

# Written Submission for the Pre-Budget Consultations in Advance of Budget 2026

**By: BEAT Cancer Coalition**

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*The BEAT Cancer Coalition believes that every cancer patient should have timely and equitable access to clinically appropriate biomarker testing. Patients should receive the right test at the right time, with the results translated into the right action. Ensuring access to the tools and innovations now available is essential to giving cancer patients the best chance at improved outcomes and a long and healthy life.*

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## Executive Summary

Biomarker testing is essential to precision cancer care, helping identify treatments that are most likely to benefit a patient while reducing exposure to ineffective therapies and unnecessary side effects.<sup>1</sup> It encompasses a range of methods, from single-biomarker tests to next-generation sequencing (NGS)-based approaches such as comprehensive genomic profiling (CGP), which can assess multiple genes and genomic alterations simultaneously.<sup>2</sup> However, access remains inconsistent across Canada due to differences in public funding, eligibility criteria, laboratory capacity, testing pathways and access to expertise.<sup>2</sup>

Investing in biomarker testing can improve patient outcomes while generating value for Canada's healthcare system and economy. In the Canadian POWER study of 554 patients with advanced solid tumours, expanded next-generation sequencing (NGS) identified clinically relevant variants in 79% of patients and changed treatment eligibility for nearly 28%.<sup>3</sup> Pan-Canadian economic modelling also estimated that universal access to comprehensive genomic profiling (CGP) for five leading metastatic cancers could generate more than 3,400 additional life-years and over \$180 million in societal benefits while reducing healthcare-system costs by \$87 million to \$134 million between 2025 and 2030.<sup>4</sup>

The BEAT Cancer Coalition recommends that the Government of Canada invest \$25 million over five years, beginning in 2027–28, to advance timely and equitable access to clinically appropriate biomarker testing through a coordinated pan-Canadian initiative developed with provinces, territories and cancer-system stakeholders.

The investment should support three priorities:

1. Improve education, awareness and the actionable use of biomarker testing through patient and healthcare professional education, navigation and shared decision-making.
2. Strengthen laboratory infrastructure, workforce, digital systems and end-to-end testing pathways to deliver timely, high-quality and sustainable biomarker testing.
3. Establish a coordinated pan-Canadian approach to strengthen consistency in access, public funding, standards and accountability while reducing regional disparities.

This investment would help translate advances in precision oncology into routine cancer care by supporting timely, clinically appropriate biomarker testing that is understood and acted upon, ensuring that access is determined by clinical need and evidence, not geography or ability to pay.

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<sup>1</sup> <https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment>

<sup>2</sup> <https://journals.sagepub.com/doi/10.1177/17588359221111705>

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/41654253/>

<sup>4</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC13114272/>

## Introduction – Biomarker Testing for Precision Oncology

Cancer remains a leading cause of illness and death in Canada. Around 45% of Canadians are expected to develop cancer during their lifetime, and one in four are expected to die from it. In 2026 alone, an estimated 254,100 Canadians will be diagnosed with cancer and approximately 87,900 will die from the disease.<sup>5</sup>

At the same time, advances in molecular profiling, targeted therapies and immunotherapies are transforming how cancer is diagnosed and treated.<sup>6</sup> Precision oncology (also known as precision medicine) uses the unique genomic, molecular and biological characteristics (biomarkers) of a patient's cancer to guide diagnosis, treatment selection, monitoring and clinical-trial eligibility.<sup>7</sup> Biomarker testing is what makes this approach possible; it can help determine which treatment is most likely to benefit a patient while reducing exposure to ineffective therapies and unnecessary side effects.<sup>8</sup> Biomarker testing encompasses a range of methods, including established approaches such as immunohistochemistry (IHC) and fluorescence in situ hybridization (FISH), as well as broader genomic approaches such as comprehensive genomic profiling (CGP).<sup>2</sup>

However, access to biomarker testing remains inconsistent across Canada. Eligibility criteria, public funding, testing practices, laboratory capacity and access to expertise differ among provinces and territories.<sup>9</sup> Consequently, patients with similar clinical needs may face very different pathways depending on where they live. A 2026 national genomic readiness assessment found that Canada remains only partially prepared to adopt genomic medicine, with jurisdictions progressing at different rates and gaps in test evaluation, information management, care navigation, financing and stakeholder engagement.<sup>10</sup>

