cancer care ontario | action cancer ontario

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Ontario Cancer News

Providing unfunded IV cancer drugs for private payment

Most cancer drugs are paid for by public plans. Some new and expensive cancer drugs, however, are not approved for public funding because they don't meet the test for medical benefit and/or cost-effectiveness. Late last month, a provincial working group submitted recommendations to government for a standard approach to providing new unfunded intravenous cancer drugs in Ontario hospitals for private payment. Read more in this issue of ***Ontario Cancer News***.

Provincial working group recommends consistent approach to providing unfunded IV cancer drugs

A provincial working group has submitted a report to the Ontario Ministry of Health and Long-Term Care (MOHLTC) recommending a standard approach to providing new unfunded intravenous (IV) cancer drugs in Ontario hospitals for private payment. If the recommendations are accepted by MOHLTC, cancer patients would be able to receive unfunded IV cancer drugs in the safety of an Ontario hospital under the care of their own oncologists and care teams.

Last year, Ontario initiated a new drug approval process that includes evidence-based cost-effectiveness evaluation of new and expensive drugs. As a result, some IV cancer drugs, because of their high cost, have not been recommended for public funding in Ontario even though they may offer some medical benefit. (For more information about the drug approval process, go to the Ministry of Health and Long-Term Care web site or see Cancer Drugs - Frequently Asked Questions on Cancer Care Ontario's web site.)

In response to concerns about the current situation for patients, and pressures on hospitals to accept payment for administration of unfunded cancer drugs, Cancer Care Ontario convened a working group with a broad cross section of representatives from the hospital sector, medical oncology, pharmacy and patient advocacy groups to consider a principled approach to the provision of this service in Ontario.

"Ontario has a good process for approving new cancer drugs based on an independent evaluation of the best evidence, but it needs to be more transparent and open to patients and citizens so they can understand why decisions are made," says Terrence Sullivan, president and CEO of Cancer Care Ontario. "New and expensive drugs are important to individual patients, but in a public system, we have a responsibility both to deliver the highest quality of care to patients and to spend health care dollars wisely to produce the greatest value for patients and society."

The report recommends that hospitals provide unfunded IV cancer drugs for private payment as long as they have been approved by Health Canada and are supported by Cancer Care Ontario's clinical guidelines. These include drugs that the province has decided not to fund, and those that are under review or for which a decision has not yet been made.

"Ontario patients seeking access to unfunded drugs need better choices than traveling to American cancer centres or to a private clinic in Toronto," says Dr. Robert Bell, president and CEO of University Health Network and co-chair of the provincial working group. "We believe that it is in the best interests of patients seeking these drugs to make them available in the most cost-effective fashion using the familiar facilities in hospitals where our patients have already received treatment."

The recommendations do not affect in any way cancer drugs that are or will be covered by public plans. Patients will still have access to high-quality cancer drugs through the New Drug Funding Program, Ontario Drug Benefit Plan, Trillium Drug Program and hospital budgets as they do today.

"The working group believes that these recommendations will ensure improved geographic access for those patients who choose to pay for unfunded chemotherapy in Ontario," said Rob Devitt, president and CEO of Toronto East General Hospital and co-chair of the provincial working group. "At the same time, we will continue to work with governments to strengthen publicly funded programs for cancer drugs and improve patients' access to high-quality cancer drugs, including creating an exceptional access program for IV drugs as part of Ontario's drug reform strategy and a national catastrophic drug program."

The working group report is posted in the Cancer Drugs section on Cancer Care Ontario's Web site.

MOHLTC announces funding for HER2-neu testing

In 2005, the Ministry of Health and Long-Term Care and CCO announced funding for Herceptin for early stage, HER2-neu-positive breast cancer. The medical evidence was so compelling that the joint DQTC-CCO subcommittee was able to expedite the review, allowing the government to fast-track approval and funding for this new indication. (Read the 2005 announcement and backgrounder.)

