› Cancer Advocacy Coalition Canada
Grassroots Action for Cancer Care

CANCER ADVOCACY COALITION OF CANADA RELEASES ANNUAL REPORT CARD ON CANCER IN CANADA™

The Time is Now to Rethink the War on Cancer

Toronto, ON - February 12, 2008 – According to the Cancer Advocacy Coalition of Canada (CACC), the current Canadian cancer system is based on outdated, outmoded thinking past its "best before date." In its 10th *Report Card on Cancer in Canada*™, the CACC reports Canadians are experiencing care that is inconsistent, unfair and ineffective.

Gross discrepancies in access to the diagnostic tools and best treatment for cancer exist, depending upon where a person lives in the country. "Tell me your postal code, and I will tell you your chances of surviving cancer," says Dr. William Hryniuk, past chair of CACC and former director of cancer centres in the Canada and US.

The *Report Card on Cancer in Canada* is the country's only independent evaluation of the cancer system performance. This year's Report Card highlights the lack of funding for prevention research, the need to refine the clinical trials system, the need to enhance the role of nursing in supportive care, and the need for greater utilization of technological innovations in cancer diagnosis and treatment.

According to the findings of the *Report Card on Cancer in Canada,* Canadians must be alerted – they cannot rely on their public and existing private insurance to assure them of access to their best chances of surviving cancer. The CACC calls on the governments to take a leadership role in forming a collaborative solution, involving all stakeholders, that ensures fair and timely access to new cancer treatments for all Canadians regardless of where in Canada a person lives.

"If we choose to, we can have the best cancer management system in the world," said Dr. James Gowing, Chair, CACC.

<u>REPORT CARD HIGHLIGHTS</u>

1) Cancer Drug Costs: Who's Paying Now?

CACC researchers analyzed sources of payment – private vs. public – for a select group of 23 cancer drugs, from 2002 to 2006,[1] with the following results:

- As the 23 drugs became available commercially in Canada, private payouts for the selected drugs increased steadily in each province (Table 1).
- For the new generation of oral, take-home cancer drugs, the cost to both public and private funders has increased rapidly.

[1] Data extracted from Brogen Inc., which collates drug costs and reimbursements from public drug plans (mostly restricted to oral, take-home drugs) and insurance companies

- Seven oral, take-home cancer drugs account for the majority of private claims and costs: Xeloda, Temodol, Gleevec, Tarceva and three aromatase inhibitors: Femara, Aromasin and Arimidex. While the public systems in some provinces continue to pay a higher proportion of costs especially for these seven drugs, the proportion borne by the private payer sector is steadily increasing.

- In Ontario and Quebec, the cost of drugs to the private sector is doubling every two years, while the cost to the public sector is doubling at a slower rate (2.5 to 3 years).

  - In Ontario the cost of cancer drugs borne by the private sector vs. the public sector has increased from 31 per cent in 2002 to 40 per cent in 2006.

  - In Quebec, the cost of cancer drugs borne by the private sector has increased from 28 per cent in 2002 to 39 per cent in 2006.

- B.C. in particular, and the western provinces in general, continue to have the best access to publicly funded cancer drugs; private drug costs are significantly lower in these provinces as publicly funded budgets tend to cover many of the oral, take-home medications.

- In the Atlantic provinces, private payer expenditures exceed the public provision for oral, take-home drugs.

- These data do not capture direct payment for cancer drugs by patients. The volume and costs for that group of Canadians remain unknown.

Table 1. Private pay for Cancer Drugs in Canadian Provinces for 2002-2006, expressed per estimated incident cancer case in each year

Private Drug Costs per Incident Cancer Case					
Province	**2002**	**2003**	**2004**	**2005**	**2006**
BC	$52.00	$39.61	$66.63	$129.75	$81.07
AB	$27.63	$23.15	$29.06	$58.85	$87.98
SK	$0.00	$0.00	$29.49	$15.18	$33.00
MB	$32.67	$35.36	$62.95	$111.05	$134.29
ON	$137.21	$206.66	$339.20	$425.82	$551.52
QC	$131.07	$241.91	$368.26	$460.21	$600.44
NB	$240.73	$355.03	$418.64	$560.56	$721.63
NS	$125.41	$140.66	$206.03	$363.91	$383.62
PEI	$93.73	$246.04	$323.37	$527.68	$684.40
NL	$171.59	$238.67	$386.83	$478.58	$456.46

2) Cancer Drug Access and Public Funding Status

Access to new and expensive cancer drugs continues to be one of the most urgent problems cancer patients face. CACC researchers conducted a province-by-province review of access to 24 drugs featured in past reports, adding an analysis of 18 new therapies representing a “fresh wave” of evolving treatments (Table 2). The following trends were observed:

- Western provinces continue to lead the way in providing new cancer drugs to their citizens.

- Ontario continues to fully fund the lowest number of the 42 drugs studied.

