

EQUAL: REPORT

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APPROACH COSTING LIVES

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When it comes to accessing potentially life-saving or life-prolonging new cancer drugs, universal health care in Canada is a myth, according to a new report.

What's available free to one patient in one province is not available to a similar patient with the same cancer somewhere else in the country, a hodgepodge approach to funding drugs that is costing lives, according to a report released yesterday by the Cancer Advocacy Coalition.

As many as 100 patients younger than 60 with a form of aggressive non-Hodgkin's lymphoma died between March, 2001, and April, 2004, in provinces that delayed paying for a new drug called rituximab, according to an article in the group's annual report card on cancer care.

By contrast, the article says at least 20 lives were saved in the same period in British Columbia and New Brunswick, which approved the drug in 2001. Rituximab costs \$20,000 to \$34,000 per treatment course.

"The human tragedies accompanying these untimely deaths of relatively young people can only be imagined," the report says.

It calls for the creation of national catastrophic drug strategy to ensure fewer differences between provinces on how patients get access to expensive new drugs that can cost up to \$70,000 per patient.

It says governments should develop a "policy framework" to ensure "coast-to-coast" consistency on the thorny issue of how to pick up exorbitant drug costs. And which drugs are worth covering. Many new cancer drugs, especially those used for palliative care, offer only "modest or marginal" benefits, the report says.

The report also warns Canada is falling behind other countries in screening women for cancer of the breast and cervix.

In Canada, screening mammography for women aged 50 to 69 is free. But only about half of eligible women are being screened through provincial programs. By contrast, the U.K., Australia and the U.S. are reaching about 70% of targeted women.

According to the report, Ontario had the lowest rate of breast-cancer screening, with only 27% of eligible women having a mammogram every two years. Canada also lags behind other countries when it comes to Pap smears for cervical cancer. Overall, 52 to 71% of women in Canada have a Pap smear every two to three years. In the U.K., 83% of women are screened every three to five years.

More than 150,000 Canadians will be diagnosed with cancer this year.

Once cancer is detected, people living in the western half of Canada appear to have the best access to expensive new drugs, with the number of drugs not approved or funded increasing from west to east.

The report scrutinized 24 different drugs for breast cancer, colon cancer, leukemias and other tumours. Fifteen cost more than \$20,000 for a standard course of treatment, which ranges from 12 weeks to one year. The breast-cancer drug Herceptin, which costs between \$45,000 and \$50,000 per patient, had the most rapid uptake of all the new drugs.

B.C. had the best-funded and fastest access to cancer drugs, paying for 21 of 24. The province also had the best cancer outcomes and the lowest death rates from cancer.

Patients in Alberta, one of the country's richest provinces, have only "modest" access to new cancer therapies, while in Ontario, new drugs have become bogged down in paperwork and a slow review process, the report says. Private cancer clinics have sprung up to offer the drugs to patients who can afford to pay for them.

"Often patients have to go to the United States where the drugs are available," says Dr. Kong Koo, a Kelowna, B.C., oncologist and member of the cancer coalition. The non-profit group, which is comprised of oncologists and patient advocates, receives funding from drug companies.

"But that has its own issues. If you've got a life-threatening illness, how much of it do you want to spend away from home, away from family? Often these drugs are available in Canada, sold in Canada and probably could be provided cheaper in this country."

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