These disparities have direct consequences not only for access to biomarker testing but to innovative treatments that depend on those results to ensure that the right patient receives the right treatment at the right time. When clinically appropriate biomarker testing is delayed, unavailable or inaccessible, patients may undergo multiple rounds of toxic therapies with limited effectiveness, leading to unnecessary side effects and poorer outcomes.<sup>11</sup> For instance, non-small-cell lung cancer has multiple actionable biomarkers that may determine eligibility for targeted therapy, and comprehensive reflex testing at diagnosis can reduce delays and help ensure results are available to guide treatment decisions.<sup>12</sup> When appropriate testing is unavailable or delayed,

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<sup>5</sup> <https://cancer.ca/en/research/cancer-statistics/cancer-statistics-at-a-glance>

<sup>6</sup> <https://cancer.ca/en/about-us/stories/2026/5-things-to-know-about-cancer-in-canada-in-2026>

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/books/NBK603368/>

<sup>8</sup> <https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment>

<sup>9</sup> <https://journals.sagepub.com/doi/10.1177/17588359221111705>

<sup>10</sup> <https://www.mdpi.com/1718-7729/33/6/334>

<sup>11</sup> <https://www.sciencedirect.com/science/article/abs/pii/B9780443158421000041?via%3Dihub>

<sup>12</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC7755440/>

patients may receive treatments that are less likely to work and experience avoidable toxicity, while opportunities for precision therapies or clinical trials may be missed.<sup>13</sup>

The financial implications are also significant. Cancer generated an estimated \$37.7 billion in economic costs in Canada in 2024, including \$30.2 billion in direct healthcare-system costs and \$7.5 billion in costs borne by patients and families.<sup>14</sup> Where testing is not publicly funded, reported out-of-pocket costs for Canadian patients have ranged from approximately \$3,000 to \$7,500.<sup>15</sup>

Canadian evidence demonstrates the potential value of more appropriate access. In the POWER study of 554 patients with advanced solid tumours, expanded next-generation sequencing identified clinically relevant variants in 79% of patients and changed treatment eligibility for nearly 28%.<sup>16</sup> A separate pan-Canadian analysis estimated that universal access to comprehensive genomic profiling for five leading metastatic cancers could generate more than 3,400 additional life-years and over \$180 million in societal benefits while reducing healthcare-system costs by \$87 million to \$134 million between 2025 and 2030.<sup>17</sup> Although modelled savings should not be treated as guaranteed, these findings show why biomarker testing should be evaluated as an investment in better treatment selection, patient outcomes and health-system value.

Biomarker testing is also part of Canada's clinical-trial and life-sciences infrastructure. Many precision-oncology trials require a defined molecular alteration for enrolment. Reliable testing capacity can help identify eligible patients, connect them with research opportunities and strengthen Canada's ability to participate in biomarker-driven oncology research.<sup>18</sup>

## BEAT Cancer Coalition's Budget Ask and Recommendations

The BEAT Cancer Coalition recommends that the Government of Canada invest **\$25 million over five years, beginning in 2027-28**, to advance timely and equitable access to clinically appropriate biomarker testing through a coordinated pan-Canadian initiative developed with provinces, territories and cancer-system stakeholders and supported by the BEAT Cancer Coalition.

<sup>13</sup> <https://www.sciencedirect.com/science/article/abs/pii/B9780443158421000041?via%3Dihub>

<sup>14</sup> <https://cdn.cancer.ca/-/media/files/cancer-information/resources/publications/canadian-cancer-statistics-a-2024-special-report-on-the-economic-impact-of-cancer-in-canada/0835-2976-2024-special-report-en.pdf>

<sup>15</sup> [https://accesstogenomictesting.ca/wp-content/uploads/2023/11/Progress-Report-FINAL\\_w\\_ISBN-1.pdf](https://accesstogenomictesting.ca/wp-content/uploads/2023/11/Progress-Report-FINAL_w_ISBN-1.pdf)

<sup>16</sup> <https://pubmed.ncbi.nlm.nih.gov/41654253/>

<sup>17</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC13114272/>

<sup>18</sup> <https://www.iqvia.com/newsroom/2023/05/global-oncology-rd-activity-remains-high-and-more-patients-have-been-treated-for-cancer-says-iqvia-i>

The investment should support implementation projects across the three priorities below, together with national coordination and rigorous measurement of access, outcomes and health-system value. It should complement provincial and territorial responsibility for healthcare delivery by helping jurisdictions address shared barriers, adapt effective approaches and generate evidence for sustainable implementation.

