Canadian Cancer Society

Canadian Cancer Society's Recommendations on Healthcare Funding Priorities

The Canadian Cancer Society works tirelessly to save and improve lives. We provide a compassionate support system for all those affected by cancer and for all types of cancer. We are the country's largest national charitable funder of research into 100+ types of cancer. We fund the brightest minds in cancer research. As the voice for Canadians who care about cancer, the Canadian Cancer Society works with governments to establish healthy public policies to prevent cancer and better support those living with the disease.

The Canadian Cancer Society recognizes that we are in an unprecedented time in the history of our healthcare system: the COVID-19 crisis has been far-reaching and has had an undeniable impact on people across Canada and around the world. While each province and territory has experienced and responded to COVID-19 differently, the pandemic exacerbated existing pressures on our healthcare system across the country from staffing burnout and shortages to difficulty in accessing timely care along the cancer control continuum in the appropriate setting.

Unfortunately, cancer has not stopped being a life-changing and life-threatening disease in the middle of a global health crisis. Cancer is the leading cause of death for Canadians and more than 1 million Canadians are living with and beyond cancer. The number of new cancer cases continues to increase as a result of the growing and aging population. Between 2015 and 2030, the number of new cancer cases diagnosed is expected to increase about 40% in Canada.[1] A Canadian modelling study estimated that disruptions to cancer care during the pandemic could lead to 21,247 more deaths from cancer above what is expected in Canada between 2020 and 2030.[2]

For the 2 in 5 Canadians who will experience cancer in their lifetime, the challenges in our healthcare system may mean longer wait times, delays, or late-stage diagnoses as our healthcare system struggles to cope with additional demand.[3] Canadians will feel the long-term impacts of cancer research and clinical trials that were disrupted by the pandemic.

Without new investments and supporting policies, our healthcare system will be unprepared to keep up with the growing number of Canadians who will be impacted by cancer.

Canada is at a pivotal moment where the decisions to invest in our health and well-being today will fundamentally shape the future of our healthcare system in the years to come. With emergency rooms facing closures across the country due to staffing shortages and lengthy wait times for procedures, too many people living

[1] Canadian Cancer Society's Advisory Committee on Cancer Statistics. (2015). *Canadian Cancer Statistics 2015*. Toronto, ON.

[2] Malagón, T., Yong, J., Tope, P., Miller, W. H., Jr, Franco, E. L., & McGill Task Force on the Impact of COVID-19 on Cancer Control and Care (2022). Predicted long-term impact of COVID-19 pandemic-related care delays on cancer mortality in Canada. *International Journal of Cancer*, 150(8), 1244–1254. https://doi.org/10.1002/ijc.33884

[3] Canadian Cancer Statistics Advisory Committee in collaboration with the Canadian Cancer Society, Statistics Canada and the Public Health Agency of Canada. (2021). *Canadian Cancer Statistics 2021*. Available at: cancer.ca/Canadian-Cancer-Statistics-2021-EN.

with cancer worry that they may not get the care they need at the right time. We need all levels of governments to come together to develop innovative solutions that can fix the challenges that our publicly funded healthcare system is experiencing. Innovative healthcare solutions should remove financial and administrative burdens, not create new burdens that potentially increase out-of-pocket costs or act as a barrier to care for people living with cancer.

The Canadian Cancer Society urges the provincial, territorial and federal governments to work together to commit to long-term, stable health funding that will create a sustainable healthcare system able to address current and future needs for all people living in Canada, with targeted funding prioritized for cancer care.

Throughout the pandemic, COVID-19 variants and waves have emerged and will continue to do so for the foreseeable future requiring increased healthcare system capacity. Additionally, our healthcare system may face additional strains from future health and climate emergencies. We believe that cancer must be prioritized when healthcare resources are being allocated to provinces and territories, particularly as our country continues to deal with the impacts of the COVID-19 pandemic. The Canadian Cancer Society urges provinces and territories to plan and prepare for the increased demand on our healthcare system, employ strategies to ensure timely access to cancer care during resource constraints and reduce the harmful impacts on people living with cancer and their caregivers. We must ensure equitable and timely access to cancer care services, regardless of where someone lives or where they receive care, so we can improve cancer outcomes for all people in Canada.

