

CANCER ACTION NOW:

WHY WE NEED TO FIX CANCER CARE IN CANADA NOW

AND THE IMPACT THAT WILL HAVE BY 2030



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EXECUTIVE SUMMARY

By 2040, cancer in Canada is set to rise to over 400,000 new cases per year, from 274,000 in 2020.¹

The disease remains the leading cause of death in Canada, where an estimated 2 in 5 Canadians will be diagnosed within their lifetime, and 1 in 4 dying from the disease.²

Early diagnosis and detection, as well as treatment and care across the oncology pathway, are priority areas that need to be addressed to stem these outcomes and re-establish Canada as a leader in cancer care.³

The pandemic has brought the cancer care systems to a crisis point in Canada. We are beginning to see signs that cancer mortality is accelerating in Canada due to delays in cancer screening, treatment, and surgeries.

To gain a better understanding of the issues, it is essential that we examine not only the immediate impact on services following the onset of the COVID-19 pandemic, but the medium (2025) and long term (2030 and beyond) impact, and develop measures to ensure that cancer services are more resilient, dependable, equitable and timely.

In April 2021 a group of stakeholders⁴ gathered to respond to the crisis. Their input resulted in a document entitled *A 2030 Roadmap* that would guide the way to achieve Canadians' long-term cancer care goals. Over the last 18 months, an even larger and ever-growing Alliance called **Cancer Action Now** formed around the objectives laid out in this document. The Alliance urges provincial governments across the country to make cancer a priority as we re-build our health care systems in the wake of the pandemic.

The *2030 Roadmap* envisions changes that would lead to earlier cancer diagnosis and improved equity in cancer care delivery and outcomes. It is the hope of Cancer Action Now that, by 2030, structural changes in cancer diagnosis, screening, treatment and delivery of care for people in Canada will enable them to live longer, better lives than at present. More information about the Steering committee of Cancer Action Now and current membership can be found at www.canceractionnow.ca.

Cancer doesn't wait for a pandemic to end. Canadians deserve the best access to screening and treatment without delay. We need a new plan to address the backlogs in cancer care. We need cancer action now.

BACKGROUND

CANCER IN CANADA TODAY

Cancer is the leading cause of death among Canadians,⁵ with nearly half developing the disease in their lifetime.⁶

New cases of cancer diagnosis are increasing annually. In 1984, there were 89,200 new cases which has now increased to 229,100 new cases in 2021. This includes a 153% increase for males and 161% increase for females.

Although Canada's cancer survival rate is among the highest in the world,⁷ the current five-year survival rate is only around 64% for all cancers.⁸ This is an improvement upon an estimated 55% in the 1990s,⁹ however many gaps remain in our complex cancer care systems.

Cancer diagnosis, treatment, and care also differ greatly between Canadian provinces, with cancer mortality rates higher in eastern provinces, and lower in western provinces.¹⁰

As an economic burden, cancer related costs in 2021 were CAD \$26.2 billion – with 30% of these costs burdened to cancer patients and their families.¹¹

With the onset of COVID-19, cancer screening, diagnosis and treatment delivery were greatly impacted. From April to September 2020, there was an estimated 20% reduction in surgeries for cancer compared to the same period in 2019.¹²

BACKGROUND

CANCER IN CANADA IN 2030 AND BEYOND

Over the next 30 years, incidence rates are expected to increase in Canada.¹³ The number of deaths annually across both sexes is also set to increase to an estimated 141,000 by 2040 from 86,700 in 2020.¹⁴

Not only will cancer in Canada become more common and more deadly for a number of reasons, including an aging population, the cost to treat it will increase as well. Cancer-related costs are estimated to rise to CAD \$44.4 billion between 2032 and 2044.¹⁵ Furthermore, reductions in labour productivity, home productivity, and the leisure economy

impose significant social and economic costs not typically accounted for.¹⁶ Canada has the opportunity to both reduce these costs significantly and increase the impact of their cancer care investments with efforts to identify cancer at early stages when treatment may be curative, and by leveraging vast health data resources to target investment in ways that raise the Canadian standard of care equitably.

