

The Changing Oncology Landscape

The Employers Cancer Care Summit 2010

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How did we get here?

Canada's patchwork system of drug coverage is leading to financial hardship for many cancer patients.....



Cancer Burden of Illness

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Leading cause of death

Cause of death	2005		
	Rank	Number	%
Total, All causes of death	...	230,132	100.0
<i>10 leading causes of death</i>	...	179,866	78.2
Malignant neoplasms (cancer)	1	67,343	29.3
Diseases of heart (heart disease)	2	51,574	22.4
Cerebrovascular diseases (stroke)	3	14,054	6.1
Chronic lower respiratory diseases	4	10,515	4.6
Accidents (unintentional injuries)	5	9,506	4.1
Diabetes mellitus (diabetes)	6	7,881	3.4
Influenza and pneumonia	7	5,845	2.5
Alzheimer's disease	8	5,762	2.5
Intentional self-harm (suicide)	9	3,743	1.6
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	10	3,643	1.6

Disability Incidence

Short Term Disability

1. Musculoskeletal (15.4%)
2. Mental & Nervous Disorders (14.5%)
3. Non-occ accidents (11.6%)

9. Cancer (2.9%)

Occupational accidents are the longest in duration at 136 days, while cancer duration is at 119 days

Long Term Disability

1. Mental & Nervous Disorders (26.7%)
2. Musculoskeletal (22.4%)
3. Cancer (13.4%)



Cancer Statistics and Patient Demographics

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Cancer in the workplace

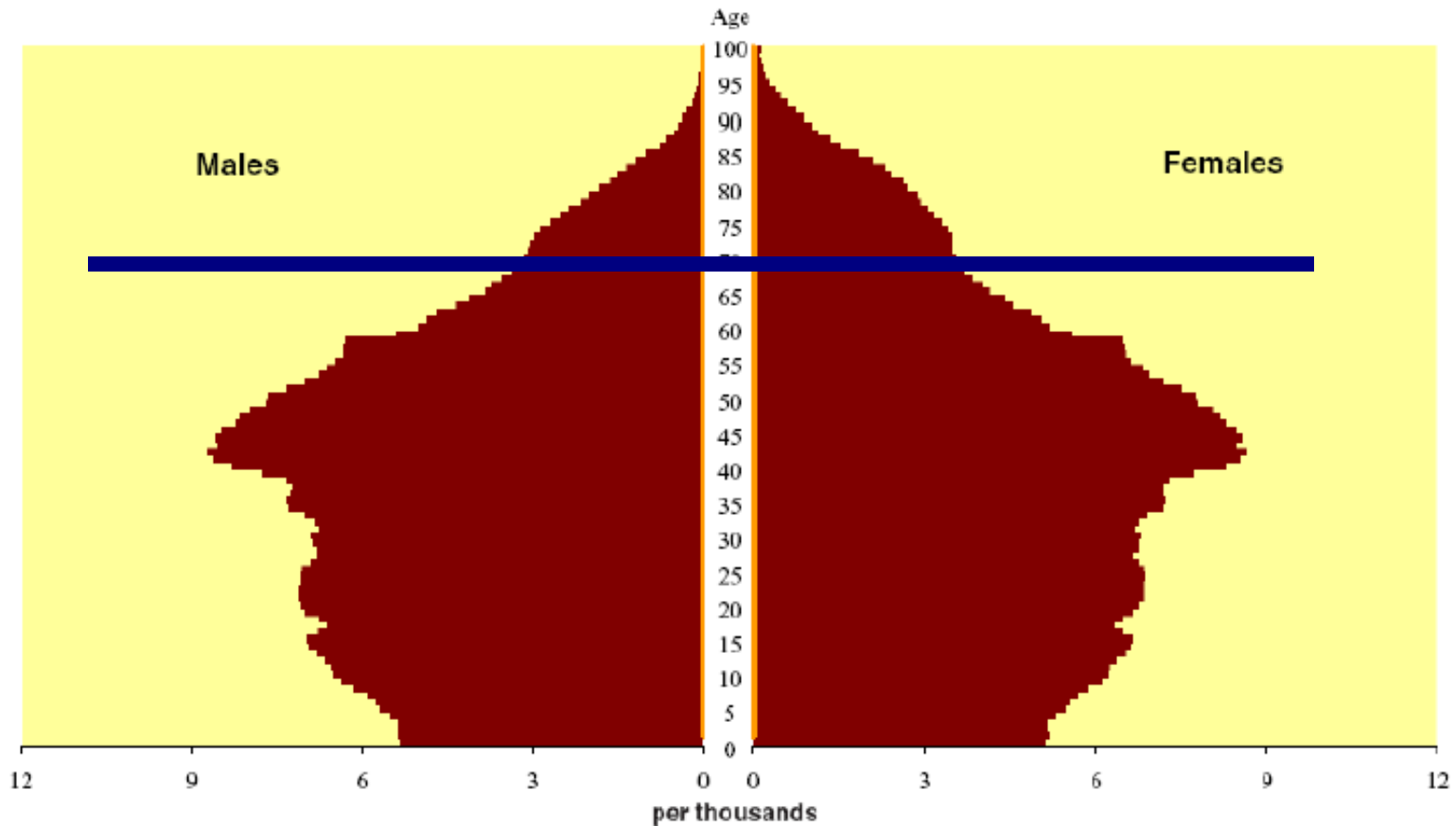
Working age Canadians (20-59)

