2022 Ontario Budget Submission

CanCertainty Coalition

Equal Access to Take-Home Cancer Drugs

February 17, 2022

EQUAL AND FAIR CANCER TREATMENT FOR ALL

Hon. Peter Bethlenfalvy, Minister of Finance

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Provide Equal Access to Take-Home Cancer Drugs

CanCertainty Coalition 2022 Budget Proposal

Summary

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.

Recommendation 1: **Close the Funding Gap for all Cancer Patients in Ontario**
Increase funding by $30M for take-home cancer drugs so that all Ontario cancer patients – regardless of one's cancer type, age, socioeconomic status, and geographic location – have access to the most effective approved treatments they need and get it when they need it.

Recommendation 2: Enhance the Delivery of Take-Home Cancer Drugs in Ontario
As recommended by Cancer Care Ontario, make the necessary reforms to streamline the service delivery model of take-home cancer drugs so that all Ontarians receive consistent, safe, high-quality care in the community setting, while simultaneously achieving cost-efficiencies and eliminating waste.

For more information and a detailed cost estimate of these recommendations, please refer to Appendix A for CanCertainty Coalition's complete budget proposal.

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 cancers. The only chemotherapy treatment is in pill form, but it is not covered by Ontario's drug program because she is under 65.

View our #BitterestPill petition launched on January 24, 2022, here.

Issue Overview

In the past, all cancer drugs were administered by IV in hospital. With advancements in research and science, cancer drugs can now deliver more precise targeting for even more subtypes of cancer. These treatments are often in pill form and are taken at home. Today, over three times more cancer patients are prescribed these take-home cancer drugs (THCDs) providing them the most effective approved therapy to live better, longer lives.

A recent survey conducted by the Canadian Cancer Society found access to cancer drugs and prescriptions ranked the most important support required to manage their care.[i] Unfortunately, Ontario's cancer drug funding model has not kept pace with the standards of current care. This has left cancer patients under 65 to self-navigate a maze of administrative challenges and pay out-of-pocket for treatments. Governments in western provinces, northern territories, and Quebec have all developed mechanisms to offer equal, faster, and more affordable access to THCDs alongside IV drugs. Ontario is a decade behind.

How Ontarians under 65 access THCDs:

1. Exhaust all private pay options – including maxing out private drug insurance (if they have it). This can take weeks to a month for approval.
2. Apply to the Ontario Trillium Drug Program – encountering more risky delays taking on average another month for approval.
3. Then pay the government an average $4,000/year deductible while working on a reduced income during treatment.

Over the course of this pandemic, we have learned of the devastating consequences of delaying cancer care by just a few weeks. A Canadian-led study published in the British Medical Journal found that just a four-week delay in cancer treatment increases the risk of death by about 10%.[ii]

In addition, this challenging process has resulted in the growth of an entirely new profession of drug access navigators. It has also added an average of 3.5 hours/week of paperwork for oncologists that could have otherwise spent it with seven more patients.[iii]

New Data to Consider

In January 2022, drug market access company PDCI released a report titled *Uncovering the hidden costs of Take-Home Cancer Drugs*, revealing the following:

- Average monthly costs of THCDs ranges from $3,000 to $12,000, typically averaging $6,000/month.[iv]
- Between 17-30% of cancer patients aged 25 to 64 have no private insurance whatsoever.[v]
- An average of 33-40% of cancer patients under the age of 65 are underinsured, meaning their private drug plan's annual maximum is well below the average annual costs of most THCDs.[vi]

What is most alarming is that about 20% fewer uninsured patients are accessing take-home cancer medications in Ontario compared to patients with comprehensive public coverage.[vii]

Solution

CanCertainty Coalition recognizes your government's efforts to advance pharmacare sensibly through adjustments to OHIP+. This strongly indicates your commitment to fairness in our healthcare system. By addressing this drug access issue, there is a significant opportunity to reduce red tape, eliminate waste, and streamline service delivery while simultaneously achieving cost-efficiencies. This will reduce patient wait-times, improve the quality of patient care, increase patient safety, foster patient equity, and most importantly drastically improve patient outcomes.

