

Cancer Advocacy Coalition of Canada

*2007 Report Card on
Cancer in Canada™*

*Media Conference
Toronto, February 12, 2008*

Introduction and Overview

Dr. James Gowing

Our Findings

- Current Canadian system of managing cancer from research to treatment and supportive care is outdated
- As a consequence, cancer management is:
 - Inconsistent
 - Ineffective
 - Unfair to Canadians

Overview

- Cancer research funding – any change?
- Clinical research – need for a paradigm shift?
- Cancer in young adults – are they the forgotten generation?
- PET scanning – why is Ontario so far behind?
- Supportive Care – are nurses nursing patients?
- Access to cancer drugs – is it getting worse?
- Who pays for cancer drugs – do we have two-tier medicine?

The Way Forward

- Greater collaboration between government and all other stakeholders
- Modernize our infrastructure for both research and access to care
- Motivate Canadians to demand better and equitable access to cancer care

If we choose, we can have access to the best quality cancer care.

Cancer Drug Access in Canada

Part III

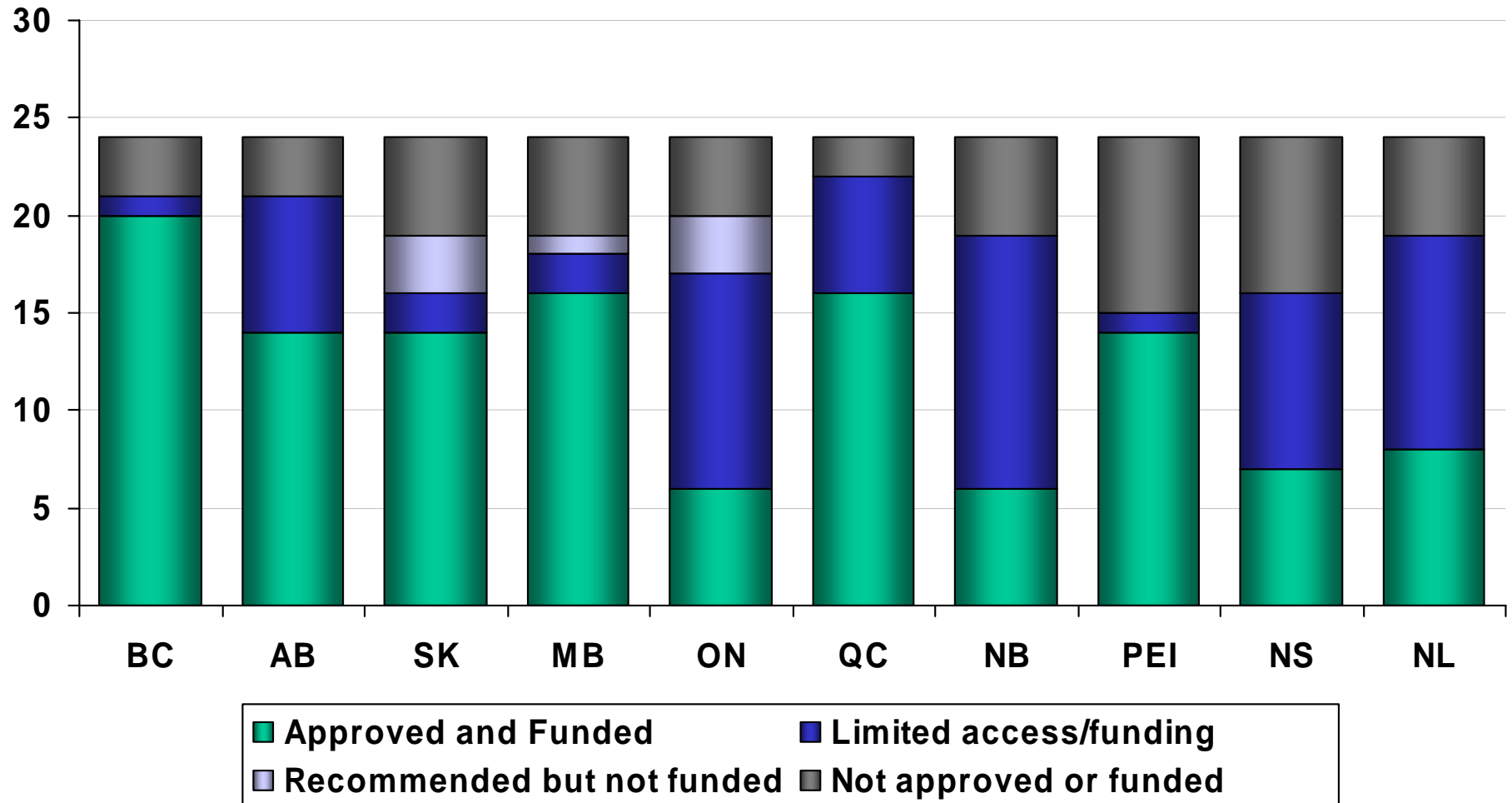
Dr. Kong Khoo

*Rosemary Colucci, William Hryniuk,
Joseph Ragaz, Sandeep Sehdev and Colleen Savage*