- 30% of all new cancers
- 18% of cancer deaths

Retirement age Canadians (60+)

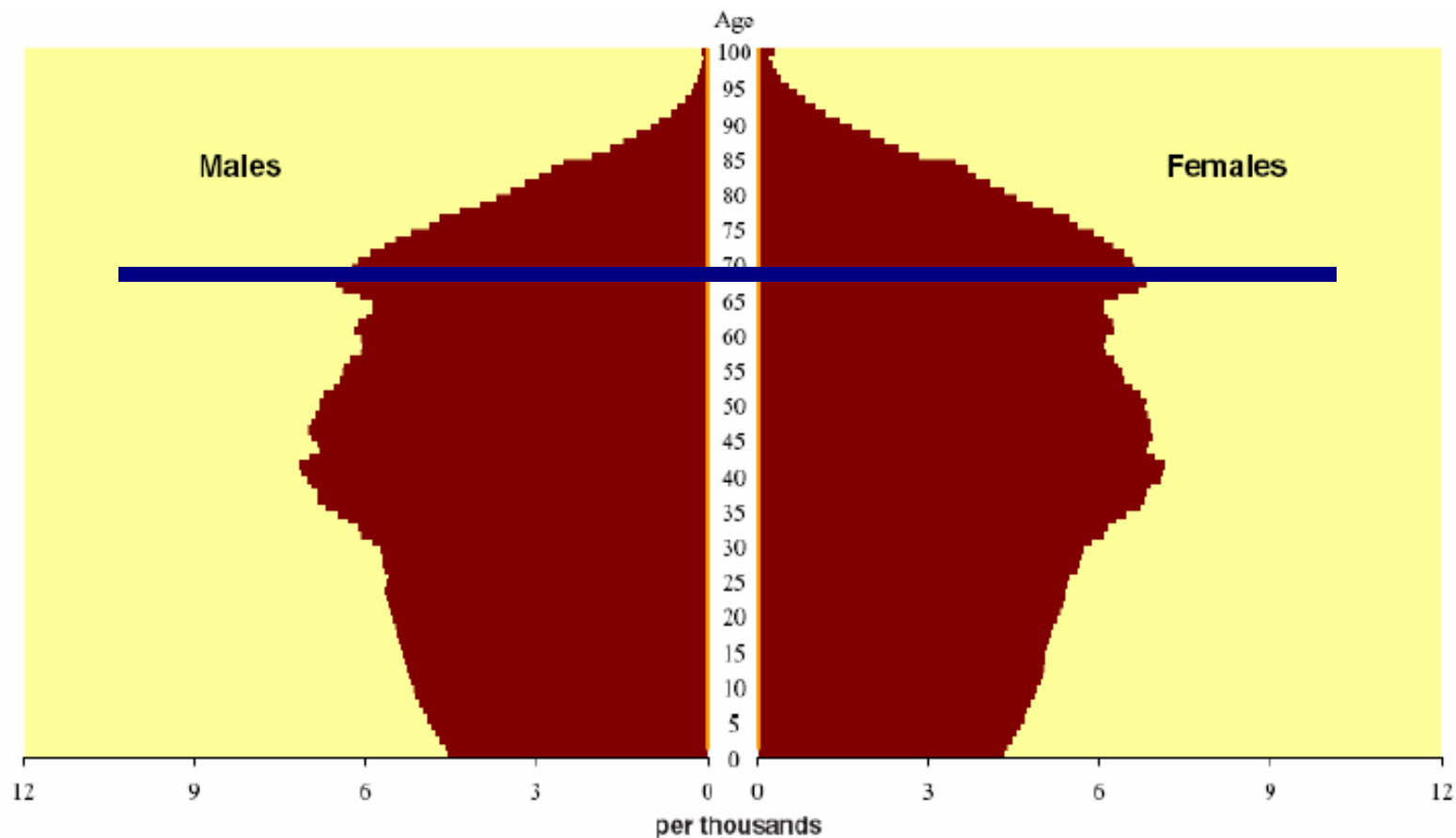
- 69% of all new cancers
- 83% of cancer deaths

