PRECISION ONCOLOGY AWARENESS MONTH 2026

PROVINCIAL VARIATION IN TESTING

Provincial variation reflects fragmented implementation

Canada's challenge is not simply whether biomarker testing exists. It is how testing is assessed, funded, organised and integrated into routine care. Canada's Drug Agency (CDA-AMC) identifies inconsistent approaches to evaluating and implementing biomarker testing across jurisdictions, which can contribute to differences in availability and timely access. (1)

The Canadian Association of Provincial Cancer Agencies likewise reports that molecular genomic testing is not consistently integrated into routine practice, partly because access, standards and decision-making processes vary. These findings support framing the issue as fragmented implementation rather than a simple divide between provinces that "have testing" and those that do not.

talking points

1. Implementation involves more than a funding decision.

A published Canadian readiness assessment identifies multiple conditions needed to adopt genetic and genomic testing: assessment processes, financing, workforce and resource planning, information systems, ordering information, education and coordinated service delivery. Progress in one area does not establish readiness across the whole pathway. (2)

2. Provinces are developing these conditions at different speeds.

The 2026 assessment found progress since an earlier 2023 assessment, but different approaches and rates of development. Its findings were validated with key informants in June 2025; they should be presented as a dated assessment, not a live inventory of provincial services. (2)

3. Published provincial examples identify approaches to learn from, not an overall league table.

Province	Finding reported in the assessment
Ontario	The Provincial Genetics Program supported coordination, resource planning, publication of test menus, and education and training.
Newfoundland and Labrador	The province had a publicly described process for proposing new tests, including criteria and timelines.
Quebec	The assessment identified a financing approach with a clear funding formula and support for test development and human resources.

These examples concern particular implementation functions. They do not establish that any province provides uniformly better access for every cancer, biomarker or patient.

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What published evidence supports

Clearer routes into care
The readiness assessment identified gaps in transparent evaluation processes, comprehensive test information and navigation resources for providers. It also identified information system integration and financing as continuing challenges.

Coordination without assuming identical delivery
The Pan-Canadian Cancer Genomics Community of Practice brings together Canada's Drug Agency, the Canadian Partnership Against Cancer and provincial cancer agencies through CAPCA. Its work includes sharing expertise and addressing differences in access, standards and decision-making. This provides an existing foundation for collaboration.(3)

Assessment connected to adoption
Canada's Drug Agency's published advisory panel material describes a consensus based framework intended to support more standardized, efficient and transparent assessment, and to inform adoption or funding decisions. That is an assessment initiative, not evidence that provincial implementation gaps have already been resolved.(1)

Proposed advocacy asks
These are policy proposals informed by the published findings, not descriptions of existing commitments.

- Publish accessible testing pathways: indications, eligibility, ordering requirements, referral arrangements and expected turnaround times.
- Make assessment and adoption processes transparent, with clear responsibilities, criteria and timelines.
- Plan sustainable funding for implementation, including test development, workforce, quality assurance and information systems.
- Improve coordination between testing decisions, treatment pathways and service planning.
- Include patients, caregivers, clinicians and laboratory professionals in setting priorities and reviewing progress.
- Measure implementation using clearly defined indicators, rather than relying only on announcements or test availability.

What published evidence supports

Evidence guardrails

- This brief is not a province by province coverage directory.
- The 2026 readiness study covers genetic and genomic testing broadly; it is not limited to tumour biomarker testing.
- It combines a literature review with expert interviews. It is not an audit of every laboratory or patient pathway.
- Its authors explicitly state that the effectiveness and efficiency of service delivery were outside its scope.
- Does not infer that a test is unavailable because public information is incomplete, or claim a quantified effect on outcomes without additional evidence.(2)

Help make better access a priority. Advocate for better access to biomarker testing and precision oncology across Canada. Contact your provincial, territorial or federal representative to discuss these talking points, **send a letter** (to your P/T representative or F), or share what access, or barriers to access, has meant for you. Your perspective can help bring the human impact of policy and funding decisions into the conversation. Or **get in touch** to discuss how you can add your voice.