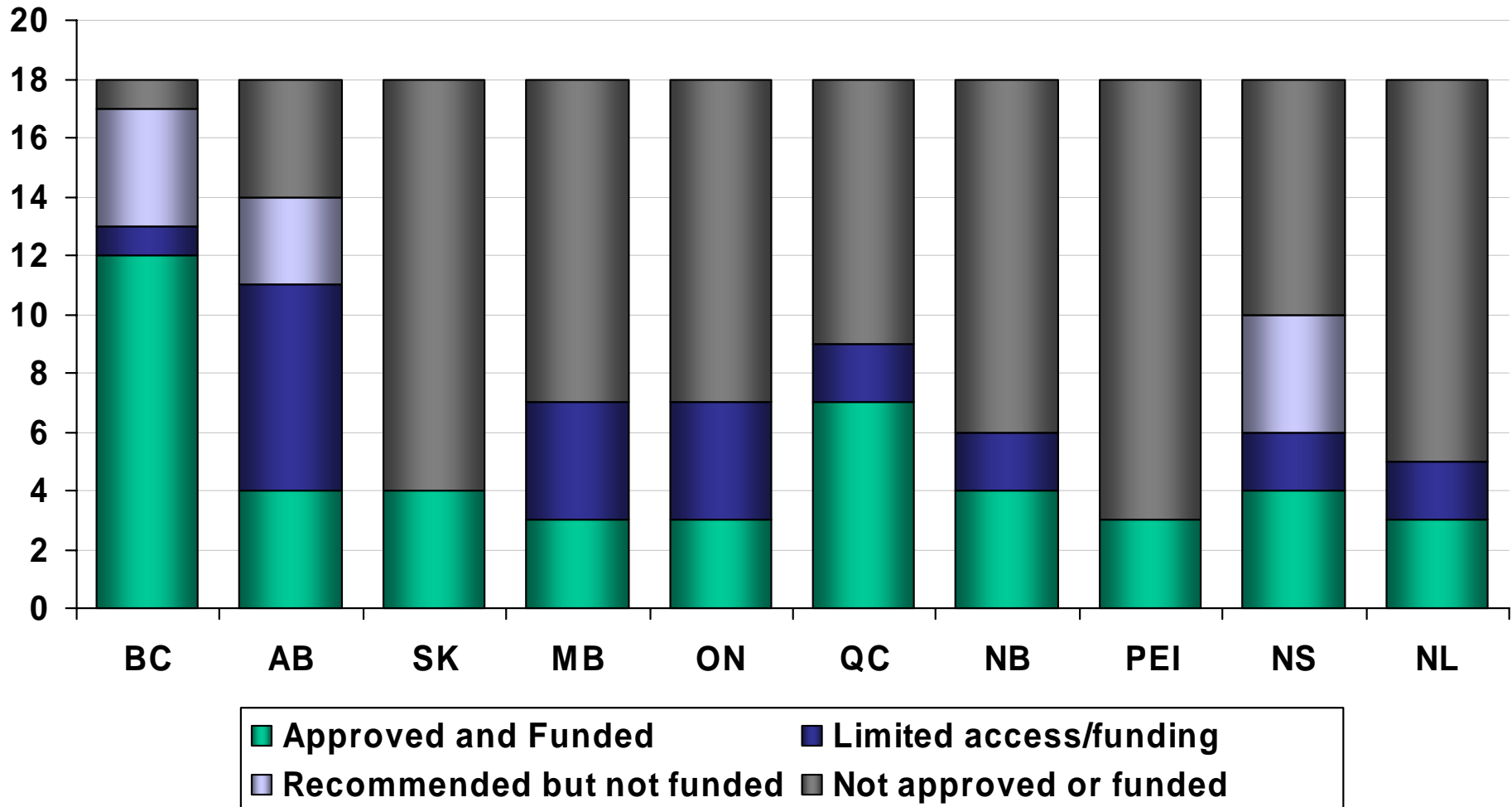
Cancer Drug Access in Canada – Part III

- New wave of cancer drugs
- Report on 24 previous treatments plus 18 new therapies

Status of Public Funding: 24 Previously Studied Cancer Drugs by Province, 2007



Status of Public Funding, 18 New Cancer Drugs/Indications by Province, 2007



Summary of Findings

- Only a minority of the 18 new cancer drugs are widely available
- Access to cancer drugs remains highly variable across the country – “postal code lottery”

The Cost of Cancer Drugs in Canada

Dr. Kong Khoo

*Rosemary Colucci, William Hryniuk,
Robert Kamino, Tania Redina and Colleen Savage*

The Payer Landscape for Cancer Drugs

- Public payers through provincial cancer agency or cancer centre/hospital budgets
- Public payer through provincial “pharmacare” plans
- Private insurers/ insurance
- Patient self-pay
- Pharmaceutical company compassionate access, and assistance and expanded access programs
