The following colorectal cancer treatment and research updates extend from August 18th, 2022, to September 15th, 2022, inclusive and are intended for informational purposes only.

This content is not intended to be a substitute for professional medical advice. Always consult your treating physician or guidance of a qualified health professional with any questions you may have regarding your health or a medical condition. Never disregard the advice of a medical professional or delay in seeking it because of something you have read on this website.
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1. Phase II LEAP Clinical Trial For mCRC (Sept.10/21)

The purpose of this study is to determine the safety and efficacy of combination therapy with pembrolizumab (MK-3475) and Levantine (E7080/MK-7902) in patients with triple-negative breast cancer (TNBC), ovarian cancer, gastric cancer, colorectal cancer (CRC), glioblastoma (GBM), or biliary tract cancers (BTC). Participants will be enrolled in initial tumor-specific cohorts, which will be expanded if adequate efficacy is determined. The trial is available at the Odette Cancer Centre and at the Princess Margaret Cancer Centre in Toronto as well as the following Centres throughout Canada: Abbotsford, BC; Winnipeg, MB; CHU de Quebec.

For information, visit the link below.

https://clinicaltrials.gov/ct2/show/study/NCT03797326?term=A+Multicenter%2C+Open-label+Phase+2+Study+of+Lenvatinib+%28E7080%29+Plus+Pembrolizumab&show_locs=Y#locn

2. TRK Fusion Cancer and How to Test for It (Sept.16/21)
INTRODUCING

Tumour-Agnostic Therapies

Advances in precision medicine have brought therapies that specifically target what is driving a patient’s cancer.

Treatment with more traditional cancer therapies is based on where the tumour is located in the body.

Tumour agnostic therapies target a specific genomic change in the cancer cells regardless of where the tumour is located in the body.

Genomic changes in cancer cells are identified through diagnostic testing of the cancer cells. The results help clinicians decide on a treatment for each patient.

Advantages of tumour agnostic therapies

- Targets the genomic change that is the root cause of the cancer to suppress tumour growth
- Harnesses our growing understanding of cancer biology
- Offers an innovative, new and effective approach to treating cancer

Change required to adopt tumour agnostic therapies in Canada

- A shift in mindset: this is a new concept that differs from the traditional approach of treating cancer based on tumour location
- Access to genomic testing: identifying patients who would benefit from treatments requires a robust testing infrastructure
- An evolved, more adaptive assessment of treatments for public coverage is required that includes recognition of smaller patient populations, new clinical trial methods, and ability to examine new data over time
3. A Phase II, Open-label, Multicenter, Study of an Immunotherapeutic Treatment for the MSI High CRC Metastatic Population (Sept.16/21)

The purpose of this study is to look at the effectiveness of the vaccine DPX-Survivac in combination with the drugs cyclophosphamide and the immunotherapy Pembrolizumab in patients with solid cancers who are identified to be MSI-High. All patients will receive combination therapy of DPX-Survivac, cyclophosphamide, and pembrolizumab. Patients participating will know which treatment they are receiving. The trial is currently hosted at the Odette Cancer Centre, and a new site is opening at Mt. Sinai Hospital.

4. Phase III Study at the Odette Cancer Centre Comparing Arfolitixorin vs. Leucovorin in Combination with 5FU, Oxaliplatin and Bevacizumab in Patients with Advanced CRC (Aug.16/21)

The purpose of this study is to look at the effectiveness of the drug Arfolitixorin in combination with 5-fluorouracil (5FU), oxaliplatin, and bevacizumab in patients with colorectal cancer (CRC). Patients with advanced/metastatic CRC who meet certain criteria may be able to participate. There will be two groups of patients participating in this study:

- one group will receive Arfolitixorin in combination with 5FU, oxaliplatin, and bevacizumab,
- while the other group will receive the drug Leucovorin in combination with 5FU, oxaliplatin, and bevacizumab (standard of care).

The doctor and study staff will not know which group a patient is in. Patients will be randomized to receive one treatment or the other.

About Arfolitixorin:

Arfolitixorin is Isofol’s proprietary drug candidate being developed to increase the efficacy of standard of care chemotherapy for advanced CRC. The drug candidate is currently being studied in a global Phase 3 clinical trial. As the key active metabolite of the widely used folate-based drugs, arfolitixorin can potentially benefit all patients with advanced CRC, as it does not require complicated metabolic activation to become effective.

Treating cancer patients with arfolitixorin – The goals:

- When treating CRC, for example, arfolitixorin is administered in combination with 5-FU to increase cell mortality in circulating cancer cells and in cancerous tumours.
- Arfolitixorin is administered in conjunction with rescue therapy after high-dose treatment with the cytotoxic agent, methotrexate, in order to suppress the cytotoxic effect in surrounding healthy tissue. The treatment is used for certain types of cancer, such as osteosarcoma, a type of bone cancer. This involves administering arfolitixorin separately, 24 hours after the chemotherapy.

https://sunnybrook.ca/trials/item/?i=293&page=49335 and https://clinicaltrials.gov/ct2/show/NCT01750786
https://isofolmedical.com/arfolitixorin/

5. Trial for CRC Drug Reaches Primary Endpoint (Aug.17/22)

A new therapy for metastatic colorectal cancer (mCRC) that has been granted fast track designation by the U.S. Food and Drug Administration has met its primary endpoint of overall survival in a phase 3 clinical trial, the FRESCO 2 study. The study is an international clinical trial for patients with advanced, refractory mCRC.

