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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2024-INFO-86
Date: December 20, 2024

Subject:

Canadian Cancer Statistics 2024

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the report entitled [Canadian Cancer Statistics: A 2024 special report on the economic impact of cancer in Canada](#), released by the [Canadian Cancer Society](#) (CCS) and the Government of Canada on December 9, 2024.

2. Background

2.1 CCS is a national charitable organization that supports people living with cancer across the country. CCS releases special reports like this every other year.

2.2 The CCS report is supported by the Canadian Cancer Statistics Dashboard, available at [cancerstats.ca](#), which provides a user-friendly and interactive visualization of projected estimates of cancer incidence and mortality.

2.3 This year's report focuses on the cost of cancer for the average patient, society, and the healthcare system.

3. CCS 2024 Report Highlights

3.1 Eighty per cent of cancer costs are paid by the Canadian healthcare system, while 20 per cent of costs are paid by people with cancer and their caregivers.

3.2 The average person with cancer pays three types of expenses:

- a. Direct out-of-pocket costs (e.g., prescription drugs, home care, homemaking services, devices, family care, travel and accommodation-related expenses, vitamins, and supplements).
 - b. Direct time costs (i.e., time spent travelling to and from care, waiting for care, and receiving care).
 - c. Indirect costs (e.g., lost earnings from employment, or lost productivity).
- 3.3 A review of the national and international literature by the Canadian Partnership Against Cancer found that, on average, people with cancer in Canada spent \$253 per month out-of-pocket on medications, caregiver expenses, getting to appointments and other transportation costs.
- 3.4 The average amount of money a person with cancer will spend (related to cancer) is nearly \$33,000 over their lifetime.
- 3.5 The total cost of cancer to society and the healthcare system is expected to be \$37.7 billion in 2024.
- a. Health system costs are expected to account for 80 per cent of societal costs for cancer, which is approximately \$30.2 billion in 2024.
 - b. Costs vary by cancer type. The four most diagnosed cancers in Canada (breast, colorectal, lung and prostate) are expected to have the largest overall economic impact in 2024, reaching \$14.2 billion.
 - c. Blood cancers are expected to have some of the highest per person health system costs over an individual's lifetime.
- 3.6 The report shares a projection analysis that finds:
- a. In 2024, individuals living with cancer and their caregivers in Canada (combined) will spend \$7.5 billion. This will increase to \$8.8 billion in ten years.
 - b. The healthcare system's direct costs for cancer care will increase by about 24 per cent in ten years, reaching \$37.4 billion in 2034.
 - c. Lung cancer is expected to have the steepest increase and highest overall societal cost in ten years, with societal costs increasing 31 per cent (from \$6.8 billion in 2024 to \$8.9 billion in 2034).
- 3.7 CCS notes that its estimates reflect an average, but that each person has a unique experience. To demonstrate this, CCS's report shares stories from real people living with cancer.
- 3.8 CCS highlights inequities within the Canadian healthcare and cancer care systems. These inequities place a higher burden on certain populations such as:

- a. People who are socially or economically disadvantaged and who may have a higher prevalence of risk exposure and be less likely to have a primary care provider to support screening, early diagnosis, and survivorship care, or to receive curative treatments.
- b. Rural and remote populations, who face barriers to accessing care (e.g., limited public transportation, longer and more expensive travel, and fewer available healthcare resources and cancer treatment facilities).
- c. First Nations, Inuit and Métis populations in Canada, who are often impacted by a combination of systemic, economic, and geographic barriers to accessing optimal cancer care. Additionally, First Nations, Inuit and Métis people may find it difficult to access traditional foods and medicines when receiving cancer treatment.

4. Previous Reports

- 4.1 Report [#2023-INFO-99](#) provided an update on the report: [Canadian Cancer Statistics 2023](#), released by the Canadian Cancer Society (CCS) and the Government of Canada on November 8, 2023.
- 4.2 Report [2024-INFO-4](#) provided an update on the report: [Ontario Cancer Screening Performance Report 2023](#), which was released on January 2, 2024.

5. Relationship to Strategic Plan

- 5.1 This report aligns with the following strategic goal and priorities in the Durham Region Strategic Plan:

- a. Goal 2: Community Vitality
 - 2.3: Enhance community safety and well-being
 - 2.4: Influence the social determinants of health to improve outcomes for vulnerable populations

6. Conclusion

- 6.1 Cancer is the leading cause of death in Canada, in addition to being the leading cause of premature death.
- 6.2 CCS's special report highlights cancer's significant economic burden on people, society, and the healthcare system. The economic statistics shared in the report offer valuable insight to help inform resource planning and allocation within the healthcare system.
- 6.3 Durham Region Health Department (DRHD) shares local statistics on cancer rates and screening using the [Durham Region Cancer Data Tracker](#). The tracker provides

information about cancer incidence (new diagnosed cases of cancer) and mortality (deaths from cancer) for Durham Region and Ontario.

- a. From 2010 to 2020, there were 39,943 newly diagnosed cases of cancer and 13,342 cancer deaths among Durham Region residents.

6.4 Federal, provincial, and local data inform DRHD's chronic disease prevention programs.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health