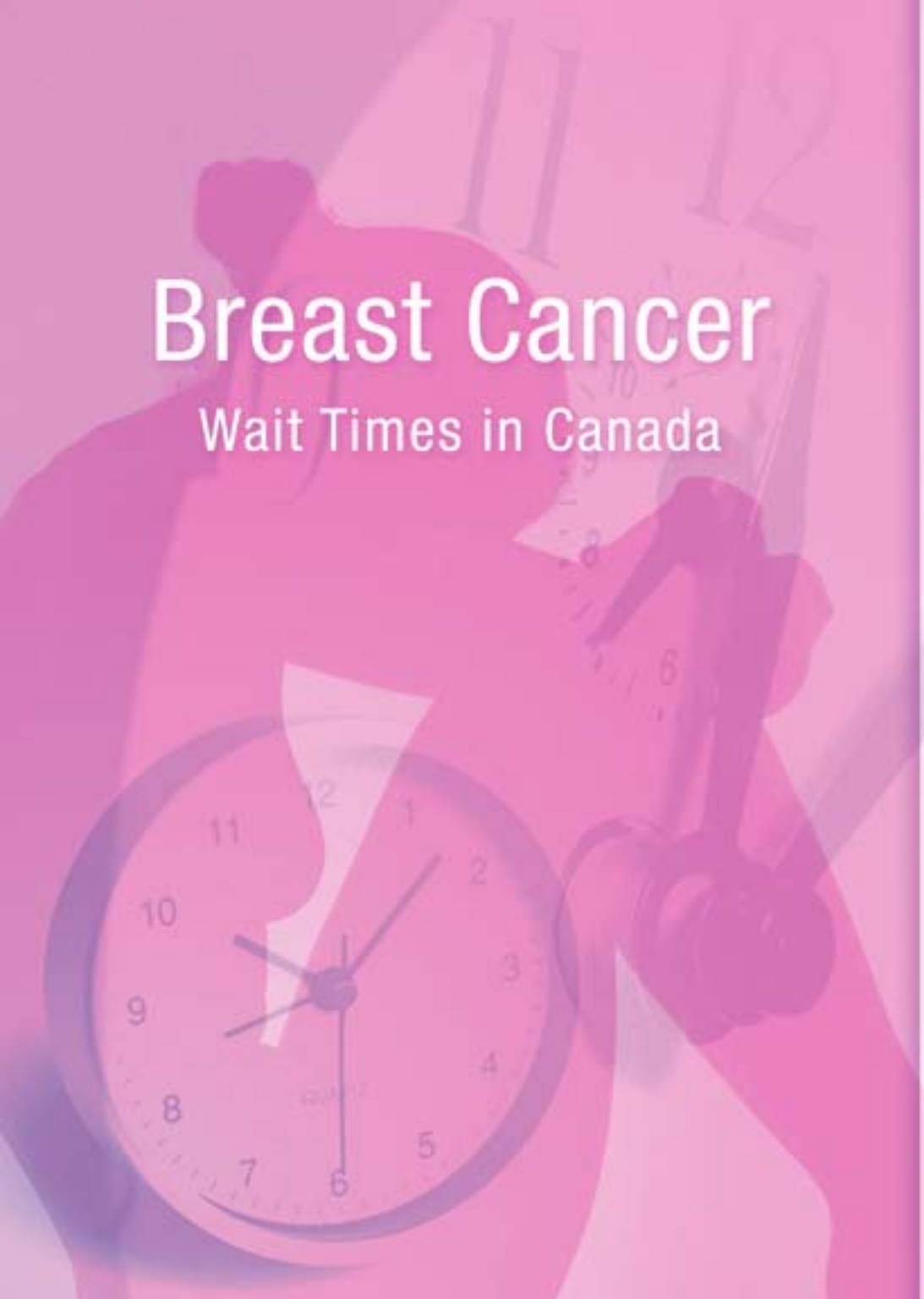

Breast Cancer

Wait Times in Canada

CBCN · RCCS

Canadian Breast Cancer Network
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2008 Report Card

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Foreword & Acknowledgements

The Canadian Breast Cancer Network (CBCN) is the national network and voice of breast cancer survivors (www.cbcn.ca). As part of its mandate to inform Canadians and to advocate for access to diagnosis and treatment, CBCN presents this report card on wait times for breast cancer diagnosis and treatment, including surgery, radiotherapy, chemotherapy and access to drugs in all 13 Canadian provinces and territories.

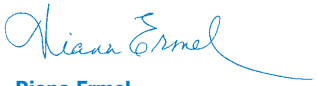
CBCN is issuing this national report card on wait times in breast cancer diagnosis and treatment in the hope that it will inform Canadians, encourage dialogue and inspire them to take action on behalf of all those living with, affected by, or at risk of being diagnosed with breast cancer.

We extend our thanks to:

- Provincial and territorial ministers of health and other officials who verified our data on wait times and provided new information
- The GlaxoSmithKline Foundation for generously providing an educational grant for the development of the report card
- Janet Dunbrack, Jackie Manthorne and Alicia Weiss for research, writing and proofreading
- The Ad Hoc Wait Times Report Card Committee of the CBCN Board of Directors, composed of Alwyn Anderson, Diana Ermel, Diane Spencer, Janis Murray and Pam Smith

The Report Card findings, while encouraging, reflect information provided at the time by the provinces and territories. Although we are pleased to recently see more data being gathered and made available, the Report Card findings do show that improvements are needed.

We invite you to join with us in advocating for timely, high-quality care for Canadians living with breast cancer.



Diana Ermel
President

Jackie Manthorne
Executive Director

January 2008

Executive Summary

The 2008 Report Card on Breast Cancer Wait Times in Canada provides an overview of wait times for diagnosis and treatment of breast cancer in Canada. It looks at clinical guidelines, benchmarks and wait times provided by the provinces and territories. It also looks at factors affecting wait times, best practices and strengths, gaps in information and weaknesses in performance. In addition, the report reviews wait times for drug approvals and access to affordable drugs and suggests options for an action strategy on wait times.

The Report Card looks primarily at wait times for four aspects of breast cancer care:

- Time from an abnormal mammogram to diagnosis of breast cancer
- Time from diagnosis to surgery
- Wait time for radiation therapy and chemotherapy
- Time elapsed before new drugs are approved and made accessible to breast cancer survivors

In the absence of comprehensive and consistent wait time data across all jurisdictions, we cannot be certain that Canadian women are receiving optimal care for breast cancer. We can say, however, on the basis of the data received, that some women are getting good, timely care, while others are not. Improvement in breast cancer care wait times is definitely needed.

The good news:

- Many jurisdictions are working on ways to shorten wait times
- There are some encouraging innovations to reduce wait times such as British Columbia's *Fast Track* screening and diagnosis program, Sault Ste. Marie's same-day screening and diagnosis, and New Brunswick's telemedicine links between cancer specialists and family physicians in rural areas and small towns
- Encouraging for the future is Canada's current investment in training more health-care professionals, who will surely be needed as our population ages (the risk of being diagnosed with breast cancer increases with age), and as middle-aged health-care professionals retire

The concerning news:

- **Data:** Gaps in wait time information exist in all jurisdictions. In fact, some jurisdictions have not established wait time reporting systems and have little or no data. Only four provinces had wait time data for all four aspects of diagnosis and treatment that we reviewed. Among the provinces providing data, British Columbia had a consistently strong performance, Quebec and Prince Edward Island did well for most treatments, Alberta (Edmonton) did well for radiation

and chemotherapy, Manitoba and Newfoundland and Labrador did well for radiation treatment, Ontario did well for surgery wait time and the strength of its public information system on wait times, and Saskatchewan had short wait times for diagnosis of breast cancer

- **National Clinical Benchmarks:** Currently, there are no national clinical benchmarks for surgery or chemotherapy
- **Radiation Therapy:** Only half of the jurisdictions reporting achieved or bettered the national benchmark of four weeks wait time for radiation therapy. Ontario had relatively long wait times for radiation and chemotherapy. Saskatchewan had a particularly weak performance for radiation and chemotherapy wait times
- **New Treatment Approval and Access:** There are review and administrative barriers impacting patient access to new treatment. In our examination of wait times for approval of new drugs, we note that approval of new drugs can take up to five years from the initial application from the manufacturer until a drug is listed on a provincial or territorial formulary and may therefore be fully or partially reimbursable for those who are prescribed the drug. Some new breast cancer drugs with excellent results from clinical trials have received rapid approval and listing on most provincial/territorial formularies while other drugs go through a much slower approval process. Drug coverage varies widely: only 60% of drugs on provincial/territorial formularies are common across Canada. This results in great disparity for women living with breast cancer. Here again, British Columbia has the best record in terms of making drugs available and affordable
- Canada lags behind other countries in adoption of electronic health records, which could speed procedures. Most wait lists are still kept by individual physicians and hospitals rather than being consolidated into a provincial/territorial list which could help people move faster to the head of the line

Our Recommendations

The report card proposes options for a strategy on breast cancer wait times that include working with provincial and territorial jurisdictions to provide accessible and comparable information, identifying and disseminating best practices, encouraging research and innovation to improve access and quality of care and encouraging health care systems to listen to and learn from the experiences of breast cancer survivors.

