

Policy Brief: BEAT Cancer Coalition

Right Test. Right Time. Every Patient

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.

Executive Summary

Biomarker testing can help doctors choose cancer treatments that are more likely to work, but access is not consistent across Canada.¹ Differences in funding, eligibility rules, laboratory capacity and testing processes mean that patients with the same medical need may receive different care depending on where they live or if they can afford to pay out-of-pocket for testing.² Delayed or unavailable testing can lead to less suitable treatment and missed clinical-trial opportunities.³ The BEAT Cancer Coalition recommends a coordinated pan-Canadian approach, supported by a federal investment of \$25 million over five years beginning in 2027–28 and sustainable provincial and territorial implementation.

Background

What is biomarker testing?

Biomarker testing looks for features of a person's cancer, such as changes in genes or proteins.¹ Doctors use this information to understand the cancer and determine whether a treatment may be appropriate. Testing is usually performed on tumour tissue but can sometimes use a liquid biopsy (blood-based test) to analyze circulating tumour DNA (ctDNA) released by cancer cells into the bloodstream.⁴ Biomarker testing usually looks

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

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

³ <https://www.sciencedirect.com/science/article/abs/pii/S09780443158421000041?via%3Dihub>

⁴ [https://www.annalsofoncology.org/article/S0923-7534\(22\)01721-5/fulltext](https://www.annalsofoncology.org/article/S0923-7534(22)01721-5/fulltext)

at changes in the cancer cells, rather than genetic changes a person was born with that may increase their inherited risk of cancer.¹

Biomarker tests can look for one biomarker, while advanced testing such as comprehensive genomic profiling (CGP) use next-generation sequencing (NGS) to assess hundreds of hundreds of biomarkers and other cancer-related changes at once..² Results can help confirm a diagnosis, identify targeted therapies or immunotherapies that may be more likely to work, and connect eligible patients with clinical trials.²

Why does biomarker testing access matter?

Biomarker testing is the foundation of personalized cancer care. It can help healthcare teams identify appropriate treatments, avoid therapies that are unlikely to work and determine eligibility for clinical trials.⁵ Many newer cancer treatments are designed for patients whose cancers have specific biomarkers.⁶ Access to treatment can therefore depend on access to timely biomarker testing. Biomarker test results must reach the care team at the right time, be understood and be acted on before a treatment decision. A late result can lead to less suitable treatment or a missed clinical-trial opportunity.⁶

Why is action needed?

Access to biomarker testing differs across Canada, with variations in public funding and availability that may leave patients facing out-of-pocket costs of approximately \$3,000 to \$7,500.⁷ Delays can also occur throughout the testing pathway—from test ordering and sample collection to laboratory analysis, reporting and interpretation—preventing results from informing treatment decisions.⁸ Testing and treatment funding are not always aligned, meaning a treatment may be available before the test needed to identify eligible patients is routinely accessible.⁸ Canada also lacks common measures to track access, total pathway time and whether results are available and used to guide care.⁸

⁵ <https://www.ncbi.nlm.nih.gov/books/NBK603368/>

⁶ <https://pmc.ncbi.nlm.nih.gov/articles/PMC7755440/>

⁷ https://accesstogenomictesting.ca/wp-content/uploads/2023/11/Progress-Report-FINAL_w_ISBN-1.pdf

⁸ <https://www.mdpi.com/1718-7729/31/3/103>

What are the benefits of biomarker testing?

79% had a clinically relevant variant identified in the Canadian POWER study.	Nearly 28% had a change in treatment eligibility after expanded sequencing.	\$87M–\$134M in modelled health-system savings between 2025 and 2030.
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Canadian evidence shows the potential value of improving access. In the POWER study of 554 patients with advanced cancer, broader biomarker testing, using NGS, found changes relevant to care in 79% of patients and changed treatment options for nearly 28%.⁹ Pan-Canadian modelling estimated that universal access to comprehensive genomic profiling for five leading metastatic cancers could generate more than 3,400 additional life-years and reduce healthcare-system costs by \$87 million to \$134 million between 2025 and 2030.¹⁰ These. Although these are estimates rather than guaranteed savings, they suggest that biomarker testing can support better treatment decisions, improve outcomes and deliver health-system value.

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.

Federal, Provincial and Territorial (FPT) Ministers of Health should advance the following interconnected areas.

Recommendation 1: Help patients and healthcare professionals understand and use results

Governments should fund patient and healthcare professional education, navigation, communication and decision-support resources. Patients need clear, accessible and

⁹ <https://pubmed.ncbi.nlm.nih.gov/41654253/>

¹⁰ <https://pmc.ncbi.nlm.nih.gov/articles/PMC13114272/>

culturally appropriate information explaining why testing is recommended, whether it has been ordered, what the results mean and how those results could affect treatment or clinical-trial opportunities.¹¹ Healthcare professionals also require timely access to education and multidisciplinary expertise to interpret increasingly complex findings and translate them into appropriate clinical action.

FPT commitment: Support patient-informed resources that can be shared across Canada, adapted locally and provided in plain language, multiple languages and accessible formats.

Recommendation 2: Build timely end-to-end biomarker testing pathways

Provinces, territories and cancer agencies should strengthen the infrastructure, workforce, digital systems and operational capacity required to move patients efficiently from diagnosis and tissue acquisition to testing, reporting and treatment decisions.¹² This should include standardized and reflex (automatic) testing where clinically appropriate; interoperable laboratory, pathology and clinical information systems; sustainable workforce planning; quality assurance; and collaboration among laboratories to share capacity and expertise.¹³

FPT commitment: Establish time benchmarks for key stages of the biomarker testing pathway and publicly report performance, including whether results were available before treatment decisions, regional differences in availability and public funding, and patient-reported experiences.

Recommendation: 3 Coordinate access funding and accountability across Canada

Governments should establish a common foundation for equitable access while allowing jurisdictions to adapt implementation to local needs. Building on the CDA-AMC Assessment Framework for Biomarkers Used in Cancer Care, governments should align approaches to clinical eligibility, public funding, quality, reporting and implementation.¹⁴ Coordination should also address the current misalignment between the assessment and funding of new treatments and the tests required to identify eligible patients.

¹¹ <https://www.mdpi.com/1718-7729/32/6/292>

¹² <https://pubmed.ncbi.nlm.nih.gov/38534936/>

¹³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10969576>

¹⁴ <https://www.cda-amc.ca/sites/default/files/hta-he/CP0048-Biomarker-Assessment-Framework.pdf>

FPT commitment: Establish a joint implementation table with cancer-system partners (e.g., cancer agencies, laboratories, and healthcare professionals) and patients and publish a shared work plan within 12 months.

Expected Impact

A coordinated initiative would help more eligible patients receive appropriate testing and timely results to guide treatment. Better access could improve treatment matching, reduce ineffective care and connect patients with targeted therapies, immunotherapies and clinical trials. Improved laboratory and digital capacity, consistent pathways and transparent reporting would reduce regional disparities and help ensure access is based on clinical need—not geography or ability to pay.

About the BEAT Cancer Coalition

The Bringing Equitable Access to Advanced Molecular Testing (BEAT) Cancer Coalition is a collaborative group of patient organizations, healthcare professionals, laboratories, researchers, professional organizations and industry to advance timely and equitable access to biomarker testing across Canada. 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>