It is important to recognize that underserved populations across Canada are more likely to experience barriers to timely, appropriate and quality care.[4] An underserved population is a population whose health inequities are not met due to insufficient health care resources dedicated to their need.[5] The inequities experienced by these populations may lead to a higher risk of getting cancer as well as poorer outcomes during and after treatment. The COVID-19 pandemic has amplified inequities across healthcare and it is crucial that we work towards bridging these gaps.[6]

In this brief, we provide recommendations on how you can make cancer a priority as you come together to plan the future sustainability of our healthcare system. For more information, please contact Kelly Masotti, Vice President of Advocacy (kelly.masotti@cancer.ca).

[4] In Canada, some of these underserved populations within cancer control include but are not limited to adolescents and young adults with cancer, people with advanced cancer, Indigenous peoples, members of the LGBTQ2+ community, newcomers to Canada, non-English and non-French speaking people, older adults, racialized communities, people with rare cancers and those living in rural and remote communities

[5] Akshaya Neil Arya and Thomas Piggott (Ed.). (2018). *Under-Served: Health Determinants of Indigenous, Inner-City and Migrant Populations in Canada*. Canadian Scholars.

[6] Canadian Cancer Statistics Advisory Committee in collaboration with the Canadian Cancer Society, Statistics Canada and the Public Health Agency of Canada. (2021). *Canadian Cancer Statistics 2021*. Available at: cancer.ca/Canadian-Cancer-Statistics-2021-EN.

Canadian Cancer Society

Summary of Recommendations

The Canadian Cancer Society is calling on provincial, territorial and federal governments to negotiate new investments in healthcare system, with targeted funding that prioritizes cancer care through six areas that contain the following recommendations:

Prevention

1) Implement cancer prevention policies and programs that will have an important population health impact (such as eating well, living smoke free, and reducing alcohol consumption)

Screening

2) Increase early detection efforts such as increasing reach of organized screening programs

Diagnostics and treatment

3) Commit to reducing wait times and clearing pandemic-related diagnostic and surgical backlogs within a defined timeline
4) Improve equitable access to cancer drugs

Palliative care

5) Provide better access to palliative care to improve quality of life for people living with cancer and ease the challenges their caregivers face

Healthcare system

6) Develop and execute a robust nationwide health human resources strategy
7) Support and improve equitable access to virtual care

Health innovation

8) Increase funding for cancer research and accelerate the implementation of health innovations across healthcare system
9) Improve access to health datasets and address gaps in data collection across the cancer control continuum

Prevention

From the Canadian Cancer Society-funded Canadian Population Attributable Risk of Cancer (ComPARe) study, we know that about 4 in 10 cancer cases can be prevented through healthy living and policies that protect the health of Canadians.[7] The study also estimated the number of cancer cases due to 20+ modifiable risk factors. While we have made progress on cancer prevention by educating people on how they can adopt healthy lifestyles as well as by working with all levels of government to introduce healthy public policies that help people adopt healthy lifestyles, the COVID-19 pandemic has hindered these efforts. Public health measures and coping mechanisms in how people responded to the pandemic have impacted behaviours that increase cancer risk.

Tobacco smoking is the leading modifiable risk factor for cancer cases and deaths in Canada and is also the leading preventable cause of disease and death. The Canadian Community Health Survey (CCHS) shows that there are still 3.8 million Canadians who smoke (aged 12+, 2021), and even more if other types of tobacco use are included.[8] While progress has been made, far more work needs to be done to reach the federal government's target of under 5% tobacco use by 2035.[9] Indigenous peoples and LGBTQ2+ persons both have high rates of commercial tobacco use.[10] Total direct healthcare costs attributable to smoking have been estimated at $6.5 billion per year.[11]

Drinking any type of alcohol – beer, wine or spirits – increases the risk of at least 9 different types of cancers. According to CCHS, 16% of Canadians reported heavy drinking in 2021.[12] One-quarter (24%) of Canadians believe that they have increased their alcohol consumption during the pandemic.[13] A 25% reduction in alcohol consumption by 2032 could have saved $940 million in cancer-related costs.[14]

Trends in modifiable risk factors like diet, physical inactivity and UV exposure vary by age and community:

- Food and beverage marketing has an impact on the foods children eat, their food preferences and beliefs, and increased risk factors for chronic diseases such as diabetes, heart disease, stroke and cancer.
- More than 1 in 3 urban Indigenous people live in food insecure households.[15]

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[7] Poirier AE, Ruan Y, Volesky KD, King WD, O'Sullivan DE, Gogna P, Walter SD, Villeneuve PJ, Friedenreich CM, Brenner DR on behalf of the ComPARe Study Team. (2019). The current and future burden of cancer attributable to modifiable risk factors in Canada: Summary of results. *Preventive Medicine* 120: 140–147.

