



Canadian
Cancer
Society

Manitoba 2025 Budget Consultation Submission

Submitted to Minister Sala on behalf of
the Canadian Cancer Society



Executive summary

The Canadian Cancer Society (CCS) is committed to improving and saving lives. That's why we always look for new ways to prevent cancer, find it early, and treat it more successfully. It's why we're always ready to give people with cancer and their caregivers the help and support they need to lead more fulfilling lives. We set ourselves apart from other cancer charities by taking a comprehensive approach against cancer, funding world-leading cancer research, providing a national support system, advocating for healthy policies, and offering trusted cancer information.

The number of people diagnosed with cancer is expected to increase dramatically in the years to come as our population grows and ages.¹ In 2024, 7,600 Manitoba residents were expected to be diagnosed with cancer and 3,050 were projected to have died of the disease² compared to 7,400 diagnosed and 2,950 Manitoba residents dying of cancer in 2023.³ Without new investments and supporting policies, Manitoba's healthcare system will be under-resourced to keep up with the growing number of Manitoba residents who will be impacted by cancer. Investments must be made to ensure equitable and timely access to cancer care services and to create a sustainable healthcare system for all Manitoba residents, regardless of where they live or where they receive care.

The cancer continuum—prevention, early detection, screening, diagnosis, treatment, palliative care, survivorship, and end-of-life care—is under strain in Manitoba. Without new investments and policies, the healthcare system cannot meet the growing demand. Immediate action is essential to ensure equitable, timely care and a sustainable system for all Manitobans, regardless of where they live or receive care.

Manitoba continues to improve access to health care. We applaud changes such as the reduction in the age for breast screening and the extension of job-protected illness leave to 27 weeks. These changes could provide peace of mind for Manitobans and give them a better chance at a full recovery.

Investing in Manitoba's cancer continuum is essential to ensure equitable, timely care and reduce financial hardships, especially for rural and remote populations. We urge the government to expand access to wigs and prosthetics, cover costs for incontinence supplies and anti-nauseants, and establish transportation and accommodation assistance for patients and caregivers. Comprehensive lung cancer screening for high-risk individuals, lowering the colorectal screening age to 45, and adopting the Pan-Canadian Cancer Data Strategy can enhance early detection and system efficiency. By addressing inequities and prioritizing innovation, Manitoba can build a sustainable cancer care system for all.

CCS's role in advocacy is to press for healthy public policies and programs that reduce the number of people diagnosed with and dying from cancer and enhance the quality of life for people in Canada who are living with all types of cancer. As the voice for Canadians who care about cancer, we are prepared to work in partnership with the Government of Manitoba and all Members of Legislative Assembly to make the recommendations in this document a reality.



About the Canadian Cancer Society

The Canadian Cancer Society works tirelessly to save and improve lives. We raise funds to fuel the brightest minds in cancer research. We provide a compassionate support system for all those affected by cancer, across Canada and for all types of cancer. Together with patients, supporters, donors, and volunteers, we work to create a healthier future for everyone. Because to take on cancer, it takes all of us. It takes a society.

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Our Recommendations

The Canadian Cancer Society is calling on the Manitoba government to adopt measures to address the gaps in the cancer experience - from prevention to screening and diagnostics, to treatment, to recovery and survivorship, and to palliative care and end-of-life. Our recommendations include the following evidence-informed and best practices approaches:

1) Affordability of Care

- 1.1) Expand access to essential health-related accessories, such as breast prosthesis, by improving and expanding the Manitoba Breast Prosthesis Program.
- 1.2) Cover the cost of incontinence supplies for those populations who are living with incontinence as a side effect of cancer and cancer treatment.
- 1.3) Include all supportive medications in the take-home cancer drugs provincial public drug insurance plan.
- 1.4) Improve access to oncofertility services for children, adolescents and young adults affected by cancer by covering the upfront cost of fertility preservation procedures, including required medications, cost of ongoing storage and travel to and from the procedures.
- 1.5) Improve access to medical travel support for cancer patients and their families.