The Canadian Breast Cancer Network:

- Encourages all jurisdictions to provide information on breast cancer wait times, including electronically, that is accessible and comparable between jurisdictions so that best practices can be identified, showcased, analyzed and shared; weaknesses can be identified and addressed; and consumers can be well informed
- Encourages more research into breast cancer wait times, including:
  - The development of clinically sound wait time benchmarks for all types and stages of breast cancer
  - Ways of shortening wait times while maintaining quality

As part of an advocacy strategy on wait times, the Canadian Breast Cancer Network will:

- Work collaboratively with national partners, other consumer groups and organizations representing healthcare professionals to develop approaches that foster change and lead to shorter wait times, improved and timely access to drugs, and high-quality care
- Work collaboratively with other concerned organizations to ensure breast cancer issues, including wait times and drug availability, remain high on the public agenda
- Become a voice for consumers in the wait time definition consensus project being led by the Canadian Association of Provincial Cancer Agencies
- Additional recommendations can be found in the section entitled Next Steps: Recommendations and an Advocacy Strategy on Wait Times

Introduction

Wait times have become one of the leading issues in health care in Canada. The Canadian government has reviewed the issue of wait times on a number of occasions. The 2002 Report of the Commission on the Future of Health Care in Canada (The Romanow Report) addressed wait times and recommended that the provinces and territories develop ways of managing wait lists more effectively. The 2003 First Ministers' Accord on Health Care Renewal recognized the need to address wait times (including radiation therapy for breast cancer). In 2005, the federal government appointed a Federal Advisor on Wait Times – Dr. Brian Postl's final report in June 2006 made recommendations to enhance timely access to services.

As this report card is being published, it is fair to say that wait times remain one of the top-of-mind issues in health care, with a wealth of reports on wait times being issued regularly by health professional groups, national healthcare organizations, research and policy institutes and advocacy organizations. The resource list in Appendix 2 of this report card includes a number of these reports for those who wish to explore this topic in more depth.

For Canadians living with breast cancer, timely access to treatment is essential if the disease is to be checked and recurrence or spread to other sites in the body prevented. For Canadians who have yet to be diagnosed with breast cancer, timely access to screening and diagnosis is essential if the disease is to be caught while the tumour is still small and easily treatable. Early detection and timely treatment enhance the chance of survival. Since 1993 the incidence of breast cancer has stabilized, and mortality from breast cancer among Canadian women has declined from 30 deaths per 100,000 persons in 1979 to 24 deaths per 100,000 in 2003.[1] Recent evidence shows a dramatic and encouraging decline in breast cancer incidence in the United States since 2002, which epidemiologists suggest may be due to the abandonment by women of hormone replacement therapy. New cases of the most common form of breast cancer (estrogen-positive) dropped 15% from August 2002 to December 2003 and have continued to decline.[2]

No Canadian studies have been published on this subject. However, according to a special report in *Canadian Cancer Statistics 2007* by the Canadian Cancer Society, the breast cancer death rate is declining significantly and more women are surviving longer. The declining death rate is due to more and better screening as well as more effective treatments.

Breast cancer is the most common cancer in women: one in nine women will be diagnosed with breast cancer during her lifetime, with the risk rising significantly after the age of 50. More than 22,000 women are newly diagnosed with breast cancer in Canada each year. Women account for 99% of breast cancer cases. Breast cancer is not a single condition because many types of tumours occur which may require different treatments. It is beyond the scope of this report card to look at wait times

[1] Vital Statistics, Statistics Canada.

[2] Kolata G. Big drop seen in U. S. breast cancer rates. *International Herald Tribune*, December 14, 2006. Also reported on CBC news: Reduced HRT may have cut U.S. breast cancer rates: study. December 14, 2006. www.cbc.ca/health/story/2006/12/14/breast-hormone.html.

for each type and stage of breast cancer because these data are not readily available from provinces and territories. The stage at which breast cancer is diagnosed influences the type of treatment chosen and the degree of urgency in beginning treatment.

Access to drugs is vital to good breast cancer care and this also involves wait times. From the time when a manufacturer begins the application process, one to two years will normally elapse before a drug is approved for sale in Canada. An additional three years or more may pass before a new drug appears on a provincial or territorial formulary, which makes the drug eligible for coverage under drug benefit programs to groups such as seniors or those living with specified diseases such as breast cancer. If drugs are not covered by provincial drug benefit programs, their cost is prohibitive for many women, and waiting for a provincial formulary to list a drug can become a significant component of treatment wait times. The Canadian Breast Cancer Network conducted a survey in 2004 on the financial impact of breast cancer: 0f 489 respondents, between 37% and 40% said they could not afford the cost of prescribed drugs.[3]

Methodology

Information for this report was gathered by several methods:

- Web-based research of provincial and territorial waitlist registries and other relevant information made available by provinces and territories online
- Verification of online data and provision of updated or additional information by provincial and territorial ministries of health and/or cancer agencies. We did not receive responses to our requests for verification from Manitoba or Nunavut; for these jurisdictions, we relied on information from government websites, but were unable to verify with government officials that the data were complete or current
- Brief review of relevant literature from Canada, the United States, the United Kingdom, Europe, Australia and New Zealand
- Web-based research on drug approval processes in Canada and the history of approval times for several breast cancer drugs

Limitations to this analysis include:

- Federally-provided health-care services were not looked at as a separate jurisdiction for this report card. Health care for most Canadians is delivered by the provinces and territories. For veterans, members of the armed forces and First Nations and Inuit populations, the federal government directly provides health-care services in collaboration with provincial and territorial governments

[3] Canadian Breast Cancer Network. 2004. *Results of the National Survey on the Financial Cost of Having Breast Cancer.* www.cbcn.ca/documents/pdf/financialsurveyresults_eng.pdf

- The provinces and territories do not keep data in the same way. For example, British Columbia wait times are for diagnosis with or without a biopsy, while Nova Scotia always includes a biopsy. Other provinces may differ in what they include or exclude in wait times data
- A lack of strictly identical or comparable measures between jurisdictions. Most provinces and territories, for example, report median wait times (the median is the point at which 50% of patients will have received the treatment in question), while others report average wait times (all wait times divided by the total number of treatments). We observed that, for provinces expressing wait time as both a median and an average, calculating a wait time as a median resulted in a somewhat shorter wait time than an average because an average can include a few unusually high wait times that skew the result. It must be kept in mind that at the median wait time, only 50% of women will have received the health service in question. Median or average times do not reveal how long women have to wait when they are among the 50% of cases receiving a service later than the median time indicates
- In some cases, data used are from different reporting periods and years. In all cases, we used the most recent available data. The dates of older data are provided
- Not all jurisdictions define a wait time by using the same start point. Canadian jurisdictions are working toward comparable measures, but we are not there yet. The Canadian Association of Provincial Cancer Agencies (CAPCA) has done considerable work on achieving consensus on definitions and reporting; their 2006 conference furthered the discussion in the areas of definitions of wait time, the concept of "ready to treat," how to express wait times, national approval process for definitions and measures, and the lack of public representation in the dialogue. CAPCA will continue to coordinate the consensus building process[4]
- Some of the comparisons used in this report card are approximations; as such the data do tell a story. This report card is a first step toward greater clarity in the future

[4] Canadian Association of Provincial Cancer Agencies. 2006. *Wait Time Consensus Conference: Conference Proceedings Summary Report.*

Wait Times – Diagnosis and Treatment

What is a Reasonable Wait Time? Clinical Guidelines and Benchmarks

It is accepted wisdom in cancer care that the earlier a cancer is detected and treated, the better the chance that the cancer can be eradicated and not recur. Survival data bear this out: since 1993, breast cancer survival rates have increased by 2.7% annually and the breast cancer mortality rate is at its lowest since 1950.[5] This improvement in survival rates is largely attributed to early detection and treatment. Canadian women now have better access to screening and mammography than in the past as many jurisdictions have increased screening programs, particularly for women aged 50-69.

In late 2005, Canadian provinces and territories, with the exception of Quebec,[6] agreed on benchmarks for treatment and screening for the five priorities identified by the First Ministers in 2004. While each jurisdiction is pursuing its own strategy to improve wait times, there is common agreement on benchmarks. The benchmark for radiation therapy to treat cancer patients was set "within four weeks of patients being ready to treat" for routine cases; emergency cases should be seen as soon as possible. The benchmark for breast cancer screening for women aged 50–69 was set at every two years.

Benchmarks for Breast Cancer Treatment

Surgery: There are as yet no national benchmarks for breast cancer surgery although some provinces have set targets for stages of cancer. In Ontario, for example, breast cancer surgery targets range from immediate to 12 weeks wait time, depending on the stage of cancer.

Chemotherapy: There are no national benchmarks for chemotherapy. Guidelines established in 2001 for chemotherapy by the Canadian Breast Cancer Initiative, a Health Canada funded project, had recommended that chemotherapy for early-stage breast cancer should begin as soon as possible after the surgical incision has healed.[7] There is very little research to support the establishment of clinical guidelines for chemotherapy. A recent research study from British Columbia shows that women with early stage breast cancer can safely wait up to three months after surgery to begin chemotherapy treatment but a longer delay

[5] Canadian Breast Cancer Foundation www.cbcf.org

[6] Under the principle of asymmetrical federalism agreed to by the federal and Quebec governments, Quebec will apply its own wait time reduction plan but will share information and best practices with other jurisdictions.

[7] Public Health Agency of Canada. 1998 (reviewed 2005). *Clinical practice guidelines for the care and treatment of breast cancer.* www.cmaj.ca/cgi/content/full/158/3/DC1

can increase the risk of recurrence and decrease the chance of five-year survival. This research report stated that most wait times for chemotherapy in Canada are in the range of 4-8 weeks, well within the safe limit.[8]

A benchmark time is the time by which 100% of patients should have received the treatment in question. This is the goal. Most jurisdictions report their data as median wait times, the time by which 50% of women will have received treatment. This means that 50% of patients will not have received treatment by this time. If benchmarks are attained for 100% of patients, the median wait time would be significantly shorter than the benchmark time. Because most jurisdictions are measuring their performance against the radiation benchmark by using median wait time, we have used this as the basis for comparison in this report.

