



Applicant Institution	Project Title Summary	Grant Duration
Ananya Banerjee McGill University		\$449,604 2025-2028



Improving breast cancer screening for South Asian people in Canada

Dr Ananya Banerjee is working with South Asian communities in Canada to understand how to make breast cancer screening more inclusive for South Asian people. South Asian people in Canada are more likely to be diagnosed with breast cancer at advanced stages than people of European descent, making treatment more difficult and potentially affecting their chances of survival. Screening rates are also lower in South Asian communities than in others. Developing strategies to make screening more inclusive is vital for closing gaps in breast cancer care for South Asian people in Canada. With Canadian Cancer Society funding, Dr Ananya Banerjee is leading a team to find out more about how health care providers can better support South Asian people in making breast cancer screening participation decisions. Working with South Asian communities, the team will investigate the factors that affect their decision to get screened and will develop a set of recommendations for promoting cultural and gender safety in breast cancer screening. By helping to inform more inclusive breast cancer screening, this project could lead to new approaches to help all people in Canada make informed choices that result in improved breast cancer outcomes.

Andrea Covelli Mount Sinai Hospital		\$441,759 2025-2028
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Understanding barriers and care disparities for Black people with breast cancer in Atlantic Canada to improve outcomes

Dr Andrea Covelli and her team are working with Black breast cancer survivors in Atlantic Canada to uncover disparities and barriers to their care and to develop new strategies to counter these issues. Although data is limited in Canada, reports from other parts of the world suggest that Black individuals experience disparities in breast cancer survival and access to treatments. In the United States, Black women are often diagnosed at later stages than women of other ethnicities. There is some evidence that the situation in Canada may be similar. New strategies to address these disparities and improve survival for Black people with breast cancer are urgently needed. With funding from the Canadian Cancer Society, Dr Andrea Covelli is leading a team to identify disparities in care affecting Black people with breast cancer in Nova Scotia. The researchers will work with Black breast cancer survivors and community groups to learn more about their experiences and the barriers they face in accessing care and support. By identifying these issues, the team will be able to design strategies to address these barriers, improving the lives of Black people with breast cancer in Atlantic Canada. This project could lead to better strategies to ensure Black people with breast cancer receive more appropriate and effective care in Nova Scotia, ultimately improving their outcomes.

Jennifer Croke
Princess Margaret Cancer Centre – UHN

\$450,000
2025-2028



Developing inclusive care guidelines for transgender and gender diverse people with gynecological cancers

Dr Jennifer Croke and her team are working with members of the transgender and gender diverse (TGD) community to identify and overcome barriers in the diagnosis and care of gynecological cancers. Transgender and gender diverse (TGD) individuals are a marginalized group who experience cancer-related health disparities and inequities compared to cisgender patients. TGD individuals report avoidance of health care, including cancer screening, less satisfaction with care received and unmet needs. Reasons for this include historical heteronormative and cisnormative practices of care, lack of provider knowledge, fear of discrimination and exclusion of chosen family. Unfortunately, this often results in later-stage cancer diagnoses, meaning that their cancers may be harder to treat and have poorer outcomes. With Canadian Cancer Society funding, a team led by Dr Jennifer Croke will develop inclusive care guidelines for TGD individuals with gynecological cancer in Canada. Many healthcare professionals do not feel knowledgeable about the health needs of TGD individuals. To address this, the Sexual and Gender Diversity in Cancer program (Princess Margaret Cancer Centre), Queering Cancer, Praxus Health and members of the TGD community will work together to develop educational materials for healthcare professionals. The researchers will also create resources for TGD individuals with gynecological cancers and establish a community of practice to drive ongoing innovation in inclusive, equitable cancer care. Successful implementation of this project will significantly improve the health and well-being of TGD communities affected by gynecological cancer. The insights gained will be applicable to other types of cancer and care contexts, thereby enhancing inclusive cancer care for TGD people and the broader 2SLGBTQI+ communities.

Kathleen Decker
University of Manitoba

\$378,304
2025-2028



Understanding how cancer navigation reduces inequities for people with late-stage cancer in Manitoba.

