CANADIAN CANCER SURVIVOR NETWORK

Discovered Here, Waiting Here

Why Canadian cancer breakthroughs don't reach Canadian patients, and what you can push for

Natalie Yeadon

Founder and CEO, Augmentios | Host, Breaking Innovation Paralysis

CCSN Webinar Series | November 5, 2026

Why I care about this

1 → 2 → 3

The treatment room

Radiation therapist, Princess Margaret Hospital, Toronto

Inside the companies

Nearly 20 years in oncology medicines: Taxol, Erbitux, Herceptin, Iressa

Building and asking why

Founder, Impetus Digital and Augmentios; author of a free policy blueprint

I've seen this from the treatment room and from inside the companies that make the medicines.

Canada discovers cancer treatments.

Too often, Canadians wait for them.

Today's question:

Why does a treatment discovered here reach patients here last, and what can patients do about it?

What we'll cover

1

The road to your pharmacy

Where new treatments stall between approval and the patient

2

Discovered here, scaled elsewhere

Why Canadian discoveries often leave before they reach Canadian patients

3

What you can push for

Steps for your own care, for the review process, and for policy

Part 1

The road from approval to your pharmacy

Every step adds time, and most steps happen one after another

Six gates between a new treatment and you

1 Company decides

to apply in Canada

→

2 Health Canada

approves it as safe and effective

→

3 CDA-AMC

reviews value for public plans

4 pCPA

negotiates the price

→

5 Provinces

decide to list and pay

→

6 You

get access through your plan

CDA-AMC: Canada's Drug Agency. pCPA: pan-Canadian Pharmaceutical Alliance. Quebec runs its own review through INESSS.

Gate 1: many treatments never apply here

About 1 in 3

new medicines approved in the United States or Europe from 2016 to 2020 were never submitted to Health Canada

What this means for you

If a company never applies, there is nothing for Canada to review, fund or negotiate.

No review also means no Canadian price and no public coverage.

Source: Gaudette et al., CMAJ, 2023 (230 new active substances approved by the FDA or EMA, 2016–2020).

Gate 3: about half reach a public review

49%

of Health Canada approvals from 2021 to 2025 were submitted to Canada's Drug Agency for a reimbursement review

How to read this number

It counts approvals, including new uses of existing drugs.

Some hospital medicines are not expected to go through this route.

So the true gap is smaller than half, but still large.

Source: CDA-AMC, The Drug System in Canada: By the Numbers (2026), Table 3.

Gate 3: the wait is getting longer

209 days

median time in 2025 from Health Canada approval to a post-approval review submission, up from 107

45%

of those post-approval submissions came more than a year after approval

48% → 75%

the good news: share of submissions filed before approval, 2021 to 2025

Filing early works. Patients can ask why every company doesn't do it.

Source: CDA-AMC, The Drug System in Canada: By the Numbers (2026).

Case: Carvykti and the power of patient voices

2023	Health Canada approves the CAR T-cell therapy for multiple myeloma
Review	CDA-AMC recommends public funding if the price comes down significantly
Fall 2025	Price talks reach an impasse; 13 other countries already pay for it
Patients act	Myeloma Canada mobilizes close to 6,000 emails to elected officials
Feb 2026	Negotiations restart. Patients are still waiting

Source: The 20Sense Report, Issue 37 (July 2026), citing Myeloma Canada and pCPA.

Case: when the wait decides

9 days

Evan Armit died at 23, nine days after Health Canada approved the treatment he was waiting for.

What happened

Evan, from Dryden, Ontario, had melanoma. His last option was TIL therapy, an immunotherapy that uses a patient's own immune cells.

It was still under review in Canada. Treatment in Boston would cost $750,000 to $1 million.

Ontario's out-of-country program denied his request twice.

Source: The 20Sense Report, Issue 37 (July 2026). Shared publicly by the Armit family.