Table 2. Summary of Cancer Drug Access and Public Funding Status Comparing Past 24 Drugs Studied and 18 New Drug Indications (Status as of Dec. 25, 2007)

	PAST 24 DRUG INDICATIONS				**18 NEW DRUG INDICATIONS**			
	Approved and Funded	Limited Access / Funding	Recom-mended but not Funded	Not Approved or Funded	Approved and Funded	Limited Access / Funding	Recom-mended but not Funded	Not Approved or Funded
BC	20	1	0	3	12	1	4	1
AB	14	7	0	3	4	7	3	4
SK	14	2	3	5	4	0	0	14
MB	16	2	1	5	3	4	0	11
ON	6	11	3	4	3	4	0	11
QC	16	6	0	2	7	2	0	9
NB	6	13	0	5	4	2	0	12
PEI	14	1	0	9	3	0	0	15
NS	7	9	0	8	4	2	4	8
NL	8	11	0	5	3	2	0	13

- People with less common cancers face increased difficulty accessing life-extending drugs for which there is only a small market, and no incentive for approval in Canada; this is evidenced by a marked delay in approval times between Canada and the US for these types of drugs, a reflection of several factors including Health Canada timelines for review and whether or not the drug manufacturer has submitted an application.

- Increasingly, one of the few ways to access new cancer drugs is via the manufacturer's compassionate access or expanded access programs; these may enable patients to access drugs that may not yet have received Health Canada approval or provincial funding, however criteria is strict.

3) Pet Scanning: Progress in Access, regional variations persist

CACC researchers documented access to PET scans across the country, with the following observations:

- Gradually, the barriers for cancer patients being able to access PET scanning for approved indications are being lowered across the country.

- Albertans have ready access to a PET scan for any one of 15 types of cancer and 24 indications. In contrast, access to PET scanning in Ontario is limited to eight indications, and then only through a formal clinical trial (three), or a special registry (five).

4) *Research: Where do our research dollars go? Updating information from the CACC report of 2004,*

- Only 6% of all research dollars goes to cancer prevention.

- Canadian Institutes of Health Research: no change in funding allocations. Still 70% basic research, much of which is not very sharply focused on solving clinical problems.

- Ontario Institute for Cancer Research: basic research is sharply focused on solving clinical problems in treatment.

- Canadian Cancer Society/National Cancer Institute of Canada: shift in strategy away from basic research and towards more treatment and prevention research.

- Conclusions: It is time to align research priorities with societal priorities, not researchers' priorities.

- Oversight by a Federal all-party Parliamentary committee is required to ensure cancer research is linked to cancer control.

5) *Critique of the Breast Cancer Clinical Research Process: Could More Lives be Saved?*

CACC researcher Dr. Joseph Ragaz conducted a systemized review of randomized clinical breast cancer trials since the early 1980s, and found a system that is rapidly becoming obsolete. Key observations include:

- The present sequence of steps in testing new cancer drugs is based on principles developed in the 1970s and 1980s and can't accommodate the rapid emergence of new, possibly curative drugs.

- It currently takes a minimum of 10-15 years for a new agent to reach the clinic from a laboratory bench, and in many cases up to 20 years with repetitive clinical trials required. This timeline could be shortened significantly (by at least five years), and thousands of lives and millions of dollars saved, if key findings in late-stage cancers were applied to early-stage cancers much sooner.

- Successful response in advanced disease is known to be a predictor of sensitivity in earlier disease, yet there are significant delays in applying this knowledge, and lives have been lost as a result.

6) Young Adults with Cancer – The Forgotten Generation?

Cancer patients between the age of 15-39 are experiencing inordinately high mortality which is being ignored by the cancer system. This is due to:

- Inadequate research investment (tumours behave differently in this age group)

- Inadequate supportive care for their unique psychosocial issues

7) The Role of the Nurse in Supportive Care

Nurses are key to helping patients navigate through their cancer care and cope with the physical and emotional burdens cancer. CACC researchers conducted a cross-Canada survey of oncology nurses to determine the extent of supportive care the nurses were able to provide to patients. Key observations include:

- Nurses are ideally suited to provide supportive care, however too many nursing hours are lost to non-nursing duties (watering plants, changing linens, etc). Nurses must be relieved of the many extraneous tasks that abound in a clinic so their professional time is applied to nursing patients.

- If nurses were able to practice to the full scope of their profession they would be able to spend one day per week navigating patients through the cancer system and attending to their supportive care needs.

- Cancer centres should identify and remove attitudinal and administrative barriers to a fully implemented Primary Nursing model of care.

ABOUT THE CACC

The Cancer Advocacy Coalition of Canada is the country's only full-time, registered, non-profit cancer group dedicated to citizen advocacy. The CACC is not a charity and operates on un-restricted grants based on guidelines that ensure the organization's autonomy. For more information visit our website at www.canceradvocacy.ca

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The full Report Card is available on-line at www.canceradvocacy.ca

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