

Editorial

Oh for just one time . . .

The HMS Erebus was found exactly where 166 years of Inuit folklore said it would be. But for all that time and all the searches, nobody thought that information was relevant.

Solutions to the gaps and disparities in cancer care will be found exactly where patients have been pointing for far too long: more choices, better choices, up-to-date choices, fewer financial barriers to those choices and, if you don't mind please, can these health professionals work together and coordinate all the pieces of my care?

In many ways, the cancer system is better than it was fifteen years ago when we began this publication. Prevention initiatives are found throughout the country, in anti-smoking laws for example. There are national standards for several of the waits that cancer patients face, organized screening programs are more fully developed and include colorectal cancer, and might even include lung cancer in our lifetimes. The provinces are much more likely to publicly report on their performance and admit when they missed a target, fell below a standard or simply cannot cope with all the demands they face. Multidisciplinary care is less often the rarity and more often the first approach to meeting a set of patient needs. Nurse navigators and advanced practice nurses can be found working in innovative models of care delivery that make a world of difference to patients who are easily lost in the labyrinth. A superb project in Ottawa connects oncologists with cardiologists so that patients with both problems receive timely care that is fully coordinated.

Cancer research is booming in fields that hold so much promise: assessing the future risk of cancer, detecting its presence much more accurately and quickly, bringing personalized treatments to market that are precisely focused on the unique cancer cells that threaten us. The diagnostic tools available to clinicians have never been so effective (and expensive).

At the same time, a string of stubborn problems remain unresolved. Wait times are uneven - better of course, but there are still large disparities between provinces and within provinces and numerous examples of ups and downs for exactly the same type of wait in the same province. The Wait Time Alliance has done an impressive job detailing these facts for ten years and deserves a medal. Health ministers across the country have jumped on every opportunity to talk about patient-centred care and yet the wait times being reported reflect small portions of the patient journey. The initial focus for measuring wait times is still inward-looking: what is our silo willing to be accountable for? The wait times for a diagnosis are particularly erratic and need to be resolved.

Cancer prevention still relies heavily on nagging people toward a healthier lifestyle. An HPV vaccine for boys, which could prevent future cancers, is funded in only two provinces although every province and territory offers the vaccine to girls.

Provincial coverage of new discoveries is still too slow, whether the discovery relates to new cancer drugs or the biomarkers that identify when to use them, or to precision medicine discoveries that are gathering dust. Canadians give generously to research and expect to benefit from the results.

On the subject of research, we see a continuing imbalance of investments toward a few cancers that are widely known while the stigma of lung cancer curtails the research necessary to overcome an extraordinary fatality rate. And who will look for answers to rare cancers?

Policy gaps abound, as they did fifteen years ago. A patient receiving IV chemotherapy faces no charges of any kind while a patient taking a chemotherapy pill might be asked to pay thousands of dollars every month for the privilege of taking that medication at home. About half of all chemo is now in pill form, but a few provinces are stuck in the past while patients have to choose between living, or protecting the family's financial future.

There will come a time when this Report Card can publish more of the great successes and fewer of the glaring inequities. Like you, we eagerly look forward to that day. Maybe, for just one time, we could write that cancer care in this country is the best in the world.

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