Case: when a company decides not to try

> *“Under the current Canadian access environment, the likelihood of successfully securing reimbursement for Vanrafia is limited.”*
>
> Novartis, statement to CityNews, August 2026

Vanrafia treats a kidney disease (IgA nephropathy), not cancer. The pattern is the same: **the company chose not to seek public reimbursement in Canada at all.**

Source: C. Howorun, CityNews Toronto, August 14, 2026.

Access isn't only about drugs: testing

Almost 2 in 3

oncologists surveyed can't get comprehensive genomic testing for more than 80% of their patients with metastatic cancer

32% vs 14%

of lung cancers where testing finds a target for treatment: broad profiling versus small panels

3,440

life-years that universal testing could add over six years across five deadly cancers

The biggest barrier oncologists named: lack of provincial funding.

Source: The 20Sense Report, Issue 37 (July 2026). Five cancers: lung, colorectal, pancreatic, breast, prostate.

Cancer in Canada: your postal code matters

In hospital

Cancer drugs given by IV in hospital are generally covered for everyone.

At home

More and more new cancer drugs are pills taken at home. Coverage for these depends on your province.

The gap

In Ontario and Nova Scotia, people often rely on private insurance or pay out of pocket for take-home cancer drugs.

"The disparity in access to take-home cancer drugs among provinces is not acceptable and must be fixed." Canadian Cancer Society

Source: Canadian Cancer Society, Access to cancer drugs and diagnostics (cancer.ca, 2026).

