

Metastatic Breast Cancer Advocacy Canada
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February 24, 2017

Dr Michael Sherar, President and CEO
Heather Logan, Executive Director
Canadian Association of Provincial Cancer Agencies

Re: panCanadian Cancer Drug Funding Sustainability Initiative

Dear Dr. Sherar and Ms. Logan,

We are members of a newly formed patient advocacy group, Metastatic Breast Cancer (MBC) Advocacy Canada.

We understand that CAPCA is now undertaking stakeholder engagement regarding the sustainability of the current Canadian drug funding review process. Thank you for the opportunity to listen in on the January 19 webinar. One of our members, Patricia Stoop, is pleased to be invited to the February 27 roundtable in Vancouver.

We would like to provide our comments from the perspectives of people living (and dying) of cancer that has metastasized and is not yet curable, and also of family members. We have four main comments:

- The current system does not serve people with metastatic or Stage IV cancer particularly well(1). With a median survival of only three years, the lengthy time of a drug funding review means that most patients with MBC will die waiting as a newly identified promising drug makes it way through the process. Thus we support the “Optimization” element of the CAPCA initiative, assuming that this will mean that MBC patients will benefit from faster access to potentially life extending and quality of life improving treatments. A second problem with the current system is the inconsistent availability of IV and oral cancer drugs across provinces, thus we hope any revamp will result in more equitable and harmonized decisions.
- MBC patients require drug funding recommendations that are flexible and not restrictive. Precision medicine is now considered a promising way to treat metastatic cancers, and we hope that CAPCA will incorporate this reality as it redevelops its drug review system. Genomic profiling can identify potential targets and drugs that have demonstrated some effectiveness on those targets. However, patients and their oncologists may not have the opportunity to try a promising drug in an “off-label” use if it is not recommended for their disease type under the current system. We also believe that any delisting of drugs should occur very cautiously so that it does not result in any restriction of options for metastatic patients.

- We are concerned that the current plan for roundtables and stakeholder engagement for this important issue is too limited in its scope. The Atlantic and Prairie provinces are left out of the process. We encourage CAPCA to expand the number of roundtables and to publicize its engagement process more widely.
- Please continue to do as much as possible to foster research into actual cures for all cancers. As metastatic breast cancer patients, our group is in desperate need of a cure and can feel abandoned with an unresponsive, lagging system.

Thank you for the opportunity to give our comments to this important initiative. We look forward to hearing more on CAPCA's findings and plans for any changes to the drug funding process.

Yours sincerely,

 on behalf of:

Heather Douglas, Catherine Hays, Sharon MacNeill, Carmen Powell, Judit Saunders, and Patricia Stoop

On behalf of Metastatic Breast Cancer Advocacy Canada

End notes:

- (1) Canadian Breast Cancer Network, *Waiting for Treatment: Timely Equitable Access to Drugs for Metastatic Breast Cancer*, 2015, <http://www.cbcn.ca/documents/FINAL-Waiting%20For%20Treatment%20report%202015.pdf>, Assessed February 19, 2017