

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

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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

Progress in Metastatic Colorectal Cancer

Median Survival x 2, Cost x 500

Table. Estimated Drug Costs for Eight Weeks of Treatment for Metastatic Colorectal Cancer.

Regimen	Drugs and Schedule of Administration	Drug Costs* \$
Regimens containing fluorouracil		
Mayo Clinic	Monthly bolus of fluorouracil plus leucovorin	63
Roswell Park	Weekly bolus of fluorouracil plus leucovorin	304
LV5FU2	Biweekly fluorouracil plus leucovorin in a 48-hr infusion	263
Regimens containing irinotecan or oxaliplatin		
Irinotecan alone	Weekly bolus	9,497
IFL	Weekly bolus of fluorouracil plus irinotecan	9,539
FOLFIRI	LV5FU2 with biweekly irinotecan	9,381
FOLFOX	LV5FU2 with biweekly oxaliplatin	11,889
Regimens containing bevacizumab or cetuximab		
FOLFIRI with bevacizumab	FOLFIRI with fortnightly bevacizumab	21,399
FOLFOX with bevacizumab	FOLFOX with biweekly bevacizumab	21,033
Irinotecan with cetuximab	Weekly irinotecan plus cetuximab	30,790
FOLFIRI with cetuximab	FOLFIRI and weekly cetuximab	30,675

* Costs represent 95 percent of the average wholesale price in May 2004.

Schrag NEJM 2004

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**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

CMAJ 2010

Previously published at www.cmai.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

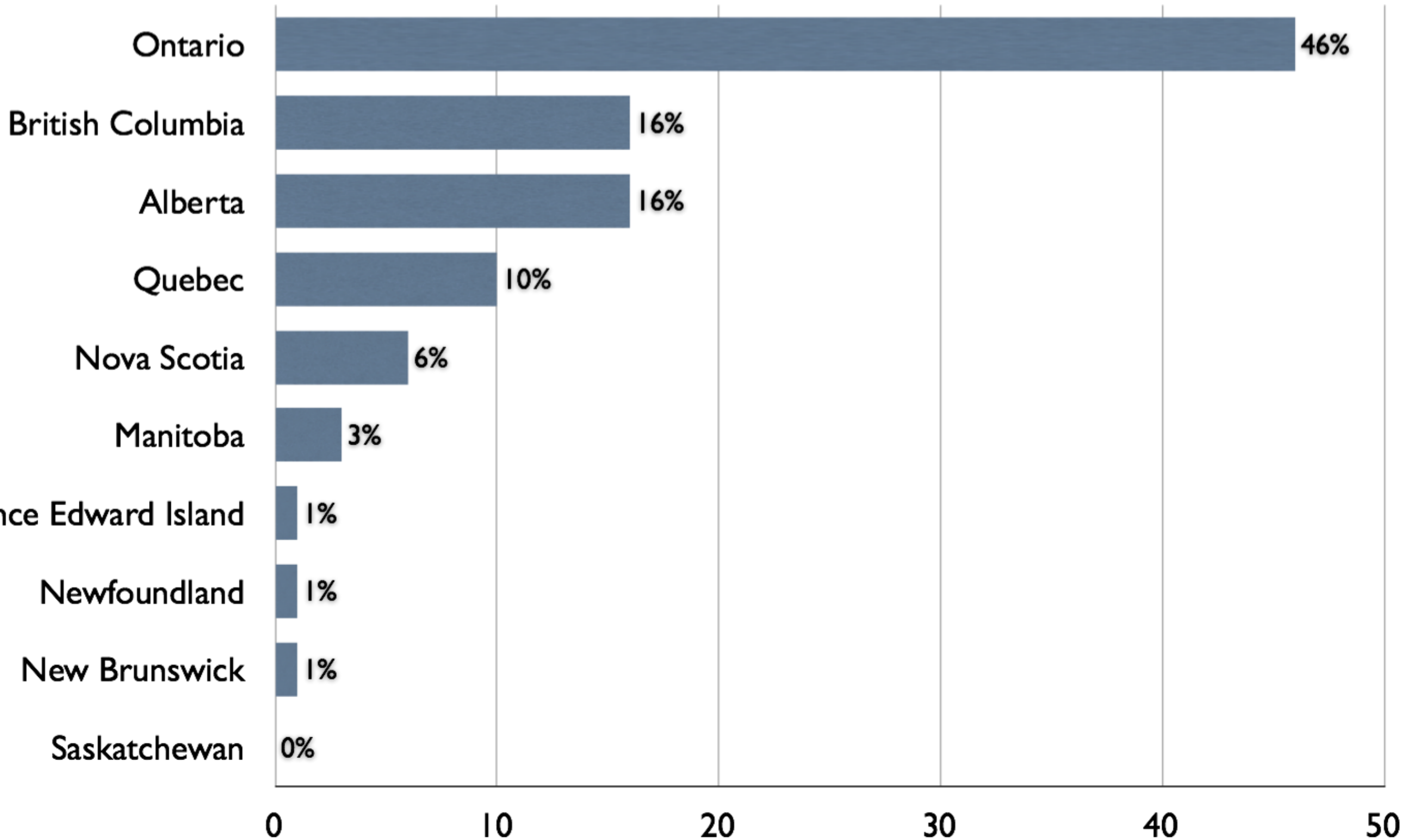
- All Canadian Medical Oncologists
- Web-based
 - Informed by email
 - Reminders sent to enhance response
- Hardcopy sent by mail