Part 2

Discovered here, scaled elsewhere

Canada's export-and-buy-back cycle

Canada has a long record of firsts

1951

Cobalt-60 radiation therapy

First cancer treatments in Saskatoon and London, Ontario

1961

Blood-forming stem cells

Described by James Till and Ernest McCulloch in Toronto

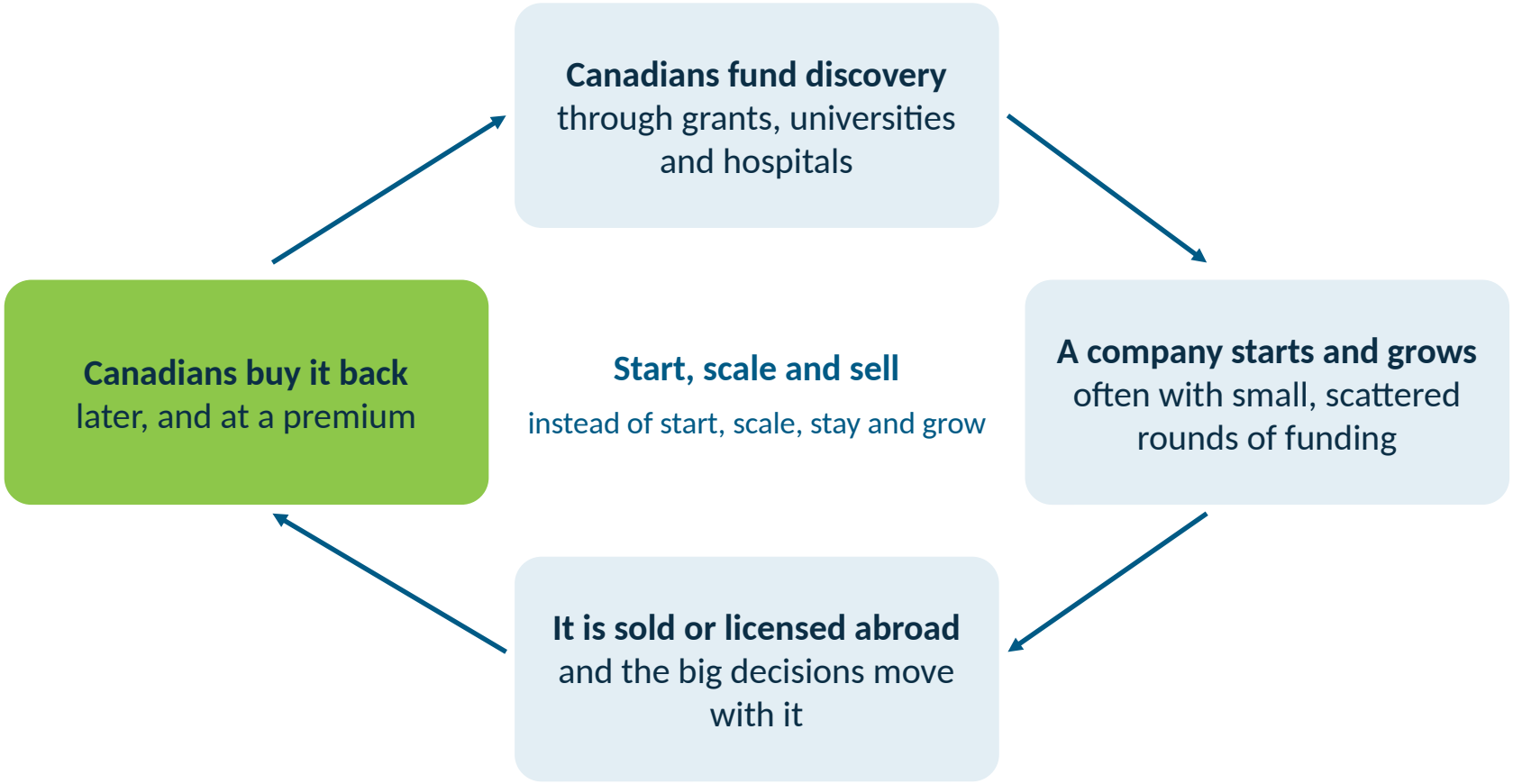
2012

Glybera

A Western first in gene therapy, built on discoveries at UBC

Discovery has never been Canada's problem.

The export-and-buy-back cycle



Source: N. Yeadon, A Strategic Blueprint to Cure Canada's Innovation Paralysis in Life Sciences (Augmentios, 2026), doi:10.5281/zenodo.23621505.

Why Canadian companies sell early

19.9%

average 10-year returns for Canadian biotech venture funds, about five points above tech and nearly double clean tech