By meeting the primary endpoint of overall survival with a secondary endpoint of progression-free survival, fruquintinib provides a significant potential new option for refractory CRC patients. As an oral agent, fruquintinib also provides added convenience for patients. Based on fruquintinib’s profile, there will likely be further exploration in future clinical trials in different settings. Full results will be submitted for presentation at an upcoming medical meeting.


6. Amgen’s KRAS G12C -Targeting Lumakras Combo Heads into Late-Stage CRC Testing (Sept.16/21)

In a phase 1b/2 study, a combination of Amgen’s KRAS inhibitor Lumakras and its EGFR inhibitor Vectibix showed encouraging effectiveness and safety results in patients with KRAS G12C-mutated colorectal cancer (CRC). The early trial enrolled 31 patients who were heavily pretreated—having had a median of two prior therapies—in its dose exploration and dose expansion cohorts for the Lumakras-Vectibix combo. The meds triggered a response in 27% among the 26 patients in an efficacy analysis group, which included five patients whose disease progressed after previous treatment with Lumakras as a solo therapy. The results for the combo therapy were “much higher” than the 9.7% response Lumakras managed to generate alone. Overall, the disease control rate for the combo came in at 81%.
7. Efficacy, Safety and Prognostic Factors in Patients with Refractory mCRC Treated with Trifluridine/Tipiracil (Lonsurf) plus Bevacizumab in a Real-World Setting (Aug.26/22)

In a retrospective, observational study, researchers evaluated the efficacy and safety of trifluridine/tipiracil (TAS-102) plus bevacizumab in treating refractory metastatic colorectal cancer (mCRC). Patients refractory or intolerant to standard therapies received TAS-102 (30–35 mg/m2 twice daily on days 1–5 and days 8–12 every 28 days) plus bevacizumab 5 mg/kg on days 1 and 15. The majority of patients (68.6%) were receiving TAS-102 plus bevacizumab as third-line treatment. Patients received a median of 4 (range 2–15) cycles of treatment. Among 31 patients evaluable for response (88.6%), overall response rate and disease control rate were 3.2% and 51.6%, respectively. After a median 11.6 months’ follow-up, median progression-free survival was 4.3 months and median overall survival was 9.3 months. Thus, this real-world study confirms the efficacy and safety of TAS-102 plus bevacizumab in patients with refractory mCRC in routine clinical practice, with survival and tolerability outcomes that were generally consistent with previous clinical and real-world studies of patients in this setting.

8. Cardiff Oncology Launches Phase II Trial of PLK1 Inhibitor in RAS-Mutated Colon Cancer (Sept.13/22)

Cardiff Oncology said it will conduct a Phase II trial of its PLK1 inhibitor onvansertib with standard-of-care FOLFIRI and Genentech’s Avastin (bevacizumab) in second-line metastatic colorectal cancer (mCRC) bearing RAS mutations.

The trial, named ONSEMBLE, will test the safety and efficacy of onvansertib in about 150 patients who will be randomized to one of three arms. One arm will receive 20 mg onvansertib with FOLFIRI and Avastin. A second group of patients will receive 30 mg onvansertib with FOLFIRI and Avastin. And a third group will receive FOLFIRI and Avastin only. The onvansertib doses will be given on days 1-5 and 15-19 of 28-day treatment cycles. The primary endpoint of the trial will be objective response rate, with progression-free survival and duration of response as secondary endpoints.

Data from a recent Phase lb/ll trial provided encouragement for the company to proceed with a Phase II trial. In that similarly designed trial, the median duration of response in 35 evaluable patients was 11.7 months, and the overall response was 35%, including responses in multiple KRAS variants. The median progression-free survival was 9.3 months. The company said those results were "well above" historical control trials in mCRC. If all goes well, Cardiff hopes to apply for accelerated approval in second-line KRAS- or NRAS-mutated mCRC.