Age Distribution of Male, Female Canadian Population, 2005



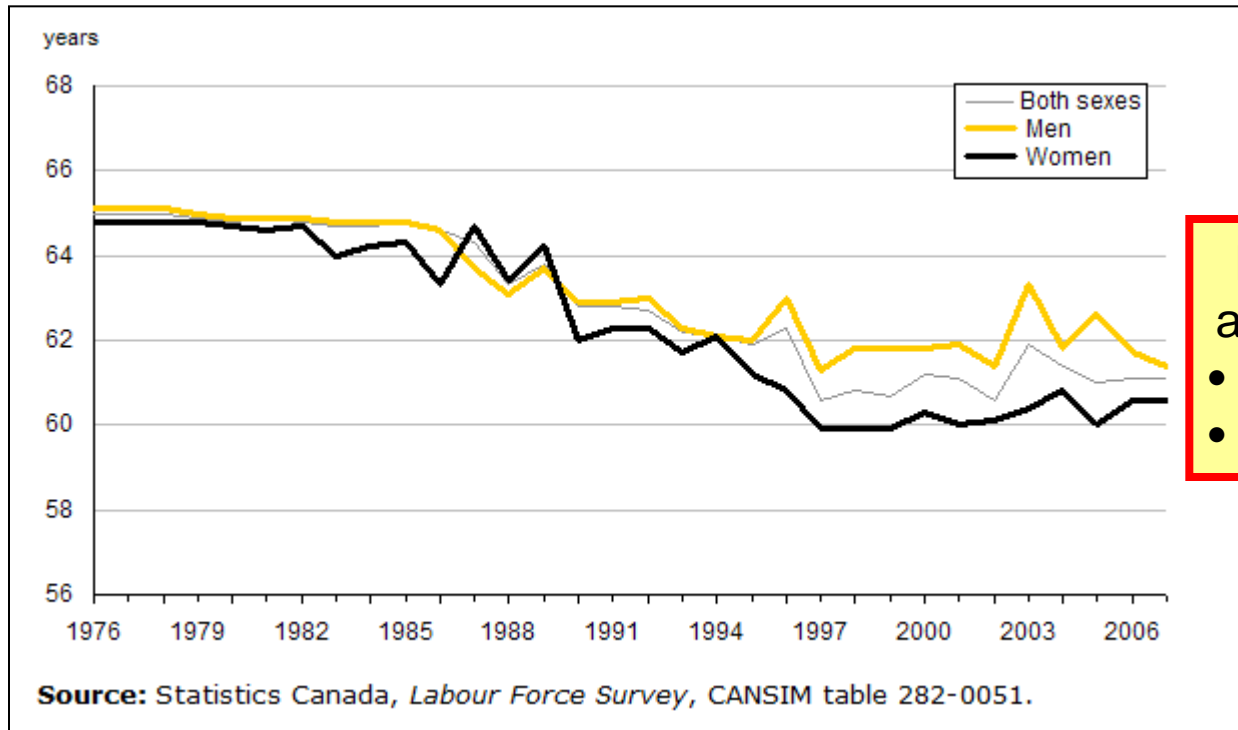
Source: Statistics Canada

Age Distribution of Male, Female Canadian Population, 2031



Source: Statistics Canada

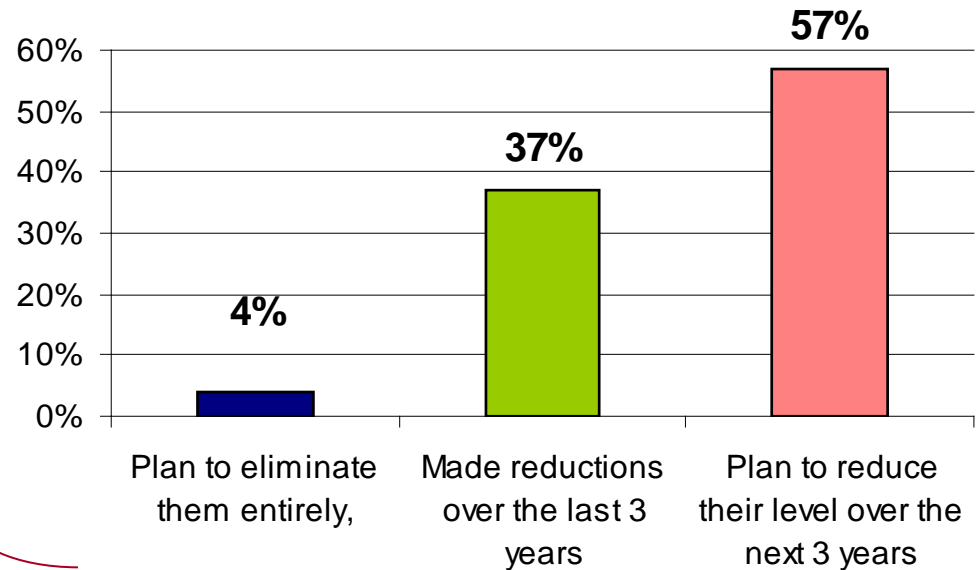
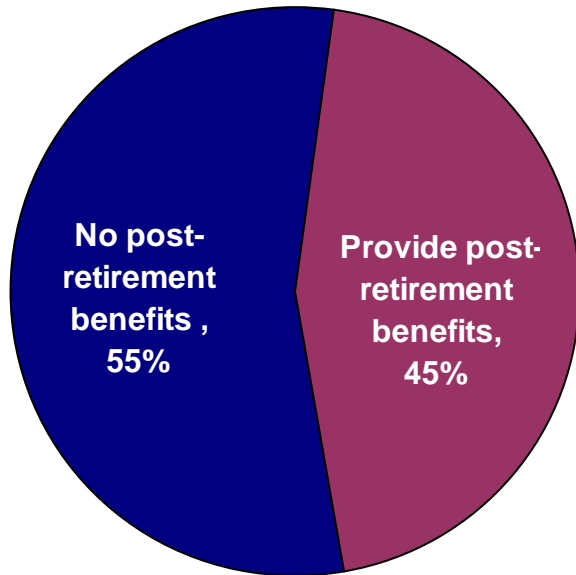
Retirement Age Declining



