

BACKING CANADA'S BRIGHTEST SCIENCE



Research Impact Report 2025/26



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Cancer
Society

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SOCIETY

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"Research takes communities: of scientists, clinical professionals, patient partners and donors. Donations, whatever the amount, are the foundation of research upon which the other communities can be built."

— Dr Christopher Maxwell, CCS-funded researcher



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Cover image (from left to right): Dr Ming-Sound Tsao, Dr Marie-Élise Parent, Dr Hermann Nabi, Dr Brad Nelson, Dr Rayjean Hung, Andrea Seale, Dr Ambreen Sayani, Dr Robin Urquhart, Dr Darren Brenner, Dr Arlinda Ruco, Dr Nicole Culos-Reed, Dr Joel Pearson.

Turning possibility into progress

Behind every advancement in cancer research are people who believe a future without cancer is possible.

A clinical trial that gives new hope. A prevention discovery that lowers cancer risk. A test that makes treatment more precise. Support that helps a cancer survivor feel stronger in body and mind. These are the breakthroughs your generosity helps set in motion.

At the Canadian Cancer Society (CCS), we're proud to back Canada's brightest science – bold, collaborative and focused on what matters most to people affected by cancer. With donor and partner support, we fund promising ideas across the cancer continuum, from prevention and early detection to treatment, recovery, survivorship and end-of-life care.

Last year, thanks to your generosity, we invested \$48.32 million in world-leading research and innovation, enabling over 130 clinical trials and 340 research projects. In this report, you'll read about the impact of that investment. You'll learn

about how CCS-funded researchers are preventing ovarian cancer, improving treatment for brain cancer, personalizing care for people with metastatic disease and more.

This progress doesn't happen in isolation. It takes skilled researchers, clinicians, partners, people with lived and living experience and communities working together. It takes sustained funding that gives research teams the people, tools and time to ask bigger questions and pursue answers that can change lives forever.

For everyone who has faced cancer, cared for someone with cancer or feared what a diagnosis could mean, this work is about more than discovery. It's about hope. It's a path toward earlier answers, better options, fewer side effects and more time with the people we love.

Thank you for helping CCS back the science and the people shaping a better future for everyone. Together, we are increasing cancer survival, stopping cancer before it starts and improving the lives of people affected by cancer.



Andrea Seale

Chief Executive Officer
Canadian Cancer Society



Dr Jennifer Jones

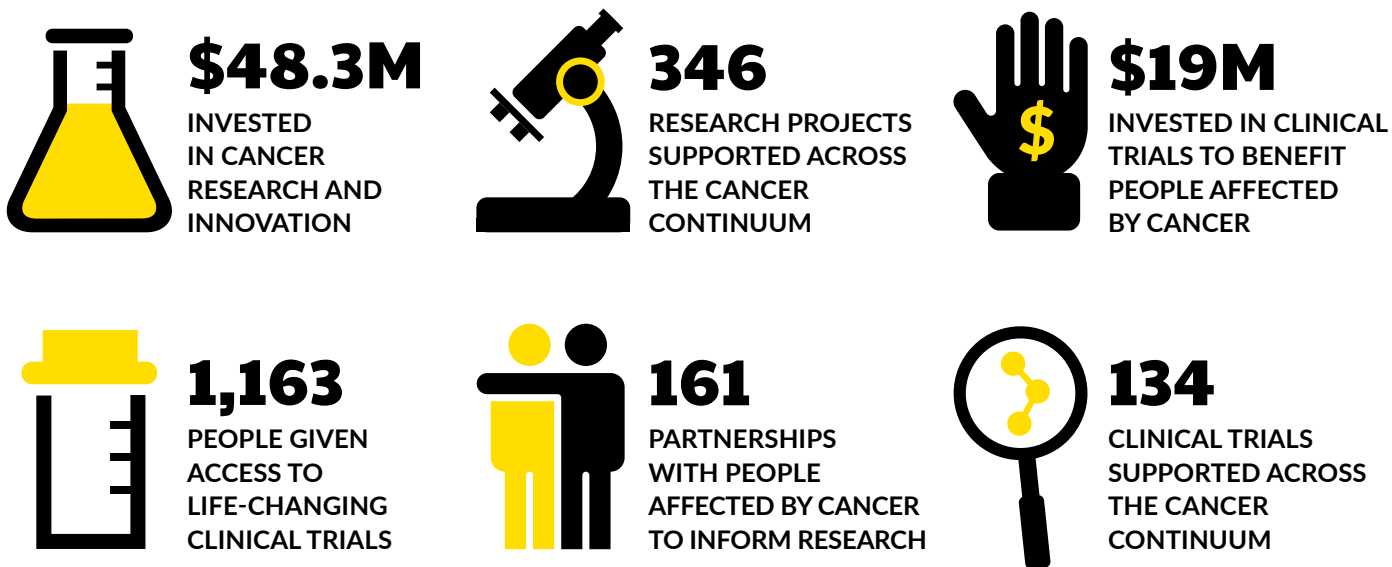
Scientific Chair
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Our research at a glance

CCS is leading the way to a future without cancer. We bring together researchers, clinicians, funders and people affected by cancer to ignite hope and accelerate scientific progress across Canada and around the world.

