COLORECTAL CANCER TREATMENT & CLINICAL RESEARCH UPDATES

Month Ending February 16th, 2023

The following colorectal cancer treatment and research updates extend from January 19th, 2023, to February 16th, 2023, 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 (Feb.10/23)

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 (Feb.13/23)

**What is TRK fusion cancer?**

- TRK (pronounced track) fusion cancer is a term used to describe cancers that are caused by a change to the neurotrophic tyrosine receptor kinase (TRK) gene called a fusion
- During this fusion, an NTRK (pronounced en-track) gene joins together, or fuses, with a different gene
- This joining causes the body to make TRK fusion proteins, which can cause cancer cells to multiply and form a tumour
- The presence of TRK fusion proteins may be associated with more aggressive cancer

**Who should be tested for NTRK gene fusions?**

Your doctor may consider testing in people:
- with solid tumours that are metastatic, and
- who are likely to experience severe complications from surgical resection, and
- when there are no satisfactory treatments options available

It's important to know what's driving your cancer to help your doctor take action

**FastTRK**

FastTRK is a clinical testing program for diagnosing NTRK gene fusions

Sponsored by Bayer, TRK is a complimentary service for healthcare professionals to find out if their patients' cancer has an NTRK gene fusion

Talk to your doctor about which tests are recommended for you
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.

1. Patients undergo a biopsy to obtain a sample for testing
2. Tissue is sent to lab to test for genomic changes
3. Results sent to clinician to help decide on treatment

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

https://www.bayer.ca/en/media/news/?dt=TmpBPQ==&st=1
3. A Phase II, Open-label, Multicenter, Study of an Immunotherapeutic Treatment for the MSI High CRC Metastatic Population (Feb.13/23)

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 (Feb .12/23)

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/NCT03750786
https://isofolmedical.com/arfolitixorin/

5. FDA Approves Seagen’s Tukysa, Genentech’s Herceptin for HER2-Positive CRC Patients (Jan.20/23)

The US Food and Drug Administration granted accelerated approval to Seagen’s Tukysa (tucatinib) plus Genentech’s Herceptin (trastuzumab) for patients with metastatic colorectal cancer (mCRC) whose tumors are RAS wild-type and HER2-positive and who have received prior chemotherapy. The FDA’s decision to approve the dual HER2-targeted regimen is based on the results of the Phase II MOUNTAINEER trial, in which 84 RAS-wild-type, HER2-positive mCRC patients, who had not received prior anti-HER2 treatment, got the Tukysa-Herceptin combination. In the trial, 38% of patients responded. Three patients, or 3.6%, experienced a complete response and 35% had a partial response. The median duration of response was 12.4 months. Because the FDA approved Tukysa-Herceptin under its accelerated approval program, Seagen will need to demonstrate the drug’s benefit in confirmatory trials. To that end, the drugmaker is conducting the Phase III MOUNTAINEER-03 trial, which pits Tukysa, Herceptin, and chemotherapy against standard of care in this patient population.

According to Seagen, this is the first time the FDA has approved a targeted therapy for CRC patients with HER2-positive tumors. Now that Tukysa is an option for HER2-positive CRC patients, it is necessary to establish biomarker testing as a routine part of care in this population.

https://www.precisiononcologynews.com/regulatory-news/fda-approvals/fda-approves-seagens-tukysa-genentechs-herceptin-her2-positive?adobe_mc=MCMID%3D293730194434437074404423619808790464798%7CMCORGID%3D13389925541667220A4E98C52540AdobeOryg%7CT5%3D3C6B55260&CSAuthResp=1%3A%3A2411186%3A273%3A24%3Asuccess%3A%4A%4F27CA3E80B95550C9359468883997.20u-8A4%

6. Mirati Therapeutics’ KRAS G12D Inhibitor Cleared by FDA to Begin Phase I/II Trial (Jan.20/23)
Mirati Therapeutics said the US Food and Drug Administration cleared its investigational new drug (IND) application for MRTX1133, a KRAS G12D inhibitor, to be evaluated in clinical trials. Mirati expects to begin a Phase I/II clinical trial of MRTX1133 early this year in patients with KRAS G12D-mutant tumors, with planned expansion cohorts in pancreatic, colorectal, and lung cancers. KRAS G12D mutations occur in approximately 180,000 patients in the US and Europe, according to Mirati, more than twice as prevalent as KRAS G12C mutations. Mirati CSO James Christensen has stated that this particular mutation has been difficult to target, and [they] are confident in [their] novel oral formulation strategy, which [they] believe will enable near-complete target inhibition over the full dosing interval.


