



COLORECTAL CANCER TREATMENT & CLINICAL RESEARCH UPDATES

Month Ending March 12th 2026

The following colorectal cancer treatment and research updates extend from February 7th, 2026, to March 12th, 2026, 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 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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Drug/Systemic Therapies



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19. **Neoadjuvant Chemotherapy with CAPOX versus Chemoradiation for Locally Advanced Rectal Cancer with Uninvolved Mesorectal Fascia (CONVERT): Final Results of a Phase III Trial**
20. **Circulating Tumor DNA-based Assessment of Minimal Residual Disease in Colorectal Cancer: Prognostic and Predictive Implications**

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Drug/Systemic Therapies

1. MOUNTAINEER-03: A Study of Tucatinib with Trastuzumab and mFOLFOX6 Versus Standard of Care Treatment in First-line HER2+ mCRC (Jan 11/25)

Update type: Recruiting study

Study type: Phase III, randomized clinical trial

Population: First-line HER2-positive metastatic or unresectable colorectal cancer

Intervention: Tucatinib + trastuzumab + mFOLFOX6

Comparator: Standard of care (mFOLFOX6 alone or with bevacizumab or cetuximab)

Study focus: Evaluates whether adding tucatinib and trastuzumab and chemotherapy improves outcomes compared with current **first-line** standard treatments, while assessing safety and tolerability.

Inclusion criteria:

- You have **colorectal cancer that has spread** or cannot be removed with surgery
- Your cancer is **HER2-positive**
 - Your cancer is **RAS wild-type**
 - You have either:
- No brain metastases, or
- Brain metastases that were previously treated and are not causing symptoms

Exclusion criteria:

- You have **already received treatment** for metastatic colorectal cancer (some limited chemotherapy before starting the trial may be allowed — your doctor can confirm)
- You have **previously received** HER-2 targeted therapy
- You have significant nerve damage (severe neuropathy)
- You recently had radiation therapy
- You have an active or untreated gastrointestinal (GI) perforation

Why it matters:

If testing shows your cancer has HER2 amplification, you may be able to access a biomarker-informed targeted treatment option in first line.

To learn more about this trial, [click here](#).

2. CARMA BROS: Canadian Cancers with Rare Molecular Alterations (CARMA) - Basket Real-world Observational Study (BROS) (Dec 31/24)

Update type: Recruiting study

Study type: Real-world, observational (data collection) study

Population: Canadian patients with cancer that has rare or uncommon molecular (genetic) alterations

Study focus: Collects real-world data to understand how cancers with rare molecular changes behave, how patients are treated across Canada, treatment outcomes, side effects, and quality of life. The study also looks at patterns such as brain metastases and how new targeted therapies are used over time.

Inclusion criteria:

- You were 18 years or older when you were diagnosed with cancer
- Your tumour has a rare or uncommon genetic alteration (e.g., ALK, EGFR, ROS1, BRAF, NTRK, KRAS G12C)
- You are receiving routine cancer care in Canada

Why it matters:

If your cancer has a rare genetic change, there is often limited information to guide treatment. By learning from real patient experiences across Canada, this study helps improve understanding of which treatments work best, how they affect quality of life, and supports better access to personalized, targeted care for people with rare molecular cancers.

To learn more about this study, [click here](#).

3. CRC.10: Colon Cancer Adjuvant Chemotherapy Based on Evaluation of Residual Disease (ctDNA) (Dec 30/24)

Update type: Recruiting study

Study type: Phase II/III randomized clinical trial

Population: Patients with early-stage colon cancer after surgery (Stage IIB, IIC, or Stage III)

Intervention: Adjuvant chemotherapy guided by circulating tumour DNA (ctDNA) results after surgery

Study focus: Evaluates whether testing for circulating tumour DNA (ctDNA) for minimal residual disease after surgery can help decide who needs chemotherapy and what type of chemotherapy is most appropriate. Patients without detectable ctDNA may be able to avoid unnecessary chemotherapy, while patients with detectable ctDNA may benefit from more tailored treatment.

Inclusion criteria:

- You have had surgery to fully remove your colon cancer
- Your cancer was a Stage IIB, IIC, or Stage III colon adenocarcinoma
- There is no evidence of cancer spread on recent imaging
- Your tumour is not MSI-H or dMMR
- You are well enough to receive chemotherapy

Exclusion criteria:

- Your cancer has spread to other organs
- Your tumour was not an adenocarcinoma
- You have already received chemotherapy or radiation for colon cancer (with limited exceptions)
- You have certain serious medical conditions that would make chemotherapy unsafe

Why it matters:

This study aims to personalize treatment after colon cancer surgery. By using a blood test to detect small amounts of remaining cancer circulating in the bloodstream, some patients may be able to safely avoid chemotherapy, while others can receive treatment better matched to their risk of recurrence.

Contacts for trial:

Roshni Ravindranathan/ Noelle Crasto/ Yinmin Ou Ext. 67336/ 62036/ 67868

roshni.ravindranathan@sunnybrook.ca / noelle.crasto@sunnybrook.ca / yinmin.ou@sunnybrook.ca

To learn more about this study, [click here](#)

Please connect with CCRAN to receive a list of other participating clinical trial sites in Canada.

4. Access to Fruquintinib (FRUZAQLA) for Previously Treated mCRC (Jan 14 /26)

Update type: Approved treatment & patient access program

Population: Adults with metastatic colorectal cancer (mCRC) who have already received, or are not candidates for, standard therapies

Treatment: FRUZAQLA™ (fruquintinib) – oral targeted therapy

What this treatment is for:

FRUZAQLA™ is approved for patients with mCRC whose cancer has progressed after (or who are not candidates for) commonly used treatments, including chemotherapy, anti-VEGF therapy, anti-EGFR therapy (if RAS wild-type), and later-line options such as trifluridine-tipiracil (Lonsurf) or regorafenib (Stivarga).

Access and patient support:

Takeda offers the OnePath® Patient Support Program, which helps eligible patients with treatment navigation, reimbursement support, and financial assistance while public or private coverage is being arranged.

Why it matters:

For people with advanced mCRC and limited remaining options, FRUZAQLA provides another potential treatment. Patient support programs like OnePath® can help reduce delays and barriers to access during a critical stage of care.

To learn more about OnePath® Patient Support Program, [click here](#).

Fruquintinib is currently listed in: Alberta, British Columbia, New Brunswick, Nova Scotia, Ontario, Quebec, Saskatchewan

***For Ontario Residents- Fruquintinib is now reimbursed by Ontario Drug Benefit (ODB) via the Exceptional Access Program (EAP).** You can find Fruquintinib's coverage status using ODB medication coverage search box [here](#).