9. Neoadjuvant Nivolumab/Ipilimumab Shows Unprecedented Pathologic Responses in dMMR Colon Cancer (Sept.11/22)

According to data presented at the 2022 ESMO Congress, results from the NICHE-2 trial showed major pathologic responses (MPRs) in 95% of patients with mismatch repair deficient (dMMR) colon cancer after only 4 weeks of treatment with nivolumab plus ipilimumab. Contrastingly, data from neoadjuvant chemotherapy in this same patient population had only 7% pathologic responses. The non-randomized, multicenter NICHE-2 trial was initiated by investigators after 32 patients with nonmetastatic dMMR colon cancer in the NICHE-1 trial showed 100% pathologic responses and 60% pathologic complete responses (pCRs) to an immune checkpoint blockade. Additionally in the NICHE-2 trial, 67% of patients demonstrated pCRs and none have disease recurrence to date. This treatment was also well tolerated, with investigators observing only 4% grade 3/4 immune-related adverse events (irAEs). Neoadjuvant immunotherapy has a very strong potential to become standard of care for patients with dMMR colon cancer. Thus, researchers believe the future has never been brighter for this patient population.
10. Hepatic Artery Infusion Pump (HAIP) Chemotherapy Program – Sunnybrook Odette Cancer Centre (Sept.1/22)

The HAIP program is a first-in-Canada for individuals where colon or rectal cancer (colorectal cancer) has spread to the liver and cannot be removed with surgery. The program involves a coordinated, multidisciplinary team approach to care, with close collaboration across surgical oncology, medical oncology (chemotherapy), interventional radiology, nuclear medicine, and oncology nursing. The Hepatic Artery Infusion Pump (HAIP) is a small, disc-shaped device that is surgically implanted just below the skin of the patient and is connected via a catheter to the hepatic (main) artery of the liver. About 95 percent of the chemotherapy that is directed through this pump stays in the liver, sparing the rest of the body from side effects. Patients receive HAIP-directed chemotherapy in addition to regular intravenous (IV) chemotherapy (systemic chemotherapy), to reduce the number and size of tumours. Drs. Paul Karanicolas and Michael Raphael are the program leads and happy to see patients who may be eligible for the therapy.

Presently at Sunnybrook Odette Cancer Centre, HAIP is being used in patients with colorectal cancer that has spread to the liver that cannot be removed surgically and has not spread to anywhere else in the body. Patients who have few (1-5) and very small tumors in the lungs may be considered if the lung disease is deemed treatable prior to HAIP. If you believe you may benefit from this therapy and/or would like to learn more about the clinical trial, your medical oncologist or surgeon may fax a referral to 416-480-6179. For more information on the HAIP clinical trial, please click on the link provided below.

http://sunnybrook.ca/content/?page=colorectal-colon-bowel-haip-chemotherapy

11. Living Donor Liver Transplantation for Unresectable CRC Liver Metastases (Sept.2/22)

Approximately half of all colorectal cancer (CRC) patients develop metastases, commonly to the liver and lung. Surgical removal of liver metastases (LM) is the only treatment option, though only 20-40% of patients are candidates for surgical therapy. Surgical therapy adds a significant survival benefit, with 5-year survival after liver resection for LM of 40-50%, compared to 10-20% 5-year survival for chemotherapy alone. Liver transplantation (LT) would remove all evident disease in cases where the colorectal metastases are isolated to the liver but considered unresectable.

While CRC LM is considered a contraindication for LT at most cancer centers, a single center in Oslo, Norway demonstrated a 5-year survival of 56%. A clinical trial sponsored by the University Health Network in Toronto will offer live donor liver transplantation (LDLT) to select patients with unresectable metastases limited to the liver and are non-progressing on standard chemotherapy. Patients will be screened for liver transplant suitability and must also have a healthy living donor come forward for evaluation. Patients who undergo LDLT will be followed for survival, disease-free survival, and quality of life for 5 years and compared to a control group who discontinue the study before transplantation due to reasons other than cancer progression.

https://clinicaltrials.gov/ct2/show/NCT02864485
12. Study Offered at the Odette Cancer Centre to Treat Recurrent Rectal Cancer (Sept.9/22)

Magnetic resonance-guided focused ultrasound (MRg-FU) is a less invasive; outpatient modality being investigated for the thermal treatment of cancer. In MRg-FU, a specially designed transducer is used to focus a beam of low-intensity ultrasound energy into a small volume at a specific target site in the body. MR is used to identify and delineate the tumour, focus the ultrasound beam on the target, and provide a real–time thermal mapping to ensure accurate heating of the designated target with minimal effect to the adjacent healthy tissue. The focused ultrasound beam produces therapeutic hyperthermia (40-42°C) in the target field, causing protein denaturation and cell damage. Currently, there is no prospective clinical data reported on the use of MRg-FU in the setting of recurrent rectal cancer. Recurrent rectal cancer is a vexing clinical problem. Current retreatment protocols have limited efficacy. The addition of hyperthermia to radiation and chemotherapy may enhance the therapeutic response. With recent advances in technology, the investigators hypothesize that MRg-FU is technically feasible and can be safely used in combination with concurrent re-irradiation and chemotherapy for the treatment of recurrent rectal cancer without increased side-effects. The study is being offered at the Odette Cancer Centre. Here is the link to the study protocol:

https://clinicaltrials.gov/ct2/show/NCT02528175?term=magnetic+resonance+guided+focused+ultrasound&recr=Open&rank=1

