

NEWS RELEASE

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Ontario ‘Ministry of No’ needs to address access to cancer treatment

Patients remind the minister that tumours do not wait

TORONTO, November 17, 2005 - Ontario cancer patients are tired of excuses and are at Queen's Park today to plead for the government to close the gap that prevents cancer patients from receiving the treatment their oncologists recommend.

“The health ministry does not get it. Cancer is life-threatening and urgent. To respond to these patients with process, process, process is indefensible,” said Colleen Savage, President and CEO of the Cancer Advocacy Coalition of Canada. “Telling a cancer patient to wait a few months for chemotherapy makes no more sense than telling accident victims on the 401 to wait a few days for an ambulance.”

Cancer patients are again asking the provincial government to create a fair and flexible policy for exceptions, giving oncologists access to new treatments that might be the only remaining choice for their patients. In spite of all the promises about a patient-centred system that puts people first, the government remains locked in denial, insisting their process is more important.

The Ontario Ministry of Health and Long-Term Care is fast-becoming known as the ‘Ministry of No’ among cancer patients. If a patient needs a new cancer treatment before it is approved by Health Canada, even though it might be widely in use around the world, the answer is “No, we won’t send you out-of-province for that treatment because it is still experimental.” After Health Canada approval, the answer is “No, the treatment is theoretically available in Canada so you don’t need to go out-of-province, even though in practice the treatment is not available to you in Ontario.” Finally, patients hear the all-time favourite answer: “No, we have our own drug approval process and there are no exceptions, so wait.”

Hospitals no longer have the freedom to offer chemotherapy the ministry has not approved; an unapproved expenditure means risking an unlawful deficit. Furthermore, hospitals are not allowed, under the Canada Health Act, to let patients pay for their own chemotherapy. Hospitals are boxed-in by the law; the ministry is not. The ministry has a process, which is nothing more than a self-created preference about how they like to conduct their daily work.

Patients are calling on the Ontario government to acknowledge the need for a true policy for exceptional access to chemotherapy. Not a process that is erratic and unreliable, but a policy that puts people first and saves lives.

Patient Impact

Ontario residents **Laura McCallum** and **Ralph Steele** both suffer from multiple myeloma, a blood cancer that slowly eats away at the tissue in the bone marrow. There is no cure for this disease. Both attempted to gain access to treatment in Ontario. McCallum was successful, Steele was not.

“I was literally in the right place at the right time,” said McCallum, a mother of two and founder of a patient support group in Hamilton. “I am part of a growing population of patients diagnosed with myeloma before the age of 40. I was lucky to get into a clinical trial but that option is not available for others, now that the drug is approved by Health Canada. They have to rely on the ministry to provide the health care they need and all they hear is ‘No’. Since when is access to health care in Ontario supposed to be about luck?”

"I've had a stem cell transplant and been on predisone, thalidomide, cyclophosphamide, dexamethosone and relapsed from all of them," said Steele, from Dryden, Ontario. "There is a new drug that creates a successful remission period of up to 18 months in advanced cases of multiple myeloma. I meet the criteria for this drug but cannot get it unless I pay for it myself."

Steele is currently traveling from Dryden to Toronto for his cancer care at a private clinic, where he will pay more than \$35,000 over five months. "Please help our fellow Ontario citizens get the health care that all of us ought to have access to. We are not talking about a 'lifestyle' drug. This is chemotherapy that offers hope to patients where little hope remains," said Steele.

Jim Leslie, is a 41-year-old police officer with the Toronto Police Services. He has been on medical leave since he was first diagnosed with colon cancer in October 2002. Since then, Leslie has undergone several surgeries and rounds of chemotherapy and has bounced around three different hospitals, and countless doctors and specialists.

"Dealing with the system in Ontario is very upsetting," said the married father of two children. "First you are faced with the mental aspect of battling the disease, but then you are faced with the mental turmoil of fighting for treatment – it's out there, but you can't get it in Ontario."

"The Ontario government can say what it wants, but I think they delay access because they are waiting for cancer patients to die. The longer they are able to put off access to treatments, the less chance there is of survival – and let's face it, we cost the system a lot less money when we are dead," said Leslie. "By the time a so-called new treatment is available here, patients in Alberta, BC and the US have been using it for years – it is a disgrace."

More often than not, the answer to these pleas is "no." For instance, during Question Period on November 14, Health Minister George Smitherman indicated his ministry had denied a request from Suzanne Aucoin's oncologist to send her to the U.S. for treatment of her colorectal cancer. Smitherman said the ministry denied her request because her body is different from other patients. The minister did not explain how anybody at the ministry could possibly know this patient better than the treating oncologist, who urged Ms Aucoin to begin the new treatment immediately. Ms Aucoin is extending her life – at great expense – in the United States, even though other patients with the same stage of the same disease have their treatment in the U.S. funded by OHIP.

"Cancer is the leading cause of premature death in Canada, but the ministry seems more concerned about process than people," said Savage. "This ministry has a remarkable agility to rationalize a refusal, completely ignoring the plight of cancer patients who are running out of time."

About the Cancer Advocacy Coalition

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 more information visit our website at www.canceradvocacy.ca