Though good news for women with breast cancer, this addition to the New Drug Funding Program also created significant pressure on hospitals that have had to cover the cost of additional HER2-neu testing for women with early-stage breast cancer.

Cancer Care Ontario and a working group on HER2-neu funding have been working with the ministry to secure funding for the HER2-neu test. Recently, the ministry announced that it will fund the test at 16 testing sites across the province. This will significantly alleviate cost pressures on laboratory services and support laboratory medicine specialists, pathologists and medical oncologists to deliver timely, high-quality care to eligible women in the early stages of breast cancer.

Cancer Care Ontario will be responsible for monitoring and reporting test volumes to the ministry, as well as for quality assurance at all the sites. The 16 locations include the 14 testing centres already providing HER2-neu testing for metastatic breast cancer patients, and two testing centres that are not yet formally linked to the reference network.

The HER2-neu funding reflects the essential role of laboratory medicine and pathologists in cancer care, and builds on the success of the Pathology Checklist Reporting Project (see the September 2005 issue of Ontario Cancer News).

Cancer Care Ontario releases two new Standards reports

HPB cancer surgeries are risky and complex procedures. Similar to the Thoracic Surgical Oncology Standards released in 2005, the Hepatic, Pancreatic, and Biliary Tract (HPB) Surgical Oncology Standards include the full spectrum of multidisciplinary assessment and treatment. The report outlines the requirements for hospitals, (organization, resources, and infrastructure) and surgeons (training and experience), to provide the best possible patient care. It will be helpful in the planning and organization of regional networks of care. The eventual goal is to develop quality indicators, and measure and report compliance with the standard throughout the province.

The Multidisciplinary Case Conference (MCC or tumour board), is defined as a regularly scheduled multidisciplinary conference to prospectively review individual cancer patients and make recommendations on best management, keeping in mind that individual physicians are responsible for making the ultimate treatment decision. This is applicable to all malignant diseases and is the recommended standard of care for all institutions providing cancer services.

An MCC is not simply another meeting, rather, it has the potential to transform cancer care by providing a forum for discussion among health professionals from various disciplines, leading to the best possible treatment recommendations for each patient. The goal for Ontario is to ensure access to high-quality MCCs for all cancer patients in the province. It's a tall order and it will not happen overnight. However, many Ontario hospitals are already using MCCs.

Cancer Care Ontario has launched a publicly available web space that will serve as a repository of best practices, tools and tips, and soon will establish quality indicators for MCCs to help measure the collective progress toward the provincial goal.

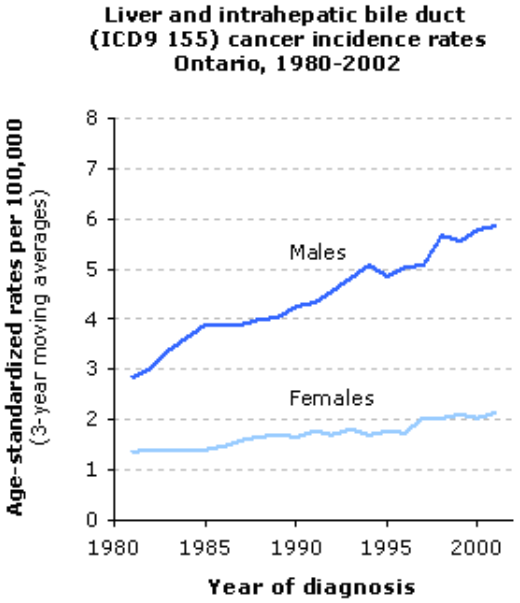
Both the HPB Surgical Oncology Standards and MCC Standards were developed by a multidisciplinary expert panel with members from across the province, and incorporated the expertise of the Program in Evidence-Based Care (PEBC). Each was subject to a rigorous process of external review and feedback within the health care community.

