Submission to the Standing Committee on Health

Study on Women's Health – Women's Cancers

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A history of gynecologic oncology and the Society of Gynecologic Oncologists of Canada (GOC)

Historically, women's cancers have been orphaned from traditional cancer care models. In the 1970s and 80's a dedicated group of physicians created the gynecologic oncology sub-specialty to care for women with cancers of the ovary, uterus, cervix, vulva, and placenta. Among all surgical cancer specialties, ours is unique because the care is comprehensive, including diagnosis, surgery, systemic treatments (e.g., chemotherapy), surveillance, and palliative care. Only recently has patient care incorporated other disciplines, such as dedicated medical oncologists, radiation oncologists, palliative care teams and specialized nurses have begun collaborating with gynecologic oncology teams. Due to such historic isolation and separation from the traditional oncology care model, these cancers have long been deemed a "women's issue." Funding for clinical care and research has not kept pace with other, more common, cancers, such as colorectal, breast and lung.

GOC, a non-profit organization, was created 40 years ago as a forum for medical professionals to highlight issues in women's cancer care across Canada and help correct the disparity in cancer care access and equity in research funding for new treatments[1]. The vision of GOC is to be the voice of gynecologic cancer care in Canada. Our mission is to improve the care of women who have or are at risk of gynecologic cancer by promoting innovation in research, prevention, education, and care while advancing public awareness of the burden of these cancers.

Current state of women's cancers in Canada

There have been exciting developments for the treatment of gynecologic cancers in the last 15 years, but compared to other cancers there is a lack of innovation. There has been minimal improvement in overall survival for gynecologic cancers[2]. The mortality of these cancers is alarming considering their incidence. For example, there are about 3,100 new ovarian cancers diagnosed every year in Canada, making it 10th on the list of most frequent cancers in women[3]. However, ovarian cancer is over-represented as a cause death; it is the 5th most common cause of female cancer deaths, causing 1,950 deaths per year, giving an overall 5-year survival rate of only 44%.

The disparity of funding for research towards gynecologic cancers has contributed to this lack of gynecologic cancer treatment development. There were directed funds from the federal government for research in ovarian cancer after a successful campaign before this committee by

[1] https://gyneoncology.ca/about-goc/
[2] https://cancerstats.ca/Mortality/Sex
[3] https://cancer.ca/Canadian-Cancer-Statistics-2023-EN

Ovarian Cancer Canada's OvCan research initiative in 2019[4] but further funds need to be directed towards the other types of gynecologic cancer to make up for historical inequity.

Worrisome rise of women's cancer rates

A report published in November 2023 by the Government of Canada on Canadian cancer statistics identified a worrisome trend of increasing rates of both endometrial and cervical cancer[5]. The increasing incidence and mortality of endometrial cancer can be attributed to both our aging population and increasing obesity in Canada. These are both strong risk factors for endometrial cancer. This has created an increased need for adequate and timely access to gynecologic oncologists who perform the highly specialized surgery required for treatment as well as an increase in overall surgical time for the specialty.

Funds are needed to help support our Canadian research teams to find systemic treatments for these cancers, which are very difficult to address once surgery is no longer curative for the disease. Through GOC Communities of Practice forums, we have facilitated very successful and specialized research teams in Canada that are collaborating nationally to advance the field of endometrial cancer research; however, dedicated research funding for this cancer type is rare and would benefit greatly from specifically earmarked allocations.

Canada is not on track to meet is goals for the elimination of cervical cancer

Canada joined the WHO initiative for the Cervical Cancer Elimination Initiative, with its recommended 90-70-90 goals, which are: vaccination of 90% of girls fully vaccinated with the HPV vaccine by the age of 15; screening at least 70% of women using a high-performance test by the age of 35 and again by 45; treatment of 90% of women with pre-cancer treated and 90% of women with invasive cancer managed. Each country should meet the 90–70–90 targets by 2030 to get on a path to eliminate cervical cancer within the next century[6].