Dr Kathleen Decker is working with people with lived experience of late-stage cancers to measure how equity-related factors impact cancer outcomes and whether cancer navigation can help minimize the impact of these inequities. Each year, over 1,200 people in Manitoba are diagnosed with late-stage cancer. These individuals encounter many challenges related to their complex care needs. Navigation services aim to help people with cancer improve their journey through the healthcare system and enhance outcomes, but little is currently known about how effective navigation is for people with late-stage cancers and if navigation decreases the impact of inequity-related factors on patient outcomes. With funding from the Canadian Cancer Society, Dr Kathleen Decker is leading a team to analyze data on how effective navigation services are for people diagnosed with late-stage cancers and how navigation impacts inequity-related factors. Working with people with lived experience of cancer, the team of scientists, navigators and clinicians will investigate how inequities such as low income or living in rural or remote communities affect many outcomes such as timeliness, health care access, treatment, quality of life and overall survival. This project could yield a better understanding of cancer navigation services for people with late-stage cancers in Manitoba, leading to changes that could decrease inequity and improve their outcomes.

Gillian Hanley
University of British Columbia
Brittany Bingham
University of British Columbia

\$450,000
2025-2028



Preventing ovarian cancer in rural and remote communities across Canada

Dr Gillian Hanley and Dr Brittany Bingham are working with Indigenous communities to understand barriers to the uptake of ovarian cancer prevention surgery in rural and remote communities and to develop clinical tools to aid in culturally safe conversations around ovarian cancer prevention. Ovarian cancer affects 3,000 Canadians each year, with less than half surviving for 5 years or longer after diagnosis. The symptoms of ovarian cancer overlap with many less serious conditions and do not arise until the cancer is in advanced stages. There is also no effective screening for ovarian cancer, meaning that many people are diagnosed at a late stage of the disease. Removing the fallopian tubes at the same time as a hysterectomy or instead of tubal ligation for people seeking permanent contraception can prevent the most common type of ovarian cancer, but fewer people choose this option in rural and remote areas of Canada. With funding from the Canadian Cancer Society, Dr Gillian Hanley and Indigenous co-PI Dr Brittany Bingham are leading a team to understand barriers to the uptake of fallopian tube removal for ovarian cancer prevention in rural and remote areas. Historically, Indigenous people have undergone forced sterilization procedures and are understandably distrustful of sterilization as preventative healthcare. The research team will work with Indigenous communities to understand how to communicate the procedure's cancer prevention benefits to them in culturally sensitive and safe ways so they can make informed choices about whether to have the surgery. This project aims to reach more people with effective ovarian cancer prevention, particularly in rural communities and for Indigenous people, ultimately saving lives.



David Lim
Women's College Hospital

\$450,000
2025-2028



Better breast cancer care for transgender and gender diverse people

Dr David Lim and his team will work with transgender and gender diverse (TGD) individuals who have experienced breast cancer to identify barriers to care, analyze screening and outcomes and develop a knowledge and support hub for these individuals and for healthcare providers. TGD individuals have lower rates of breast cancer screening than the general population, likely due to barriers such as discrimination and stigma. TGD individuals also participate less often in clinical trials, so there is little known about their breast cancer treatment and outcomes. The limited available data suggests that TGD individuals with breast cancer have worse outcomes compared with cisgender individuals. Learning more about their breast cancer screening, risk, treatment and outcomes is crucial for improving early diagnosis and outcomes in this population. With funding from the Canadian Cancer Society, a pan-Canadian research team led by Drs David Lim, Kathleen Armstrong, and Gary Ko is leading a project to find out more about breast cancer in TGD populations. The research team will work with TGD individuals with lived experience of breast cancer to analyze data related to screening, treatment and outcomes and investigate the barriers they face. The team will develop culturally sensitive, gender-affirming guidelines, educational resources and a knowledge and support hub for TGD individuals with breast cancer and healthcare providers, aiming to improve screening uptake, treatment and psychosocial outcomes. The goal of this endeavour is to ensure that all TGD individuals with breast cancer receive the high-quality, equitable care every person in Canada deserves.

