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Clinics let cancer patients purchase treatment

Drugs not covered by medicare fetch up to \$40,000

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From Thursday's 07/12/2006 Globe and Mail

For the first time, cancer patients across Canada will be offered what the public health-care system has been unable to deliver: intravenous drugs not covered by medicare for those who want to prolong their lives or fend off a recurrence -- for a price.



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In what could be likened to one-stop shopping, patients can buy cancer medicine not paid for by their provincial governments, and in some cases, receive financial assistance. Medication will be administered by a nurse, under a doctor's supervision, in one of 18 infusion clinics across Canada.

Three key players are providing the service: Roche Canada, a drug company that holds the licence for five cancer products; McKesson Canada, which is administering the program; and Bayshore Infusion Clinics Inc., which provides clinical staff and medical equipment.

It's not clear how many patients would use the service. However, those requiring Avastin -- a drug proven to prolong the lives of patients with incurable colorectal cancer -- could tally in the thousands. Drugs to treat lymphoma and breast cancer would also be available.

The drugs don't come cheap: Price tags range from \$22,000 to \$40,000 for a course of therapy, depending on the medicine. A financial-assistance program can mean a discount as long as patients subject themselves to a means test.

The sheer number of clinics -- seven now operating, with 11 more set to open in January -- suggests there will be a large demand.

"We're offering a service to patients in need," said Janet Daghish, project manager for Bayshore.

The company is operating infusion clinics in London, Ont., Mississauga, Hamilton and Halifax, as well as two in Toronto and soon one in Brampton, just west of Toronto. Ms. Daghish said 11 more are to open in Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba and British Columbia next month.

The inability of the public system to cover the drugs comes as a surprise to cancer patients, who have long believed Canada's health-care system is based on the principle of equal access. But equality has never been the case when it comes to drugs, a vexing reality that often unfolds in the oncologist's office.

That is creating two types of cancer patients: those who can afford the best treatment and those who cannot -- what many would construe as two-tier care.

Sandy Sehdev, a medical oncologist who practises in Brampton, sees the infusion service as a stopgap, what he calls a "solution born out of necessity."

Consequently, he has turned the small room where his bookkeeper once worked into a makeshift infusion clinic.

He plans to open it to patients any day now, saying: "I want my patients to receive the same care that I would want to give my family."

Doctors have no financial stake in the business but are required to supervise the infusions.

In Dr. Sehdev's case, he plans to bill the public system \$25 or \$65 a patient, depending on the complexity of the treatment -- the standard fees for overseeing chemotherapy.

The opening of these clinics comes as governments fund some costly cancer drugs but not others, making for unequal access.

Most provincial governments prohibit hospitals from infusing unfunded intravenous drugs, though some Ontario hospitals quietly perform the service and absorb the infusion cost.

Providing such a service in hospital has been viewed as a violation of the Canada Health Act as it could be construed as paying for a medically necessary service.

The Ontario government is reviewing a proposal by Cancer Care Ontario, which suggested in July that patients be allowed to buy unfunded drugs and have them infused in hospital for a fee, from \$250 a visit up to \$2,500.

The absence of a government policy has been a stumbling block for many drug companies, eager to get their cancer medicine to patients but also wanting to turn a bigger profit by expanding their market.

Kong Khoo, a medical oncologist in Kelowna, B.C., who is a board vice-chairman of the Cancer Advocacy Coalition of Canada, said the private system will find a way to do what the public system won't.

"Private clinics are blossoming everywhere. I think you will see more and more of them."

Dr. Khoo said that if he developed cancer, he would want to ensure he had a good nest egg, which he defined as being \$40,000 to \$50,000.

But not every cancer patient has that kind of money, leaving oncologists in the middle of a health-care dilemma.

"Legally, morally and ethically, we have to tell patients what the evidence is for a drug, if it is a benefit and whether it's funded or not," Dr. Sehdev said.



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". . . We hate turning people away and not getting therapy. We care about them."