2) Cancer Prevention

- 2.1) Improve Cessation Support – Add Nicotine Replacement Therapy as a Part 1 benefit under Manitoba Pharmacare and extend coverage to at least 24 weeks.
- 2.2) Higher Tobacco Taxes – Increase cigarette tax by at least \$5 per carton and equalize taxes on loose and heated tobacco products.
- 2.3) Retail License Fee Increase – Raise the tobacco and e-cigarette retailer license fee to at least \$365 annually.

3) Screening and Early Detection



- 3.1) Prioritize Investment and High-Risk Guidelines to Expand Breast Screening for Manitoba Women 40+
- 3.2) Implement a comprehensive lung cancer screening program for high-risk individuals (individuals 55-74 with a history of tobacco use) using low dose CT scans.
- 3.3) Review the latest colorectal cancer screening research and consider lowering the organized screening program start age to 45 and provide sufficient resources to the Manitoba colorectal cancer screening program to build program capacity and improve program participation rates.

4) Improve Equitable Access to Palliative Care

- 4.1) In collaboration with stakeholders, invest in, develop and implement a stand-alone palliative care strategy.
- 4.2) Enhance sustainable funding and capacity for community-based hospice and in-home palliative care in Indigenous, northern, and rural/remote communities to ensure equitable and accessible services.
- 4.3) Standardize palliative care interventions and provider education through investment in capacity building tools and resources.
- 4.4) Reduce or eliminate the \$30 daily fee and fully integrate hospice care into the province health system.

1) Affordability of Care

Cancer is one of the most significant challenges facing Canadians and our healthcare system. Beyond its devastating physical and emotional costs, it imposes a staggering financial burden on patients, their families, and caregivers. Cancer and its treatment are associated with reduced income as well as high health-related out-of-pocket costs, even in countries with a universal healthcare system like Canada.

Cancer is not something anyone plans for—certainly not something most Canadians budget for. Yet for two in five Manitobans, it will become their reality. The average cancer patient in Canada faces nearly \$33,000 in out-of-pocket costs over their lifetime.⁴ In 2024 alone, people with cancer and their caregivers will shoulder 20 per cent of Canada’s total cancer costs, amounting to \$7.5 billion.⁵ These figures are projected to rise to \$8.8 billion annually over the next decade, driven by inflation and the growing number of people diagnosed with cancer in Canada.⁶

In Manitoba, cancer’s financial burden is not experienced equally. Rural families face high travel and accommodation costs to access treatment, while low-income households delay care to cover basic needs.⁷ The financial challenges created by the out-of-pocket costs associated with cancer treatment not only threaten the well-being of those affected by cancer but also highlight the systemic inconsistencies across support systems. Despite the universal healthcare promise, patients often face financial burdens for necessities such as prostheses, assistive devices, post-operative supplies, side-effect management supports, fertility preservation, mental health counselling, and medications. Access to these supports shouldn’t be determined by which province or territory you live in, where you live in your province, or gaps in existing insurance plans. Action is needed to make cancer care in Manitoba more affordable and equitable.



We encourage the implementation of the following measures that will help ensure no Manitoban experiences financial hardship during their cancer care journey.

1.1) Expand access to health-related out-of-pocket cost accessories such as breast prosthesis access by improving and expanding the Manitoba Breast Prosthesis Program.

Cancer is more than just a health crisis – it’s a financial one for many Canadians, even in a country with a universal healthcare system. While Manitoba is working toward delivering equitable healthcare, there are still numerous system gaps, like the coverage for essential cancer-related products and services that impose significant out-of-pocket costs for Manitoban patients and their families.

Currently, [The Manitoba Breast Prosthesis Program](#) provides financial support for eligible women needing breast prosthetics or surgical bras after a mastectomy or significant breast tissue loss. Women can choose between two options: Option 1 offers up to \$400 per prosthesis and \$50 for one bra every two years, while Option 2 provides up to \$800 per prosthesis and \$100 for two bras every four years (with a four-year warranty on the prosthesis). Costs above the benefit amount must be covered by the individual.⁸ Out-of-pocket costs represent a substantial portion due to the economic impact that individuals face during their cancer experience.

We urge the government to assess its resources to that the program to ensure it is keeping pace with the cost of inflation and cost of the product. **By reviewing the assisted devices program** the province could enhance its already comprehensive breast prosthesis coverage.