13. Trends in the Incidence of Young-Onset CRC with a Focus on Years Approaching Screening Age (Sept.10/22)

With recent evidence for the increasing risk of young-onset colorectal cancer (yCRC), the objective of this population-based longitudinal study was to evaluate the incidence of yCRC in one-year age increments, particularly focusing on the screening age of 50 years. The study was conducted using linked administrative health databases in British Columbia, Canada including a provincial cancer registry, inpatient/outpatient visits, and vital statistics from January 1, 1986 to December 31, 2016. Researchers calculated the incidence rates per 100,000 at every age from 20 to 60 years and estimated annual percent change in incidence (APCi) of yCRC using joinpoint regression analysis. 3,614 individuals were identified with yCRC (49.9% women). The incidence of CRC steadily rose from 20 to 60 years, with a marked increase from 49 to 50 years. Furthermore, there was a trend of increased incidence of yCRC among women. Analyses stratified by age yielded APCi’s of 2.49% and 0.12% for women aged 30-39 years and 40-49 years, respectively and 2.97% and 1.86% for men. These findings indicate a steady increase over one-year age increments in the risk of yCRC during the years approaching and beyond screening age. These findings highlight the need to raise awareness as well as continue discussions regarding considerations of lowering the screening age.

https://academic.oup.com/jnci/advance-article/doi/10.1093/jnci/djaa220/6119347?guestAccessKey=af490637-e51e-44d0-81b9-d12d7bf7b0c9

14. Guardant’s Liquid Biopsy Detects 96% of Early-StageCRC Cases with a Single Blood Draw (Sept.1/22)

Guardant Health’s Lunar-2 liquid biopsy test is designed to catch colorectal cancer (CRC) in its earliest stages and requires only a standard blood draw, offering a less invasive and time-consuming alternative to the current standards for screening. On top of making testing more widely accessible, Guardant’s blood test has also been proven in clinical studies to detect signs of cancer with similar accuracy to colonoscopies and other standard screening methods. Data from a retrospective study of just under 700 patients diagnosed with early-stage colon or rectal cancer showed that Lunar-2 was able to detect stage 1, 2 and 3 CRC with 96% sensitivity and 94% specificity. When the analysis was limited just to those patients with stage 1 or 2 CRC, when signs of cancer are particularly difficult to spot in the blood, Lunar-2’s sensitivity dropped only slightly, to 93%. That number slipped to 90% when the test was used to detect cancer in stage 1 and 2 patients who weren’t yet showing symptoms of the disease. These early results show promise for the liquid biopsy’s potential
15. Colorectal Sessile Serrated Lesion Detection Using Linked Colour Imaging (Sept.10/22)

Linked colour imaging (LCI) is a novel technique that improves the colour differences between colorectal lesions and the surrounding mucosa. Researchers aimed to compare the efficacy of detecting colorectal sessile serrated lesions (SSL) using LCI with using white light imaging (WLI). A total of 884 patients were involved in the intention-to-treat analysis, with 441 patients in the LCI group and 443 patients in the WLI group. The total polyp detection rate, adenoma detection rate, and SSL detection rate (SDR) were 51.8%, 35.7%, and 8.6%, respectively. The SDR was significantly higher in the LCI group than in the WLI group (11.3% vs 5.9%). Furthermore, LCI significantly increased the number of polyps and adenomas detected per patient, when compared with WLI. In addition, LCI exhibited a dramatically higher detection rate of diminutive and flat lesions. Therefore, LCI is significantly superior to WLI for SSL detection, as well as for polyps and adenomas detection. LCI can be recommended as an appropriate method for routine inspection during colonoscopy. To learn more about the study, please click on the pdf below.

Acrobat Document

16. Early-Onset CRC Incidence, Staging, and Mortality in Canada: Implications for Population-Based Screening (Sept.13/22)

As the incidence of early-onset colorectal cancer (eoCRC) continues to increase in North America, researchers examined Canadian age-specific trends in CRC incidence and mortality by topography and histology. CRC incidence (2000–2017) and mortality (2000–2018) data were obtained from the Canadian Cancer Registry and Vital Statistics. Among women aged 20–49 years, the incidence of CRC significantly increased from 2000 to 2017 in both the distal colon and rectum, whereas for men aged 20–49 years, the CRC incidence increased in the proximal colon, distal colon, and rectum. Among both men and women aged 20–49 years, the incidence of nonmucinous adenocarcinomas significantly increased, whereas mucinous adenocarcinomas decreased for women and remained stable for men. Adults aged 30 to 49 years, when diagnosed with CRC, had a significantly higher risk of being diagnosed with a late-stage CRC compared with those in the age group of 50–74 years. Rectal cancer mortality increased from 2000 to 2018 in the eoCRC group.

The results of this study indicate that reducing the age of initiation of CRC screening could potentially reduce the incidence and mortality of eoCRC and most notably for rectal cancer; that is, the incidence of topography and histology targets of CRC screening programs are increasing, and mortality is increasing for rectal cancers. However, further research on the effect, cost-effectiveness, and risk prediction for targeted screening within this group is required before making recommendations.

