



Canadian Cancer Society
Société canadienne
du cancer

MANITOBA DIVISION

POSITION PAPER:

CANCER TREATMENT AND SUPPORT DRUGS

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Executive Summary

Cancer Treatment and Support Drugs

The Canadian Cancer Society, Manitoba Division is advocating for three changes that together would significantly improve the affordability and accessibility of cancer treatment and support drugs in Manitoba:

1. **Make all cancer treatment and support drugs – IV, oral and self-injectable – available at no cost to cancer patients in Manitoba**, so that cancer patients are not taking on an unexpected financial burden of treating and managing their cancer at the same time that they are facing a cancer diagnosis and other significant financial burdens.
 - ***Proposed mechanism #1:*** Bring all cancer treatment and support drugs under the umbrella of the Provincial Oncology Drug Program;
 - ***Proposed mechanism #2:*** Eliminate the provincial Pharmacare deductible for oral cancer treatment and support drugs;
2. **Enhance transparency in the provincial cancer drug approval system** so that the public has a better understanding of the process, and therefore of why they may or may not be receiving a particular drug. Many patients incorrectly believe they are being denied care that would be available to them elsewhere.
3. **Provide support for clinical trials for cancer drugs in Manitoba**, recognizing the critical role that these trials play in improving cancer care and providing access to new therapies.

Cancer Treatment and Support Drugs

Costs

In the world of cancer treatment, Manitobans undoubtedly enjoy some of the best care available anywhere in the world. Within that relatively advantaged context though, there are weaknesses in our cancer system that cause unnecessary hardship for patients and families.

The division of cancer treatment and support drugs between the Provincial Oncology Drug Program and the provincial Pharmacare program has created an inequitable and unintended burden on many cancer patients. According to The Canada Health Act, only drugs provided for patients during a hospital stay are provided free of charge. Drugs that are prescribed for people after their hospital stay do not have to be provided free under the terms of the Act. As a result, there has been great variety, both between jurisdictions and over time, in provincial drug policies and financing measures. In Manitoba, this division means that those drugs provided under the Provincial Oncology Drug Program (mainly IV drugs provided in hospital) are provided free of charge, whereas those provided under the Pharmacare program (mainly oral drugs taken at home) are subject to an up-front patient-paid deductible.

Despite the fact that the drug program here in Manitoba generally compares favourably to many other provinces (particularly the Atlantic provinces), the coverage provided in Manitoba is lagging behind other western provinces, and changes are needed to ensure affordable access to the same drugs as anyone else in Canada would have.

Ultimately, the range of insured services under the Canada Health Act should be broadened to include drugs wherever they are used – not just in hospitals. In the meantime however, there is an obligation on the Province to alleviate this burden within Manitoba.

In Manitoba, the devastation of a cancer diagnosis can be exacerbated by the financial burden brought on by the diagnosis. Nationally, 80% of respondents to a recent survey conducted by the Canadian Breast Cancer Network experienced a financial impact from the disease. The average decline in household income was \$12,000. Two-thirds of respondents took 16 weeks or more off from work. There was an average gap of 23 weeks during treatment without EI coverage. To cover medical expenses and make up for lost job income, 44% of respondents used their savings and 27% took on debt. Most self-employed respondents suffered a loss of income and had to start their businesses again from scratch. They often had no income during treatment and recovery because they are not eligible for Employment Insurance benefits (p. 3, Breast Cancer: Economic Impact and Labour Force Re-Entry). Manitoba is the only western province that passes the costs for oral cancer drugs on to patients. British Columbia, Alberta and Saskatchewan all provide complete coverage for all cancer treatment drugs, regardless of whether they are in IV or oral form, without making them subject to a patient-paid deductible. In addition, Saskatchewan also provides coverage for supportive care drugs for cancer patients.

New cancer treatment and support drugs are increasingly being delivered as oral drugs at home rather than as IV formulations in hospitals or cancer clinics: “eleven of the 21 cancer drugs

introduced since 2000 (including five of the top selling oncology medications) are administered at home and are therefore the patient's responsibility" (Cancer Drug Access for Canadians, p. 3). This has led to an exponential rise in recent years in the amount Manitoba patients must pay in order to receive the drugs they need: "Of the twelve cancer drugs approved by Health Canada since 2000 that are administered outside a hospital or clinic, three-quarters cost \$20,000 or more annually." (Cancer Drug Access for Canadians, p.3) In fact, the average cost per course of treatment with newer cancer drugs is estimated to be \$65,000 (Cancer Drug Access for Canadians, p.i), with patients in Manitoba responsible for paying this cost out-of-pocket up to their deductible limit.

High-priced drugs started coming on the market with Taxol around 1995 (\$5,000 a course of treatment) but these drugs were all given in the hospital/cancer clinic so they were covered by the province. The advent of expensive take-home cancer drugs started with the hormonal therapies for prostate and breast cancers in the 1990s but again the costs were manageable (\$1000-\$2000 a year). The introduction of "budget-buster" oral therapies started with Gleevec's approval in 2001 and have increased every year since then.