Helen McTaggart-Cowan
BC Cancer, part of the Provincial Health Services Authority
Sarah Neil-Sztramko
McMaster University

\$150,000
2025-2026



Better care for young people with breast cancer in British Columbia

Dr Helen McTaggart-Cowan is working with young people with breast cancer and community organizations to identify barriers to survivorship care and design a virtual program to help navigate these challenges. Young people with breast cancer have different needs to older people with the disease. They may want to pursue higher education, explore careers or start families, goals that present unique challenges – and they often encounter many barriers to accessing relevant information and support. New strategies to address their diverse needs and provide better survivorship care are urgently needed. With Canadian Cancer Society funding, Dr Helen McTaggart-Cowan is leading a team to analyze whether virtual survivorship care can address the barriers young people with breast cancer face. The team will work with community-based organizations, young people with breast cancer and cancer care providers to develop survivorship care priorities for young people. The team will also develop a proposal for a virtual care model to improve care for this population. This project has the potential to improve survivorship care for young people with breast cancer, ultimately increasing their quality of life living with and beyond cancer.



Dana Lee Olstad
University of Calgary

\$450,000
2025-2028



Subsidized healthy food for cancer survivors experiencing food insecurity

Dana Lee Olstad is testing a healthy food prescription initiative to improve the health and quality of life of cancer survivors experiencing food insecurity. People who survive cancer often experience financial challenges due to health-related costs and lost employment income. Because of this, nearly a quarter of adult cancer survivors have inadequate access to food, which impacts their mental and physical health and even their survival. New ways to make sure cancer survivors have access to healthy food are urgently needed. With funding from the Canadian Cancer Society, Dr Dana Lee Olstad is leading a team to develop and implement a 4-month healthy food prescription program for cancer survivors. The study will work with 140 survivors of adult cancers from a variety of different backgrounds. All of the participants will receive the healthy food prescription and half will have their food subsidized. The researchers will examine the impact of the prescription program on quality of life and other measures of health and well-being. This project will find out whether a subsidized healthy food prescription can help survivors of adult cancers improve their health and quality of life.

Petros Pechlivanoglou
The Hospital for Sick Children

\$392,619
2025-2028



Helping children with cancer access care closer to home

Dr Petros Pechlivanoglou is analyzing how going to a community hospital closer to home for some aspects of childhood cancer care is benefiting families. Today, 8 out of 10 children with cancer survive their diagnosis long-term. However, access to childhood cancer care is not the same everywhere in Canada. Families living in rural areas face multiple barriers to accessing care because most treatment centers are in large urban centers. This often requires lots of traveling, additional expenses and missed days from school or work. To tackle this, the Satellite Program was set up in Ontario to provide some cancer care services for children in centers closer to where they live, but the impact of this program has not yet been evaluated. With funding from the Canadian Cancer Society, Dr Petros Pechlivanoglou will lead a team to analyze whether and how much the satellite program has helped children with cancer and their families. The research team will analyze data on how much traveling and expenses families have been spared by visiting Satellite Centres instead of hospitals in urban centres. The researchers will also explore why families chose or not to use the centers closer to them and predict the impact of expanding the Satellite Centres program in Ontario and initiating a similar program in Quebec. This study will uncover the value of Satellite Centres and help improve cancer care access in Ontario and Quebec, ultimately benefiting more families with childhood cancer.

Melanie Powis
University of Toronto

\$148,439
2025-2026



Designing a patient navigation program for Black people with breast cancer

Dr Melanie Powis is working with Black breast cancer survivors to design and implement a program that will help Black people with breast cancer navigate the healthcare system during and after their treatment. Black people in Canada are diagnosed with more aggressive types of breast cancer and at a younger age than non-Black people. Black people also experience disparities in care and treatment, such as access to genetic testing and trials, and may experience more treatment-related side effects, impacting both their prognosis and survivorship. New approaches to help Black people navigate the healthcare system and receive the best care are urgently needed. With Canadian Cancer Society funding, Dr Melanie Powis is leading a team to develop a patient navigator program for Black people with breast cancer. Patient navigators help people with cancer find and connect with culturally relevant information and support services. Previously, the researchers worked with Black people with breast cancer and advocacy organizations to understand their needs during treatment. The team will now work with Black breast cancer survivors to design and implement the navigator program, making sure it is relevant and helpful for Black people with breast cancer. This project has the potential to significantly increase access to care for Black people with breast cancer, ultimately improving outcomes and quality of life.