[8] Statistics Canada. (2022). Health characteristics, annual estimates Table: 13-10-0096-01. Retrieved from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009601.

[9] Health Canada. (2022). Canada's Tobacco Strategy. Retrieved from: https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html.

[10] Health Canada. (2022). Canada's Tobacco Strategy. Retrieved from: https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html.

[11] Conference Board of Canada, "The Costs of Tobacco Use in Canada, 2012" 2017.

[12] Statistics Canada. (2022). Health characteristics, annual estimates Table: 13-10-0096-01. Retrieved from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009601.

[13] The Daily — Alcohol and cannabis use during the pandemic: Canadian Perspectives Survey Series 6 (statcan.gc.ca)

[14] Ruan Y et al. (2021). Estimating the future cancer management costs attributable to modifiable risk factors in Canada. *CJPH* 112: 1081–1092.

[15] Arriagada P, Hahmann T and O'Donnell V. (2020). Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of COVID-19. Statistics Canada

- Only 37.2% of youth aged 12 to 17 met the physical activity recommendations in 2020 compared to about half (50.8%) in 2018.[16]
- Approximately 1.35 million (4.5%) Canadians aged 12 or older reported that they had used indoor tanning equipment in the last year with females using tanning beds at a higher rate than males (6.2% vs 2.7%).[17]

Reducing the prevalence or magnitude of modifiable cancer risk factors now will reduce the number of cancer cases in the future and have significant cost savings later.

> ***Recommendation*:** We recommend that governments commit to increasing healthy living investments and implement policies and programs that will have an important population health impact on the prevention of cancer and other chronic diseases. This commitment should include collaborating with underserved communities to co-develop solutions and tailored approaches to reducing prevalence of modifiable cancer risk factors.
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> For tobacco control, governments should implement a comprehensive strategy of taxation, legislation and enhanced programming to achieve the objective of under 5% tobacco use by 2035.
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> Governments should establish policies that reduce excessive alcohol consumption like mandatory warning labels on all alcoholic products sold in Canada and establishing or updating alcohol strategies.
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> Additional policies to help prevent cancer at a population level include introducing restrictions on marketing to kids, introducing manufacturers' levy on sugary drinks, addressing food insecurity, improving active transportation and implementing indoor tanning marketing regulations.

Screening

Organized screening programs help find some types of cancer in certain age or population groups before a person has symptoms. When cancer is found early, it's often easier to treat. The Canadian Cancer Society is a strong supporter of organized cancer screening programs.

At the beginning of the COVID-19 pandemic, all provincial and territorial screening programs for breast, cervical and colorectal cancer in Canada were paused with program resumption starting in June 2020.[18] While programs have resumed, a Canadian study on the long-term clinical impact of breast and colorectal cancer screening revealed that program delays and interruptions have likely led to missing early diagnosis of cases and, therefore, an increase in cancer incidence and deaths.[19] Evidence shows disproportionately low rates of screening uptake and higher cancer mortality among underserved populations, such as people living with low income and rural-remote populations. First Nations people, Inuit and Métis

[16] Youth—but not adults—reported less physical activity during the COVID-19 pandemic (statcan.gc.ca)
[17] Qutob, S.S., O'Brien, M., Feder, K., McNamee, J., Guay, M., & Than, J. (2017). Tanning Equipment Use: 2014 Canadian Community Health Survey. *Health Reports, 28*(1), 12-16. [Statistics Canada, Catalogue 82-003-X].
[18] Rittberg R, Mann A, Desautels D, Earle C, Navaratnam S and Pitz M. (2020). Canadian Cancer Centre Response to COVID-19 Pandemic: A National and Provincial Response. *Current Oncology* 28 (1): 233-251.
[19] Yong, JH et al. (2020). The impact of episodic screening interruption: COVID-19 and population-based cancer screening in Canada. *Journal of Medical Screening*. Retrieved from: https://journals.sagepub.com/doi/10.1177/0969141320974711.

people also experience poorer cancer outcomes than other people in Canada, and face inequities and barriers in accessing screening and care. These inequities in screening uptake may be exacerbated during the pandemic.

