



Dr David Busolo - University of New Brunswick

Improving access to breast cancer screening with and for refugee women

A team led by Dr David Busolo is collaborating with Arabic-speaking refugee women in New Brunswick to identify social barriers to mammography, with the goal of developing culturally appropriate strategies to increase breast cancer screening rates.

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer-related death among women in Canada. Fortunately, the mortality rate for the disease has decreased by 40% since the early 1990s, thanks in part to improvements in treatment and early detection through organized mammography screening programs. Yet getting a mammogram remains challenging for many Arabic-speaking refugee women in Canada. This group has considerably grown in numbers in the last 6 years in New Brunswick and is disproportionately affected by a complex interplay of social determinants of health, cultural factors and geographic challenges that may make it difficult to participate in screening.

With funding from the Canadian Cancer Society, this collaborative, community-based project brings together Arabic-speaking refugee women in New Brunswick and a diverse team of researchers to increase participation in mammography screening. The project is documenting mammography initiatives across the province and consulting with Arabic-speaking refugee women (and men) to create a new participation approach that is both culturally safe and addresses barriers to screening uptake. Leveraging on the experiences of patient partners and nurse practitioners that are part of the research team, the project will develop culturally appropriate strategies to increase mammography screening rates among this group.

If successful, this project could enhance early detection of breast cancer and improve treatment outcomes, ultimately saving and improving lives.

Dr Sylvie Lambert – McGill University

Designing an accessible side effect assessment tool for non-English and non-French speakers

A team led by Dr Sylvie Lambert is working to reduce health disparities caused partly by language barriers when it comes to managing the side effects of cancer treatment.

To effectively treat or manage side effects that impact a person with cancer's well-being and quality of life, healthcare teams need to understand them. But everyone experiences side effects differently, and people from different backgrounds, genders, and languages may use



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diverse ways to communicate their experiences in situations that can already be very difficult to describe. This can be especially critical for people with cancer living in Canada who are not fluent in English or French.

With funding from the Canadian Cancer Society, the research team is working with patient partners to reduce language barriers when assessing the side effects of cancer treatment. To gauge and improve the management of side effects, people with cancer are often asked to complete standard questionnaires. Those who cannot easily fill out these forms in English or French cannot benefit from this approach. And even when questionnaires are provided in a patient's preferred language, language and cultural barriers can persist in follow-up conversations with healthcare teams.

The team is bringing together 30 Punjabi, Greek and Mandarin speakers affected by cancer and their families, as well as 15 clinicians, healthcare managers or representatives from community organizations to work altogether on concrete solutions to ensure that screening for side effects and the quality of follow-up care are not language dependent. The research team will design an accessible side effects assessment tool for people who do not speak English or French. This will make it easier for culturally and linguistically diverse people with cancer to describe the side effects they experience, so that they can be treated accordingly.

By designing concrete solutions to ensure that screening for side effects and the quality of follow-up care are widely available and accessible to more languages and cultures, the team aims to improve quality of life by ensuring all people in Canada have their side effects managed without the added burden of language barriers.

Dr Leah Lambert – BC Cancer

Partnering with Vancouver's urban core community to improve cancer inequities

Dr Leah Lambert and researchers at the University of British Columbia and the University of Victoria are co-leading the creation of a community-based research team to tackle cancer-related health inequities identified by and for people living in Vancouver.

Vancouver is home to many people whose overall health and well-being are significantly impacted by factors such as low income, racism, gender-based discrimination, housing insecurity, mental health issues and more. This population experiences deep disparities when it comes to cancer care. People frequently encounter unjust barriers in access to health services, including cancer detection, diagnosis, treatment and care and, as a result, have higher rates of preventable cancers and report inadequate symptom management and palliative care.

With funding from the Canadian Cancer Society, this project will involve a process of engagement with community partners to build a team including people with knowledge and expertise in health equity, oncology care, health services research and significant experience working with people with lived and living experience of health and social inequities. Key aspects of team building will be the integration of knowledge and expertise of people impacted by cancer and community-based service organizations. Together, the



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team will identify future research projects that will focus on the needs and priorities of this community. These new partnerships are essential to identifying research approaches that will foster health equity in cancer care in this region. In the process, we anticipate generating insights pertinent to other jurisdictions and contexts.