Teresa Purzner
Queen's University

\$450,000
2025-2028



Improving outcomes for people living in rural areas who are diagnosed with brain tumors

Dr Teresa Purzner is working with people with brain tumors and the healthcare professionals who treat them to identify and overcome barriers to effective care for those living in rural areas. Individuals diagnosed with a brain tumor can receive variable care and experience dramatically different outcomes depending on where they live. Those in rural areas have twice the chance of dying within 3 months of diagnosis and a one-third lower overall chance of survival than those in urban centers. Understanding why these disparities exist is crucial to improving outcomes in people with brain tumors who live in rural areas. With Canadian Cancer Society funding, Dr Teresa Purzner is leading a team to investigate why rural Canadians with brain tumors experience health disparities and to design interventions to overcome these factors. The researchers will interview people with brain tumors and healthcare professionals who care for them to identify barriers to effective care. They will also analyze data from databases that hold information about people with brain tumors and the care they receive. The team will then apply strategies inspired by the business world to create a clinical program that continuously adapts to address healthcare disparities based on feedback from people with cancer and healthcare providers. This project could improve quality of life and outcomes for people living in rural areas who are diagnosed with brain tumors.

Bukola Salami
University of Calgary

\$450,000
2025-2028



Identifying barriers to breast cancer screening for Black women in Alberta

Dr Bukola Salami is working with Black women with breast cancer in Alberta to uncover the barriers to screening for Black women and design interventions to make the process more comfortable. Black women are more likely to be diagnosed with breast cancer at later stages and at younger ages than non-Black women. They are also at higher risk of poor outcomes from the disease, but are less likely to undergo screening. In Canada, there is limited understanding of what causes these disparities, making it crucial to identify and address them to improve diagnosis and outcomes for Black women with breast cancer. With funding from the Canadian Cancer Society, Dr Bukola Salami is leading a team to find out more about why Black women with breast cancer experience these disparities. Working with Black women with experience of breast cancer, the research team will evaluate the process of accessing screening in Alberta and then design targeted actions to improve screening rates for Black women. This project has the potential to improve access to breast cancer screening for Black women in Alberta, leading to earlier diagnoses and better outcomes.

Anna Santos Salas
University of Alberta

\$450,000
2025-2028



Improving access to cancer care for racialized people in Alberta.

Dr Anna Santos Salas is working with patient partners and community groups to identify barriers to cancer care for racialized people in Alberta and develop navigation programs to overcome these barriers, ultimately improving outcomes. Racialized people in Canada are more likely to experience low incomes, unemployment and food insecurity. They also face lower rates of access to cancer screening, later diagnoses and higher cancer death rates compared to Canadians of European descent. These disparities are often associated with issues such as lack of trust, experiences of racism and discrimination and feeling unsafe when accessing healthcare. Finding ways to overcome these barriers is crucial for improving outcomes for racialized people with cancer in Canada. With funding from the Canadian Cancer Society, Dr Anna Santos Salas is leading a team to develop a cancer navigation program to increase access to care for racialized people in Alberta. Working with community groups, patient partners and cancer care leaders, the team will identify key priorities to improving access to cancer care among racialized people before designing a navigation program to help counter barriers to care. The researchers will then test the program to see if it helps reduce disparities in cancer care for racialized people in Alberta. This project has the potential to increase access to care for racialized people in Alberta, leading to earlier diagnoses and better cancer outcomes.

Ambreen Sayani
Women's College Hospital

\$449,828
2025-2028



Better access to cervical cancer screening for marginalized people in Canada

Dr. Ambreen Sayani is leading a diverse and interdisciplinary team dedicated to addressing barriers to cervical cancer screening for individuals experiencing marginalization across Canada. Cervical cancer, although largely preventable, remains a growing concern in Canada. Not everyone has equitable access to screening, resulting in inequities in health outcomes. Factors like income, racial or ethnic background, geographic location, age, education level, cultural practices, immigration status, sexual orientation, gender identity and disabilities can all contribute to significant challenges in accessing care. Addressing these barriers is critical for reducing the burden of cervical cancer, particularly among marginalized populations. With funding from the Canadian Cancer Society, Dr Sayani's team is collaborating with diverse partners – including people with lived experience, healthcare providers and policymakers – to develop and test educational materials tailored to cervical cancer screening, with an emphasis on innovative approaches like self-sampling. Additionally, the team is working to create a national framework that outlines evidence-based strategies for inclusive and equitable screening. This initiative has the potential to enhance access to screening for all eligible individuals, reduce the prevalence of cervical cancer and contribute to Canada's goal of eliminating cervical cancer by 2040.