Cutting-edge research doesn't happen on its own – it requires bold action and unwavering commitment. From advanced equipment and specialized technology to skilled research teams and collaborations across institutions, it's consistent, long-term investment that makes groundbreaking discoveries possible for the benefit of everyone affected by cancer. Last year, your support helped us fund over \$48 million in research and innovation. This support enables CCS-funded researchers to hire expert teams, access the tools they need and carry out the foundational studies and clinical trials that lead to real-world impact.

It takes a society to take on cancer – and, thanks to our community of support, here's what we accomplished in 2025/26:



“I’m thankful that the Canadian Cancer Society funds research which is helping to improve treatment options for patients like me.”

— Jack Shore, living with cancer

Practice changers

CCS-funded research is changing how cancer is prevented, diagnosed and treated. Here are three stories that show how these advances are changing clinical practice, delivering real impact for people affected by or at risk of cancer.

Preventing 4 in 5 ovarian cancers

Despite the name, most ovarian cancers start in the fallopian tubes. With CCS funding, Dr Gillian Hanley and Dr David Huntsman at the University of British Columbia showed that opportunistic salpingectomy (OS) – removing the fallopian tubes during routine gynecologic surgery – is safe, affordable and effective. This year, the researchers showed that the procedure reduces the risk of the most common and deadly ovarian cancer by 80%.

Since 2015, OS has been recommended by the Society of Obstetricians and Gynaecologists of Canada and endorsed by medical associations in 24 countries. In British Columbia, it's offered during other surgeries to help reduce cancer rates. With continued CCS support, the team is now working to help people in rural and remote communities across Canada access the procedure while also developing culturally safe tools to support ovarian cancer prevention in Indigenous communities.

Treating brain cancer in older people

Glioblastoma is the most common and deadly form of brain cancer and is more frequently diagnosed in older people. Although younger people with glioblastoma benefit from adding the chemotherapy drug temozolomide to radiotherapy, this approach had not been widely used in people over 70 – leaving older adults with no clear standard for treatment.

In a landmark clinical trial led by the Canadian Cancer Trials Group and funded by CCS, Dr James Perry at Sunnybrook Health Sciences Centre and Dr Normand Laperriere at Princess Margaret Cancer Centre found that combining temozolomide with a short course of radiation therapy increased the 1-year survival rate from 22.2% to 37.8% and the 2-year survival rate from 2.8% to 10.4% in people aged 65 and older. The findings are now shaping how glioblastoma is treated in older adults in Canada and around the world.

Dr Gillian Hanley

CCS-funded researcher





Precise reconstructions for head and neck cancers

It was a frightening situation for Francis, a 34-year-old musician and singer. A tumour was growing uncontrollably in his sinus and throat, putting his voice and eye at risk. He needed treatment – fast.

Fortunately, CCS-funded surgeon and researcher Dr Eitan Prisman at the University of British Columbia had been working on exactly the kind of approach he needed. Reaching Francis's tumour would involve removing cancerous bone from the right side of his skull and rebuilding it with bone from his shoulder blade – a delicate, highly complex procedure that demanded precise planning and execution.

Dr Prisman and his team are advancing a virtual surgical planning platform for reconstruction in people with head and neck cancer. With support from CCS, they have developed software that uses medical images to virtually preplan reconstructions and generate 3D printed cutting guides to improve precision in the operating room. The technology is still evolving with the goal of real-time adjustments during surgery, but patients like Francis are already benefiting.

Before Francis's surgery, Dr Prisman used 3D-printed models of his skull to walk him through the procedure, helping him understand what to expect. The 8-hour surgery, assisted by Dr Prisman's new platform, was a success. The tumour was safely removed, Francis kept his eye and vision and, after months of recovery, regained his voice and full motor function in his arm – just in time to launch a new album with his band, Doohickey Cubicle!

Francis Hooper
Cancer survivor

Research stories

CCS-funded researchers are driving bold breakthroughs to change the future of cancer. Here are three stories that show how these advances are helping save and improve lives across Canada and around the world.

Climbing toward HIMALAYAS

Dr Thavendiranathan and his team are using fitness-based rehabilitation to strengthen heart health and improve quality of life for pediatric, adolescent and young adult cancer survivors.

Just 15 months after giving birth to her son, Alexandra had moved into a new home and was preparing to return to work as a senior art director when she noticed a lump in her breast. Soon, tests confirmed she had triple-negative breast cancer.

"I was terrified. Completely devastated," she recalls. "My very first thought was of my son. The fear wasn't just about me."

Fortunately, Alexandra responded well to treatment and, 2 years later, she is thriving. Still, like many survivors, she continues to manage lasting effects.

"I deal with ongoing exhaustion and cognitive challenges," she says.

After her cancer treatment ended, Alexandra was diagnosed with heart failure. Her doctor suggested she join the CCS-funded HIMALAYAS trial.

