The following colorectal cancer treatment and research updates extend from June 15th, 2023, to July 13th, 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 (Jul.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.
2. TRK Fusion Cancer and How to Test for It (Jul.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 (NTRK) 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 tumor.
- The presence of TRK fusion proteins may be associated with more aggressive cancer.

NTRK gene → Unrelated gene → NTRK gene and other genes break and join → NTRK gene fusion

Having TRK fusion cancer doesn’t change your original diagnosis, it just means that your tumor is driven by an NTRK gene fusion.

Testing is the only way to find out if NTRK gene fusion is driving your cancer.

Who should be tested for NTRK gene fusions?

- Your doctor may consider testing in people:
  - with solid tumors 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 is a clinical testing program for diagnosing NTRK gene fusions.

Sponsored by Bayer, this 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.

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 (Jul.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 (Jul.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 affect 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://isofolmedical.com/arfolitixorin/

5. Immunotherapy Combined with Targeted Therapy in Patients with BRAF V600E–Mutated CRC (Jun.15/23)

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 7 with each of the same targeted therapies individually. 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.

6. VITRAKVI (Larotrectinib) is Now Covered in Ontario, Quebec, Saskatchewan, Manitoba and New Brunswick (Jun.15/23)

Please find information below regarding public funding for VITRAKVI (Larotrectinib) in Ontario, Quebec, Saskatchewan, Manitoba and New Brunswick.

7. Treatment of Colon Cancer with Fruquintinib (Jun.3/23)

The Food and Drug Administration (FDA) has granted a primary review for a New Drug Application (NDA) to fruquintinib for patients with previously treated metastatic colorectal cancer (mCRC) and has set a goal of making an approval decision on fruquintinib on or by Nov. 30, 2023. The FDA review was granted based on findings from two phase 3 trials: FRESCO-2, which was conducted in cancer centers around the world, and FRESCO, which was conducted in China.

Fruquintinib is an orally administered vascular endothelial growth factor (VEGF) inhibitor – it prevents essential blood vessel formation that allows cancer cells to grow and reproduce and is also referred to as an “angiogenesis inhibitor”.

The FRESCO-2 clinical trial compared best supportive care with and without fruquintinib in 691 patients who had experienced disease progression following treatment with TAS-102 and/or Stivarga (regorafenib) both are used to treat advanced recurrent colon cancer. Patients whose disease is microsatellite instability-high (MSI-H) or DNA mismatch repair (dMMR) deficient must have also been treated with an immunotherapy agent if available and deemed appropriate, and those with BRAF-mutant tumors had to have a BRAF inhibitor. A total of 691 patients were treated with fruquintinib at 5 mg daily in a 3-weeks-on/1-week-off schedule plus BSC or placebo plus BSC and directly compared. Among all patients treated with fruquintinib the median survival duration was 7.4 months compared to 4.8 months for those treated with placebo and no fruquininib.

Fruquintinib was found to be convenient, well tolerated, and delayed cancer progression while prolonging survival when compared to best supportive care alone in patients with advanced colon cancer. Additional trials are ongoing evaluating fruquintinib in combination with other drugs and earlier in the management of stage IV disease.


8. Phase 2 Data Support Trastuzumab Deruxtecan in HER2-High CRC (Jul.2/23)

Final results from the phase 2 DESTINY-CRC01 trial published in Nature Communications support further study of fam-trastuzumab deruxtecan-nxki for the treatment of patients with HER2-expressing, metastatic colorectal cancer (mCRC) who progressed after 2 or more prior lines of therapy.

Among patients with immunohistochemistry (IHC) 3+ HER2-positive disease or IHC 2+ and in situ hybridization (ISH)-positive disease in cohort A, the median progression-free survival (PFS) was 6.9 months, and the median overall survival (OS) was 15.5 months. The confirmed objective response rate (ORR) in this cohort was 45.3%, which entirely comprised partial responses (PRs), according to independent central review (ICR). Several responses persisted until the end of the follow-up period, and the median duration of response (DOR) was 7.0 months. The median time to response was 2.2 months, and the disease control rate (DCR) was 83.0%. The median best percentage change from baseline in target lesions was −35.0%.

