my RESEARCH & TREATMENT UPDATES

NOVEMBER 2026



CCRAN
Colorectal Cancer Resource & Action Network

RISCC
Réseau d'informations et soutien pour le cancer colorectal

A PATIENT-FOCUSED ORGANIZATION

COLORECTAL CANCER TREATMENT & CLINICAL RESEARCH UPDATES

Month Ending November 17, 2026

The following colorectal cancer treatment and research updates extend from October 14, 2026 to November 17, 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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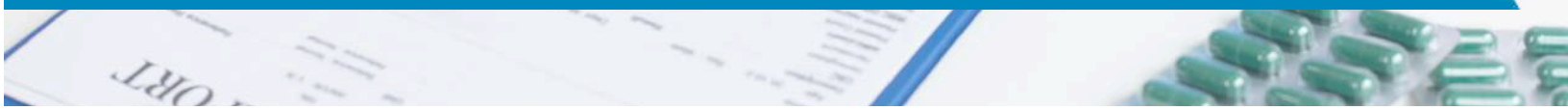
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Drug/Systemic Therapies



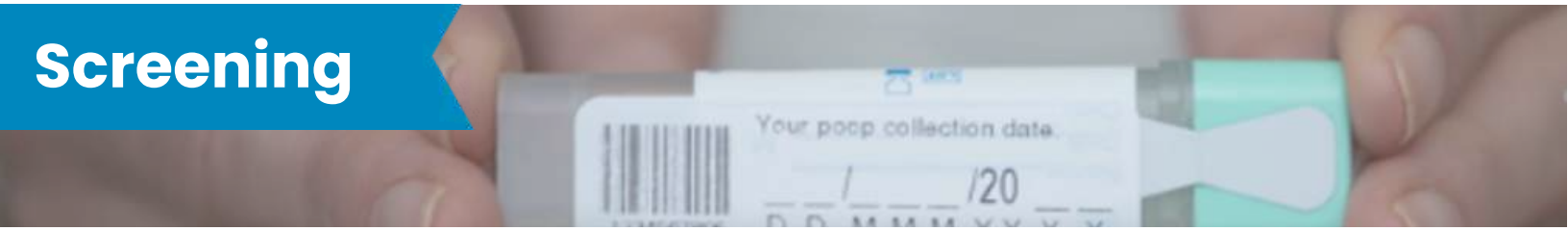
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Screen it! Treat it! Beat it!
Together, anything is possible!

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Drug/Systemic Therapies



1. A Review of Current Research Related to Circulating Tumour DNA for Minimal Residual Disease (ctDNA-MRD)

A. Prognostic Role of Postoperative ctDNA in Metastatic Colorectal Cancer Treated with Curative Intent: A Systematic Review and Meta-Analysis (Jun 12/26)

Update type: Completed study findings

Study type: Systematic review and meta-analysis

Study focus: This study aimed to evaluate the association between postoperative ctDNA detection and survival outcomes, including after completion of adjuvant chemotherapy (post-ACT), in patients with mCRC.

Key findings:
-ctDNA positivity after surgery was associated with a 4.5-fold higher risk of cancer recurrence compared to a negative ctDNA result.
-ctDNA positivity after surgery was associated with 6-fold higher risk of mortality.
-The association between ctDNA positivity and poorer outcomes was consistent across different ctDNA testing methods and subgroups.
-Patients who remained ctDNA positive after completing adjuvant chemotherapy had a 6-fold higher risk of recurrence, suggesting persistent molecular residual disease (MRD).
-ctDNA demonstrated higher specificity and positive predictive value for identifying patients at risk of recurrence compared to tumour marker CEA in studies that directly compared the two.

Why it matters: This study provides strong evidence that ctDNA can identify patients with mCRC who remain at high risk of recurrence after curative-intent treatment, even when no disease is visible in scans. The findings support the role of ctDNA as a tool for detecting MRD to help tailor surveillance and future treatment decisions for metastatic CRC patients.

To learn more, click here.

B. Post-Adjuvant Chemotherapy in ctDNA-Positive Patients with Resected Colorectal Cancer: A Randomized Phase 3 Trial (ALTAIR Trial) (Jun 15/26)

Update type: Completed study findings

Study type: Phase 3, double blind, randomized trial

Study focus: The ALTAIR trial evaluated whether early treatment with Trifluridine/ Tipiracil (FTD/TPI; brand name: Lonsurf) in patients with resected stage 0-IV colorectal cancer who became ctDNA-positive but had no radiographic evidence of disease recurrence could improve disease free survival (DFS).

