

## **RETHINK BREAST CANCER & CANCERTAINTY COALITION APPLAUD THE ONTARIO GREEN PARTY'S COMMITMENT TO IMPROVE ACCESS TO CANCER TREATMENTS**

*– The Ontario Green Party's platform indicates it will publicly fund take-home cancer medications –*

**TORONTO, ONTARIO, May 13, 2022** – Rethink Breast Cancer and the CanCertainty Coalition, the united voice of 30+ Canadian cancer organisations, applaud the commitment in Ontario Green Party's platform announced on Thursday that indicated they would publicly fund take-home cancer drugs (THCD) as an interim measure, as they partner with the federal government to implement a universal pharmacare program.

"This announcement underscores the importance of closing the gap on funding for take-home cancer drugs – an issue that affects approximately 10,000 cancer patients in Ontario every year – regardless of political stripes," said Robert Bick, co-chair of the CanCertainty Coalition. "We're hopeful the commitment to accessing cancer treatments that transcend party lines will ensure that in the very near future all cancer patients who need them will not only benefit from these treatments clinically, but will do so without the out-of-pocket costs and stressful delays."

Currently 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.<sup>i</sup>

Ontario's system for take-home cancer drugs 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 But by fixing this outdated model, Ontario will find cost-efficiencies and eliminate waste while making the process to order, approve and streamline THCD delivery.

"Throughout the pandemic, cancer screening, diagnoses and treatments have been delayed. And many more late-stage diagnoses are expected – cancer patients cannot afford any additional holdups due to bureaucracy or administration," said MJ DeCoteau, executive director and founder of Rethink Breast Cancer. "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."

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.<sup>ii</sup>

### ***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 underinsured<sup>iii</sup>). Then, they must apply to the Ontario Trillium Drug Program – encountering more risky delays, taking on average another month for approval.<sup>iv</sup> Finally the patient must pay the government an average \$4,000/year deductible while working on a reduced income during treatment.

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### **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](http://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.CanCertainty.com](http://www.CanCertainty.com)

### **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

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<sup>i</sup> 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.

<sup>ii</sup> 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>.

<sup>iii</sup> 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](https://www.pdci.ca/wp-content/uploads/2021/12/Uncovering-the-hidden-costs-of-Take-Home-Cancer-Drugs_08-11-21-2.pdf).

<sup>iv</sup> 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](https://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_302en17.pdf).