However, in Canada, cervical cancer has been identified as the fastest growing cancer in women, with incidence rising at a rate of 3.7% per year since 2015[5]. This is perplexing because women should have easy access to the effective cervical cancer prevention strategies in Canada: primary prevention via vaccination against the human papillomavirus (HPV) which is offered to school age children in every province and secondary prevention via screening through HPV and PAP testing. Vaccinations against HPV have been available in Canada since the 1990s, yet there are

[4] https://ovariancanada.org/our-research
[5] https://cancer.ca/Canadian-Cancer-Statistics-2023-EN
[6] https://www.who.int/initiatives/cervical-cancer-elimination-initiative

decreasing vaccination uptake rates in our schools[7]. Unfortunately, some of our most vulnerable populations are in provinces that still do not have an organized provincial-wide screening program[8] leading to disparities in the identification and treatment of precancerous cervical lesions, interventions that can prevent cervical cancer development.

There are multiple recommendations and endorsements from medical societies supporting the need to develop and implement HPV self-testing, which has been proven effective for detecting women who requiring further assessment by colposcopy[9]. However, this requires strong government support to fund and establish programs like the breast cancer screening model programs that are province-wide in Canada. British Columbia is currently trialing such a self-testing program[10] and could be used as a model to allow access to this much-needed screening.

Available professionals are not keeping pace with an aging population

Finally, with the overall increasing numbers of women with gynecologic cancers in our aging population, we are falling behind in the number of healthcare professionals available to provide care for these women[11]. The waitlists for access to, first, care for diagnosis in primary care setting, followed by, second, timely sub-specialized gynecologic oncologist care and, third, access to surgical treatments that require specialized medical centers, are growing longer and becoming unsustainable. The resulting delays to care have a profound impact on the success rates of their treatment.

There is an increasing need for access to systemic treatments post-surgery. These treatments could be done at cancer centers closer to women's homes. However, this requires more dedicated medical oncologists and specialized family practitioners and nurses to provide counselling and care to women with gynecologic cancers, equipped with up-to-date knowledge of the latest available treatments. As the burden of care for females with gynecologic cancers increases, so too does the need to train more specialists and allied health professionals to care for patients with gynecological cancers.

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[7] Caird H, et al. The Path to Eliminating Cervical Cancer in Canada: Past, Present and Future Directions. Curr Oncol. 2022 Feb 14;29(2):1117-1122.

[8] https://www.partnershipagainstcancer.ca/topics/elimination-cervical-cancer-action-plan/

[9] https://www.partnershipagainstcancer.ca/topics/hpv-screening-pathway/hpv-primary-screening-self-sampling/

[10] http://www.bccancer.bc.ca/screening/cervix

[11] Islam et al. Physician workforce planning in Canada: the importance of accounting for population aging and changing physician hours of work. CMAJ Mar 2023, 195 (9) E335-E340.

Recommendations

As the representative voice for gynecologic cancers in Canada, GOC has the following recommendations to make for the House of Commons Standing Committee on Health.

1. Increase research funding opportunities for gynecologic oncology-specific research, especially in endometrial and cervical cancer given their increasing cancer burden. By investing in these areas of study, the government can support already established research teams.
2. Support nation-wide campaigns to increase awareness of the burden of HPV and help increase the vaccination uptake rate to what we observed when it first became available.
3. Support the need for better provincial-based screening programs for cervical cancer in the areas that are not on track to reach our goals with plans for access to HPV screening either through improved access to healthcare professionals providing screening or through self-testing.
4. Increase funding for training healthcare professionals with specialized training in gynecologic cancers in the fields of gynecologic oncology, medical oncology, radiation oncology, and nursing as we grow our multidisciplinary teams.
5. Increase the numbers of funded gynecologic oncology positions in the locations that have unequal access to specialized care, providing increased surgical access to operating room facilities to accommodate the rising numbers of women's cancers.

Conclusion

Women's cancer care in Canada has an increasing burden due to our aging population and diminishing access to resources as the numbers of women with cancer increase. GOC remains deeply committed to improving research opportunities, advocating for timely access to care and being a strong voice for women's cancer care. We look forward to working with HESA and the other voices at the table to find solutions to these concerns.