17. Ryan Reynolds Undergoes ‘Life-Saving’ Colonoscopy — And It Was All Caught on Video (Sept.13/22)

While broadcasting his first colonoscopy in order to de-stigmatize the procedure and promote screening, Ryan Reynolds discovered he had a “subtle polyp” on his colon. The actor, 45, and his Wrexham soccer club co-chairman, Rob McElhenney, decided to partner up with Lead From Behind, a colon cancer awareness organization, to encourage people — especially men — to get the procedure when the time comes. In a YouTube video uploaded to Reynolds’ page, the two explained they wanted to prove how the “simple step” can “save lives.” For McElhenney, his doctor revealed they found three polyps that “were not a big deal, but certainly a good thing that [they were] found early and removed.” Reynolds’ polyp, on the right side of his colon, was promptly removed during the procedure. The doctor described how this was essentially life saving for Reynolds as he had no symptoms. To watch the YouTube video, follow the link below.

A recent study led by the University of Toronto doctors has observed a rise in colorectal cancer (CRC) rates in patients under the age of 50. The study mirrors findings from the U.S., Australia and Europe. The growing CRC rates in young people come after decades of declining rates in people over 50, which have occurred most likely due to increased use of CRC screening (through population-based screening programs) which can identify and remove precancerous polyps. Patients diagnosed under the age of 50 have a unique set of needs, challenges and worries. They are unlike those diagnosed over the age of 50. Dr. Shady Ashamalla (colorectal cancer surgical oncologist), and his team at the Sunnybrook Health Sciences Centre understand the needs of this patient population.

Dr. Ashamalla belongs to a multidisciplinary team of experts in the Young Adult Colorectal Cancer Clinic who will work with young CRC patients, regardless of disease stage, to create an individualized treatment plan to support each patient through their cancer journey. Their needs and concerns will be addressed as they relate to:

- Fertility concerns and issues
- Young children at home
- Dating/intimacy issues
- Challenges at work
- Concerns about hereditary cancer
- Relationships with family and friends
- Psychological stress due to any or all of the above

The team of experts consists of:

- Oncologists (medical, surgical, radiation)
- Social workers
- Psychologists
- Geneticists
- Nurse navigator

Should a patient wish to be referred to Sunnybrook, they may have their primary care physician, or their specialist refer them to Sunnybrook via the e-referral form, which can be accessed through the link appearing below. Once the referral is received, the Young Adult Colorectal Cancer Clinic will be notified if the patient is under the age of 50. An appointment will then be issued wherein the patient will meet with various members of the team to address their specific set of concerns.

http://sunnybrook.ca/content/?page=young-adult-colorectal-cancer-clinic

CCRAN is proud to partner with Count Me In, a nonprofit research initiative, on The Colorectal Cancer Project. This new project is open to anyone in the United States or Canada who has ever been diagnosed with colorectal cancer (CRC). Patients can find out more and join at JoinCountMeln.org/Colorectal.

Through the project, patients are asked to complete surveys to share information about their experience with CRC, to share biological sample(s), and to allow for the research team to request copies of their medical records. The project team then de-identifies and shares data from these with the entire research community.

Every patient’s story holds a piece of the puzzle that can help us better understand CRC. By discovering more about what drives cancer and sharing this data, CCRAN and the Colorectal Cancer Project believe insights can be gained to develop more effective therapies. One of the aims of the project is to reach populations that have been understudied, including individuals who are diagnosed with CRC at a young age, individuals from marginalized communities.
communities who have historically been excluded from research, and patients with metastatic CRC. Together, we can accelerate our understanding of CRC. To learn more or sign up to participate, visit JoinCountMeIn.org/Colorectal.

“Count Me In”, a nonprofit cancer research initiative, is inviting all patients across the United States and Canada who have ever been diagnosed with colorectal cancer (CRC) to participate in research and help drive new discoveries related to this disease. The Colorectal Cancer Project will enable patients to easily share their samples, health information and personal lived experiences directly with researchers in order to accelerate the pace of research.

Patients who have been diagnosed with CRC at any point in their lives can join the project by visiting JoinCountMeIn.org/colorectal. From there, patients will be invited to share information about their experience through surveys and to provide access to medical records as well as saliva samples and optional blood, stool, and/or stored tissue samples for study and analysis. Researchers from the Broad Institute of MIT and Harvard and Dana-Farber Cancer Institute use this information to generate databases of clinical, genomic, molecular, and patient-reported data that is then de-identified and shared with researchers everywhere. To date, more than 9,000 patients with different cancers have joined Count Me In and shared their data. “We still do not know why there is an alarming rise in CRC in young adults”, said Andrea Cercek, MD Co-Director, Center for Young Onset Colorectal and Gastrointestinal Cancers Memorial Sloan Kettering Cancer Center and co-scientific leader of the Colorectal Cancer Project. “What we do know is that this is a global phenomenon that affects otherwise healthy individuals with no known risk factors. The Colorectal Cancer Project will provide researchers important information that will lead to a better understanding of this disease.”