In 2007, the median age of retirement was

- 61.4 yrs for men
- 60.6 yrs for women

Post Retirement Benefits



Hewitt – Post Retirement Healthcare Benefits in Canada Survey (2006)

- More than half of respondents indicate they are considering eliminating retiree health benefits for executives, salaried and unionized employees,

Aon – Canadian Benefits Trends Survey (2006)

Paying for Post-Retirement Health Care Expenses

- 80% of Canadians will rely on provincial health care to pay for their health care expenses during retirement.
- 51% of Canadians not taken any steps to pay for their health care expenses when they retire.



Cancer Drug Funding

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Cancer Drug Costs Growing

- Canadians spent \$1.1B on cancer drugs in 2008
 - 5.4% of total pharmaceutical purchases
- Cancer drug costs have risen dramatically during the past five years.
 - Purchases of cancer drugs ↑ (>16.5 % annually)
 - 2 times pharmaceutical market (7% annually)
 - Over 5 times faster than the growth in cancer incidence (3% annually)

Cancer Drug Funding

Oncology budgets very low compared to other disease areas.

Ontario

- CCO New Drug Funding Program¹
 - \$176 million reimbursed 2007
 - \$446 million projected 2010-2011
- Ontario Drug Benefit Program 2008-2009 ²
 - \$4.4 billion
 - \$1039 million on cardiovascular drugs
 - \$288 million on top selling lipid lowering drug

¹ Cancer Care Ontario (CCO)

² 2007–2008 Interim Report Card for Ontario Drug Benefit Program

“There is an unofficial postal-code lottery...”

Andre Picard, Globe and Mail (Nov 2006)

Oncology Drug Funding Fragmented National System

	Oral	IV
BC	Cancer Board	Cancer Board
AB	Cancer Board	Cancer Board
SK	Cancer Board	Cancer Board
MB	Provincial Formulary OR Private Drug Plan OR Cash	Cancer Board
ON	Provincial Formulary OR Private Drug Plan OR Cash	Cancer Board
QC	Provincial Formulary OR Private Drug Plan OR Cash	Hospital
NB	Provincial Formulary OR Private Drug Plan OR Cash	Hospital
NS	Cancer Board	Cancer Board
PEI	Provincial Formulary OR Private Drug Plan OR Cash	Hospital
NF	Provincial Formulary OR Private Drug Plan OR Cash	Hospital