Response Rate

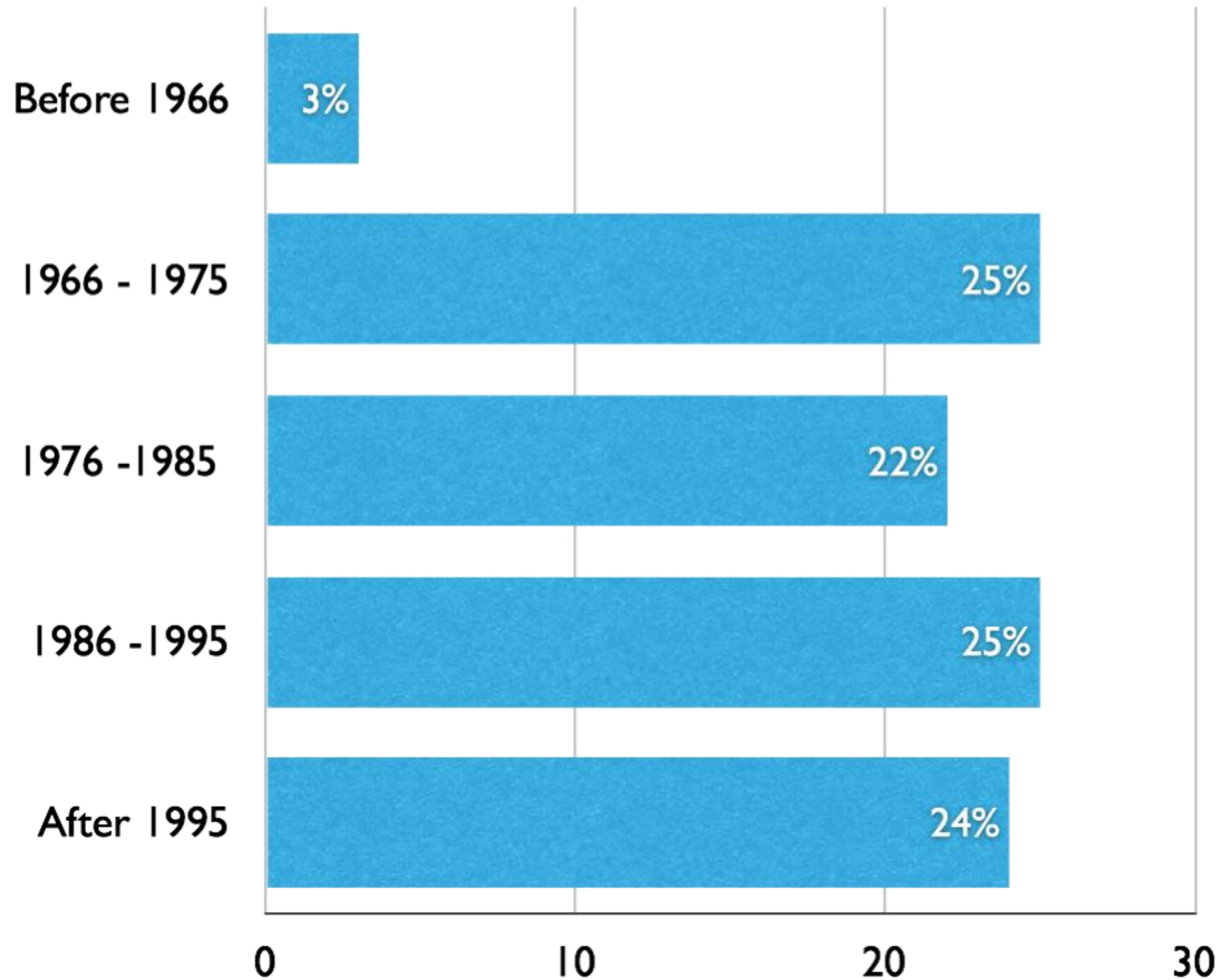
- **168 / 356 = 48% Response rate**
 - **Quebec: 13% (15 / 118)**
 - **Non-Quebec: 65% (153 / 238)**