To download the Standards or view the MCC resources, go to Cancer Care Ontario's Web site:

- HPB Surgical Oncology Standards
- MCC Standard report
- MCC web space

Ontario Cancer Fact

While cancer of the liver and intrahepatic bile duct is still relatively rare (about 400 new diagnoses in Ontario each year), the incidence rate has been increasing rapidly since at least 1980. In men, rates in recent years are approximately double those seen in 1980, with an average annual percent change over this period of 3.3%. Incidence is less common in women and although rates did not rise as quickly as those in men, there was still a substantial increase, with an average annual change of 2.3%. It is important to understand the reasons for these increases, since liver and intrahepatic bile duct cancer is a highly fatal disease. It is the 4th most fatal cancer in Ontario (see November 2005 cancer fact), with the most rapidly increasing mortality rates (see April 2006 cancer fact).



Source: Cancer Care Ontario (Ontario Cancer Registry, 2006)

The two main contributors to this cancer in Ontario are hepatocellular carcinoma and cholangiocarcinoma of the intrahepatic bile duct. Of these, hepatocellular carcinoma is by far the most common. Both of these cancers are increasing in Ontario. (They are also increasing in the U.S.)

A possible reason for some of the increase is immigration from areas where these cancers are more common, such as Southeast Asia and parts of Africa. Widespread chronic infection with the most common hepatitis virus, hepatitis B, has contributed to high rates in those regions, along with aflatoxin food contamination and liver flukes.

Hepatocellular carcinoma and cholangiocarcinoma of the intrahepatic bile duct may share some common risk factors such as hepatitis C infection, alcoholic liver disease and liver cirrhosis, diabetes, and smoking. Hepatitis C infection, which can result from transfusion of unscreened blood and blood products, intravenous drug use, needle sharing, and unsafe sexual practices, may account for a portion of the increase in cancer of the liver and intrahepatic bile ducts.

For more information, talk to your health care provider or call Cancer Information Service (1 888 939-3333).

Upcoming events

8th Annual Forum -" Primary Health Care in Canada," Sept 13-14, 2006, Marriott Bloor Yorkville, Toronto

Cancer Care Ontario's VP, Regional Programs Michael Sherar and Liaison for Family Medicine and Primary Care Phil Ellison are presenting on Improved Integration of Primary Care in the Cancer Care System at the upcoming 8th Annual Forum on Primary Health Care. The two-day forum also includes a luncheon address by Alan Hudson, lead of the province's Access to Services and Wait Time Strategy, and an opening keynote address from Federal Minister of Health The Honourable Tony Clement.

For more information or to register, go to http://www.insightinfo.com, or call 1-888-777-1707.

14th International Conference on Cancer Nursing, September 27 to October 1, 2006, Toronto

The largest international nursing conference comes to the Sheraton Centre in Toronto this September 27 to October 1. “Reaching New Heights Together” is the theme of the 14th International Conference on Cancer Nursing, hosted jointly by the International Society of Nurses in Cancer Care and the Canadian Association of Nurses in Oncology. Attendees will hear about the latest developments in cancer control and about caring for cancer patients and their family members. Topics include symptom management, quality of work life, patient safety, and caring for paediatric and elderly cancer patients. Cancer Care Ontario's Chief Nursing Officer Esther Green, co-chair of the event's Scientific Program Committee, reports that a number of Canadian speakers will make keynote and plenary presentations, and a number of Ontario nurses will present their work to the international audience.

For more information, go to the ISNCC web site.

Fourth International Chicago Symposium on Malignancies of the Chest and Head & Neck (MCHN), Chicago, October 25-28, 2006

The MCHN meeting is a multi-institutional educational and scientific meeting that will provide a scholarly review of molecular biology and standard and novel treatment approaches to malignancies of the lung, esophagus and head & neck. The 2006 meeting is expected to attract more than 700 participants, including physicians and allied health professionals.

The event is sponsored by the International Association for the Study of Lung Cancer (IASLC) and the University of Chicago Pritzker School of Medicine in collaboration with the Loyola University Chicago Stritch School of Medicine, Northwestern University Feinberg School of Medicine and Rush Medical College.

For more information, go to the symposium web site at www.mchnsymposium.com

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