7. Dostarlimab Benefit Signal for Patients with MRD, Locally Advanced Rectal Cancer (Jan.17/21)

Single-agent anti-PD-1 therapy with neoadjuvant dostarlimab (Jemperli) showed high sensitivity in patients with mismatch repair defect (MRD), locally advanced rectal cancer in a phase 2 confirmatory clinical trial. The key goal of the study was to assess the overall response rate of dostarlimab when administered at 500 mg every 3 weeks for 6 months followed by radiation plus standard-dose capecitabine, which was followed by total mesorectal excision. The other end point was sustained clinical complete response 12 months after completion of dostarlimab therapy or pathological complete response.

A 100% complete clinical response rate was achieved with neoadjuvant dostarlimab in 12 patients who received the agent for 6 months. Investigators reported that the median time to rectal MRI was 16 days, and the median time to endoscopy was 20 days post dostarlimab. Responses occurred rapidly, and symptoms of disease were resolved within 9 weeks of starting dostarlimab in 81% of patients. Moreover, an endoscopic complete response occurred in 5 patients, and 2 patients had a radiographic complete response to the anti-PD-1 therapy.

There is now a drug for this population with the mismatch protein deficiency that avoids the use of chemoradiation and surgery, and improves not only cure their disease, but improve their quality-of-life, particularly those young populations.


8. Surgery First for Colon Cancer? (Feb.2/23)

New research finds that immunotherapy from immune checkpoint (PD-1) inhibitors prior to surgery was strikingly effective for patients with localized mismatch repair-deficient or microsatellite instability-high (MMR-D/MSI-H) colorectal cancer (CRC). Nearly all of the patients studied benefitted from neoadjuvant PD-1 inhibitors, with 1-of-4 experiencing complete response on clinical assessment. In addition to the short-term effectiveness, the findings showed substantial longer survival benefits from neoadjuvant PD-1 inhibitors, including a low recurrence rate when compared with historic rates.

The researchers anticipated PD-1 inhibitors could be at least as effective for locally-advanced but operable cancer as they have historically been in the treatment of metastatic MMR-D/MSI-H CRC, but were surprised to find it so much more effective for this patient population. The study included a retrospective review of 73 patients between ages 18 and 75 with confirmed MMR-D/MSI-H CRC who received any type of PD-1 inhibitor prior to surgery between October 1, 2017 and December 31, 2021. Of those 73, 48 were diagnosed with colon cancer, 18 with rectal cancer, and 7 with multiple types of CRC. 84.9% overall experienced an objective response, with 23.3% showing complete response and 61.6% partial response. The 2-year rates for tumor-specific overall survival and disease-free survival were 100% for patients who underwent surgery after PD-1 blockade.

It’s important to remember the final goal is to cure patients’ long term, not just remove the tumor at the moment, according to the researchers. They believe care providers, especially surgeons, should refrain from scheduling immediate surgery for patients with locally advanced, or even early-stage MMR-D/MSI-H CRC. With such a powerful option at hand, providers have the duty to offer a safer surgery with better outcomes or a non-surgical-yet-equally-effective approach for this group of patients, especially for those who might suffer from function damage or organ sacrifice after surgery.