The current process, which requires patients to complete paperwork after purchasing their prosthesis, creates unnecessary strain during an already challenging time. We propose enhancing the program by:

- *Increasing benefit coverage:* The current limit often does not cover the cost of high-quality products, increasing financial strain.
- *Expanding coverage for bras, and replacements:* High-quality surgical bras often exceed the cost covered. Other products may need to be replaced more often, also due to the wear and tear of wearing their one prosthesis perhaps daily. This also doesn’t consider that the prosthesis bra must match the prosthesis, or the loss of a prosthesis.
- *Providing support for private purchases:* By allowing retroactive reimbursement for purchases for non-approved retailers would improve the choices for autonomy, and for women to find the right product for their needs.

By addressing these gaps, the government can provide more comprehensive support to women navigating life after breast surgery, reducing both financial, physical and emotional burden.



1.2) Cover the cost of incontinence supplies for those populations who are living with incontinence as a side effect of cancer and cancer treatment.

Incontinence supplies can be essential after cancer treatment for many individuals because they address a common and often overlooked side effect of cancer therapies, the damage to nerves and tissues in the pelvic area. Access to high-quality supplies allows individuals to manage these challenges discreetly, maintaining their hygienic health and sense of dignity.

Currently, incontinence products in Manitoba are not explicitly covered. There are single time grants available, and applications for further coverage for those who are low-income, as well as for those on Employment and Income Assistance. Many parts of Canada (BC, NL, NWT and NU) recognize incontinence supplies as a medical necessity, and a medical supply that can prevent complications. Those provinces and territories fully cover incontinence products through their extended medical benefits. CCS recommends that the province of Manitoba also recognizes incontinence supplies as a medical necessity and cover the full cost for patients up to 4 years post-treatment.

Including incontinence supplies as part of post-cancer care is critical for managing side effects, promoting dignity, and ensuring comfort and health. It also supports the healthcare system by reducing and preventing additional healthcare services and improving workplace productivity. Access to these supplies also help individuals regain control and confidence as they navigate recovery.

1.3) Include all supportive medications in the take-home cancer drugs in Manitoba's Drug Benefit Formulary.

The Canadian Cancer Society also calls on Manitoba to urgently address the gaps in prescription drug coverage for people with cancer by implementing an evidence-informed provincial supportive care medication formulary that ensures equitable access to supportive care medication (e.g. anti-nausea, palliative care, pain and white blood cells boosting medications) through the same funding and distribution pathways as cancer drugs.

There is an important distinction to note that supportive drugs are not used to treat cancer. Supportive medications are also called protective drugs as they can be given before treatment sessions, and after to prevent and reduce those side effects such as nausea and vomiting and, they also lessen harmful side effects of cancer treatment by protecting certain cells or organs. The Home Cancer Drugs Program Drug Benefit List is an evolving list, and non-formulary requests and appeals are routed through processes that cause un-do burdens of stress on the patients and administrative systems. While an Authorized Prescriber (i.e. a doctor) is encouraged to write a prescription for a product listed on the HCD Program Drug Benefit, not all drugs are in the program, and a patient may need something else, therefore being forced to pay out-of-pocket for something that suits their needs more effectively.

In Manitoba, the cost of many drugs is provided through the Manitoba Pharmacare Program, which has a deductible based on total adjusted family income. Manitoba's cancer agency requires patients register with pharmacare and then apply to the cancer agency, but then fully covers cancer drugs on formulary. As a result, many chemotherapy drugs are provided at no cost to individual patients. Oral cancer drugs, specific supportive drugs, and the Provincial Oncology Drug Program (CCMB) provide many, but not all forms of support



for cancer patients.⁹ Notably, supportive medications are uncovered, and public drug coverage requires a patient to meet drug indications and an application for exception status.

Public coverage for supportive care medications (e.g. anti-nausea, white blood cell support, pain medication) also varies by jurisdiction. Manitoba does not cover all supportive drugs with the HCD program, it has "Exception Status" which means that a drug needed by the patient can be requested when not covered by standard process with additional forms.¹⁰ Navigating special access program adds to the administrative burden for the person with cancer, their loved ones, and the healthcare professional and often delays the start of treatment or having to suffer mid-treatment while administrative delays for supportive medications are sorted through. The days and weeks right after a diagnosis are stressful enough already without having to delay treatment further due to administrative burdens. Patients say the process is overwhelming. Some even say that the time right after diagnosis and leading into treatment was the worst period they had to endure.¹¹

There is no reason that anyone in Manitoba facing a cancer diagnosis should still have to worry about whether they will need to pay out-of-pocket to access to the prescribed treatment and/or side effect management for their individual diagnosis. The goal of supportive medications is to mitigate physical and emotional distress, thus improving overall well-being and the effectiveness of the primary cancer treatment.