Patients with IHC 2+ and ISH-negative disease, and those with IHC 1+ HER2-positive disease, were assigned to cohorts B and C, respectively. Neither of these cohorts reported responses. The DCR was 60.0% in cohort B and 22.2% in cohort C. The median PFS was 2.1 months and 1.4 months, and the median OS was 7.3 months and 7.7 months, respectively.

This longer-term follow up of DESTINY-CRC01 supports the durable antitumor activity of T-DXd in patients with HER2-positive metastatic CRC. Importantly, the median OS was 15.5 months, which far exceeds the current standard of care. Investigators noted that use of T-DXd in earlier lines of therapy and proactive monitoring is recommended to manage the risk of ILD associated with T-DXd.

https://www.cancernetwork.com/view/phase-2-data-support-trastuzumab-deruxtecan-in-her2-high-colorectal-cancer
9. Hepatic Artery Infusion Pump (HAIP) Chemotherapy Program – Sunnybrook Odette Cancer Centre (Jul.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](http://sunnybrook.ca/content/?page=colorectal-colon-bowel-haip-chemotherapy)

10. Living Donor Liver Transplantation for Unresectable CRC Liver Metastases (Jul.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](https://clinicaltrials.gov/ct2/show/NCT02864485)
11. In Vivo Lung Perfusion (IVLP) for CRC Metastatic to Lung (Jul.9/23)

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.

[Image: In Vivo Lung Perfusion Model]

https://clinicaltrials.gov/ct2/show/NCT05611034?term=ivlp&draw=2&rank=1
Image Source: https://pie.med.utoronto.ca/TVASurg/project/in-vivo-lung-perfusion/

12. Study Offered at the Odette Cancer Centre to Treat Recurrent Rectal Cancer (Jul.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 affect 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 (Jul.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-d1fd7f7b6ce9


For more information, please visit the OncoHelix website.

15. Life Labs Launches Signatera, Offering Canadians an Innovative and Personalized Approach to Managing Cancer (Jul.1/23)

Life Labs 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
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.


16. Natera Announces Publication of Prospective, Multi-Site CIRCULATE Study in Nature Medicine Demonstrating Signatera’s Ability to Predict Chemotherapy Benefit in CRC (Jul.1/23)

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.


17. Earlier CRC Screening Should be Considered for Young Men at High Risk (Jun.30/23)

A study of U.S. veterans has discovered a number of factors that are associated with an increased risk of early-onset colorectal cancer (CRC) in men. The authors suggest that targeted screening might help prevent some cases. From the United States National Veterans Affairs database, the researchers identified 956 men between the ages of 35 and 49 who had been diagnosed with non-hereditary CRC between 2008 and 2015. Of these, 600 met their criteria for inclusion in the study. They then matched these with 1,200 controls who had undergone colonoscopy but did not have CRC, and 1,200 controls who had not undergone colonoscopy.

The researchers identified 15 factors that were independently associated with an increased risk of early-onset CRC. Of these, they highlighted seven that provided comparable precision, data for which are readily collectable:

- older age (within the 35- to 49-year-old age range)
- no regular use of NSAIDs (such as aspirin or ibuprofen)
- no regular use of statins
• current alcohol use
• first- or second-degree relative with CRC
• a higher disease burden
• service-connection/copay variable – a marker for socio-economic status

Some factors increased risk more than others. For instance, having a first-degree or second-degree relative with CRC carried more weight. Two other factors with a greater effect were not taking a statin and not being on a non-steroidal anti-inflammatory drug.

The researchers noted that their study was done only on men, but that the risk of CRC is twice as high in men as it is in women of any age. However, they are now undertaking similar research into risk factors in women. They highlighted that not all younger men need screening for CRC but that those at higher risk might benefit. The risk factors may be helpful in deciding whether noninvasive testing (with the fecal immunochemical test or with the multi-target stool DNA test) or colonoscopy is more appropriate. In addition, researcher hoped that identifying these risk factors might encourage men ages 35–49, who are currently eligible for screening, to come forward for testing.

https://www.medicalnewstoday.com/articles/colorectal-cancer-earlier-screening-should-be-considered-for-young-men-at-high-risk#Screening-for-those-at-higher-risk


