



Federal Election 2021

National priorities
to support Canadians
affected by cancer
and a healthier
future for all



Canadian
Cancer
Society

[CANCER.CA](https://www.cancer.ca)

About us

The Canadian Cancer Society (CCS) works tirelessly to save and improve lives. We fund the brightest minds in cancer research. We provide a compassionate information and support system for all those affected by cancer, from coast to coast and for all types of cancer. As the voice for Canadians who care about cancer, we work with governments to establish health policies to prevent cancer and better support those living with the disease. No other organization does all that we do to improve lives today and to change the future of cancer forever. We know that cancer has a significant impact and that nearly 1 in 2 Canadians will be diagnosed with cancer in their lifetime. But a cancer diagnosis doesn't have to define a person. Our goal is to improve the cancer experience by helping people live longer and enhancing their quality of life. Because life is bigger than cancer.





Restore cancer care disrupted by the pandemic

The Canadian Cancer Society recommends that all parties commit to working with provincial governments and the cancer community on a fully funded plan to address all backlogs in cancer care from COVID-19 as well as the influx of new or late-stage cancer diagnosis forthcoming. Special consideration must be given to meeting the needs of underserved communities, including First Nations, Inuit, Métis, immigrants, visible minorities, people living with low-income and rural-remote populations.

More than 1 million Canadians are living with and beyond cancer. Unfortunately, cancer does not stop being a life-changing and life-threatening disease in the middle of a global health pandemic. Those with cancer are among the most vulnerable in our communities right now and are at greater risk of more serious outcomes from COVID-19. While the impacts of COVID-19 pandemic will be felt for months and years to come, so too will the needs of people with cancer and their caregivers change. This perspective must be considered as political parties develop their platforms.

Since the start of the pandemic, global cancer diagnoses have seen a dramatic decline estimated to be about 40%. In Canada, cancer screening, surgeries and interventions essential to cancer care were postponed, resulting in the possibility that people in Canada will see cancer cases diagnosed or treated too late.

This concern is rooted in worrisome trends in cancer care disruptions across the country. According to the Canadian Institute for Health Information, between April and September 2020 there was a 20% reduction in cancer surgeries compared to the same timeframe in 2019. A CCS-led survey in July 2020 of people with cancer and caregivers found that almost half (47%) of patients reported having their cancer care appointments cancelled or postponed.¹ In Ontario alone, cancer screenings were down by about 41% in 2020, compared to screening volumes in 2019.²

Reduced capacity and delayed cancer care are concerning. We know that when cancer is found and treated early, the chances of successful treatment are better. A Canadian and United Kingdom-led study published in the *British Medical Journal* shows that just a 4-week delay in cancer treatment increases the risk of death by about 10%.³



¹ To date, CCS conducted 3 engagement surveys with people with cancer and caregivers to learn more about their experience during COVID-19, including one survey with a reflection looking back on the first wave of the pandemic (July 2020) and two surveys during the second wave (Nov 2020 and Jan 2021). In total, we received over 3,200 responses from across the country.

² Walker M., et. al. (2020). *Measuring the impact of the COVID-19 pandemic on organized cancer screening and diagnostic follow-up care in Ontario, Canada: A provincial, population-based study.* *Preventive Medicine.* 151.

³ Hanna P. T., et. al. Mortality due to cancer treatment delay: systematic review and meta-analysis. (2020). *BMJ* 2020;371:m4087.



RECOMMENDATION

Through our support programs, we hear from people with cancer who believe they are collateral damage of COVID-19. When we surveyed Canadians in early 2021, only 36% felt the federal government successfully cared for cancer patients during the COVID-19 pandemic, while only 38% believed their provincial government cared for cancer patients.⁴

Even before the COVID-19 pandemic, many communities were underserved across the spectrum of cancer care. For instance, lower rates of screening uptake are shown among underserved communities, including First Nations, Inuit, Métis, immigrants, visible minorities, people living with low-income and rural-remote populations. These inequities may be exacerbated during the pandemic.

Each province and territory experienced and responded to the pandemic differently, requiring a unique but united response to address disruptions throughout Canada and ensure people with cancer receive the care they need regardless of where they live. The federal government must demonstrate leadership and commit to working in collaboration with all provinces and territories in addressing these issues to the satisfaction of the cancer care community.



⁴ Ipsos poll conducted between January 29 and February 1, 2021, on behalf of the Canadian Cancer Society. For this survey, a sample of 2,000 Canadians of legal smoking age (18+ in Alberta, Saskatchewan, Manitoba, and Quebec; 19+ in British Columbia, Ontario, New Brunswick, Nova Scotia, and Newfoundland and Labrador; 21+ in Prince Edward Island) were interviewed. The poll is accurate to within ± 2.5 percentage points, 19 times out of 20, had all Canadians of legal smoking age been polled.