Having to pay out-of-pocket for supportive medications, a medication that increases physical and mental well-being, as well as productivity, adds to the societal costs of cancer. In combination with direct health systems costs and costs for people with cancer and their caregivers the cost of cancer to society, including its direct and indirect economic impacts, highlight the need to invest in this cohort, and their unique needs.¹²

Saskatchewan and New Brunswick both provide coverage for supportive care drugs if the drug is listed on their respective formularies.¹³ However, Saskatchewan stands out with the most comprehensive cancer drug and treatment coverage in Canada.¹⁴ This includes:

Oral Cancer Drugs (Take-Home Cancer Drugs - THCD): Saskatchewan ensures coverage for oral medications prescribed for cancer treatment. These drugs are an essential part of modern oncology care, allowing patients to undergo treatment at home.

Intravenous (IV) Cancer Drugs: The province covers IV cancer therapies administered in clinical settings, ensuring that patients receive critical treatments without financial barriers.

Supportive Care Drugs: Saskatchewan also provides coverage for medications that manage side effects or complications of cancer treatment, such as nausea, pain, and infection prevention.

This robust and inclusive approach sets Saskatchewan apart as a leader in cancer care accessibility and support within Canada.

It's time for the government of Manitoba to ensure that all Manitobans affected by a life-limiting illness, such as cancer, can access the care and resources they deserve without financial hardship. Now it the time that Manitoba can support a healthcare system that addresses recovery, and quality of life for everyone, no matter where they live.



1.4) Improve access to oncofertility services for children, adolescents and young adults affected by cancer by covering the upfront cost of fertility preservation procedures, including required medications, cost of ongoing storage and travel to and from the procedures.

Adolescents and young adults (AYAs) aged 15 to 39 face unique challenges when diagnosed with cancer. Cancer was expected to impact approximately 9,000 individuals in this age group in Canada in 2023—3,700 men and 5,300 women.¹⁵ Despite this, survival rates for AYAs are relatively high, with about 86% surviving into adulthood when all cancer types are combined.¹⁶ Oncofertility is an umbrella term that includes care from both cancer and fertility healthcare providers, it is a multi-disciplinary field combining oncology and fertility care. It involves the discussion of risks to fertility and fertility preservation options.¹⁷

Beyond survival, quality of life remains a significant concern. In a 2020 national survey conducted by the Canadian Partnership Against Cancer (CPAC), half of cancer survivors aged 18 to 34 reported severe physical concerns related to hormones and fertility.¹⁸ Addressing these concerns is crucial, as cancer treatments can have profound, lasting impacts on family planning and fertility.

For most young people, the prohibitive costs of fertility preservation are a significant barrier for those considering and undergoing a cancer treatment journey. In the lives of young people, cancer often comes at a time amidst other financial challenges like education expenses. Fertility preferences can evolve before, during, and after treatment. It is essential to preserve the choice to pursue fertility options. For people with cancer, fertility support is crucial not just due to treatment's physical effects but also because of its emotional, psychological, and impact on family-planning.

Additionally, we recommend an investment in awareness campaigns targeting healthcare providers. By increasing awareness, healthcare teams will be well equipped to initiate critical oncofertility conversations with their patients—a gap often cited as a barrier to care. Finally, a comprehensive investment in the oncofertility and fertility care system are needed to ensure:

- Educational resources empower patients and healthcare providers, establishing oncofertility as a standard of care.
- Effective communication between providers and patients.
- Adequate funding supports system maintenance, oversight, and operational efficiency.

These steps will ensure that oncofertility becomes a cornerstone of cancer care, enhancing both survival and quality of life for young Manitobans facing cancer. The government should cover the costs upfront, prior to the procedure. A reimbursement or tax credit specifically for fertility preservation in oncofertility, after the procedure are measures that create additional administrative and cost burden on the person with cancer.