The following table summarizes current benchmarks and targets for breast cancer treatment in Canada.

Abnormal screen to diagnosis	• 7 weeks from screen to diagnosis if a biopsy is required (Canadian Breast Cancer Screening Initiative)
Surgery	• No Canadian benchmark yet. Urgency depends on stage of cancer at time of diagnosis • Some provinces have established targets ranging from immediate (most urgent cases) to several weeks (least urgent)
Radiation	• 4 weeks (Canadian benchmark) • 3 weeks {10 working days (referral to appointment) + 10 days (appointment to treatment)} – Wait Time Alliance of Canada
Chemotherapy	• No Canadian benchmark yet • As soon as surgical incision healed (Canadian Breast Cancer Initiative) • Maximum safe wait time for early stage breast cancer is 12 weeks, with 4-8 weeks in the safe range (research based on British Columbia Cancer Agency data)

[8] Lohrisch C et al. 2006. Impact on Survival Time from Definitive Surgery to Initiation Adjuvant Chemotherapy for Early-Stage Breast Cancer. *Journal of Clinical Oncology* 24: 4888-4894. The study was conducted by the British Columbia Cancer Agency and involved the analysis of health records from almost 2600 women. It is the first major study to address the timing of chemotherapy delivery for early stage breast cancer.

Wait Times for Diagnosis and Treatment: Provincial/Territorial Data

The governments of several Canadian provinces and territories maintain online wait list information to inform citizens of wait times for treatment in the five priority areas identified by the First Ministers in 2004 and for some other types of care. The degree of detail of this online information varies: some provinces report wait times for most hospitals in the province, while others report only province-wide wait times and still others have not yet made this information available online. Comparisons of wait times between jurisdictions are not always exact because most provinces use median wait times while others use average times. In addition, start and end points for calculating wait times may vary between jurisdictions.

Tables 1-4 show the wait times reported by the provinces and territories for:

- Wait time from abnormal screen to diagnosis of breast cancer (Table 1)
- Wait time from diagnosis to surgery (Table 2)
- Wait time for radiotherapy (Table 3)
- Wait time for chemotherapy (Table 4)

Results are reported only for jurisdictions for which data were available. In most cases, the data were verified, updated and/or supplemented by the province or territory. Unless otherwise stated as average wait times, all times are median wait times.

A factor in total wait time for a diagnosis of breast cancer is the wait time for an initial screen, which we did not review in this report. Wait times for an initial screening can vary greatly among jurisdictions, ranging from a few days to several months. In most cases where the physician expresses a concern, a screen will be scheduled as soon as possible.

We can only describe the wait times in each jurisdiction rather than compare them because, as noted above, the provinces and territories do not record data in the same way.

Table 1: Wait Time from Abnormal Screen to Diagnosis of Breast Cancer (data current as of December 2007 unless otherwise indicated)

Jurisdiction	Wait time – abnormal screen to diagnosis
AB	Information not available
BC	Median wait time is 2.9 weeks in Fast Track program; 4.1 weeks otherwise
MB	Median wait time is 6.86 weeks in MB Breast Screening Program
NB	66.3% of women aged 50-69 met a 5.0 week wait time target from screen to diagnosis if no biopsy was required. 38.3% of women aged 50-69 met a 7.0 week target wait time if a biopsy is required
NL	Information not available
NT	Average wait time to biopsy is 1.7 weeks (12 days) Average wait time to diagnosis is 3.3 weeks (23 days)
NS	Median wait time for breast biopsy is less than 4.3 weeks (30 day) in all regions
NU	Information not available
ON	Median wait time is 4.7 weeks (33 days) for the Ontario Breast Screening Program (OSBC) Median wait time for those without breast cancer is 2.7 weeks (19 days) (2006 statistics)
PE	Information not available
QC	2004 data (most recent available): Median wait time was 3.9 weeks
SK	Information not available from Saskatchewan Health Health Quality Council report (2006): median provincial wait time was 4.4 weeks
YT	Wait time for diagnostic mammography is usually 2-3 days. Maximum wait time for diagnostic mammography is 1 week

In 1999, the Canadian Breast Cancer Screening Initiative (CBCSI) adopted a target of seven weeks from screen to diagnosis if a biopsy was required.

In 2002, only Prince Edward Island, Nova Scotia, Ontario and Alberta had median time of less than seven weeks. By 2007, the situation improved and most provinces had median times of less than seven weeks.

Table 2: Wait Time from Diagnosis to Surgery (data current as of December 2007 except for Prince Edward Island's 2006 data)

Jurisdiction	Wait Time – Surgery
AB	Urgent cases seen in 1-2 working days; no other data available
BC	Median wait time is 4 weeks (2004 – most recent available data); 94% of women receive surgery by 9 weeks (all cancers)
MB	Information not available
NB	Less than 3 months: 86.7% of cases; 3-6 months: 7.3%; 6-9 months: 2.3%; 9-12 months: 1.2%; 12-18 months: 1.0%; 18-24 months: 0.7%; more than 24 months: 0.9%
NL	Information not available
NT	Information not available
NS	Average wait time is less than 4.3 weeks (30 days) (all cancers)
NU	Information not available
ON	90% of surgeries are performed within 5.6 weeks
PE	Lumpectomy: 3 weeks; simple mastectomy: 5 weeks (2006 data)
QC	75% of women have surgery in 4 weeks or less
SK	Saskatchewan Health data: 70% of mastectomies performed for cancer were completed in 3 weeks and 96% were completed within 6 weeks of booking Health Quality Council report (2006): median wait time was 4 weeks
YT	Usually less than 6 weeks for surgery performed in Yukon. Complex surgeries performed out of territory

Prince Edward Island reports on several types of breast cancer surgery; we selected the shortest time of 20 days for a lumpectomy and the longest time of 35 days for a simple mastectomy.

Alberta times are for Edmonton and Calgary. British Columbia and Nova Scotia data are for all cancers. Once again, this underlines the differences between how data are collected and expressed in each jurisdiction.

Most provinces with available data have median wait times near or below four weeks. Most jurisdictions triage cases requiring surgery according to the degree or urgency, which may lead to a wide range of wait times for surgery, but aggregate median times provide some basis for comparison among jurisdictions.

Again, please note that this data is descriptive, and that we are unable to make comparisons between jurisdictions because they do not collect or express data in the same way.

Table 3: Wait Time for Radiotherapy (data current as of December 2007)

Jurisdiction	Wait Time – Radiation Therapy
AB	Median wait time is 4 weeks in Edmonton; 7 weeks in Calgary
BC	All cancers: Median wait time is 0.9 weeks (6 days)
MB	Median wait time is 3 weeks
NB	All cancers: 93.3% of patients received radiation therapy within 4 weeks of being ready to treat
NL	All cancers: 95% of all new cases have started radiotherapy within 4.3 weeks (30 days)
NT	Information not available
NS	All cancers: Average wait time between decision that radiation is needed and start of treatment is 5.6 weeks (39 days)
NU	Information not available
ON	(a) Wait times for referral to consultation: 37.5% of cases seen within target of 2 weeks (b) Wait times from patient being ready to treat to start of treatment: 45.2% of cases seen within target of 2 weeks
PE	Median wait time is one week (7.5 days)
QC	90% of women treated within 4 weeks or less
SK	Saskatchewan Health data: Median wait time is 2.9 weeks (Regina) and 5.1 weeks (Saskatoon) Health Quality Council report (2006): median provincial wait time was 13 weeks
YT	Not performed in Yukon. Patients referred to services in Alberta or British Columbia

Alberta times are for Edmonton and Calgary. British Columbia, New Brunswick, Newfoundland & Labrador and Nova Scotia data are for all cancers. Nova Scotia time is average, not median. Once again, this underlines the differences between how data are collected and expressed in each jurisdiction.

Alberta (Edmonton), British Columbia, Manitoba, Newfoundland and Labrador, Prince Edward Island and Quebec perform especially well; their median wait times meet or exceed the 4-week benchmark set by provinces and territories in 2005.

In addition to the provincial/territorial data that the Canadian Breast Cancer Network obtained for this report, there has been a recent report by the Canadian Association of Radiation Oncologists which found that only 53% of Canadian hospitals provide radiation therapy for breast cancer within four weeks of being ready to treat.[9] This finding is not directly comparable to our survey or provincial median wait times because the volume of patients varies between hospitals. Our data are consistent with the recent report card issued by the Canadian Wait Time Alliance: most provinces with available data received an A for radiation wait times for all cancer when measured against the 4-week benchmark (data from Alberta, Nova Scotia and Saskatchewan were not included).[10]

[9] Priest L. 2006. Vow broken on cancer wait times. *Globe and Mail.* November 11, 2006.