Commit to cancer prevention now and when the pandemic is behind us

CCS recommends that all parties commit to increasing healthy living investments by introducing restrictions on marketing to kids, implementing front-of-pack nutrition labeling, addressing food insecurity, among other initiatives that benefit people in Canada.

From the CCS-funded Canadian Population Attributable Risk of Cancer (ComPARE) study, we know that about 4 in 10 cancer cases can be prevented through healthy living and policies that protect the health of Canadians. Among other risk factors, the study found that:

- About 32,700 cancer cases were due to smoking tobacco.
- About 11,600 cancer cases were due to physical inactivity.
- About 7,200 cancer cases were due to excess weight.
- About 7,600 cancer cases were due to low fruit and about 3,500 cancer cases were due to low vegetable consumption.
- About 4,300 cancer cases were due to sun exposure.
- About 3,300 cancer cases were due to alcohol consumption.

Public health measures and coping mechanisms for COVID-19 have impacted behaviours that increase cancer risk. Close to one in five Canadians (19%) said that their consumption of alcohol had increased, and over 1 in 3 (35%) responded that they had increased consumption of junk food and sweets. Sedentary behaviour also increased as over half of Canadians replied that their time watching television or time on the internet had increased.⁵ In April 2020, about 4 in 10 Canadians indicated they were exercising “less often” now than they were before the pandemic.⁶



The next federal government has a role to play in ensuring that Canadians are set-up for success in making healthy and informed choices that make it easier to live smoke-free, keep a healthy weight, adopt a healthy diet, be physically active, be sun safe and reduce alcohol consumption. The federal government can play a strong leadership role in implementing policies and programs that will have an important population health impact. This includes policies like:

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- Introduce restrictions on marketing to kids
- Implementation of front-of-pack nutrition symbol
- Manufacturers' levy on sugary drinks
- Food security
- Active transportation
- Indoor tanning marketing regulations
- Policies that reduce excessive alcohol consumption

⁵ Statistics Canada. (June 2020). *Canadian Perspectives Survey Series 2: Monitoring the effects of COVID-19, May 2020*. Retrieved from: <https://www150.statcan.gc.ca/n1/daily-quotidien/200604/dq200604b-eng.htm>.

⁶ The Vanier Institute of the Family. (April 2020). *Health Habits During the COVID-19 Pandemic*. Retrieved from: <https://vanierinstitute.ca/health-habits-during-the-covid-19-pandemic/>



Guarantee the right to affordable, high-quality palliative care for all

CCS recommends that all parties make an explicit commitment to providing dedicated funding to implementing the Framework and Action Plan on palliative care.

The COVID-19 pandemic has shown us there continues to be substantial gaps in access to palliative care, as well as home and community care in Canada, as outlined in Health Canada's report *Home and Community-Based Palliative Care: Shaping the future from lessons learned during the COVID-19 pandemic*. Caregivers who cared for a loved one at home experienced a sharp increase in caregiving duties, exacerbating the need for greater psychosocial, physical and practical supports for caregivers. Community health care providers needed timely access to palliative care education and training. Grief and bereavement supports were magnified, especially at a time when people could not gather to mourn. Indigenous peoples, those facing homelessness, and those in rural and remote communities face even greater inequities in timely and fair access to high-quality palliative care, particularly with the shift to virtual care.⁷ Advance care planning and goals of care discussions became even more critical, particularly as a result of acute staffing shortages and additional challenges to streamline communication across healthcare settings.

CCS echoes the recommendations made by the Quality End of Life Care Coalition of Canada's calls to action regarding palliative care, including a central coordination office on palliative care, an additional investment of \$15 million annually to create a Palliative Care Collaborative, composed of federal, provincial, and territorial government representatives as well as key health stakeholders and patient groups, and to allocate \$8.75 million in additional funding over three years for palliative and end-of-life care research and knowledge translation.

CCS also encourages the federal government to make additional capital and operational funding available to expand palliative care access in non-acute care settings, particularly for underserved communities, such as Indigenous peoples, unhoused people, and rural and remote communities.