Demographics

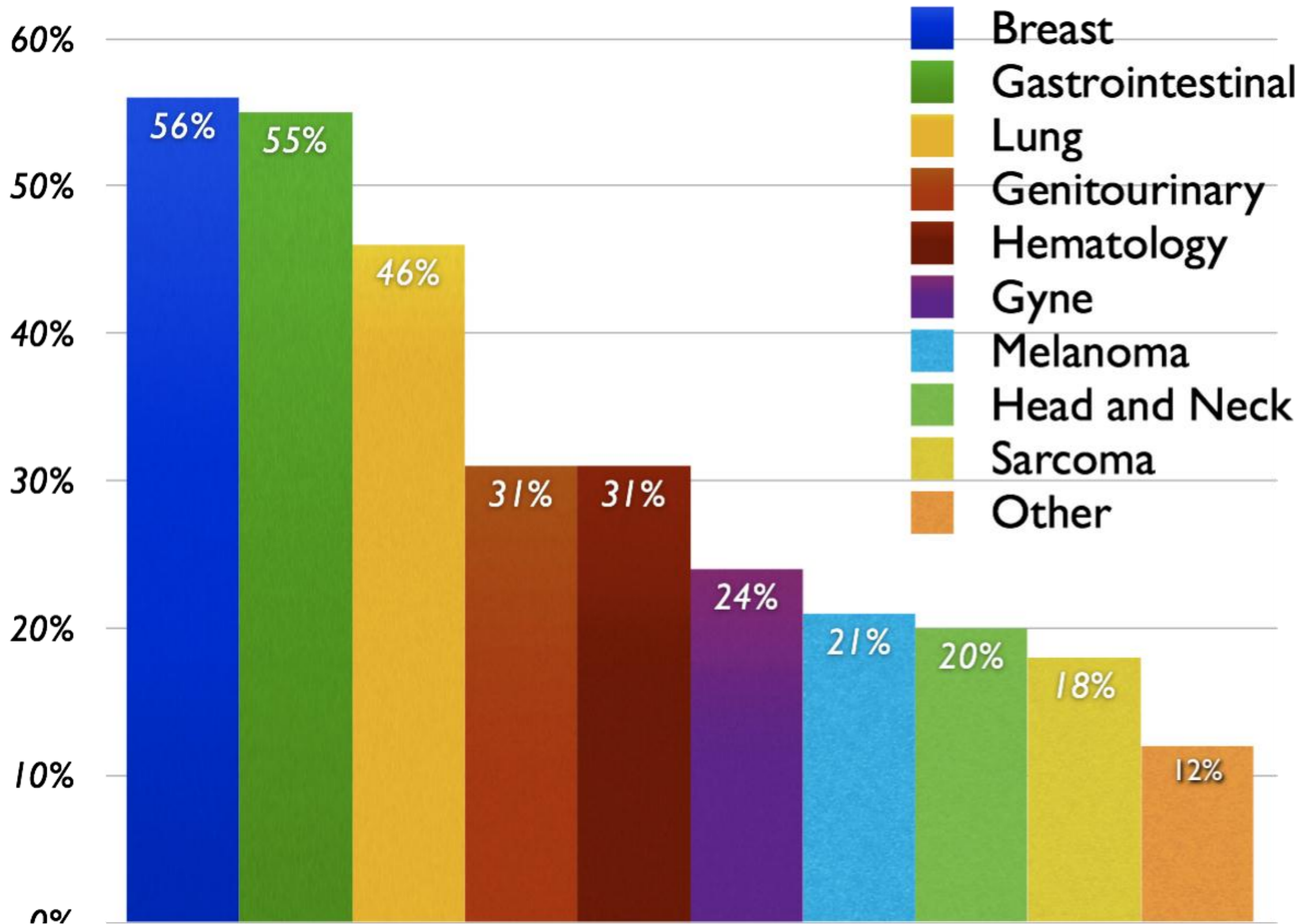
Responders by Province (%)