18. Exact Sciences’ Next-Gen CRC Test Hits Primary Goals in Pivotal Study (Jun.21/23)

A 20,000-subject clinical trial of Exact Sciences’ next-generation colorectal cancer (CRC) test has met its primary endpoints, positioning the company to file to sell the diagnostic in the U.S. this year. Exact Sciences compared data on the new Cologuard test to results from an earlier trial of its existing diagnostic. The analysis suggests the new stool-based test provides more true positives and fewer false positives than its predecessor. The next-generation test had a specificity including non-advanced findings of 91%, compared to the 87% reported in the study of the current Cologuard diagnostic. The new test gives users more time to return samples for analysis than the current one, but it is still potentially less convenient than rival blood-based diagnostics in development.


19. Young Adult CRC Clinic Available at Sunnybrook (Jul.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.

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.

20. CCRAN’s Partnership with “Count Me In” (Jul.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 (Jul.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! (Jul.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. CaringVirtually: A Virtual Care Oncology Patient Study (Jun.27/23)

Majd Ghadban and Julia Stoneman are co-leading a study to understand cancer patient experiences with using virtual care as a method of healthcare delivery during the COVID-19 pandemic. The study is being undertaken by a network of national oncology patient organizations in Canada known as CONECTed: Collective Oncology Network for Exchange, Cancer care innovation, Treatment access and Education.

More information about CONECTed can be found on its website: https://conected.io/

In addition to Majd Ghadban and Julia Stoneman, the study team includes Jessica Finucane, Ed.S., Dr. Ambreen Sayani, Postdoctoral Fellow – CIHR Patient-Oriented Research, Leadership Stream at the Women’s College Research Institute, Women’s College Hospital, Louise Binder, Health Policy Consultant, Save Your Skin Foundation and member of CONECTed’s Steering Committee, and Dr. Tim Ramsay, Scientific Director, Ottawa Methods Centre.

**Study Purpose**

The purpose of this study is to understand cancer patient experiences using virtual care during the COVID-19 pandemic, and to develop recommendations that will help to ensure adoption and adaptation of equitable, equal, consistent, and comprehensive virtual care best practices across Canada. To achieve the objectives of this project, one-on-one interviews will be conducted with cancer patients who have used virtual care during the COVID-19 pandemic as part of their cancer care. These interviews are offered in both English and French, for which an honourarium will be provided. Study findings will be used to develop reports, which will be made public. The findings will also be used to inform future studies in the area of virtual care and oncology.

For more information, please click on the PDFs below.
Risk factors for early-onset colorectal cancer (EOCRC) have been identified in a study published online in Cancer Prevention Research, which compared male veterans ages 35 to 49 years diagnosed with sporadic EOCRC matched 1:4 to clinic and colonoscopy controls without colorectal cancer (CRC). Data were included for 600 cases of sporadic EOCRC, 1,200 primary care clinic controls, and 1,200 colonoscopy controls. The researchers found that age, cohabitation and employment status, body mass index, comorbidity, CRC or other visceral cancer in a first- or second-degree relative, alcohol use, exercise, hyperlipidemia, and use of statins, nonsteroidal anti-inflammatory drugs, and multivitamins were included as independent risk factors. This study is important because it puts whether, and possibly how, to screen people who are younger than age 45 -- below the age for recommended CRC screening and have some of the risk factors identified -- on the table for consideration for screening.

26. Exercise for Cancer to Enhance Living Well (EXCEL) Study (Jul.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

27. Association of Alcohol Intake with Risk of Early-Onset CRC (Jul.7/23)

In a Korean study reported in the Journal of Clinical Oncology, researchers found that increased alcohol intake may be associated with an increased risk of early-onset colorectal cancer (CRC). The study involved data from 5,666,576 individuals aged 20 to 49 years from the Korean National Health Insurance Service for 2009 to 2019. Alcohol consumption levels of nondrinker and light, moderate, and heavy drinker were defined as 0, < 10, 10 to < 30, and ≥ 30 g/day for men, and 0, < 10, 10 to < 20, and ≥ 20 g/day for women, respectively.

During a median of 9.1 years, a total of 8,314 individuals were identified with incident early-onset CRC. On multivariate analysis, moderate and heavy drinkers had a significantly increased risk of early-onset CRC vs light drinkers. The dose-response relationship between intake level and risk was significant for men and women. However, increased risk was not statistically significant for moderate or heavy drinking vs light drinking among women.