Led by Dr Paaladinesh Thavendiranathan, a cardiologist at Peter Munk Cardiac Centre, the HIMALAYAS trial is testing a new exercise-based rehabilitation program designed for cancer survivors diagnosed before age 40. Although survival rates continue to improve, many people face lasting health challenges, including an increased risk of heart disease. Currently, there are few strategies tailored to help young survivors protect their long-term heart health.

With funding from CCS, Dr Thavendiranathan and his team are studying whether a structured, supervised exercise program can improve physical fitness, mental wellbeing and quality of life for young cancer survivors. To date, 52 people have enrolled in the trial.

"The HIMALAYAS project quite literally changed my life and my relationship with my physical health," Alexandra says – but the benefits didn't end there. "This research changed the trajectory of my recovery," she continues. "Exercise has significantly improved my mental wellbeing and helped me manage stress and anxiety. I absolutely could not have done this without the HIMALAYAS team."



Alexandra Vacca
and her family

HIMALAYAS has also made a profound difference for participants like Hussein Hashi.

At 16, Hussein began experiencing shortness of breath, lingering flu-like symptoms and difficulty keeping up in gym class. His doctor noticed a lump in his throat and ordered X-rays, which led to a diagnosis of Hodgkin lymphoma.

Fortunately, Hussein's cancer was highly treatable and, within 6 months, he was in remission. Now in his early 40s, Hussein has completed university, earned 2 master's degrees in engineering and information systems and built a full life with his young family.

Hussein was told by his care team that chemotherapy and radiation can have long-term effects on the heart even decades after treatment. In 2024, he was referred to a cardiologist, who suggested he join the HIMALAYAS trial.

For Hussein, the experience has been both reassuring and empowering.

"What gives me comfort is knowing that I can follow this program and keep going," he says. "It may even help prevent me from needing medication."

Earlier this year, an echocardiogram showed that Hussein's heart is healthy – and he's proud that his participation in the trial will benefit future generations.

Like Alexandra and Hussein, HIMALAYAS participants consistently report better physical fitness, mood and quality of life. Today, the trial is still running – reaching young cancer survivors so they can not only live longer, but live better.

Dr Paaladinesh Thavendiranathan,
(first from the left) and his team with
Hussein Hashi (second from the right)



Protecting those who protect us

CCS-funded researchers have created practical tools for volunteer and career firefighters to reduce exposure to toxins and prevent cancer before it starts.

Firefighters can be exposed to hundreds of contaminants at work, some of which are known to cause cancer. Yet many do not receive adequate training on how to minimize their exposure.

Firefighters like Yellowknife-based Fire Chief (Ret.) John Fredericks know this risk all too well. John was diagnosed with central nervous system lymphoma, a rare brain cancer, that likely arose from exposure to cancer-causing substances at work. Now, he raises awareness about the occupational hazards that increase firefighters' risk of developing cancer.

Funded by CCS and the Canadian Institutes of Health Research (CIHR), Dr Patrick McGrath is designing and testing educational initiatives to help reduce volunteer firefighters' exposure to cancer-causing chemicals. This project enables firefighters to lower their personal cancer risk.

"We have established the basis for the scientific and practical development of better ways to change firefighter behaviour to prevent occupational cancer," says Dr McGrath, a professor emeritus of psychiatry at Dalhousie University/IWK Health.

Dr McGrath and his team of researchers and practitioners across Canada and the US created the first scientific tools to understand how firefighters can better protect themselves from cancer on the job. These include a scale that measures everyday prevention behaviours and another that identifies barriers to change.

"Using this scale a firefighter can recognize the behaviours needed to reduce risk, as well as identify some of the barriers to the necessary behaviours," says fire chief Dr Jim Petrik, chair of the CAFC's cancer committee and cancer researcher at the University of Guelph. "The tool is sensitive to the underserved population of volunteer firefighters but is also suitable for use by career firefighters."

These tools can also help fire departments create the right conditions to support firefighter cancer prevention, ensuring that the burden does not fall on the firefighters alone.

"Only a handful of fire departments in Canada have a firefighter cancer prevention plan," says Dr Tina Saryeddine, Executive Director of the Canadian Association of Fire Chiefs (CAFC) and a co-investigator on the project. "This research allowed the Cancer Committee of the CAFC to adapt the items in the scale into a 'Rapid Response Program' curriculum that all fire departments can use."

John Fredericks also appreciates this work. "I am very pleased that the issue of occupational cancer has come to the forefront," says John, who works closely with the CAFC. "I strongly believe we should fund research like this to better understand the dangers firefighters face."

Preventing cancer before it starts is one of CCS's top priorities. "The joint funding from CCS and CIHR was critical," says Dr McGrath. "Without it, none of this research would have been possible."



Dr Patrick McGrath

CCS-funded researcher



John Fredericks

Yellowknife-based Fire
Chief (Ret.) and his wife

Improving immunotherapy for advanced cancer

With funding from CCS, researchers and people affected by cancer are collaborating on new tests and treatments to tackle recurrent disease.