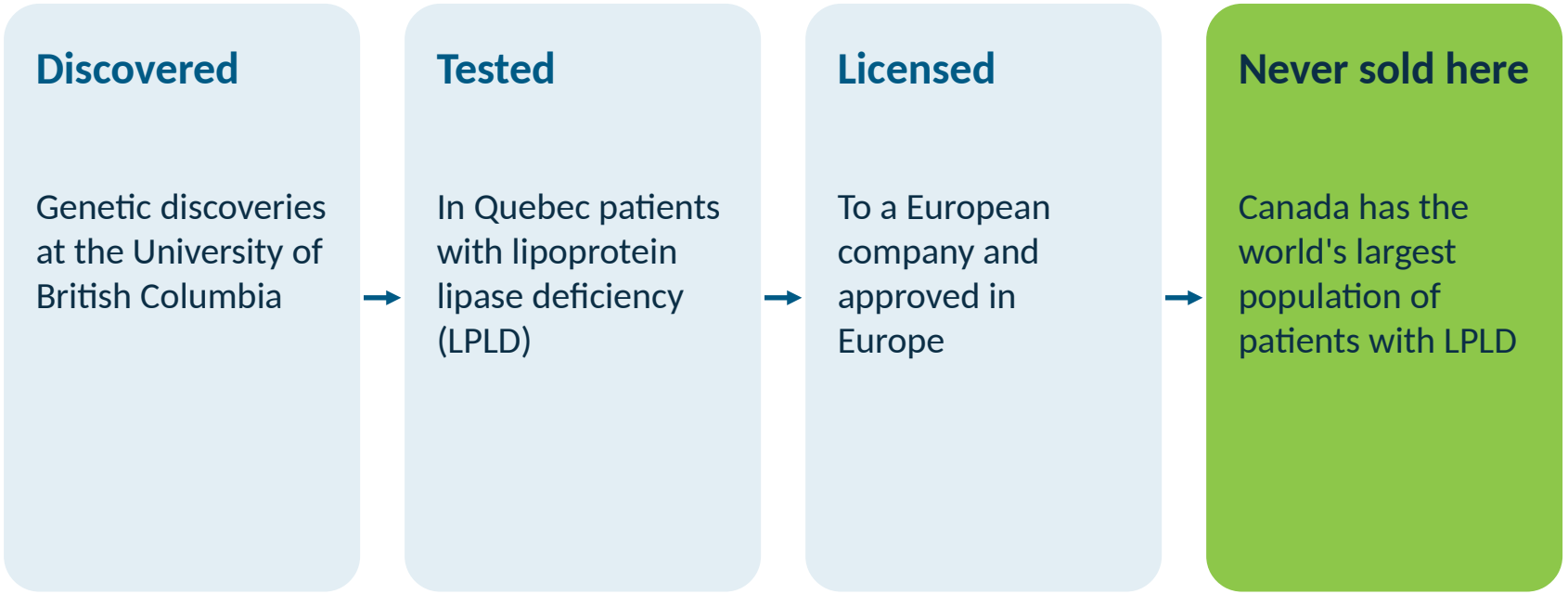
Just 1

current investment by CPP Investments, Canada's largest pension investor, in a Canadian life sciences company

The returns are here. The growth money isn't.
So companies are pulled toward the U.S., or sold.

Source: S. Silcoff, The Globe and Mail (2026), citing BDC's venture capital survey and CPP Investments.

Case: Glybera, discovered here and never sold here



Not a cancer drug, but the clearest example of the cycle: Canadian science, Canadian patients in the trials, and no Canadian access.

Case: a cancer drug developed in Vancouver

Developed	Zanidatamab (Ziihera), by Zymeworks in Vancouver
Partnered	Rights licensed to Jazz Pharmaceuticals
Nov 2024	U.S. FDA approval for HER2-positive biliary tract cancer
Jan 2026	Health Canada approval, with conditions, about 14 months later; sponsor based in Ireland

Built in Canada. Approved in the U.S. first.

Sources: Health Canada Regulatory Decision Summary, Ziihera (2026); Zymeworks/Jazz FDA approval announcement (Nov 2024).

Staying here: made-in-Canada CAR-T

Built here	The Ottawa Hospital, BC Cancer and BioCanRx created the CLIC program to make CAR-T cells inside Canadian hospitals.
Faster, closer	Commercial CAR-T means shipping a patient's cells to the U.S. and back. CLIC makes them where patients are treated.
Proven in trials	About 100 patients treated in the first trial; some are years past treatment with no sign of disease. A second trial is under way.

Canadian science, Canadian manufacturing, Canadian patients first.

Sources: BioCanRx, Made-in-Canada CAR T Platform (2025); Ottawa Hospital Research Institute (2023).

Why ownership matters to patients

1

Trials

Companies tend to run trials near home. Trials are often the earliest access patients get.

2

Launch order

Companies launch first where they're based and where they expect to be paid.

3

A voice at the table

When the head office is here, Canada is part of the conversation, not an afterthought.

Source: N. Yeadon, A Strategic Blueprint to Cure Canada's Innovation Paralysis in Life Sciences (Augmentios, 2026).

Part 3

What you can push for

In your own care, in the review process, and in public policy

In your own care: three questions to ask

?

Is there a clinical trial for me?

Ask your oncologist, and search Canada's clinical trials portal at canada.ca.

?

Can I get it through Special Access?

Health Canada's Special Access Program lets doctors request drugs not yet sold in Canada for serious conditions.

?

Is there an exceptional access route?

Provinces and cancer agencies have case-by-case funding programs. Ask your care team or pharmacist.

While the system catches up

Ways to pay

1. Check your workplace or private drug plan, and ask what it covers before you assume it doesn't
2. Ask about the drug company's patient support program; many help with coverage and costs
3. Ask about provincial programs for high drug costs, such as Ontario's Trillium Drug Program
4. Ask about compassionate access or a clinical trial before travelling abroad for treatment

Who to talk to

Your cancer centre: oncologist, pharmacist, social worker or patient navigator

Your provincial cancer agency: about coverage and access programs

Patient groups: CCSN and your disease group, for campaigns and patient input

Your MPP and MP: provinces decide funding; Ottawa sets approvals and research credits

Clinical trials: what to know before you ask

The phases

Phase I tests safety and dose. Phase II asks whether it works. Phase III compares it with today's standard care.