**Recommendation 1: Improve education, awareness and the actionable use of biomarker testing through patient and healthcare professional education, navigation and shared decision-making.**

*The BEAT Cancer Coalition recommends that the Government of Canada invest in education, communication, navigation and decision-support resources to improve understanding and actionable use of biomarker testing among patients and healthcare professionals.*

Access to testing alone is not enough. Patients need clear, accessible and culturally appropriate information explaining why testing is recommended, whether it has been ordered, what it can reveal, when results will be communicated and how those results could affect treatment, monitoring or clinical-trial opportunities. Findings from a Canadian study exploring patients' and caregivers' perspectives and knowledge highlight this gap, indicating that while patients may be aware of biomarker testing and precision medicine, they may not fully understand the implications of testing or how testing results can inform their treatment and care, including access to targeted therapies and clinical trials.<sup>19</sup>

Federal investment should support patient-friendly educational materials, decision-support tools and navigation resources co-developed with patients and caregivers and available in plain language, multiple languages and accessible formats. It should also support education for clinicians, pathologists, nurses, genetic counsellors, laboratory professionals and navigators so increasingly complex results can be interpreted and translated into appropriate clinical action. Connecting education with practical navigation and shared decision-making would help patients participate meaningfully without leaving them to navigate complex testing systems alone.<sup>20</sup>

Investment should also strengthen communication among laboratories and care teams and equip healthcare professionals and navigators to help patients understand their results and translate them into appropriate treatment or clinical trial opportunities, with access to multidisciplinary review where needed.

**Recommendation 2: Strengthen laboratory infrastructure, workforce, digital systems and end-to-end testing pathways to deliver timely, high-quality and sustainable biomarker testing.**

<sup>19</sup> <https://www.mdpi.com/1718-7729/32/6/292>

<sup>20</sup> <https://link.springer.com/article/10.1007/s11912-024-01514-9>

*The BEAT Cancer Coalition recommends that the Government of Canada invest in the infrastructure, workforce, digital systems and operational capacity needed to support timely, high-quality and sustainable biomarker testing across Canada from diagnosis through treatment decision.*

Expanding access to biomarker testing will only improve patient care if the healthcare system has the capacity to deliver, interpret and act on testing within clinically meaningful timelines. Funding should strengthen capacity across the complete testing pathway, from sample collection and tissue acquisition through laboratory processing, sequencing, bioinformatics and interpretation to the delivery and tracking of results. This requires investing in the recruitment, training and retention of pathologists, laboratory professionals, bioinformaticians, genetic counsellors, nurses and other essential personnel. It also means improving interoperability among electronic medical records, laboratory information systems and pathology systems so specimens and reports can be tracked, and results are available in time to inform treatment. Governments should work with laboratories and clinical experts to establish nationally recognized, evidence-based turnaround-time benchmarks for key stages of this pathway, including referral and ordering, specimen processing, analysis and reporting – and publicly report performance against them. Common quality requirements should include standardized reporting, quality-assurance programs, inter-laboratory benchmarking and external proficiency testing.

Standardized and reflex testing pathways should be implemented where clinically appropriate to reduce delays and unnecessary variation. Investments should also support evidence-based access to CGP, and, where clinically appropriate, liquid biopsy, which may provide an alternative or complement to tissue-based genomic testing.<sup>21</sup> Expanded genomic testing must complement, rather than automatically replace, established methods such as IHC and FISH, as different methods may assess clinically distinct biological characteristics and are not always interchangeable.<sup>22</sup> For example, in breast cancer, eligibility for certain HER2-directed treatments may depend on HER2 protein expression or gene amplification identified through IHC or in situ hybridization, including FISH.<sup>23</sup> An ERBB2 mutation detected through NGS represents a distinct biomarker and does not necessarily provide the same information as HER2 protein expression or gene amplification.<sup>24</sup> Testing pathways must remain aligned with tumour-specific guidelines and treatment eligibility criteria.<sup>25</sup>

Federal investment should also support collaboration and capacity-sharing among laboratories, particularly in smaller jurisdictions and areas with limited molecular testing capacity. Access to multidisciplinary molecular tumour boards and virtual genomic consultation networks should be

<sup>21</sup> [https://www.annalsofoncology.org/article/S0923-7534\(22\)01721-5/fulltext](https://www.annalsofoncology.org/article/S0923-7534(22)01721-5/fulltext)