For approximately $30M a year (net), Ontario can help ensure that all patients can access the best treatment for their cancer – regardless of age, socioeconomic status, or geographic location. This will garner broad support from the cancer community. To put this financial request into perspective, the province spends around $30M on PCR tests every nine days. For this amount, we can eliminate the emotion and financial burdens put on patients and their families, as well as do away with risky treatment delays for cancer patients.

Appendix A: 2022 Ontario Budget Submission
CanCertainty Coalition: Equal Access to Take-Home Cancer Drugs

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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 CanCertainty.com.

Summary of Recommendations

Recommendation 1: **Close the Funding Gap for all Cancer Patients in Ontario**
Increase funding by $30M for take-home cancer drugs so that all Ontario cancer patients – regardless of one's cancer type, age, socioeconomic status, and geographic location – have access to the most effective approved treatments they need and get it when they need it.

Recommendation 2: Enhance the Delivery of Take-Home Cancer Drugs in Ontario
As recommended by Cancer Care Ontario, make the necessary reforms to streamline the service delivery model of take-home cancer drugs so that all Ontarians receive consistent, safe, high-quality care in the community setting, while simultaneously achieving cost-efficiencies and eliminating waste.

About Take-Home Cancer Drugs (THCD)

Take-Home Cancer Drugs (THCDs) refer to cancer drugs used for active cancer treatment typically administered orally in pill form or sometimes by (self) injection (e.g., drugs injected into the skin or muscle). THCDs include cytotoxic chemotherapy (drugs that kill tumour cells), targeted therapies (drugs that target specific types of cancer cells with less harm to non-cancer cells), immunotherapy (drugs that help the immune system fight cancer), and some hormonal therapy (drugs that slow or stop the growth of hormone-sensitive tumours).

In the past, all cancer drugs were administered by intravenous (IV) in hospital. Today, more than half of drugs used to treat almost all types of cancer are developed in oral formulations and are taken in a patient's home. Advancements in research and science have expanded our understanding of the underlying defects at the

genomic and cellular level that can lead to cancerous tumors. This has resulted in developing oral cancer drugs that deliver more precise targeting for even more subtypes of cancer. These breakthrough drugs allow patients to live better and longer lives.

It is important to recognize that THCDs are not an oral version of an IV drug. They are different therapeutic agents that are often the first-line choice of systemic treatment for many cancers in Cancer Care Ontario's practice guidelines. When an oncologist prescribes a patient a THCD it is because that medication offers the patient the most effective therapy to treat their cancer.

That is why over three times more cancer patients are treated with THCD at home compared to intravenous (IV) drugs in the hospital.[viii] However, if there are administrative hurdles and/or financial barriers delaying or preventing access to the most effective and recommended THCDs, then patients may decide to be treated in hospital with an older IV treatment that has a lower success rate.

Secondly, taking these treatments at home provides convenience and freedom for patients and their caregivers to not travel to and from the hospital daily. During the pandemic, cancer patients should be extra cautious and reduce unnecessary travel outside the home. With a higher risk of infection travelling to urban centres, taking treatment at home is the safe choice. Additionally, at-home treatments reduce the burden on over-crowded cancer clinics and hospitals, lessening the need for chemotherapy chairs, hospital beds, and nursing staff.

Reimbursement of THCDs in Ontario and other Provinces

Leaders within the cancer community – including Canada's cancer centres, cancer agencies, regulatory bodies, oncologists, scientists, patients, patient groups and charities – are all working towards improving the lives of those diagnosed with cancer. This has awarded the majority of our population with the ability to access some of the most effective and approved treatments and therapies.

For the past decade, governments in the western provinces, northern territories, and Quebec have all developed mechanisms to offer equal, faster, and more affordable access to THCDs alongside IV drugs. Regardless of one's cancer type, age, socioeconomic status, and geographic location – when patients in these regions receive their diagnosis, they will be prescribed the most effective approved treatment that they need and get it when they need it.

The Canadian Cancer Society conducted a survey during the pandemic of people with cancer and caregivers. This survey found that access to cancer drugs and prescriptions ranked as the most important support required to manage their care.[ix]

Unfortunately, Ontario's cancer drug funding model has not kept pace with the standards of current care. Instead, Ontario has an archaic funding model based on the outdated premise that chemotherapy was only injected in hospital. This has left cancer patients under the age of 65 to self-navigate their way through a maze of administrative challenges to pay out-of-pocket for the treatment they need to keep them alive. All of this creates an added layer of undue anxiety for patients and their families.

