



September 14, 2021

Dear Mr. Strahl,

the cancer collaborative, along with the Advocacy for Canadian Childhood Oncology Research Network [Ac2orn], the Leukemia and Lymphoma Society of Canada, Lymphoma Canada and Myeloma Canada have been working together to ensure that Canadians across the country are getting ethical and equitable access to chimeric antigen receptor [CAR] T-cell therapy.

In 2018, Health Canada approved the use of the first CAR T-cell therapy. Currently, two CAR-T therapies are approved for reimbursement through a letter of intent [LOI] with the pan Canadian Pharmaceutical Alliance [pCPA] and one is currently under negotiation.

Because of the complex nature of CAR T-cell therapy administration and follow-up care, only certified centres can provide access. In Canada, the centres currently providing CAR-T therapy are located in Quebec [Hôpital Maisonneuve Rosemont, Centre Hospitalier Universitaire de Québec [CHUC] and Centre hospitalier universitaire Sainte-Justine], Ontario [Juravinski Cancer Centre, Princess Margaret Cancer Centre, The Ottawa Hospital and The Sick Kids Hospital] and most recently in Alberta [Tom Baker Cancer Centre, FootHills Medical Centre and Alberta Children's Hospital]. Quebec and Ontario have established pathways to provide out of province access to patients living outside of these provinces.

Alberta's program became operational in August 2020 and at present, does not have the capacity to provide access to patients from outside of Alberta. In July 2021, Nova Scotia announced their plans to create a CAR-T centre within the province. For those provinces that do not currently have local access, interprovincial agreements and pathways exist to ensure that patients within their province have access to this treatment.

All provinces across Canada have consistent pathways to provide in-province or out-of-province access to CAR-T, whereas British Columbia has many inconsistencies and more often than not refers its patients out-of-country.

While there are two commercially approved CAR T-cell therapies in Canada, patients in British Columbia do not have access to these therapies unless they travel out-of-country to receive it in the United States, at the US price. This means that patients must not only pay out of pocket for follow-up care and travel and accommodations, they also may not have the same access to manufacturer patient assistance programs to ease financial burden. Further, travel for immunocompromised patients during the COVID-19 pandemic puts them at severe risk for contracting COVID-19, especially as the COVID-19 vaccine does not build the same immune response in these patients as it does in healthy individuals. Additionally, patients are away from their support systems and receive inconsistent follow-up care. The other option for patients to



obtain local access is through a phase I clinical trial. While we encourage Canadian research and development, a phase I clinical trial tests the safety and efficacy of a treatment and is not standard of care. Clinical trials also have more restrictive eligibility criteria than commercially approved therapies. Phase III trials have already been performed on the manufactured products available in other Canadian provinces, and for British Columbians to not be able to consistently access proven and tested therapies is unacceptable.

As well as the aforementioned issues, British Columbia's clinicians are unable to treat their own patients with an innovative therapy in which they are considered world renowned experts.

In October 2020, the provincial NDP party campaigned on a platform that included a cancer plan that would ensure patients received the care they needed, where they needed it<sup>1</sup> - promising to deliver better care, closer to home so that patients do not need to travel hours away. Almost one year later, and following the tabling of the budget earlier this year, no budget has been publicly allocated to the cancer plan or to CAR-T. We have made several attempts to communicate with the Minister of Health's office without adequate or appropriate response.

We understand that health care is a provincially legislated mandate, however, we urge you to work with us to fight for these patients. CAR-T is the best curative option for these patients in the relapsed/refractory setting following three lines of therapy, and together, we must ensure equitable access, the backbone of our Canadian Healthcare system, to this therapy for patients in British Columbia. Please support these patients, especially during the important time of blood cancer awareness month in September.

Sincerely,

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On behalf of

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<sup>1</sup> [BC NDP electoral platform](#)



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