Key findings:
-Median DFS was 9.3 months for patients who received Lonsurf versus 5.6 months for patients who received placebo, indicating that Lonsurf did not significantly improve DFS. Although patients receiving Lonsurf went longer before their cancer returned, the difference was not large enough in comparison to the placebo group for researchers to conclude that Lonsurf significantly improved DFS.
-Exploratory subgroup analysis suggested a significant DFS benefit among patients with resected stage IV CRC who received Lonsurf compared to placebo.
-Patients who were ctDNA negative had substantially better DFS and overall survival than those with transient or ctDNA-positive results.
-Grade 3 or higher adverse events occurred in 73% of patients receiving FTD/TPI versus 3.3% with placebo, primarily hematologic toxicities such as neutropenia, indicating a high toxicity burden.

Why it matters: This study provides important evidence that detecting molecular recurrence with ctDNA is feasible and identifies patients at very high risk of recurrence before imaging detects the disease. However, Lonsurf was not effective in improving outcomes in the overall study population and was associated with substantial toxicity. The findings highlight the promise of ctDNA guided treatment strategies and the need to identify more effective interventions for patients who test ctDNA-positive.

To learn more, click here.

C. Tumour-Free ctDNA in Node-Negative Rectal Cancers Undergoing Neoadjuvant Chemotherapy, Excision, and Observation in the Phase II NEO Trial (CO.28) (Oct 2/26)

Update type: Completed study findings

Study type: Phase 2 randomized, open-label trial

Study focus: The NEO trial evaluated whether tissue-free ctDNA assay can help guide treatment decisions about organ preservation in patients with early stage, node negative rectal cancer receiving neoadjuvant chemotherapy. The study examined whether ctDNA detection before and after chemotherapy was associated with treatment response, recommendations for total mesorectal excision (TME), and recurrence outcomes.

Key findings:
-ctDNA was detected in 45.8% of patients before chemotherapy and in 8.7% of patients after chemotherapy, suggesting that chemotherapy reduced detectable tumour DNA in most patients.
-All 4 patients with detectable ctDNA after chemotherapy were recommended TME
-The study found no statistically significant association between ctDNA detection and recurrence free survival, possibly due to the small sample size and low number of recurrences.
-Some patients experienced cancer recurrence despite having no detectable ctDNA, showing that a negative result does not rule out future recurrence.

Why it matters: ctDNA testing could complement existing assessments such as imaging, endoscopy, and physical examination, to help identify patients who may have residual cancer after chemotherapy and require more extensive surgery. This could support organ-preserving approaches while helping clinicians identify patients at greater risk of poor treatment response. However, the small sample size, low recurrence rate, and false negative results mean that ctDNA cannot independently determine treatment decisions based on this study.

To learn more, click here.

2. Access to Fruquintinib (FRUZAQLA) for Previously Treated mCRC (May 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 (publicly available) in: Alberta, British Columbia, New Brunswick, Nova Scotia, Ontario*, Quebec, Saskatchewan, and Newfoundland and Labrador.

***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.

3. 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 (Apr 9/26)

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 positive CDA funding 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.

Importantly, access to nivolumab + ipilimumab continues to expand across Canada. As of

April 1, 2026, four additional provinces—Nova Scotia, Saskatchewan, Manitoba, and British Columbia—have officially listed this combination as a first-line treatment option.

Combined with earlier listings in Ontario (November 28, 2025) and Quebec (February 4, 2026), **a total of six provinces now provide public access to this therapy.**

For further reading: Article 1, Article 2 (French), and Article 3

4. 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.

OncoHelix – Follow It (38 genes)
It is a liquid biopsy test that looks at 38 cancer-related genes in ctDNA. It identifies clinically actionable genomic alterations, detecting biomarkers associated with sensitivity and resistance to approved and investigational therapies, as well as diagnostic and prognostic biomarkers to inform precision oncology decision-making.

The OncoHelix Requisition Form can be found here.

5. Advances in Immunotherapy for Colorectal Cancer: Overcoming Resistance in Mismatch Repair-Proficient Tumours (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.

6. The Impact of Metformin Use on Survival Outcomes in Colorectal Cancer: A Systematic Review and Meta-Analysis (Jan 15/26)

Update type: Completed study findings

Study type: Systematic review and meta-analysis

Study focus: 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).

Key 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.

7. 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.