Future research from this team will focus on co-designing creative and tailored solutions that will make a meaningful difference to the community, improving access, safety and quality of cancer care for people who are most impacted by health and social inequities.

Dr Aisha Lofters – Women’s College Hospital

Addressing inequities in prostate cancer care for Black men

A team led by Dr Aisha Lofters is collaborating with the Black community to identify barriers to high-quality prostate cancer care for Black men in Canada and developing tools to reduce inequities.

Men of West African ancestry have a higher chance of getting prostate cancer globally than other ethnic groups. Research also shows that they don’t have the same access to high-quality prostate cancer care and may experience lower awareness of risks related to family history and late-stage diagnoses. Furthermore, they are less likely to be offered screening, active surveillance or less invasive treatments.

With support from the Canadian Cancer Society (CCS), this multidisciplinary team of researchers, clinicians, prostate cancer survivors, Black community organizations and CCS cancer information staff is addressing the overall neglect of Black health and filling a gap in research for and among Black men and/or men of West African ancestry. In partnership with the Walnut Foundation, a prostate cancer survivorship group that supports and empowers Black men along their cancer journey, they will work together to better understand systemic and structural barriers to accessing high-quality, innovative prostate cancer care.

The team will use their findings to co-develop tools for clinicians that directly address inequities in access to high-quality prostate cancer care. Their goal is to meaningfully improve the experiences of Black men on their prostate cancer journey in Canada.

Dr Julianne Sanguins – University of Manitoba

Improving access to cancer care for Red River Métis people living in remote areas

A team led by Dr Julianne Sanguins is partnering with Métis people in Manitoba to improve cancer diagnosis by mapping services in isolated communities.

When cancer is caught early, treatment is more likely to succeed. But for Red River Métis people living in remote and northern areas of Manitoba, accessing cancer screening can be



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difficult. Even though cancer is the number one cause of death among Red River Métis, there is no data on how this community participates in screening or how the distance they must travel to receive cancer care impacts their cancer experiences.

With funding from the Canadian Cancer Society, this team is partnering with the Manitoba Métis Federation, citizens, Elders and those who have experienced cancer to examine the link between distance to care and cancer stage at diagnosis. They are using data analytics and mapping tools and working with Cancer Care Manitoba to visually identify where screening services are available, demonstrating the difficulties in accessing services for Métis people in Manitoba.

By focusing on prevention and early detection, the team hopes to reduce the burden for Métis in remote areas who currently travel long distances for cancer treatment. The goal is to create programs and pinpoint policy changes that could improve diagnosis and, ultimately, save the lives of remote and northern Métis people in Manitoba.

Dr Anna Santos Salas – University of Alberta

Improving patient navigation and access to cancer care for racialized communities

A team led by Dr Anna Santos Salas is co-creating a cancer care program to improve equity and wellness for people with advanced cancer of Latin American and African descent.

People with advanced cancer of African and Latin American descent experience significant health inequities in Canada. Some of the factors include racism and discrimination, language barriers, negative healthcare experiences, lack of trust in the healthcare system and unequal living and working conditions. While research shows these disparities are detrimental to the health of racialized people with cancer, there is not enough understanding of their experiences to improve equity in cancer care.

With funding from the Canadian Cancer Society, this team of patient partners, researchers and African and Latin American scholars and healthcare providers is exploring the lived experiences of wellness of racialized people with advanced cancer. They are examining how the intersections of race and racism, gender, language, socioeconomic status and health system-related factors affect their access to cancer care.

The group has involved patient partners from the beginning to incorporate their lived experiences in the project. They will also work with a patient partner council to co-create a cancer care program that is accessible to, and inclusive of, racialized communities. By engaging underrepresented communities in the design of the program, the team will improve patient navigation and access to cancer care to ensure people with advanced cancer can live well when living with cancer.