9. Immunotherapy Combined with Targeted Therapy in Patients With BRAF V600E–Mutated CRC (Jan.30/23)

In one of the first clinical trials combining immunotherapy and targeted therapy for patients with BRAF V600E–mutated colorectal cancer (CRC), researchers discovered that a combination regimen of dabrafenib, trametinib, and spartalizumab resulted in long-lasting responses. The study successfully met its primary endpoint and achieved a confirmed response rate of 24.3%, compared with a response rate of 7% in a prior trial where patients were treated...
The researchers also reported improved outcomes in one of the trial’s secondary endpoints: durability. Previously, patients with BRAF V600E–mutated CRC have seen only a short-lived clinical benefit after treatment with BRAF or MEK inhibitors. But the combination therapy resulted in an increased durability of response, with a median progression-free survival of 5 months compared with 3.5 months with BRAF or MEK inhibitors alone. The researchers noted that 57% of the patients continued with the treatment for more than 6 months and 18% continued for more than 1 year.

The findings suggested how targeted therapies in combination with immunotherapies may drive a greater immune response and improve treatment overall. This merits further clinical investigation and preclinical experiments to determine the best targeted approach to increase immune reactivity against [BRAF-mutated] CRC. The researchers acknowledged that the implications of their research may go well beyond CRC.


10. Hepatic Artery Infusion Pump (HAIP) Chemotherapy Program – Sunnybrook Odette Cancer Centre
(Feb.1/23)

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
(Feb.2/23)

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. In Vivo Lung Perfusion (IVLP) for CRC Metastatic to Lung (Nov.9/22)

A new study is investigating a technique called In Vivo Lung Perfusion (IVLP) for delivering chemotherapy directly into the lungs at the time of surgery. Delivering chemotherapy directly to the lungs could potentially kill any microscopic cancer cells that are present in the lungs at the time of surgery, while sparing other major organs in the body from the side effects of chemotherapy.

At the University Health Network, this IVLP technique has been used recently in a Phase I study in patients with sarcoma, and they are now expanding on that experience to include patients with colorectal metastases. The purpose of this study is to test the safety of the IVLP technique and find the dose that seems right in humans. Participants are given oxaliplatin into one lung via IVLP and are watched very closely to see what side effects they have and to make sure the side effects are not severe. If the side effects are not severe, then more participants are asked to join the study and are given a higher dose of oxaliplatin. Participants joining the study later on will get higher doses of oxaliplatin than participants who join earlier. This will continue until a dose is found that causes severe but temporary side effects. The other lung will not be infused with anything, so that researchers can limit unforeseen toxicity to a single lung and see if one lung does better than the other.

The estimated enrolment is 10 participants, each with a diagnosis of colorectal carcinoma. The primary outcome is safety as measured by acute lung injury findings and the estimated primary completion date is January 1, 2027.
13. Study Offered at the Odette Cancer Centre to Treat Recurrent Rectal Cancer (Feb.9/23)

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

14. Trends in the Incidence of Young-Onset CRC with a Focus on Years Approaching Screening Age (Feb.10/23)

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-d1f2df7660c9

15. Guardant Health, Royal Marsden Partner on Prospective Liquid Biopsy Trial in Early CRC (Jan.19/23)

Guardant Health announced that they are partnering with the Royal Marsden NHS Foundation Trust on part C of its TRACC (Tracking mutations in cell-free DNA to predict Relapse in eArly Colorectal Cancer) study, which will evaluate the use of circulating tumor DNA to guide chemotherapy treatment decisions after curative-intent surgery in patients with early-stage colorectal cancer (CRC). The trial is intended to assess whether the company’s Guardant Reveal assay can accurately identify patients that can be spared unnecessary chemotherapy and its associated side effects based on a negative blood test result after their tumor is removed surgically.

Patients with high-risk stage II and stage III CRC are routinely offered chemotherapy after surgery to help reduce their risk of relapse from microscopic minimal residual disease. But research has shown that up to 80% of these patients...
may be cured by their surgery alone, receiving no benefit from adjuvant chemotherapy. Patients with high-risk CRC are often overtreated and can suffer long-term neurotoxicity from chemotherapy.