Eligibility

Every trial has rules: cancer type, stage, earlier treatments, overall health. Ask which ones you meet.

Where

Trials run at cancer centres across Canada. Some patients travel; ask whether any costs are covered.

What to ask

“Are there trials I'm eligible for, here or nearby?” Ask early, not only when options run out.

Search Canadian trials: Health Canada's clinical trials search portal, canada.ca.

In the system: use the openings that exist

1

Patient input

When a drug is under review, patient groups can submit input to Canada's Drug Agency. Watch for open calls and contribute your experience.

2

Group campaigns

Myeloma Canada's 6,000 emails helped restart Carvykti talks. Join your disease group's campaigns.

3

Your elected officials

Write to your MP and MPP with one clear ask and one personal story.

A one-ask email to your MP

Subject: Getting new cancer treatments to Canadians sooner

I live in [your riding] and I am [a survivor / a caregiver].

[One or two sentences: what waiting for a treatment meant for you or your family.]

My ask: please support faster, parallel drug reviews and price negotiations so new cancer treatments reach patients sooner.

Thank you. I would welcome a reply.

1 **One ask only**

2 **One true story**

3 **Ask for a reply**

Find your MP by postal code at ourcommons.ca

Three policy changes patients can champion

1

Faster, parallel reviews

Run Health Canada and value reviews side by side, and speed up price negotiations.

2

Make Canada a place for trials

Extend research tax credits to clinical trials run in Canada, Phase I to III.

3

Help Canadian companies stay Canadian

Keep growing companies owned and headquartered here while they go global.

Source: N. Yeadon, A Strategic Blueprint to Cure Canada's Innovation Paralysis in Life Sciences (Augmentios, 2026).

Looking ahead: the science is accelerating

Genomics and biomarkers

Testing a tumour's genes, and blood tests that find tumour DNA, match patients to the right treatment.

Connected data

Linking test results, treatments and outcomes lets doctors learn what works for patients like you.

AI in drug discovery

Technology companies, such as Alphabet's Isomorphic Labs, now use AI to design new medicines.

Better lab models

Organs-on-chips and lab-grown tissues help predict which treatments are worth testing in people.

But new treatments will still need clinical trials in people, and rules change slowly.

Will Canada keep up?

Data that doesn't connect	Health records are held province by province, often hospital by hospital. Precision medicine needs them to talk to each other, with patient consent.
Tests and drugs funded separately	A targeted drug is only useful if the test that finds the target is paid for too.
A system built for one drug at a time	Reviews and price talks take years. Science that moves faster will widen the gap unless the process changes.

Signs of hope: Quebec has launched Canada's first genomic medicine policy, and Canada's Drug Agency is updating how it reviews drugs that come with a companion test.

Sources: The 20Sense Report, Issue 37 (July 2026); CDA-AMC, Improving Our Assessments of Drugs With Companion Diagnostic Tests (2026).

Three things you can do this month

1. Ask your care team whether a clinical trial fits you, now, not later
2. Share what you learned today with one other patient or caregiver
3. Send your MP one email: one ask, one story

Free resources

Policy blueprint and Task Force Report Card: augmentios.com/research-and-policy

Breaking Innovation Paralysis podcast: augmentios.com/breaking-innovation-paralysis-podcast

Thank you

Natalie Yeadon

Founder and CEO, Augmentios

augmentios.com/contact | linkedin.com/in/natalieyeadon

What Augmentios does

Independent research and advice to help Canadian health innovations get funded, stay Canadian and reach patients here first.

Free to read: A Strategic Blueprint to Cure Canada's Innovation Paralysis in Life Sciences, and the Task Force Report Card at augmentios.com/research-and-policy

Questions? Email them to CCSN and I'll answer each one.