By failing to keep up with trends in treatment, the Manitoba government has effectively passed a portion of cancer drug costs onto patients. This is a policy change by omission: "Cancer drug costs have risen dramatically in the past five years. Purchases of cancer drugs increased... over five times as fast as the growth in cancer incidence." (p.3)

It is the Canadian Cancer Society's position that this gradual shift in funding responsibility from provincial funding to patient has created an inequitable situation whereby Manitobans taking oral cancer treatment and support drugs are disadvantaged compared to other Western Canadians, and are shouldering an unacceptable amount of the financial burden for treating their cancer. This is contrary to the values of our public health system. As Susan Turner stated in her 2007 report to the Canadian Cancer Society titled Cancer Drug Access in Canada, "all of the promises made in the Canada Health Act to provide 'access to medically necessary services without financial or other barriers through a system that is universal, accessible, portable, comprehensive and publicly-administered' appear to be violated- in spirit, if not in letter- by this one reality". This must be remedied so that cancer patients in Manitoba are not disproportionately financially burdened by their diagnosis compared to other western Canadians.

While drug costs are just one aspect of the financial burden that cancer patients experience, it is a systemic cost, and one that can and should be removed by the system. Our estimate is that the incremental cost to cover 100% of the cost of oral treatment drugs would be approximately \$2.59 million while the Department of Health estimates this cost to be about \$6 million.

Therefore, the Canadian Cancer Society, Manitoba Division urges the Province to make all cancer treatment and support drugs – IV, oral and self-injectable – available at no cost to cancer patients in Manitoba, so that cancer patients are not taking on the unexpected

financial burden of treating and managing their cancer at the same time that they are facing a cancer diagnosis and other financial stresses:

- ***Proposed mechanism #1:*** Bring all cancer treatment and support drugs under the umbrella of the Provincial Oncology Drug Program;
- ***Proposed mechanism #2:*** Eliminate the provincial Pharmacare deductible for oral cancer treatment and support drugs;

Issues of Availability of Cancer Treatment and Support Drugs Between Provinces

Significant variation exists between provinces in terms of the drug coverage they provide. Despite this inequity, the public perception of the extent of this variation (and perhaps more importantly the consequences of it) is likely exaggerated. Most of the time cancer patients in Manitoba will have access to the same or similar drugs as patients elsewhere in Canada. Typically, the most notable difference in drug availability between provinces is a matter of timing of drug approvals (larger provinces are often able to negotiate affordable rates for drugs sooner than smaller provinces).

Nonetheless, Manitoba and Saskatchewan have long recognized the problem caused by discrepancies in drug access across the country, and in 2007 the Manitoba government was instrumental in helping to establish the Joint Oncology Drug Review, an interim process for national review of cancer drugs. It has recently been announced that this review panel will be continuing on as the pan-Canadian Oncology Drug Review Process (pCODR). The Canadian Cancer Society is pleased that this important work will continue, and applauds this government for being on the forefront of the issue.

Extension of the pCODR will mean that there is a single, uniform drug review process for all provinces in the country. Nevertheless, each province must still make it's own decision whether to fund a new cancer drug. While the pCODR has the potential to help address inequities in interprovincial drug access, transparency within both the pCODR and the provincial decision process will be key to providing patients with a degree of comfort that they indeed have access to the best and most appropriate drugs available.

Additionally, the reality is that drug costs could continue to hinder progress as provinces continue to grapple with the high costs of some of the newer cancer drugs. Although a joint drug review process can be expected to save participating provinces money by reducing duplication of one another's work in recommending drugs for funding, without a National Pharmaceutical Strategy funded by the federal government, final decisions on drug coverage will continue to rest with each province and inequities will persist. The Canadian Cancer Society is calling on the Manitoba government to work with the federal government and other

provinces to develop a national strategy for approving and funding cancer drugs, and we would be pleased to offer our support to the Province on this matter.

Therefore, The Canadian Cancer Society, Manitoba Division urges the Province to enhance transparency in the provincial cancer drug approval system so that the public has a better understanding of the process, and therefore of why they may or may not be receiving a particular drug. Many patients incorrectly believe they are being denied care that would be available to them elsewhere.

Clinical Trials

A patient's timely access to new cancer treatments may also depend on the whether an appropriate clinical trial is being conducted here in Manitoba. In turn, the extent to which clinical trials are conducted in this province may depend to some extent on adequate supports and resources being in place.

Most new cancer drugs are first made available through participation in clinical trials. Those jurisdictions which play host to frequent, ongoing and broad clinical trials are likely to result in patients being able to more quickly access newer drugs. In addition, clinical trials tend to draw top-quality researchers and physicians, improving the overall quality of cancer care provided in Manitoba. The key to bridging this gap in drug access between the US and Canada is to encourage more clinical drug trials to take place in Canada and in Manitoba.

Therefore, The Canadian Cancer Society, Manitoba Division urges the Province to provide support for clinical trials for cancer drugs in Manitoba, recognizing the critical role that these trials play in improving cancer care and providing access to new therapies.