> ***Recommendation*:** We recommend that governments ensure screening programs continue to operate safely and equitably, with a clear communication strategy for the public, and tailor program activities to ensure equitable access and participation in screening services. To further advance cancer screening efforts, we recommend that governments implement organized lung cancer screening programs for high-risk populations across Canada and transition organized cervical cancer screening programs to use HPV testing as the primary screening test.

Diagnostics and treatment

Diagnostics, surgeries, wait times and backlogs

In Canada, diagnostic imaging, surgeries and interventions essential to cancer care were postponed, resulting in the possibility that Canadians will see cancer cases diagnosed and treated at more advanced stages when treatment may be less likely to succeed. According to the Canadian Institute for Health Information, changes in wait times and decreases in cancer surgeries were largely seen in the initial months of the pandemic.[20] Wait times for cancer surgery returned to pre-pandemic wait times between April and September 2021. After the first COVID-19 wave, wait times for MRI scans were shorter than before the pandemic, while wait times for CT scans remained the same. Data is not yet available to understand the impacts of subsequent waves such as Delta, Omicron and BA.2 waves.

Although wait times are an important measure of timely access, this data does not reflect pandemic-related barriers to other key components of healthcare, including preventive care, specialist appointments and pre-operative procedures, which may also delay cancer care. The Canadian Cancer Society continues to hear from people affected by cancer who say they are concerned about longer wait times for cancer care, including tests, diagnoses, treatments and appointments with their healthcare teams.

Throughout the pandemic, evidence has emerged highlighting the impacts of COVID-19-related delays on people living with cancer. An Ontario modeling study estimated that longer wait times for cancer surgery may lead to shorter long-term survival.[21] Another study revealed a 4-week delay in cancer treatment can increase the risk of death by 10%.[22] Evidence shows that COVID-19 further limited access to cancer care among underserved populations, including but not limited to rural-remote populations, older adults, First Nations people, Inuit and Métis, racialized communities and people living with low income. These communities were more

[20] Canadian Institute for Health Information. Explore wait times for priority procedures across Canada. Retrieved from: https://www.cihi.ca/en/explore-wait-times-for-priority-procedures-across-canada.

[21] Parmar, A., Eskander, A., Sander, B., Naimark, D., Irish, J. C., & Chan, K. (2022). Impact of cancer surgery slowdowns on patient survival during the COVID-19 pandemic: a microsimulation modelling study. *CMAJ 194*(11), E408–E414. https://doi.org/10.1503/cmaj.202380

[22] Hanna, T. P., King, W. D., Thibodeau, S., Jalink, M., Paulin, G. A., Harvey-Jones, E., O'Sullivan, D. E., Booth, C. M., Sullivan, R., & Aggarwal, A. (2020). Mortality due to cancer treatment delay: systematic review and meta-analysis. *BMJ* 371, m4087. https://doi.org/10.1136/bmj.m4087

likely to experience diagnostic and treatment delays, postoperative complications, more advanced cancer and poorer health outcomes.[23,24,25,26,27] These studies highlight the importance of maintaining timely and equitable access to cancer surgery to prevent the harmful impacts of delayed care on people living with cancer, even during times when health resources are constrained.

We anticipate future COVID-19 variants and waves to emerge and require increased health system capacity; however, cancer diagnostic procedures and surgeries must continue as a standard component of healthcare. A February 2022 Ipsos national opinion poll found that 83% of Canadians support funding from governments being put towards addressing the backlog of cancer screening, diagnostics and surgeries, even if that means an increase in their taxes.[28]

> ***Recommendation*:** We recommend that governments continue to fund and implement plans to reduce wait times and clear pandemic-related backlogs within a defined period and prepare for the possible influx of new or late-stage cancer diagnoses using solutions that do not place further cost burdens on the person receiving care. This requires all levels of government to collaborate to set targets for maximum wait times and provide clinical decision support tools to help ensure that patients are prioritized and receive the most appropriate care. This should include working together and with the cancer control community to plan for future health crises and national emergencies. Efforts must not focus solely on restoring services and pre-pandemic levels of care, but on improving equitable access to cancer diagnostics and treatment for all people, especially underserved communities who face inequities in cancer.