Analysis by tumor location showed a significant trend for increased risk with increased intake for the distal colon, rectum, and unspecified colon but not for the proximal colon. Compared with light drinkers, moderate and heavy drinkers had a 14% and 27% increased risk of distal colon cancer, respectively, and heavy drinkers had a 15% and 27% increased risk of rectal cancer and unspecified colon cancer, respectively. Nondrinkers had a 10% reduced risk of rectal cancer compared with light drinkers.

The investigators concluded that excessive alcohol consumption increases the risk of CRC onset before age 50 years. Thus, effective interventions are required to discourage alcohol consumption among young people and to tailor CRC screening approaches for high-risk individuals.

Image Source: https://www.washingtonpost.com/wellness/2023/03/31/moderate-drinking-alcohol-wine-risks/

28. Vitamin D May Impact CRC Outcomes (Jun.27/23)

A recent analysis of 14 studies found that patients with colorectal cancer (CRC) who had a vitamin D deficiency tended to have poorer mortality outcomes than those who supplemented with vitamin D. In an interview with Laura A. Bolte, of the department of gastroenterology and hepatology at the University of Groningen and University Medical Center Groningen in the Netherlands, she discussed these findings, and what patients need to know about vitamin D intake.

What effect can vitamin D have on cancer outcomes?
The authors performed a joint analysis of previous studies that investigated the relationship between vitamin D intake and mortality (overall risk of dying). The study showed that vitamin D intake is associated with a 12% lower mortality.

Are there any symptoms of vitamin D deficiency in people with cancer? Should patients be tested for it?
Vitamin D is essential for bone mineralization and to prevent osteoporosis. Medications such as corticosteroids (sometimes used in cancer patients, for example to treat side effects of immunotherapy) can increase the risk for osteoporosis; in these cases, vitamin D/calcium supplementation may be indicated. (Being) underweight
and malnourishment further increase the risk for osteoporosis. Moreover, vitamin D is important for the immune system.

Should patients take a vitamin D supplement, and if so, how can they know what kind and dosage to take?
A uniform dose is unlikely to fit all patients. The dose should be discussed with the treating physician based on each patient’s personal medical history, blood levels and age and body weight. So far, studies do not show a clear dose-response relationship for cancer outcomes. Moreover, depending on genetic factors, different doses may lead to the same serum level. The study mentioned suggests that keeping vitamin D levels at consistent levels is more beneficial in terms of survival than taking high dose vitamin D periodically.


Processed meat intake may be involved in the etiology of colorectal cancer (CRC). The epidemiologic studies published to date conclude that the excess risk in the highest category of processed meat-eaters is comprised between 20 and 50% compared with non-eaters. In addition, the excess risk per gram of intake is clearly higher than that of fresh red meat.

Several hypotheses, which are mainly based on studies carried out on red meat, may explain why processed meat intake is linked to cancer risk. Those that have been tested experimentally are (i) that high-fat diets could promote carcinogenesis via insulin resistance or fecal bile acids; (ii) that cooking meat at a high temperature forms carcinogenic heterocyclic amines and polycyclic aromatic hydrocarbons; (iii) that carcinogenic N-nitroso compounds are formed in meat and endogenously; (iv) that heme iron in red meat can promote carcinogenesis because it increases cell proliferation in the mucosa, through lipoperoxidation and/or cytotoxicity of fecal water. Nitrosation might increase the toxicity of heme in cured products.

Today, CRC prevention is mostly based on dietary recommendations, notably the advice to reduce or to avoid processed meat consumption. However, the researchers believe that the prevention strategy might be improved if the mechanisms of cancer promotion were better understood. They suggest that non-toxic processed meat could be produced, either by removing the potential toxic agent (e.g., removing nitrite to reduce NOC formation), or by adding a specific inhibitor (e.g., calcium to block heme in the digestive tract). This would permit the reduction of CRC load, without putting an end to the production and consumption of traditional, nutritional and enjoyable foods.

https://hal.science/hal-00334544/fr/

30. 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.

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 @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 @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 @santeQC
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