[10] Wait Time Alliance. 2006. *Wait Time Alliance Interim Report Card: Showing Promise.* http://www.cma.ca/multimedia/wta/english/WTA_report_card_EN_final.pdf

Table 4: Wait Time for Chemotherapy (data current as of December 2007)

Jurisdiction	Wait Time – Chemotherapy
AB	Median wait time is 3 weeks in Edmonton; 4 weeks in Calgary
BC	Median wait time is 0.4 weeks (3 days)
MB	Information not available
NB	Information not available
NL	Information not available
NT	Information not available
NS	Data from 1999-2000 study (most recent available): average wait time was 6.9 weeks (48 days) from surgery to first chemotherapy treatment and 12.6 weeks (88 days) from abnormal screen to first chemotherapy treatment
NU	Information not available
ON	Median wait time from referral to start of treatment is 5.6 weeks
PE	Information not available
QC	Information not available
SK	Saskatchewan Health data: Median wait time is 1.7 weeks (Regina) and 2.5 weeks (Saskatoon) Health Quality Council report (2006): median provincial wait time was 8 weeks
YT	No wait time – treatment starts immediately after referral. Approximately 50% of patients begin chemotherapy out of territory

Only six provinces and territories have provided information for chemotherapy wait times. Most provinces and territories that did report claim little or no wait time for chemotherapy, but apparently waits can be significant, as these data show. Alberta (Edmonton) and British Columbia do particularly well. Recent research results indicate that women with early stage breast cancer can safely wait up to three months (12.6 weeks) after surgery to begin chemotherapy treatment, but a longer delay can increase

the risk of recurrence and decrease the chance of five-year survival. The research report stated that most wait times for chemotherapy in Canada are in the range of 4-8 weeks, well within the safe limit.[11] Our data confirm this, but we do not know how long wait times are in non-reporting jurisdictions.

Factors Affecting Wait Times

Public Awareness

The media focus on wait times in the past few years should have the positive result that systems will be streamlined and made more efficient. The emphasis on shortening wait times may speed up work on conversion to electronic health records, tele-health, increasing health human resources and consolidation of wait lists and procedures (e.g. follow-up tests could be done on the same day when an abnormal result is found in a screening).

Technology

Scheduling procedures can affect breast cancer care. Generally, the more levels of administration or systems involved, the longer the delays because referrals from one part of the system to another take time and involve paperwork. The growing use of electronic health records and patient navigators may result in shorter wait times by reducing paperwork and the number of steps required for scheduling and processing results, or for accelerating communication between healthcare professionals.

There is evidence that Canada lags behind other countries in the use of electronic health records and information technology.[12] The Canada Health Infoway, an organization created by the federal/provincial/territorial Deputy Ministers of Health to foster the development of electronic health information systems, does not maintain disease or tumour registries because of budgetary constraints, but does allow for sharing of data for research. There is certainly room for improvement.

Place of Residence

Place of residence especially affects rural women and women living in the North who may have to travel for some or all aspects of breast health care, often at their own expense. This can introduce delays in screening and treatment because the expense of travel, accommodation, lost time from work and childcare are too great, causing women to put off treatment or choose options such as radical surgery in order to avoid having to travel for radiation treatment, for example. In these cases, women are not getting optimal care. Women diagnosed with breast cancer should not have to decide on treatment based on financial considerations.

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[11] Lohrisch C et al. 2006. Impact on Survival Time from Definitive Surgery to Initiation of Adjuvant Chemotherapy for Early-Stage Breast Cancer. *Journal of Clinical Oncology* 24: 4888-4894.

[12] A recent Commonwealth Fund study found that only 23% of Canadian doctors use electronic health records, the lowest of 7 countries studied. In the Netherlands, 98% of doctors use electronic records. See the Commonwealth Fund and Harris Interactive survey: *On The Front Lines of Care: Primary Care Doctors' Office Systems, Experiences and Views in Seven Countries.* 2006. and Protti D. 2006. *Adoption of Information Technology by General Practitioners in 10 Countries.* www.cma.ca/index.cfm/ci_id/49044/la_id/1.htm

Trends in Care Provision

The shift toward interdisciplinary and group practice by health care professionals that is being encouraged by some provinces may lead to shorter wait times if it encourages more effective communication and procedures and greater awareness of best practices and the need to innovate.

Some experts have suggested that the way in which wait lists are maintained has a great influence on how long patients wait. Queuing theory has resolved bottlenecks in bank and airport line-ups (by having people go to the next available agent rather than form individual lines at each agent's wicket). Similarly, a single wait list per jurisdiction would allow patients to go to the next available opening rather than being stuck on the wait list of an individual doctor or hospital as happens in most jurisdictions.[13]

Resources

Health human resource shortages and lack of equipment are also factors in long wait times. Shortages of trained health care providers result from not training enough people in colleges and universities, from budget constraints that result in hiring fewer staff than are actually needed to meet demand, or from rapid population growth such that demand for services outstrips staff capacity. Several jurisdictions told us that staff shortages affect their ability to shorten wait lists. In order to solve these problems, all levels of government are working to address health human resource issues, particularly in light of the upcoming retirement of many baby boomer health care professionals and the expected swell in demand for health care services as our population ages. In 2005 the First Ministers pledged to increase the supply of health professionals through the development of collaborative strategic action plans. The federal government is currently providing funds for a number of initiatives. Long wait times for screening and radiation therapy can result from a shortage of equipment. Diagnostic and treatment equipment is expensive, which limits the number of units that can be bought.

Approaches to shortening wait times that are being tried in several jurisdictions include changes in scheduling practices, extending hours of service (which may be hampered by staff shortages), and prioritizing degrees of urgency of surgery or other treatment (already done for breast cancer in most jurisdictions).

[13] Postl B. 2006. *Final Report of the Federal Advisor on Wait Times* and Rachlis M. 2005. *Public Solutions to Health Care Wait Lists*.

Best Practices and Strengths

Wait Times for Diagnosis and Treatment

Although data are not available for all provinces and territories, we can look at those provinces that do report on wait times and draw some preliminary conclusions.

Who is Doing Well?

Wait time from screening to diagnosis

- Most reporting jurisdictions

Diagnosis to surgery

- Alberta (urgent cases seen in 1-2 working days). Other reporting jurisdictions vary widely and the data are difficult to compare

Radiation Therapy

- Alberta (Edmonton), British Columbia, Manitoba, Prince Edward Island and Quebec attain the national benchmark of 4 weeks or less

Chemotherapy

- Wait times are shortest in British Columbia (0.4 weeks), Saskatchewan – Regina (1.7 weeks) and Alberta - Edmonton (3 weeks). Yukon has no wait time, but 50% of chemotherapy is out of territory

Overall

Based on this information, we can conclude that women living with breast cancer are generally best served in British Columbia (most treatments), Quebec (most treatments), Prince Edward Island (most treatments), and Alberta - Edmonton (radiation and chemotherapy). The finding that British Columbia offers the fastest access to treatment is consistent with a number of other studies that have found that British Columbia has the best cancer outcomes and lowest cancer mortality in Canada.

Providing Public Information

Ontario does well with clear web-based information available to the public on most procedures including wait times for individual hospitals throughout the province. It continues to invest in improving its Wait Times Information System.

Best Practices

Some programs deserve to be highlighted as examples of best practice:

- British Columbia Cancer Agency's *Fast Track* screening and diagnosis program. Factors for success include reducing the number of levels of intervention and the number of appointments required. Abnormal screening results are sent directly to a diagnostic facility, which calls the woman directly for an appointment. The family doctor then receives an interim report and results. Previously, the screening results were sent to the family doctor, who then booked an appointment with the woman before making a referral to a diagnostic centre. In a 2001 pilot of this program, waiting time from abnormal screen to diagnosis was reduced to 6 days from 23 days if a biopsy was not needed and to 22 days from 53 days if a biopsy was required
- The Sault Ste. Marie Breast Health Centre has shortened the time between mammogram screening and diagnosis by 75% by grouping tests together that were previously done separately. A mammogram can be followed on the same day by an ultrasound and biopsy[14]
- Manitoba reduced wait times for mammography in rural and northern communities through mobile clinics in vans; the participation rate rose from 20% in 1995 to 45% in 1999 across the province.[15] More than 75% of women in Manitoba aged 50-69 now have regular mammograms
- The Alberta Web Surgical Medical Records Program allows doctors to fill out a standard electronic form after surgery that can be shared by the entire cancer team, which should favour faster decisions about next steps in treatment
- New Brunswick is reducing wait times for cancer patients in the northern part of the province through telemedicine hook-ups between a specialist in Moncton and local family physicians
- The Western Canada Waiting List Project provides tools to doctors to help them rank the urgency of treatments in order to improve management of wait lists. The four western provinces and health care stakeholder organizations are involved in the Project
- A new partial breast radiation approach is being studied at several sites in Canada. This may lead to shorter and less painful treatments. The new treatment approach could benefit rural women and those who have to travel to receive radiation treatment because the treatment could be delivered in one week instead of the current time of up to eight weeks of daily radiation treatment. This has obvious advantages in cost and time savings for patients. Currently some women are choosing breast removal to avoid radiation treatment after lump removal in order to lessen the cost of long treatments away from home or time lost from work[16]

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[14] Rachlis M. 2005. *Public Solutions to Health Care Wait Lists.*

[15] Canadian Institute for Health Information. 2006. *Waiting for Health Care in Canada.* www.cihi.ca

[16] *Doctors focus radiation on breast tumours.* CBC news report, November 3, 2006. www.cbc.ca/health/story/2006/11/03/breast-radiation.html

These are a few encouraging examples of innovative approaches to shorten wait times for breast cancer care. It will be important to collect other examples of best practices and to share them widely so that they can be adapted to local conditions.