Take home medications

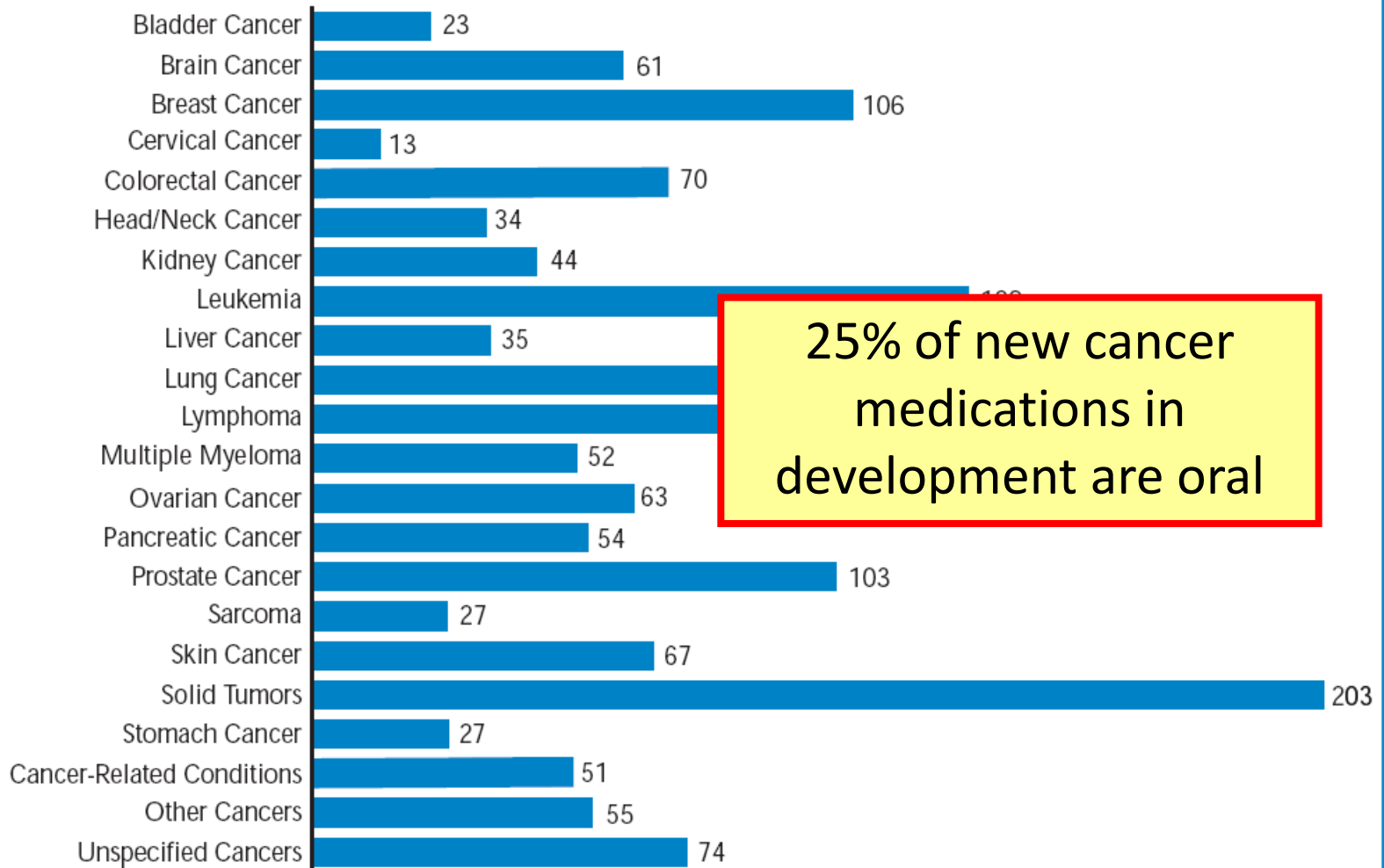
Cancer Drug	Cancer Site	Drug Cost (per year)
Aromasin	Breast	\$1,825 ^[1]
Eligard	Prostate	\$3,800 ^[2]
Faslodex	Breast	\$1,825 ^[3]
Gleevec	Leukemia, Stomach	\$37,350 ^[4] to \$74,490 ^[5]
Nexavar	Kidney, Liver	\$63,875 ^[6]
Revlimid	Myeloma	\$131,765 ^[7]
Sprycel	Leukemia	\$50,000 to \$55,000 ^[8]
Sutent	Kidney, Stomach	\$60,200 ^[9]
Tarceva	Lung	\$19,465 ^[10]
Tasigna	Leukemia	\$66,600 ^[11]
Tykerb	Breast	\$35,000 ^[12]
Velcade	Myeloma	\$30,000 to \$57,000 ^[13]

^[1] RAMQ Liste de médicaments June 2009 ^[2] ESI Canada Health Flash, vol. 6, no. 1, 2004. ^[3] ESI Canada Health Flash, vol. 6, no. 4, 2004. ^[4] Ontario Public Drug Programs; CED Recommendation, July 2007 ^[5] Ontario Drug Benefit Formulary January 2006 ^[6] Ontario Public Drug Programs; CED Recommendation, January 2009 ^[7] Ontario Public Drug Programs; CED Recommendation, April 2009 ^[8] Ontario Public Drug Programs; CED Recommendation, November 2008 ^[9] PPS January 2007 and Ontario Public Drug Programs; CED Recommendation May 2008 ^[10] RAMQ Liste de médicaments June 2009 ^[11] ESI Canada Health Flash, vol. 11, no. 1, 2009 ^[12] Dr. Lorne Brandes: *The hope, the hype, the hard reality of cancer drug development*; CTV News, June 9, 2009 ^[13] Cancer Advocacy Coalition of Canada; Annual Report Card 2005 and Canadian Press; *Ontario myeloma patients want their drug funded*; Jul. 24 2005

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Canadian Cancer Society - Cancer Drug Access for Canadians (September 2009)

MEDICINES IN DEVELOPMENT FOR CANCER*



*Some medicines are listed in more than one category.

Take home medications

FIGURE 12 **PUBLIC** pay for take home cancer drugs in Canadian provinces, % increase 2002 to 2007