5. Intermittent or Continuous Panitumumab Plus Fluorouracil, Leucovorin, and Irinotecan for First-Line Treatment of RAS and BRAF Wild-Type Metastatic Colorectal Cancer: The IMPROVE Trial (Mar 21/25)

Update type: Completed study findings

Study type: Phase II randomized clinical trial (completed)

Population: Patients with unresectable metastatic colorectal cancer (mCRC) that was RAS and BRAF wild-type

Treatment approach studied: First-line chemotherapy (FOLFIRI) combined with panitumumab, given either continuously or intermittently with planned treatment breaks after an initial induction phase.

Study focus: The study evaluated whether intermittent treatment could delay resistance, reduce side effects, and allow more time off therapy compared with continuous treatment, without compromising effectiveness.

Key findings:

- Planned treatment breaks were safe and workable for patients
- Patients in the intermittent treatment group were able to stay on effective therapy longer before their cancer progressed
- Overall survival was similar between treatment strategies
- Patients receiving intermittent treatment experienced fewer moderate-to-severe skin side effects and more time off treatment

Why it matters:

This early (phase II) study suggests that planned treatment breaks after an initial response may be a possible approach for some patients with RAS/BRAF wild-type metastatic colorectal cancer, potentially reducing side effects and time on treatment without affecting survival. However, these findings are preliminary and not practice-changing. Patients interested in treatment breaks could consider a thoughtful discussion with their treating oncologist.

To learn more about this study, [click here](#)

6. Guardant Health Launches Guardant360 Tissue, First Tissue Molecular Profiling Test with Comprehensive Multiomic Analysis to Provide a More Complete View of Cancer (May 21/25)

Update type: New cancer testing technology

Who it's for: Patients with cancer who may benefit from advanced tumour molecular profiling

What it is:

Guardant360® Tissue is a new laboratory test that analyzes tumour tissue to look for genetic and molecular features that may help guide treatment decisions or research. It is the first tissue-based test to combine multiple types of molecular information—including DNA, RNA, and tumour methylation—into a single report.

What makes this test different:

- Looks at DNA and RNA changes linked to cancer growth
- Includes genome-wide tumour methylation analysis, which can provide additional insight into tumour behaviour
- Uses AI-powered analysis, including PD-L1 assessment
- Requires less tumour tissue than many standard tests, helping preserve limited biopsy samples
- Results are typically available in under two weeks

Why it matters:

More comprehensive tumour testing can help doctors better understand a cancer and identify potential treatment options, including targeted therapies or clinical trials. Using less tissue means more patients may be able to access advanced testing, even when biopsy samples are small.

See more information about the product [here](#).

7. Investigating the Effects of Atezolizumab in People Whose Tumour DNA or RNA Indicates Possible Sensitivity (CAPTIV-8) (June 20/25)

Update type: Recruiting study

Study type: Phase II clinical trial

Population: Adults with advanced or incurable solid tumours whose tumour DNA and RNA analysis suggests they may respond to immunotherapy

Treatment: Atezolizumab (immunotherapy), given every 3 weeks

Study focus:

This study is investigating whether detailed analysis of a tumour's DNA and RNA can help predict who may benefit from atezolizumab. Participants are assigned to one of several tumour-type cohorts (including breast, lung, gastrointestinal, gynecologic, genitourinary, sarcoma, and others). All participants receive the same treatment. Early results within each cohort help determine whether enrollment continues for that cancer type.

Inclusion criteria:

- You are 18 years or older
- You have an advanced solid tumour that cannot be cured
- Your tumour has undergone whole genome and RNA testing through a program such as Personalized OncoGenomics(or equivalent)

- Molecular analysis suggests your cancer may be sensitive to immunotherapy
- You have measurable disease and are well enough to receive treatment

Exclusion criteria:

- You have previously received PD-1 or PD-L1 immunotherapy
- You have an active autoimmune disease requiring treatment
- You are pregnant or breastfeeding
- You have serious uncontrolled infections, lung inflammation, or significant heart disease
- You require ongoing immune-suppressing medications

Why it matters:

This study uses advanced genomic testing to help match patients to immunotherapy based on the biology of their cancer, rather than tumour type alone. It reflects a more personalized approach to cancer treatment and may help identify who is most likely to benefit from immunotherapy.

This trial is running in Vancouver, B.C.

To learn more about this study, [click here](#)

8. Encorafenib, Cetuximab, and mFOLFOX6 in BRAF-Mutated Colorectal Cancer (BREAKWATER) (June 20/25)

Update type: Completed study findings

Study type: Phase III, randomized clinical trial

Population: Patients with previously untreated BRAF V600E–mutated metastatic colorectal cancer

Treatment: Encorafenib + cetuximab + mFOLFOX6 (chemotherapy)

Comparator: Standard chemotherapy, with or without Bevacizumab

Study focus: Evaluated whether adding targeted therapy (Encorafenib and Cetuximab) to chemotherapy improves outcomes compared with standard first-line treatment in patients with BRAF V600E–mutated metastatic colorectal cancer.

Key findings:

- The targeted combination led to higher tumour response rates
- Cancer progression was delayed (~13 months vs. ~7 months)
- Overall survival was significantly longer (~30 months vs. ~15 months) compared with standard care
- Side effects were consistent with known safety profiles

Regulatory update:

Based on earlier trial results showing strong tumour responses, the U.S. FDA granted accelerated approval for Encorafenib plus Cetuximab with mFOLFOX6 as a first-line treatment for patients with BRAF V600E–mutated metastatic colorectal cancer. Canada’s Drug Agency (CDA-AMC) is currently conducting a reimbursement review of Encorafenib in combination with Cetuximab and chemotherapy for patients with BRAF V600E–mutated metastatic colorectal cancer. The submission seeks public reimbursement for this targeted-therapy combination as a treatment option for patients identified through validated biomarker testing.

Why it matters:

If your colorectal cancer has a BRAF V600E mutation, this study shows that starting treatment with targeted therapy plus chemotherapy can help control the cancer longer and may help you live longer than standard chemotherapy alone.

Access and patient support:

Pfizer offers a Patient Support Program (PSP) to help eligible patients access Encorafenib when used with Cetuximab and mFOLFOX6 in the first-line setting.

If you would like further information on this PSP program, please do reach out to christopher.m@ccran.org!