Access to cancer drugs

Drugs required for cancer care have an essential role in treatment and can greatly improve health outcomes and quality of life for people living with and beyond cancer. However, the current drug funding model in Canada creates significant discrepancies in coverage due to varying funding models between provinces and territories, private and public plans, and drugs administered in the hospital or in other settings. This often results in people with cancer having to access a patchwork of several funding programs to cover the cost of their treatment.

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[23] Walker, M. J., Meggetto, O., Gao, J., Espino-Hernández, G., Jembere, N., Bravo, C. A., Rey, M., Aslam, U., Sheppard, A. J., Lofters, A. K., Tammemägi, M., Tinmouth, J., Kupets, R., Chiarelli, A. M., & Rabeneck, L. (2021). Measuring the impact of the COVID-19 pandemic on organized cancer screening and diagnostic follow-up care in Ontario, Canada: A provincial, population-based study. *Preventive Medicine* 151: 1–10. https://doi.org/10.1016/j.ypmed.2021.106586

[24] Canadian Cancer Society. (2022, January). Patient Engagement Survey #5 [PowerPoint].

[25] Mashford-Pringle A, Skura C, Stutz S, Yohathasan T. (2021). *What we heard: Indigenous Peoples and COVID-19: Supplementary report for the Chief Public Health Officer of Canada's report on the state of public health in Canada*. https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/indigenous-peoples-covid-19-report/cpho-wwh-report-en.pdf

[26] Fu, J., Reid, S. A., French, B., Hennessy, C., Hwang, C., Gatson, N. T., Duma, N., Mishra, S., Nguyen, R., Hawley, J. E., Singh, S. R. K., Chism, D. D., Venepalli, N. K., Warner, J. L., Choueiri, T. K., Schmidt, A. L., Fecher, L. A., Girard, J. E., Bilen, M. A., … Shah, D. P. (2022). Racial Disparities in COVID-19 Outcomes Among Black and White Patients With Cancer. *JAMA Network Open*. *5*(3): e224304–e224304. https://doi.org/10.1001/jamanetworkopen.2022.4304

[27] Howden, K., Glidden, C., Romanescu, R. G., Hatala, A., Scott, I., Deleemans, J., Chalifour, K., Eaton, G., Gupta, A. A., Bolton, J. M., Mahar, A. L., Garland, S. N., & Oberoi, S. (2021). A Cross-Sectional Survey Exploring the Impact of the COVID-19 Pandemic on the Cancer Care of Adolescents and Young Adults. *Current Oncology.* 28(4): 3201–3213. https://doi.org/10.3390/curroncol28040278

[28] Ipsos, national survey conducted February 2-7 2022 for the Canadian Cancer Society.

Specifically, the inconsistent availability of take-home cancer drugs is a significant gap in Canada's drug coverage. Interprovincial variation in access to cancer drugs exacerbates existing health inequities and contributes to disparities in cancer outcomes across the country.

In recent engagement surveys by the Canadian Cancer Society, access to prescription drugs and prescriptions was ranked by both people with cancer and caregivers as one of the most important supports required to manage their care moving forward.[29]

> ***Recommendation*:** We recommend that governments ensure Canadians have equitable access to drugs required for cancer care without financial hardship, regardless of where they live and where the drugs are taken. The federal government should move forward with the timely passing of the Canada Pharmacare Act and ensure that it helps expand access to cancer drugs. Governments should continue the work towards building a pan-Canadian formulary and progress on broader pharmaceutical reforms that close gaps in drug access.

Palliative care

Everyone in Canada should have access to affordable, culturally safe, high-quality palliative care regardless of where they live and in what setting they choose to receive care, from the point of diagnosis of a life-limiting condition. Palliative care is a critical component of the cancer control continuum and healthcare overall. It should be provided early and introduced progressively and with other therapies. Palliative care includes practical support around planning and goals of care, comfort through pain and symptom management and help with grief, bereavement and other psychosocial and spiritual needs. It also includes access to comfortable living conditions with the appropriate level of care – whether at home, in a hospital, in long-term care, at hospice residences or in any other setting of choice.

