

## HIGHLIGHTS – REPORT CARD 2005

### Cancer Drug Access

#### The Questions

1. Does cancer drug access comply with the guiding principles of the Canada Health Act?
2. Does variable drug access correlate with the west-east gradient in cancer mortality?

#### Methodology

- ▶ Cancer specialists and pharmacy experts across the country were surveyed and interviewed to look at 20 drugs (or classes of drugs) for 20 different indications or conditions and their availability in each province.
- ▶ Evidence for their effectiveness, approval details in Canada and the US, vetting structure in each province, and costs of these new drugs were analyzed.

#### Findings

- ▶ Access to cancer drugs:
  - Varies widely from province to province. What is available to a patient in one province (or even within a province) may not be available to another, never mind whether they have to pay for it or not.
  - There is a significant lag time in approval for new cancer drugs in Canada compared with the US ranging from 4 months to 4.5 years.
  - Fifteen of the 20 new drugs cost in excess of \$20,000 for a standard course of treatment (range \$20,000 to \$70,000).
  - The drug with the most universal access is rituximab (Rituxan) for treatment of aggressive non-Hodgkins lymphoma – approved and funded in all 10 provinces.
  - The drug with the most universal lack of access is cetuximab (Erbix) in metastatic colorectal cancer – approved and funded in none of the provinces.
  - The drug with the most rapid uptake is trastuzumab (Herceptin) for adjuvant breast cancer.
- ▶ The provinces:
  - The number of drugs not approved or funded by provincial government sources is

as follows: BC(2); AB(4); SK(6); MB(5); ON(4); QC(2); NB(5); PEI(13); NS(7); NL(8).

- British Columbia – the best funded and most timely access to cancer drugs; the best cancer outcomes and lowest cancer mortality.
- Alberta – only modest access to new cancer drugs.
- Ontario – cumbersome review processes and the requirement of extensive and time-consuming paperwork has meant slow and limited approval of new cancer drugs. Lack of timely access has led to the emergence of private cancer clinics in the province.
- Quebec – the widest scope of access to any cancer drug through individual hospital global budgets. However, there is great variability in access from hospital to hospital or within different regions of the province.

### **Conclusions**

- ▶ Evaluated on the guiding principles of the Canada Health Act, new cancer drugs are not accessible to all patients that require them, or universal in their coverage, or comprehensive in their overall integration with other cancer treatments, or portable from province to province, or even publicly administered or funded.
- ▶ Authors are not certain the west-east gradient in cancer mortality directly coincides with cancer mortality.
- ▶ Where a provincial health plan does not insure a service or cannot deliver an insured service in a timely manner, the provincial health plan should not be a barrier to access.
- ▶ Patients have the right to access such services that can save, extend or improve their lives, if necessary through other providers or payment systems in Canada.

### **Recommendations**

- ▶ Improve cancer outcomes with expensive new drugs through:
  - An appropriate policy framework to ensure coast-to-coast consistency in access and consideration of a national catastrophic drug plan;
  - A uniform system for development of guidelines;
  - Translational research to identify which patients will respond to expensive new treatments;
  - An outcomes-oriented evaluation process to corroborate effectiveness, enable monitoring of pharmaco-economic impact, identify infrequent or delayed side effects;
  - Involving patients in decision-making processes at all levels and full disclosure of available treatments.