Over 250 patients have joined the Colorectal Cancer Project since the launch in fall 2021. Every patient that joins the Colorectal Cancer Project enables us to learn more about colorectal cancer. Pts diagnosed at any age, whether newly diagnosed or years from their diagnosis, can enroll. If you have ever been diagnosed with colorectal cancer, you can visit JoinCountMeIn.org/Colorectal to enroll and have a direct impact on research and future treatment strategies.
Our colleagues at @ Count Me In are aiming to improve our understanding of colorectal cancer by learning directly from all CRC patients anywhere in the United States or Canada. To find out more about how to have your experience with colorectal cancer counted in research, visit JoinCountMeIn.org/colorectal.


20. Patients and Caregivers Needed to Help Shape Early Research for a CRC Therapy (Sept.10/22)

The Project:
Site specific immunomodulators (SSIs) are a new class of therapy, made from dead bacteria. This therapy is designed to help the body’s own defense system (‘immune cells’) fight cancer. SSIs may be a potential new treatment for colorectal cancer and have already been shown to be safe in cancer patients. Our team of scientists and clinicians are planning a clinical trial to determine if SSIs can increase the number of patients who survive colorectal cancer metastatic to the liver. The trial will start this Fall and is being led by Dr. Rebecca Auer (Ottawa) and Dr. Paul Karanicolas (Sunnybrook).

Why do we need your help?
We want patients and family members to help us shape our research, which aims to improve the experience of trial participants.
We are currently looking for patients, caregivers, or family members to join our team. As a part of our team, you will:
- Participate in group meetings (online and/or in person) with the research team from May 2022 to March 2024
- Help brainstorm and draft resources and documents for future trial participants
- Provide input on research to evaluate the usefulness of the developed resources

Who can apply?
We are looking for individuals with any of the following:
- A patient, family member, or a caregiver, with lived experience of colorectal cancer, liver metastases, and/or liver surgery
- Interested in helping shape research to assess a new therapy for colorectal cancer

No previous experience with SSIs or research is necessary. An orientation session will provide more information about the research project, and we encourage you to ask any questions you have at any time.
In appreciation for your time, partners will receive compensation for attendance at meetings and activities.

If you are interested in joining our team or would like more information:
Please contact Meredith Conboy, Research Assistant, The Ottawa Hospital Research Institute
Email: mconboy@ohri.ca

21. Under 50 National Colorectal Cancer Information/Support Group Now Available at CCRAN! (Sept.2/22)

ARE YOU AN EARLY AGE ONSET (<50 YEARS) COLORECTAL CANCER PATIENT OR CAREGIVER LOOKING FOR INFORMATION OR SUPPORT?

Meet Hayley Painter R.N. and proud survivor of metastatic colorectal cancer!

Hayley will be assuming the lead on CCRAN’s Monthly National Under 50 Colorectal Cancer Information/Support Group Meetings!

When: Every third Sunday of the month
Time: 7:00 – 9:00 p.m.
Where: Via Zoom
To Register: Hayley.p@ccran.org

Please join Hayley as she will deliver important treatment updates and provide optimal support to each patient in their colorectal cancer journey at these support group meetings. To register for the meeting, please contact Hayley at hayley.p@ccran.org.
22. EXercise for Cancer to Enhance Living Well (EXCEL) Study (Sept.11/22)

Exercise for Cancer to Enhance Living Well (EXCEL) is a 5-year Canada-wide project, which offers free, 12-week exercise classes designed specifically for individuals undergoing or recovering from cancer treatment. Classes are online through a secure video-conferencing platform, and where possible, in-person (post-COVID). Physical activity can help overcome treatment-related side effects such as fatigue and pain, improve mental health by reducing anxiety and depression, and improve overall quality of life for individuals living with and beyond cancer. Studies show that physical activity may even reduce the risk of recurrence for some cancers. Many urban centres in Canada offer cancer-specific exercise programs, however, rural and remote areas tend to lack exercise resources to support cancer survivors, resulting in lower activity levels, poorer health, and diminished quality of life. Thus, EXCEL targets cancer survivors living in rural and remote regions across Canada, empowering them to move more and providing opportunities to benefit from physical activity.

To learn more about the EXCEL study: https://kinesiology.ucalgary.ca/labs/health-and-wellness/research/research-studies/exercise-cancer-enhance-living-well-excel

To hear about participant experiences: https://www.youtube.com/watch?v=c01oo4Yd3oA

23. Ultra-processed Foods Linked to Cancer and Early Death (Sept.1/22)

According to two new, large-scale studies of people in the United States and Italy, eating a lot of ultra-processed foods significantly increases men's risk of colorectal cancer (CRC) and can lead to heart disease and early death in both men and women. Ultra-processed foods include prepackaged soups, sauces, frozen pizza, ready-to-eat meals and pleasure foods such as hot dogs, sausages, French fries, sodas, store-bought cookies, cakes, candies, doughnuts, ice cream and many more.

