

ISSUE ONE: CANCER CARE

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What is the current state of Cancer Care in Alberta?

Alberta's cancer care system delivers some of the best treatments and care options in Canada. Our success in screening and diagnosis, and our commitment to delivering advanced treatments has dramatically improved outcomes for cancer patients. It is now possible to cure more patients with cancer and allow Albertans living with cancer to live longer than ever before, while enjoying a better quality of life. This is exceptionally good news, and the goal of what a modern cancer care system aims to provide, but it also means that more cancer patients require ongoing follow-up care and possibly additional treatment if their cancer recurs. This is increasing the pressure on our health care system. As our population grows and ages, the demand for specialized cancer care will continue to rise.

Unfortunately, Alberta's cancer care workforce is dangerously overstrained and under-resourced. Albertans diagnosed with cancer know that timely access to treatment is critical to their health, and in many cases, their survival. Right now, referral wait times for cancer care are unacceptably long and exceed Alberta's benchmark target of four weeks. On average, it takes up to 13 weeks to be assessed by a radiation oncologist and up to eight weeks to be assessed by a medical oncologist at Alberta's cancer centres. Only 60% of the top five cancer surgeries (bladder, colorectal, breast, lung and prostate) are performed within Alberta's recommended target time. It is also taking longer for Albertans to see a primary care doctor to assess the signs and symptoms of cancer, to have tests performed to determine if there is cancer present or not and ultimately, to receive life-saving cancer care treatment. Alberta's health care system is getting worse, not better, and cancer patients are suffering the consequences. Each week that passes for Alberta's cancer patients without starting treatment increases their risk of dying.

Clearly, Alberta's cancer care system is facing immense challenges and barriers that make it harder for Albertans to access the care they need, as quickly as possible. Things must change now if we are to regain, and then maintain, service capacity and accessibility. We cannot continue to deliver timely, efficient care when Alberta has more patients needing cancer care than the capacity of providers to care for them. Without an immediate commitment to recruit more cancer care specialists and expand our cancer care facilities, it won't matter how many innovative treatments are available because Albertans are waiting too long for care.

What is the impact on patients?

A cancer diagnosis forever changes the lives of the individuals affected, as well as the lives of those who know or love them. Approximately one in two Albertans will be diagnosed with cancer in their lifetime, which means even if we haven't battled cancer ourselves, we likely know someone who has. Despite treatment advancements, cancer still remains the leading cause of death in Alberta. The quality of cancer care following diagnosis, and the speed with which it can be delivered, is critical to a patient's outcome, and in many cases, their survival. Alberta Health has established a wait time benchmark of four weeks from the referral date to the consultation date with radiation oncology or medical oncology, and similarly four weeks from the ready-to-treat date to the date a patient receives their first radiotherapy session. A Canadian study has shown that delaying cancer treatment by four weeks can increase a person's risk of dying by 6 to 13%.

Comparatively, a cancer patient in Ontario is likely to be assessed by a radiation oncologist and begin treatment within four weeks of their referral date. In Alberta eight weeks is the benchmark. While wait times to receive many other types of specialty care are also concerning, when it comes to cancer, delays often mean more advanced disease that affects treatment decision-making. Sometimes if a cancer patient's condition worsens to the point that they are bedridden and incapacitated, often no treatment is possible at that point.

What are the contributing factors?

Not enough oncologists or cancer care facilities

Alberta is struggling to attract more oncologists and retain the ones already here. Numerous interview invites and employment offers issued to Canadian-trained applicants have been declined. We have also been unsuccessful in hiring our own Alberta-trained oncologists. Over the past four years, only one of eight graduates from Alberta radiation oncology residency training programs, and two of 17 Alberta medical oncology graduates, have been recruited to practice in Alberta. Most of the new oncologists that Alberta produces have been recruited to work elsewhere in Canada. At the same time, we are facing the loss of many experienced oncologists who have left Alberta to work in other provinces and countries. Failed recruitment efforts and departing staff have noted low salaries and high workload levels in Alberta. Alberta's compensation package is not competitive with other provinces, making it harder to recruit and retain the oncologists our growing and aging population desperately needs.

The number of oncologists practicing in Alberta rose from 102 in 2013 to 122 in 2022, an increase of only 20%, while the number of new cancer cases diagnosed each year in Alberta rose by 40% over the same period. As a result, oncologists are working harder and putting in longer days to manage as many cancer patients as possible. Staff morale is low, exhaustion/burnout is rampant and psychological stress is increasing. Cancer care already requires oncologists to deliver some of the most devastating news patients and their families will ever hear, but increasingly they are also having to apologize for not being able to provide the care patients need and oncologists are uniquely qualified to deliver.