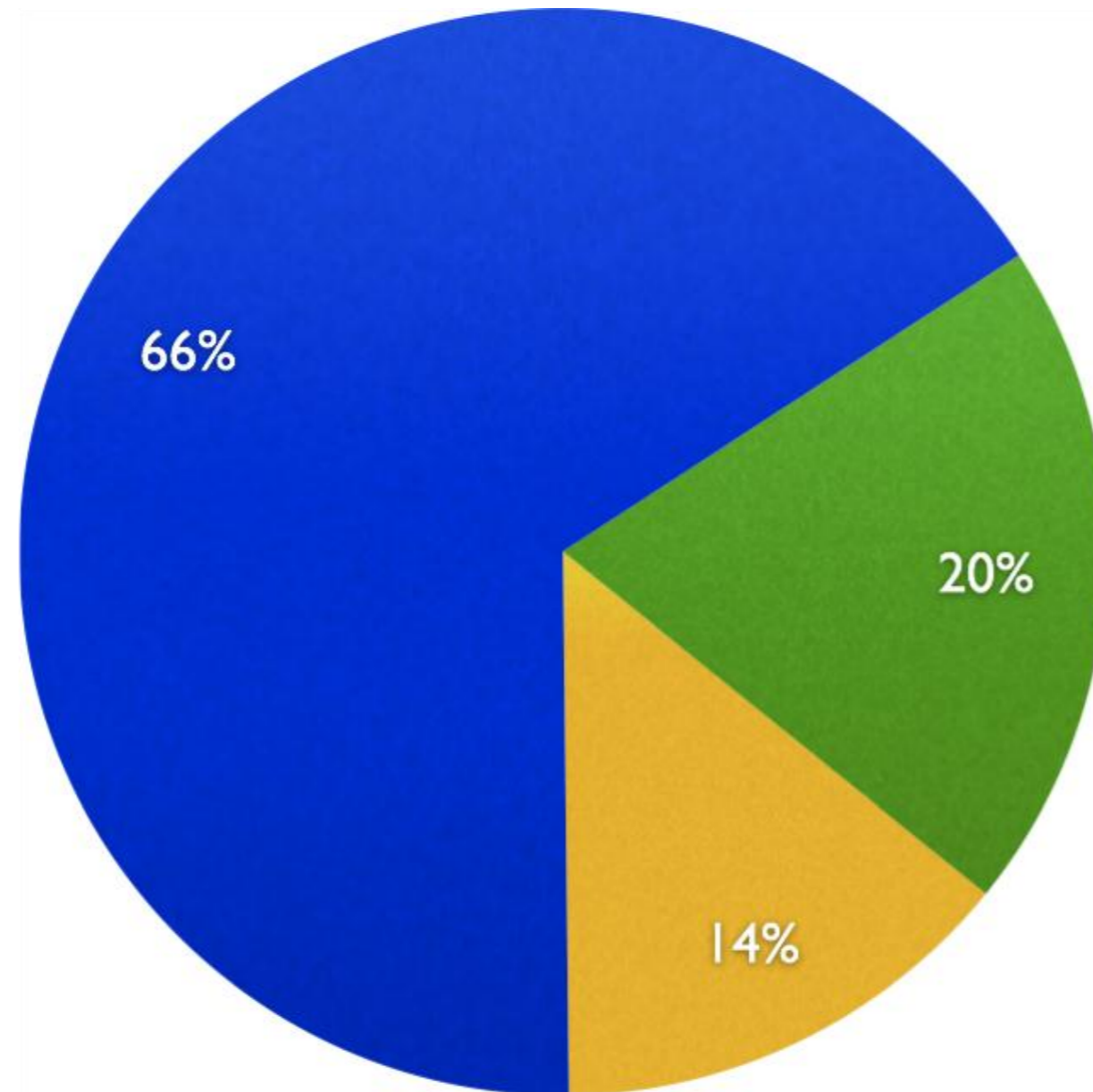
Graduation Year (%)