The U.S.-based study examined the diets of over 200,000 men and women for up to 28 years and found a link between ultra-processed foods and CRC in men, but not women. The study found that men in the highest quintile of ultra-processed food consumption, compared those in the lowest quintile, had a 29% higher risk of developing CRC. Reasons for such a sex difference are still unknown, but may involve the different roles that obesity, sex hormones, and metabolic hormones play in men versus women. The study did find that eating a “higher consumption of ultra-processed dairy foods -- such as yogurt -- was associated with a lower risk of CRC in women.

The second study followed more than 22,000 people for a dozen years in the Molise region of Italy. The study, which began in March 2005, was designed to assess risk factors for cancer as well as heart and brain disease. The analysis compared the role of nutrient-poor foods -- such as foods high in sugar and saturated or trans-fats -- versus ultra-processed foods in the development of chronic disease and early death. The researchers discovered that ultra-processed foods were paramount to define the risk of mortality. This suggests that the increased risk of mortality is not due directly (or exclusively) to the poor nutritional quality of some products, but rather to the fact that these foods are mostly ultra-processed.

https://www.ctvnews.ca/health/ultra-processed-foods-linked-to-cancer-and-early-death-studies-find-1.6051476
https://www.healthline.com/health-news/new-study-links-ultra-processed-foods-to-colorectal-cancer-in-men?isPostPage&utm_source=Site&url=http%3A%2F%2Fwww%2Femail&utm_medium=Email&newsletter_campaign=exercise&content=2022-09-05&slug=33071678&vid=0057add40cbcf8355000cb5e5a7e4953b89292a0ca8a379e2e46c1111d775f3b
https://kinesiology.ucalgary.ca/labs/health-and-wellness/research/research-studies/exercise-cancer-enhance-living-well-excel
24. Could you be at high risk of severe COVID-19? (Aug.29/22)

There are many factors that can put you at high risk of developing severe COVID-19 if you get infected. You may be at high risk if any of the factors below describe you. If you have a risk factor listed below, you are more likely than someone with no risk factors to have worsening symptoms that could lead to hospitalization, or even death.

**Are you at high risk of progression to severe COVID-19?**

You may be at high risk if any of the factors below describe you:

- Age 60 or over
- Overweight or living with obesity (Body mass index [BMI] over 25)
- Chronic kidney disease
- Diabetes
- Immunocompromised (weakened immune system from medication or a disease)
- Active cancer
- Cardiovascular conditions like hypertension (high blood pressure) and heart disease
- Lung disease, such as chronic obstructive pulmonary disease (COPD), asthma (moderate to severe), cystic fibrosis, and pulmonary hypertension
- Current smoker
- Sickle cell disease
- Neurodevelopmental disorders like cerebral palsy and Down syndrome

* Other factors may put you at high risk and are not limited to those listed above.

**If you have any risk factors, speak to your healthcare provider about possible treatments for symptomatic COVID-19**

With that it is important to be ready to ACT fast:

1. Assess yourself for COVID-19 symptoms
2. Confirm through COVID-19 testing as soon as possible
3. Talk to your healthcare provider to seek treatment

**Step 1: Assess yourself for COVID-19 symptoms**

Some of the more commonly reported symptoms to watch out for include:

- **Head**
  - Sore throat
  - Runny nose
  - Sneezing
  - Headache
  - New loss of smell or taste

- **Chest**
  - New or worsening cough
  - Shortness of breath or difficulty breathing

- **Body**
  - Temperature 38°C or more
  - Feeling feverish or chills
  - Fatigue or weakness
  - Muscle or body aches
  - Abdominal pain, diarrhea, and vomiting
  - Feeling very unwell

Use this list to help you recognize COVID-19 symptoms early

**Step 2: Confirm through COVID-19 testing as soon as possible**

If you develop any of the above symptoms, even if mild, test yourself or get tested right away—you may have COVID-19.

**Step 3: Talk to your healthcare provider to seek treatment**

A positive COVID-19 test means it’s time to reach out to your healthcare provider as soon as possible to discuss and begin an appropriate treatment.
25. Frequently Asked Questions for COVID-19

Q: What is COVID-19 (or novel Coronavirus Disease - 19)?

A: Coronaviruses are a large family of viruses that can cause illnesses in humans and animals. Coronaviruses can cause illnesses that range in severity from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and most recently, COVID-19. COVID-19 or novel coronavirus originated from an outbreak in Wuhan, China in December 2019. The most common symptoms associated with COVID-19 can include fever, fatigue, and a dry cough. Though additional symptoms have now been linked with the disease, which may include aches and pains, nasal congestion, runny nose, sore throat, diarrhea, skin rash and vomiting. It is also possible to become infected with COVID-19 and not experience any symptoms or feeling ill. The spread of COVID-19 is mainly through the transmission of droplets from the nose or mouth when a person coughs, exhales or sneezes. These droplets land on surfaces around a nearby person. COVID-19 can be transmitted to that nearby person who may end up touching the surface contaminated with COVID-19 and then end up touching their nose, mouth, or eyes. A person can also contract COVID-19 through inhaling these droplets from someone with COVID-19. Although research is still ongoing, it is important to note that older populations (over the age of 65), those with a compromised immune system and those with pre-existing conditions including heart disease, high blood pressure, lung disease, diabetes or cancer may be at a higher risk of severe illness due to COVID-19.

