

**Cancer Advocacy Coalition**

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**CANCER ADVOCACY COALITION RELEASES REPORT CARD ON CANCER IN CANADA™ 2014-2015**

*For many, there are reasons to be thankful... yet, for others, there is only hope yet to be fulfilled*

**Toronto, ON, April 7, 2015** – The Cancer Advocacy Coalition of Canada (CACC) has released its latest Report Card on Cancer in Canada™ with a message to Canadians: in many ways, the state of cancer care in Canada has improved over the past decade; however, stubborn inequities remain in wait times, screening programs, vaccination of boys against future cancers caused by HPV, access to drugs and the organization of cancer services.

“This year’s Report Card recognizes the strides that have been made, while demonstrating the disparity that continues to be faced from province to province, across Canada,” says Dr. Dauna Crooks, Chair, CACC.

The CACC’s annual Report Card on Cancer in Canada is the country’s only independent evaluation of cancer system performance. The 2014-2015 Report Card’s highlights include:

- **Cardiac Oncology: Improving Cardiac Safety, Advancing Cancer Care**

As one of the side effects of powerful targeted therapies is cardiac toxicity, successfully treating cancer can come at a price. Ottawa oncologist, Dr. Susan Dent, is working with a multidisciplinary team that created Canada’s first cardiac oncology clinic to meet the needs of patients with heart disease who require cancer treatments. The team saw a need for better coordination and planning between the two specialties in treating these patients, and proudly report on their results.

- **Recommendations for Change: Reimbursement and Delivery of Take-Home Cancer Medications in Ontario and Atlantic Canada**

A member of Kidney Cancer Canada’s Board of Directors, Robert Bick reports on the *CanCertainty Campaign*, an effort by patient groups to end the inequity in coverage of cancer drugs that is solely based on dosage form – whether intravenous (IV) or oral. To date, Ontario and Atlantic Canada maintain separate policies for IV or oral cancer drug coverage, but are showing some interest in resolving the inequity.

- **The Postal Code Lottery of Human Papillomavirus Vaccination in Canada**

While all provinces offer the human papillomavirus (HPV) vaccine to girls to protect against the virus which can lead to cancers, only two provinces provide access to the vaccine for boys. Jaime McDonald, a Director of the CACC and a pharmacist in Ottawa, highlights the ethical implications of withholding public funding for a vaccine that is known to reduce the burden of disease.

- **Coverage of Genotype-Directed Therapy for Non-Small Cell Lung Cancer in Canada: An Update**

Jaime McDonald discusses the funding of biomarkers for lung cancer treatment, reporting that – once again – Canadian cancer patients find themselves in a postal code lottery of drug coverage.

- **The Importance of the Multidisciplinary Team in the Acquisition and Processing of Cancer Biopsy Tissue Samples for Biomarker Testing**  
Dr. David Saltman, British Columbia oncologist and a Director of the CACC, urges a multidisciplinary approach to resolve the issue of inadequate tissue for biomarker testing. He recommends that Canadian cancer centres, pathology departments and molecular diagnostic laboratories collaborate in the development and implementation of clear strategies for biomarker testing.
- **Nurses Challenge the Status Quo in Cancer Care**  
Dr. Dauna Crooks, CACC's Chair of the Board and a retired Dean of Nursing, describes her search for innovative models of nursing care and the creative response she found to meeting patient needs. Interviewing Advanced Practice Nurses from Alberta, Manitoba and Ontario, Dr. Crooks found a passionate interest in moving away from the status quo to help patients reclaim their lives after a cancer diagnosis.
- **Then and Now: Some Progress, but...**  
Looking back at the history of Report Cards, the CACC's Colleen Savage compares the past with the present, reporting on screening and wait times, then and now. She describes the achievements and disappointments, as well as the time lapse between screening and diagnosis. The article concludes that wait times are still reported from the perspective of the health care system, rather than recognizing that patients experience multiple delays beyond the official waits being compiled. It is time to work on a model that will capture the true patient journey with all its different waits. In addition, the need for a tissue biopsy to confirm a diagnosis appears to throw a wrench into the system that can lead to months of waiting for a diagnosis after an abnormal screening result.
- **Subsequent Entry Biologics**  
As patents expire on first generation biologics, the next wave of biosimilars, or subsequent entry biologics, is entering the Canadian market. A number of critical issues remain muddled. These include regulatory issues, such as naming of the new product, how patients will be adequately informed about these choices and above all, how similar is similar? Quebec has now made the first move to require pharmacists to substitute the biosimilar product. CACC offers an introduction to the topic and its questions.

#### **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, public education, policy research and evaluation of cancer system performance. The CACC operates on unrestricted grants based on guidelines that ensure the organization's autonomy. For more information, or to view and download the Report Card on Cancer in Canada, visit the CACC's website at [www.canceradvocacy.ca](http://www.canceradvocacy.ca).

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