How Ontarians under the age of 65 access THCDs:

First: Ontario's cancer patients must exhaust all private pay options – including maxing out their private drug insurance if they have it. Between all the paperwork, this can take weeks to a month to be approved by private insurance.

Second: They must apply to the Ontario Trillium Drug Program – encountering more risky delays that take on average another month for approval according to the Auditor General.

Third: They still must pay the government an average $4,000/year deductible while working on a reduced income during cancer treatment.

To help with the process, oncologists are spending about 3.5 hours a week on reimbursement forms which could have otherwise been spent treating an average of seven more patients a week.[x] This challenging process has resulted in the growth of an entirely new profession of drug access navigators to help patients get the drugs they are prescribed by their oncologist. Those with aggressive cancers do not have the luxury of time to go through this complicated process and wait for treatment. This must change.

Costs to Ontario Patients for their TCHDs:

The Canadian Cancer Society recently commissioned drug market access company PDCI to uncover the financial gaps in coverage for oral oncology drugs (THCDs) in all Canadian provinces. In January 2022, the report titled *Uncovering the hidden costs of Take-Home Cancer Drugs* revealed the following information about the cost of THCDs for Ontario cancer patients:

- Average monthly costs of THCDs ranges from $3,000 to $12,000, typically averaging $6,000/month.[xi]
- Depending on the age brackets identified in the report, 17-30% of cancer patients between the ages of 25 and 64 have no private insurance whatsoever.[xii]
- Furthermore, an average of 33-40% of cancer patients under the age of 65 are underinsured, meaning that their private drug insurance includes an average 20% copayment and carries an annual maximum well below the average annual costs of most THCDs.[xiii]
- Even those with 'comprehensive private coverage' still incur copayments (~3.5%) which do not exist for IV drugs.[xiv]

What is most alarming is that approximately 20% fewer patients who rely on catastrophic drug coverage (Ontario's Trillium Drug Program) received THCDs compared with patients with access to comprehensive public coverage begging a significant question about health equity in the province's cancer care. [xv]

The Result: Ontario continues to be an outlier in Canada ranking as one of the worst provinces for patients to access the most effective approved take-home cancer treatments.

Ontario Government Expenditures for Cancer Drugs

To provide historical background and context to the recommendations herein, below are the Ontario government's past expenditures for cancer drugs based on publicly available information.

IV Drugs:

In 2016, according to Cancer Care Ontario (CCO), the Ministry of Health and Long-Term Care (MOHLTC) paid $344M for IV cancer drugs to treat 28,315 unique patients.[xvi, xvii] All Ontarians who required IV cancer drugs were funded by the MOHLTC, with 100% coverage (no administrative delay, no deductible, no copayment, no out-of-pocket cost). In 2017, the Canadian Institute for Health Information reported that Ontario spent $438.9M on cancer drugs in hospitals.[xviii]

THCDs:

- **In 2016,** CCO stated that the MOHLTC spent $371M for THCDs to treat 98,548 unique patients.[xix,xx] At that time, CCO estimated that it would cost a further $250-300M to expand first dollar coverage to all Ontarians. No details were presented for this estimate, apart from the note that private payer spend on THCD was $200M (the balance was presumably patient out-of-pocket payments). Private plans often have a more inclusive formulary and broader therapeutic criteria than public plans, as well as no access to pharmaceutical discounts negotiated by public payers, meaning that the $200M private payer spend would certainly be up to 50% less under public administration.[xxi]
- **The 2020 Auditor General** Report stated that the Ministry of Health (MOH) cost estimate to expand first dollar coverage of THCDs to all Ontarians at approximately $540 million in 2020/21.[xxii] Beyond the 2018/19 Ontario Drug Benefit Program drug list prices and private insurance data, it is unknown how this figure was calculated (apart from an acknowledgement that it includes costs of non-cancer indications for cancer drugs). A more detailed breakdown of this cost estimate is required to compare and confirm MOH spend in 2020/2021.[†]
- **The 2022 PDCI Report** stated that Ontario's MOH spent total of $401M in 2020 for THCDs including $366M for seniors and those on social assistance plus $35M for those enrolled in the Trillium Drug Program (TDP). Additionally, private plan spend was reported at $146M. The combined private-public THCD spend in Ontario is $547M. Ontario cancer patients and their families would still be on the hook for $1.6M in TDP deductibles and $4.3M in private insurance deductibles and co-pays.[xxiii]