For further reading: [Article 1](#), [Article 2](#)

9. Patient Support Program Offered by Bristol Myers Squibb Canada – Nivolumab + Ipilimumab (Opdivo® + Yervoy®) for the First-Line Treatment of Adult Patients with Unresectable or Metastatic Colorectal Cancer + Ontario FAST Program Accelerated Access (Aug 12/25)

Bristol Myers Squibb Canada Co. (BMS) is pleased to announce a new patient access program designed to provide patients access to nivolumab + ipilimumab (Opdivo® + Yervoy®) for the first-line treatment of adult patients with unresectable or metastatic MSI-H or dMMR CRC, as approved by Health Canada on July 16th, 2025.

Following the CDA recommendation, Ontario has become the first jurisdiction in Canada to reimburse OPDIVO® plus YERVOY® for certain patients under the province’s newly launched **Funding Accelerated for Specific Treatments (FAST) program**. With its focus on accelerating review of therapies with demonstrated clinical benefit, such as OPDIVO® plus

YERVOY®, the FAST program will enable eligible individuals with MSI-H or dMMR metastatic colorectal cancer to gain access to treatment more quickly.

Please reach out to christopher.m@ccran.org for more information!

For further reading: [Article 1](#), [Article 2 \(French\)](#), and [Article 3](#)

10. Comprehensive Genomic/Biomarker Testing in Canada - OncoHelix (Aug 12/25)

OncoHelix is a Canadian laboratory located at the University of Calgary, offers comprehensive genomic profiling to help match cancer patients with the most effective treatments.

Testing options include:

OncoHelix-1 – Tumour tissue test (324 genes)

Designed to match the FoundationOne® test, considered a gold standard in cancer genomics. Detects tumour alterations such as SNVs, CNVs, Indels, and fusions. Matches patients with approved therapies, identifies clinical trial opportunities, and provides insights into drug resistance. Includes key colorectal cancer biomarkers: KRAS, NRAS, BRAF, ERBB2 (HER2), EGFR, PIK3CA, RET, VEGF, and TRK fusions. Reports Microsatellite Instability (MSI), Tumour Mutational Burden (TMB), and Homologous Recombination Deficiency (HRD) to help guide immunotherapy decisions.

OncoHelix-2 – Tumour tissue test (DNA+RNA: 170 genes)

Designed to offer the flexibility of detecting genetic alterations in both DNA and RNA of a range of solid tumours. More affordable and reports on all key colorectal cancer biomarkers that is recommended if MSI testing has been completed.

OncoHelix 3 – Tumour tissue test (DNA+RNA: 523 genes) **NEW!**

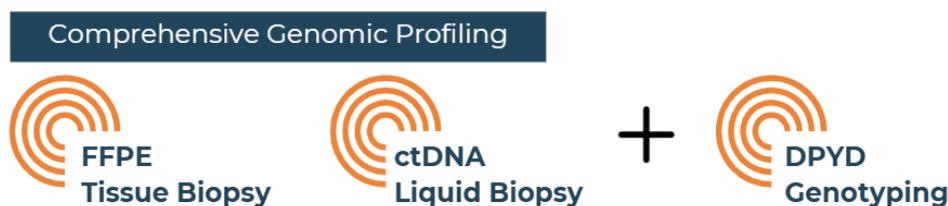
Provides comprehensive pan-cancer biomarker profiling, analyzing 523 genes associated with over 1600 active clinical trials. The assay includes integrated tumour mutational burden (TMB), microsatellite instability (MSI) assessment and homologous recombination deficiency (HRD) analysis with BRCA1/2 variant detection. The turnaround time is 3 weeks.

It is recommended for patients:

- That are undergoing initial molecular testing for a newly diagnosed tumour
- That are presenting with de novo metastatic disease
- With progression after first-line therapy who need biomarker testing to guide treatment
- That need rapid identification of alterations to inform timely treatment decisions

OncoHelix-4 – Liquid biopsy test (146 genes)

It is a blood test that looks for cancer-related genetic changes using a small blood sample. It checks 146 genes and is especially helpful when tumour tissue is not available or when cancer has spread. The test can help identify possible targeted treatment options, clinical trial opportunities, and reasons why a cancer may stop responding to treatment.



*Please note that DPYD genotyping is available only in Alberta.

Please reach out to christopher.m@ccran.org

To learn more, click [here](#).

The OncoHelix Requisition Form can be found [here](#).

11. Botensilimab + Balstilimab vs Best Supportive Care as Therapy in Chemo-refractory, Unresectable, Colorectal Adenocarcinoma (BATTMAN) (Sept 18/25)

Update type: Recruiting study

Study type: Randomized, Interventional, Phase III

Study focus:

This study is evaluating whether the combination of Botensilimab and Balstilimab can improve overall survival in patients with chemo-refractory, unresectable colorectal adenocarcinoma compared with current standard management.

Comparator: Botensilimab + Balstilimab versus best supportive care

Inclusion criteria:

- Colorectal adenocarcinoma that is not dMMR or MSI-H.
- Received and failed all prior available therapies
- ECOG performance status 0-1
- Measurable or evaluable disease according to RECIST 1.1
- Life expectancy \geq 12 weeks
- Age \geq 18 years
- Adequate organ and bone marrow function prior to randomization.
- Participant agrees to use effective contraception if of childbearing potential.

Exclusion criteria:

- Tumours that are dMMR or MSI-H
- History of primary immunodeficiency, solid organ transplant, or allogenic bone marrow transplant
- Recent use of immunosuppressive medications (with some exceptions)
- Active or prior autoimmune or inflammatory disorders
- Active brain metastases or leptomeningeal metastases
- Recent live attenuated vaccine (within 30 days)
- Recent anti-cancer therapy, radiotherapy, or investigational drugs
- Bowel obstruction, refractory ascites, or significant ongoing diarrhea
- Allergy to study drugs or conditions preventing compliance with the protocol
- Prior exposure to anti-PD-1/PD-L1/CTLA-4 therapy

Why it matters:

Patients with chemo-refractory, unresectable colorectal cancer currently have very limited options and are managed with best supportive care when standard therapies fail. Evaluating the combination of Botensilimab and Balstilimab could provide a new therapeutic option that improves survival, slows tumour growth, and enhances quality of life.

Actively recruiting sites: British Columbia, Ontario, Quebec, and Saskatchewan

For more information about the recruiting sites, click [here](#).

Study contact: Chris O'Callaghan; 613-533-6430, cocallaghan@ctg.queensu.ca

To learn more, click [here](#).

12. Merck Patient Resource: Clinical Trials Site (Nov 14/25)

Merck now has a new patient resource. They have introduced a Canadian clinical trials site! Within the site you will find lists of all the Merck trials taking place within an easy to navigate website for patients. Check it out, [here](#)!

