Canadian Cancer Society

CCS Accelerator Grants – 2022

Helping people with cancer benefit from research discoveries sooner

Dr Kristin Campbell – University of British Columbia

Helping people with bone metastases exercise safely

Dr Kristin Campbell is working to accelerate the implementation of new exercise recommendations for people with bone metastases.

Physical activity is important to help a person feel healthy and maintain independence and well-being. Yet, due to safety concerns, exercise is often underutilized in people with advanced cancer that has spread to their bones.

In 2022, the International Bone Metastases Exercise Working Group – a multidisciplinary group comprised of physicians, physical therapists, clinical exercise physiologists and researchers – published new exercise recommendations for people living with bone metastases. Currently, however, these recommendations are not widely known or are not easy to put into practice.

With funding from the Canadian Cancer Society (CCS), Dr Kristin Campbell and her team are bringing together patients, families, healthcare providers, exercise professionals and key partner organizations to develop learning tools and resources to support the new recommendations. They will also collaborate to develop a strategy to bring these resources to people with bone metastases and those who care for them. This work includes conducting a series of meetings and surveys that will help identify and address barriers to access faced by underserved populations.

If successful, this project will improve equitable access to exercise recommendations and help care providers and patients understand how to safely take part in exercise to improve the quality of life for people living with bone metastases.

Dr Adina Coroiu – Centre for Addiction and Mental Health

Improving access to smoking cessation services in Ontario

Dr Adina Coroiu is developing new strategies to increase access to and enrolment in smoking cessation programs for people with cancer in Ontario.

The benefits of offering programs to help people with cancer stop smoking are widely known. Yet in 2019, referral rates to smoking cessation services in Ontario were only 60%, and of those referred only 22% actually accessed these services. With support from the Canadian Cancer Society (CCS), Dr Adina Coroiu is hoping to increase referral rates and improve enrollment.

Through this project, the researchers are interviewing hospital stakeholders, care providers, and people with cancer and their family members to help identify the barriers and gaps that lead to lower referral and enrolment rates in smoking cessation programs across Ontario. They are also collecting data from regional cancer centres to understand why these rates differ from one region to another. Equipped with this information, the team will then identify strategies and solutions that will address these barriers.

The overall objective of this project is to help Ontario's regional cancer centres reach the provincial target of 80% of patients referred and 50% enrolment in smoking cessation services. If successful, this project could improve health outcomes for smokers diagnosed with cancer in Ontario.

Dr Trevor Dummer – University of British Columbia

Toward cancer prevention approaches that include and support gender diverse communities

Dr Trevor Dummer is identifying gaps in cancer prevention policies, programs and recommendations when it comes to gender diverse communities.

Underserved populations such as gender-diverse communities – which include transgender and nonbinary people – are often missed in existing cancer prevention strategies. For example, lack of inclusive policies or programs can lower cancer screening rates. Further, gender-diverse communities experience stigma and discrimination. These social factors may have an effect on alcohol and tobacco use, which can increase cancer risk.

With funding from the Canadian Cancer Society, Dr Trevor Dummer hopes to close this gap. Dr Dummer and his team are conducting a literature and policy review to identify cancer prevention policies, programs or activities that address the needs of people whose gender identity is different from their sex assigned at birth. Their goal is to identify best practices and gaps in current approaches, and ultimately, to make recommendations to policy makers to ensure that cancer prevention activities are inclusive and supportive of gender diverse populations. This work can help lower cancer rates and improve the lives of gender diverse people in Canada.

Dr Harriet Feilotter - Queen's University

Creating a national biomarker network to help guide clinical decisions

Dr Harriet Feilotter is building infrastructure that will help move research on cancer biomarkers into practice faster so they can benefit people with cancer.

A cancer biomarker is a molecule found in blood, other body fluids, or tissues that indicates the presence of cancer in the body. Biomarkers provide valuable information to clinicians that can be used to assess cancer risk, detect and diagnose cancer, predict how a person will respond to treatment or monitor treatment response. But in Canada, there is no standardized way to evaluate cancer biomarkers discovered by researchers, which means it is difficult for clinicians to use these discoveries to help people with cancer.

With support from the Canadian Cancer Society, Dr Harriet Feilotter aims to fill this gap. She and her team will create the basic structure of a national system that will help simplify and expedite the process of moving biomarkers from research into clinical practice.

Dr. Feilotter's team will establish criteria to help determine whether a newly discovered biomarker has characteristics that make it beneficial for clinical use. They will also help labs identify the best way to measure biomarkers and build a national online learning centre that enables them to share biomarker information. Lastly, the team will compile a list of what new information should be collected across the country to help fill in any gaps. Ultimately this work will lead to a database of consistent, high quality biomarker resources that are accessible online across Canada.

If successful, this work could help people with cancer benefit from research discoveries on biomarkers sooner, which could improve treatment outcomes and save lives.

