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Report Recommends Consistent Approach to Providing Unfunded IV Cancer Drugs to Patients in Ontario Hospitals *Would ensure highest standard of care available in every region*

TORONTO, Ontario (July 28, 2006) – A provincial working group today 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.

Most cancer drugs are paid for by public plans. These recommendations do not affect in any way patients' access to high-quality cancer drugs through the 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.

"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 on the delivery of oncology medications for private payment in Ontario hospitals. "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 working group, made up of representatives from the hospital sector, oncology, pharmacy, an ethicist and patient advocacy groups was created to consider a principled approach to providing unfunded cancer drugs in Ontario hospitals.

Report Highlights

- Hospitals should 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.
- Privately funded patients should not displace publicly funded patients from treatment.
- Patients or private insurers should be charged only for the cost of the drug, with no mark up or dispensing fee.
- There should be a set fee per patient for non-drug related costs (e.g, nursing, pharmacy, laboratory, finance, etc.) associated with the infusion of IV cancer drugs.

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“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.”

Recommendations about funding for new cancer drugs are made by an arms-length cancer subcommittee of the province’s Drug Quality and Therapeutics Committee (DQTC). This expert committee of physicians, economists, pharmacists and ethicists considers the evidence of medical benefit and, for the first time, weighs that benefit against its cost. The committee makes recommendations to the DQTC, which, in turn, makes recommendations to the Ministry of Health and Long-Term Care.

“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 on the delivery of oncology medications for private payment in Ontario hospitals. “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.”

These are recommendations only. We anticipate the Ministry of Health and Long-Term Care will provide policy direction to hospitals.

A full copy of the provincial working group report is available at:

http://www.cancercare.on.ca/documents/Report_on_Unfunded_Cancer_Drugs.pdf.

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