplete and variable. The provinces that are able to report at all are not showing improvements in waiting times; Quebec and New Brunswick have never provided data on cancer waiting times to the CACC. “Drilling down into the issue, we found that every cancer agency defines waiting times differently, the numbers are not comparable and some blocks of waiting time are not captured at all,” said Dr. Hryniuk. This allows provinces to use definitions convenient to them, in effect camouflaging the inability of the health system to deliver timely care. Dr. Hryniuk said, “You can’t manage what you *won’t* measure.”

### **Access to Treatments**

After studying the same body of internationally available evidence, Canadian cancer agencies produce different Clinical Practice Guidelines to define best practice. Not only do the guidelines for treating the same cancers vary, but some cancer agencies recommend outdated practice, or do not update their guidelines or simply do not publish them. Access to new treatments continues to be obstructed, is uneven across the country, and this is not disclosed to the public.

### **Your Money or Your Life, Part II**

For years it has been known that the further east you go in Canada, the higher the cancer mortality. Following on last year’s analysis showing that the higher western provincial cancer agency budgets are associated with lower cancer mortality, the CACC investigated other key factors that influence mortality. Smoking, number of doctors, provincial wealth, cancer incidence and cancer agency budgets were all analyzed. The striking news this year, according to Dr. Hryniuk is that “incidence is no longer the single most important factor to influence mortality. Spending on cancer is showing a stronger correlation with mortality than incidence or any of the other factors we were able to measure.” He added, “consistent data for obesity and exercise were not available for the seven years analyzed. We know those are important and hope to be able to explore this material in the future.”

The Cancer Advocacy Coalition is Canada’s only full-time, registered, non-profit cancer group dedicated to citizen advocacy. The CACC is not a charity and operates on unrestricted grants from sponsors based on guidelines that ensure the organization’s autonomy. For the full Report Card and more information about the CACC, visit our website at [www.canceradvocacy.ca](http://www.canceradvocacy.ca).

Note to Editors: B-roll is available via satellite today from 2:00 –2:30 PM EST. Co-ordinates: Anik F2 C Band Analog; Transponder 3B; Audio subcarrier 6.2 and 6.8; Downlink Frequency 3820 vertical.

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