- Charitable/donated funds
- Clinical trials

Drug Costs: Who is Paying?

- Last year we detected a trend to increased private funding for cancer drugs in Central and Atlantic Canada
- This year we investigated public vs. private payouts for new cancer drugs in each province on the *Brogan Inc. public & private database*
- Does variable payout for new cancer drugs correlate with the differences in cancer mortality from west to east?

Brogan Inc. Public & Private Drug Database

- Private Drug Plan Database
 - Drug benefit claims paid by most major private insurers in Canada
 - No data for PEI
- Provincial Drug Plan Database
 - Represents provincial “pharmacare” programs mainly for oral, take home cancer drugs
 - No data for PEI
 - There is little data for BC, AB, SK because most cancer drugs are provided through provincial cancer agency drug budgets including oral take-home drugs

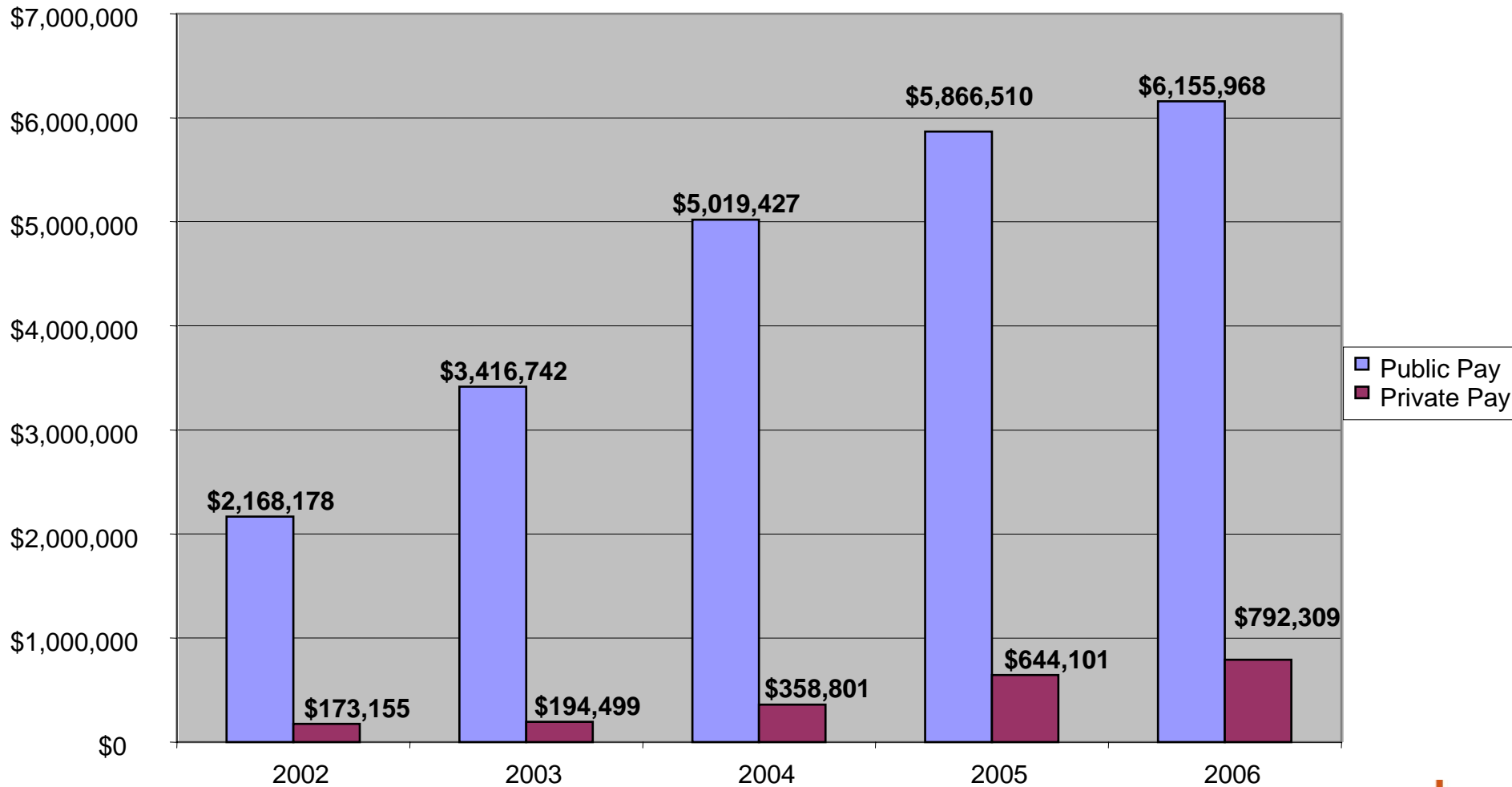
Drug Costs – Who's Paying?