16. Geneoscopy Submits PMA Application to FDA for Stool-Based CRC Screening Test (Jan.24/23)

Diagnostics firm Geneoscopy has submitted a premarket approval (PMA) application to the US FDA for its stool-based screening test to detect colorectal cancer (CRC) and advanced adenomas in average-risk individuals. The PMA bid is supported by data from a trial called CRC-PREVENT, in which the RNA-based assay demonstrated 94% sensitivity for CRC and 45% sensitivity for advanced adenomas, a precursor lesion typically removed when identified during a colonoscopy. According to the company, the CRC-PREVENT results meet or exceed the sensitivity profiles reported for other noninvasive CRC screening tests in a prospective setting. As such, the company believes it will be successful in seeing its test approved by the FDA. The agency named the assay a breakthrough device in 2021, a designation that can confer a speedier review process.

17. LifeLabs Launches Signatera, Offering Canadians an Innovative and Personalized Approach to Managing Cancer (Feb.1/23)

LifeLabs is pleased to share the launch of Signatera, a highly sensitive, personalized molecular residual disease assay (MRD) test developed by Natera for treatment monitoring and molecular residual disease (MRD) assessment in patients previously diagnosed with cancer. This innovative test uses circulating tumor DNA (ctDNA) and is personalized for each patient to help assess recurrence risk and identify relapse up to two years earlier than the current standard of care tools. The clinical utility of Signatera across cancer types has been validated by multiple studies. In those trials, Signatera demonstrated predictive values such as:

Signatera testing involves two phases with pre-supplied collection kits. The first phase is an initial test that analyzes both a tumour tissue and blood sample, and the second phase involves subsequent blood tests on an as-needed basis. It is a safe, non-invasive way to monitor ctDNA levels to help physicians understand treatment efficacy and detect relapse without the inconvenience of repeated tissue biopsies and/or imaging.

18. Natera Announces Publication of Prospective, Multi-Site CIRCULATE Study in Nature Medicine Demonstrating Signatera’s Ability to Predict Chemotherapy Benefit in CRC (Jan.17/23)

Natera, Inc., a global leader in cell-free DNA testing, announced the publication of a new study in *Nature Medicine*, which demonstrates the ability of the Signatera molecular residual disease (MRD) test to identify patients with stage II-IV colorectal cancer (CRC) who are at an increased risk of recurrence and predict who is likely to benefit from adjuvant chemotherapy (ACT).

The paper describes results from the GALAXY arm of the ongoing CIRCULATE-Japan trial, which is one of the largest and most comprehensive prospective studies of MRD testing in resectable CRC. The data builds on results previously presented at the 2022 ASCO Gastrointestinal Cancers Symposium (ASCO GI), now with median clinical follow-up extended to 16.74 months and DFS assessment at 18 months.

In the study, 1,039 patients with stage II-IV resectable CRC were monitored prospectively using the Signatera MRD test. Key takeaways include:

- Post-surgical MRD status was predictive of chemotherapy benefit
• Post-surgical MRD status was the most significant prognostic risk factor for recurrence, in a multivariate analysis that accounted for all clinicopathological risk factors currently used for prognostication (HR 10.82, p-value <0.001).
• Pre-surgical detection rate of 95.9% in patients with pathologic stage II-III disease and 93.1% in patients with stage II-IV disease.
• Signatera dynamics are indicative of treatment response

This study provides strong evidence that Signatera MRD-positive patients will benefit significantly from adjuvant therapy, while MRD-negative patients may be safely observed, regardless of clinical or pathological stage.


19. Young Adult CRC Clinic Available at Sunnybrook (Feb.5/23)

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), along with Dr. Petra Wildgoose (Hepatobiliary and Colorectal Oncology Surgical Assistant), and their team at the Sunnybrook Health Sciences Centre understand the needs of this patient population.

Dr. Shady Ashamalla, Head Young Adult Colorectal Cancer Program
Dr. Petra Wildgoose, Lead Young Adult Colorectal Cancer Program

Both belong to a multidisciplinary team of experts in the Young Adult Colorectal Cancer Clinic who work with young CRC patients, regardless of disease stage, to create an individualized treatment plan to support each patient through their cancer journey. Patients’ 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

20. CCRAN’s Partnership with “Count Me In” (Feb.1/23)

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 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 JoinCountMeln.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 JoinCountMeln.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.