[†] It is expected that this figure is exclusive of pharmaceutical discounts (averaging 30%), since the MOH typically reports these discounts as separate savings rather than as expenditures net of discounts. The MOH did note that this figure includes the use of THCD for non-cancer indications (there are a number of oral therapies for which cancer is only one of multiple indications).

Solutions to Provide Equal Access to Take-Home Cancer Drugs

Recommendation 1: Close the Funding Gap for all Cancer Patients

Increase funding by $30M for take-home cancer drugs so that all Ontario cancer patients – regardless of one's cancer type, age, socioeconomic status, and geographic location – have access to the most effective approved treatments they need and get it when they need it.

The CanCertainty Coalition and Canadian Cancer Society have both separately commissioned health economy companies, Athena Research and PDCI, to calculate the costs for the Ontario Government to consider with respect to paying for THCDs. Using different methodologies, these two very different health economists have generated very similar calculations to close the funding gap. Those calculations are presented here. To read the original reports, click the links below.

- Athena Research: *Paying for Take Home Cancer Drugs in Ontario*, November 2017
- PDCI Market Access: *Uncovering the hidden costs of Take-Home Cancer Drugs*, November 2021

Our focus is that no patient face delays, out-of-pocket costs or avoidable stress related to accessing their cancer treatment and that these issues be resolved as quickly as possible. To reach this goal we pragmatically recognize that Option #1 will ensure all cancer patients have equal access to THCDs.

Option #1: Close the $30M Gap

In these estimates, both model a scenario where Ontario would 'close the gap' – leaving private insurance in place as first payer. This resembles the approach taken by the current government in the adjustments it made to OHIP+. Essentially, we are proposing that the Trillium Drug Program be extended to all cancer patients to remove out-of-pocket costs with no deductible/co-payment as is the case for IV drugs. It is worth noting the 2016/17 Ontario Auditor General Report disclosing total pharmaceutical discounts in Ontario close to 30% of the total expenditures for brand-name drugs. Considering these factors, these total incremental cost estimates amount to the following:

Athena Research (2017)

- $42.5M gross (with OHIP+ cohort removed in calculations)
- Totaling = **$29.8M net** (with additional 30% pharmaceutical discount)

PDCI (2021)

- $17.5M - $44.2M gross (with OHIP+ cohort removed in calculations)
- Totaling = **$12.3M - $30.9M net** (with additional 30% pharmaceutical discount)

Estimated incremental cost to close the gap for THCDs for all Ontarians: $30M net.

Option #2: First Dollar Coverage

Under first dollar coverage, the government would assume all costs of THCDs for all Ontarians. Previously, we estimated this at an additional $142M (Athena Research, 2016). For the most recent estimate of the cost of first dollar coverage, PDCI reported a current Ontario private plan payout of $150M (which might be considered an overestimate, as private plans have more inclusive formularies with broader clinical criteria than public formularies). This would be in addition to the gap coverage indicated in Option #1. They estimated a maximum of $187M to extend first dollar coverage (private plan expenditures plus gap coverage).

In 2016, based on data from 2015/16, the MOH estimated that expansion of first-dollar coverage could be $250-300M (without providing details). Based on data from 2018/2019, the MOH provided an expansion estimate in 2020 of $540M for all THCD expenditures (again, without providing details) – a doubling of costs over a three-year span. We believe that this 2020 figure is an over-estimate, based on a number of factors: the admission that this estimate includes all indications for all cancer drugs, including non-cancer indications (a significant factor for some critical products); the awareness that private plan coverage is considerably more extensive than public coverage – with public coverage costs estimated to be 50% less than private costs; the understanding that private plans increasingly fund claims for those 65+ whose claims are not eligible under public plan criteria; and the absence of pharmaceutical discounts (reported by the AG at 30%).