For people with cancer, every moment counts. Personalized treatments are most effective when given early – and, for immunotherapies like CAR T therapy, there is a narrow window where they can have the greatest benefits. To make the most of that window, doctors need tests that can spot cancer recurrences early and fast.

Dr Nathalie Johnson and her team are developing a test to detect lymphoma relapse. The test looks for tiny fragments of cancer DNA in the blood, flagging recurrences up to 6 months earlier than traditional methods to help people access CAR T therapy before they get too sick. Because the CAR T cells are made from a person's own cells, the researchers also hope that using immune cells from people who are less sick will make the therapy more effective.

"Testing would identify patients at high risk of relapse at an earlier time than usual clinical care," says Dr Johnson, Associate Professor and Louis Lowenstein Chair of Hematology and Oncology at McGill University.

People with cancer often endure long waits for testing, followed by anxiety as they await their results. Dr Johnson's new test can be completed

within 16 days, letting doctors know fast if a person's cancer is returning and opening the door to proactive treatment.

"Ultimately, the test will allow us to adapt treatment based on very early response to first-line therapy, intensifying if there is a poor response or decreasing toxicity if there is a great response," Dr Johnson says.

The researchers are also testing how well CAR T cell therapy works based on when it is given – whether during remission or in the early stages of a recurrence. They hope to shed light on the best time to give patients this treatment, increasing its effectiveness to save more lives.

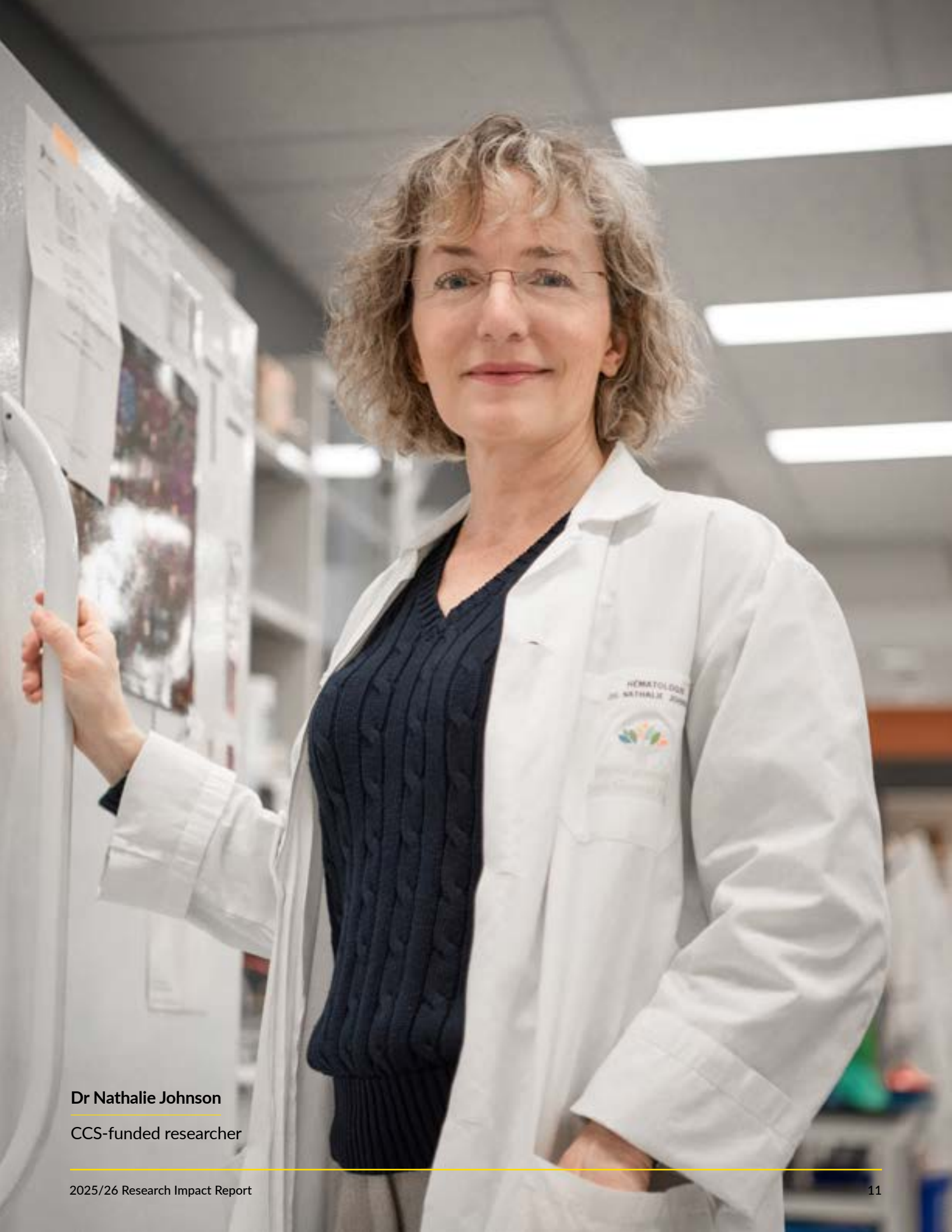
"The next step is to investigate strategies to intervene sooner to avoid chemotherapy that is not going to cure people and allow them to have earlier access to CAR T when the chance of success is higher," Dr Johnson adds.

