

EDITORIAL

What are we waiting for?

As the first decade of the 21st century winds down, Canadians touched by cancer could be forgiven for wondering when “soon” will come. Many answers are available, but not accessible.

We are waiting for our provinces to protect children—and adults—from the dangers of second-hand smoke in cars. Tobacco-related diseases are a large burden on the Canadian health care system. Further tobacco control measures are required. This is one simple step, but despite overwhelming public support—even from smokers—some governments have been slow to endorse it. Dr. David Saltman, Dr. Geoffrey Fong and their colleagues examine the impacts of second-hand smoke on children, and make the case in support of these bans.

We are waiting to experience the benefits of research into biomarkers and microarrays, which are improving our understanding of changes in malignant cells. Patients who stand to benefit will receive treatment, while those who would not be spared harmful side-effects, and drug budgets are spared the expense of unnecessary prescriptions. Targeted therapies are beginning to pay off—or at least, they should be. But despite the fact that Canada is at the forefront of this research, we lag behind many other jurisdictions in making the resulting tests available to oncologists and their patients. Dr. Joseph Ragaz explores the challenges and benefits of biomarkers as a means of providing targeted cancer therapies.

We are waiting for advances in cancer research to be made accessible for the benefit of all patients. Patients with rare cancers are waiting for the system to catch up to advances in diagnostics and treatment of their diseases. Four of these rare cancer groups offer their thoughts on the experience of living with a rare cancer, where there is little or no public understanding, limited research, and troublesome barriers to clinical trials and treatment.

We are waiting for Electronic Health Records. Ontario’s e-Health fiasco highlights the fact that healthcare records in Canada are light-years behind other industries. Very successful systems have already been developed and implemented in Canada. Cancer patient Donna Hammill-Chalk describes her experience using Sunnybrook Hospital’s “MyChart”, and in so doing makes the case for overcoming the parochial interests that have hindered adoption of similar systems for all Canadians.

We are waiting for a solution to the expense of cancer treatment. Increasingly, we are seeing examples of how private health insurance—especially employer-purchased insurance—plays a significant role in providing for access to diagnostics and treatment of cancer in Canada. In a survey of private

health coverage, Chris Bonnett explores the issue and draws our attention to trends that could have a serious impact on Canadians’ ability to receive the healthcare they need.

We are waiting for provinces to resolve the frustrating delays in funding new cancer drugs, and the disparity in access across the country. Even when the new pan-Canadian Oncology Drug Review finally becomes operational (a year or two late, as you might expect) that body has no authority to require that provinces adopt their recommendations or pay for the drugs.

This year, Dr. Kong Khoo updates his review of cancer drug access, identifying all the new cancer drugs and indications approved by Health Canada in the past ten years, and warning of the torrential cost that is coming from 800 new ones in the pipeline. With public drug plans retreating in horror, who will help Canadian cancer patients get these powerful new treatments?

The Cancer Advocacy Coalition of Canada has been calling for all stakeholders—governments, insurers, employers, pharmaceutical companies and patients—to come together in a national forum to explore a structure for catastrophic drug coverage for all Canadians. That necessary step seems a long way off when—as Douglas Emerson explains—the provinces have not proceeded with public consultations on the subject that were promised in September 2008. The federal government and their provincial and territorial counterparts seem completely stalled on a National Pharmaceuticals Strategy, initiated in 2004.

On the brighter side

We continue to see advances in cancer control, particularly in diagnostics and treatments. Mortality rates in the USA have been declining by approximately two and a half per cent per year over the last 10 years. Data suggest improvement in Canada as well, but good national surveillance statistics are difficult to come by. The ability to collect, analyze and share relevant data is crucial to determining where the biggest gains can be made in prevention, effectiveness, and patient outcomes.

The Canadian Partnership Against Cancer has just passed the midway point in its first mandate with a vast amount of planning and guidance offered to the provinces. We are waiting to see what the provinces will do with it.

There has been progress, but for many Canadians the solutions for their own cancer, their own catastrophic drug cost, their own health, are still a hope not a reality. The *patience* of patients is depleted.

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co-Chair of the Board