Letters

Increasing the pathology workforce is critical for timely and comprehensive cancer care

Abdel-Rahman and colleagues highlighted important challenges facing the oncology workforce.[1] Advances in targeted therapies and immunotherapies have improved patient survival and increased demand for oncology services, yet workforce growth has not kept pace. To address oncologist shortages, the authors advocate for expanding training capacity and adopting a coordinated, team-based approach that includes primary care physicians, nurses, physician assistants, and clinical pharmacists.

Similar pressures are being felt in laboratory medicine specialties, particularly pathology, that play a central role in cancer diagnosis and treatment planning. Pathologists diagnose malignancies in tumour tissue and perform ancillary testing — including immunohistochemistry, polymerase chain reaction testing, next-generation sequencing, and fluorescent in situ hybridization — to determine tumour subtype, prognosis, and likelihood of response to targeted therapies. New, clinically relevant biomarkers are continually being identified, and provincially funded testing programs have expanded rapidly, increasing both diagnostic complexity and workload per cancer case.

Changes in cancer screening have further increased demand for pathology services. Recent guideline updates aim to improve early detection and reduce cancer-related mortality, including expanded eligibility for breast and lung cancer screening and implementation of fecal immunochemical testing for colorectal cancer.[2] However, broader screening has also led to increased detection and diagnostic evaluation of benign lesions.[3] These factors, in combination with population aging and the increased incidence of cancer, have contributed to steadily increasing pathology workloads.[4]

Workforce growth has been insufficient to address this increased demand. Although the number of pathologists per 100 000 population in Canada increased from 2.05 in 2004 to 3.06 in 2023, this modest rise has not kept pace with escalating case volumes, greater diagnostic complexity, and rapid adoption of molecular testing.[5] As a result, pathologist burnout and diagnostic delays have been increasingly reported across Canada.[6]

Effective cancer system planning must therefore consider both clinical and diagnostic services in tandem. Given the essential role of pathologists in cancer screening, diagnosis, and surveillance, sustained investment in laboratory resources and workforce capacity is necessary to ensure timely and comprehensive cancer care.

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