“Variation and Consternation: Access to Unfunded Cancer Drugs in Canada”

ARCC Conference, Vancouver, May 27, 2013

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Sunnybrook Odette Cancer Centre
Objectives

• To outline the challenges raised by new and expensive cancer drugs and their funding

• To review the results of a Canadian study describing:
  • Regional variations on how Canadian medical oncologists access unfunded IV cancer drugs
  • Canadian medical oncologists’ opinions on how they feel about different means of accessing these drugs.

• To discuss how this data might inform ongoing debate and policies regarding access to these drugs
## Table. Estimated Drug Costs for Eight Weeks of Treatment for Metastatic Colorectal Cancer.

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Drugs and Schedule of Administration</th>
<th>Drug Costs*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regimens containing fluorouracil</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mayo Clinic</td>
<td>Monthly bolus of fluorouracil plus leucovorin</td>
<td>63</td>
</tr>
<tr>
<td>Roswell Park</td>
<td>Weekly bolus of fluorouracil plus leucovorin</td>
<td>304</td>
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<td>LV5FU2</td>
<td>Biweekly fluorouracil plus leucovorin in a 48-hr infusion</td>
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<td><strong>Regimens containing irinotecan or oxaliplatin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irinotecan alone</td>
<td>Weekly bolus</td>
<td>9,497</td>
</tr>
<tr>
<td>IFL</td>
<td>Weekly bolus of fluorouracil plus irinotecan</td>
<td>9,539</td>
</tr>
<tr>
<td>FOLFIRI</td>
<td>LV5FU2 with biweekly irinotecan</td>
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<td>FOLFOX</td>
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<td></td>
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<tr>
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<td>FOLFIRI with fortnightly bevacizumab</td>
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<td>FOLFIRI and weekly cetuximab</td>
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* Costs represent 95 percent of the average wholesale price in May 2004. **Schrag NEJM 2004**
# Progress in Metastatic Colorectal Cancer

Median Survival x 2, Cost x 500

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Schrag NEJM 2004
Drug Funding: Allocating Constrained Resources

Evidence

Costs and Cost-Effectiveness

Fairness/Equity

Politics
Cancer Drug Funding in Canada

• Evolution:
  • Independent provincial processes
  • Interim Joint Oncology Drug Review
  • Pan Canadian Oncology Drug Review (Oct 2011)
  • Advises 9 provinces
Cancer Drug Funding in Canada

- Some Canadian provinces have not funded some of these expensive new medications when they have not met cost-effectiveness benchmarks, even for drugs that have demonstrated survival benefits and been endorsed in rigorous evidence-based guidelines.

- Eg Bevacizumab
Cancer Drug Funding in Canada

- In provinces where these drugs are not funded, they are only available to patients who can pay for them (out of pocket or through private insurance) in non government-funded private infusion clinics or in some government-funded public hospitals.
Tough choices: private sale of drugs in public hospitals

Colleen M. Flood LLM SJD, Lorian Hardcastle LLB LLM  

Previously published at www.cma.ca

Keynote Comment

Accessing unfunded cancer drugs in publicly funded hospitals

Chafe et al Lancet Oncology 2009
Unfunded Drugs in Public Hospitals

• Care close to home
• Improved continuity and safety of care
• Alleviation of moral distress of staff unable to provide ‘medically necessary’ care
Unfunded Drugs in Public Hospitals

- Differential treatment of patients based on ability to pay, not medical need – the traditional equity principle guiding access to drugs in public hospitals
- Moral distress for providers who provide differential treatment and for patients unable to pay
- Risk to public trust in the healthcare system
Survey

Canadian Medical Oncologists Attitudes re: Costs, Cost-Effectiveness and Related Health Policies Regarding New Cancer Medications
Survey

How do Canadian medical oncologists access unfunded IV cancer drugs for their patients, and how do they feel about those methods?
Variation and Consternation: Access to Unfunded Cancer Drugs in Canada

By Scott R. Berry, MD, MHSc, FRCPC, William K. Evans, MD, FRCPC, Elizabeth L. Strevel, MD, FRCPC, and Chaim M. Bell, MD, PhD, FRCPC

Sunnybrook Odette Cancer Centre; University of Toronto; Li Ka Shing Knowledge Institute, St Michael’s Hospital; Institute for Clinical Evaluative Sciences, Toronto; McMaster University; Juravinski Cancer Centre, Hamilton Health Sciences, Hamilton; and Peel Regional Cancer Centre, University of Toronto, Mississauga, Ontario, Canada

J Onc Practice January 2012
Methods

- All Canadian Medical Oncologists
- Web-based
  - Informed by email
  - Reminders sent to enhance response
- Hardcopy sent by mail
Response Rate

• 168 / 356 = 48% Response rate
• Quebec: 13% (15 / 118)
• Non-Quebec: 65% (153 / 238)
Demographics
Responders by Province (%)

- Ontario: 46%
- British Columbia: 16%
- Alberta: 16%
- Quebec: 10%
- Nova Scotia: 6%
- Manitoba: 3%
- Prince Edward Island: 1%
- Newfoundland: 1%
- New Brunswick: 1%
- Saskatchewan: 0%
Graduation Year (%)

- Before 1966: 3%
- 1966 - 1975: 25%
- 1976 - 1985: 22%
- 1986 - 1995: 25%
- After 1995: 24%
Disease Site