<sup>22</sup> <https://canjhealthtechnol.ca/index.php/cjht/article/view/EH0106>

<sup>23</sup> <https://doi.org/10.1200/JCO.22.02864>

<sup>24</sup> <https://doi.org/10.1200/PO.22.00604>

<sup>25</sup> <https://doi.org/10.1200/JCO.22.02864>

expanded to connect laboratories and physicians, support interpretation of complex genomic findings and help translate results into clinical action. This should include the responsible adoption of AI, digital pathology and other technologies that may improve laboratory efficiency, interpretation and quality, supported by implementation plans addressing infrastructure and workforce constraints. Together, these investments would help move patients efficiently from sample collection to a high-quality, clinically actionable result.

**Recommendation 3: Establish a coordinated pan-Canadian approach to biomarker testing to strengthen consistency in access, public funding and standards and advance equitable access across Canada.**

*The BEAT Cancer Coalition recommends that the Government of Canada establish a coordinated pan-Canadian approach for equitable access to biomarker testing that promotes common standards, reduces unnecessary variation and supports continuous improvement and innovation.*

Canada currently lacks a coordinated national approach to biomarker testing. Differences in eligibility criteria, public funding, testing practices, quality standards, laboratory capacity and access to expertise create regional variation and inequities for patients. A 2026 national genomic readiness assessment found that Canada remains only partially prepared to adopt genomic medicine, with uneven progress and gaps in test evaluation, information management, care navigation, financing and stakeholder engagement.<sup>10</sup>

A pan-Canadian approach should not require every jurisdiction to deliver testing identically. It should create a common foundation for equitable, high-quality access, including shared principles, definitions, common approaches to testing eligibility and clinical indication, quality and reporting standards, best-practice guidance and accountability measures that can be adapted to local needs. It should also support transparent information about available tests, laboratory capacity-sharing and common measures and transparent reporting on access, timeliness across the full testing pathway, regional variation, treatment matching, patient experience and outcomes.<sup>26</sup> National mechanisms should also link biomarker testing, treatment and outcomes data, with appropriate privacy and data-governance safeguards, to generate real-world evidence and continuously evaluate clinical utility, patient outcomes and health-system value.

This work should build on the CDA-AMC Assessment Framework for Biomarkers Used in Cancer Care, which provides a standardized approach to identifying and assessing biomarkers for adoption and funding decisions.<sup>27</sup> The next step is to connect assessment with implementation through transparent and sustainable funding, laboratory capacity, workforce planning, testing pathways, education and monitoring.

<sup>26</sup> <https://www.mdpi.com/1718-7729/33/6/334>

<sup>27</sup> <https://www.cda-amc.ca/sites/default/files/hta-he/CP0048-Biomarker-Assessment-Framework.pdf>

Greater collaboration among federal, provincial and territorial governments, cancer agencies, laboratories, healthcare professionals, patients and patient organizations, and researchers will be essential to priority setting and implementation. The 2026 readiness assessment identified gaps in publicly accessible test information and transparent, timely evaluation processes.<sup>10</sup> Transparent governance, independent clinical and scientific decision-making and meaningful patient participation would help ensure that testing priorities reflect clinical need, equity and health-system value rather than the ability of external partners to fund test development. Regular review would also allow standards, funding and service delivery to adapt as new biomarkers, treatments and technologies emerge.

## Conclusion

Canada has the scientific expertise, healthcare institutions and research capacity to be a leader in precision oncology, but patients cannot benefit fully when access to the testing that guides treatment remains fragmented. The federal budget provides an opportunity to close the implementation gap between innovation and routine cancer care.

A federal investment of \$25 million over five years would support practical action across patient and professional education, laboratory and digital capacity, coordinated standards, equitable implementation and outcomes evaluation. It would not replace provincial cancer systems or promote testing without evidence. It would help governments and healthcare stakeholders ensure that clinically appropriate testing is delivered, understood and acted upon in time to guide care.

The BEAT Cancer Coalition is ready to convene patients, healthcare professionals, laboratories, researchers, cancer organizations, governments and other stakeholders in support of this work. A Canadian patient's access to precision cancer care should be determined by clinical need and evidence, not geography or ability to pay.

