



Federal election 2019

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



Canadian
Cancer
Society

CANCER.CA



VOLUNTEER BÉNÉVOLE

BUY DAFFODILS
SUPPORT CHARITARIAN LYONS WITH CANCER
ACHETER DES PASTILLES
SOUTIENS LES CHARITARIENS LYONS AVEC LE CANCER

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About us

The Canadian Cancer Society (CCS) is the only national charity that supports Canadians with all cancers in communities across the country. No other organization does what we do.

Our vision to create a world where no Canadian fears cancer is only achievable if we work collectively with people united by the same goals. Our collective includes people living with cancer, their families and friends, healthcare teams, donors, researchers, scientists and CCS staff and volunteers. With the help of hundreds of thousands of people that CCS brings together, we are a force-for-life in the face of cancer.

We know that cancer changes people and that 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.

We are the voice for Canadians who care about cancer. We provide trusted information about cancer, offer programs and services to help people with cancer and their families cope, fund almost \$40 million dollars annually in cancer research, and advocate to governments for important policy change.

CCS's role in advocacy is to press for policies and programs that reduce the number of people diagnosed with and dying from cancer and enhance the quality of life for Canadians living with all types of cancer.



A vision for Canadians

On any given day, 565 Canadians will hear the words, “you have cancer.”

Imagine a world with less cancer and fewer Canadians hearing these words. Where individuals are aware of what increases their cancer risk and are empowered to lead healthy lives. Where public policies create supportive environments where the healthy choice is not only the easy choice, but the default choice. Where everyone is able to talk to their healthcare providers about their cancer risk, potential signs of cancer and access appropriate screening programs.

Imagine a world where you are able to receive the cancer treatment, care and support that you need, regardless of where you live in Canada and without experiencing financial hardship. Where your caregivers have the support they require to be there for you when you need them. Where you can easily access a robust support system with information and services to address your questions and concerns.

Our mission at the Canadian Cancer Society is to eradicate cancer and enhance the quality of life of people living with cancer. To achieve this, we must address all aspects of the cancer journey – from prevention and screening, to diagnosis and treatment, to palliative and end-of-life care. We must also address the foundations of cancer care including information, support and psychosocial care. All political parties must implement a strong health agenda to improve the lives of people with cancer and their families.

With 1 in 2 Canadians expected to develop cancer in their lifetime and over 200,000 Canadians diagnosed each year, there is a critical need to provide additional support for people living with cancer and their families. Without a strong nationwide response, there is a risk that the rising number of cancer cases will overwhelm our healthcare system, compromising the quality of care available to people with cancer today and crowding out the investments required to better prevent and treat the disease tomorrow.

At the World Health Assembly in May 2017, Member States adopted a comprehensive resolution affirming cancer control as a critical health and development priority for all health leaders across the world. The resolution is a result of a global call to action by non-government

organizations for countries to take both specific and comprehensive measures to strengthen diagnosis, treatment, care and support – as well as addressing the rising cost for cancer medicines around the world.

The Canadian Cancer Society calls upon all party leaders to take up this challenge in the 2019 federal election.

Below we have outlined specific recommendations that will directly support Canadians living with cancer through greater access to the Employment Insurance Sickness Benefit, reduced tobacco use and increased access to take-home cancer drugs. Cancer is a large and complex problem that cannot be solved in isolation from the larger health agenda.

Specific steps to increase cancer support:

- Extend the Employment Insurance Sickness Benefit from 15 weeks to 26 weeks – this would bring the length of the benefit in line with the Compassionate Care Benefit, which was extended from 6 weeks to 26 weeks in 2016.
- 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.
- Close the gaps in coverage for take-home cancer drugs in Canada.



Extend the Employment Insurance Sickness Benefit

The Canadian Cancer Society recommends that the federal government extend the Employment Insurance Sickness Benefit from 15 weeks to 26 weeks. This would bring the length of the benefit in line with the Compassionate Care Benefit, which was extended from 6 weeks to 26 weeks in 2016.

When Canadians face cancer, their struggle is not just medical but also financial. In addition to a decrease in income, Canadians with cancer 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 affects their emotional well-being and, therefore, their psychosocial needs.

The Employment Insurance Sickness Benefit currently provides 15 weeks of coverage, which is not adequate to cover the length of treatment for many people with cancer. A recent report by the BC Cancer Agency 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. These are two of the most common types of cancer for Canadians.¹

As Canadians live longer, with longer careers, more people are likely to develop an illness while in the workforce.² With 1 in 2 Canadians expected to develop cancer in their lifetime and over 800,000 Canadians living with cancer today, there is a critical need to provide additional support for people living with cancer and their families. The extension of the Compassionate Care Benefit to 26 weeks made caregiving responsibilities less of a financial burden on families in Canada. It is time to alleviate this burden on people who are living with a disease as serious as cancer.



"I'm almost at the end of my 15 weeks of unemployed sick benefits, and I have no insurance through my work – now what? I have insurance coverage for treatment through my husband and gave up coverage through my work 2 months before I found out I had cancer. Go figure! I had to pay for mine and gave it up to save money. I will be off for another year and don't want my husband to stress about what's to come."