If you have any questions, please do reach out to christopher.m@ccran.org!

13. DYNAMIC-III Trial at ESMO 2025 Presidential: ctDNA-guided Adjuvant Chemotherapy in Stage III Colon Cancer (Nov 14/25)

Update type: Completed study findings

Study type: Phase II/III randomized clinical trial

Population: Patients with stage III colon cancer after surgery

Treatment approach studied:

Use of a tumour-informed blood test (circulating tumour DNA, or ctDNA) for minimal residual disease after surgery to help guide decisions about follow-up chemotherapy.

Comparator: ctDNA-guided treatment decisions versus standard post-surgery care.

Study focus:

The study looked at whether ctDNA testing after surgery could help safely reduce or tailor chemotherapy for patients at lower risk of the cancer coming back, while still maintaining good outcomes.

Key findings:

- Patients with no ctDNA detected after surgery had a low risk of recurrence

The review evaluated the association between Metformin use and prognostic outcomes in patients with colorectal cancer. The analysis included 31 cohort studies comprising of 167,683 participants, examining outcomes such as all-cause mortality (ACM), cancer-specific mortality (CSM), overall survival (OS), disease free survival (DFS), and recurrence-free survival (RFS).

Inclusion criteria for the cohort studies reviewed:

- Cohort studies with participant population being adults with a histologically confirmed diagnosis of colorectal cancer
- Studies had to report at least one of these: all-cause mortality (ACM), cancer-specific mortality (CSM), overall survival (OS), disease free survival (DFS), and recurrence-free survival (RFS)

Key findings:

- Metformin exposure was significantly associated with reduced ACM and CSM.
- A significant improvement in overall survival was observed, particularly in patients with type 2 Diabetes Mellitus (T2DM).
- No significant association was observed between metformin use and recurrence-free survival.
- The benefits of Metformin were most prevalent among colorectal cancer patients with diabetes, whereas non-diabetic patients showed no significant association with overall survival or cancer-specific mortality.
- Effects varied depending on cancer stage, tumour location, and patient characteristics, but overall Metformin was associated with better survival outcomes in colorectal cancer patients with diabetes.

Why it matters: Diabetes can increase the risk of developing CRC. This review found that Metformin, a commonly prescribed medication for Type 2 Diabetes, may offer a dual benefit for CRC patients with diabetes by helping manage their diabetes while also supporting better cancer outcomes.

To learn more about this study, click [here](#).

16. Guardant Health Liquid Biopsy Nabs FDA Approval as CDx for Pfizer Colorectal Cancer Drug Combo (Feb 7/26)

Update type: FDA approval – companion diagnostic (liquid biopsy)

Guardant Health’s Guardant360 CDx liquid biopsy received FDA approval as a companion diagnostic to identify patients with BRAF V600E–mutant metastatic colorectal cancer who are likely to benefit from Pfizer’s Braftovi (Encorafenib) in combination with Cetuximab and mFOLFOX6 chemotherapy. The approval was supported by data from Pfizer’s Phase 3 BREAKWATER trial, which demonstrated significant improvements in objective response rate, progression-free survival, and overall survival compared with standard of care.

Key findings:

- Patients treated with Encorafenib plus Cetuximab with mFOLFOX6 chemotherapy demonstrated significant improvements in overall response rate (ORR), progression-free survival (PFS), and overall survival (OS)
- The Encorafenib plus Cetuximab with mFOLFOX6 regimen outperformed standard-of-care treatment in first-line BRAF V600E-mutant metastatic colorectal cancer.
- Guardant360 CDx enabled rapid circulating tumour DNA (ctDNA) analysis from blood samples, facilitating precision therapy selection and resistance monitoring.

Why it matters:

BRAF V600E-mutant metastatic CRC is associated with poor prognosis and limited treatment options. The FDA approval of Guardant360 CDx expands access to non-invasive, blood-based genomic testing, particularly when tumour tissue is unavailable or insufficient.

This is a US recommendation; however, Canadian patients can talk to their doctor.

To learn more, [click here](#).

17. Advances in immunotherapy for colorectal cancer: Overcoming resistance in mismatch repair-proficient tumors (Feb 19/26)

Update type: Review of existing evidence

Study focus:

This study reviewed existing evidence and emerging strategies in CRC immunotherapies and proposed a structured translational framework to extend immunotherapy benefits beyond the MSI-H subset.

Key findings:

- Most MSS colorectal cancers remain resistant to current immunotherapies due to low immunogenicity, impaired antigen presentation, T-cell exclusion, and a highly suppressive tumour microenvironment, particularly in cases with liver metastases.

- Emerging strategies include combination checkpoint blockade (PD-1 with CTLA-4, LAG-3, or TIGIT inhibitors), mRNA based neoantigen vaccines, integration of targeted therapies with Immune Checkpoint Inhibitors (ICIs) (KRAS-G12C, BRAF, MEK inhibitors), tumour microenvironment modulation via VEGF inhibition and anti-angiogenics, oncolytic viruses and microbiome manipulation.

Why it matters:

Expanding immunotherapy strategies beyond those targeted only for MSI-H tumours could improve treatment options and outcomes for people with mismatch repair-proficient CRC.

To learn more, [click here](#)

18. A study of Amivantamab and mFOLFOX6 or FOLFIRI versus Cetuximab and mFOLFOX6 or FOLFIRI as First-line Treatment in Participants with KRAS/NRAS and BRAF Wild-type Unresectable or Metastatic Left-sided Colorectal Cancer (OrigAMI-2) (Feb 13/ 26)

Update type: Recruiting study

Study type: Phase 3 randomized, open-label trial

Comparators: Amivantamab with chemotherapy vs Cetuximab with chemotherapy

Study focus:

This study aims to compare how long the participants remain disease free when treated with Amivantamab combined with standard chemotherapy (mFOLFOX6 or FOLFIRI) versus Cetuximab combined with standard chemotherapy as first-line treatment in participants with KRAS/NRAS and BRAF wild-type unresectable or metastatic left-sided colorectal cancer.

Inclusion criteria:

- Confirmed left-sided colorectal adenocarcinoma that is metastatic or unresectable
- KRAS, NRAS, and BRAF are wild-type
- Willing to provide fresh tumour tissue

Exclusion criteria:

- History of/ currently has interstitial lung disease (ILD) /pneumonitis/pulmonary fibrosis
- Allergic/ intolerant to study drugs or chemotherapy components
- Has another cancer that could interfere with study results
- Tumours with dMMR/MSI-H or HER-2 positive/ amplified status
- Prior treatment with drugs targeting EGFR or MET

Why it matters:

The primary outcome measure of this trial, Progression-Free Survival, shows how long a treatment can keep cancer under control before it worsens. This trial will help determine which targeted therapy may delay disease progression more effectively. Identifying a treatment that keeps the cancer stable for longer can improve first-line treatment decisions and potentially lead to better outcomes for patients with left-sided metastatic CRC.