Disease Site



Practice Setting



- University Based Practice
- Comprehensive Cancer Centre (not University affiliated)
- Community-based Practice

Access to “Effective” IV Drugs That Have Been Considered But Not Approved for Funding

Effective:

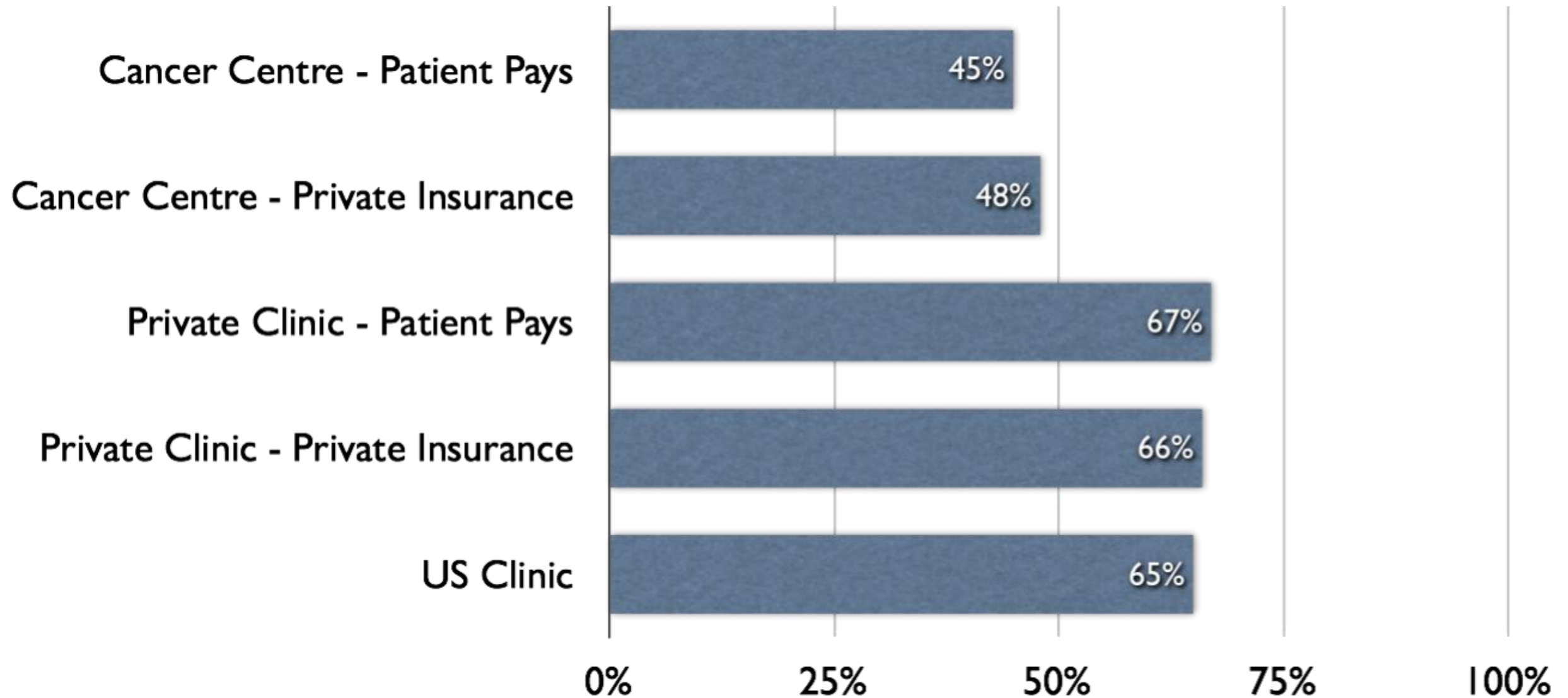
- clinically significant improvement in survival
- metastatic cancer
- large randomized phase III trials
- recommended for use by a respected provincial evidence-based guideline group

