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Patient and Family Advisory Council

Cuthbert Lab & Oncology Outcomes

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Welcome

Colleen recently returned from presenting her work at the Multinational Association of Supportive Care in Cancer (MASCC) meeting in Melbourne, Australia. We're grateful to the organizers and to everyone who made this year's conference such a valuable experience!

We hope everyone has an enjoyable start to the summer and we look forward to connecting at our next meeting, which will be held in the second half of September. Stay tuned for the confirmed date soon!

Research Highlights

Oncology Outcomes

A population-based analysis of patterns of care in patients with high-risk non-muscle-invasive bladder cancer from Alberta, Canada.

STUDY PURPOSE AND METHODS

3/4 of patients newly diagnosed with bladder cancer have non-muscle-invasive disease (NMIBC).

(T2, Tis, or high-grade Ta pathology.)

Among these patients, those with high-risk (HR) features need aggressive treatment to manage the elevated risk of recurrence/progression.

RISK

Population-based data on the incidence of HR-NMIBC and receipt of guideline-recommended care are limited.

Assess baseline characteristics, treatment patterns, and overall survival (OS) in real world patients with HR-NMIBC in Alberta, Canada, diagnosed between 2010 and 2020.

CONCLUSIONS AND FUTURE IMPACT

Only 39% of HR-NMIBC patients received guideline-recommended adjuvant BCG or chemotherapy following resection.

OF THESE,

Only 1/3 received a schedule adequate for prolonged disease-free survival.

Five-year OS rate from BCG initiation = **79%**

(similar to previous study.)

Additional work is needed:

1. To identify reasons for BCG underuse.
2. And apply supportive strategies for the use of guideline-recommended therapy.

Click here for full article.

Cuthbert Lab

RISK STRATIFICATION AND CANCER FOLLOW-UP: TOWARDS MORE PERSONALIZED POST-TREATMENT CARE IN CANADA

Robin Urquhart, Wendy Cordoba, Jackie Bender, Colleen Cuthbert, Julie Easley, Doris Howell, Julia Kaal, Cynthia Kendell, Samantha Radford, Jonathan Sussman

PURPOSE & METHODS

After treatment, cancer survivors require ongoing care to improve quality of life, limit complications, and restore function. As a result of the rise in cancer survivorship over time, follow-up care has become increasingly relevant and recognized as a key component of quality medical care.

This study aimed to synthesize literature to describe the:

- Current state of follow-up care for survivors of prevalent cancers
- Need for personalized approaches to follow-up care

FINDINGS

- RCTs show that alternate follow-up approaches are equivalent to oncologist-led follow-up in patient outcomes
- Evidence supporting personalized models of follow-up care, based on individual risks and needs
- Several barriers exist that contribute to the slow implementation of personalized models in Canada

1. Difficulty identifying which patients are suitable for particular follow-up pathways
2. Scarcity of evidence-informed self-management education, systems, and support
3. Limited development of automated IT systems to support personalized pathways
4. Uneven coordination of care between patients and providers and between different providers

CONCLUSIONS

- There is no one-size-fits-all solution to post-treatment follow-up care, and more personalized approaches to follow-up based on individual risks and needs are warranted.
- There are real challenges to operationalizing stratified pathways into routine care. Using implementation science theories, approaches, and methods may help in addressing these challenges.

Study #1

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?

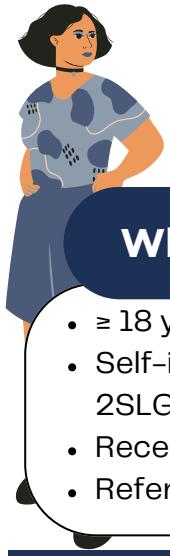
Individuals diagnosed with HNC as an adult and had completed treatment for at least 1 year

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!

Study #2

Sociodemographic and Psychosocial Patient and Physician Factors in Oncology Treatment Decision-Making



What?

Understand the factors that shape how patients and physicians make cancer treatment decisions together

- Background
- Identities (culture, race, and gender)
- Life experiences
- Personal beliefs

Who?

- ≥ 18 years old and living in Alberta
- Self-identify as members of racial or ethnic minority groups and/or members of the 2SLGBTQ+ community
- Received a cancer diagnosis within the past 2 years
- Referred to a medical oncologist for a chemotherapy assessment

Contact us at cacuthbe@ucalgary.ca

This study has received ethics approval from the Health Research Ethics Board of Alberta (HREBA.CC-25-0065)

Coming Up

The next newsletter will release in August 2026.

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

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