

LETTERS

List of essential medicines for Canada

The articles by Morgan and colleagues in *CMAJ*,¹ and Taglione and colleagues in *CMAJ Open*² are useful prompts for resolving the continuing conjoint debates about a national list of essential medicines and a national pharmacare program in Canada. Unfortunately, their contributions are limited by the self-imposed restrictions to the prescribing practices of family physicians. Almost completely excluded from consideration are the drugs required to treat cancer in children, adolescents and young adults.

Cancer is the most common cause of disease-related death in this age group (0 to 29 years) in Canada beyond the first year of life,³ yet five-year survival rates exceed 80%,⁴ and the potential years of life saved are second only to those among women with breast cancer. Most drugs that have contributed to this success have been available for decades and are inexpensive. From the list of these drugs ($n = 30$) proposed by an expert group⁵ and subject to study by the World Health Organization (WHO),⁶ only four are included in the list proposed by Morgan and colleagues¹ — methylprednisolone, prednisone, tretinoin and methotrexate. The steroids and methotrexate are almost certainly not prescribed by family physicians for lymphoblastic leukemias and lymphomas, whereas their prescriptions for tretinoin mostly will be as topical medications for nonmalignant skin diseases rather than for acute promyelocytic leukemia, the only cancer indication.

Moreover, the work involved in 2014 to propose the addition of nine drugs to the WHO Essential Medicines List for the treatment of cancer in children was rewarded when the WHO Expert Commit-

tee approved all nine drugs at its biennial meeting in 2015.⁷ Only one of these medications (tretinoin) is included in the proposed essential medicines list for Canada.

Although the development of a national essential medicines list is a laudable objective, it must be recognized that this will be a dynamic entity that is subject to additions and deletions. Much work remains to be done.

Ronald D. Barr MBChB MD

Founding Chair, Working Group on Essential Medicines, International Society of Paediatric Oncology, and Department of Pediatrics, McMaster University, Hamilton, Ont.

■ Cite as: *CMAJ* 2017 May 15;189:E703.
doi: 10.1503/cmaj.732971

References

1. Morgan SG, Li W, Yau B, et al. Estimated effects of adding universal public coverage of an essential medicines list to existing public drug plans in Canada. *CMAJ* 2017;189:E295-302.
2. Taglione MS, Ahmad H, Slater M, et al. Development of a preliminary essential medicines list for Canada. *CMAJ Open* 2017;5:E137-43.
3. Canadian cancer statistics 2008. Toronto: Canadian Cancer Society/National Cancer Institute of Canada; 2008:60-77.
4. De P, Ellison LF, Barr RD, et al. Canadian adolescents and young adults with cancer: opportunity to improve coordination and level of care. *CMAJ* 2011;183:E187-94.
5. Mehta PS, Wiernikowski JT, Petrilli JAS, et al. Essential medicines for pediatric oncology in developing countries. *Pediatr Blood Cancer* 2013;60:889-91.
6. Barr R, Robertson J. Access to cytotoxic medicines by children with cancer: a focus on low and middle income countries. *Pediatr Blood Cancer* 2016;63:287-91.
7. Shulman LN, Wagner CM, Barr R, et al. Proposing essential medicines to treat cancer: methodologies, processes and outcomes. *J Clin Oncol* 2016;34:69-75.

Competing interests: None declared.