In conclusion, addressing the fertility needs of adolescents and young adults diagnosed with cancer is essential to improving their long-term quality of life. To achieve this, the Manitoba government should collaborate with provincial cancer agencies to assess the financial impact of integrating upfront fertility preservation into standard cancer care. This includes



evaluating the costs of procedures such as sperm banking, egg or embryo freezing, hormone treatments, and long-term storage fees, as well as potential funding models to ensure affordability for patients.

1.5) Partner with the Canadian Cancer Society to expand the Travel Treatment Fund to help reduce medical travel financial barriers for Manitoba cancer patients and their families.

For Manitobans facing cancer, accessing treatment should not be an additional burden. Yet, for those living in rural and remote areas, travel is almost always required to receive care, adding practical, emotional, and financial challenges to an already difficult journey.

Cancer patients and their caregivers often face significant out-of-pocket expenses for travel, parking, accommodations, and food, especially during extended stays away from home. These financial burdens can delay diagnosis, limit treatment options, strain finances, and reduce quality of life.

Across Canada, there is a patchwork of programming or funding for a range of transportation and accommodation services. The Canadian Cancer Society calls on Manitoba to allocate funds to improve access to medical travel assistance specifically designed for individuals with cancer and their caregivers that includes coverage for all modes of transportation.

Distance to care significantly affects patient decisions. Those facing long travel are more likely to choose surgery over radiation due to the frequent appointments, extended time away from home, and higher financial burden.¹⁹ Travel barriers also delay diagnosis, limit treatment options, and worsen outcomes. Patients traveling over 50 miles, or an hour are more likely to be diagnosed at advanced stages.²⁰

Cancer imposes a staggering financial burden on cancer patients and their families. As a result, we are urging the Manitoba government to partner with the Canadian Cancer Society to expand our Travel Treatment Fund (TTF) and improve equitable access to financial support for travel and accommodation.

The TTF provides short-term, partial assistance for travel costs like fuel, taxi, accommodation and public transit fares for low-income patients undergoing cancer treatment. It is only available to 20 regions of the province, missing significant coverage of the regions of Interlake, Northern Manitoba, Eastern Manitoba and Central Manitoba. Notably, based on distance from Winnipeg, population, and age of population, the three regions without access to the TTF are: Gimli, and Thompson. Access to cancer treatment is critical for these communities due to their remote locations, which make it challenging to reach specialized care in urban centers.

Early detection and timely treatment are essential for cancer outcomes, and without local support, delays can lead to worse prognoses. Many rural and northern areas also face health disparities, making equitable access to cancer care a key step in improving survival rates and quality of life.



Expanding the program through partnerships can help more patients, especially those in underserved regions, reach the care they need. Every Manitoban deserves to be able to focus on healing, not how they will get the treatment they deserve.

2) Cancer Prevention

The Canadian Cancer Society, in partnership with the Manitoba Tobacco Reduction Alliance and other public health stakeholders, recommends the implementation of a comprehensive strategy to reduce commercial tobacco use and youth vaping in Manitoba. This strategy should include policy, programming, and fiscal measures to address these public health concerns effectively. Further details on our position and recommendations are outlined in the pre-budget submission submitted by the CCS, along with our partners Manitoba Lung, Heart & Stroke Manitoba and Pharmacists Manitoba. These recommendations include:

- 2.1) Cost Recovery Fee – Impose an annual cost-recovery fee on tobacco companies based on market share to fund tobacco and vaping regulation, mitigation, and prevention.
- 2.2) Improved Cessation Support – Add Nicotine Replacement Therapy as a Part 1 benefit under Manitoba Pharmacare and extend coverage to at least 24 weeks.
- 2.3) Higher Tobacco Taxes – Increase cigarette tax by at least \$5 per carton and equalize taxes on loose and heated tobacco products.
- 2.4) Retail License Fee Increase – Increase the annual tobacco and e-cigarette retailer license fee.