- Breast: 56%
- Gastrointestinal: 55%
- Lung: 46%
- Genitourinary: 31%
- Hematology: 31%
- Gyne: 24%
- Melanoma: 21%
- Head and Neck: 20%
- Sarcoma: 18%
- Other: 12%
Practice Setting

- University Based Practice: 66%
- Comprehensive Cancer Centre (not University affiliated): 20%
- Community-based Practice: 14%
Access to “Effective” IV Drugs That Have Been Considered But Not Approved for Funding

Effective:

• clinically significant improvement in survival
• metastatic cancer
• large randomized phase III trials
• recommended for use by a respected provincial evidence-based guideline group
Access

14. For effective **INTRAVENOUS** drugs that have been *considered but not approved for funding* by your provincial decision making body, describe which of the following you *currently have access to*

<table>
<thead>
<tr>
<th></th>
<th>I Have Access</th>
<th>I Don't Have Access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private (out of pocket) payment for drug at my cancer centre</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Private insurance payment for drug at my cancer centre</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Private (out of pocket) payment for drug at a private infusion clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Private insurance payment for drug at a private infusion clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>** Clinics in the U.S. where I can refer my patients for treatment**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Means of Accessing Unfunded Drugs Available

- Cancer Centre - Patient Pays: 45%
- Cancer Centre - Private Insurance: 48%
- Private Clinic - Patient Pays: 67%
- Private Clinic - Private Insurance: 66%
- US Clinic: 65%
Access to Unfunded Drugs in Their Own Centre Varies Across The Country

<table>
<thead>
<tr>
<th>Cancer Centre</th>
<th>NB/PEI/Nfld</th>
<th>AL</th>
<th>MN</th>
<th>NS</th>
<th>PQ</th>
<th>BC</th>
<th>ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Rate</td>
<td>100%</td>
<td>92%</td>
<td>25%</td>
<td>22%</td>
<td>20%</td>
<td>12%</td>
<td>50%</td>
</tr>
</tbody>
</table>

P values compared vs ON:
- p<0.0001
- p=0.03
Access to Unfunded Drugs in Private Clinics Varies Across The Country

P values compared vs ON

- MN: 100%
- ON: 93%
- NS: 89%
- BC: 68%
- AL: 8%
- NB/PEI/Nfld: 0%
- PQ: 47%

>65%
<10%
~50%
The high cost of your drugs is explained by the constant need for innovation.

How about $12,437? Nobody's ever charged that for a prescription before...

That's not going to kill anybody, is it?
**Comfort** With Different Means of Accessing Unfunded Cancer Drugs

15. For effective INTRAVENOUS drugs that have been *considered but not approved for funding* by your provincial decision making body, check how COMFORTABLE you are with using each of the following.

<table>
<thead>
<tr>
<th></th>
<th>Don’t Use</th>
<th>Very Uncomfortable</th>
<th>Somewhat Uncomfortable</th>
<th>Neither Comfortable or Uncomfortable</th>
<th>Somewhat Comfortable</th>
<th>Very Comfortable</th>
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<tbody>
<tr>
<td>Private (out of pocket) payment for drug at my cancer centre</td>
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## Comfort With Different Means of Accessing Unfunded Cancer Drugs

<table>
<thead>
<tr>
<th></th>
<th>Comfortable</th>
<th>Neutral</th>
<th>Uncomfortable</th>
</tr>
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<tbody>
<tr>
<td><strong>Cancer Centre</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Pays</td>
<td>53%</td>
<td>5%</td>
<td>43%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>67%</td>
<td>10%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Private Clinic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Pays</td>
<td>33%</td>
<td>8%</td>
<td>59%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>40%</td>
<td>8%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>US Clinics</strong></td>
<td>35%</td>
<td>12%</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>Comfortable</td>
<td>Should Be Available</td>
<td></td>
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<td>------------------------</td>
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<tr>
<td>Patient Pays</td>
<td>53%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Private Insurance</td>
<td>67%</td>
<td>77%</td>
<td></td>
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Summary
Variation

• ~2/3 of respondents have access at private clinics

• ~1/2 of respondents have access in their own cancer centre

• Access varies across the country
Summary Consternation

• Most respondents were *comfortable* with their patients accessing unfunded drugs in *their cancer centre* - but a substantial minority were *uncomfortable* with their patients accessing drugs this way.

• Most respondents were *uncomfortable* with their patients accessing unfunded drugs in *private clinics* - but a substantial minority were *comfortable* with their patients accessing drugs this way.

• Despite their comfort levels most respondents felt all of these means of accessing unfunded cancer drugs *should* be available.
  - Physicians as advocates: willing to support access despite personal feelings.
Implications
Publically funded health care systems need to make difficult choices on which of the new and expensive cancer medications they fund, given the resource constraints they face, however....
Equity

- **EQUITY** requires equally fair treatment of individuals taking account of ethically significant differences among them (Dickens 2001)

- Is the province you live in a morally relevant difference and should that dictate which cancer drugs you can access and how you access them?
Report of the Provincial Working Group on the Delivery of Oncology Medications for Private Payment in Ontario Hospitals
Survey Implications

• Regional variation in means of access - mirrors variation in funding decisions

• pCODR

• pCODR advisory – individual provinces not bound by decisions
Survey Implications

Where should unfunded IV cancer drugs be available?

- Opinions expressed in this survey do not give us the answer but can help inform discussion on which methods *ought* to be available and where