braintumour foundation OF CANADA | LA FONDATION canadienne des tumeurscérébrales

Access to Standard Treatment for Malignant Brain Tumours is not Universal in Canada

Issue

The internationally accepted, standard treatment regimen for the most common type of brain cancer is not fully accessible in parts of Canada. This contradicts the approach of most other developed countries that have universal health care systems.

More than 12 years ago, Health Canada and the provinces approved a three-part treatment as the *standard of care* for 1st line treatment of glioblastoma multiforme – the most common and aggressive form of brain cancer. The treatment involves surgery followed by combined radiation + chemotherapy. Since surgery and radiation are considered insured services given in a hospital setting, each province restricts universal funding to these two services only. To this day, the province continues to classify the chemotherapy portion – a drug called temozolomide – as a "prescription". This is because temozolomide is produced primarily in pill form and is taken outside of hospital. The classification as a "prescription" makes the coordination and payment of temozolomide the responsibility of the patient and leaves 1/3 of this combined treatment as "uninsured". The interpretation then is this is optional – when it is not. The treatment must be delivered together. Leaving the chemotherapy portion of this treatment uninsured risks failure of the entire treatment plan. For many brain cancer patients, this is their only treatment option.

Temozolomide is produced in both brand and generic form and has been long approved for funding on provincial formularies[1]. The issue is not its funding, but in HOW that funding is accessed. Several provinces have taken steps to ensure residents with brain cancer have universal access to temozolomide (100%), but their approaches to obtaining that funding vary widely. There are several provinces, including Ontario, that continue to leave it as a "prescription" drug. In these provinces, patients rely on the skills and ingenuity of various health professionals to figure out "stop gap" solutions and navigate potential delays from paperwork, drug plan applications, etc. This fragmented and uncoordinated approach does little to ensure consistent delivery of care, adherence to treatment standards or the collection of reliable treatment data. It also does little to safeguard treatment continuity if a patient changes residence from one province to another.

To minimize harm and promote the efficient use of health resources, Canada needs to follow the example of other developed nations in ensuring temozlomide and other essential "take at home" cancer treatments are universally accessible to patients in every province.

[1] **Temozolomide** (tem-oh-ZOHL-oh-mide) is produced now in several generic fomulations; most provinces allow interchangeability with the brand version Temodal® as it is believed by some oncologists that the brand has proven superiority over the generic in crossing the blood-brain barrier; temozolomide is widely approved for initial treatment of newly diagnosed GBM tumours with a 6 week combined radiation/temozolomide regimen, followed by 6 months of taking temozolomide alone; several studies have confirmed this approach is superior to radiation alone and it has become the standard of care worldwide

205 Horton St. E,
Suite 203,
London, ON
N6B 1K7

519.642.7755
1.800.265.5106
www.braintumour.ca
www.tumeurscerebrales.ca

braintumour foundation OF CANADA | LA FONDATION canadienne des tumeurscérébrales

Mapping the Issue

Brain Tumour Foundation of Canada has produced an illustrated "road map" of temozolomide access across Canada. The purpose is to demonstrate how a standard, 1st line cancer treatment for *one cancer population* is accessed differently in each province and territory. The map rates each province based on level of difficulty (red, yellow, and green indicators). The rating system is based on ease of access, necessity of health care provider involvement, and burden of cost or coordination on the patient.

The hope is that this roadmap may serve as a resource to those shaping a national system of pharmacare to demonstrate why a consistent, standardized and monitored method of drug access is essential to maintaining standard of care for cancer in Canada.

Facts

- It is estimated 55,000 Canadians are surviving with a brain tumour.
- Each year, approximately 3,000 adults are newly diagnosed with a malignant (cancerous) brain tumour[i]
- Brain tumours are the **leading cause** of cancer-related death in children under the age of 20, and the third leading cause of solid cancer death in young adults aged 20-39.
- The most **common** type of primary malignant brain tumour is glioblastoma multiforme (GBM)
- Average survival of glioblastoma multiforme is less than one year.
- The **standard of care** for patients newly diagnosed with a glioblastoma multiforme is a regimen that includes surgery, followed by a combination of simultaneous radiation and chemotherapy for 6 weeks, followed by chemotherapy alone for up to a year[ii] This regimen has been the internationally accepted practice for more than a decade and has been found to offer improved survival rates over radiation alone.[iii]
- The chemotherapy used in this regimen is temozolomide (tem-oh-ZOHL-oh-mide), originally approved by Health Canada for this treatment in 2006
- Prior to this development, there had been few options for the treatment of glioblastoma multiforme, and although some research progress has been made, this continues to be standard of care across Canada[iv].
- In provinces that do not provide universal access, the insurance plans and drug plans do list temozolomide, but delays occur when (a) a patient lacks insurance and has to enroll in an public plan (up to 4 weeks in Ontario)[v], (b) the insurer needs Special Authorization paperwork (2-3 weeks), or the patient cannot manage the leftover costs (6 weeks or more to find solutions…or not at all); it is estimated that without efforts of navigators and other health professionals, 70% of adults needing temozolomide as part of this regimen would face delays in obtaining coverage[vi]

[i] Canadian Cancer Society Statistics Annual Report 2017.
[ii] Stupp, R. et al. Radiotherapy plus Concomitant and Adjuvant Temozolomide for Glioblastoma. N Engl J Med. March 10, 2005; 987-996
[iii] https://www.scholars.northwestern.edu/en/publications/effects-of-radiotherapy-with-concomitant-and-adjuvant-temozolomid
[iv] Mason, WP et al (2007). Canadian recommendations for the treatment of glioblastoma multiforme. Current Oncology, 14(3), 110-117. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1899357/
[v] Ontario Auditor General Annual Report (2017). Cancer Treatment Services, Section 4.3.1. p. 150-151
[vi] Phone Survey of Oncology Drug Access Navigators of Ontario (ODANO) members (n=15) March 27 by BTFC Advocacy Committee