Eventually, the researchers hope not only to optimize the treatment but also to ensure that it can be made in Canada. CAR T cells must be made in specialized laboratories – but transporting them long distances can increase the cost of treatment. By making CAR T cell therapies locally, Dr Johnson's team aims to lower costs and increase effectiveness, giving more people access to life-saving treatment.



"As a Patient/Survivor/Caregiver (PSC) reviewer, I'm able to be a part of solution development for the problems in our healthcare system, which will ultimately help future generations with cancer."

— Julie Deleemans, a Patient/Survivor/Caregiver reviewer



Dr Nathalie Johnson

CCS-funded researcher

Clinical trials

Personalizing treatment for people with cancer

“Every day is a blessing for me – days that I never thought I’d have if it weren’t for the research and all the work that the Canadian Cancer Society does.”

In 2014, 53-year-old lawyer Faisal Joseph was diagnosed with kidney cancer that had spread to his pancreas, lungs and other organs. He was given at most 2 years to live if he underwent a high-risk surgery – which his doctors didn’t expect him to survive – and only 3 months without it.

Then Faisal was offered the opportunity to participate in a CCS-funded clinical trial led by Dr Alison Allan and Dr David Palma. The goal: to improve outcomes by personalizing treatments for people living with oligometastatic cancer – disease that has spread to only a limited number of sites.

The international phase 3 trial, which is still ongoing, is testing a specialized type of radiation treatment called stereotactic ablative radiotherapy (SABR) in people with oligometastatic disease. So far, the researchers have enrolled more than 200 participants to receive standard treatment either alone or with SABR. They plan to assess whether adding SABR to the treatment protocol increases survival or improves people’s quality of life.

At the same time, the researchers are analyzing blood samples from each participant to track changes in key biomarkers during treatment. So far, the findings are promising – meaning that, one day, a simple blood test could help doctors identify people who are likely to benefit from SABR.

And Faisal? Thanks to his participation in the trial, he continues to surpass his care team’s expectations well over a decade after diagnosis.



Dr Alison Allan and
Dr David Palma

CCS-funded researchers



Dr Parveen Bhatti

CCS-funded researcher

Tackling cancer risk in night shift workers

Night shift disrupts the body's natural production of melatonin, reducing its ability to repair DNA damage and increasing the risk of breast, prostate and other cancers.

A first-of-its-kind study led by Dr Parveen Bhatti found that melatonin supplements can help night shift workers combat that risk. With funding from CCS, Dr Bhatti's team at BC Cancer studied whether taking melatonin supplements could help repair DNA damage in 40 people who worked at least 2 consecutive night shifts each week. Half of the trial participants took a melatonin supplement before daytime sleep for 4 weeks while the other half took a placebo. Those who took melatonin showed improved DNA repair, suggesting a potential way to lower cancer risk.

Dr Bhatti is now using a CCS Workplace Cancer Research Grant to explore how changes in the gut microbiome may contribute to cancer risk in night shift workers – and how targeted interventions could help prevent thousands of cancers each year.



“I support the Canadian Cancer Society through monthly donations because research is essential to overcoming cancer. Thanks to research, we’re discovering treatments that are more effective and less invasive and perhaps even ways to prevent cancer entirely and eradicate it.”

— Josée Goulet, in remission from ovarian cancer

Preparing mind and body for surgery

Surgery is a common and often effective treatment for localized prostate cancer – but the waiting period can be stressful for people with cancer and their caregivers. That anxiety can also affect recovery and lead to treatment-related side effects.

To help address this, CCS-funded researcher Dr Lin Yang is leading a trial to guide the use of “prehabilitation” – programs designed to help people affected by cancer.

Dr Yang’s study has already identified a significant unmet need among people with prostate cancer who are awaiting surgery. Now, they are trialing a mind-body exercise program for this group.

Allan Pipke, a retired firefighter, joined the study to get into better shape before his surgery. He’s grateful for the experience, which included both instructor-led and self-guided tai chi sessions – something entirely new to him.

“You feel alone right after diagnosis,” Allan says. “As I got involved, I found the mental relaxation kept my mind off being sick. The pre-surgery void that was filled by the tai chi program was lifting some of the darkness from being diagnosed.”

Allan’s surgery went well and, best of all, he was able to meet his first granddaughter – whom he now looks after several days each week. He also gained a new way to stay grounded, both physically and mentally.

“I’m thankful I was able to be a part of this research,” Allan says. “We see and hear stories of people who lead a longer life due to research – I’m one of them.”