BACKGROUND

INEQUITIES

Although Canada has a universal and publicly funded health system, disparities in health service delivery and health outcomes are apparent.¹⁷

The cancer pathway is complex and difficult to navigate. Inequities are present across the cancer spectrum, beginning with cancer research and ending in palliative care and end-of-life support. A province's social determinants of health can vary greatly between cultures and communities, income, education, and geographic location. Each influences health equity positively and/or negatively.¹⁸

Although there have been innovations in screening technologies which can contribute to the early identification of cancers and thus, a reduction in cancer mortality, the adoption of cancer screening and its implementation vary across the social spectrum – from income to geography – and cancer types.^{19,20,21} Social stratification and vulnerabilities also impact First Nations, Inuit and Métis people disproportionately”: they experience a higher incidence of certain cancers, and are more often diagnosed at a later stage than non-First Nation, Inuit and Métis people.^{22,23}

BACKGROUND

IMPACT OF COVID-19

Prior to the COVID-19 pandemic, it was estimated that more than 225,000 Canadians would be diagnosed with cancer in 2020.²⁴ Across the globe there have been ripple effects of the pandemic on people's health. We experienced a significant decrease in new diagnoses, as people have been deterred from seeking medical attention for new symptoms and/or attending routine checks due to the fear of contracting COVID-19 in healthcare settings.²⁵

Impact of COVID-19 – Canadian Cancer Survivor Network survey findings 2019 – 2022²⁶

Impact on mental wellbeing

- **50%** of patients and **73%** of caregivers had anxiety at the beginning of the pandemic compared for **39%** and **59%** respectively in 2022

Ongoing impact

- COVID-19 continues to impact most aspects of patient life causing undue stress on quality of life with impacts including:

48%

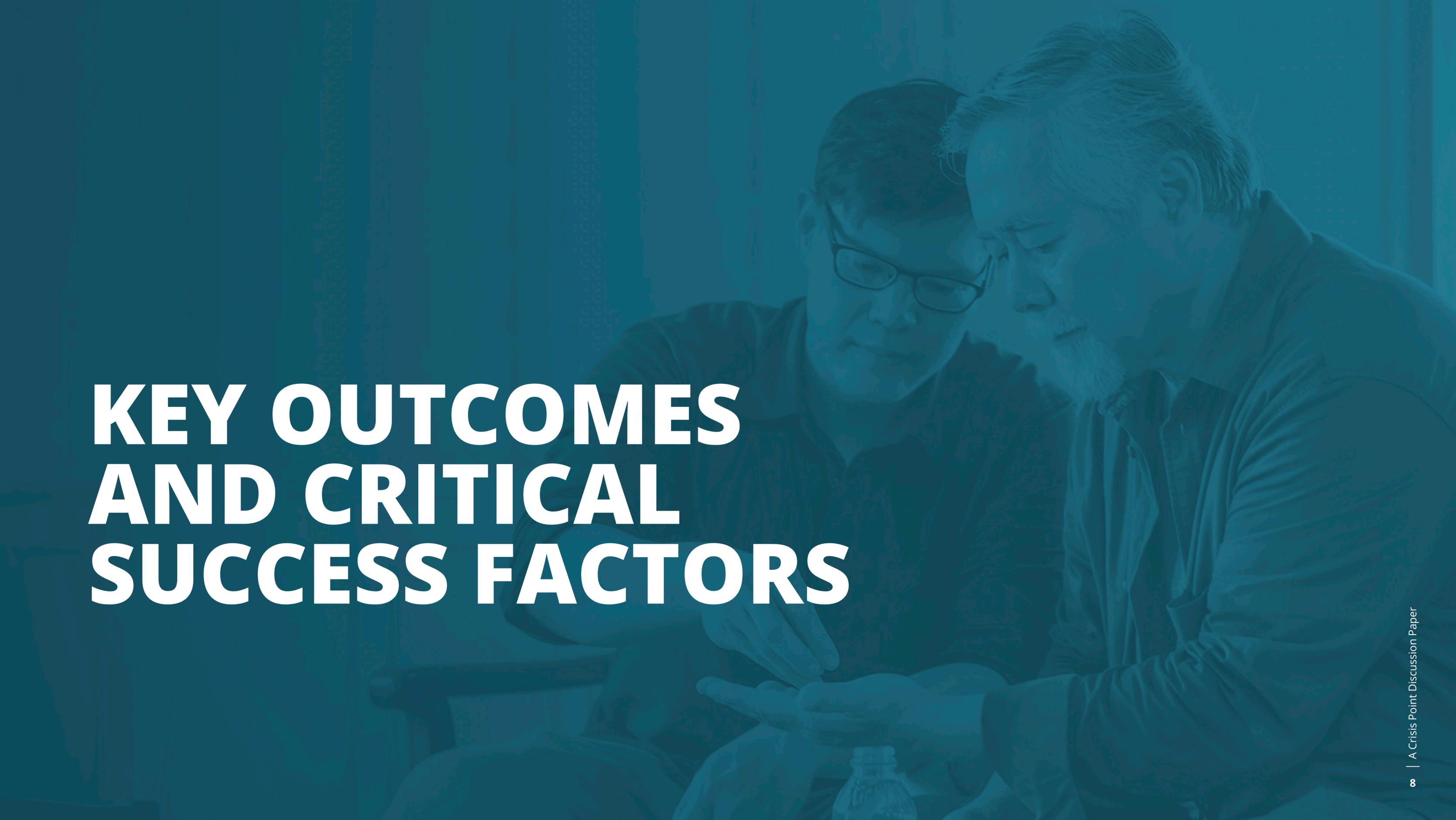
on overall state of health and wellbeing