Dr Anna Gagliardi – Toronto General Hospital

Developing new language to describe a non-invasive breast cancer

Dr Anna Gagliardi is developing a patient-centred approach to improve communication and language about "ductal carcinoma in situ" and help reduce anxiety for those diagnosed with the low-risk form of this condition.

Through participation in cancer screening, many more people learn of the presence of abnormal cells in their body that have a very low risk of ever turning into cancer. For example, more than 7,000 women in Canada are diagnosed each year with ductal carcinoma in situ (DCIS), the most common type of non-invasive breast cancer. Naturally, this can be a very frightening diagnosis to receive.

With funding from the Canadian Cancer Society (CCS), Dr Anna Gagliardi will develop non-cancer labels and language for DCIS to help reduce anxiety for women diagnosed with this cancer, which, despite its overall favourable prognosis, requires harsh treatment such as surgery, radiation or hormone therapy. The same strategy has been shown to reduce anxiety for other low-risk cancers of the cervix and bladder.

Dr Gagliardi and her team will review previously published research to collect non-cancer names for DCIS that are preferred by women with this diagnosis and doctors. They will next survey stakeholders to identify the non-cancer name they agree on and share the results with cancer-naming agencies, medical societies and patient advocacy groups to promote its use. If this work is successful, it could reduce stress for people diagnosed with low-risk forms of DCIS in the future.

Dr Gary Groot – University of Saskatchewan

Bringing Métis perspectives to cancer prevention strategies in Saskatchewan

Dr Gary Groot is exploring how the integration of traditional Indigenous knowledge can lead to cancer prevention and health promotion for Métis peoples.

Métis populations have an increased risk of certain cancers compared to rest of the population in Canada. With funding from the Canadian Cancer Society, Dr Gary Groot will explore how cultural continuity – the integration of people within their culture and the transmission and preservation of traditional knowledge – can lead to more targeted and culturally safe cancer prevention and health promotion for Métis peoples.

Studies have shown that Indigenous cultural continuity and culturally safe interventions can positively influence health and well-being and may be essential for cancer prevention. Partnering with Métis Nation Saskatchewan and Métis patient partners and cultural advisers, Dr Groot will identify specific interventions for Métis peoples that could inform cancer prevention programs in Saskatchewan to help reduce cancer incidence for Métis communities.

Dr Groot hopes to champion the role of cultural continuity and incorporate the perspectives of Métis peoples and approaches into the Canadian health system and, ultimately, save and improve many lives across the country.

Dr Brian Hutton – Ottawa Hospital Research Institute

Using routinely collected health data to assess disease progression, recurrence and survival in breast cancer trials

Dr Brian Hutton is exploring ways of using routinely collected health data to measure patient outcomes in breast cancer clinical trials.

Routinely collected health data is generated at every encounter with the health care system. While this data has become increasingly valuable in assessing outcomes for trials in various medical fields such as cardiology, less is known about how it could be applied to breast cancer research.

Clinical trials are often expensive and require hospital visits from participants over many years. With funding from the Canadian Cancer Society, Dr Brian Hutton is exploring the potential of using routinely collected health data – including medical diagnoses, electronic medical records and imaging and laboratory tests – to assess outcomes in people who participate in breast cancer clinical trials.

Dr Hutton and his team are working with potential research data users from Cancer Care Ontario and the REthinking Clinical Trials Program based at The Ottawa Hospital to review past studies and strategies. They hope to guide future research toward developing new methods around using routinely collected health data to measure outcomes of breast cancer trials, ultimately leading to more affordable trials, more people enrolling in clinical research and improved patient care.

Dr Monika Krzyzanowska – Princess Margaret Cancer Centre

Designing a comprehensive framework to evaluate virtual cancer care

Dr Monika Krzyzanowska is teaming up with patients, clinicians and other stakeholders to improve virtual cancer care and patient outcomes.

The COVID-19 pandemic rapidly advanced virtual care, making it more widely available and accessible. With funding from the Canadian Cancer Society, Dr Monika Krzyzanowska is designing a cancer-specific evaluation framework to help optimize the quality of cancer care delivered virtually.

Dr Krzyzanowska and her team are working with patients, caregivers, clinicians and other stakeholders. Together, they are identifying existing ways of measuring quality of care and developing new ones for use in the Canadian context. The group will create a comprehensive approach to evaluate the use of virtual care in routine oncology practice to inform long-term adoption.

The team is aiming to define the contexts under which virtual care provides the greatest value to patients, healthcare providers and the healthcare system. If successful, her study could inform optimal models of virtual cancer care to improve patient outcomes.

Dr Sophie Lebel – University of Ottawa

Implementing clinical programs to help manage fear of cancer recurrence

Dr Sophie Lebel will lead a study addressing the number one unmet need of cancer survivors – fear of cancer recurrence.

Fear of cancer recurrence (FCR) has been identified as the number one unmet need of cancer survivors, with 59% of survivors reporting high levels of FCR. COVID-19 has increased anxiety among cancer survivors, including fears that delays in care may impact both prognosis and recurrence, which could exacerbate FCR.