⁷ *Home and Community-Based Palliative Care Shaping the future from lessons learned during the COVID-19 pandemic (Rep.)*, page 4 (2021, June 25). Retrieved from the Canadian Home Care Association's website: https://cdnhomecare.ca/wp-content/uploads/2021/06/Home-and-Community-based-Palliative-Care-Shaping-the-Future-from-Lessons-Learned-during-the-COVID-19-Pandemic_JUN25.pdf

⁸ Arya, A., Buchman, S., Gagnon, B., & Downar, J. (2020). *Pandemic palliative care: Beyond ventilators and saving lives*. *CMAJ*, 192(15), E400-E404.



Implement a cost recovery fee on the tobacco industry

CCS recommends that the federal government implement an annual cost recovery fee on the tobacco industry to provide full reimbursement for the \$66 million annual cost of the federal tobacco control strategy.

Tobacco companies should pay a fee based on market share. This approach would be similar to the federal cannabis annual regulatory fee to recover \$112 million annually by 2021–22⁹ and the US Food and Drug Administration tobacco fee in place since 2009, which is recovering US \$712 million annually.¹⁰ If there can be a federal cost recovery fee on the cannabis industry, a cost recovery fee on the tobacco industry is also highly feasible.

Tobacco is the leading preventable cause of disease and death in Canada, killing almost 48,000 people annually, including about 30% of all cancer deaths. While significant progress has been made, there are still 4.7 million people in Canada who smoke¹¹ and an unacceptably high number of youth who begin smoking each year. An enormous amount of work needs to be done to achieve the objective of under 5% of Canadians using tobacco by 2035.

The tobacco industry has caused generations to become addicted to nicotine and should be held accountable by paying for the cost to our healthcare system.



A cost recovery fee of \$66 million is easily feasible for the tobacco industry to bear given the additional \$2 billion in revenue they have generated as a result of windfall net-of-tax price increases in recent years. A cost recovery fee would generate \$66 million in incremental annual government revenue, which could be used for government priorities.

During the 2019 federal election campaign, a tobacco cost recovery fee was included in the Conservative platform, and was supported in letters from the Bloc Québécois, the NDP and the Green Party. In November 2020, the NDP introduced a motion in the House of Commons calling for a cost recovery fee. In February 2021, a cost recovery fee was recommended by the Standing Committee on Finance in its pre-budget report, and in the dissenting Conservative report to the Finance Committee report.

A February 2021 Ipsos national opinion poll led by CCS found that 88% of Canadians supported “a measure that would make tobacco companies pay the costs of Health Canada’s programs to reduce youth smoking.”¹²

⁹ Cannabis Fees Order, adopted under federal Cannabis Act.

¹⁰ Family Smoking Prevention and Tobacco Control Act (US).

¹¹ Canadian Community Health Survey (2019).

¹² Ipsos, national survey conducted Jan. 29 – Feb. 1, 2021, for the Canadian Cancer Society, sample size 2000, margin of error +/- 2.5%, 19 times out of 20.



Extend the Employment Insurance sickness benefit

CCS continues to recommend that all political parties support an extension to the Employment Insurance (EI) sickness benefit from 15 weeks to at least 26 weeks.

When people in Canada face cancer, their struggle is beyond medical. In addition to a decrease in income, they also face a rise in expenses such as medications, the cost of medical travel, parking and home care costs. The stress of the financial burden experienced by people with cancer negatively affects their emotional well-being and, therefore, their psychosocial needs.

The EI sickness benefit currently provides 15 weeks of coverage, which is not adequate to cover the length of treatment for many people with cancer. A report by BC Cancer notes that the average length of treatment and recovery for people with breast cancer is between 26 and 36 weeks and for colon cancer it is 37 weeks.¹³ These are two of the most common types of cancer in Canada.

An Ipsos poll conducted by the Canadian Cancer Society in February 2021 found that nearly 9 in 10 (88%) Canadians support extending the sickness benefit to at least 26 weeks. Additionally, 8 in 10 (82%) Canadians support paying an extra 5-cents out of every \$100 they earn to fund it.¹⁴ In fact, polling conducted in March 2021 showed that 84% support extending the EI sickness benefit up to 50 weeks and about 4 in 5 Canadians would do so despite the cost to themselves or their employers.

We encourage all parties to support the implementation of the EI sickness benefit to a minimum of at least 26 weeks.



¹³ BC Cancer. (2019). Report developed by Cancer Surveillance & Outcomes, Population Oncology. Data endorsed by BC Cancer's Tumour Group Council and approved by the Performance Measurement Advisory Committee.

¹⁴ Ipsos poll conducted between January 29 and February 1, 2021 on behalf of the Canadian Cancer Society. A sample of 2,000 Canadians were interviewed. Poll is accurate within +/- 2.5 percentage points.

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