

August 2025 | ISSUE #46

Patient and Family Advisory Council

Cuthbert Lab & Oncology Outcomes

Welcome

We have some exciting announcements to share this month! We are pleased to share that our Research Assistant, Dewuni, has been accepted into the Masters of Biomedical Engineering program at University of British Columbia starting this Fall. She will continue to work with us on a casual basis in the Fall. Postdoctoral fellows Deuel and Lais have also renewed for a second term and will be remaining with our team for the next year.



You're Invited!
RWE O2 DAY
Real-World Evidence in Oncology Outcomes (RWE O2) Day
NOVEMBER 19, 2025
The Bow Tower - 500 Centre St S, Calgary, AB T2G 0E3

In partnership with the 2025 POET Congress, this dynamic half-day event will bring together healthcare professionals from across Alberta to connect, learn, and shape the future of oncology care. RWE O2 Day is all about collaboration, cutting-edge data, and bold ideas. Through engaging presentations, thought-provoking panel discussions, and valuable networking opportunities, we'll explore how real-world evidence is transforming clinical practice, informing policy, and driving innovation in cancer care.

Registration is FREE for the half day event!

[Click here](#) to secure your spot today.

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Research Highlights

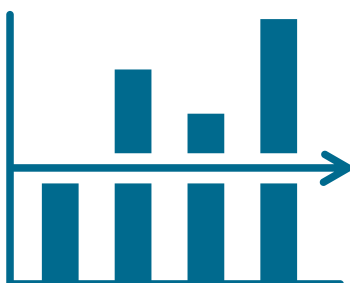
Oncology Outcomes

Real-world treatment patterns and outcomes for patients with non-metastatic non-small cell lung cancer: retrospective analyses in Canada, England, and Germany

PURPOSE



With advancements in the treatment landscape for non-metastatic non-small cell lung cancer (NSCLC), there is a growing need to establish an accurate real-world baseline to track changes in patient management and outcomes over time.



Establish this baseline, based on real-world treatment patterns and patient outcomes.

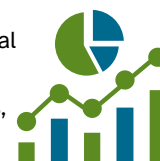
CONCLUSIONS & FUTURE IMPACT



Data from 85,433 patients diagnosed with non-metastatic NSCLC in Canada, England, and Germany between 2010-2020 were analyzed.

- Across data sources, surgery rates were similar for stage I/II NSCLC but dropped through stages IIIA-IIIC.
- Overall, 70.3-85.2% of patients received active treatment, though fewer with stage III disease did.
- Median overall survival was highest in resected stage I/II cases and lowest in stage IIIB/IIIC patients treated with systemic therapy or radiotherapy alone.

This will provide valuable insights into patient characteristics, treatment patterns, and survival outcomes prior to the widespread use of immunotherapy-based and targeted therapies, serving as an important baseline for future evaluation of emerging treatments.



[Click here for full article.](#)

Cuthbert Lab

PATIENT-REPORTED SYMPTOM BURDEN NEAR THE END OF LIFE IN PATIENTS WITH GYNAECOLOGIC CANCERS

Nilanchali Singh, Atul Batra, Lin Yang, Devon J Boyne, Andrew Harper, Prafull Ghatage, Colleen Cuthbert, Winson Y Cheung

PURPOSE & METHODS



The aim of this investigation was to **evaluate symptom burden** during the **last 6 months of life** in a real-world cohort of patients with **gynaecologic malignancies**.

Patients with metastatic gynecologic cancers who completed the **revised Edmonton Symptom Assessment System (ESAS-r)** within **6 months of death** were included. Symptoms were analyzed **individually** and by **grouped** subscores (physical, psychological, and total). Symptom **severity** was further examined for associations with factors such as age, timing of death, and primary tumor site.

RESULTS



Among patients (n=107) with gynecologic malignancies (59 ovarian, 29 uterocervical, 19 vulvovaginal), **moderate to severe physical and psychological symptoms were reported in 57.9% and 40.2%, respectively. Tiredness was most common (74.9%), and shortness of breath least (31.6%). Physical and total symptom scores worsened as death approached** while psychological scores did not. Longer time to death predicted lower symptom scores, and uterocervical primaries were linked to fewer psychological symptoms. **Understanding of these symptom patterns can inform the development and delivery of tailored palliative care in this population.**

Study Recruitment



What is the study about?

Head and neck cancer (HNC) treatment is often associated with physical and psychosocial burdens.

➤ Your participation will be used to understand the views of participants when it comes to difficulties involved on social isolation and loneliness during HNC treatment

What is involved?

➤ Participate in an interview (**approximately 60 minutes**) to share your thoughts and views on social isolation and loneliness during cancer treatment

Who is eligible?

➤ Individuals diagnosed with HNC as an adult and had completed treatment for at least 1 year



This study has received ethics approval from the Health Research Ethics Board of Alberta HREBA.CC-24-0468

Contact us at laisrenata.cezariosa@ucalgary.ca to join!



Coming Up



The next newsletter will release in October 2025.

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

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