

Ruling on MD's cancer treatment appealed

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TORONTO -- When pediatrician Norman Saunders required a colorectal cancer drug to extend his life, he took on the Ontario government -- and won.

Now, the province is fighting back, asking the Health Services Appeal and Review Board (the body that ordered it to pay for Dr. Saunders to receive Avastin at a Buffalo cancer hospital) to review its decision.

"I strongly believe that the quality of care is not a function of a patient's pocketbook," Dr. Saunders said yesterday. "This kind of approach where they won't fund proven therapies because of their expense is counter to what I view our philosophy is in Canada and our view of universal health care."

Dr. Saunders has found himself in the most unlikely of battles: After a career of caring for others, he is on the other side of the fence, having asked the province to fund a costly drug to treat his inoperable cancer.

The 59-year-old, who works at Toronto's Hospital for Sick Children, made a request to receive Avastin in the United States to the Ontario Health Insurance Plan in August, 2005. OHIP refused, saying the treatment was experimental.

He pushed on. That December, three months after Health Canada approved the drug, the Health Services Appeal and Review Board, which hears from patients who have been refused out-of-country treatment, ordered the province to pay for Dr. Saunders to get it.

"It was clear their agenda was not into providing the best health care, but trying to keep costs contained and avoid making this tough ethical decision as to who and what should be funded in the province of Ontario," Dr. Saunders said of the provincial government.

Abby Katz Starr, registrar of the appeal and review board, said a decision has not yet been made on whether to grant OHIP's request for a review.

As it turned out, the province did not have to spend a penny on Dr. Saunders's Avastin treatment.

At the time of the decision, his private insurance carrier decided to fund the drug. Although he ended up a few thousand dollars out of pocket paying for associated infusion fees to receive the drug at a private clinic in Toronto, he preferred that to travelling to Buffalo.

Even though the government's request for a review won't affect his treatment, he is pursuing the case on principle. "It's an issue of rationing," he said. ". . . Five months of quality time to a terminal cancer patient is huge. . . . To the patient and the patient's family, there's no question it is a hugely valuable drug."

Though not a cure, Avastin works by preventing the growth of new blood vessels, which, in turn, helps starve tumours, making it harder for cancers to grow.

Clinical trial results show incurable patients who received chemotherapy and Avastin survived almost five months longer, compared with the standard treatment. Patients with Avastin and chemotherapy survived a median of 20.3 months, compared with the 15.6-month median survival time of those who received chemotherapy alone.

Currently, Newfoundland and Labrador fund Avastin; the BC Cancer Agency permits some compassionate access to the drug. And at least one Quebec hospital funds it.

It was rejected for funding in Ontario and Saskatchewan, although the latter allows patients to pay about \$36,000 for a treatment course of the drug; costs associated with having it infused are paid by the public health system.

Terrence Sullivan, president and chief executive officer at Cancer Care Ontario, said Avastin was rejected for funding two or three months ago by the Drug Quality and Therapeutics Committee "on the basis of cost-effectiveness."

Yet, one of the poorer provinces has found a way to pay for it.

"We have the highest incidence of colorectal cancer in the country and we also have had the highest mortality rate, which we are not proud of," said Kara Laing, clinical chief of the cancer care program for Eastern Health, which is responsible for cancer care in Newfoundland and Labrador.

". . . When a treatment comes along for a metastatic disease that has the ability to meaningfully prolong somebody's life, then it's worthwhile."

Barry Stein, president of the Montreal-based Colorectal Cancer Association of Canada, said access to Avastin is unacceptable.

"We should have some uniformity across the country," he said. "What we appear to be doing is lowering the bar and because of the cost, saying nobody should get it."

In Ontario, all six patients who asked to have Avastin paid for out-of-country in the 2004-2005 fiscal year were rejected, Health Ministry spokesman John Letherby said.

However, when it comes to Erbitux -- one of the most expensive cancer medications in the world -- the government has agreed to fund most incurable colorectal patients who request it.

Ontario's Health Ministry approved 34 of 38 cancer patients who applied to have Erbitux administered to them out of country in the 2005-06 fiscal year at a cost of \$3.6-million, Mr. Letherby said. Those figures also include costs associated with providing the drug.

One of those patients is Dr. Saunders, who has been receiving Erbitux at Roswell Park Cancer Institute in Buffalo since late May when he concluded his Avastin treatment.

OHIP is also seeking a stay in the order of Jennifer Sztramko, a colorectal cancer patient who lives in Simcoe, Ont. Last week, the Health Services Appeal and Review Board ordered the government to fund Avastin treatment for her in Buffalo.

OHIP is challenging the case. It is asking the board to halt Ms. Sztramko's treatment order, while it awaits a decision on whether its request for a review of her case will be heard. A decision on whether OHIP will be granted such a stay will likely be made within the next week, Ms. Starr said.

In the meantime, Ms. Sztramko, 56, said she is currently receiving excellent treatment at the Juravinski Cancer Centre in Hamilton, though she declined to disclose what drugs are involved.

"If you can't afford the drug, basically it is unavailable to you," she said in a telephone interview. "Our governments, at both levels, are letting our people down."