Both public and private insurance payers
are paying more across Canada.

Drug Costs: Who is Paying More?

Manitoba

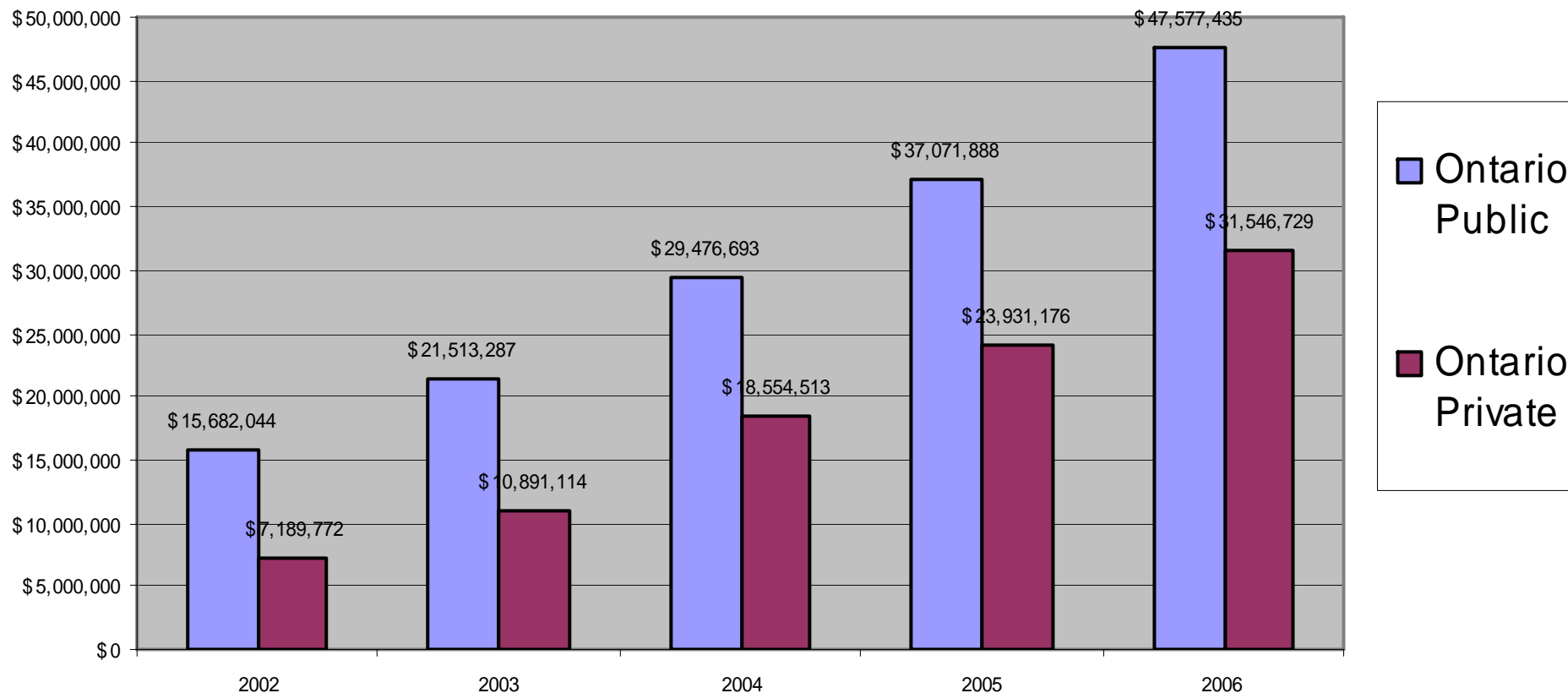
Manitoba Public Versus Private Pay 2002 - 2006