Q: What can I do to avoid getting Coronavirus?

A: There are various ways in which we can reduce our risk of contracting COVID-19. Below are some measures suggested by the World Health Organization:

1. Keep at least 2 metres (or 6 feet) between yourself and other people. This will reduce the risk of inhaling droplets from those infected with COVID-19.
2. Regularly clean your hands for at least 20 seconds with warm water and soap, or an alcohol-based hand rub. This will kill any viruses on your hands.
3. Avoid touching your eyes, nose and mouth. If the virus is on your hands, it can enter the body through these areas.
4. Follow good respiratory hygiene by covering your mouth and nose with a tissue or elbow when you cough and sneeze. This prevents the droplets from settling on surfaces or being released into the air around you.
5. Stay home as much as possible, especially if you are feeling unwell. If you think you may have the Coronavirus, please see “What should I do if I think I have Coronavirus?” section.
6. Please wear a face covering or mask in public when physical distancing is not possible.

Q: Are there special precautions that people with cancer can take?

A: People with cancer (and other chronic ailments such as heart disease, diabetes, high blood pressure and lung disease) are at a higher risk of severe illness due to COVID-19 as cancer is considered a pre-existing health issue. Some cancer treatments including chemotherapy, radiation and surgery can weaken the immune system, making it harder for the body to fight infections and viruses, such as Coronavirus. It is important to diligently follow the World Health Organization’s recommendations above to reduce the risk of contracting COVID-19. If you have any concerns about your risk, it is best to contact your doctor or healthcare team.

Q. Will anything change with regards to my cancer related medical visits?

As each patient and treatment plan is unique, it is always best to contact your health care provider for updated information about your treatment plan. In some cases, it is safe to delay cancer treatment until after the pandemic risk has decreased. In other cases, it may be safe to attend a clinic that is separate from where COVID-19 patients are being treated. Oral treatment options could be prescribed by your care provider virtually, without the need to attend the clinic. Finally, some follow-up appointments or discussions could be held virtually (via skype or zoom for example) or over the phone to minimize your risk. As we know, conditions and protocols are changing daily due to the nature of the COVID-19 outbreak, and vary based on location, therefore, the best first step is to reach out to your care provider for guidance.

Should you wish to contact your local public health agency, please see below.

Alberta
COVID-19 info for Albertans
Social media: Instagram @albertahealthservices, Facebook @albertahealthservices, Twitter @GoAHealth
Phone number: 811

British Columbia
British Columbia COVID-19
Social media: Facebook @ImmunizeBC, Twitter @CDCofBC
Phone number: 811

Manitoba
Manitoba COVID-19
Social media: Facebook @manitobagovernment, Twitter @mbgov
Phone number: 1-888-315-9257

New Brunswick
New Brunswick Coronavirus
Social media: Facebook @GovNB, Twitter @Gov_NB, Instagram @gnbca
Phone number: 811

Newfoundland and Labrador
Newfoundland and Labrador COVID-19 information
Social media: Facebook @GovNL, Twitter @GovNL, Instagram @govnlsocial
Phone number: 811 or 1-888-709-2929

Northwest Territories
Northwest Territories coronavirus disease (COVID-19)
Social media: Facebook @NTHSSA
Phone number: 811

Nova Scotia
Nova Scotia novel coronavirus (COVID-19)
Social media: Facebook @Nova Scotia Health Authority, Twitter @healthns, Instagram @novascotiahealthauthority
Phone number: 811

Nunavut
Nunavut COVID-19 (novel coronavirus)
Social media: Facebook @Gov of Nunavut, Twitter @Gov of Nunavut, Instagram @government of nunavut
Phone number: 1-888-975-8601

Ontario
Ontario: The 2019 Novel Coronavirus (COVID-19)
Social media: Facebook @ON The Health, Twitter @ON The Health, Instagram @ongov
Phone number: 1-866-797-0000

Prince Edward Island
Prince Edward Island COVID-19
Social media: Facebook @GovPe, Twitter @InfoPEI,

Quebec
Coronavirus disease (COVID-19) in Québec
Social media: Facebook @GouvQC, Twitter @sante_qc
Phone number: 1-877-644-4545

Saskatchewan
Saskatchewan COVID-19
Social media: Facebook @SK Gov, Twitter @SKGov
Phone number: 811

Yukon
Yukon: Find information about coronavirus (COVID-19)
Social media: Facebook @yukonhss, Twitter @hssyukon
Phone number: 811