GLENN LOWSON FOR NATIONAL POST

Suzanne Aucoin is paying $6,400 a month out of her own pocket for a new cancer drug that is not covered by Ontario's drug plan.

NATIONAL POST, WED, 01 FEB 2006

'How much do you spend for an extra year of life?'

Complex drug rules leave some people paying

By Heather Sokoloff

Suzanne Aucoin pays for the drug that is keeping her alive with her credit card. The 35-year-old has been fighting a seven-year battle with colorectal cancer, and has recently started a new medication her doctor says is her last hope.

The treatment, Erbitux, is not covered by Ontario's provincial drug plan, so Ms. Aucoin has to come up with $6,400 a month to pay for it, according to a deal negotiated by the federal government, the drug manufacturer, Bristol Myers Squibb, and her Hamilton hospital, the Juravinski Cancer Centre.

She is one of the first people in the country to receive the intravenous medication in a public hospital setting since it was approved by Health Canada last fall.

"It is the last and only treatment option for me at this point," says Ms. Aucoin, a former Catholic school chaplain who was diagnosed with colorectal cancer in 1999.

"I've exhausted every other known and approved drug for stage IV colorectal cancer."

Hers is the bizarre world of expensive cancer medications, where all the ambiguities — and contradictions — of our health care system converge. While Health Canada, a federal body, approves a drug's safety, provincial agencies approve coverage and funding. There is little consistency between provinces on how this is carried out.

Even within one province, some patients are granted coverage, while others, despite the best efforts of their doctors, are refused. This means patients have to expend precious energy battling not only tight-fisted governments but also pleading with pharmaceutical companies with little interest in the small Canadian market to fulfill 10 separate sets of requirements — one for each province — to gain provincial funding approval.

It's not hard to see why the provinces are dragging their feet. The costs are huge. Provinces agreed to fund the breast cancer drug Herceptin, for example, last year, only following intense lobbying by patients and scientific evidence strong enough to be heralded as a breakthrough in keeping patients alive. The costs? Ontario is setting aside $55-million a year for the drug; British Columbia $8-million and Saskatchewan $3.4-million.

Erbitux is a newer drug with no track record of curing, but can prolong life by shrinking tumors in those with advanced disease — usually by just a few months, perhaps more for the lucky few who beat the odds.

The problem for people like Ms. Aucoin is that the decision to fight for a few extra months of survival, or acquiesce and make the best of their remaining time, is being made by governments who tally the worth of every new treatment according to its cost-effectiveness.

"How much do you spend when you are trying to buy an extra year of life?" asks Aslam Anis, an expert in pharmoeconomics at the University of British Columbia.

Dr. Anis cannot answer his own question. Sometimes cost-effectiveness is defined as cost per quality adjusted life year gain, but really it is a moving target. He suggests that a drug that costs $10,000 might be funded; a drug with a price tag of $100,000 would be shelved.

Cancer drug review panels in each province must ask the question: Does the cost justify the benefit? says Brent Schacter, CEO of the Canadian Association of Provincial Cancer Agencies, and a Winnipeg oncologist.

"These are not easy decisions."

That is the reason scenarios like Ms. Aucoin's are becoming increasingly common, and the circumstances more convoluted.

Ms. Aucoin started her Erbitux regime at a New York clinic two months ago, at a cost of US$24,000, after Ontario's Ministry of Health rejected her application for funding. The ministry acknowledges it is currently paying for a small number of patients to access the drug in the United States at an average cost of US$51,000, but citing privacy concerns will not reveal the number of patients or the total price tag.

Making matters more difficult, Bristol Myers Squibb has not yet applied for funding approval for Erbitux in any province. So until the federal government and the drug company agreed to set a price for Erbitux — as a result of an appeal by Ms. Aucoin and her provincial MPP, Cam Jackson, to Ujjal Dosanj, the health minister — Canadian hospitals were reluctant to sell the drug to patients at all.

"There is not a clear process," Dr. Schacter says, of drug approval procedures.

This environment led to the growth of the Provis clinic in Toronto, a private facility where patients can purchase cancer medications and have them administered by a nurse.

Laura McCallum, a 40-year-old mother of two, just started paying $11,000 every three weeks for Velcade, an intravenous medication for multiple myloma, a devastating cancer of the blood, at Provis. About $9,000 of her costs are covered by her private insurance carrier. She originally received the drug for free as part of a clinical trial. By October, 2005, her cancer was in complete remission. But when it came back a few weeks ago, Provis was the only place she could access Velcade. Within two weeks her cancer markers decreased by 50%.

Velcade is funded in Newfoundland, some cancer centres in Quebec and on a patient-by-patient basis everywhere else, except Ontario, where it is not funded at all, according to the manufacturer, Johnson & Johnson.

According to Dr. Schacter, Canadians need to decide what ought to funded as part of a public health system. He points out that new drugs for cardiovascular disease, hypertension and depression are never scrutinized the way cancer drugs are.

"It's a bit of a mistake to look at oncology drugs in isolation," says Dr. Schacter. "Are there ways of being more stringent about using drugs for other indications, to prioritize all patients? The system as a whole needs to be looked at."

National Post

hsokoloff@nationalpost.com