Drug Costs: Who is Paying More?

Ontario

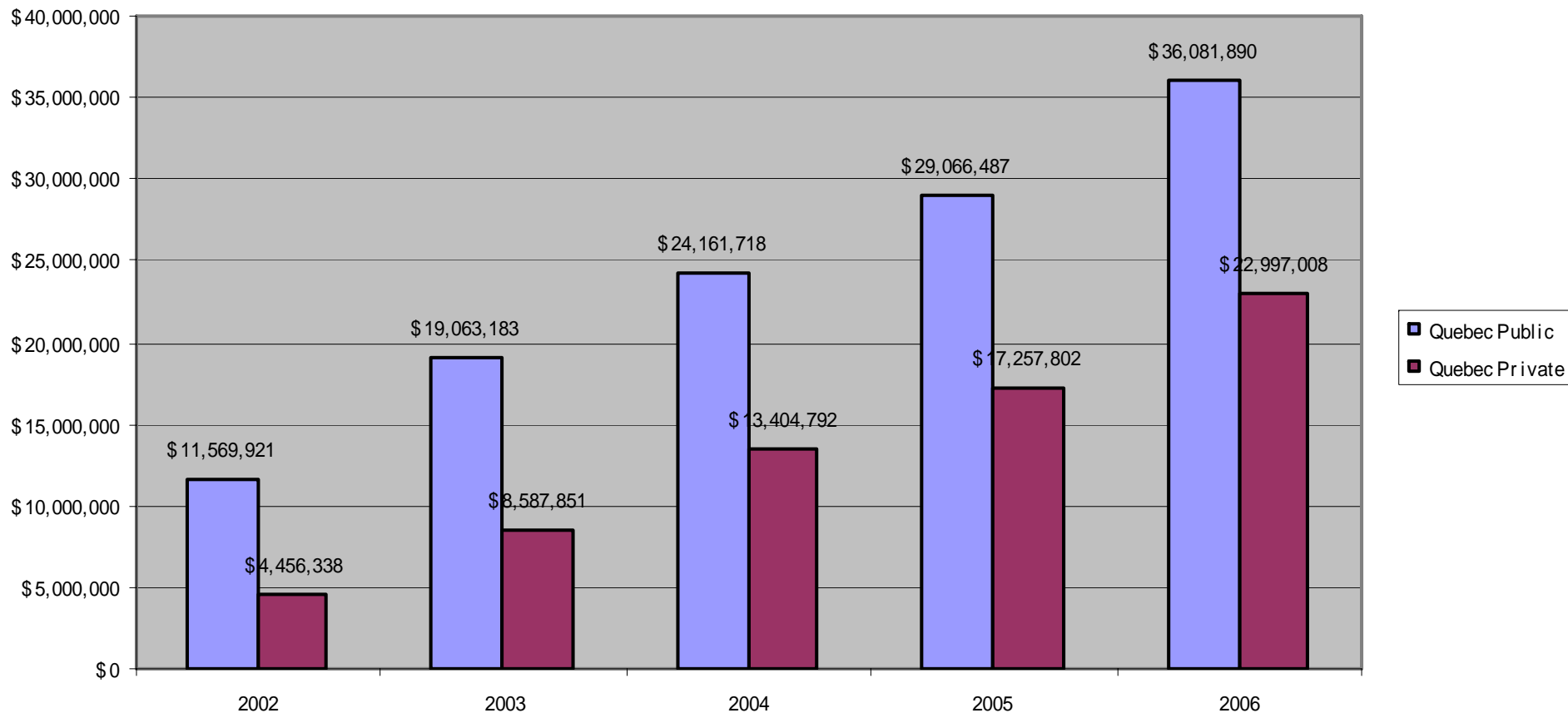
Ontario Public vs Private Pay 2002 - 2006