Gaps in Information

This Report Card was assembled from data available in late 2007 from the provinces and territories or from research reports compiled using provincial health records. Complete data for the four categories of wait time that we looked at were available only for British Columbia, Nova Scotia, Ontario and Saskatchewan. Quebec, New Brunswick and Alberta had data for three categories; Manitoba and Prince Edward Island had data for two categories; Newfoundland and Labrador, Northwest Territories and Yukon[17] had data for one category. No data are available for Nunavut. Some provinces report on breast cancer, while others report on all cancers. These are early days for wait time reporting; we should expect more comprehensive data from most jurisdictions within the next year or two.

Breast cancer exists in many forms and is diagnosed at various stages of progression. It would be useful to have more refined data that could show wait times and research that could lead to benchmarks for optimal treatment for the diversity of breast cancer conditions.

Many analysts have pointed out the difficulty of comparing data between jurisdictions because some use median times, others use average times and some start the clock running at different times to measure the same treatment. This discrepancy has been identified by the jurisdictions as one requiring attention and work is proceeding on developing comparable measures, an initiative led by the Canadian Association of Provincial Cancer Agencies.

We found that many provinces had wait list websites that were hard to navigate. In some cases, information had to be pieced together from several provincial websites. Wait time information for the public needs to be made more accessible on user-friendly websites.

Weaknesses in Performance

The research for this report card shows that some jurisdictions with data have long wait times. Others do not report these data or do not provide the services (women must travel to another jurisdiction; this can involve cost and certainly added time for the patient). Because of the lack of data from some jurisdictions, we cannot know how long women wait for diagnosis and treatment in these jurisdictions. In the absence of complete data, we do not know if the relatively long waits noted in this report card are in fact the longest in Canada.

[17] We used only Yukon data for time between an abnormal screen and diagnosis. Both surgery and radiation are performed partly in Yukon and partly in other jurisdictions to which patients may be sent, which makes it difficult to calculate wait times. Radiation is not performed in Yukon.

Saskatchewan
Saskatchewan has relatively long wait times that were reported in October 2006 by the Saskatchewan Health Quality Council. This is consistent with our comparisons: wait times in Saskatchewan were longest in most cases among the provinces that had available data. The government of Saskatchewan has announced plans to reduce wait times and to recruit more health care professionals. The Saskatchewan Quality Council is working to reduce wait times in collaboration with the Saskatchewan Cancer Agency, health regions and quality improvement teams made up of providers and breast cancer survivors.

Ontario
Ontario has a relatively long wait time for radiation therapy. The Government of Ontario is working at expanding capacity in screening and diagnosis and has announced that it will be buying new radiation equipment at 10 of its 11 cancer centres. This should help further reduce wait times for radiation therapy, which have fallen by 38% in the last three years. Ontario also has relatively long waits for chemotherapy; there are no announcements of plans to address this, but the province plans to open four new cancer centres.

Nova Scotia
The most recent available data show that Nova Scotia also has relatively long wait times for chemotherapy.

Nunavut
The government of Nunavut states that Nunavut has the lowest rate of breast cancer in Canada. On the other hand, there is no breast cancer screening available in Nunavut and the government will not pay for women to travel to a jurisdiction where they can be screened unless they have definite symptoms. In the absence of symptoms, the cost of a woman's mammography will be paid for by the Nunavut government, but she must pay the cost of travel. Since a Canadian benchmark for screening has been established for women aged 50-69 of a mammography every two years, Nunavut is currently unable to meet this target.

International Practice and Policy – A Brief Overview

How do Canada's 13 health care jurisdictions compare with other countries? We did a web search for wait time literature for the United States (US), the United Kingdom (UK), Australia and New Zealand. Wait times for radiation therapy are the wait times most available from other countries.

United States
Unlike Canada, wait times do not appear to be a major preoccupation in the US. We found very little literature on this topic, even for recipients of Medicare or Medicaid. Because the US does not have a universal publicly-funded health care system, access in terms of wait times may be not perceived as a problem by those who can afford to pay for health care, while those who cannot afford to pay simply do not use health care services.

United Kingdom

With respect to breast cancer detection, the UK does well. Screening programs for breast and cervical cancer in the UK have a participation rate of almost 80% compared to rates of 34%-61% in Canada, depending on where one lives.[18] The target for beginning treatment after diagnosis for all cancers is one month in the UK under the National Health Service Cancer Plan, published in 2000. A target of 98% of people with cancer receiving treatment within one month was exceeded (98.9%) in 2006.[19] Canada compares well with the UK in wait times for breast cancer surgery and less well in wait times for radiation therapy measured against the UK target of one month (equivalent to Canada's 4 week benchmark). Most reporting Canadian jurisdictions achieved a median wait time for surgery of 4 weeks or less, although the UK median would be less than this if 98% of patients there receive treatment within one month. Canada's wait times for radiation therapy range from 0.9 weeks to 13 weeks, with only half of the reporting jurisdictions achieving wait times of 4 weeks or less, while the median wait time in the entire UK would be less than 4 weeks.

Australia

There was little government information available about wait times for breast cancer treatment in Australia because the major waiting time preoccupation in that country is waiting times in hospital emergency departments. We can infer that wait times may be somewhat shorter for some procedures, but we have insufficient evidence for firm conclusions.

New Zealand

New Zealand has data available for radiation therapy for all cancers. In the period between 1999 and 2002, waiting times increased. During 2002, the median wait time was more than 6 weeks. In 2001, the New Zealand government began referring selected patients to Australia for radiation therapy in order to relieve the pressure on the New Zealand system. At least compared to these waiting times, most Canadian jurisdictions do better.

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[18] Picard A. Heal, Britannia: U.K. gets cancer care right. *Globe and Mail*. November 25, 2006.

[19] *Landmark Target Hit in Reducing Cancer Waiting Times, UK*. Report of the Health Secretary in article dated June 4, 2006. www.medicalnewstoday.com. Select Cancer/Oncology news.

Wait Times – Drug Approvals and Availability

Wait times for diagnosis, surgery, radiation or chemotherapy are important components of access to care. These provide part of the picture of access to care for Canadians living with breast cancer. Another important part of the picture is wait times for drugs to be approved and made available through public programs. In Canada, drug approval can be a long process taking four or five years between the initial application for approval by the drug manufacturer to Health Canada and the eventual inclusion of the drug on provincial/territorial formularies. Listing on a provincial or territorial formulary in many jurisdictions allows the drug to be provided at little or no cost to breast cancer survivors through special drug access programs.

These are the steps in the drug approval process in Canada:

- Application by the drug manufacturer to Health Canada for approval to sell the drug in Canada. Health Canada reviews the drug for safety and efficacy

  – Time elapsed: 1–2 years

- Common Drug Review through the Canadian Agency for Drugs and Technologies in Health. The Canadian Expert Drug Advisory Committee reviews clinical evidence of the drug's effectiveness and cost-effectiveness. The expert committee recommends whether or not the drug could be approved by the provinces and territories for inclusion on provincial/territorial formularies. The Common Drug Review, which did not review intravenous cancer drugs, handed over responsibility for reviewing all new cancer drugs (oral and intravenous) to the Joint Oncology Drug Review (JODR) as of March 1, 2007

  – Time elapsed: up to one year

- The Joint Oncology Drug Review (JODR), which was established on March 1, 2007 as a one year interim process, is an effort at a further shared review by the provinces. During this interim process, all drugs used for active treatment of cancer are being submitted through Ontario and follow the Ontario Guidelines for Drug Submission and Evaluation. The transition from JODR to a permanent national review process has been delayed from March 2008 to late 2008. Details regarding the structure of the submission and review processes, review committee, etc., have not yet been announced. JODR involves a single clinical efficacy review and a single cost-effectiveness review resulting in a single listing recommendation to all provinces and territories. All provinces with the exception of Quebec are participating in JODR. The participating provinces have agreed that a "do not list" recommendation will result in oncology drugs not being listed in provincial formularies, while a "list" recommendation will not be binding, but rather each province will make their own listing decision based on individual considerations. As a result, it does not appear that the JODR process has totally replaced the individual review by each province and territory

- More information on JODR can be found at:
  http://www.health.gov.on.ca/english/providers/pub/drugs/dsguide/docs/guide_ccondfp.pdf

  – Time elapsed: up to one year

Please See Appendix 3 for the Canadian Breast Cancer Network Position on the Common Drug Review (CDR) and the Joint Oncology Drug Review (JODR)

- A further level of drug approval may be added to this process because some regional health authorities and individual hospitals maintain their own formularies for drug benefit programs. Considerations here are also largely budgetary. This can result in chemotherapy or other drugs being provided by some hospitals and not by others in the same province.

  – Time elapsed: variable and sometimes unknown because data are not readily available

Total time elapsed between the manufacturer's first application to Health Canada and final inclusion on a provincial or local formulary can be between 3–5 years or longer. New drugs typically cost more than older ones that have been on the market for a while. There is constant pressure on provinces or hospitals with tight budgets to contain drug costs and therefore a tendency to delay approval on the formulary of an expensive new drug unless there is overwhelming evidence that it is far superior to an existing drug. New drugs under Canadian law are protected by patent for 20 years. Once the patent has expired, the drug can be manufactured generically at a much lower cost. Generic drugs still go through an approval process before they are included on formularies, but the process is much shorter than for new drugs.

For those who can afford to pay for drugs out of their own pocket or who are covered by private insurance, wait times for access to drugs can be shorter. Once a drug has been approved for sale in Canada by Health Canada (the first step in the process of approvals), it can be purchased by Canadians who will pay the full price of the drug from their own pocket or be reimbursed by a private insurance plan. Those who do not want to wait for chemotherapy drugs to be included on the formulary in Ontario can also pay privately for some chemotherapy drugs that can be administered at a cancer treatment centre by a physician. In this case, the patient would pay for the drug, but not the use of treatment centre facilities or the doctor's fee. This is controversial because it allows wealthier patients faster access to care.