42%

fear that cancer will progress

42%

mental health

A photograph of two men in a meeting, overlaid with a blue tint. The man on the left is wearing glasses and a dark shirt, and the man on the right is older with a beard and a light-colored shirt. They are both looking down at something in the man on the right's hands. The background is a plain wall.

KEY OUTCOMES AND CRITICAL SUCCESS FACTORS

OVERVIEW

The onset of COVID-19 had a significant, negative impact on cancer services that will take time and resources to remedy. As such, this 2030 Roadmap, first laid out in April 2021 at the height of the pandemic, is focused on medium – and long-term health outcomes for people with cancer that will be achieved from 2025 through 2030 via the recovery and improvement cancer care services against a pre-pandemic baseline.

The 2030 Roadmap identified two key outcomes and three critical success factors that could improve cancer care in Canada by 2030. The two outcomes in focus are the early identification of cancer, and measurable improvements to treatment and care. The three critical success factors identified to enable positive changes to the cancer care system are the improvement of health equity; successful collaboration across governments, sectors, and disciplines; and the use of public and private data sources to inform investment and decision-making. Patient quality of life throughout this journey is also at the forefront of Roadmap goals.

The aim of the Cancer Action Now Alliance, using the 2030 Roadmap as a guide, is to address and close current gaps in cancer diagnosis and treatment that have been created and exacerbated by the pandemic, and to ensure that oncology services from here on out will best serve every Canadian who faces a cancer diagnosis.

Early detection and diagnosis

Treatment and care

Reducing inequities across the cancer pathway

Working collaboratively to change the future of cancer care

Driving research, data, and real-world evidence to increase service delivery and health outcomes

PRIORITIES IN FOCUS

EARLY DETECTION AND DIAGNOSIS

COVID-19 caused delays in cancer diagnosis, subsequently leading to a higher number of avoidable cancer deaths.²⁷ An absence of early detection and screening, as well as delays in biomarker testing, may cause extreme stress for patients, strain our cancer care services, and lead to sub-optimal outcomes. Consequently, cancer screening and diagnostics need to be strengthened by investing in more personnel and leveraging newer, more efficient technology that reduces the burden on the health care system.