Dr Lin Yang

CCS-funded researcher

Forward-thinking funding

Investing in impact for a future without cancer

With funding from donors and partners like you, we work to fund innovative and impactful research across the cancer continuum. CCS-funded researchers work with doctors, policy experts and people with lived experience to stop cancer before it starts, increase cancer survival and improve the lives of people affected by cancer. What makes CCS's approach to research funding unique?

- **Focused on rigour:** Our selection process is high-quality and highly competitive. Expert reviewers and people with lived experience carefully assess each application so that funding decisions reflect both scientific excellence and real-world outcomes.
- **Focused on people:** We involve people living with and beyond cancer in every step of the research process, from working with CCS and scientific experts to design grant programs to helping choose which projects receive funding. We also ensure that they are actively involved in the research itself as participants or advisors.
- **Focused on impact:** We look for bold research ideas that tackle high-priority topics and areas of unmet need. CCS challenges researchers to think creatively and take on projects that deliver real progress for people affected by cancer.
- **Focused on progress:** We fund the best science wherever it is found. Our funding is unrestricted by region, institution or cancer type, meaning we're perfectly positioned to fund the research that offers the greatest benefit – whatever and wherever that may be.

At CCS, every research dollar is invested to fund the most promising cancer science in Canada. This unique approach helps CCS back bold ideas with the potential to make the biggest difference for people facing cancer.



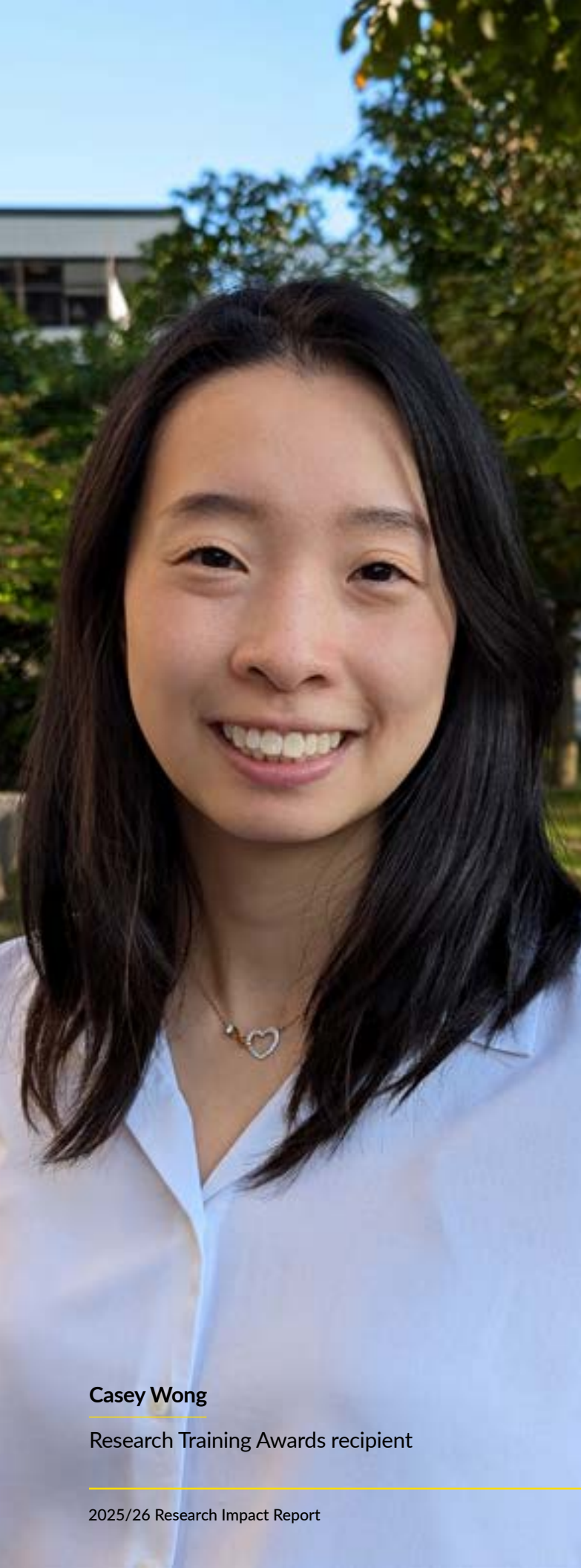
“ CCS funding means so much more than financial support. It’s a lifeline for my research and the communities it serves.”

— Adekanmbi Adejoke, Research Training Awards recipient

“ It takes a village to raise a child; it takes a society to tackle cancer. We couldn’t do it without you.”

— Dr Francis Rodier, CCS-funded researcher





Trainee profile – Casey Wong

By investing in the researchers of tomorrow, CCS is building a future without cancer. Meet Casey Wong, a CCS-funded trainee studying ways to make lung and other cancers more vulnerable to treatment.

“Cancer is often seen as a problem of cells growing out of control. But what if there are other cells, ones that do not start in the tumour at all, that quietly influence how the disease unfolds?”

This is how 2024 Research Training Award recipient Casey Wong explains the focus of her research. An MD/PhD student at Queen’s University, Casey studies how changes in blood stem cells affect how people respond to cancer treatment.