Excerpts from [CancerConnection.ca](https://www.cancerconnection.ca) thread "EI sickness frustrations."

¹BC 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.

²Public Policy Forum. (September 2017). *Condition Chronic: How improving workplace wellness helps Canadians and the economy.*



Implement an annual cost recovery fee on the tobacco industry

The Canadian Cancer Society 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.

We propose that companies would pay a fee based on market share. This approach would be similar to the federal cannabis annual fee to recover \$112 million annually by 2021–22³ and the US Food and Drug Administration tobacco fee in place since 2009, which is recovering US \$712 million annually.⁴ 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 use is the leading preventable cause of disease and death in Canada, killing 45,000 Canadians annually, including about 30% of all cancer deaths. The Canadian Population Attributable Risk of Cancer (ComPARE) study, funded by the Canadian Cancer Society, identified tobacco as the leading preventable cause of cancer.⁵ While significant progress has been made, there are still 5 million Canadians who smoke⁶ and an unacceptably high number of young people 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. If we reach this objective, then we could prevent over 50,000 cancer cases due to tobacco by 2042.⁵

The tobacco industry has caused the tobacco epidemic and should be held accountable. It should pay for government costs to respond to this epidemic.

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.

A national 2018 Ipsos opinion poll found that by a margin of 84% to 16% Canadians supported “a measure that would make tobacco companies pay the costs of Health Canada’s programs to reduce youth smoking.”⁷



A cost recovery fee on the tobacco industry would complement the government's other tobacco control measures, including the best plain packaging regulations in the world.

³ *Cannabis Fees Order*, adopted under federal *Cannabis Act*.

⁴ *Family Smoking Prevention and Tobacco Control Act* (US).

⁵ Poirier AE, Ruan Y, Grevers X et al. (May 2019). "Estimates of the current and future burden of cancer attributable to active and passive tobacco smoking in Canada," *Prev. Med.* 122: 9-19.

⁶ Canadian Community Health Survey, (2017)

⁷ Ipsos, national online survey. (January 26-30, 2018). Sample size 2000, conducted for Canadian Cancer Society.



Close the gaps in coverage for take-home cancer drugs across Canada

The Canadian Cancer Society recommends that the federal government close the gaps in take-home cancer drugs across Canada.

Cancer drugs play an essential role in treatment and can greatly improve health outcomes and quality of life for people living with cancer. That is why CCS recommends that all parties develop their policies to include:

- ensuring cancer drugs are adequately funded for all Canadians;
- improving access to cancer drugs;
- accommodating innovation in cancer treatment and accelerating approval and funding decisions; and,
- removing administrative barriers to accessing cancer drugs.

CCS recommends that the federal government, through its leadership and use of policy levers, address the inequities in funding for take-home cancer drugs (THCD) to reduce any access-related barriers for Canadians. Specifically, CCS recommends that the federal government ensure that THCD are included as part of the Canada Health Transfer payments to the provinces and territories.

Some provinces, including British Columbia, Alberta, Saskatchewan, Manitoba and Quebec, have systems to ensure comprehensive coverage for (oral or self-injected) cancer drugs taken outside the hospital. Other provinces, including Ontario, New Brunswick, Nova Scotia, Newfoundland and Labrador and Prince Edward Island, do not ensure coverage of cancer drugs for everyone in the province.⁸

Over the last decade, cancer care for many types of cancer has changed from in-hospital to at-home, with THCD becoming a standard treatment for many cancers. In fact, almost half of drugs used to treat all types of cancer are taken at home instead of in the hospital.⁹ THCD allow patients to undergo treatment in the comfort of their own home, free from burdensome and often costly travel to and from hospital. However, take-home cancer drugs are not covered by the Canada Health Act and must be funded through different mechanisms. While people with cancer who receive cancer treatment in the hospital have universal access to



cancer drugs with no undue delays or direct costs, people with cancer who require treatments taken at home are faced with out-of-pocket costs, administrative barriers and delays to treatment access. Not being able to access take-home cancer drugs because of the province you live in is an inequity that needs to be solved.

For a person with a net family income of \$85,000, who requires cancer medication costing \$6,000 per month for 1 year, that person would pay \$0 if they lived in a western province. But if that same person lived in Ontario or an eastern province, they would need to pay between \$3,400 and \$14,400.¹⁰ This inequity in our country is simply unacceptable.



RECOMMENDATION



Expanding access to take-home cancer drugs across Canada supports equity in ensuring that people with cancer do not have to face unnecessary out of pocket expenses that vary because of their location. This is a strong recommendation in a current environment of resource intensive treatments that are heavily reliant on cancer centres and professional personnel. CCS strongly recommends that the federal government should ensure cancer medications are adequately funded for all Canadians.

⁸ The CanCertainty Coalition. (2018). Priority Reform for Implementation of National Pharmacare: A Case for Take-Home Cancer Treatments.

⁹ Cancer Care Ontario. (2019). Summary: Quality & Safety recommendations for enhancing the delivery of take-home cancer drugs in Ontario.

¹⁰ The CanCertainty Coalition. (2018). Cost of Same Take-Home Cancer Treatment by Province.



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