Drug Costs: Who is Paying More?

Quebec

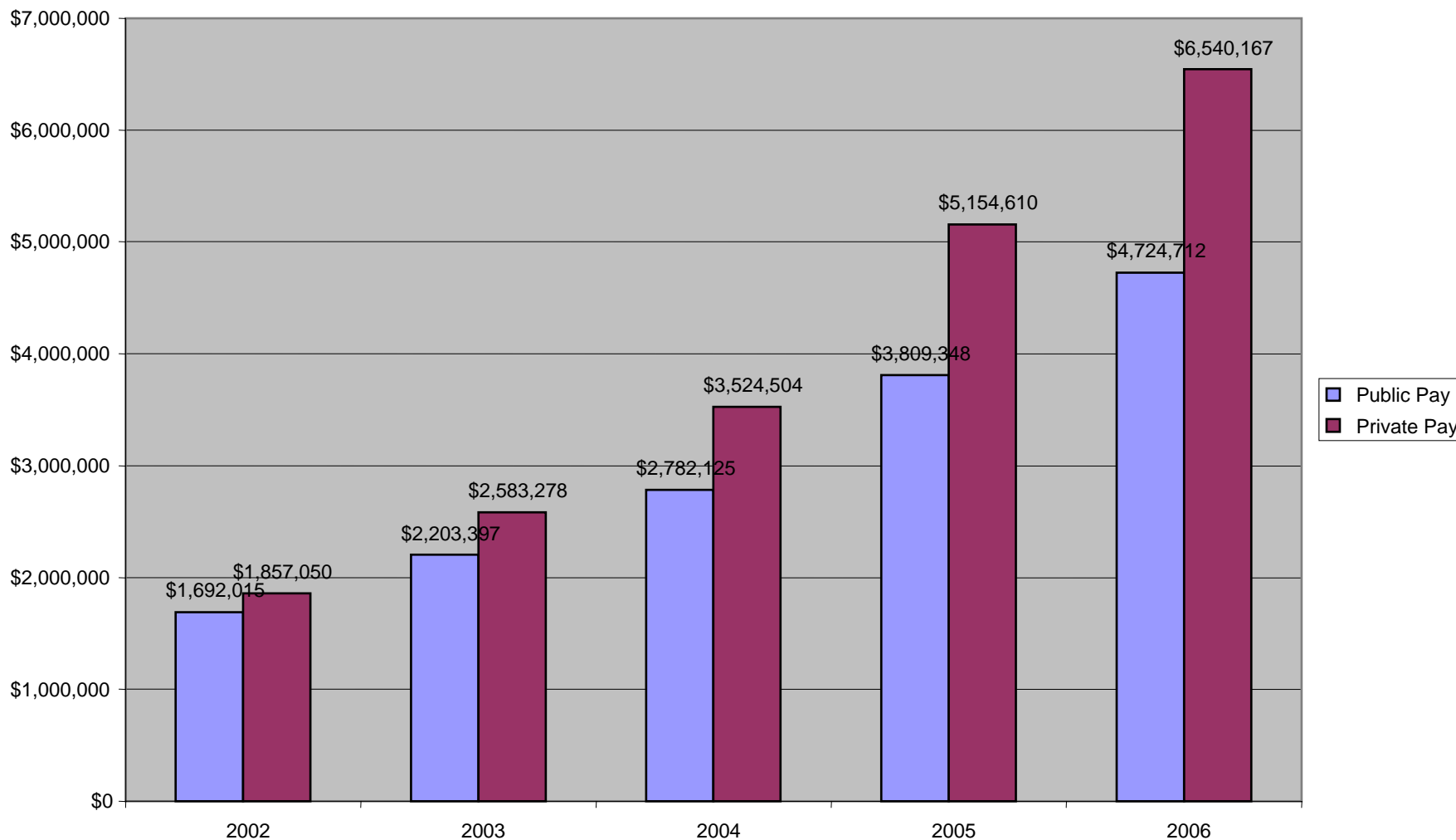
Quebec Public Versus Private Pay 2002 - 2006



