



## **NO TIME LEFT TO WAIT! CANADA NEEDS TRANSFORMATIVE LUNG CANCER ACTION, BUILT ON COLLABORATION AND HOPE**

*According to a new report released by Lung Cancer Canada, patients wait far longer for treatment, compared to their peers in the US*

### **Report Highlights**

- *2016 marks a year of progress in lung cancer screening and treatment innovations*
- *Lung cancer patients wait longer than their US peers for drugs to be covered and made accessible<sup>i</sup>*
- *Canadian women lose more years of potential life from lung cancer than their counterparts in fifty other countries<sup>ii</sup>*
- *Results from a global study rank Canada ninth for lung cancer research outputs<sup>iii</sup>*
- *Although the largest killer of all cancer deaths, lung cancer receives a low percentage of research funding compared to breast, colorectal and prostate*

**Ottawa, ON, November 1, 2016** – Launched today, the third annual *Faces of Lung Cancer Report* inspires a message of hope as Lung Cancer Canada charts a path forward to improve the dire situation for Canadian patients. In 2016, multiple sources clearly demonstrated the level of progress that still needs to be made in Canada, specifically when it comes to lung cancer research, rising rates of the disease in women and the consequences of lengthy approval and coverage timelines.

“Much progress has been made in 2016 for lung cancer patients, with the promise of effective screening programs and multiple new drug therapies. However, barriers still exist when it comes to a patient’s ability to access these opportunities through public coverage and in a timely manner,” says Dr. Paul Wheatley-Price, Medical Oncologist, and President of Lung Cancer Canada. “Treatment innovation, such as molecularly-targeted therapies and the emergence of immunotherapy drugs, is starting to demonstrate incredible outcomes with many patients, but it is taking far too long for new drugs to be approved and made accessible.”

### **#TREATMENTINCANADA**

Lung Cancer Canada initiated a comparative analysis to illustrate the speed at which lung cancer drugs are reviewed, approved, and made accessible in Canada. The analysis looked at eight of the most recent lung cancer treatments approved by Health Canada - the Federal Drug Association (FDA) in the United States, was used as a baseline to represent a milestone of a treatment’s efficacy.

On average, it took 440 days longer for these eight drugs to be covered and accessible for Canadian patients – this is far too long and patients are dying as they wait. A Fraser Institute report indicates it takes 1.5 to 4.5 times longer to approve the same drug in Canada, compared to the US.<sup>iv</sup>

Approval of a new cancer drug from Health Canada is only the start of a long process for approval and access on a provincial level. For the drugs examined in the Fraser report, the timeline for public funding was between 56 – 412 days after receiving marketing approval from Health Canada.<sup>v</sup> Lung Cancer Canada research indicates the time is well over a year.<sup>vi</sup>

According to an Innovative Medicines Canada report of 27 drugs that were approved in Canada between 2010 and 2014, only 59 per cent were actually covered in public drug plans across all provinces.<sup>vii</sup> Canada's fractured approval infrastructure ranked Canada 17<sup>th</sup> from the Organization for Economic Co-operation and Development (OECD) who evaluated approval timelines of cancer drugs in 20 countries.

“Whealey-Price adds, “the lung cancer community will continue to drive efforts that tackle the stigma barriers faced by lung cancer patients, to facilitate faster diagnosis, and advocate for more timely access to available treatments.”

### **#GLOBALRESEARCHUPDATE**

It is known as the ‘invisible cancer’ for good reason and this is true on a global-scale. Lung Cancer Canada belongs to a global coalition comprised of patient groups from around the world, known as the Global Lung Cancer Coalition (GLCC). The GLCC wanted to take a deeper look at how exactly lung cancer compares to other cancers and initiated a study to closely examine the situation with input from over 24 countries, including Canada.

A core objective of the analysis was to identify if research outputs have changed over time, as well as the specific area of focus and how close it is to lung cancer patients. Worldwide, the number of papers published on lung cancer have more than doubled from 2,157 papers in 2004 to 4,845 in 2013.<sup>viii</sup> Canada ranked a disappointing ninth out of the 24.<sup>ix</sup>

### **#SCREENINGSAVES**

A major achievement in the fight against lung cancer was made when a landmark recommendation for screening was announced. Published in the March issue of the *Canadian Medical Association Journal (CMAJ)*, the Canadian Task Force on Preventive Health Care released a new guideline recommending annual lung cancer screening in high-risk adults ages 55-74<sup>x</sup>, using the newest screening method, low-dose computed tomography (LDCT) screening.

A similar task force in the United States showed a 20 per cent drop in lung cancer mortality through LDCT screening across the United States.<sup>xi</sup> Based on the National Lung Screening Trial in the United States, the program could be expected to save more than 1,200 Canadian lives per year.<sup>xii</sup>

## **#LUNGCANCER**

Surprising trends in women and lung cancer were another focus this year. A recent Canadian Institute for Health information (CIHI) report showed that Canadian women are losing more years of potential life from lung cancer than women in most other peer countries.<sup>xiii</sup> The report also showed that, since 1960, Canadian women have continuously moved toward last place and are at risk of having the highest number of Potential Years of Life Lost (PYLL) from lung cancer than any other peer country.<sup>xiv</sup>

These findings add to the evidence that lung cancer is a women's health issue. Another CIHI report released in 2013 showed that Canada had the third highest female lung cancer death rate out of 33 other peer countries studied. Over the last 30 years, lung cancer incidence has increased in young women while it has decreased in young men (ages 20-44).<sup>xv</sup> Lung cancer kills more women than any other cancer, and specifically kills more women than breast cancer, uterine cancer, cervical cancer and ovarian cancer, combined.<sup>xvi</sup>

"I thought I was protecting my health by not smoking, eating healthy and maintaining an active lifestyle, lung cancer was not even on my radar as a young woman," says Elizabeth Dessureault a lung cancer survivor in Ottawa, Ontario. "I was pregnant with my first child and quickly recognized my diagnosis was real and I needed to remain hopeful, yet determined to beat my lung cancer."

Lung cancer patients from coast-to-coast will continue their combined efforts to break down the stigma barriers, facilitate faster diagnosis, and advocate for more timely access to available treatments. The waiting game is not an option that patients are willing to accept – it is time for action now. Join the conversation using the report hashtags.

For more information on lung cancer and to view a copy of the *Faces of Lung Cancer* report, please visit: [www.lungcancerCanada.ca](http://www.lungcancerCanada.ca).

### **About Lung Cancer Canada**

Based in Toronto, Lung Cancer Canada (LCC) is Canada's only national charitable organization that is solely focused on lung cancer. Lung Cancer Canada serves as Canada's leading resource for lung cancer education, patient support, research, and advocacy. LCC's mission is four-fold: 1) to increase public awareness of lung cancer, 2) to support and advocate for lung cancer patients and their families, 3) to provide educational resources to patients, family members, healthcare professionals, and the general public, and 4) to raise funds in support of promising research opportunities.

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