Canada has a distinctive health care system, with a unique drug review and reimbursement process in the oncology field, and thus requires Canadian-specific cost data to determine the value of interventions. Consequently, high-quality studies are needed that evaluate cost differences and variability in health systems, care pathways, economic evaluations, and policy frameworks unique to the Canadian context.

Costing studies provide important insight into the economic burden of disease and can be useful for understanding the resources incurred by health systems, other payers, and patients. Furthermore, understanding differences in resource use and cost can aid in the planning of quality care and provide insight into system performance.

Without access to high-quality research, Canadian policymakers cannot properly and systematically assess the effects of new technologies, for example. Adapting frameworks and models from other countries to inform the Canadian context has thus far been the norm. However, that approach is not always ideal, given Canada’s unique health care system requirements.

State of Affairs with Respect to Canadian Cost Studies

Despite the importance of costing work, Canadian oncologists, health services researchers, and policymakers have long experienced difficulty publishing Canadian analyses. Review comments returned for Canadian burden-of-illness and health services research manuscripts have included statements such as these:

- “The scientific impact of this study is limited due to the specificity of the data to Canada.”
- “Why should one even care about the use of care services in Canada?”

Furthermore, journals have commented that there is a “lack of alternative journals that may publish Canadian-specific models.” Although studies comparing Canadian with American or European cost data (or both) have less difficulty being published in high-impact international journals, studies solely using Canadian cost data are typically left out in the cold. Good-quality work therefore either goes unpublished or published in less prestigious journals.

Where Are We Today?

Canada has some of the most robust, representative, and comprehensive health care data. Where, then, should Canadian researchers publish burden-of-illness studies, health services research, and models using Canadian cost data? Current Oncology and the Canadian Partnership Against Cancer have partnered to create a supplement in which researchers can publish quality work using Canadian cost data. In July 2015, Current Oncology put out a call for papers. In particular, submissions to the supplement could include studies concerning any cancer site and could use regional, provincial, or national data sources to evaluate any of these themes: burden-of-illness studies; costs of interventions, programs, and policies; applied costing studies; direct costs borne by patients or other payers; indirect costs reflecting lost earnings or productivity; population health modelling studies; and studies adapting models to the Canadian context. All studies using data from clinical, administrative, or survey sources to take a patient, health care system, or societal perspective were considered.

The successful launch attracted enormous interest from researchers. Of twenty-five submissions received, twenty-two went out for review. Of those twenty-two, nineteen were judged appropriate for the supplement, and in the end, purely because of space limitations and a quest for diversity, eight were ranked for inclusion.

The manuscripts in the present supplement use a wide array of methods and Canadian data sources to deal with various disease sites and relevant issues in cancer care. In particular, they include studies relating to breast cancer (analysis of the cost implications of unwarranted imaging of patients, and an economic evaluation of a novel technology) and cervical cancer (estimation of utilization and costs, and use of a simulation model to evaluate cytology compared with primary human papillomavirus bxsa screening). Other studies focus on the estimation of drug and pathology cost avoidance in clinical trials and the cost trajectories of cancer patients over time. Finally, two studies provide an overview of the trends in costs for systemic therapy, home nursing, and hospitalizations for end-of-life care across the country.

We sincerely thank Current Oncology for providing a home for this important work. In addition, we gratefully acknowledge the Canadian Partnership Against Cancer for supporting this initiative. Lastly, we thank all the authors who submitted their manuscripts for this supplement. Given the importance of this work and the many submissions received, we recognize the need for a future supplement. We are hopeful that another will appear in the near future.

CONFLICT OF INTEREST DISCLOSURES

We have read and understood Current Oncology’s policy on disclosing conflicts of interest, and we declare that we have none.

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