Alberta is facing stiff competition from other provinces to recruit the limited number of new oncologists that graduate each year in Canada. In 2023, British Columbia aggressively hired 325 new staff, including physicians and clinical support staff, to meet the needs for its six regional cancer centres. The BC government has also announced plans to open four new full-service cancer centres in Kamloops, Nanaimo, Burnaby and Surrey. This will raise the number of cancer centres providing radiotherapy services to BC residents from six to 10 facilities, compared to Alberta's five cancer centres with radiotherapy services. AHS' own physician workforce analysis and forecast in 2022 places Cancer Care Alberta with nearly the highest workforce growth needs, requiring recruitment of 83 oncologists over 10 years to account for more cancer patient referrals and physician retirements. Alberta isn't keeping pace with our own population needs and is significantly lagging behind the solutions that are being developed by other provinces.

The much-needed replacement of the Tom Baker Cancer Centre in Calgary with the opening of the new Arthur J.E. Child Comprehensive Cancer Centre (anticipated later this year) will significantly enhance Alberta's cancer care services with state-of-the-art services and equipment, and provide more exam rooms, more inpatient care beds, more chemotherapy chairs and more radiation vaults dedicated to cancer patients. However, for increased capacity and enhanced cancer services to reach full potential, more staff and more operations funding will be needed to achieve the full vision of the new cancer centre in Calgary as one of the most comprehensive cancer centres in the world.

Similar to what Calgary experienced decades earlier with inadequate space and infrastructure resources to meet the increasing number of cancer care referrals that required a second cancer clinic resource in downtown Calgary, Edmonton's Cross Cancer Institute is now overcapacity and unable to add more clinic space to see more cancer patients or add more

office space to hire more oncologists. A new 10-year capital investment plan for cancer care is urgently needed to ensure our workforce and cancer care facilities can meet the growing needs of Alberta's cancer patients.

Advances in cancer care treatments

Incredible advances in cancer care treatments have dramatically changed cancer care and patient outcomes. As we have entered the genomic era, which allows us to use the genetic changes in a patient's tumour to determine treatment, traditional chemotherapies have given way to targeted immunotherapies. This has resulted in dramatic improvements in the length of survival and the quality of life for patients. Patients with malignant melanoma skin cancer were the first to benefit from treatment with immune checkpoint inhibition. Prior to the use of immunotherapies in cancer care, fewer than 10% of treated patients survived two years or more. Now nearly two-thirds of treated patients survive at least five years and a growing number of patients may be cured of their cancer. In addition to immunotherapy, targeted therapy – a type of cancer treatment that targets and stops the changes in cancer cells that help them grow, divide and spread – is also now available to nearly all cancer patients in Alberta.

Extending and improving lives is exactly what patients and their families hope for and what oncologists work to make happen. These improved outcomes also increase the need for comprehensive cancer care for a much longer period of time, creating strain within the finite limitations of cancer care resources in the province. More follow-up care is needed to manage the side effects of treatment and facilitate early detection of possible cancer recurrence or progression. While it is now possible to offer more treatment options when cancer recurs, with additional lines of systemic therapy available, advanced treatment delivery of radiotherapy, and advancements in surgical techniques and indications for cancer surgery, those options rely on having skilled oncologists available to deliver them.

Changing demographics

Alberta is in the midst of [a population boom](#), with more than 202,000 people arriving last year alone. Alberta's population at the end of 2023 was roughly 4.8 million and is expected to reach 5 million by the end of 2024. While this growth is good for our economy, it has put immense strain on our health care system. Our population is also aging, with the number of people over the age of 65 in Alberta rising faster than any other age group. As of September 30, 2022, more than 725,000 Albertans were over the age of 65 – a number that is expected to double by 2042. While cancer can occur at any age, the incidence of cancer rises dramatically in the later stage of life. According to 2023 cancer statistics published by the Canadian Cancer Society, 93% of new cancer cases in males and 87% in females will be diagnosed in Canadians 50 years of age and older.

Cancer cases diagnosed in Alberta are steadily rising. [Estimates for 2023](#) suggest 23,200 new cancer cases were diagnosed in Alberta, up 40% from [16,600 new cancer diagnoses in 2013](#). Demand for cancer care services is going to increase with the estimated number of new cancer cases in Alberta [projected to increase by 29% from 2020 to 2030 and by 56% from 2020 to 2040](#). It is heartening to know that with prompt treatments more Albertans with cancer will live longer, but we need action now if there is any hope of addressing Alberta's future cancer care needs.

