

The Honorable Adrian Dix
Minister of Health
British Columbia

Dear Minister Dix,

According to BC Cancer¹, an estimated 1320 British Columbians were diagnosed with Non-Hodgkin Lymphoma [NHL] in 2020. Diffuse large B cell lymphoma [DLBCL] is the most common type of NHL. 30-50% of Canadians diagnosed with DLBCL will experience relapse and 10% will experience refractory disease.² If left untreated, the life expectancy of patients with relapse or refractory [r/r] DLBCL is three to four months.² In the pediatric population, acute lymphoblastic leukemia [ALL] accounts for 80% of childhood leukemias. While the cure rate is fairly high, one in four children will relapse.² Relapsed/refractory ALL or r/r DLBCL patients have typically exhausted all curative therapies and were historically managed with experimental therapies through clinical trials or palliative treatment,³ until the introduction of chimeric antigen receptor [CAR] T-cell therapy.

CADTH's Health Technology Expert Review Panel recommended the provision of the first CAR-T therapy, with conditions, including a reduction in price in January 2019 and Québec became the first province to publicly reimburse within province [October 2019], and was followed shortly thereafter by Ontario [December 2019]. In August 2020 Alberta announced their plans to provide access in province. To date, British Columbia has still not created a pathway to provide access to approved CAR-T therapies in province.

Last October, the BC government campaigned on a cancer plan that would ensure patients received the care they needed, where they needed it⁴ - promising to deliver better care, closer to home so patients don't need to travel hours away. British Columbia is not providing access to manufactured CAR T-cell therapy, either in province or through established pathways with other provinces, therefore not providing standard of care treatment for its population. This requires BC patients to either enter a phase I clinical trial with an experimental CAR-T product or to cross the border to receive care at the Fred Hutchinson Cancer Research Centre in Seattle [WA]. At almost double the cost and without the appropriate follow up care. This situation reflects poorly on British Columbia as it puts patients unnecessarily at risk especially given the current COVID-19 pandemic. As a result of border closures due to the pandemic, this has further limited access to CAR-T therapy for British Columbians. This is not aligned with the campaign promise of treating patients with the care they need close to home. With the government's anywhere/anytime commitment to cancer care - the cancer plan includes a commitment to improving the continuum of care and expanding and funding enhanced research and

¹ [BC Cancer statistics and reports](#)

² [CADTH in Brief report](#)

³ [CADTH optimal use report](#)

⁴ [BC NDP electoral platform](#)

diagnostic capabilities. Budget estimates of the investment in cancer in BC suggest 50\$ Million [M] in 2020-21, 100\$M in 2021-22 and 300\$M in 2022-23. While the details of this plan have yet to be announced, it is uncertain how much the government of BC is willing to invest in CAR-T therapy. The imperative is clear however: CAR-T must be provided for patients within British Columbia.

As science advances and moves forward, so must health policy and our commitment to improve the quality and delivery of care for cancer patients. There is much to celebrate as cancer research advances, and we must ensure these advances are accessible to all Canadians.

We fully believe in the BC government to make good on their campaign promise for the residents of British Columbia, by ensuring that CAR-T therapy will finally be funded. This promise is needed for the patients who are slipping through the cracks, for the world renowned experts in BC who are watching their patients without this treatment succumb to their disease, for the patients and caregivers experiencing the exorbitant costs and risks to travel to the USA to receive treatment, and for the families who may have lost their loved ones in the political crossfires of not accessing this treatment.

We appreciate your leadership on this matter to ensure that British Columbians and their Healthcare providers have access to this life saving therapy close to home. We would appreciate the opportunity to discuss with you the success CAR-T has had for NHL patients in Canada, both in the pediatric and adult populations. We would like to further share with you the burden and impact to patients not being able to access this treatment. We hope that with this information, you may build a cancer plan that not only meets the needs of healthcare systems, but of patients as well.

Sincerely,

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The Honorable John Horgan, Premier British Columbia
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