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Patient and Family Advisory Council

Cuthbert Lab & Oncology Outcomes

Welcome

As we enter the final stretch before the holidays and new year, both of our labs have been working hard to wrap up projects and lay the foundations for new initiatives for the upcoming year. At Oncology Outcomes and the Cuthbert Lab, we value the diversity of our PFAC, teams, study participants, and collaborators. Diversity extends beyond what you can see, it is the spectrum of our different experiences, backgrounds, abilities, and beliefs. As we continue to use real-world evidence to better understand and improve the lives of the diverse Canadian cancer population, we have also begun to look inwards for systematic changes that we can make to foster equity, diversity, and inclusion (EDI) within our teams.

Over the last few months, we have internally and externally evaluated our practices through an EDI lens. As we incorporate these changes, we understand that these changes are a small part of our commitment to establishing an equitable, diverse, and inclusive culture within our labs and research. In 2023, we hope to continue learning and listening to the diverse perspectives and experiences of the individuals we engage with.

We are still actively recruiting for two new members (cancer patients, survivors, or family members) to join our council. If you know anyone who may be interested in joining, please ask them to email Christie at christie.farrer@ucalgary.ca. We also have this poster which can be shared within your networks.

In this Issue

UPDATES

Oncology Outcomes

Early-Onset Colorectal Cancer Incidence, Staging, and Mortality in Canada: Implications for Population-Based Screening

The incidence of colorectal cancer (CRC) amongst older adults is declining in Canada. This decrease is largely due to the implementation of organized CRC screening programs. These programs currently recommend screening for non symptomatic, average-risk adults between the ages of 50-74 every 12-24 months. However, the rising incidence of early-onset CRC (eoCRC) amongst adults under 50 years old has fueled discussions on whether the minimum recommended age for screening should be reduced. Evidence suggests that eoCRC differs from later-onset cases based on tumor biology and location. To better inform future decisions regarding CRC screening guidelines in Canada, our group examined the Canadian age-specific trends in CRC incidence and mortality by topography and histology.

From 2000-2017, there was a significant increase in the incidence of CRC for women aged 20-49 in the distal colon and rectum. For men in the same age group, the incidence of CRC increased in the proximal colon, distal colon, and rectum. Regarding tumor biology, the incidence of nonmucinous adenocarcinomas significantly increased amongst men and women between the ages of 20-49. Compared to the 50-74 age group, adults 30-49 had a significantly higher risk of a late-stage CRC diagnosis. Lastly, rectal cancer mortality increased in the eoCRC group between 2000-2018.

Our data support the need to modify CRC screening guidelines to accommodate the eoCRC group. Reducing the recommended starting age for CRC screening could potentially reduce the incidence and mortality of eoCRC. Before such recommendations are implemented, future studies should evaluate the impact of additional patients on access to screening services and screening costs. To facilitate a targeted, cost-effective screening approach for younger age groups, future studies should evaluate novel risk factors for eoCRC and risk prediction.

Read the full article here.

Cuthbert Lab

Investigating the Effects of Cancer Treatment on Gut Microbiota in Colorectal Cancer Patients

Within each of our bodies there is a collection of microorganisms in our gastrointestinal system called gut microbiota. When there is an imbalance in the microbiota, a number of disorders – including bowel, psychological, cognitive, and metabolic - can occur. We are interested in understanding how colorectal cancer treatment affect the gut microbiota, and if this imbalance is responsible for the adverse treatment effects experienced by colorectal cancer patients. Understanding this relationship may lead to interventions to prevent or better manage adverse effects and improve quality of life for patients. For this study we are recruiting newly diagnosed colorectal cancer patients (Stage I-III) who are planning to seek treatment. Participants are asked to provide four fecal samples over the course of one year and fill out questionnaires on demographics, treatment outcomes, and any adverse effects of their treatment. We are also interested in assessing the feasibility of collecting these four samples over the period of one year. Currently 6 participants have consented to the study, and we expect to recruit a total of 34 participants.

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.

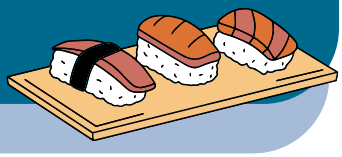
For the additional details on each study click here.

Get to Know

Council Member Winson Cheung

Member Spotlight

My favorite food in the world is sushi. My favorite hobbies include trying new restaurants, going to the theatre, and traveling. I am from Vancouver and still enjoy visiting the city as often as I can. I enjoy staying active by taking various exercise classes in Calgary and walking my dog, Jace.



Coming Up

The next newsletter will release in **December 2022**.

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

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NAVIGATING TOWARD HEALTH AND WELLNESS

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