Not enough primary and acute care physicians

Currently, it's estimated that 650,000 to 800,00 Albertans are living without a family doctor of their own. Without access to primary care, cancer is being caught later, which means that more Albertans with cancers that would have been treatable aren't being diagnosed until they are well past the point of curable treatment. For some unfortunate patients, by the time they are seen by an oncologist, there is nothing that can be done. This needs to change.

The family doctor shortage in Alberta also means there are fewer primary care resources available to manage and follow patients after their cancer treatments. We hope that recent [government investment to stabilize family and rural medicine](#) will help restore our physician workforce levels. As things stand today, cancer patients are reporting they do not have sufficient access to family doctors who can help manage their post-treatment care. As a result, these patients must remain under the care of their oncologist longer than intended, increasing cancer care workload for those physicians and adding further strain to an already overburdened cancer care system.

Likewise, cancer care relies on the skill and availability of other acute care physicians, including lab and imaging specialists, internal medicine specialists, surgeons and anesthesiologists – and these specialties are also struggling with their own challenges. Alberta’s laboratory physicians, which includes the pathologists who provide a definitive cancer diagnosis, are currently facing many complex issues, including a recruitment freeze throughout much of the province. The care of an Albertan with cancer often involves a team of doctors and countless support staff, each with a critical role to play in a cancer patient’s journey. Efficient and timely cancer care relies on team-based care every step of the way. Without them, diagnoses can’t be made and essential surgeries can’t be performed. Workforce shortages in other areas of Alberta’s health care system have a measurable ripple effect on cancer care.

What needs to happen?

Alberta desperately needs more oncologists and must invest in strategic, proactive recruiting in the way that provinces such as Ontario and BC have done. Until we increase our cancer care workforce and fix the ongoing provider shortages in both primary and acute care, we will be unable to address cancer care wait times, improve cancer-related investigations and tests and deliver the treatments and care Albertans need and deserve.

All of Alberta’s Cancer Care workforce are employed by AHS and therefore all funding decisions for new oncologist positions require AHS approval, derived through a government-led process. Taxpayers rely on this process to work smoothly and appropriately. Put simply, if a job isn’t made available by AHS working with government or isn’t competitive, oncologists must leave the province for employment.

The restructuring of Alberta Health Services, announced in late 2023, also raises many concerns as this will see Cancer Care Alberta report to the new acute care ministerial structure. [Some oncologists have indicated that this poses the risk of greater governance instability and uncertainty at a time when the delivery of cancer care is already facing a crisis.](#) Our government needs to ensure appropriate funding for primary and acute care so Albertans get the care they need, when and where they need it.

Albertans desperately need the government to develop and implement a comprehensive cancer care plan. We need an immediate commitment to have more oncologists in Alberta, to address on-going recruitment and retention issues of our highly skilled oncologist workforce, and to foster strategic long-term capital investments in order to improve capacity and accessibility of Alberta’s cancer care services for future generations. Alberta patients are already waiting longer for care than is medically acceptable and without enough oncologists available, there are no workarounds. We can’t afford to let this problem get any worse.

Resources

Supports for people with cancer

www.albertahealthservices.ca/assets/info/cca/if-cca-getting-help.pdf

Cancer Care Alberta

www.albertahealthservices.ca/assets/info/cca/if-cca-infographic.pdf

Indigenous cancer care

www.albertahealthservices.ca/cancer/Page16319.aspx

Future of cancer impact in Alberta

www.albertahealthservices.ca/assets/about/scn/ahs-scn-cancer-future-of-cancer-impact-summary.pdf

Cancer Research & Analytics

www.albertahealthservices.ca/cancer/Page17359.aspx

Cancer Types

cancer.ca/en/cancer-information/cancer-types

Coping with changes

cancer.ca/en/living-with-cancer/coping-with-changes

Life after treatment

cancer.ca/en/living-with-cancer/life-after-treatment

Your child has cancer

cancer.ca/en/living-with-cancer/your-child-has-cancer

That was then.

Only 15 years ago, there was just a single indication for treatment with immune checkpoint inhibitor therapy.

Fewer than 10% of treated patients diagnosed with malignant melanoma survived two years or more.

A decade ago, there were 16,600 cancer cases diagnosed in Alberta with 102 practicing oncologists providing cancer care to Albertans.

This is now.

There are now 33 unique treatment indications using immune checkpoint inhibitor therapy for cancer patients.

Two-thirds of treated patients in 2023 survived at least five years – and a proportion of these patients may be cured of their cancer.

Ten years later, the estimated number of cancer cases diagnosed in Alberta is 23,300 – an increase of 40% – with 122 practising oncologists providing cancer care to Albertans – an increase of only 20%.