Actively recruiting trial sites:

Alberta:

- Arthur J E Child Comprehensive Cancer Centre: Calgary, AB, T2N 5G2

Ontario:

- Ottawa Hospital: Ottawa, ON, K1H 8L6
- Princess Margaret Cancer Centre: Toronto, ON, M5G1X6

Quebec:

- Centre de Recherche du CHUM: Montreal, QC, Canada, H2X 0C1

To learn more, [click here](#)

19. Neoadjuvant Chemotherapy with CAPOX versus Chemoradiation for Locally Advanced Rectal Cancer with Uninvolved Mesorectal Fascia (CONVERT): Final Results of a Phase III Trial (Feb 19/26)

Update type: Completed study

Study type: Randomized control trial

Comparators: Neoadjuvant chemoradiotherapy (nCRT) vs chemotherapy (nCT)

Study focus:

This study examines whether neoadjuvant chemotherapy (nCT) with Capecitabine plus Oxaliplatin (CAPOX) can provide outcomes comparable to the standard neoadjuvant chemoradiotherapy (nCRT) with Capecitabine in locally advanced rectal cancer with uninvolved mesorectal fascia.

Key findings:

- After 3 years, the cancer recurrence rates, disease free survival, and overall survival were similar between both treatment groups
- Patients who received chemotherapy alone had fewer long-term side effects, including less bowel inflammation.

Why it matters:

For patients with locally advanced rectal cancer who do not have mesorectal fascia involvement, chemotherapy alone before surgery may achieve similar survival outcomes as chemoradiotherapy while reducing long-term side effects associated with radiation. This supports more personalized treatment strategies and potentially reduces patients' exposure to radiation.

To learn more, [click here](#)

20. Circulating Tumor DNA-based Assessment of Minimal Residual Disease in Colorectal Cancer: Prognostic and Predictive Implications (Feb 25/26)

What is ctDNA?

- Small DNA fragments from cancer cells in the bloodstream carrying tumour-specific mutations.
- It is detected via liquid biopsy (blood test), a non-invasive alternative to tissue biopsies.
- ctDNA testing can be performed using tumour-informed ctDNA or tumor-agnostic ctDNA approaches.
- ctDNA can reveal important tumour information such as genetic mutations, copy number changes, DNA methylation patterns, and structural rearrangements.
- This information helps clinicians track the disease, monitor treatment response, and detect recurrence early.

What is Minimal Residual Disease (MRD)?

- Small numbers of cancer cells remaining after treatment, often undetectable by imaging, which can lead to recurrence if not addressed.
- ctDNA testing can detect MRD in the bloodstream even when scans appear normal.
- Early MRD detection helps to identify high-risk patients, personalize post-treatment care, and consider additional therapies sooner.
- ctDNA testing can be performed after surgery (2-4 weeks) to detect MRD, during adjuvant therapy to monitor treatment response, and during follow-up to detect early recurrence.

Limitations and implications:

- Some tumours or metastatic sites release very small amounts of ctDNA, making detection difficult.
- Testing methods and thresholds are still being standardized, and negative ctDNA results do not guarantee that patients remain cancer-free
- ctDNA testing is still undergoing clinical trials
- ctDNA has the potential to detect recurrence earlier, personalize treatment, reduce overtreatment, and improve long-term outcomes.

To learn more, click [here](#).

Surgical Therapies

21. Hepatic Artery Infusion Pump (HAIP) Chemotherapy Program – Sunnybrook Odette Cancer Centre (Dec 17/24)

About the program:

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.

What is HAIP:

Hepatic Artery Infusion Pump (HAIP) Therapy is a specialized chemotherapy treatment for colorectal cancer that has spread to the liver and cannot be safely removed via surgery. A small Hepatic Artery Infusion Pump is surgically implanted in the abdomen to deliver chemotherapy directly into the liver through the hepatic artery. This targeted approach allows high doses of medication to reach liver tumours while limiting exposure to the rest of the body. The

goal is to shrink tumours enough to make surgical removal possible.

How does it work:

HAIP works by taking advantage of the liver’s unique blood supply. Healthy liver tissue receives blood from the portal vein, while liver tumours rely on the hepatic artery. Delivering chemotherapy through the hepatic artery targets cancer cells while minimizing exposure to healthy tissue. The drug commonly used for the therapy, floxuridine (FUDR), is broken down in the liver, allowing high local doses with fewer systemic side effects compared to traditional chemotherapy.

Who is eligible:

- Patients whose colorectal cancer has spread to the liver
- None or very limited cancer outside of the liver
- Tumors cannot be removed surgically
- Physically fit enough to undergo surgery and motivated to pursue aggressive treatment
- Adequate liver blood flow confirmed through specialized testing

Treatment process:

- Surgical implantation of the HAIP (1-2 hours)
- Post surgery nuclear medicine scan to confirm chemotherapy will reach the liver safely
- Chemotherapy delivery begins roughly 2 weeks after implantation

Effectiveness of HAIP:

- About 25% of patients become eligible for surgery after HAIP to remove the cancer from their liver.
- Of the 105 patients treated at Sunnybrook, 4 patients had complete disappearance of cancer on imaging, and 4 others became eligible for other curative options, such as liver transplantation.
- The treatment uses highly targeted therapy with fewer whole-body side effects compared to traditional chemotherapy.



Contact: Christina Kim (Nurse practitioner)

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 here](#).

22. In Vivo Lung Perfusion (IVLP) for CRC Metastatic to Lung (Jan 9/25)

Update type: Recruiting study

Study type: Phase 1, interventional, non-randomized trial

Study focus:

This study is investigating a technique called In Vivo Lung Perfusion (IVLP) for delivering chemotherapy directly into the lungs at the time of surgery. 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 monitored for 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.

Inclusion criteria:

- Diagnosis of Colorectal Carcinoma
- Presence of bilateral pulmonary metastases
- 3 or more lung lesions in total
- Age 18-70 years
- ECOG 0-2; ECOG is a performance status scale used to assess a patient’s functional abilities. (ECOG 0: fully

active, ECOG 1: strenuous physical activity restricted, ECOG 2: capable of all self-care)

- Absence of extra-pulmonary disease, except liver metastases suitable to curative treatment.