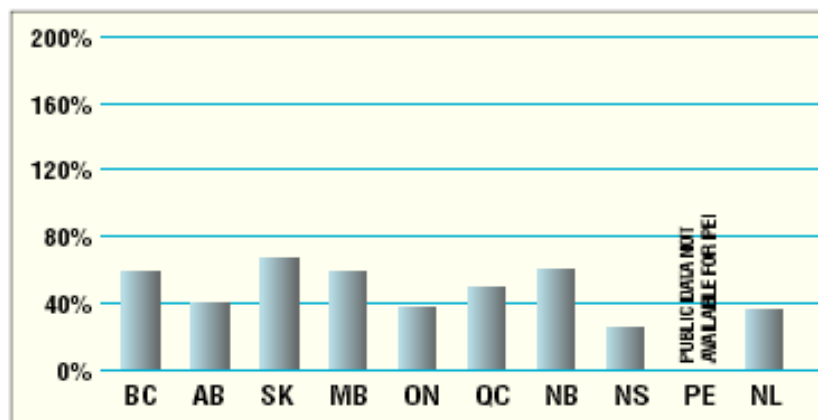
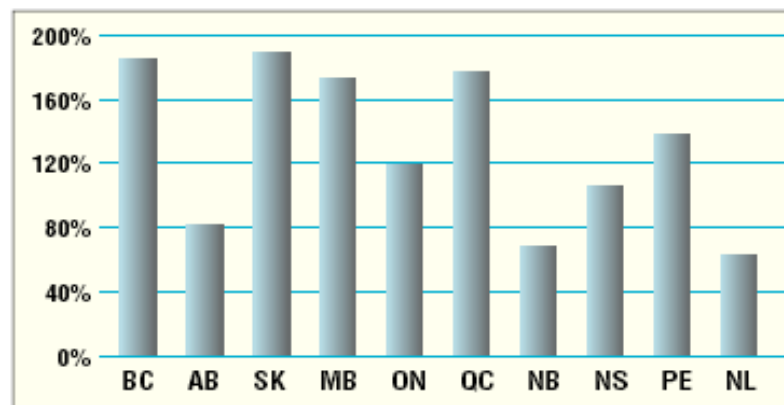
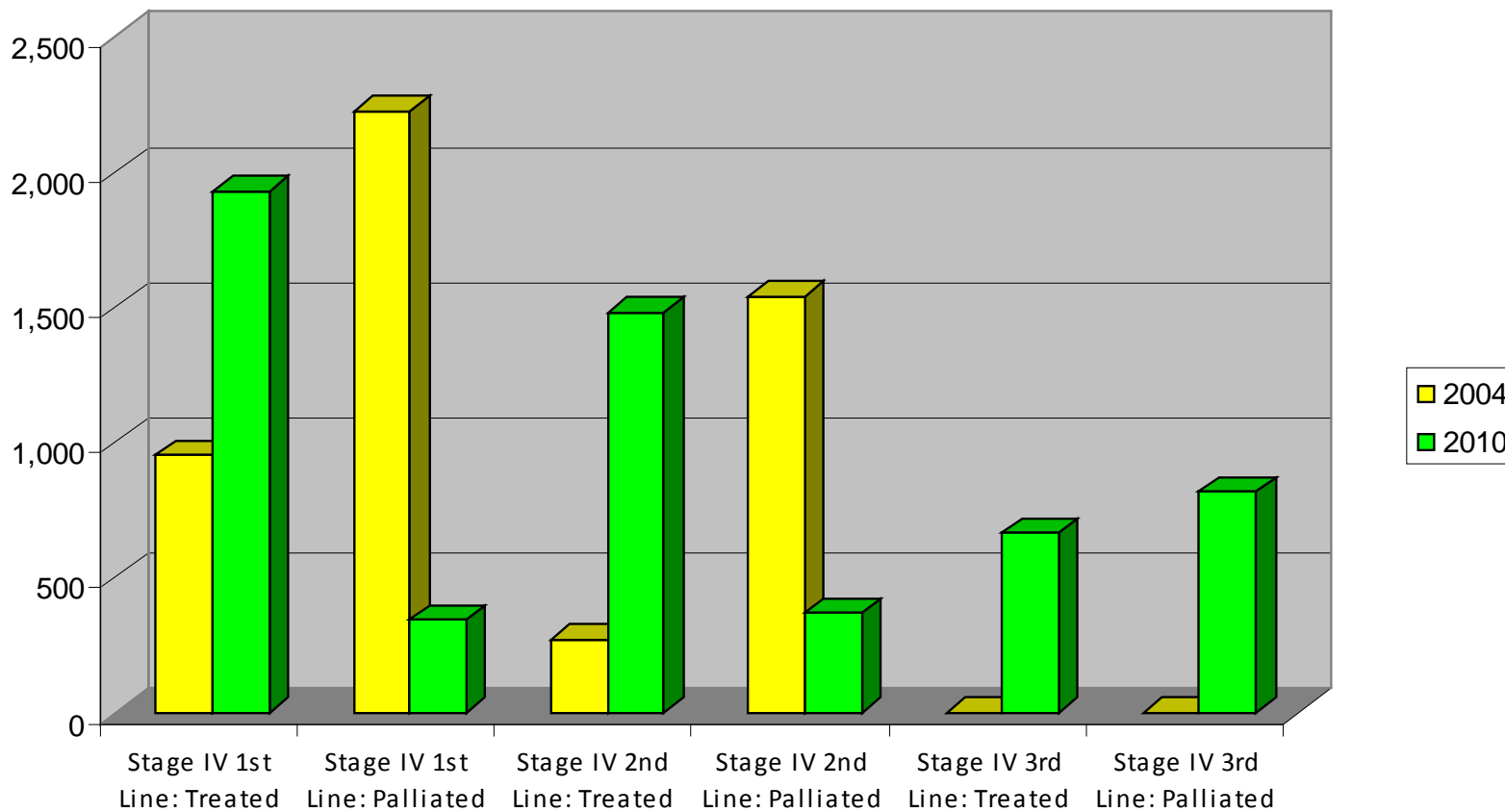


