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**CanCertainty for All: Cancer’s Not Fair, But Accessing Treatment Should Be**

***More than 30 cancer organizations calling for equal and fair cancer treatment for all patients no matter their age, cancer type or where they live***

*New Cameron Institute report outlines the business case for universal coverage of oral cancer medicines in Ontario and Atlantic Canada*

**Toronto, ON – March 10, 2014** – There is no disputing a cancer diagnosis is among the worst news a person or their family could receive. But there is another harsh reality for many patients in Ontario and Atlantic Canada who face uncertainty and financial hardship as a result of discrimination when it comes to accessing effective cancer treatments that are taken orally. An unprecedented unification of more than 30 Canadian patient groups, physicians and health care charities, led by Kidney Cancer Canada, are working together to ensure all Canadian cancer patients have *CanCertainty (*[www.CanCertaintyForAll.ca](http://www.CanCertaintyForAll.ca)) – certainty that if cancer strikes them or a loved one they will have fair and equal access to the treatment they need, whether intravenous (IV) or oral.

Currently, when a cancer patient needs a provincially-approved 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 would access an IV treatment at no cost and no wait-time regardless of income or insurance coverage[[1]](#endnote-1).

“As a society we don’t tolerate discrimination, so why should we tolerate discrimination among cancer patients? Yet there are countless patients in Ontario and Atlantic Canada who face discrimination in funding simply because they are prescribed an oral versus an intravenous therapy. Why should it matter whether the cancer drug is an IV or a pill?” says Deb Maskens, kidney cancer patient and co-founder, Kidney Cancer Canada. “A perfect example is how this affects kidney cancer patients – where the most effective treatments to control the cancer are oral therapies that can be taken at home. And knowing 60 per cent of all new cancer treatments are being developed as oral medications, it’s time we said ‘cancer is cancer’ and put all cancer treatments on an equal footing.”

A new report from the Cameron Institute demonstrates an investment of roughly one per cent of Ontario’s 2012 drug budget will ensure all patients in the province have timely access to the safe and effective oral cancer treatments they need. The same holds true proportionally for Atlantic Provinces[[2]](#endnote-2).

The lack of fair and complete public funding for cancer treatments taken orally in Ontario and Atlantic Canada is creating significant financial hardship for more than 10,000 people each year2. Even with private insurance, 75 per cent of plans have a 20 per cent co-pay on the cost of treatment, which can be tens of thousands of dollars[[3]](#endnote-3),[[4]](#endnote-4).Other plans have an annual or lifetime cap that is all too quickly reached with the cost of cancer medications.

“My husband Steve has kidney cancer – a disease that is only treatable with an oral medication taken at home,” says Laurelea Conrad, a cancer caregiver from Toronto. “As if finding out he has cancer wasn’t bad enough, we could never have conceived the battle just to get the treatment he needed. After applying to the Trillium Drug Program and waiting eight weeks for a decision, we were told that our deductible would be almost $5,000 a year or higher depending on his dosage. That’s an extra $400 a month on top of all the other costs of cancer – lost income, hospital parking fees, therapy, etc. Steve’s treatment has given us hope, but the additional financial burden is so unfair.”

**Detailing the Discrimination**

When it comes to accessing effective treatments that are taken orally, patients face the following types of discriminations:

* **Cancer type:** Depending on the cancer type, the most effective treatment can be an IV or oral therapy. For example, rare cancers such as CML (chronic myelogenous leukemia), kidney, liver, or neuroendocrine 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 patients must first navigate a complex reimbursement system that can result in lengthy delays in treatment and requires potentially significant personal costs through deductibles and co-pays[[5]](#endnote-5).
* **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 assistance2.
* **Income:** Cancer patients in Ontario and Atlantic Canada requiring funded IV treatments receive them regardless of personal income levels. 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-pay2 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 this same access to life-saving and life-extending medications5.

**Ensuring CanCertainty Across Canada**

Funding for oral medications not only benefits cancer patients in Ontario and Atlantic Canada, but it also makes good financial sense. Cancer treatments taken orally are cost effective because patients take them at home, rather than in a hospital-setting, like with IVs[[6]](#endnote-6).

The CanCertainty Coalition is calling on the governments of Ontario, Nova Scotia, Prince Edward Island, New Brunswick, and Newfoundland and Labrador to join the rest of the country in providing fair and equivalent access to oral and IV anti-cancer treatments.

According to the new report developed by the Cameron Institute, a not-for-profit, public policy think tank, it is estimated an investment of $28 - $93 million will ensure all patients in Ontario have access to oral medications.2 The investment is also estimated to lead to at least a 17 per cent reduction in overall chemotherapy unit costs[[7]](#endnote-7). The same holds true, proportionally, for Nova Scotia and Newfoundland and Labrador as well. For more details, the full report can be found at [www.CanCertaintyForAll.ca](http://www.CanCertaintyForAll.ca).

**About Cancer in Canada**

Cancer is expected to have the fastest growing prevalence of any non-communicable disease in Canada between 2003 and 2023[[8]](#endnote-8). It is estimated 41 per cent of women and 46 per cent of men will develop cancer at some point in their lives. Today, 62 per cent of new cancer patients are expected to survive for five years or more, with many living longer and with an improved quality of life[[9]](#endnote-9). Approximately half of this improved survival has been attributed to innovations in cancer treatments[[10]](#endnote-10). Historically, cancer care consisted of intravenous and radiation therapy. Today, more than one third of cancer treatments are oral medications. Sixty per cent of new cancer treatments under development are oral medications[[11]](#endnote-11).

**About the CanCertainty Coalition**

The CanCertainty Coalition is a united voice of more than 30 Canadian patient groups, cancer health charities, and caregiver organizations, joining together to significantly improve the affordability and accessibility of cancer treatment in Ontario and Atlantic Canada:

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| * Aplastic Anemia and Myelodysplasia Association of Canada (AAMAC) |
| * Best Medicines Coalition |
| * Bladder Cancer Canada |
| * Brain Tumour Foundation of Canada |
| * Breast Cancer Action Nova Scotia |
| * Canadian Breast Cancer Network (CBCN) |
| * Canadian Cancer Action Network (CCAN) |
| * Canadian Liver Foundation |
| * Canadian Skin Patient Alliance |
| * Cancer Advocacy Coalition of Canada (CACC) |
| * Cancer Fight Club |
| * Carcinoid Neuroendocrine Tumour Society of Canada (CNETS) |
| * Chronic Myelogenous Leukemia Society of Canada (CML Society) |
| * Colon Cancer Canada |
| * Colorectal Cancer Association of 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 |
| * Prostate Cancer Canada |
| * Rethink Breast Cancer |
| * Save your Skin |
| * Testicular Cancer Canada |
| * The Canadian CML Network |
| * Thyroid Cancer Canada |
| * Young Adult Cancer Canada |

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

For more information, visit [www.CanCertaintyForAll.ca](http://www.CanCertaintyForAll.ca).

**About Kidney Cancer Canada**

Kidney Cancer Canada is the first Canadian-based, patient-led registered charity established to improve the quality of life for patients and their families living with kidney cancer. Kidney Cancer Canada advocates for access to new treatments, provides support and information to patients, and works to increase awareness of kidney cancer as a significant health issue. This March during National Kidney Month, Kidney Cancer Canada is leading the CanCertainty Coalition to raise awareness for the need for fair and equal access to cancer medications taken orally.

For more information, please visit:[www.kidneycancercanada.ca](http://www.kidneycancercanada.ca).

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