Drug Costs: Who is Paying More?

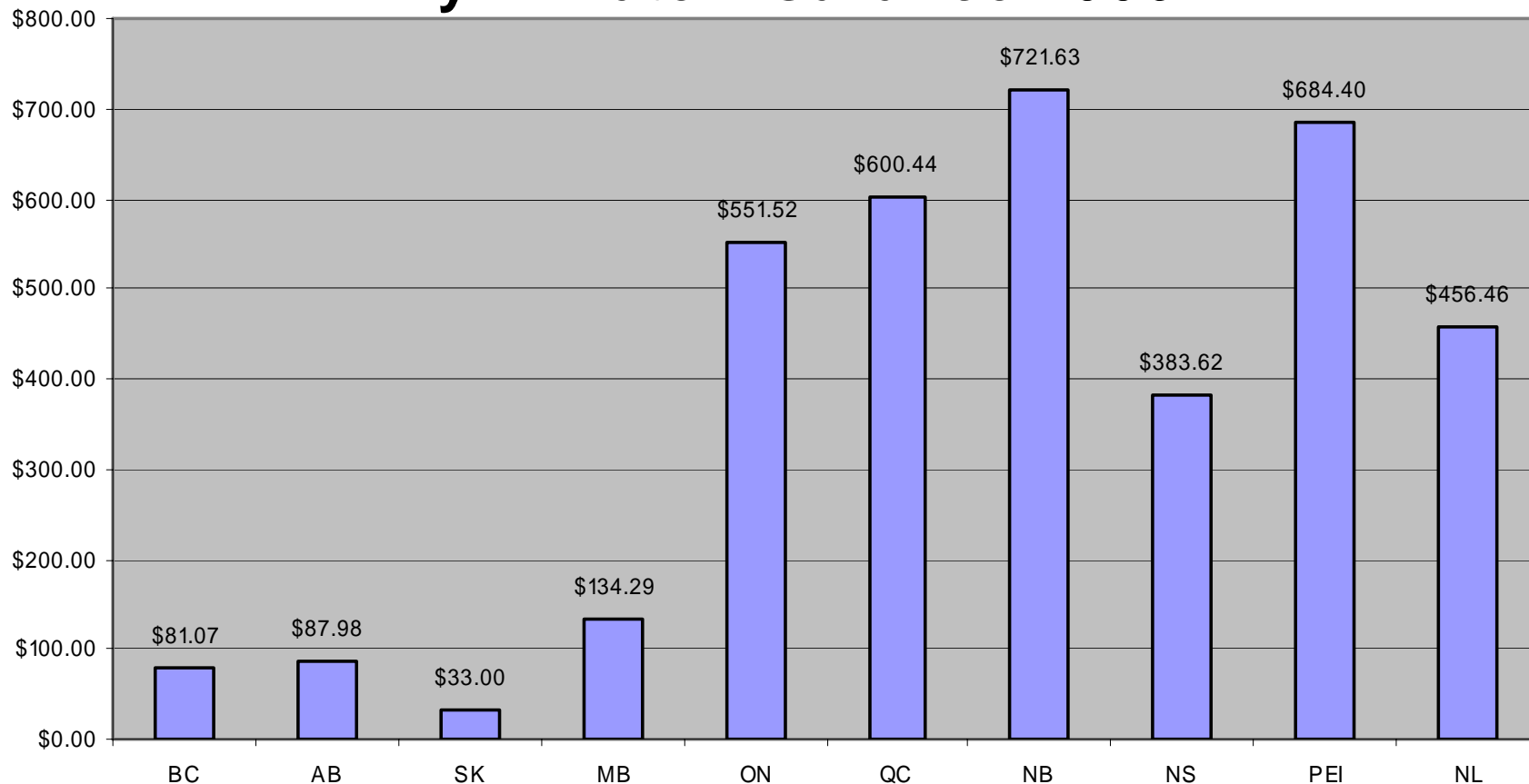
Atlantic

Atlantic Provinces Public Versus Private Payer 2002 - 2006



Who Pays? Private Insurance

Cost Per Incident Cancer Case By Private Insurance 2006



Estimated New Cancer Cases by Major Cancer Site (Table 3, Canadian Cancer Statistics, 2006, page 24)