3) Screening and Early Detection

Now is the time to implement innovative solutions that can help reduce the burden of cancer on our health system. To help improve cancer prevention and early detection of cancer in Manitoba we recommend the Manitoba government:

3.1) Prioritize Investment and High-Risk Guidelines to Expand Breast Screening for Manitoba Women 40+

CCS would like to take this opportunity to recognize the Manitoba government's dedication to improving access to breast screening for Manitobans by lowering the breast screening age to 40, with a commitment to begin with age 45 starting by the end of next year. This crucial step will help ensure screening is available to those who need it most.

We know that an estimated 1 in 8 women in Canada will be diagnosed with breast cancer in their lifetime and while fewer women are diagnosed with breast cancer under the age of 50, breast cancer remains the leading cause of cancer death for Canadians aged 30 to 49. Timely access to breast screening is critical to find breast cancer early when it is most treatable. Lowering the breast screening age will improve early detection when treatment is most effective.

To support the planned expansion of breast screening for women aged 40+, CCS strongly advocates for targeted investments in financial, technical and health human resources. This should be accompanied by the establishment and maintenance of streamlined pathways, including high-risk guidelines, to address the specific needs of populations at elevated risk for breast cancer. We also emphasize the importance of a robust process to address, follow



up, and act on dense breast tissue results, which significantly increase the risk of cancer. Women with dense breasts deserve clear follow-up pathways, including supplemental screening options, to ensure early detection and effective treatment.

Investment in breast screening and high-risk guidelines is essential because early detection saves lives. Screening women aged 40+ increases the chances of identifying breast cancer at earlier, more treatable stages, reducing mortality rates and improving long-term outcomes. Targeted guidelines for high-risk populations ensure that resources are allocated efficiently and equitably, focusing on those most vulnerable. Additionally, a well-supported screening program, including financial, technical, and health human resources, enhances the healthcare system's capacity to deliver timely, effective care while minimizing disparities and improving overall public health. Streamlined pathways will ensure that resources are allocated efficiently, prioritizing early detection and equitable access for those at elevated risk.

CCS looks forward to providing ongoing support as the screening program implements processes to reduce the breast screening age. Thank you again for working to improve health outcomes for people affected by cancer in Manitoba.

"After finding my lump, my family doctor sent a request for a scan... In this time (2-3 months) my cancer had spread. If someone has a lump, they deserve a scan! Even if I am 27, young, have 0 risk factors and no family history. My treatment plan could have been drastically different if I was given a scan earlier."

Woman in Manitoba aged 20-29, who sought out medical care because of symptoms, completed treatment for stage 2 breast cancer (from CCS Patient/Caregiver Survey on Breast Cancer Screening Eligibility, 2024)

3.2) Implement comprehensive lung cancer screening programs for high-risk individuals.

Despite declining incidence and mortality rates, lung cancer remains the leading cause of cancer death, accounting for 1 in 4 cancer deaths in Canada. This year alone, 970 people from Manitoba will be diagnosed with lung cancer and, of those, 680 will not survive.²¹

Early detection of lung cancer has a tremendous impact on survival. Only 21 percent of lung cancers are diagnosed at an early stage (stage I), with about half of all lung cancers diagnosed at stage 4, at which point the likelihood of survival is extremely low.²²

Comprehensive screening programs are essential to finding cancer early and reducing overall cancer deaths. With a five-year survival rate for lung cancer at only 22%, it is critical to introduce measures that can improve this sobering statistic.²³

Traditional testing methods have meant that lung cancer often is not detected until the patient is in stage III or IV. New screening programs for high-risk individuals, defined as



adults aged 55 to 74 who have a history of smoking tobacco, are enabling earlier detection and encouraging smoking cessation.

Treating lung cancer costs Canada nearly \$600 million annually, but screening can reduce costs by at least \$12 million per year. Studies confirm that screening high-risk individuals using low-dose CT scans is cost-effective and improves survival rates. Early detection is crucial, as survival rates plummet when lung cancer is diagnosed late—only 21% of cases are caught at stage I, while nearly 50% are found at stage IV. Finalizing and fully implementing comprehensive screening programs is essential to improve survival and reduce treatment costs.