There is tremendous variation between these three sets of estimates. Without providing detailed analyses, it is impossible to understand the MOH figures.

We believe that extending first-dollar coverage could cost within $200M (inclusive of pharmaceutical discounting) for the existing drug formulary to be applied to the entire Ontario population. Especially considering that the unfunded age groups are mostly those with lower incidences of cancer than the age groups that are currently funded. These patients are worth paying for because all patients are worth paying for.

Estimated incremental cost to extend first dollar coverage for THCD for all Ontarians: $200M.

Cost Efficiencies and Offsets

Potential savings could be realized by implementing the following recommendations:

i. **Reduce/eliminate mark-ups:** Dispensing THCD through cancer clinic or hospital pharmacies (vs community pharmacies) will significantly reduce the 6-8% markup currently paid to community pharmacists on expensive cancer drugs (Estimated at $26M in 2013; more recent data were unobtainable). Significant savings could also be achieved through the current model by either capping the markup or moving to a cognitive service fee for pharmacists for dispensing cancer drugs (vs. using a percentage markup).

ii. **Reduce wastage:** THCD in many provinces are dispensed through community pharmacies, which may have only a few patients (or one patient) on any specific cancer medication. According to data reported by CCO, of Ontario community pharmacies that dispensed THCD in 2013/14, more than half (55%) had one or fewer THCD prescriptions per week – and 97% dispensed no more than 10 prescriptions/week.[xxiv] Dose changes or discontinuations are also very common in cancer treatment, which results in a high amount of drug wastage, estimated to be in the 10% range. Cancer clinic pharmacies have a large volume of patients, and can dispense smaller, weekly amounts to these patients who frequently have dose changes or discontinuations.

iii. **Integrate the Computerized Physician Order Entry system and Special Authorization Digital Information Exchange - Exceptional Access Program system and bring to industry standard using best practices:** Most jurisdictions have Computerized Physician Order Entry (CPOE) systems in place to support improved patient safety, decreased costs, and improved compliance with treatment guidelines. In Ontario, for drugs administered via IV, CPOE is used comprehensively. From 2006 to 2011, it is estimated that Ontario's CPOE System (for IV drugs) prevented 8,500 adverse drug events, 5,000 physician office visits, 750 hospitalizations, 57 deaths – saving millions in annual health care costs.[xxv]

However, prescriptions for THCDs in Ontario are not all generated using CPOE, but rather an entirely different system called the Special Authorization Digital Information Exchange - Exceptional Access Program (SADIE-EAP). SADIE-EAP is disconnected from CPOE and does not have access to patients' electronic medical records (EMRs). This is – quite frankly – ridiculous.

In 2014, oncologists were told that CCO's CPOE system could be easily adapted for THCDs. This would allow for pre-authorization, ordering and payment adjudication for THCDs similar to IV drugs using the CPOE system. Instead, an entirely new siloed system was built resulting in two very different ordering systems that are not integrated. After eight years in development with multiple releases, SADIE-EAP is riddled with inefficiencies and far from user friendly.

Despite what MOH reported in the 2020 Auditor General (AG) Report, these online "smart" forms continue to have incomplete drug data and zero integration with patients' electronic medical records (EMR). Initiating an order can still take anywhere from 1-6 weeks for cancer drugs that are urgently required. Long form answers are still requested since the drug database is not up to date. Approval for these drugs can take another two weeks. With treatment standards of care for all cancer types, there should be auto-decisioning built in, rather than waiting for human approval. All these administrative hurdles due to poor system design results in unnecessary red tape, duplication of work, wasted time, and risky delays for cancer patients.

Doctors are reverting back to paper forms because they are so frustrated with the illogical design of SADIE-EAP. Ministry staff responsible for this program need to properly consult with health professionals through focus groups to determine needs and priorities. In addition, each new release should be pre-tested by these health professionals before it goes live. The mismanagement of designing and implementing this program alone is likely costing the government millions. There must be greater oversight and further investigation by the AG.