Private sector clinics across Canada also offer infusion with new cancer drugs not covered by provincial drug plans; in most cases, all costs must be fully paid for by the patient.[20]

When a drug has not yet been approved by Health Canada for sale in Canada, a physician can apply through the federal Special Access Program for permission for the patient to buy the drug in cases where the illness is serious or life-threatening and other therapies have failed. In some cases, the manufacturer may make the drug available at little or no cost through compassionate access programs. When a drug approved for sale in Canada is not listed on the provincial or territorial formulary, some jurisdictions have a special authorization program for coverage that is reviewed on a case-by-case basis. If the application is approved, the drug is provided at little or no cost to the patient.

The Cancer Advocacy Coalition of Canada published a study on the availability of cancer drugs by province in its 2007 report card.[21] The study showed that access to drugs and coverage by provincial drug plans is variable for breast cancer drugs. While

[20] Priest L. Clinics let cancer patients purchase treatment. *Globe and Mail*. December 8, 2006.

[21] 2007. *Report Card 2007,* Cancer Advocacy Coalition of Canada. www.canceradvocacy.ca

Herceptin, for example, is now paid for by provincial drug plans in all provinces, in 2007, Arimidex, Aromasin and Femara were fully provincially funded only in British Columbia, Alberta, Quebec, Prince Edward Island and Manitoba. In terms of best coverage, once again British Columbia came out on top.

The 2004 Canadian Breast Cancer Network survey on the financial cost of having breast cancer revealed that close to 40% of breast cancer survivors cannot afford prescribed drugs. It is unacceptable that patients should be deprived of proper treatment and have to suffer pain because they cannot afford the necessary drugs.

How do we fare when compared to other countries? Drug approval times may not be shorter in other countries, but they are often earlier. Drugs are usually approved for sale in the United States and the United Kingdom before they are approved by Health Canada for sale here. Some Canadian commentators think we could fast track drug approval by automatically approving drugs that have already been approved by both the United States and the United Kingdom. This would also mean that resources consumed by the Health Canada approval process could be directed into efficiencies in the entire Canadian drug approval system. The European Union has developed a common review and approval system through the European Medicines Agency. Each country retains its own medicines agency, but the common review process has increased approval times significantly.

Next Steps: Recommendations and an Advocacy Strategy on Wait Times

The findings in this report card show that there is room for improvement in wait times for breast cancer care in Canada. The Canadian Breast Cancer Network can play a leadership role in advocating for positive change.

Recommendations

The Canadian Breast Cancer Network:

- Encourages all jurisdictions to provide information on breast cancer wait times, including electronically, that is accessible and comparable between jurisdictions so that best practices can be identified, showcased, analyzed and shared, weaknesses can be identified and addressed and consumers be well informed
- Encourages more research into breast cancer wait times, including:
  - The development of clinically sound wait time benchmarks for all types and stages of breast cancer
  - Ways of shortening wait times while maintaining quality
- Encourages the Federal government to continue support to the provinces and territories for reduction of wait times for breast cancer care

As part of an advocacy strategy on wait times, the Canadian Breast Cancer Network will:

- Work collaboratively with national partners, other consumer groups and organizations representing healthcare professionals to develop approaches that foster change and lead to shorter wait times, improved and timely access to drugs and high-quality care
- Work collaboratively with other concerned organizations to ensure breast cancer issues, including wait times and drug availability, remain high on the public agenda
- Become a voice for consumers in the wait time definition consensus project being led by the Canadian Association of Provincial Cancer Agencies
- Work collaboratively with other national partners to:
  - Monitor wait time strategies and work for improvements
  - Encourage human resources initiatives that will result in adequate numbers of qualified health care providers to shorten wait times
  - Encourage efficiencies in health care systems through increased use of electronic health records (while protecting privacy) and more streamlined and integrated systems and procedures
  - Ensure that breast cancer issues, including wait times and drug availability, stay high on the agenda of the Canadian Partnership Against Cancer (CPAC)
- Work in partnership with the Cancer Advocacy Coalition of Canada and other stakeholders with expertise in drug application and accessibility

At the provincial and territorial level, the Canadian Breast Cancer Network will:

- Encourage provincial and territorial partner and member groups to ensure that their provincial and territorial governments provide information on breast cancer wait times, including electronic versions, that is accessible and comparable between jurisdictions so that best practices can be identified, showcased, analyzed and shared, weaknesses can be identified and addressed, and consumers will be well informed
- Encourage provincial and territorial partners to work with provincial/territorial officials to determine how needed drugs can be included on formularies as quickly as possible and how to ensure that no one who needs drugs for treatment, side effects or pain goes without because the drugs are not affordable

Appendix 1

Provincial and Territorial Wait Times

The charts on the following pages show available data for provincial and territorial wait times for the four fields looked at in this report card:

- Abnormal screen to diagnosis
- Diagnosis to surgery
- Wait time for radiation therapy
- Wait time for chemotherapy

The provinces and territories are listed in alphabetical order.

Alberta

Verified by the Alberta Cancer Board

www.cancerboard.ab.ca

Data report period for radiation and chemotherapy wait times is October 1, 2006 to October 31, 2007. Data are expressed as median wait times.

Wait times for radiation and chemotherapy available only for Cross Cancer Centre, Edmonton, and Tom Baker Cancer Centre, Calgary

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy	Notes
Diagnosis available at 6 centres in Alberta. No information on wait times available online. Access to mammography is immediate for urgent cases and generally 1-2 weeks wait for non-urgent cases.	Surgery provided in all 9 health regions. Emergency patients seen immediately; urgent patients seen within 1-2 working days.	12 week goal by 2007/08, but target is total of 8 weeks from referral to treatment. Note: radiation only available in Calgary and Edmonton **Wait times:** Referral to appointment with radiation oncologist: 3 weeks in Edmonton or 6 weeks in Calgary. Appointment with oncologist to start of radiation therapy: 1 week in both Edmonton and Calgary. Total wait time is 4 weeks in Edmonton; total wait time is 7 weeks in Calgary.	Target is 4 weeks from referral to appointment with oncologist. Wait times available only for Edmonton and Calgary. Referral to appointment with oncologist: 2 weeks in Edmonton or 3 weeks in Calgary. Appointment with oncologist to start of chemotherapy: 1 week in both Edmonton and Calgary. Total wait time is 3 weeks in Edmonton; total wait time is 4 weeks in Calgary.	Comprehensive breast cancer programs exist in Edmonton, Calgary, Red Deer and Lethbridge. Wait times fluctuate, depending on operating room time availability or with time of year (e.g. after Christmas break). The rapid population growth in Calgary contributes to longer wait times in out-patient and day-care programs because of space availability and shortage of trained staff. All partial weeks are rounded up to the next whole number (e.g. 2.1 weeks would be expressed as 3 weeks). Edmonton, Calgary and Red Deer are currently participating in the Breast Cancer Care Wait Time Initiative (2007-2009).

British Columbia

Verified by the British Columbia Cancer Agency

Hospitals and physicians maintain their own wait lists.

To reduce the stress associated with the waiting period for diagnosis, the Mammography Program of BC (SMPBC)–a program of the BC Cancer Agency–introduced "Fast Track" in 2002 to reduce the time between abnormal screening mammogram to the first imaging workup.

BC Cancer Agency provides radiation and chemotherapy in Vancouver, Victoria, Surrey and Kelowna. These locations are regional cancer centres; BC has additional cancer clinics. Location information can be found at www.bccancer.bc.ca/RS/default.htm.

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy	Notes
About 7% of BC women who have a screening mammogram will need further imaging workup; 0.7% will also require a biopsy. The time between abnormal screen and first assessment workup is on average 9 days shorter for women under the Fast Track system in SMPBC. The median time from abnormal screen to diagnosis is 2.9 weeks under Fast Track and 4.1 weeks under the standard referral for diagnostic workup.	Most recent available data: Median time between diagnosis and surgery in 2004 was 28 days (4 weeks), with 90% of women receiving surgery by 64 days (9 weeks).	In 2006/07, 97% of British Columbians requiring radiotherapy started treatment within 4 weeks of being medically able to receive it. Median wait time during the same period was 6 days (0.9 weeks).	In 2006/07, 90% of new patients in BC requiring chemotherapy received the treatment within 2 weeks of being able to receive it. Median wait time during the same period was 3 days (0.4 weeks).	Breast cancer and BC Women: A Report to the Minister of Health from the Minister's Advisory Council on Women's Health (1995) recommended: Immediate action should be taken to address the lack of progress in the special project with BC Women's Hospital and the BC Cancer Agency to reduce the wait time between abnormal mammograms and follow-up. Currently BC is implementing a patient experience survey for Ambulatory Oncology – results will be available in the near future. Provincial Health Services Authority is working with the Ministry of Health to establish access targets towards meeting First Ministers' benchmarks for screening mammography.

Manitoba

Verified by Manitoba Health
www.gov.mb.ca/health/waitlist/radiation/breast.html

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Diagnosis of breast cancer: median wait time is 6.86 weeks. (Data are specific to the Manitoba Breast Screening Program).	Information is not yet routinely captured.	Median time for all MB for breast cancer is 3.0 weeks (October 2007).	Information is not yet routinely captured.

