

## EDITORIAL

As usual, this was an eventful year. The Canadian Partnership Against Cancer (CPAC) has become organized. Its aim is to control cancer by finding ways to apply what we know now. The CPAC Prevention Action Group and the Research Action Group were planning to team up for a population-based study of the interaction between genes and carcinogens in the environment. This, despite the evidence that environmental carcinogens contribute only one per cent to cancer risk, compared to up to 60 per cent contributed by unhealthy lifestyles. Somehow this does not look like finding out how to apply what we know now. The much-maligned Common Drug Review is now sharing its responsibility for adjudicating cost-effectiveness of cancer drugs with a newly-created Joint Oncology Drug Review (JODR). It was decided the newly-created JODR would be run by the province with the most restrictive record for providing access to and paying for cancer drugs, Ontario. Perhaps we shouldn't be too surprised. The decision was made by the ministers of health and their deputies who run the provincial health plans and who are *de facto* insurance executives.

An additional fourteen effective, but expensive, cancer drugs have appeared on the scene. Many haven't even been approved yet by Health Canada so that cancer patients must get them on the compassionate-use program requiring time-consuming documentation by the attending oncologists in every case, at a time when oncology manpower shortage is a serious problem.

Some problems remain largely untouched: we aren't doing very much to apply what we know now about cancer prevention, research is still preoccupied with genes instead of behaviour, and the limited access to costly cancer drugs continues.

Meanwhile, problems seem to be getting worse. In three years, cancer will be the number one killer of Canadians. Two-tier medicine has arrived, especially evident in provinces east of the Manitoba border, and is developing in an ad hoc fashion. Private pay for cancer drugs is rising sharply, and at the moment is up to ten-fold higher in the eastern provinces compared to the western provinces. In Ontario and Quebec the private payout doubles every two years. Private insurance payouts are being limited by plans which in turn are specified by what employers can accommodate. Both parties are struggling to define their next step.

Perhaps we should be thankful that at least some things are not changing. Access to PET scans in Ontario didn't get worse. It couldn't. Ontario has just recognized the value of PET for staging early lung cancer five years after a large randomized trial proved it could reduce futile lung surgery by half.

We still don't have a set of national guidelines for cancer treatment and the CPAC Guidelines Action Group seems to be preoccupied with describing how to write guidelines rather than actually writing them.

Canadian oncologists still aren't advocating in an organized fashion to get patients better access to new drugs and, despite our entreaties to them, it looks like they aren't going to. Mind you, to be fair, they are working very hard treating the steadily rising number of cancer patients for whom they spend inordinate amounts of time accessing care for the individual. Unfortunately, in several provinces the treatments they prescribe are frequently outmoded or, for lack of adequate diagnostic facilities, all-too-often not entirely appropriate.

Cancer research supported by your tax dollars (our federal government) continues to be largely focused on the mysteries of the cancer cell instead of preventing the external forces driving it to distraction and mayhem.

Oncology nurses are the main providers of supportive care which begins the day the patient enters the health care system. Yet an inordinate amount of their time is spent nursing doctors and clinics instead of cancer patients.

But we shouldn't point fingers at just the health care system. When we survey the broader landscape to determine what is being done about drug access and cost, we also don't find too much to cheer about. Everyone, not just doctors, legislators or bureaucrats, seems to be running away from the two problems instead of toward a conjointly crafted solution.

As eternal optimists, we look for positive signs. And we do see glimmerings of hope.

CPAC action groups are just getting started, so let's give them a chance. They are moving ahead on a broad front as described elsewhere in this Report Card. For example, the CPAC Action Group on Rebalancing the Focus is studying ways to incorporate improved supportive care seamlessly into the cancer system, and help patients find their way through the silos of the public cancer care system. Hopefully, nurses will then be able to play a greater role in supporting and navigating cancer patients. The CPAC Cancer Surveillance Action Group (arguably the most important one) has well thought-out plans to redress serious deficits in Canadian cancer statistics. We may yet get phase IV data (impact of new treatments on cancer mortality in the public at large) so that provinces in addition to BC can craft better control strategies.

The Canadian Cancer Society in partnership with the National Cancer Institute of Canada (NCIC) has announced a strategic plan to advocate channeling cancer control efforts into more promising avenues. Perhaps the Clinical Trials Group supported by NCIC will now introduce more studies on how behaviour modification can prevent recurrence in cancer survivors.

The newly-created Ontario Institute of Cancer Research (OICR) appears to be making real efforts to tie laboratory research directly to clinical research in order to solve diagnosis and treatment problems more efficiently and rapidly.

The Canadian Cancer Action Network (CCAN) has entered into a formal affiliation agreement with CPAC. This will ensure a strong voice for cancer patients whenever CPAC plans its activities. Hopefully, researchers and providers will become more focused on meeting the needs of patients and survivors.

All good intentions.

But the major players still appear to be the elected members of federal and provincial governments. Will they lead or, to paraphrase Ralph Klein the former premier of Alberta, will they just watch which way the parade of voters is marching and then join it? If so, change will be up to the voters. And that is us. Maybe Pogo was right when he said "We have met the enemy..... and he is us"

*James D. Gowing, Chair, CACC*

*William Hryniuk, past Chair*