TREATMENT AND CARE

Following the initial impact of the COVID-19 pandemic on cancer care, and the significant consequences that this has had for people with cancer and those who care for them, we recognize the need to re-envision treatment and care across all stages and types of cancer. Health systems must speed access to innovative technologies that reduce resource burden. Examples are many and include oral cancer medicines dispensed by community pharmacists, and medicines given with curative or prophylactic intent. They must do this whilst they develop new models of care that can maintain best practices and produce improved outcomes.

Digital and remote-monitoring technologies, new modes of delivering care at home, and the improvement of cancer care in the community were all changes that were accelerated during the COVID-19 pandemic, and that, with continued evidence generation and iteration, show promise to make Canada's health care system less fragile.

PRIORITIES IN FOCUS

REDUCING HEALTH INEQUITIES

COVID-19 impacted heavily the most vulnerable members of our society.²⁸ Ensuring health equity, cultural sensitivity, and regional service availability will help bridge care gaps and improve access to cancer care. Physical and emotional barriers experienced by patients who cannot obtain care or avoid seeking care in today's cancer care system must be overcome as well.

WORKING COLLABORATIVELY

At a system level, administrative and budget silos could be removed both within and between governments. This would help to address both the direct and indirect costs of cancer care, allowing for better allocation of resources.

Along with multi-disciplinary models of care and the adoption of a personalized medicine approach, multisectoral partnerships would help to address the burden of cancer on individuals and their families, caregivers, employers, communities, and services providers. Multi-disciplinary working groups would also advise provincial governments on health system changes to facilitate this.

DRIVING RESEARCH, DATA, AND REAL-WORLD EVIDENCE

As a direct result of the COVID-19 pandemic globally, data and information sharing has been recognized as central to health system development.²⁹

With the forthcoming personal health data strategy for Canada, there will be an opportunity to develop decision-grade data for health care decision-makers to help track the impact of investments in the priority areas identified herein.



ROADMAP TO 2030:

WHAT GOOD LOOKS LIKE FOR PEOPLE WITH CANCER AND THEIR CARERS

EARLY DETECTION AND DIAGNOSIS



Current policy aims to discover cancer in its earliest possible stage with more specific and sensitive diagnostics. To ensure that cancers are diagnosed at the earliest stage when they can be more easily cured, equitable access to, and support for, screening programs is crucial, alongside greater access genetic/genomic testing and precision medicines. Personalised healthcare and medicines must continue to be promoted as the standard of care across the cancer landscape.

EARLY DETECTION AND DIAGNOSIS

POLICIES THAT CAN SUPPORT EARLY DETECTION AND DIAGNOSIS

- Breakdown barriers and primary care access to screening provincially.
- Invest in the development of innovative and accessible technology.
- Increase and diversify human and capital resources, and re-imagine how they can be coordinated and mobilized, to generate a return on investment in early detection by 2030.
- Promote comprehensive genomic testing reflexively on diagnosis, to ensure the right treatment at the right time.
- Promote better communication and integration of health records across all levels of government to enhance service delivery.
- Invest in research to find screening tools that better facilitate early diagnosis.

EARLY DETECTION AND DIAGNOSIS

POLICY MILESTONES BY 2025 TO ACHIEVE THE 2030 GOAL

- Screening programs and early diagnosis strategies implemented equitably across Canada and information shared through national screening networks.
- Comprehensive genomic profiling adopted across the country reflexively at time of diagnosis.
- Greater access to genetic testing and counselling for family members with hereditary cancer risk.

2030 Goal: Majority of cancers diagnosed at an early stage, or prevented (where possible) through screening.

HOW THE CRITICAL SUCCESS FACTORS APPLY HERE

- Collaboration between patients, healthcare professionals, the private sector, and policymakers at a federal, regional and territorial level whom have the capability to create change.
- Long-term investment in screening program and follow up capacity, and diagnostic testing with a focus on ensuring equitable access.
- Investment in sustained public awareness efforts to highlight importance of screening and early diagnosis, ensuring communications reflect cultural and geographical considerations among concerned stakeholders.
- Commitment to research and investment in innovative new modes of cancer identification.

