

May 2023 | ISSUE #20

Patient and Family Advisory Council

Cuthbert Lab & Oncology Outcomes

Welcome

After months of preparation, Calgary's 2nd annual Bumrun was held on May 13th. This year we had over 200 participants and 13 sponsors. Our team "Bottoms Up" was able to raise \$6,110 of the total raised funds of \$20,705. Thank you to all who supported our team by donating, volunteering, and participating. Our team does more than just research, we show up, we fundraise, and we advocate!



Next month, 12 members of the O2 team will be traveling to Halifax to present at the Biennial Canadian Society for Epidemiology and Biostatistics (CSEB) Conference. Our team will be giving presentations on topics ranging from patient engagement and the future of cancer impact in Alberta to artificial intelligence in cancer care.

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Real-World Treatment Patterns, Clinical Outcomes, and Health Care Resource Utilization in Extensive-Stage Small Cell Lung Cancer in Canada

BACKGROUND

 Lung cancer is the **SECOND MOST COMMON** type of cancer among both men and women in Canada. 

In Canada, it is estimated that the **5-year survival** for **ES-SCLC** patients who receive first-line chemotherapy is **3.7%**

There is an **unmet need** for effective and tolerable treatment options that extend survival for **patients with ES-SCLC**.

STUDY GOAL: To comprehensively describe the treatment patterns and overall survival of patients with ES-SCLC in Alberta, Canada using population-based data.

METHODS

Population-based cohort study



Data from **ES-SCLC** patients aged 18+ diagnosed in **ALBERTA** (2010-2018) using **electronic medical records** and **administrative claims data**

RESULTS

OF THE 1941 ES-SCLC PATIENTS,

29.5%
Received
chemotherapy
and
radiotherapy

17.0%
Received
chemotherapy
alone


8.7%
Received
radiotherapy
alone

44.8%
Received
best
supportive
care

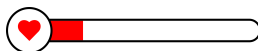
Among patients who received **first-line therapy**, the **2-year survival** was **7.3%** (95% CI: 5.7-9.2) and the **5-year survival** was **2.9%** (95% CI: 1.8-4.5).

CONCLUSIONS

Initiation of **first-line treatment** in ES-SCLC was **low**.

 There was **low** initiation of **subsequent lines** of therapy.

Survival was modest for all **lines of therapy**.





Click [here](#) for full article.

Cuthbert Lab

Top 10 research priorities for early-stage colorectal cancer: a Canadian patient-oriented priority-setting partnership

BACKGROUND

 Due to **early detection of pre-cancerous lesions and improved treatments**, **early-stage colorectal cancer (CRC)** patients are **living longer** after diagnosis.

 Survivors of **CRC** may experience **negative long term effects** on their health and **difficulty** navigating the healthcare system.

STUDY GOAL: To determine the research priorities for those living with and beyond diagnosis of early-stage colorectal cancer in Canada.

METHODS

Qualitative Study

1
Initial Survey

Used the priority-setting partnership outlined by **James Lind Alliance** to identify and prioritize unanswered questions about **early-stage (1-3) CRC**.

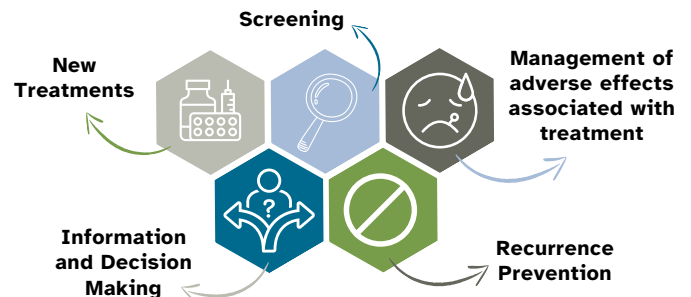
4
Final Priority Setting Meeting

2 Assessment of Uncertainty

3 Interim Priority Ranking Survey

CONCLUSIONS

The **broad range** of topics indicates that there are still many **knowledge gaps** in **colorectal cancer survivorship** that could be addressed by future research.



Click [here](#) for full article.

Study

Recruitment



We continue to actively recruit participants for several studies right now, including:

- ▶ Healthcare Provider and Patient Views on Prescribing Opioids for Cancer Patients. [Poster Link to Share](#)
- ▶ Patients Perspectives of Value Frameworks Used to Guide Oncology Treatment Decisions [Poster Link to Share](#)

If you think the studies might be relevant to your contacts, please feel free to share the website or poster links. For the additional details on each study click [here](#).

Coming Up

The next newsletter will release in June 2023.

Previous issues of the PFAC newsletter have been posted online: <https://www.cuthbertlab.com/advisory-council>

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