Access

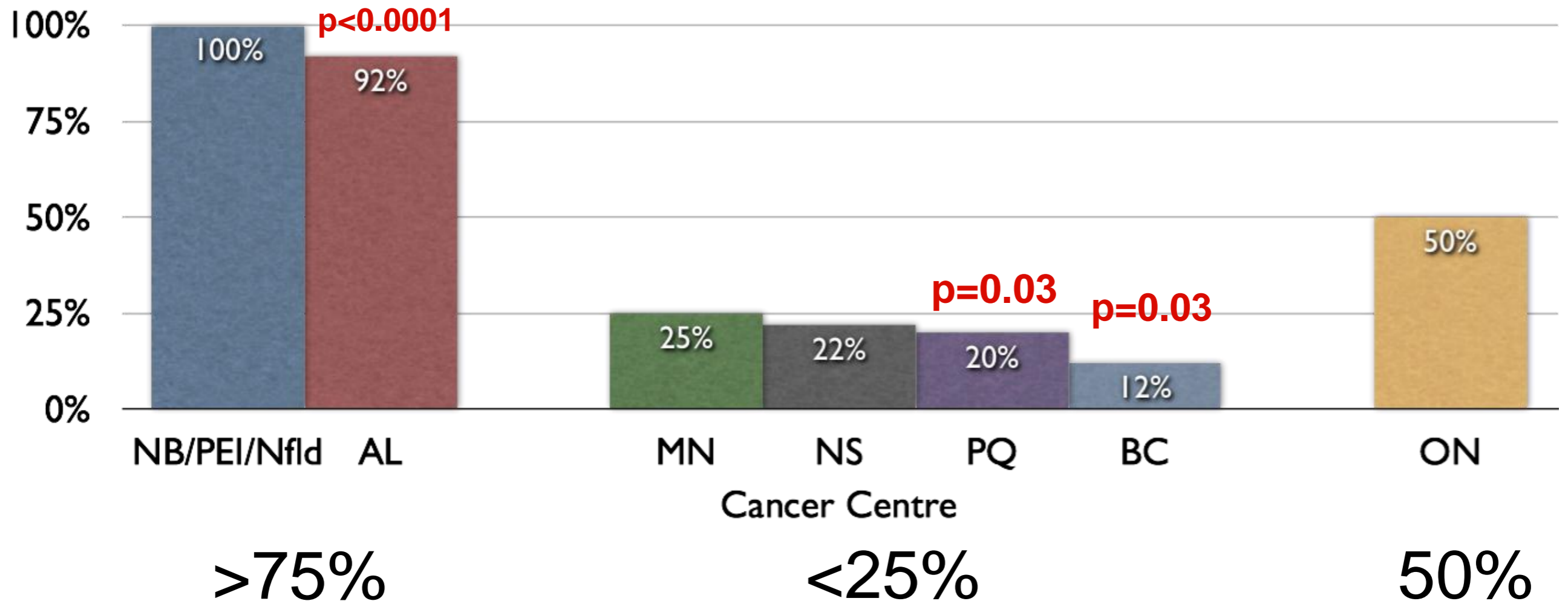
14. For effective **INTRAVENOUS** drugs that have been *considered but not approved for funding* by your provincial decision making body, describe which of the following you *currently have access to*

	I Have Access	I Don't Have Access
Private (out of pocket) payment for drug at my cancer centre	<input type="checkbox"/>	<input type="checkbox"/>
Private insurance payment for drug at my cancer centre	<input type="checkbox"/>	<input type="checkbox"/>
Private (out of pocket) payment for drug at a private infusion clinic	<input type="checkbox"/>	<input type="checkbox"/>
Private insurance payment for drug at a private infusion clinic	<input type="checkbox"/>	<input type="checkbox"/>
Clinics in the U.S. where I can refer my patients for treatment	<input type="checkbox"/>	<input type="checkbox"/>

