PRIORITY
3

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Deliver high-quality care in a sustainable, world-class system

The 2019-2029 Canadian Strategy for Cancer Control (the Strategy) is a 10-year road map to improve the quality and outcomes of cancer care for all people in Canada.

This document is a companion to the Strategy's Priority 3. It highlights **data and evidence** showing the magnitude of gaps in care and where action on cancer control could have the greatest impact across Canada.

As Steward of the Strategy, the Canadian Partnership Against Cancer (the Partnership) is responsible for monitoring and reporting on progress that has been made towards achieving the Strategy's goals. The Partnership is working with partners across the country to develop a set of indicators for measuring progress towards the Strategy's goals and associated targets. They will be used to report to Canadians starting in the fall 2020.

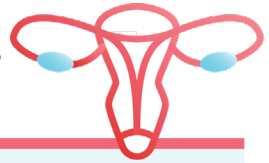
ACTION 1:
Set best practices and standards for care delivery and promote their adoption.

ACTION 2:
Eliminate low-benefit practices and adopt high-value practices.

ACTION 3:
Design and implement new models of care.

For more information about the Canadian Strategy for Cancer Control, visit **partnershipagainstcancer.ca/cancer-strategy**

Patients with similar conditions often get different access to care (and possibly better or worse results) depending on where they live.



Ovarian cancer

Surgery is the main treatment for most ovarian cancers.

Data suggests patients' access to surgery depends on the province they live in.

% of patients with ovarian cancer who **received surgery** in 2014

50% in Newfoundland and Labrador → **72%** in Manitoba

Beyond access, data suggests there are differences in outcomes of surgery between provinces.

% of patients with ovarian cancer who were **readmitted to hospital within 90 days of surgery** in 2012-14

11% in British Columbia → **20%** in Saskatchewan

% of patients with ovarian cancer who **died within 90 days of surgery** in 2011-13

1.5% in British Columbia → **3%** in Alberta and Saskatchewan

Pan-Canadian surgical standards exist for

- **gynecologic cancers**
- **breast cancer**
- **thoracic cancers**
- **rectal cancer**

Variation exists across Canada in the readiness to adopt and implement the standards.[1]

In today's environment, there is an urgent need to balance delivery of high-quality care with ensuring cancer care is sustainable. Existing drugs and treatments need to be regularly evaluated and assessed so that those that are found to be of limited value are reduced or discontinued. This would allow resources to be invested to support innovative new drugs and technologies.

79% Increase in the average annual number of new cancer cases between 2003-2007 and 2028-2032[5]

Costs of cancer care have increased from

$2.9 billion in 2005 → **$7.5 billion** in 2012

mostly due to an increase in costs of hospital-based care.[6]

$2.2 billion

Amount spent on drugs dispensed in Canadian hospitals in 2016 (excluding Quebec)[7]

One-third was for cancer drugs[7]

Cancer drug budgets have increased between

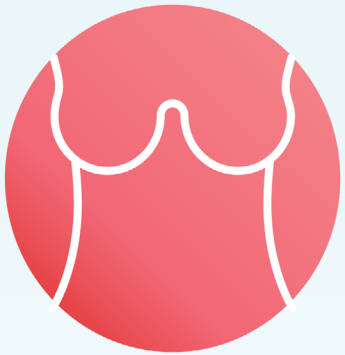
43% → **82%**

in the last five years in British Columbia, Alberta and Ontario[8]

Some people receive tests and treatments that are of little benefit and can cause more harm than good.

It is estimated that every year in Canada,

450,000
mammograms
are performed on average-risk women aged 40-49 even though routine mammograms are not recommended for this age group.[2,3]



If the number of screening mammograms performed on women aged 40–49 could be reduced by
15%
per year (67,000 fewer mammograms),

7,500
women could avoid the anxiety and additional testing brought on by false positive results. In addition, approximately
$6.6 million
could be reallocated to other health care services.[2]

290,000
Pap tests
are done on women outside the recommended age range of 21–69 years.[2]

If the number of Pap tests performed in women under 21 and over 69 could be reduced by
15%
per year (44,000 fewer Pap tests),

1,500
women could avoid false positive results and subsequent unnecessary treatment. In addition,
$2.6 million
could be reallocated to other health care services.[2]

Choosing Wisely Canada, the Canadian Society of Surgical Oncology, the Canadian Association of Medical Oncologists and the Canadian Association of Radiation Oncology developed a list of 10 oncology practices that have evidence of low value or harm and that are frequently used in Canada.[4]

Data were available for
5 of 10
practices.

Of these five cancer care practices,
17,000
patients may receive treatment that is of low value every year.[2]

A 15% reduction in the use of these five cancer care practices could result in 3,000 treatments and treatment-related side effects avoided.[2]

New models of care

A promising practice that can potentially lead to more effective, efficient and sustainable cancer care is **virtual care**[9, 10]

Fewer than
1 in 10
report they have had a virtual visit/ consultation even though

7 in 10
report they would have a virtual visit if available

4 in 10
report they would have a virtual visit for all or more than half of their physician visits[11]

There is significant variation in the supply of physician specialists across the country.

Across Canada,

The number of new gynecological cancer cases per gynecologic oncologist ranges from
59:1 → 300:1

The number of new lung cancer cases per thoracic surgeon ranges from
142:1 → 540:1

More information is needed to understand if this variation represents difficulties in accessing care or innovative models of care that utilize alternative care providers or more efficient care models.

What's next?

We need more evidence on:

- **Adoption of standards for high-quality care and other established best practices** (e.g., use of multi-disciplinary teams) to reduce the differences in practice and service delivery between clinicians and jurisdictions
- **Value of existing drugs and treatments** so that those found to be of limited value can be reduced or discontinued
- **Whether patients are receiving evidence-based, high-quality treatments**
- **If adhering to clinical practice guidelines and standards** improves efficacy or efficiency
- **Promising models of care** that could lead to more effective, efficient and sustainable ways to deliver care (e.g., virtual care, patient navigators, GP oncologists) and, where effectiveness is proven, adoption of these practices across Canada
- **Systematic and sustainable collection of cancer workforce data** to enable a pan-Canadian, strategic approach to effective workforce planning

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