Every colorectal cancer patient’s story holds a piece of the puzzle that can help us better understand how to treat this disease. Join our partners at @joincountmein to help generate more data for CRC by sharing your medical records, samples, and unique experiences with researchers everywhere.

Learn more at JoinCountMeIn.org/colorectal
21. Patients and Caregivers Needed to Help Shape Early Research for a CRC Therapy (Feb.10/23)

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

22. Under 50 National Colorectal Cancer Information/Support Group Now Available at CCRAN! (Feb.2/23)

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.

23. AYA CAN Priority Setting Partnership (Jan.31/23)

Help establish research priorities for AYA Cancer in Canada

Researchers at the University of Calgary have partnered with AYA CAN to lead a priority setting partnership (PSP). The PSP will establish a new research agenda for adolescent and young adult (AYA) cancer in Canada. They are recruiting members to serve on a Steering Committee to guide the project. Make sure that future research on AYA Cancer in Canada is what matters most to patients, survivors, caregivers, and clinicians.

Committee members can be:

- AYA patients or survivors (diagnosed between the ages of 15-39 years)
- Caregivers / family members of an AYA
- Bereaved caregivers or family members
- Healthcare professionals with experience caring for AYAs
- Policy makers for AYA Cancer at the local, provincial, and/or national level

The meetings will be online and take place approximately once a month for the next 18 months. Patients and family members will be compensated for their time. For more information and to submit an expression of interest, access the form in English and French.

Link to submission form: https://survey.ucalgary.ca/jfe/form/SV_8uH0URJ6hspxPcW

Expressions of interest will be collected until February 12th, 2023.

24. EXercise for Cancer to Enhance Living Well (EXCEL) Study (Feb.11/23)

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

25. 4 Healthy Eating Plans to Lower Risk of Heart Disease and Cancer (Feb.9/23)

New research led by Harvard T.H. Chan School of Public Health and published today in JAMA Internal Medicine reports that participants who followed at least one of four healthy eating patterns were less likely than others to die from heart disease, cancer, or respiratory disease. The eating patterns examined include: Healthy Eating Index 2015, Alternate Mediterranean Diet, Healthful Plant-based Diet Index, Alternate Healthy Eating Index. All eating patterns share key ingredients including whole grains, fruits, vegetables, nuts, and legumes, although other components including meat consumption differ across different eating patterns. The study findings are
consistent with the current dietary guidelines for America, which recommend multiple healthy eating patterns.

Rather than selecting one of the indexes over another, nutrition experts recommend integrating the backbones of all the healthy eating indexes because they all include several key components of balanced eating. Components of healthy eating include:

1. High intake of a variety of vegetables and fruits daily
2. Consumption of whole grains vs. refined grains
3. Less red meat
4. More plant-based lean proteins in addition to poultry and fish
5. Limited intake of sugar-sweetened beverages and foods with added sugar.

https://www.healthline.com/health-news/4-healthy-eating-plans-including-mediterranean-diet-that-can-help-lower-risk-of-heart-disease-cancer/article_5&utm_source=Sailthru%20Email&utm_medium=Email&utm_campaign=daily&utm_content=2023-02-10&utm_term=c.hl_n:daily&apid=35071678&rvid=f0f57a6d06c8c83550f9bc3c5a7e953ab892920ca03a179e264f%111d37c%3bExpert-tips-on-healthy-eating

Image Source: https://www.heartandstroke.ca/healthy-living/healthy-eating/healthy-eating-basics

COVID-19 Updates


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.

https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

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.

https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

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.

https://www.cancer.gov/contact/emergencypreparedness/coronavirus

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 @Gov_NL, 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 @NovaScotiaHealthAuthority, Twitter @healthns, Instagram @novascotiahealthauthority
Phone number: 811

**Nunavut**
Nunavut COVID-19 (novel coronavirus)
Social media: Facebook @GovofNunavut, Twitter @GovofNunavut, Instagram @governmentofnunavut
Phone number: 1-888-975-8601

**Ontario**
Ontario: The 2019 Novel Coronavirus (COVID-19)
Social media: Facebook @ONThealth, Twitter @ONThealth, 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 @SKGov, Twitter @SKGov
Phone number: 811

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