TREATMENT AND CARE



Data gathering, sharing of data, and personalized approaches to healthcare will be key to improving cancer patient outcomes. This will ensure that each patient receives targeted support to treat their condition and allow both patients and healthcare providers to make better informed decisions when deciding upon a course of treatment. New and novel clinical trial approaches to further advance treatments will be required to allow for early access to new precision medicines.

TREATMENT AND CARE

POLICIES THAT CAN SUPPORT IMPROVEMENTS TO TREATMENT AND CARE

- Ensure diversity and inclusion is addressed, tackling inequities in screening, clinical trials and access to cancer treatment and care.
- Improve data infrastructure, ensuring that patients' experiences are captured and shared across the care pathway to resolve research questions and personalized healthcare.
- Ensure that people with cancer have priority access to preventative and protective treatments for any public health risk infection (i.e. COVID 19).
- Establish a mechanism for timely and equitable access to the most effective new cancer treatments across Canada.
- Improve mental health, palliative, end of life, and other wrap-around services for patients and caregivers in order to facilitate:
 - Patient empowerment (especially to ask questions)
 - Discussions around patient preferences and values and quality of life (“Getting back to life”)
 - Access to timely information on a wide variety of health, social and economic issues
- Better support for health care professionals, patients, and caregivers throughout the treatment continuum with improvements to patient management, communication, information, and support.

TREATMENT AND CARE

POLICY MILESTONES BY 2025 TO ACHIEVE THE 2030 GOAL

- Examination of what 'good' looks like in terms of QoL to inform cancer care across Canada (i.e. PROMS and PREMS).
- Establish data infrastructure capable of real-time reporting that can facilitate communication of data across care settings, as well as transparent reporting to health system administrators and the public.
- Develop and deliver standards for patient-oriented Cancer Care plans using digital / telemedicine tools to foster improved, ongoing communication between multidisciplinary team and cancer patients/caregivers.
- Provide an accelerated patient access pathway for the highest priority cancer innovations (< 1 yr from Health Canada approval to broad public access to patients).
- Prioritize clinical trials for pilot programs using innovative technologies that can help accelerate recruitment and ensure continuity.
- Inter-provincial collaboration on improvements to quality of life for people with cancer.

By 2030: Care is personalized, increasingly delivered outside of hospitals, recorded electronically everywhere, and making smart use of automation and telemedicine.

TREATMENT AND CARE

HOW THE CRITICAL SUCCESS FACTORS APPLY HERE

- Collaborative working between patients, healthcare professionals, the private sector, and policymakers at a federal, provincial and territorial level.
- Continued focus on the procurement and delivery of effective COVID-19 vaccines and treatments, with a particular focus on improving uptake rates among harder-to-reach groups.
- A nation-wide commitment to rebuilding health services through a lens of diversity, equity, and inclusion.
- Canada's personal health data strategy provides a good platform to build on.
- Commitment to a new, anti-fragile, long-term funding model for cancer care that is evaluated periodically (eg. every 3-5 years).
- Create / continue infectious disease-free space in hospitals and build patient confidence in the safety of cancer treatment facilities for people with cancer.
- Commitment to, and investment in, new ways of treating and caring for people with cancer.



A CALL TO FEDERAL AND PROVINCIAL PREMIERS FOR CANCER ACTION NOW

Cancer doesn't wait for a pandemic to end. Canadians deserve the best access to screening and treatment without delay. We need a new plan to address the backlogs in cancer care. We need cancer action now.

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- ³ Reference to be provided by Steven Burke “ For example a recent study showed access to innovative medicines (oncl/spec care) in Canada ranks 19th of 20 OECD countries (or something like that? Note doesn't have to be Tx related, could be another example)....i.e. recent IMC data based on external sources : pcpa, iquivia etc”
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