FIGURE 13 **PRIVATE** pay for take home cancer drugs in Canadian provinces, % increase 2002 to 2007



Evolution of Renal Cell Cancer Treatment: Patients Treated

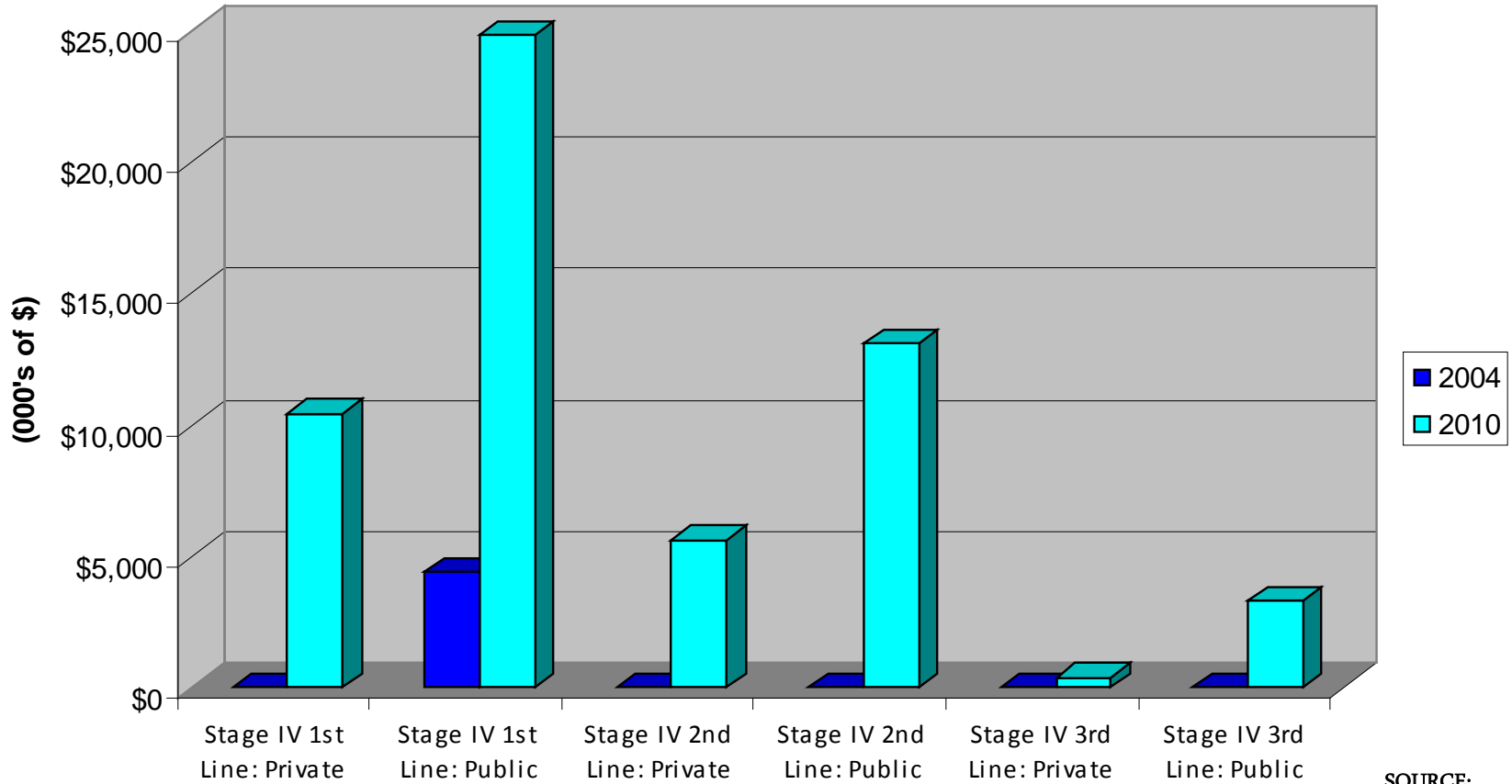


SOURCE:



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Evolution of Renal Cell Cancer Treatment: Treatment Costs

