

Province fights back over paying for colorectal cancer drug Avastin

LISA PRIEST

An Ontario board was wrong to order the province to pay for a pediatrician to receive Avastin in the United States because that cancer drug was actually available at a private Toronto clinic, documents say.

In a four-page request for a review, the Ontario government is asking that the case of Norman Saunders, who has inoperable colorectal cancer, be reviewed, citing a "significant public interest in the outcome of this request."

The 59-year-old pediatrician, who works at the Hospital for Sick Children, won his case against the Ontario Health Insurance Plan, which had refused to fund treatment with Avastin, a drug that has been proven to extend the lives of patients with incurable colorectal cancer.

Dr. Saunders took his case to the Health Services Appeal and Review Board, which hears from patients who have been refused out-of-country treatment. That board ordered the province in December, 2005, to pay for Dr. Saunders to receive Avastin, a costly cancer drug, at a Buffalo hospital.

Now, the government is fighting back, saying in its request document that Avastin was available privately at the Provis Infusion Clinic Inc. in Toronto to patients who could pay. If a medical service is performed in Ontario, patients are not necessarily eligible to have their out-of-country treatment funded. However, much of the argument surrounds the definition of "available."

Ontario does not pay for the drug, however, patients can buy it and have it administered at a private clinic.

Newfoundland and Labrador finance Avastin, and the BC Cancer Agency permits some compassionate access to it. At least one Quebec hospital funds it.

It was rejected for funding in Ontario and Saskatchewan, although the latter province allows patients to pay about \$36,000 for a treatment course of the drug; the public system covers the costs associated with having it infused. Currently, 10 patients are paying to receive Avastin in hospital, said Kimberly Kratzig, spokeswoman for Saskatchewan Health.

Although not a cure, Avastin prevents the growth of new blood vessels, which 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 than those who receive 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.

Toronto lawyer Brian Cohen, who represents some colorectal cancer patients, called the government's position on Dr. Saunders's case "institutionalized two-tier medicine.

"No one disputes that Saunders' treatment is medically necessary," Mr. Cohen said after reading the government's request for a review. "But what they are arguing is that only rich people should get access to this drug."

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 of the Saunders case.

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

At the time of the decision, his private insurance carrier decided to pay for the drug. Although Dr. Saunders paid a few thousand dollars for associated infusion fees to receive the drug at a private Toronto clinic, he preferred it to travelling to Buffalo.

However, the Ontario government approved his treatment with Erbitux -- one of the most costly cancer drugs in the world.

Dr. Saunders has been receiving Erbitux at Roswell Park Cancer Institute in Buffalo since late May, when he concluded his Avastin treatment. He said two months worth of Erbitux costs approximately \$50,000 (U.S.). That figure includes administrative fees.

While the government's request for a review won't affect his treatment, Dr. Saunders is pursuing the case on principle.

"The principle of universality [of health care] is not being maintained," he said in a telephone interview. "They are not being open about the rationing issue."

Dr. Ralph Wong, a medical oncologist at Cancer Care Manitoba, said it all comes down to money.

"I suspect it will be settled through litigation," Dr. Wong said in a telephone interview yesterday from Winnipeg. "Eventually, enough patients will get angry enough to sue the government and the courts will have to decide."

Ruling on MD's cancer treatment appealed

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LISA PRIEST

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."