These non-cancerous cells naturally acquire mutations as we age and often grow slightly faster than normal. Emerging evidence suggests that some of these altered immune cells may travel into cancer tumours and disrupt the tumour environment.

So far, Casey has analyzed data from over 800 patients with lung and mesothelioma cancers looking for these mutations both in the bloodstream and within tumours. “This may help explain why some people do not respond well to treatment,” she says. “We think these altered immune cells that are supposed to protect the body against cancer may be working against it instead.”

Based on her work, Casey has published 2 scientific articles and presented her findings at prestigious research conferences where she connected with patient partners and engagement groups. These connections have led to new collaborations and mentorships. In addition to her blood stem cell research, she is now working on new ways to bring patient partners into cancer research, including organizing workshops that invite people with cancer into the lab to share their lived experiences.

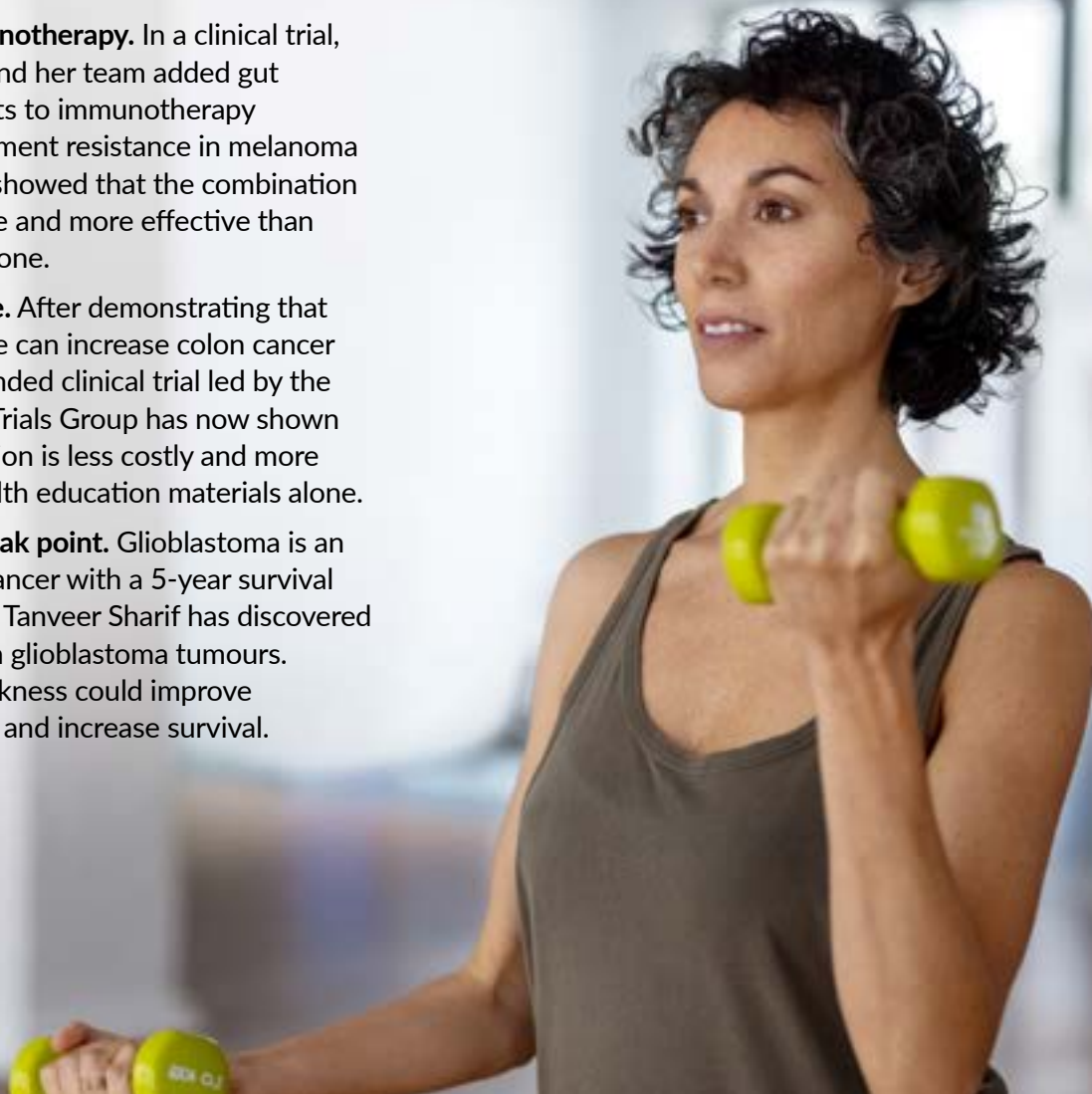
Casey Wong

Research Training Awards recipient

Progress in action

Increase cancer survival

- **Illuminating immunotherapy.** In a clinical trial, Dr Arielle Elkrief and her team added gut microbe transplants to immunotherapy to overcome treatment resistance in melanoma skin cancer. They showed that the combination treatment was safe and more effective than immunotherapy alone.
- **Economic exercise.** After demonstrating that structured exercise can increase colon cancer survival, a CCS-funded clinical trial led by the Canadian Cancer Trials Group has now shown that this intervention is less costly and more effective than health education materials alone.
- **Glioblastoma's weak point.** Glioblastoma is an aggressive brain cancer with a 5-year survival rate of just 5%. Dr Tanveer Sharif has discovered a new weakness in glioblastoma tumours. Targeting this weakness could improve treatment success and increase survival.



