

## **ANNUAL REPORT CARD ON CANCER IN CANADA<sup>(TM)</sup> REVEALS CANADIANS STILL WAITING FOR ACCESS TO INNOVATIVE CARE**

*Cancer Advocacy Coalition of Canada Provides New Insights into Current Cancer Landscape*

**Toronto, ON, March 24, 2010** – The Cancer Advocacy Coalition of Canada (CACC) reveals in its *2009-2010 Report Card on Cancer in Canada* that the country continues to lag behind in implementing advances in cancer prevention, diagnostics and treatment. Although Canada is a leader in many areas of cancer research, the Report Card finds that many Canadians are victims of inaction as they endure long delays in accessing these innovations.

“Canada has been at the forefront of cancer research over the last decade, but unfortunately, Canadian patients are still waiting to benefit from these significant advances,” said Dr. James Gowing, Co-Chair, CACC Board of Directors. “There has been some progress, but the *patience* of our patients is depleting as the solutions for managing their own cancer, their own catastrophic drug costs and their own health remain out of reach.”

The CACC’s annual Report Card on Cancer in Canada is the country’s only independent evaluation of cancer system performance. The 2009-2010 Report Card asks the question on behalf of all Canadians touched by cancer, “What are we waiting for?”, and examines why many answers are available, but still not accessible to patients.

“This year’s Report Card reveals a number of disconcerting trends in access to improved cancer care,” said Dr. Pierre Major, CACC Board Member and Report Card Committee Chair. “Whether we look at insurance coverage for retirees’ rising drug costs, protecting our children from the dangers of second-hand smoke, or benefits from leading-edge diagnostic biomarker testing, we see clearly that more must be done to ensure timely and equitable access to cancer care for all Canadians.”

### **2009-2010 Report Card Highlights**

*Does private insurance protect Canadians from the cost of cancer drugs?*

The majority of cancer diagnoses in Canadians occur after the age of retirement, which for the average Canadian is at age 62. This comes at a time when they are likely most vulnerable to catastrophic drug costs. Unlike most legislators and civil servants, 80 per cent of working Canadians will lose their private insurance drug plan coverage at retirement. There are a few key steps that insurers and governments could take to protect all Canadians from choosing between financial solvency and cancer care.

*The Current Status of Bans on Smoking in Vehicles Carrying Children*

Despite overwhelming evidence and public support for legislation to ban smoking in cars carrying children, some Canadian provinces and territories have failed to adopt laws to protect children, leaving them exposed to preventable disease. While Canadians are still waiting for government action in some provinces and territories, 1,000 adults and children die each year of illnesses related to second-hand smoke, including lung and other cancers, heart diseases and respiratory diseases.

*The 21-Gene Assay: Impact on breast cancer in Canada. Ethically and economically when do we act?*

While Canadians await funding for biomarker tests such as the 21-gene assay, at least 1,500 breast cancer patients per year could be receiving ineffective treatment and needlessly enduring chemotherapy-related toxicity, immunosuppression, leukemia or even drug-induced death.

*Additional Highlights from the 2009-2010 Report Card*

Dr. Kong Khoo updates his review of cancer drug access, identifying all new cancer drugs and indications approved by Health Canada in the past 10 years. Dr. Khoo also looks at the many new therapies in development, asking how funders will determine their priorities and whether personal finances will be the final determinant of who benefits and who does not.

This year's Report Card takes a close look at the patient perspective on waiting for access to innovations in cancer care in Canada, including the story of a breast cancer survivor's experience with Electronic Health Records at Toronto's Sunnybrook Hospital. A section on rare cancers features stories from four Canadians who share information and experiences living with GIST (gastrointestinal stromal tumour), carcinoid-neuroendocrine cancers (NETs), multiple myeloma and chronic myelogenous leukemia (CML).

#### **About the Cancer Advocacy Coalition of Canada (CACC)**

The Cancer Advocacy Coalition of Canada (CACC) is a registered, non-profit cancer group dedicated to citizen advocacy. The CACC operates on unrestricted grants based on guidelines that ensure the organization's autonomy. For more information, or to view and download the 2009-2010 Report Card on Cancer in Canada, visit the CACC's website at [www.canceradvocacy.ca](http://www.canceradvocacy.ca).

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