Exclusion criteria:

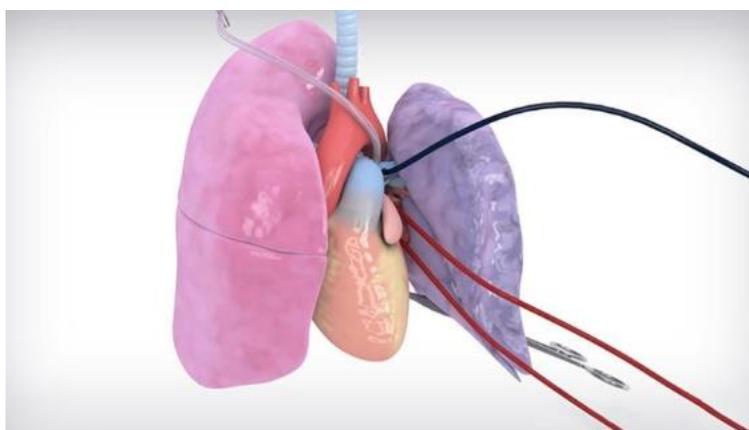
- Patient has previously received more than 1000 mg of oxaliplatin
- Left Ventricular Ejection Fraction <50%
- History of significant pulmonary disease or pneumonitis
- Pregnant or lactating females
- Age 71 or older, or less than 18 years
- Hypersensitivity to oxaliplatin
- Patients with Heparin-induced thrombocytopenia (HIT)

Actively recruiting trial sites:

Ontario:

- University Health Network, Toronto General Hospital: Toronto, ON, M5G 2C4

The primary outcome is safety as measured by acute lung injury findings and the estimated primary completion date is January 1, 2027. To learn more, [click here](#).



In Vivo Lung Perfusion Model

Image Source: <https://pie.med.utoronto.ca/TVASurg/project/in-vivo-lung-perfusion/>

23. Does Surgical Intervention Contribute to Survival for Patients with Para-Aortic Lymph Node Metastasis from Colorectal Cancer? (April 18/25)

Study type: Supplementary analysis of a multicentre retrospective observational cohort study (JSCCR-PALNM project)

Study focus:

The study examined the impact of surgical resection on survival for patients with Para-Aortic Lymph Node Metastasis (PALNM) from colorectal cancer compared to chemotherapy alone, using real-world database of patients treated at dedicated institutions for colorectal cancer in Japan.

Key findings:

- The patients who had surgery survived longer than those who received chemotherapy alone.
- On average, surgery extended survival by almost 2 years (4.4 years with surgery vs 2.5 years with chemotherapy).
- Only 1 in 4 patients remained relapse free at 3 and 5 years after surgery.
- Surgery was most beneficial for patients who had solitary PALNM, poorly differentiated tumours and other distant metastases that were still removable.
- Surgery showed less survival benefit for patients with multiple affected lymph nodes, lymph node spread above the renal vein and right-sided primary tumours.

Why it matters:

PALNM has often been managed with chemotherapy alone. This study provides strong evidence that surgical resection can significantly improve overall survival in selected patients with resectable PALNM.

To learn more, click [here](#).

24. Liver Transplant Program at UHN (Feb 7/25)

Liver Transplant Program

UHN offers the largest liver transplant program in Canada. Their team is dedicated to helping patients through every

stage of a successful transplant, offering transplant services to patients with even the most complex medical conditions.

Liver transplant may be a viable treatment option for patients with metastatic disease that is confined to the liver, with unresectable liver metastases and otherwise stable disease.

To learn more about the Liver Transplant Program at UHN, [click here!](#)

Radiation Therapies/Interventional Radiation

25. Ultra-high Dose Radiation for Liver Metastasis Using MR-guided Treatment with Stereotactic Ablative Single-fraction (ULTRAS) (Mar 21/25)

Update type: Recruiting study

Study type: Phase III, interventional randomized control trial

Study focus:

The study aims to compare whether giving an ultra-high dose (experimental) of radiation in a single treatment session using MR-Linac is more effective than a standard high-dose (control) radiation for treating liver metastases. It aims to identify predictors of treatment response and side effects by analyzing various factors such as imaging markers and genetic profiles.

Inclusion Criteria:

- Have a confirmed cancer diagnoses that has spread to the liver (colorectal adenocarcinoma, pancreatic adenocarcinoma, head and neck SCC, cervix SCC, skin SCC and NSCLC)
- Have 1-3 liver tumours suitable for SBRT
- Have good liver function (Child-Pugh score A)
- 18 years or older and in good physical condition
- Must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0-2.
- Expected life expectancy > 6 months.
- Are not pregnant or breastfeeding and agree to use effective contraceptive during treatment

Exclusion Criteria:

- Liver metastases from primary cancer other than those listed in the eligibility criteria
- Have more than 5 liver metastases requiring treatment or have tumours too close to important bile ducts and structures
- Previously received radiation that could interfere with this treatment or are currently receiving other cancer treatments
- Have medical conditions that could make radiation unsafe
- Cannot undergo MRIs

Why it matters:

Previous studies have shown that SBRT can be effective for treating liver metastases, but the optimal radiation dose has not yet been determined. This study aims to address that gap by comparing ultra-high dose SBRT with standard dose SBRT to determine which approach is most effective.

Actively recruiting trial sites:

Ontario:

- Princess Margaret Cancer Centre: Toronto, ON, M5G 2M9
- Contact: Ali Hosni, MD; 416-946-2360, ali.hosni.abdalaty@uhn.ca

To learn more about the study, [click here.](#)

Screening

26. National guideline for Lynch Syndrome Aims to Prevent Cancers and Save Lives (Nov 14/25)

Study type: Clinical survey and literature review

Study focus:

The Canadian Lynch Syndrome Working group, consisting of 37 multidisciplinary experts, aimed to improve testing and

management of Lynch Syndrome, an inherited genetic mutation in the body's mismatch repair (MMR) system that increases a person's risk of developing cancer. This study is the first national study to provide a standard of care for the assessment of Lynch Syndrome in Canada, by establishing 18 consensus statements addressing Lynch Syndrome diagnostic pathways and patient advocacy across Canada.

Key recommendations:

- Universal Lynch Syndrome screening for people with colorectal and endometrial cancers
- Genetic testing for family members of people with Lynch Syndrome
- The creation of provincial surveillance protocols for Lynch Syndrome-associated cancers
- Increase in physician education about Lynch Syndrome and improved education strategies and communication across all specialists.