For most people in Canada, good palliative care is still not a given, despite its many proven benefits. Access to the services involved is uneven across the country especially for underserved populations, including rural and remote communities, LGBTQ2+, First Nations people, Inuit and Métis, adolescents and young adults with cancer, and people who are unable to speak English or French. When palliative care interventions are delivered while a person with cancer is still receiving treatment, they lead to a better quality of life, improve comfort and increase satisfaction for the person receiving care. They can also support people with cancer and their caregivers make decisions through advance care planning and provide support to address grief and bereavement. However, before and during the COVID-19 pandemic, there were significant barriers to accessing palliative care, including a lack of awareness and education amongst people with cancer, their caregivers, and their health care providers about palliative care, as well as a lack of beds in

[29] To date, the Canadian Cancer Society conducted 5 engagement surveys with people with cancer and caregivers to learn more about their experience during COVID-19. The surveys were administered at various points throughout the pandemic: July 2020, November 2020, January 2021, August 2021 and January 2022. In total we received over 5,000 responses from across the country.

community and hospice settings. The Canadian Cancer Society believes it is critical to act to improve palliative care in order to provide a sustainable future for our healthcare system, including increasing the number of hospice beds across the country.

> ***Recommendation:*** We recommend that governments continue to prioritize palliative care in their bilateral funding agreements on health care to expand access to palliative care services infrastructure. This includes increasing the availability of specialist resources for consultative advice, and education, orientation and training for all care providers in providing a palliative approach to care.

Healthcare system

Health human resources

Canada is facing a substantial crisis in health human resources. Although the COVID-19 pandemic has exacerbated healthcare provider burnout and staff shortages, the country has had constant, recurrent and widespread challenges in health human resources over a number of decades.

Canada faces challenges in the insufficient number of adequately trained, equally distributed and performing health care providers. These challenges extend to the entire cancer control continuum, impacting prevention, early detection, screening, diagnosis, treatment, palliative care, survivorship or recovery and end-of-life care, as well as research.

Shortages are greatest in underserved areas that have the fewest resources leading to access disparities for people in these communities. Evidence suggests that ensuring the diversity of the workforce promotes trust in our healthcare system and may lead to better cancer control outcomes. Currently, there is a lack of data to inform how well the health workforce reflects the diversity of Canadians.

Countries around the world are facing similar health human resources challenges. In order to avoid exacerbating shortages in other areas, it is important to ensure workforce planning solutions are both ethical and equitable. With our growing and aging population, we must invest and maintain commitment to health human resources solutions to ensure long-term sustainability.

> ***Recommendation*:** We recommend that governments work with health system leaders, frontline healthcare providers and patient advocates to build equitable solutions for strengthening our health human resources and develop and implement a robust health human resources strategy that prioritizes cancer care.
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> The strategy would include shared plans for recruiting, educating and licensing healthcare providers as well as ensuring providers are empowered to use their entire skillset. The strategy should prioritize addressing access issues in underserved communities as well as increasing data collection efforts to inform how well the workforce represents the diversity of the Canadian population. Governments should implement short- and long-term

measures that improve both patient safety and working conditions for healthcare providers.

Virtual care

The COVID-19 pandemic served as a disruptor to traditional in-person models of care, causing a rapid shift towards the implementation of virtual care. While virtual care will not replace face to face as the primary method of healthcare, it does have evidence informed utility in several applications. These include triage, various forms of counselling, cancer care follow-up and antineoplastic therapy (prescription, adjustments, reviews), among other applications. Members of underserved communities experience undue barriers to accessing care through virtual technologies. The inequitable distribution of internet infrastructure and low rates of digital literacy in certain populations across the country have impacted the ability for many Canadians to access care. Older adults, First Nations, Inuit and Métis peoples and those living in rural and remote communities are particularly impacted by these factors.

When appropriately used, virtual care provides an opportunity to reduce administrative burden for people with cancer and their caregivers in managing the logistics and expenses of medical appointments and other challenges that arise when accessing care. Virtual care can help people living with cancer communicate more effectively with their care team, monitor their conditions and improve access to care.[30]

> ***Recommendation*:** We recommend that governments focus on equity to improve access to current virtual care offerings while assessing the benefits, risks and optimal implementation of providing virtual care beyond the COVID-19 pandemic. This is crucial to ensure positive patient outcomes and equitable access, and to reduce the administrative burdens that people living with cancer may experience when they access care.