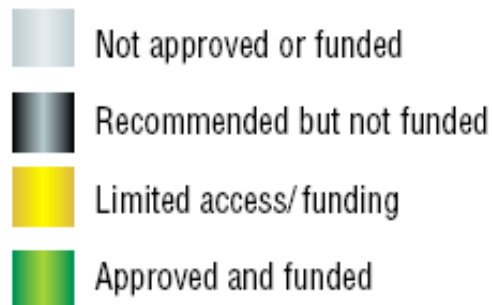
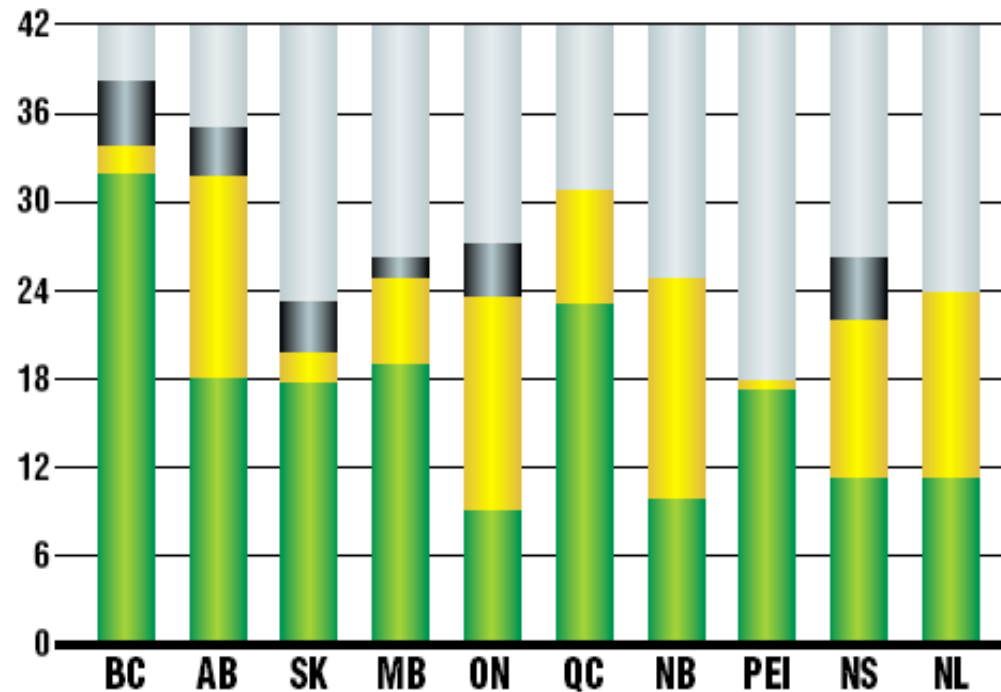


SOURCE:




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FIGURE 1 ACCESS TO 42 CANCER DRUGS, BY PROVINCE, 2007




Cancer Advocacy Coalition Of Canada Report Card on Cancer in Canada 2007



**Report of the Provincial Working Group on
the Delivery of Oncology Medications for
Private Payment in Ontario Hospitals**

July 27, 2006



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Private plans and IV Drugs

Interpretation of Canada Health Act:

- Requires that medically necessary hospital and physician services be insured.
- Medically necessary hospital services include drugs, biologicals and related preparations when administered in a hospital
- If the hospital services (in-patient or out-patient) are “medically necessary for the purpose of maintaining health, preventing disease or treating an injury, illness or disability,”
 - **they are considered insured services under the Act**
 - **should be funded by the hospital global budget**

Patient Impact

70% of Canadian medical oncologists did not routinely use what they considered as ideal first line regimen because it was not funded by the provincial drug plan.

Journal of Clinical Oncology Vol 26, No 15S (May 20 Supplement), 2008: 6600

80 % of Oncologists stated that patients' "out-of-pocket" drug costs influenced their treatment recommendations

Journal of Clinical Oncology Vol 27:15s, 2009 (suppl; abstr 9502)

Almost half of Canadians (43%) believe that, if diagnosed with cancer today, they would not have access to all the medications needed for treatment.

Myeloma Canada Press Release; Canadians lack confidence in access to cancer medications; February 25, 2009.

Patient Impact

Patient assistance program

- 48% of patients with private insurance were approved for coverage
 - 65% of those approved actually received therapy.

45% of all patients with no private insurance coverage* elected to pay for therapy out of their own pocket.

**[patients with private insurance =denied] + [patients with no private insurance]*

No man's land for patients

“.. the province would not pay for, forcing the use of a private clinic. The supplementary health insurance company will not pay for the drug because it's supposed to be covered by the province. This is Alice in Wonderland!! “

Cancer Advocacy Coalition Of Canada Report Card on Cancer in Canada 2008

Oncology Drug Access Navigators of Ontario

ODANO is the provincial organization of Oncology Drug Access Navigators founded to provide support, advocate for members, share resources and educate existing and new navigators in order to maximize the appropriate funding for all oncology patients.

What's next?


***Oncotype DX*[®] Breast Cancer Assay (\$3975 US)**

- The first and only test that has shown an ability to predict a patient's likelihood of benefiting from chemotherapy as well as their risk of breast cancer returning.
- Who pays for tests in Canada?
- Provincial Health Plan, Cancer Agency, Private Plans, Patients?

A wooden signpost with three blank arms stands in a field under a blue sky. The signpost is made of light-colored wood and has three horizontal arms extending from a central vertical post. The background shows a green field and a clear blue sky.

Questions and Discussion

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