

RETHINK BREAST CANCER & CANCERTAINTY COALITION APPLAUD THE ONTARIO GOVERNMENT'S COMMITMENT TO IMPROVE ACCESS TO CANCER TREATMENTS

– The Ontario PC Government's budget includes a commitment to address the inequities patients face when they need take-home cancer drugs –

TORONTO, ONTARIO, APRIL 28, 2022 – Rethink Breast Cancer and the CanCertainty Coalition, the united voice of 30+ Canadian cancer organisations, applaud the PC Government's commitment to bring together an advisory table to explore improvements to access to take-home cancer drugs (THCD), as announced today in today's budget.

This is a very encouraging step to address a long-standing problem with Ontario's approach to funding cancer medications. In Ontario, cancer drugs administered in hospitals by IV are fully funded and patients access their treatment without delay. However, when patients younger than 65 need a prescribed cancer drug that is taken at home by pill or injection, they face administrative challenges, stressful delays and expensive out-of-pocket costs. The majority of cancer patients today will require a take-home cancer drug.ⁱ

"While there is no financial investment tied to this announcement, we appreciate that this PC Government is committed to fixing the system once and for all," said Robert Bick, co-chair of the CanCertainty Coalition. "So much of this important work has already taken place by key stakeholders and government officials. We look forward to working with the government to quickly bring together this advisory panel, set clear timelines, and resolve this issue that affects approximately 10,000 patients a year."

A future financial commitment must be coupled with fixing the cancer drug system to enhance safety, streamline service delivery and reduce risky delays, which will ultimately improve patient outcomes. A recent Canadian-led study in the British Medical Journal found a four-week delay in cancer treatment increases the risk of death by about 10 per cent.ⁱⁱ

"Cancer doesn't have political stripes and we hope all parties will work together to quickly resolve the inequities patients face – the dollars, the delays and the distress – when their lives depend on accessing their take-home cancer drugs," said MJ DeCoteau, executive director and founder of Rethink Breast Cancer. "It should not matter what type of cancer you are diagnosed with, how old you are or what province you live in, all cancer patients should receive the treatment they need when they need it."

Ontario's system for THCDs is a decade behind. The Western Provinces, Northern Territories and Quebec have all developed mechanisms to offer equal, faster, and more affordable access to THCDs alongside IV drugs. But by fixing this outdated model, Ontario will find cost-efficiencies and eliminate waste while making the process to order, approve and streamline THCD delivery.

The Evolution of Cancer Treatment

Traditionally all cancer treatments were administered to patients by an IV in the hospital. Over the past 15 years, an increasing number of effective cancer treatments can be taken at home by pill or injection. Take-home cancer medications are now a fundamental part of today's cancer treatments and should be recognized equally within our provincial health care systems.

Patients requiring an intravenous treatment can start that medication as soon as needed and do not face any financial or administrative burdens provided the drug is included on the provincial formulary.

However, when take-home cancer medications are prescribed, patients in Ontario who are younger than 65 must first exhaust their private pay options (if they have them). This can take weeks to a month for approval (between 17 – 30 per cent have no insurances and 33 – 40 per cent are underinsuredⁱⁱⁱ). Then, they must apply to the Ontario Trillium Drug Program – encountering more risky delays, taking on average another month for approval.^{iv} Finally the patient must pay the government an average \$4,000/year deductible while working on a reduced income during treatment.

-30-

For more information or to set up an interview, please contact:

Jilda.Lazer@ReverbConsulting.ca
647.290.7573

Video Content:

Click the following names to watch these videos of patients struggling to access their cancer drugs:

- [Suzanne and Diane](#) both have metastatic breast cancer, but their treatments come in different forms (IV vs. pill). Diane had to jump through hoops and pay out of pocket to access treatment.
- [Rebecca](#) was diagnosed with the most aggressive brain cancer. The only treatment is in pill form, but it is not covered by Ontario's drug program because she is under 65.

About Rethink Breast Cancer

Rethink Breast Cancer is a Canadian charity known for making positive change and rethinking the status quo when it comes to breast cancer. Rethink educates, empowers and advocates for system changes to improve the experience and outcomes of those with breast cancer, focusing on historically underserved groups: people diagnosed at a younger age, those with metastatic breast cancer and people systemically marginalized due to race, income or other factors. We uplift, inspire and most importantly, rethink breast cancer to help people live better and live longer. www.RethinkBreastCancer.com

About the CanCertainty Coalition

The CanCertainty Coalition is the united voice of 30+ Canadian patient groups, cancer health charities, and caregiver organizations from across the country, joining together with oncologists and cancer care professionals to significantly improve the affordability and accessibility of take-home cancer treatments. For more information, visit www.CanCertaintyForAll.ca

CanCertainty Coalition Members

- Aplastic Anemia and Myelodysplasia Association of Canada
- Best Medicines Coalition
- Bladder Cancer Canada
- Brain Tumour Foundation of Canada
- Canadian Breast Cancer Network
- Canadian Cancer Survivor Network
- Canadian Liver Foundation
- Canadian Skin Cancer Foundation
- Canadian Skin Patient Alliance
- Cancer Fight Club
- Carcinoid Neuroendocrine Tumour Society of Canada
- Chronic Myelogenous Leukemia Society of Canada
- CLL Patient Advocacy Group
- Colorectal Cancer Canada
- Gastrointestinal Society
- GIST Sarcoma Life Raft Group Canada
- Hope and Cope
- Kidney Cancer Canada
- Leukemia and Lymphoma Society of Canada
- Lung Cancer Canada
- Lymphoma Canada
- Melanoma Network of Canada
- Myeloma Canada
- Ovarian Cancer Canada
- Pancreatic Cancer Canada
- Rethink Breast Cancer
- Save Your Skin
- Testicular Cancer Canada
- The Canadian CML Network
- Thyroid Cancer Canada
- Young Adult Cancer Canada

Supporting Organizations

- Canadian Cancer Society
- Anal Cancer Support Group
- Canadian Breast Cancer Support Fund
- Glad of Hope
- Life Saving Therapies Network

ⁱ Naipaul R, Beca J, Gavura S. Shifting trends: An analysis of IV and take-home cancer drug use and public spending in Ontario. *J Popul Ther Clin Pharmacol*, 2016; 23 (suppl 1): e11.

ⁱⁱ British Medical Journal. Mortality due to cancer treatment delay: systematic review and meta-analysis. November 2020. 371 doi: <https://doi.org/10.1136/bmj.m4087>.

ⁱⁱⁱ Lamb-Palmer D, Loschmann C, Henricks P, Shen J, Dowson JP, Mohideen S. PDCI Market Access a division of McKesson Canada, 10. Uncovering the hidden costs of Take-Home Cancer Drugs. November 2021. https://www.pdci.ca/wp-content/uploads/2021/12/Uncovering-the-hidden-costs-of-Take-Home-Cancer-Drugs_08-11-21-2.pdf.

^{iv} Ontario Auditor General. 2017 Auditor General Report: Section 4.3.2 Processes for Exceptional Access Program and Trillium Drug Program Need Improvement, 146-147. December 6, 2017. https://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_302en17.pdf.