Health innovation

Investments in health research

Research funding, including clinical trials, is a key portfolio at the Canadian Cancer Society. We currently support a collaborative research and innovation network of 2,100 Canadian researchers spanning 85 hospitals, universities, and cancer centres across the country. This work transforms the future of cancer research and treatment. Clinical trials can provide access to promising therapies to people with cancer.

The COVID-19 pandemic halted many clinical trials, which has subsequently delayed work on new and promising treatments in complex therapeutic areas like oncology. In many cases, patient accrual was paused provincially due to assessment of available staff, healthcare resources and patient safety.

[30] Canadian Partnership Against Cancer. Road to recovery: Cancer in the COVID-19 era. Retrieved from: https://www.partnershipagainstcancer.ca/topics/cancer-in-covid-19-era/summary/

Health research is only as beneficial as how it can be both disseminated and also integrated into the health care system through modern data collection, supporting individual patient outcomes, health facility operations and aggregate data to support better health policy decisions.

> ***Recommendation*:** We recommend that governments commit to long-term investments in health research that keep up with rising costs and population growth to help reduce the impact of cancer along the cancer control continuum. Investments should be delivered through funding programs that maximize the impact of every dollar.

Data

Comprehensive data is an important part of healthcare planning and measuring the success of cancer control. The 2019–2029 Canadian Strategy for Cancer Control calls for "development of more comprehensive data systems and performance measurement capacities"[31] and stakeholders are working on a pan-Canadian cancer data strategy that "focuses on enhancing data collection, integration and use to improve cancer control and outcomes for all people in Canada."[32]

Despite continued investments and new initiatives, there have been growing concerns about the ability to link datasets and the quality of linked datasets, challenges regarding timely access to data for reporting and further research, and the quality and completeness of the data being collected. Many of these and other data issues have become more apparent during the COVID-19 pandemic with the urgent need to understand the impact of the pandemic on cancer in real time.

Unfortunately, Canada lacks the infrastructure to collect sufficient data at a nationwide level to help the cancer control community understand the depth of the impact that pandemic delays may have on the overall rate of cancer incidence, late-stage diagnoses and mortality. The real extent of the disproportionate effects on underserved communities including First Nations people, Inuit, Métis, racialized communities and LGBTQ2+ in Canada isn't yet known, due to the lack of data collected. Data collected must be used to address existing gaps and help reduce health inequities among underserved communities across cancer control continuum.

> ***Recommendation*:** We recommend that the government mandate and collect data to address gaps across the cancer control continuum. This will provide measurable evidence to support cancer control planning, address inequities within cancer care and support evaluation and accountability. To ensure that data collected informs cancer care planning and decision making, it needs to be real-time data that is complete, representative and disaggregated. This requires collaboration to enhance current data collection and reporting, especially for improving race-based data.

[31] https://www.partnershipagainstcancer.ca/wp-content/uploads/2019/06/Canadian-Strategy-Cancer-Control-2019-2029-EN.pdf
[32] https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2021-statistics/2021-pdf-en-final.pdf

Conclusion

The status quo of our healthcare system is not working but cancer cannot wait. The COVID-19 pandemic exacerbated the pressures that our healthcare system following years of underfunding and lack of preparedness that did not keep up with the needs of our growing and aging population.

We need to get better at supporting people living with cancer today and in years to come.

Without a strong nationwide response to the leading cause of death for Canadians, there is a risk that the rising number of cancer cases will overwhelm our healthcare system, compromising the quality of care available to people with cancer today and crowding out the investments required to better prevent and treat the disease tomorrow.

Our recommendations provide an opportunity to make the right investments and commitments to change today to ensure that cancer care is a priority and that our loved ones will receive the quality of care they deserve.

We need innovative solutions that remove financial and administrative burdens rather than create new challenges that could potentially increase out-of-pocket costs for people living with cancer or further increase inequities.

The Canadian Cancer Society is grateful that all levels of government are ready to come together to make the necessary investments that will bring us one step closer to changing the future of cancer forever.