New Brunswick

Information provided by the New Brunswick Cancer Network

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Most recent data available are those for 2002[1]: 49.6% of women aged 50-69 met a 3.0 week target wait time from screen to first assessment. 66.3% of women aged 50-69 met a 5.0 week wait time target from screen to diagnosis if no biopsy was required; 38.3% of women aged 50-69 met a 7.0 week target wait time if a biopsy is required.	The New Brunswick Surgical Registry is collecting wait time data for all surgical procedures: www.gnb.ca/0217/NBSCN-RSCNB/wait-e.asp Aggregate provincial wait time for breast excision surgery is provided as follows: • Less than 3 months: 86.7% of cases • 3-6 months: 7.3% of cases • 6-9 months: 2.3% of cases • 9-12 months: 1.2% of cases • 12-18 months: 0.7% of cases • More than 24 months: 0.9%	Wait times for all types of cancer for October 2007: 93.3% of patients received radiation therapy within 4 weeks of being ready to treat. www.gnb.ca/0051/cancer/benchmarks_wait-times-e.asp	Not available

[1] Public Health Agency of Canada, 2005. Organized Breast Cancer Screening Program in Canada – Report on Program Performance in 2001 and 2002. Special Topic: Waiting for a Diagnosis following an Abnormal Screening Examination in Canada – Progress to Date. www.phac-aspc.gc.ca/publicat/obcsp-podcs01/pdf/Breast-En_2001-2002/pdf

Newfoundland and Labrador

Verified by the Department of Health and Community Services
No central wait time database established yet

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Not available.	Not available.	Most recent available data for all cases requiring radiation therapy (not specific to breast cancer.[1] January to March, 2007: 95% of all new cases have started radiotherapy within 30 days (4.3 weeks). Some patients sent to Princess Margaret Hospital in Toronto for radiation therapy for breast cancer.	Not available.

[1] www.releases.gov.nl.ca/releases/2007/health/1022n02.htm

Northwest Territories

Verified by Northwest Territories Ministry of Health and Social Services
NT does not currently collect all of these data

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Screening program in effect. Average wait time to diagnosis is 23 days (3.3 weeks). Average wait time to biopsy is 12 days (1.7 weeks).	Data not collected. Patients referred to Cross Cancer Institute in Edmonton, Alberta.	Data not collected. Patients referred to Cross Cancer Institute in Edmonton, Alberta.	Chemotherapy provided at Stanton Territorial Hospital in Yellowknife. Data on wait times not collected.

Nova Scotia

All information except for chemotherapy wait times verified by Cancer Care Nova Scotia
Chemotherapy information obtained from a research report based on analysis of provincial health records
http://gov.ns.ca/health/waittimes/wt_treatment_service/diagnostic/Mammography
http://gov.ns.ca/health/waittimes/wt_treatment_service/diagnostic/breast_biopsy.htm
http://gov.ns.ca/health/waittimes/wt_treatment_service/treatment/mastectomy.htm
http://gov.ns.ca/health/waittimes/wt_treatment_service/treatment/radiation_therapy.htm

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Median wait time for breast biopsy is less than 30 days in all regions. Wait times can range from < 15 days - 180 days (90% performed by 90 days). Data reporting period is April 1 to June 30, 2007.	Wait times for mastectomies calculated as time elapsed between first previous visit to physician and the surgery. *Average* wait time for mastectomy is <30 days (i.e. 77% performed by 30 days and 92% performed by 90 days). Close to 100% of all mastectomies performed within 180 days. Data reporting period is April 1 to June 30, 2007.	Not available for breast cancer. All cancers: April to June 2007: Wait time from referral to appointment with radiation oncologist is average of 21 days (Cape Breton) and 24 days (Capital Health – Halifax region). Average wait time between decision that radiation is needed and start of treatment is 39 days. Actual wait times depend on the urgency level.	Not available online. A study of elapsed times detection of breast cancer to provision of adjuvant therapy in Nova Scotia, 1999-2002, reported that the average wait time was 6.9 weeks (48 days) from surgery to first chemotherapy treatment and 12.6 weeks (88 days) from abnormal screen to first chemotherapy treatment.[1]

[1] Saint-Jacques N et al. 2007. Wait times for breast cancer care. ***Br J Cancer.*** 2007; 96: 162-8.

Nunavut

Verified by Nunavut Department of Health and Social Services
www.gov.nu.ca/health

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Breast cancer mortality rate is lowest in Canada. 4-5 cases are diagnosed annually. Mammography must be done outside Nunavut. Test cost covered, but not travel cost unless mammography is undertaken as a result of a physician referral. The new Qikiqtani General Hospital will have a mammography machine on site; diagnostic service (not screening) will be offered when a technician is in place. Biopsies can be performed at Baffin Regional Hospital.	Lumpectomies and other procedures are done at out of territory facilities.	Radiation is not offered in Nunavut.	Chemotherapy is usually not offered in Nunavut but may be performed in a patient's home community if trained nurses are available to provide this service.

Ontario

Information provided by the Ministry of Health and Long-Term Care on behalf of Cancer Care Ontario
www.cancercare.on.ca/qualityindex2007/access/breastWaitTimes/index.html
www.cancercare.on.ca/index_waittimesRadiation.asp
www.cancercare.on.ca/index_waittimessystemic.asp

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Median wait time is 4.7 weeks (33 days) for the Ontario Breast Screening Program (OSBC). Median wait time for those without breast cancer is 2.7 weeks (19 days) (2006 statistics).	90% of surgeries are performed within 5.6 weeks (39 days). This is below the provincial target of 12 weeks.	(a) Wait times for referral to consultation: 37.5% of cases seen within target of 2 weeks. Range of cases seen within 2 week target is 8%-73.1%, depending on the region. (b) Wait times from patient being ready to treat to start of treatment: 45.2% of cases seen within target of 2 weeks. Range of cases seen within 2 week target is 18%-90%, depending on the region.	Median wait time from referral to start of treatment is 5.6 weeks, with a range of 4.1-7.25 weeks, depending on the region.

Prince Edward Island

Information verified by the Department of Health

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Information not currently available.	Information not currently available.	Calendar year 2006: Breast cancer: 7.5 days median wait time (average is 10.7 days).	Information not currently available.

Quebec

Information verified by the Ministère de la santé et des services sociaux

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
2004 data: Median wait was 3.9 weeks. (Compare with 1998-99 when median wait was 4.3 weeks).	Current data: Wait time calculated from date that patient is medically ready for surgery and the date of the operation. 75% of women have surgery in 4 weeks or less. Target is 4 weeks for all types of cancer surgery.	Current data: 90% of women treated within 4 weeks or less.	Wait times not available.

Saskatchewan

Information verified by Saskatchewan Health
The Saskatchewan Cancer Agency is responsible for the provision of radiotherapy and chemotherapy in Saskatchewan's two tertiary cancer centres: the Allan Blair Cancer Centre (Regina) and the Saskatoon Cancer Centre

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Not available.	Booking date to surgery:[1] 70% of mastectomies performed for cancer were completed in 3 weeks and 96% were completed within 6 weeks of booking.	Data for January to June 2007: Median wait time from first appointment with a radiation oncologist to start of treatment was 2.9 weeks (Regina) and 5.1 weeks (Saskatoon).	Data for January to June 2007: Median wait time from first appointment to start of treatment with a medical oncologist was 1.7 weeks (Regina) and 2.5 weeks (Saskatoon).

Data cited in 2006 Saskatchewan Health Quality Council report on wait times for breast cancer[2]

Saskatchewan Health Quality Council

Data compiled from provincial health records

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy
Median time elapsed from mammography or visit to family physician and diagnosis (biopsy) is 31 days (4.4 weeks).	Median time is 28 days (4 weeks).	Median time is 91 days (13 weeks) from date of surgery and/or chemotherapy.	Median time is 57 days (8 weeks) from date of surgery.

[1] Saskatchewan's Surgical Patient Registry collects information on wait times from booking date to surgery date for operating room surgeries, including mastectomies.

[2] Saskatchewan Health Quality Council. 2006. The Time It Takes: Breast Cancer Care in Saskatchewan. www.hqc.sk.ca

Yukon

Verified by the Department of Health and Social Services

Wait times are highly sensitive to health human resources availability because of the difficulty of recruiting and retaining staff in northern locations

Abnormal screen to diagnosis	Diagnosis to surgery	Wait time for radiation	Wait time for chemotherapy	Notes
Wait time for diagnostic mammography is usually 2-3 days. The maximum wait time for diagnostic mammography is 1 week. Wait time for screening mammography is approximately 5 months.	For those surgeries that are performed in Yukon, wait times are usually less than 6 weeks. Complicated surgeries are performed out-of-territory. Wait times are dependent on the wait times of the jurisdiction to which the patient is referred.	Radiation therapy is not performed in Yukon. Patients are referred to radiation services in Alberta or British Columbia.	Most chemotherapy treatments are provided in the territory. Approximately 50% of chemotherapy patients start treatment out of territory and the remaining 50% begin their chemotherapy in Yukon. There is no wait time for chemotherapy in Yukon. Once a patient is referred to the Yukon chemotherapy program, treatment can begin immediately.	Yukon does not have a resident oncologist. Although Yukon has regular visiting oncology services, this is primarily for follow-up and to provide ongoing direction and support to the chemotherapy program. When a patient receives an abnormal screen, they will be referred out of territory. On diagnosis, the out of territory oncologist will refer the patient to the Yukon chemotherapy program either after or before beginning treatment. The oncologist provides direction to the chemotherapy program on the treatment required for the patient.