Means of Accessing Unfunded Drugs Available

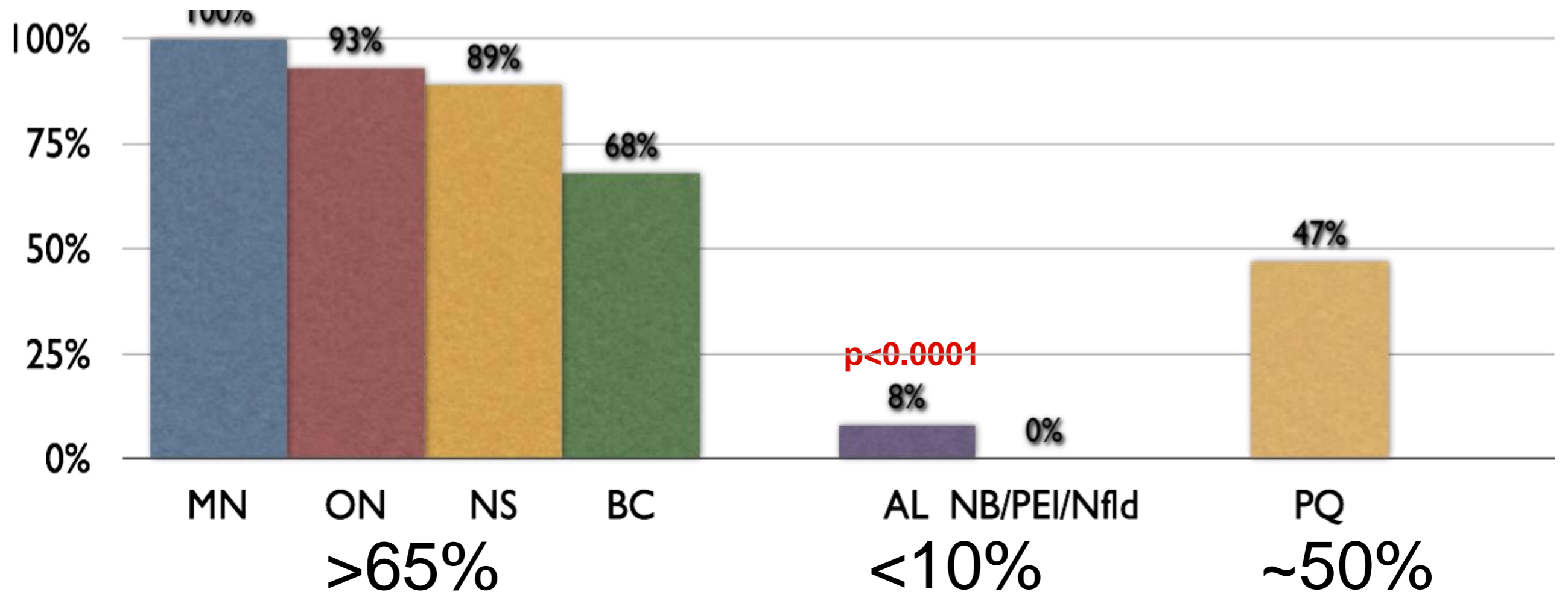


Access to Unfunded Drugs in Their Own Centre Varies Across The Country



P values compared vs ON

Access to Unfunded Drugs in Private Clinics Varies Across The Country



P values compared vs ON

THE HIGH COST OF
YOUR DRUGS IS EXPLAINED
BY THE CONSTANT NEED
FOR INNOVATION.

INNOVATION
DEPT.

HOW ABOUT
\$12,437? NOBODY'S
EVER CHARGED THAT
FOR A PRESCRIPTION
BEFORE...

THAT'S NOT GOING TO
KILL ANYBODY, IS IT? — *ALBERT*

Comfort With Different Means of Accessing Unfunded Cancer Drugs

		Comfortable	Neutral	Uncomfortable
Cancer Centre	Patient Pays	53%	5%	43%
	Private Insurance	67%	10%	23%
Private Clinic	Patient Pays	33%	8%	59%
	Private Insurance	40%	8%	51%
US Clinics		35%	12%	53%

Comfort vs Should Be Available

		Comfortable	Should Be Available
Cancer Centre	Patient Pays	53%	72%
	Private Insurance	67%	77%
Private Clinic	Patient Pays	33%	59%
	Private Insurance	40%	61%

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**

July 27, 2006

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