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Rosemary Colucci, 2/11/2008

The Cost of Drugs – Who Pays?

Summary

- The cost is rising rapidly for both public and private payers for cancer drugs
- Private insurers and patients in different parts of the country bear very different burdens for the cost of cancer drugs
- If you have cancer, depending on your postal code:
 - A new cancer drug might be provided to you by government
 - You may have to rely on your private insurance
 - You may have to pay for the drug yourself

Additional Highlights

Dr. William Hryniuk

Summary of the Other Key Articles

	Inconsistent	Ineffective	Unfair
Drug Access	X	X	X
Drug Payments	X	X	X
Cancer Research Funding		X	
Clinical Research		X	
Cancer Treatment in Young Adults		X	X
PET Scan	X	X	X
Supportive Care	X	X	X

Cancer Research Funding in Canada

- Epidemic diseases historically controlled by prevention
- Present grant system focused on the cancer cell not the cause
- Using strict definitions of research, have found few changes since 2004 *Report Card*
- Government sponsored research agencies continue to emphasize basic research of the cancer cell not the cause
- Non-government organizations such as CCS and NCIC making important, strategic shift to more treatment and prevention research
- Need to rethink research objectives and focus on societal priorities, not researchers' priorities

Cancer Treatment Research Paradigm Shift Needed

- The present infrastructure of clinical trials is becoming obsolete for the present era
 - Based on 1970's approaches
 - Major bottleneck → new curative agents backed up waiting in queue to be tested.
- Delays of introducing new curative agents into practice
 - Inability to materialize their survival gains
 - Major loss of opportunity to avoid cancer deaths!

Cancer Treatment Research

Paradigm Shift Needed

- Reforms proposed for breast cancer
 - Five-point proposal package to reducing over-investigation of these new curative agents presented to an international meeting
 - If implemented, package has potential to save thousands of lives, and millions of dollars

Young Adults With Cancer: The Forgotten Generation

- Young adults with cancer:
 - Have the same chance of surviving cancer today as they did in the 1970's
 - Represent 28% of the potential life lost due to cancer
 - Deal with unique and challenging emotional issues as a result of their stage of life
- The Canadian healthcare system:
 - Allocated less than 0.1% of new research funding to young adult cancer issues in 2006
 - Delivers only four support groups for young adults in the whole country
- They are a generation that warrant a significant investment of resources to help them be the contributors and leaders they were destined to be

PET Scanning

Why is Ontario So Far Behind?

- An innovation for diagnosis and management for cancer; ironically originated in Canada
- Ontario continues to lag far behind other provinces and the world in recognizing its utility
- Ontario requires unattainable standards of evidence for the utility of PET in clinical cancer medicine
- Ontario cancer patients suffer the consequences

Supportive Care

The Role of Nurses

- Why supportive care?
- Nurses ideally suited for providing supportive care
- Historic evolution of nurses' role
- Nurses in major cancer centres only partially providing supportive care
- 32% of nursing hours spent on non-nursing duties
- Redeployment of these hours would allow navigation of cancer patients through the silos of the healthcare system and enhance primary care nursing

The Future “Re-thinking Cancer”

- Cancer research funding...greater focus on prevention
- Clinical research...streamline to get results quicker
- Cancer in young adults...invest now for high return
- PET scanning...embrace modern technology
- Supportive care...empower nurses to nurse
- Access to cancer drugs...equal access to quality treatment
- Cancer drug payment...redesign public/private payment system

The Future

- End the postal code lottery
- Develop a national vision for cancer care in Canada
- Usher in a new era of collaboration
- Act with urgency

The 2007 Report Card on Cancer in CanadaTM

Thank You

www.canceradvocacy.ca