Integrating CPOE and SADIE-EAP with EMRs is a no brainer. This will result in significant reduction of physician time that could otherwise be spent with patients. Integration will also improve overall safety for patients resulting in fewer unscheduled clinic visits, unplanned emergency department visits and hospitalizations. But, most importantly it will save people's lives.

Recommendation 2: Enhance the Delivery of THCDs in Ontario

As recommended by Cancer Care Ontario, make the necessary reforms to streamline the service delivery model of take-home cancer drugs so that all Ontarians receive consistent, safe, high-quality care in the community setting, while simultaneously achieving cost-efficiencies and eliminating waste.

In Ontario, dispensing and delivery models for THCDs have been documented to be inconsistent and can pose serious safety concerns for patients and their families. Some patients receive their medication from hospital pharmacies, some from specialty pharmacies, and some from community pharmacies that lack specialization and training in the handling of toxic cancer medications. This contrasts with the robust guidelines and clear processes that have been developed for intravenous cancer drugs (IVCD) where delivery is more comprehensive, organized, safer and patient centered.

There are numerous known safety and quality deficits related to the current method of community pharmacies dispensing of THCD including incorrect dosing and handling, limited monitoring and non-adherence (which can lead to under or overdosing), serious toxicity, morbidity, and mortality. Patient lives and well-being are at stake. Ontario urgently needs to reform its systems for THCD dispensing that embed high-quality, safe practices that recognize the unique aspects of these drugs. CCO identified and reported the lack of community experience as a potential quality issue.

In April 2017, CCO organized the Oncology Pharmacy Task Force with the mandate to advise CCO on how to enhance the current system for THCD delivery to optimize quality and safety; subsequently, to deliver a report to the MOHLTC based on the findings of the Task Force. The Task Force included representatives from patient advocacy groups, pharmacy and pharmacist associations, regulatory and standard setting organizations, as well as subject matter experts.

On March 25th, 2019, the report was completed and published on the CCO website, but there has been **no follow up or action taken to the many important recommendations**. The report *Enhancing the Delivery of Take-Home Cancer Drugs in Ontario* (March 2019) can be found here.

The report outlines these next steps required to advance system change:

i. CCO to work with the Ministry to understand how planned changes in healthcare delivery could enable a change in the THCD model (e.g., improvements in the electronic chart, developing local networks of care, opportunities to use funding to increase safety of THCD delivery).
ii. CCO to support the MOHLTC with proposals including costing and timelines for potential system changes.

CanCertainty urges the Ministry of Finance and the Ministry of Health to prioritize reforms to the current system for THCD delivery. Costs to do so will be modest, with many cost offsets (see Cost Efficiencies and Offsets on page 8). Most importantly, adverse events will be prevented, and lives will be saved.

While the focus of the Task Force was on delivery models, the CanCertainty Coalition believes that reimbursement and delivery reforms would optimally proceed at the same time. This would allow the government to have the greatest potential of achieving cost-efficiencies, streamlining cancer drug systems, eliminating waste, and improving fairness.

Conclusion

Ontario's current system to access and deliver THCDs is extremely inefficient and unfair. By addressing this drug access issue, the government has a significant opportunity to reduce red tape, eliminate waste, and streamline service delivery while simultaneously achieving cost-efficiencies. This will reduce patient wait-times, improve the quality of patient care, increase patient safety, provide patient equality and most importantly drastically improve patient outcomes.

CanCertainty Coalition recognizes your government's efforts to advance pharmacare sensibly through adjustments to OHIP+, as it strongly indicates your commitment to fairness in our healthcare system. However, recognizing that Ontario is now lagging behind much of Canada with respect to streamlined and equal access to THCDs, we believe Ontario should prioritize solving this very serious cancer drug access problem.

The CanCertainty Coalition is calling on the Ontario government to implement these recommended reforms. For approximately **$30M a year (net)**, Ontario can achieve this. For a province that has spent well over its estimated $63 billion on healthcare in 2020, this represents less than 1/10th of 1% in spending. And yet it would give significant financial and emotional relief to patients and their families. It will help ensure all patients are accessing the treatment that is best for their cancer, regardless of age, socioeconomic status or geographic location. And it will garner broad support from the cancer community.

On behalf of Ontario cancer patients, I appreciate your attention to these recommendations and look forward to hearing from you.

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