Appendix 2

Resources

Reports and publications

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4. Canadian Breast Cancer Network. 2004. *Results of the National Survey on the Financial Cost of Having Breast Cancer.* www.cbcn.ca/documents/pdf/financialsurveyresults_eng.pdf
5. Canadian Institute for Health Information. 2006. *Waiting for Health Care in Canada: What We Know and What We Don't Know.* www.cihi.ca
6. Cancer Advocacy Coalition of Canada. *Report Card 2007.* www.canceradvocacy.ca
7. Canadian Institutes of Health Research. 2005. Workshop report on Access to Quality Cancer Care. http://www.cihr-irsc.gc.ca/e/28794.html
   College of Family Physicians of Canada. 2006. *When the Clock Starts Ticking: Wait Times in Primary Care.* www.cfpc.ca/local/files/Communications/Wait_Times_Oct06_Eng.pdf
8. Commission on the Future of Health Care in Canada: Final Report (The Romanow Report). 2002. www.hc-sc.gc.ca/english/care/romanow/index1.html
9. Commonwealth Fund and Harris Interactive survey. 2006. *On The Front Lines of Care: Primary Care Doctors' Office Systems, Experiences and Views in Seven Countries.* http://content.healthaffairs.org/cgi/content/abstract/hlthaff.25.w555?ijkey=3YyH7yDwrJSoc&keytype=ref&siteid=healthaff
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13. *Globe and Mail.* 2006. www.globeandmail.com.
    a. Abraham C. Meet the A-Team of stem-cell science. November 25, 2006.
    b. Gandhi U. One family, 10 different outcomes. November 20, 2006.
    c. McIlroy A. The end of chemo? One magic pill may hold answer. November 28, 2006.
    d. Picard A. Heal Britannia: U.K. gets cancer care right. November 25, 2006.

e. Priest L.:
   i. The killing cost of drug treatment. November 20, 2006.
   ii. Vow broken on cancer wait times. November 21, 2006.
   iii. While many provinces struggle with waiting times, Manitoba bucks the trend. November 21, 2006.
   iv. Provincial drug disparity a roadblock to cancer research. November 22, 2006.
   v. Patients wait as PET scans used in animal experiments. November 23, 2006.
   vi. Lack of screening programs 'very short-sighted'. November 24, 2006.
   vii. $1-billion fund urged to med last-resort medical waits. November 30, 2006.
   viii. Clinics let cancer patients purchase treatment. December 8, 2006.

14. *Health Edition: Canada's Health Newsweekly.* www.healthedition.com
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20. Rachlis M. 2005. *Public Solutions to Health Care Wait Lists.* Canadian Centre for Policy Alternatives. www.policyalternatives.ca/documents/National_Office_Pubs/2005/Health_Care_Waitlists.pdf#search=%22%22Veterans%20Affairs%22%20%22breast%20cancer%22%20wait%22
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24. Statistics Canada. 2006. *Access to Health Care Services in Canada.* www.statcan.ca/bsolc/english/bsolc?catno=82-575-X
25. Wait Time Alliance for Timely Access to Health Care. 2007. New benchmarks for achieving meaningful reductions in wait times. http://www.waittimealliance.ca/publications.htm

Provincial and territorial websites and resources

26. **Alberta**
    a. Wait lists: www.ahw.gov.ab.ca/waitlist
    b. Alberta Cancer Board: www.cancerboard.ab.ca
27. **British Columbia**
    a. Wait lists: www.healthservices.gov.bc.ca/waitlist
    b. BC Cancer Agency: www.bccancer.bc.ca
28. **Manitoba**
    a. Wait lists: www.gov.mb.ca/health/waitlist
    b. CancerCare Manitoba: www.cancercare.mb.ca
29. **New Brunswick**
    a. Wait lists: www.gnb.ca/0217/NBSCN-RSCNB/wait-e.asp
    b. New Brunswick Cancer Network: http://app.infoaa.7700.gnb.ca/gnb/pub/DetailOrgEng1.asp?OrgID1=12703&DeptID1=35
30. **Newfoundland and Labrador**
    a. Centre for Health Information: www.nlchi.nf.ca/index.asp
    b. Newfoundland Cancer Treatment and Research Foundation: www.nctrf.nf.ca
31. **Northwest Territories Health and Social Services:** www.hlthss.gov.nt.ca
32. **Nova Scotia**
    a. Wait lists: www.gov.ns.ca/health/waittimes
    b. Cancer Care Nova Scotia: www.cancercare.ns.ca
33. **Nunavut Health and Social Services:** www.gov.nu.ca/english/directory/
34. **Ontario**
    a. Wait times: www.health.gov.on.ca/transformation/wait_times/wait_mn.html
    b. Cancer Care Ontario: www.cancercare.on.ca
35. **Prince Edward Island Department of Health:** www.gov.pe.ca/infopei/index.php3?number=13758
36. **Québec Ministère de la Santé et des Services sociaux:** www.msss.gouv.qc.ca/index.php
37. **Saskatchewan**
    a. Saskatchewan Health: www.health.gov.sk.ca
    b. Saskatchewan Cancer Agency: www.saskcancer.ca
    c. Saskatchewan Health Quality Council: www.hqc.sk.ca
38. **Yukon Health and Social Services:** www.hss.gov.yk.ca

Other web-based resources

39. Canadian Breast Cancer Network: www.cbcn.ca
40. Drug coverage in Canada: http://drugcoverage.ca
41. Health Canada: www.hc-sc.gc.ca
42. Public Health Agency of Canada: www.phac-aspc.gc.ca
43. Canadian Agency for Drugs and Technologies in Health (Common Drug Review): www.cadth.ca

Appendix 3

Canadian Breast Cancer Network Position on the Common Drug Review (CDR) and the Joint Oncology Drug Review (JODR) (April 2007)

Common Drug Review (CDR)

The Canadian Breast Cancer Network does not believe that CDR has improved patient access to approved medicines for the following reasons:

- There is an unacceptable time lag from national recommendations to the listing of a drug on provincial formularies
- There is some transparency in the decision-making process, but the actual criteria on which decisions are made are not readily available to Canadians
- Provincial reviews continue to follow the national reviews, resulting in duplication of effort and delays in decisions
- There is no obligation on the part of provinces to accept the CDR recommendations to list a drug
- The CDR appears to be driven by economic versus health considerations
- Less than half of reviewed drugs are recommended
- The process is not tailored to new drugs, such as biologics

Despite some recent improvements and moves to involve patients in the decision-making processes, a growing number of Canadians, depending on where they live, must make the choice between quality of life and more years of life or depletion of their financial resources and leaving their families bankrupt. It is unacceptable that this disparity occurs at all, and it is appalling that it is increasing among and within regions of Canada. As a national organization, the Network has seen how this regional disparity has played out with cancer drugs.

Joint Oncology Drug Review (JODR)

The decision by the Council of the Federation to develop a national plan for all cancer drugs was in some ways a wise one. The concept of JODR has the potential to eliminate regional disparity and to ensure patients receive the drugs they need because:

- It will include all cancer medication (oral, take home and intravenous)
- It will ensure rigorous review, the best use of scarce expertise and no duplication of effort
- Decisions will be based on evidence

- It will shorten wait times for funding
- The provinces will be collaborating
- It may improve pricing mechanisms

BUT

- Even though the provinces will be collaborating, "final coverage decisions will remain the responsibility of each jurisdiction" (SK Health, 2007)
- JODR will not achieve its potential if it is merely a more complex iteration of the CDR process
- Experience to date has shown that provinces will not always implement list recommendations
- Does this process bring all other provinces down to the lowest level as opposed to supporting and encouraging improvements in access/outcomes?

CBCN is very concerned about the way in which this process is proceeding, and as new targeted and biologic medications that will actually save lives become available, women will be denied access to them. This concern stems from the fact that the model on which the interim review process is based will not result in decisions that maximize the health of Canadians diagnosed with cancer:

- The process does not value the recommendations of expert oncologists (Gowing, 2007)
- Cost-effective analyses do not provide the information decision-makers need to make funding decisions that will maximize health gains from available resources (Birch & Gafni, 2006)
- The process will not ensure access to needed medication for Canadians diagnosed with cancer
- The process will result in increased suffering and untimely death for some Canadians

The Network is also concerned that JODR is a cost-containment initiative:

- The Network doesn't understand, other than from a dollar-driven agenda, why other provinces have agreed to follow a process that results in less access than their citizens now enjoy
- The Network also doesn't understand why the model being adopted is not that of the province with the best record of providing access to drugs

In addition, it would seem that patients are considered last, if at all:

- Decisions will be made about the lives and quality-of-life of Canadians without any understanding of the perceptions or involvement of those affected by those decisions (patients, families and their physicians)
- Treatment options will still be determined by where people live in Canada, not by evidence
- Patients will be denied access to quality drugs
- Patients who can afford drugs to continue living will have access to those drugs
- Patients who cannot afford such a luxury will die

This is not acceptable. Patients must come first. Whatever system is in place, it must be one where quality of life is prolonged and lives are saved. Equal access to cancer drugs requires federal funding to ensure equality and a systemic change in thinking about the value of extending and saving human lives. All stakeholders must work together to ensure no Canadian receives less than the best possible care.

The Canadian Breast Cancer Network wants a transparent and just system:

- Where patients can move seamlessly from a clinical trial to ongoing access to needed medications
- Where patients are not denied access to needed drugs
- Where no Canadian must choose between hope or bankruptcy or dying

Canadian Breast Cancer Network
(CBCN)

300-331 Cooper Street

Ottawa, ON K2P 0G5

Telephone: (613) 230-3044

Toll Free: 1-800-685-8820

Fax: (613) 230-4424

E-mail: cbcn@cbcn.ca

www.cbcn.ca