



Backgrounder

The Situation: Cancer prevalence is expected to rise in Canada over the next decade¹, but at the same time there are more cancer survivors than ever before². Cancer treatments taken orally have been a game-changer allowing patients to live longer, as well as alleviating the stressful ordeal of intravenous (IV) chemotherapy³. In fact 60 per cent of all new cancer treatments being developed are oral medications.⁴

Yet, when a provincially approved treatment for a cancer patient is an oral therapy, their age, private insurance status, income or where they live can result in significant costs and delays in treatment. In contrast, the same patient can access an IV treatment at no cost and no wait time regardless of income or insurance coverage.

Time for Change: Universal funding of oral cancer treatments is needed

An unprecedented unification of more than 30 Canadian patient groups, physician and health care charities are working together to ensure all Canadian cancer patients have **CanCertainty** – certainty that if cancer strikes them or a loved one they will have fair and equal access to the treatment they need no matter their age, cancer type, treatment type or where they live.

The Barriers: Patients in Ontario and Atlantic Canada face significant discrimination when it comes to accessing oral treatments.

- **Cancer type:** Depending on the cancer type, the most effective treatment can be an IV or oral therapy. For example, rare cancers such as a CML (chronic myelogenous leukemia), kidney, liver or endocrine tumours rely almost exclusively on oral therapies.
- **Treatment formulation:** Intravenous treatments are administered in hospital, and those listed on the provincial drug formulary are fully funded. However, if the same drug is available in oral formulation, the patient must first navigate a complex reimbursement system that result in lengthy delays in treatment and requires potentially significant personal costs through deductibles and co-pays⁵.
- **Age:** Unlike IV treatments that are available to all regardless of age, the current public reimbursement system for oral treatments for cancer in Ontario through the Ontario Drug Benefit (ODB) program is available to those aged 65 and over, or on social assistance⁶.
- **Income:** Cancer patients in Ontario and Atlantic Canada requiring funded IV treatments receive them regardless of their personal income level. Patients in need of oral treatments must first provide evidence of total household income (tax returns). This information is used to determine the patient's contribution through a deductible or co-pay,³ depending on the province.

- **Home province:** Cancer patients in British Columbia, Alberta, Saskatchewan, and most recently Manitoba have fully funded access to oral anti-cancer treatments. Unfortunately, patients in Ontario and Atlantic Canada do not have these same access to life-extending and life-saving medications.^{3,5}

The Financial Reality:

- The lack of fair and complete public funding for oral cancer treatments in Ontario and Atlantic Canada is creating significant financial hardship for more than 10,000 people each year³.
 - In Canada, 130,000 households have mortgaged their homes to cover unaffordable health care costs⁷.
- Even with private insurance, 75 per cent of plans have a 20 per cent patient co-pay requirement, which would mean tens of thousands of dollars out of the patient's pocket^{8,9}. Other plans have an annual or lifetime cap that is all too quickly reached with the cost of cancer medications.

Improving Access to Oral Treatments

- Funding oral cancer medications would not only benefit patients in Ontario and Atlantic Canada, but it also makes good financial sense. Oral treatments are cost-effective because patients can take them at home, rather than in a hospital setting like with IVs¹⁰.
- According to a new report, it is estimated an investment of \$28 - \$93 million – or roughly one per cent of Ontario's total 2012 drug budget – will ensure all patients in Ontario have access to oral medications³. The investment is also estimated to lead to at least a 17 per cent reduction in overall chemotherapy unit costs¹¹.
 - These same financial benefits hold true, proportionally, for Nova Scotia and Newfoundland and Labrador as well.
- For more details, the full report can be found at www.CanCertaintyForAll.ca.

CanCertainty Coalition

- The Coalition is a united voice of more than 30 Canadian patient groups, cancer health charities, and caregiver organizations, including (in alphabetical order):

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| • Aplastic Anemia and Myelodysplasia Association of Canada (AAMAC) | • Hope and Cope |
| • Best Medicines Coalition | • Kidney Cancer Canada |
| • Bladder Cancer Canada | • Leukemia and Lymphoma Society of Canada |
| • Brain Tumour Foundation of Canada | • Lung Cancer Canada |
| • Breast Cancer Action Nova Scotia | • Lymphoma Canada |
| • Canadian Breast Cancer Network (CBCN) | • Melanoma Network of Canada |
| • Canadian Cancer Action Network (CCAN) | • Myeloma Canada |
| • Canadian Liver Foundation | • Ovarian Cancer Canada |
| • Canadian Skin Patient Alliance | • Pancreatic Cancer Canada |
| • Cancer Advocacy Coalition of Canada (CACC) | • Prostate Cancer Canada |
| • Cancer Fight Club | • Rethink Breast Cancer |
| • Carcinoid Neuroendocrine Tumour Society of Canada (CNETS Canada) | • Save Your Skin Foundation |
| • Colon Cancer Canada | • Testicular Cancer Canada |
| • Colorectal Cancer Association of Canada | • The Canadian CML Network |
| • Gastrointestinal Society | • The Chronic Myelogenous Leukemia Society of Canada (CML Society) |
| • GIST Sarcoma Life Raft Group Canada | • Thyroid Cancer Canada |
| | • Young Adult Cancer Canada |

The campaign is also supported by the Physician Alliance for Cancer Care and Treatment (PACCT)

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References

¹ TBD

² Canadian Cancer Statistics, 2011

³ Taylor, W. D. (2014). *The Institutionalized Discrimination of Cancer Patients – Not What Tommy Douglas Intended: A Business Case for Universal Coverage of Oral Cancer Medicines in Ontario and Atlantic Canada.*

⁴ Cancer Care Ontario. (2013). Drug funding in Ontario: ensuring equitable access for all patients. Retrieved from <http://www.cqco.ca/common/pages/UserFile.aspx?fileId=291365> (Last accessed February 14, 2014)

⁵ D. Menon, T. Stafinski, G. Stuart, Access to Drugs for Cancer: Does Where You Live Matter?" *Canadian Journal of Public Health*, Vol. 96, No. 6, 454-458.

⁶ The Ontario Drug Benefit (ODB) Program.

<http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/odb.aspx> (Last accessed February 25, 2014)

⁷ *Sun Life Canadian Health Index*, September 30, 2013

⁸ ESI, Prism and Teva Neuroscience, in 2008

⁹ M. L. Raborn, E. M. Pelletier, D. B. Smith, C. M. Reyes, Patient Out-of-Pocket Payments for Oral Oncolytics: Results From a 2009 US Claims Data Analysis, *Journal of Oncology Practice*, Vol. 9, No. 6, November 2013

¹⁰ Oral Chemotherapy: What you need to know Retrieved from:

<http://www.cancer.org/treatment/treatmentsandsideeffects/treatmenttypes/chemotherapy/oral-chemotherapy> (Last accessed February 14, 2014)

¹¹ F. T. Camacho, J. Wu, W. Wei, G. Kimmick, R. T. Anderson, R. Balkrishnan, Cost impact of oral capecitabine compared to intravenous taxane-based chemotherapy in first-line metastatic breast cancer, *Journal of Medical Economics*, Vol. 12, No. 3, 238-245