Why it matters:

The recommendations from this study can be used as a guideline to streamline policies and practices across Canada and can serve as a resource for providing care for individuals with Lynch Syndrome.

To learn more about this study, [click here](#). The full publication can be found [here](#).

Nutrition/Healthy Lifestyle

27. Exercise for Cancer to Enhance Living Well (EXCEL) Study (Dec 29/24)

Update type: Recruiting study

Study type: Hybrid implementation effectiveness study

Study focus:

Exercise for Cancer to Enhance Living Well (EXCEL) is a 5-year Canada-wide project that uses an integrated knowledge translation approach to implement evidence-based exercise delivery for cancer survivors in remote/ rural and underserved communities.

Inclusion Criteria:

- Have a diagnosis of cancer
- Are over the age of 18 years
- Can participate in mild levels of activity
- Are about to have treatment, are currently having treatment, or have had cancer treatment within the last 5 years
- Can read/write in English
- Can access online programs, if necessary, to participate in the exercise programs.

Exclusion Criteria:

- Unable to read/write in English
- Are unable to participate in exercise
- For online programs, do not have internet or computer access

Contact: Email wellnesslab@ucalgary.ca to learn more and sign up.

To learn more about this study click [here](#).

To access the EXCEL study webpage, click [here](#).

To hear about participant experiences, click [here](#).



Are you living with or beyond cancer?

Want to get active but don't know where to start?

Join this FREE 12-Week Exercise Study

Exercise with your peers, under the guidance of instructors trained in exercise oncology.

Our programs are **SAFE** and effective!

- Online or in-person
- New programs start every January, April, and September
- Time investment: Two, 60-min classes a week

Register TODAY by contacting us:

Email: wellnesslab@ucalgary.ca
 Call: 403-210-8482
 Website: ucalgary.ca/excel-cancer-exercise-program

Ethics ID: HREBA.CC-20.0098
Version date: 2023-08-08, V1

Funded by: Canadian Cancer Society, Canadian Institutes of Health Research, Alberta Cancer Foundation

28. A Randomized Phase III Trial of the Impact of a Structured Exercise Program on Disease-Free Survival (DFS) in Stage 3 or High-Risk Stage 2 Colon Cancer: Canadian Cancer Trials Group (CCTG) CO.21 (CHALLENGE) (June 20/25)

Study type: Phase 3 randomized trial

Study focus:

This study aimed to test the hypothesis that a meaningful increase in recreational physical activity (PA) after adjuvant therapy is achievable and will improve disease-free survival (DFS) in stage 3 or high-risk stage 2 colon cancer. From 2009 to 2024, 889 patients were randomized to a structured exercise program (SEP, 445 patients) or health education materials (HEM, 444 patients). The HEM participants received educational material promotion PA and healthy nutrition in addition to standard surveillance. The SEP participants worked with a PA consultant who delivered an exercise intervention using behaviour change methodology over 3 years.

Key findings:

- The SEP significantly improved survival, reduced recurrence and enhanced physical function compared to HEM.
- After about 8 years of follow-up, fewer recurrences and deaths occurred in the SEP group.
- Disease free survival and overall survival was higher in the SEP group.

Why it matters:

These findings suggest the implementation of a structured exercise program should become a standard of care following treatment for early-stage colorectal cancer.

To read the full study, click [here](#).

Additional articles to learn more: [Article 1](#), [Article 2](#), [Article 3](#), [Article 4](#)

Early Age Onset Cancer

29. Young Adult CRC Clinic Available at Sunnybrook (Jan 5/25)

Patients diagnosed under the age of 50 have a unique set of needs, challenges, and worries. To address these unique concerns, Sunnybrook Health Sciences Centre offer the Young Adult Colorectal Cancer Clinic.

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 the above

The team of experts consists of:

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

Contact: Phone: 416-480-5000, Fax: 416-480-6002

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. An appointment will then be issued wherein the patient will meet with various members of the team to address their specific set of concerns.

To learn more, click [here](#).

30. Adolescents and Young Adults (AYA) Program Available at The Ottawa Hospital (Oct 15/25)

The Ottawa Hospital Cancer Care | L'Hôpital d'Ottawa Soins du cancer | AYA

Welcome to the AYA Program at TOH

We support adolescents and young adults (ages 15–39) with cancer across all stages of care. Whether you're newly diagnosed, in treatment, or navigating survivorship, we're here to walk with you

Scan the QR code to self-refer

What to Expect

- A personalized needs assessment
- Supportive care planning
- Access to psychosocial, fertility, and sexual health services
- Navigation help for family, financial, nutrition and exercise, educational, and work-related concerns
- **Person-centered care**

Inclusive, Equitable Care

This program is for everyone. **We welcome participation from people of all backgrounds, identities and communities and are committed to culturally safe care**

Meet Your Team

Advanced Practice Nurse (APN): Provides specialized support
Nurse Navigator: Coordinates your care and connects you to the right supports.
Social Worker: Offers emotional support and helps with practical needs.
AYA Champions: Staff across TOH who advocate for your unique needs.

How to Connect

Ask your care team to refer you to the AYA Program or book yourself in using **Self-Booking on your MyChart**
 Clinics run virtually multiple times per week.

Contact us at AYAProgram@toh.ca

31. Diverging Global Incidence Trends of Early-Onset Cancers: Comparisons with Incidence Trends of Later-Onset Cancers and Mortality Trends of Early-Onset Cancers (Jan 15/26)

Study type: Observational

Study focus:

This study examined whether the incidence trend of early onset cancers (20-29 years) differs from that of later onset cancers (≥50 years) and whether both the incidence and mortality of early onset cancers have increased concurrently.

Key findings:

- Early-onset cancer incidence increased in multiple cancer types across at least 10 countries between 2000 – 2017
- In several cancers, early onset incidence increased faster than later-onset incidence, particularly in high-HDI countries.
- Early-onset colorectal cancer showed consistent increases in both incidence and mortality in several high-income countries.
- Early-onset uterine cancer incidence and mortality increased in multiple countries.
- Rising obesity prevalence in younger populations was positively correlated with increasing early-onset incidence for several cancers.
- The study recommended strengthening primary prevention efforts (diet, lifestyle), implementing risk-based screening strategies, advancing genetic research, and developing early detection strategies tailored to younger populations.

Why it matters: The study found that the incidence of many early-onset cancers is rising faster than later-onset cancers, with cancers such as colorectal cancer showing an increase in both incidence and mortality. Addressing risk factors and improving early detection could reduce preventable cases, improve survival, and lessen long-term health, social, and economic impacts.