“I honestly believe that if we hadn’t gone through with the research study, Aeson wouldn’t be alive today. In my opinion, that study saved my son’s life.”

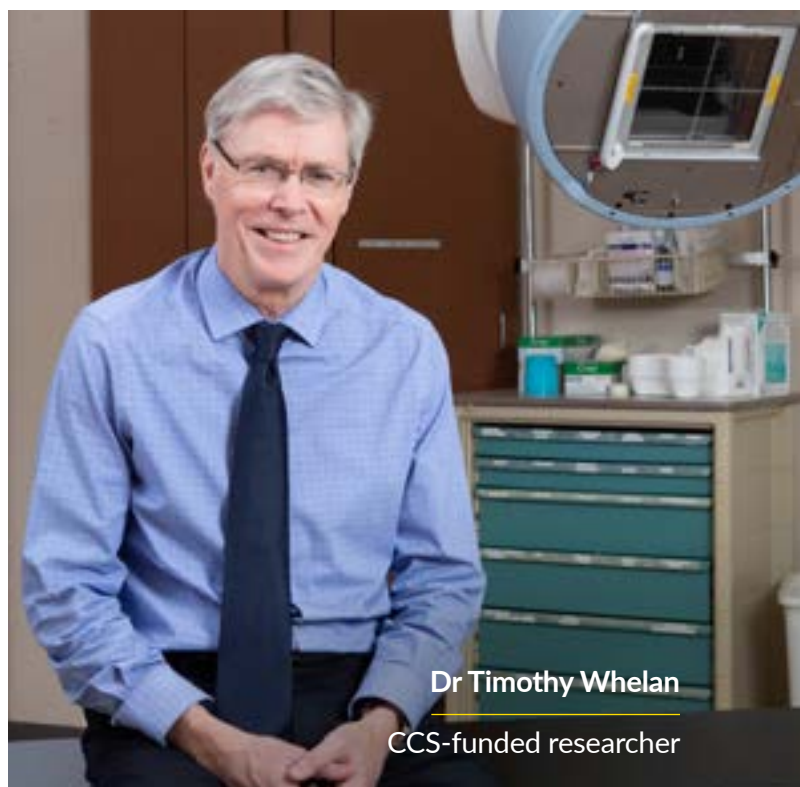
— Aaron Moen, whose son Aeson was diagnosed with cancer

Stop cancer before it starts

- **Vaccines for brain tumours.** Dr Uri Tabori and his team discovered that many young people with a genetic condition called replication repair deficiency develop glioma brain tumours. These results have already changed standard glioma testing. Now, the researchers are looking for ways to genetically target gliomas with vaccines that could prevent them from forming.
- **AI for oral cancer.** Oral cancer diagnosis is time-consuming and error-prone. Dr Jesse Chao and colleagues have developed an AI model that successfully detected 100% of metastatic oral cancers during testing. The researchers are now improving the model's sensitivity to reduce false positives.
- **Spot the spot.** Skin spots over 6 mm in diameter raise a warning flag for melanoma – but current tools can only reliably diagnose tumours 15 mm or larger. Dr Jinyang Liang and her team have developed a new scanning approach that can detect “micro-melanomas” as small as 3 mm in diameter.

Improve the lives of people affected by cancer

- **Low-impact breast cancer treatment.** A long-term clinical trial led by Dr Timothy Whelan and colleagues suggests that people with certain low-risk breast cancers can safely forgo radiation therapy, sparing them the cost, inconvenience and side effects of additional treatment.
- **Personalizing prostate cancer.** Dr Alexander Wyatt and his team are trialing blood tests to replace invasive biopsies in metastatic prostate cancer. So far, the tests have helped people receive targeted therapies most likely to work for them, avoiding unnecessary treatments and side effects.
- **Watching and waiting.** People with small, low-risk thyroid tumours may not need immediate treatment. Dr Annie Sawka and her colleagues have launched a study to compare quality of life outcomes in people who choose active surveillance versus surgery for low-risk thyroid cancer.



Dr Timothy Whelan

CCS-funded researcher

Thank you to our funding partners and the trusted research institutions who make this important work possible

Funding Partners

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Your support of world-leading research is helping us save and improve lives and drive collective action to benefit all people affected by cancer.

Thank you for supporting cancer research!

To learn more about our research or make a donation,
visit cancer.ca or call 1-888-939-3333.

**“Research, for us,
is particularly important,
because it’s what makes
the difference between
life and death.”**

— Anthony Vallée,
living with cancer

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