Manitoba's Lung Cancer Screening Advisory Group began assessing a program's feasibility in 2016. By June 2021, Canadian Partnership Against Cancer funded its phased implementation. Alberta, Ontario, Quebec, and Newfoundland have partial programs, while Manitoba, Saskatchewan, and New Brunswick aim for full implementation by 2025. Nova Scotia plans for early 2026, and Prince Edward Island is developing its program. Currently, Manitoba does not have an organized lung screening program.²⁴

Best practice lung cancer screening should use low-dose CT scans for early detection and timely treatment. The program should be designed specifically for high-risk populations and delivered in health settings with expertise in early diagnosis and treatment. Additionally, a best practice program should be culturally safe, include robust patient education, clear follow-up protocols and access to external support services.

We urge the Government of Manitoba to provide consistent, stable funding to support the program's rollout, complementing the implementation funding provided by CPAC. Organized screening programs are a key action identified in CPAC's Canadian Strategy for Cancer Control. Ensuring sustainable investment is critical to the program's success and its potential to save lives and reduce healthcare costs.

3.3) Review the latest colorectal cancer screening research and consider lowering the organized screening program start age to 45 and provide sufficient resources to the Manitoba colorectal cancer screening program to build program capacity and improve program participation rates.

In 2024, Manitoba faced a significant colorectal cancer (CRC) burden, with an estimated 830 new cases and 350 new deaths.²⁵ Historically, about 90% of CRC diagnoses occur in individuals over the age of 50. However, a concerning trend has emerged: the incidence of colorectal cancer among individuals under 50 has significantly increased, with the likelihood of a colorectal cancer diagnosis being 2 to 2.5 times greater compared to previous generations at the same age.²⁶

Early detection is essential to improving health outcomes for colorectal cancer. When diagnosed early (stage 1 or 2), 5-year survival exceeds 80%.²⁷ Like most cancers this probability declines with each stage reaching less than 15% at stage 4.²⁸ Early diagnosis is not only critical for survival but also for reducing treatment complexity and healthcare costs.

As of September 2024, all provinces and territories except Quebec and Nunavut currently have an organized colorectal cancer screening program for people aged 50 to 74 who are



asymptomatic and at average risk of colorectal cancer. All jurisdictions now use a fecal immunochemical test (FIT) as the standard practice with a follow-up colonoscopy for a positive test.²⁹ Although the Canadian Task Force on Preventive Health Care last updated its colorectal cancer screening guidelines in 2016 and does not plan to revise them until 2026, the growing body of evidence suggests that screening should begin earlier.^{30,31}

While provincial and territorial governments have taken the important initiative to create colorectal screening programs, the task now falls to them to react and alter these programs when new evidence presents itself. With rising colorectal cancer rates in younger populations, the provincial government must adapt screening guidelines accordingly.

Given the rising incidence of CRC in younger populations, the Canadian Cancer Society recommends that the Manitoba government review the latest research on colorectal cancer screening and consider lowering the starting age for organized screening programs to 45. Additionally, we urge the government to allocate sufficient resources to ensure that the existing screening program can meet current targets and effectively address future demand.

4) Equitable Access to Palliative Care

The Canadian Cancer Society, in collaboration with Palliative Manitoba, advocates for better access to affordable, culturally safer palliative care for all Manitobans. We recommend investing in a palliative care strategy, enhancing funding for underserved communities, and eliminating the \$30 daily fee for hospice care.

- 4.1) Collaborate with stakeholders to develop and implement a dedicated palliative care strategy.
- 4.2) Enhance sustainable funding and capacity for community-based hospice and in-home palliative care in Indigenous, northern, and rural/remote communities to ensure equitable and accessible services.
- 4.3) Standardize palliative care interventions and provider education through investment in capacity building tools and resources.
- 4.4) Reduce or eliminate the \$30 daily hospice fee and fully integrate hospice care into the provincial health system.

Conclusion:

In a time of fiscal restraint, Manitoba's healthcare system must prioritize initiatives that reduce financial hardship for patients, particularly during critical health journeys such as cancer treatment. By focusing on equitable access to care, we can ensure that no Manitoban faces undue economic strain, with a special emphasis on addressing the needs of marginalized and underserved populations. Equity-driven solutions, such as fully subsidized sense of self-support and expanded screening programs, can provide immediate relief while fostering long-term trust in the healthcare system.

Short-term, innovative investments—such as leveraging technology and streamlining care delivery—can address current challenges, ensure accessible care, and build a resilient, patient-centered healthcare system for all Manitobans.



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