Dr Sophie Lebel’s team successfully completed a study of an intervention called Fear of Recurrence Therapy (FORT). This 6-week group therapy session addresses FCR in women with breast or gynecological cancers.

Despite compelling evidence for their efficacy, FCR interventions have yet to be routinely implemented in clinical settings. With support from the Canadian Cancer Society, the team will now look to launch another study to evaluate the process of implementing FORT in 5 clinical settings across Alberta, Manitoba, Ontario and Newfoundland and Labrador. Female breast, gynecological or hematological cancer survivors will be recruited as survivors of these cancers report some of the highest rates of FCR.

This research addresses the urgent and unmet need to support cancer survivors experiencing FCR.

Dr Anna Santos Salas – University of Alberta

Improving the experiences of racialized people with advanced cancer through equitable access to palliative care

Dr Anna Santos Salas is working to increase access to palliative care for people with advanced cancer of African and Latin American descent.

While data on race, ethnicity and cancer in Canada is limited, research from other countries shows that people of African and Latin American descent have higher rates of advanced cancer. Research also shows that, for people with life-limiting illness like advanced cancer, palliative care can significantly improve quality of life and satisfaction.

With funding from the Canadian Cancer Society, Dr Anna Santos Salas is developing a strategy to increase access to palliative care for people of African and Latin American descent with advanced cancer. To do so, she and her team will engage people with cancer and seek guidance from African and Latin American communities in Alberta and Ontario. They will conduct interviews with patients and caregivers to learn from their lived experiences of palliative care and identify gaps and barriers to access based on their unique experiences.

Dr Santos Salas hopes to explore the intersections of race, gender, socioeconomic status, language barriers and other social dimensions. Ultimately, her goal is to apply what she learns to help reduce disparities in access to palliative care and improve the experiences of people with cancer.

Dr Dawn Stacey – University of Ottawa

Providing updated tools for oncology nurses in Canada to help improve care

Dr Dawn Stacey is updating practice guides for nurses who help people with cancer manage their symptoms.

Nurses provide remote support to people with cancer to help them manage their symptoms at home, some of which can progress to be life-threatening. With funding from the Canadian Cancer Society, Dr Dawn Stacey is providing these nurses with access to new, evidence-based information with the goal of enhancing the quality and consistency of the care they provide.

Since 2008, Dr Stacey and her team have been working to develop and improve triage tools to guide oncology nurses. They established the pan-Canadian Oncology Symptom Triage and Remote Support team, a group of researchers, nurses and people with cancer that have partnered to produce 17 practice guides for nurses who provide telephone support to people reporting cancer symptoms. These guides were last updated with evidence identified in 2018.

Given studies have shown that nurses provide higher quality of support when they use the practice guides, Dr Stacey is revising the guides to include new evidence including immunotherapy symptom care and the influence of COVID-19 on triaging symptoms. Her goal is to distribute the guides through cancer centres across Canada to ensure safe, consistent and effective symptom management for people with cancer, improving the quality of their care.

Dr Robin Urquhart – Dalhousie University

Implementing pathways to expedite cancer diagnosis and treatment in Nova Scotia

Dr Robin Urquhart and her team aim to make timely cancer diagnosis investigations more accessible for Nova Scotians by adapting, testing and implementing streamlined clinical procedures.

Compared to most of Canada, Nova Scotia faces abnormally high rates of cancer incidence and mortality. While there are many reasons for this, including genetics as well as modifiable risk factors, research has shown that many Nova Scotians encounter problems with accessing cancer tests, investigations and treatments in a timely way.

The goal of this study is to put into place and test "cancer patient pathways," which are meant to streamline diagnosis processes and make sure that primary care providers can quickly refer patients with urgent or alarming symptoms to appropriate specialists or tests. The end result will be a set of pathways that lead to more timely cancer diagnoses. This can improve patient outcomes and increase survival by finding cancers earlier. It can also reduce the emotional distress that patients face before a definitive diagnosis.

Dr Lin Yang – University of Calgary and Alberta Health Services

Helping people with cancer prepare for treatments

Dr Lin Yang is examining the ideal cancer prehabilitation model for treatment preparation to enhance quality of life, recovery and health-related outcomes.

With no standard of care in place to help people with cancer prepare for treatments, Dr Lin Yang is conducting an ongoing study to guide the design, implementation and evaluation of cancer prehabilitation programs.

Dr Yang and her team have already identified significant unmet needs in prostate cancer patients, including the lack of a preparation program before surgery and more educational information on treatment side effects. They've also formed a planning group to develop a cancer prehab program to prepare patients for different treatments (surgery, chemotherapy etc.). The group includes people with cancer, caregivers, clinicians, the Calgary Prostate Cancer Centre and cancer researchers.

With funding from the Canadian Cancer Society, Dr Yang is refining her project to identify cancer prehab program components that are ready to be implemented as well as gaps that need more evidence. Her goal is to offer an ideal program model for cancer treatment preparation to enhance recovery and quality of life, ultimately improving long-term health outcomes for people with cancer.