No Room for Delay. Protecting Patient Access to Liquid Biopsy
March 11.2025

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the cancer collaborative, in partnership with Association pulmonaire du Québec (APQ), Coalition priorité cancer au Québec, Colorectal Cancer Resource & Action Network (CCRAN), and Lung Cancer Canada is calling on the Québec government to take immediate action to prevent a gap in access to liquid biopsies (LB), and specifically circulating tumour DNA (ctDNA) testing as of April 1, 2025. The use of a liquid biopsy assay has been approved for reimbursement by INESSS for non small cell lung cancer (NSCLC) in specific patient populations in August 2024. However, as of February 2025 no specific funding pathways have been put in place. With the end of the government fiscal year coming into effect, access to LB for patients and clinicians can become compromised, creating an unnecessary barrier to care, particularly for the most vulnerable cancer patients.

Lung Cancer accounts for the highest cancer related mortality in Québec (and Canada). The high mortality rate is largely due to late stage diagnosis and rapid progression. Liquid biopsy is a critical tool in lung cancer management, allowing clinicians to make timely, informed treatment decisions when tissue biopsies are not feasible - such as when patients do not have enough tissue available - or when rapid disease progression threatens survival. This disruption may force clinicians into suboptimal treatment choices, leading to worse patient outcomes and increased strain on our healthcare system.

For patients with advanced disease, a delay in molecular profiling can mean the difference between accessing a targeted therapy that could extend survival or improve quality of life and being placed on a less effective, more toxic treatment resulting in death. This issue is especially urgent for those who are too ill to undergo a traditional biopsy or those living in rural areas where access to specialized procedures is limited. The ability to perform liquid biopsy through a simple blood draw at a local healthcare facility ensures that clinicians can act quickly and provide patients with the best possible care.

Beyond its clinical necessity, maintaining access to liquid biopsy is a responsible decision for our healthcare system. Delays in biomarker driven treatment decisions can lead to ineffective first line therapies, increased emergency room visits, and unnecessary hospital stays further straining Québec's already burdened healthcare infrastructure. When clinicians are left without the ability to make precise, evidence based treatment decisions, patients are more likely to experience complications, require hospitalizations, or receive therapies that are ineffective. Ensuring reimbursement for LB also reduces avoidable healthcare expenditures.

Reimbursement policies exist to ensure that necessary testing remains accessible, especially for a test that has already been deemed essential. The INESSS recommendation for liquid biopsy explicitly called for 'the creation of a specific code for LB specifying the intended indication, namely advanced stage NSCLC (stages IIIB-IV) [Avis Aout 2024 p.16] within three to six months (see attached). As of the drafting of this letter- six months since the recommendation- no specific reimbursement code exists. For both clinicians and patients, the lack of clarity around reimbursement is being interpreted as a withdrawal of service, further exacerbating uncertainty in care delivery.

The government has a responsibility to act on INESSS' recommendations in a timely manner, ensuring access to essential services while protecting the limited healthcare resources of our academic centres of excellence. To prevent service disruptions and ensure continuity of care, we urge the Quebec government to finalize the decision to integrate LB into the provincial reimbursement framework and assign a permanent billing code before March 31, 2025. We further call on the government to work proactively with all relevant stakeholders, including the pharmaceutical industry, healthcare providers, and patient advocates, to ensure a sustainable reimbursement pathway that protects patients while preventing wasteful spending.

A failure to act now will not only harm patients but also hinder clinicians from providing the timely, personalized care that is essential in modern oncology. This is not just a policy issue—it is a matter of patient safety, clinical excellence, and responsible healthcare decision making. The Québec government must act immediately to uphold its commitment to ensuring equitable access to life saving innovations in cancer care.

Signed,

Association pulmonaire du Québec

CHUM
Centre hospitalier de l'Université de Montréal

Coalition Priorité Cancer au Québec

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JUIN 2024

Étapes clés du processus d'évaluation des analyses de biologie médicale et génomique aux fins d'introduction