## About the BEAT Cancer Coalition

Led by Colorectal Cancer Canada, the Bringing Equitable Access to Advanced Molecular Testing (BEAT) Cancer Coalition is a collaborative group of patient organizations, clinicians, pathologists, professional organizations, academics and industry working toward a shared vision:

*“All Canadian oncology patients, regardless of where they live, should receive timely and appropriate advanced molecular testing in order to receive the optimal therapy for them, giving them the greatest chance of treatment success and the greatest opportunity to live their best life.”*

The Coalition's work is organized around four strategic pillars: Partnerships, Knowledge Exchange, Implementation & Innovation, and Access. For a full list of members, visit

<https://beatcancercoalition.org/members>



## Appendix – Terms Glossary

**Biomarker testing (BT):** Testing that examines genes, proteins or other biological characteristics of a tumour or cancer to identify information that may help guide diagnosis, treatment selection, treatment monitoring, prognosis or clinical trial eligibility. Biomarker testing may include single-biomarker tests, immunohistochemistry (IHC), next-generation sequencing (NGS) and comprehensive genomic profiling (CGP).

**Comprehensive genomic profiling (CGP):** A type of genomic testing that uses next-generation sequencing to analyze a broad range of genes and genomic alterations in a tumour, often from a single tissue sample. CGP can identify multiple potentially actionable biomarkers simultaneously and may help inform treatment decisions, clinical trial eligibility and, in some cases, diagnosis or disease monitoring.

**Fluorescence in situ hybridization (FISH):** A laboratory technique that uses fluorescent probes to detect specific genetic changes in cells or tumour tissue, including gene amplification or rearrangements. FISH results may help confirm a diagnosis or determine eligibility for certain treatments.

**Liquid biopsy:** A minimally invasive test that analyzes a blood sample for tumour-derived material, such as circulating tumour DNA (ctDNA), to identify genomic or molecular changes associated with cancer. Liquid biopsy may be used when tissue is unavailable, insufficient or difficult to obtain and, where clinically appropriate, can complement tissue-based testing and support treatment selection or monitoring over time.

**Molecular diagnostics:** Diagnostic tests that analyze biological molecules, including DNA, RNA or proteins, to provide information about a disease or its characteristics. In cancer care, molecular diagnostics can identify biomarkers that help guide diagnosis, treatment selection, disease monitoring and clinical trial eligibility.

**Next-generation sequencing (NGS):** A group of advanced sequencing technologies that can rapidly analyze large amounts of DNA or RNA. NGS can be used to examine individual genes, targeted groups of genes or much broader genomic regions and can identify genetic changes in a tumour that may inform cancer diagnosis and treatment.

**Immunohistochemistry (IHC):** A laboratory technique that uses antibodies to detect specific proteins in tumour tissue. IHC can help characterize a tumour and identify biomarkers that may inform diagnosis, prognosis or treatment selection.

**Actionable biomarker:** A biomarker for which there is evidence that the result can inform a clinical action, such as selecting a targeted therapy, immunotherapy or clinical trial, or determining an appropriate treatment or monitoring strategy.

**Precision oncology:** An approach to cancer care that uses information about an individual patient's cancer—including its genomic, molecular and other biological characteristics—to inform diagnosis, treatment selection, treatment response and disease

monitoring. Precision oncology is a cancer-specific application of precision medicine.

**Precision medicine:** An approach to healthcare that uses information about an individual patient and their disease—including genomic, molecular, clinical and other relevant characteristics—to inform prevention, diagnosis, treatment and disease management. In cancer care, this approach is often referred to as precision oncology.

**Personalized healthcare:** A broader approach to healthcare that uses individual-level information, including clinical and molecular data, alongside advanced diagnostics, analytics and digital technologies to support more tailored care, improve health outcomes and promote value and sustainability within the healthcare system.

**Real-world evidence (RWE):** Clinical evidence generated from data collected in routine healthcare settings, such as electronic health records, health system databases, registries and other sources. RWE can complement evidence from clinical trials and help inform decisions about the effectiveness, safety, value and implementation of diagnostic technologies and treatments.

**Genomic testing:** Testing that examines a person's or tumour's genetic material to identify changes in DNA or RNA that may provide information about disease characteristics, diagnosis, prognosis, treatment options or clinical trial eligibility.

**Turnaround time:** The time between collection or receipt of a patient sample and the availability of a completed biomarker test result for clinical use. Timely turnaround is important when test results are needed to inform treatment decisions.

**Clinical utility:** The extent to which a test provides information that can meaningfully inform patient care and lead to improved clinical decision-making or outcomes. Clinical utility considers how test results are used in practice, rather than the technical performance of the test alone.