One such patient is Hever Arevalo, diagnosed with non-Hodgkins lymphoma in 2001.

Mr. Arevalo, 48, requires Rituxan as maintenance therapy for two years as it has been shown to prolong a remission.

The drug is funded for maintenance therapy in British Columbia and Prince Edward Island and on a case-by-case basis in Newfoundland and Labrador, New Brunswick and Quebec, said Sabrina Paiva, national manager of product and corporate communications for Roche Canada, the company that holds the licence. It is not funded for that purpose in Ontario, however, making Mr. Arevalo a victim of geography.



"I'm not complaining, but it [the government's refusal to fund the drug for maintenance therapy] would disappoint anybody," said Mr. Arevalo, who works as an engineer in the automotive industry. "Now they [government] want me to go to the hospital and die and be useless, knowing there is a drug that can help me."

The Toronto father of two children, one of them two years old, is trying to determine whether his private insurance will cover the drug, which costs \$22,000 for two years' worth of maintenance therapy.

Brian Farnham, 51, of Woodbridge, Ont., also needs Rituxan as maintenance therapy.

He plans to move to British Columbia in January or February to obtain it.

Mr. Farnham, who until his illness drove a garbage truck, will bunk with a friend in Langley. He will leave behind a girlfriend, two adult daughters, parents and grandchildren.

"I've been working since I was 12, paying taxes since I was 16, I've never cheated the system, and this is the thanks I get for it," said Mr. Farnham, who has lymphoma. "It's just not right."

Under the Roche Patient Assistance Program, patients may qualify for financial assistance for their drugs, including Rituxan, after undergoing a means assessment test that looks at household income and assets, Ms. Paiva said.

"Roche is addressing the needs of patients who want access to drugs that are approved by Health Canada but not reimbursed by provincial drug plans or cancer agencies. Many have third-party insurance and don't wish to wait."

Though Ms. Paiva did not have figures on how many people have been treated under the assistance program, 400 patients have enrolled, which means a file has been open and the process of navigating reimbursement for a drug has begun.

Most patients, she said, are requesting Rituxan and Avastin.

Rituxan is widely funded as a first-line treatment with chemotherapy for some forms of non-Hodgkins lymphoma, but its use as maintenance therapy is spotty across Canada.

Patients are also requesting Avastin. It provides a median 4.7-month increase in survival to patients with incurable colorectal cancer. It is funded in Newfoundland and Labrador, British Columbia and at least one Quebec hospital.



Herceptin is broadly funded for HER-2 positive breast cancer but patients who have been treated with it and who see their disease return may want it again. A treatment course, which runs 51 weeks, costs \$40,000.

Ravi Deshpande, vice-president of specialty pharmaceutical solutions at McKesson Canada, said Roche's assistance program is being administered by his company in a fair way so "patients with the lowest income get the most; those with the highest incomes get the least."

Meanwhile, provinces continue to grapple with the problem.

Saskatchewan allows patients to purchase Avastin and have it infused in hospital.

So far, 18 patients have bought the drug, which runs \$36,000 a course, with the costs of infusion absorbed by the public system, said Joan Petrie, media-relations consultant with Saskatchewan Health.

In Manitoba, it's a different story. That province will not allow patients to have unfunded cancer drugs infused in hospital as it "creates inequality amongst patients and generates emotional discomfort for caregivers who are dealing with similar patients, one of whom can pay and one of whom can't," said Roberta Koscielny, director of communications and public affairs for CancerCare Manitoba.

Meanwhile, James Gowing, a hematologist-oncologist based in Cambridge, Ont., and board chairman of the Cancer Advocacy Coalition of Canada, said he is disturbed by the hoops patients and doctors are going through to obtain cancer drugs. If drugs are proved to be effective, he said, they should be funded by the public system.

"If I have two patients with the same problem and I can get it because one can afford it and I can't for the other, look at the position it puts the physician in," Dr. Gowing said.

"I want to quit and go home so I don't have to face those problems. I work hard to find an under-the-table way to get the correct treatment for my patient."