To learn more, click [here](#).

32. An Environmental Scan of Services for Adolescents and Young Adults Diagnosed with Cancer Across Canadian Pediatric and Adult Tertiary Care Centres (Feb 7/26)

Study type: Survey-based environmental scan

Study focus:

This study conducted a survey-based environmental scan of adolescent and young adults (AYA; 15-39 years) cancer services across Canadian pediatric and adult hospitals. They reported on program logistics, availability of specialized AYA services, staff training, collaboration between pediatric and adult centres, funding sources, and specific areas of care such as fertility, sexual health, palliative care, distress screening, fatigue management, and access to clinical trials

Key Findings:

- Only about half of responding centres offered AYA specific services (54% pediatric; 47% adult), and approximately one third of centres without programs were actively developing them.
- Most AYA services were concentrated in Ontario, Alberta, and Manitoba, with little to no AYA-specific programming available in Atlantic Canada, Saskatchewan, or the Yukon.
- Compared with a similar 2011 scan, improvements were observed in oncofertility services, sexual health resources, palliative care (particularly in pediatric settings), and return-to-work/school supports.
- Only 5 of the centres offered specialized AYA training, and 11 centres employed dedicated AYA staff (e.g., clinical nurse specialists, navigators, program coordinators).
- Most AYA programs relied heavily on philanthropic donations, with fewer centres supported by stable provincial healthcare funding, raising concerns about long-term sustainability and equity.
- Centres reported barriers to clinical trial enrollment for AYAs such as difficulty identifying trials for rare cancers, limited availability of trials, and lack of time or awareness.
- AYA specific services commonly included support groups, patient navigation, individual counselling, caregiver supports, fertility resources and referral pathways, and sexual health resources.

Why it matters:

The study highlights the geographic and structural inequities in access to AYA-specific cancer services across Canada despite progress over the last decade. The findings emphasize the importance of a coordinated national AYA cancer strategy that includes standardized training, sustainable funding, improved collaboration across disciplines, and expanded access to psychosocial and clinical trial supports to address ongoing gaps.

To learn more, click [here](#).

33. Leading Cancer Deaths in People Younger Than 50 Years (Feb 7/26)

Study type: Observational study

Study focus: This study analyzed long term trends (1990-2023) in cancer mortality among people younger than 50 years in the U.S. Using national death certificates, researchers assessed how mortality rates changed overtime, and which cancers now account for the greatest number of deaths.

Key findings:

- Overall cancer mortality in people under 50 declined by 44% from 1990-2023.

- Mortality decreased for all leading cancers except colorectal cancer.
- Colorectal cancer mortality increased by about 1.1% per year since 2005, making it the leading cause of cancer death in this age group by 2023.
- In contrast, lung cancer, breast cancer, leukemia, and brain cancer mortality all declined during the study period.
- CRC rose from fifth-leading cause of death in the early 1990s to the first overall in 2023.
- Most younger patients with CRC are diagnosed at advanced stages (about 3 in 4 cases).

Why it matters:

Rising CRC-related mortality suggests the need to understand causes, improve prevention, increase awareness of warning symptoms, and promote early screening to reduce advanced diagnoses and deaths.

To learn more, click [here](#).



34. Precision in Practice: Costs and Benefits of Comprehensive Genomic Profiling for Five Stage 4 Cancers (Jan 15/26)

Research focus:

The Colorectal Cancer Resource & Action Network (CCRAN), in partnership with The Conference Board of Canada, has released a new report entitled Precision in Practice: Exploring the Costs and Benefits of Comprehensive Genomic Profiling for Five Metastatic Cancers. This research examines how broader access to genomic testing can improve patient outcomes, enhance system efficiency, and unlock greater value across Canada’s cancer care landscape.

Purpose:

As Canada faces rising cancer rates, mounting system pressures, and growing interest in personalized care, this report provides timely insight into the costs and benefits of expanding access to comprehensive genomic profiling—helping leaders make informed decisions in a rapidly evolving landscape.

The potential costs and benefits of public funding was evaluated for universal comprehensive genomic profiling with next-generation sequencing (CGP-NGS) across Canada for 5 newly diagnosed stage 4 cancers (lung, colorectal, pancreas, breast and prostate) versus the current standard of care.

Key findings:

- CGP-NGS could result in cost savings ranging from \$87 million to \$134 million for the healthcare system between 2025-2030, compared with the current standard of care.
- Savings are driven by reducing the cost of multiple tests and treatment delays.
- Targeted cancer treatments rather than diagnostic testing account for most costs. Testing contributes to just 0.3 to 4.1% of the overall cost per patient.
- For the five stage 4 cancer types considered, universal CGP-NGS could contribute to an additional 3440 life years gained and over \$180 million in economic benefits from 2025-2030.

Recommendations:

- Stronger real-world evidence on CGP-NGS application in Canada
- Funding alignment between genomic tests and their corresponding targeted therapies
- Transparent and effective clinician-patient dialogue— expansion of centralized testing infrastructure
- A collaborative national framework involving government, industry, clinicians, patients and advocates, and innovation partners

This new evidence will underpin the next steps of CCRAN’s National Collective Biomarker Campaign.

Why it matters:

As Canada faces rising cancer rates, mounting system pressures, and growing interest in personalized care, this report provides timely insight into the costs and benefits of expanding access to comprehensive genomic profiling—helping leaders make informed decisions in a rapidly evolving landscape.

To learn more, click [here](#).

35. Sexual Health Outcomes After Colorectal Cancer Diagnosis in Females: A Population-Based Cohort Study (June 20/25)

Study type: Cohort study

Study focus:

The aim of the study was to evaluate the impact of colorectal cancer on sexual health outcomes among females, while controlling for age.

Key findings:

- Females with CRC had higher risks of dyspareunia, pelvic inflammatory disease, endometriosis, and premature ovarian failure compared to those without CRC.
- Age differences mattered: younger females (≤ 39 years) showed increased risk for dyspareunia and premature ovarian failure, while older females (≥ 40 years) had higher risks of pelvic inflammatory disease and endometriosis.
- Cancer treatments (surgery, chemotherapy, radiation) were linked to increased sexual health risks, likely due to hormonal changes, tissue damage, and immune suppression.
- Abnormal bleeding was generally not associated with CRC, except a lower risk in younger females (≤ 39 years).

Why it matters:

These findings highlight that CRC, and its treatments can have effects on sexual and reproductive health and underscore the importance of age-specific counselling, supportive services, and tailored interventions.

To read the full study, click [here](#).

Additional article to learn more: [Article](#)