8. Epidermal Growth Factor Receptor Inhibitor Rechallenge: A Worthy Option in the Crowded Refractory Advanced Colorectal Cancer Space (Mar 4/26)

Study type: Systematic review and meta-analysis

Study focus: The study examines whether rechallenging patients with epidermal growth factor receptor (EGFR) inhibitors, such as cetuximab and panitumumab, is an effective treatment strategy for patients with refractory metastatic colorectal cancer who previously responded to EGFR-targeted therapy but later developed resistance.

Key findings:
-EGFR-inhibitor rechallenge showed clinical benefit in 937 patients with RAS/RAF wild-type metastatic colorectal cancer.
-Progression-free survival was 3.83 months, and overall survival was 10.43 months.
-The objective response rate was 14.6% and the disease control rate was 58.9%

-EGFR rechallenge resulted in longer progression-free survival than other systemic therapies (5.94 vs 3.87 months), but overall survival was similar.
-Patients without RAS/RAF mutations detected in ctDNA had better survival outcomes than those with detectable resistance mutations.

Why it matters: Treatment options for advanced, refractory colorectal cancer have limited survival benefits and cause significant side effects. EGFR-inhibitor rechallenge may provide a meaningful later-line treatment option, especially for patients without resistance mutations.

To learn more, click here.

9. Atezolizumab plus FOLFOX for Stage III Mismatch Repair–Deficient Colon Cancer - ATOMIC Trial Establishes New Standard of Care (Mar 25/26)

Update type: Completed study findings

Study type: Phase III randomized controlled trial

Study focus: The study evaluated whether adding the immunotherapy drug atezolizumab to standard adjuvant chemotherapy (FOLFOX) improves outcomes in patients with resected stage III mismatch repair–deficient (dMMR) colon cancer.

Key findings:
-Adding atezolizumab reduced the risk of recurrence or death by 50% compared to chemotherapy alone.
-3-year disease-free survival: 86.3% (atezolizumab + FOLFOX) vs 76.2% (FOLFOX alone)
-No significant difference in overall survival observed yet (data still maturing).
-Higher rates of grade 3–4 adverse events with combination therapy (84.1% vs 71.9%).
-Benefit appears strongest in patients who receive adequate chemotherapy exposure (>6 cycles).

Why it matters: This is the first phase 3 trial to show a clear benefit of immunotherapy in early-stage (non-metastatic) dMMR colon cancer, marking a major shift in treatment.

***The findings have already been incorporated into NCCN guidelines, establishing atezolizumab + FOLFOX as a new standard of care for patients with stage III dMMR colon cancer in the United States. **This has not yet been approved/ funded in Canada – stay tuned for when this comes to Canada.**

To learn more, click here.

10. First-Line Nivolumab plus FOLFOXIRI/ Bevacizumab in Advanced RAS/BRAF-Mutated Colorectal Cancer: Efficacy, Safety, and Biomarker Discovery from the Phase II NIVACOR Trial (Mar 25/26)

Update type: Completed study findings

Study type: Phase II trial

Study focus: The trial evaluated the activity and safety of FOLFOXIRI/ bevacizumab combined with nivolumab as a first-line therapy in patients with RAS/BRAF-mutated mCRC. The study also evaluated the results of CGP and RNA sequencing analyses performed to identify possible biomarkers of activity of this combination in pMMR/MSS tumours.

Key findings:
-76.7% of participants experienced tumour shrinkage; out of which about 10% had complete response (no visible cancer) and 67% had a partial response.
-20.6% of participants had stable disease, meaning their cancer did not grow.
-Tumours had a median time to response of approximately 2 months.
-The median progression free survival was 10.1 months.
-The treatment worked similarly in both the RAS and BRAF-mutation subgroup.
-Patients with different tumour biology (MSS vs MSI) also showed comparable benefits.
-86% of patients experienced at least one treatment related side effect (eg. diarrhea, fatigue, low white cells, nerve effects, and nausea).
-66% of participants experienced serious side effects, mostly neutropenia and diarrhea.
-Patients with higher mutational burden had longer disease control.
-Changes in PI3K/AKT pathway were associated with improved outcomes.

Why it matters: This study shows that a combination treatment including chemotherapy, immunotherapy, and targeted therapy can achieve high response rates and disease control in patients with RAS/BRAF-mutated mCRC.

To learn more, click here.

11. Efficacy of Perioperative Pembrolizumab in Mismatch Repair Deficient/ Microsatellite Unstable Localized Colorectal Cancers: Results of the Phase II Trial IMHOTEP (Jun 16/ 26)

Update type: Completed Phase II study findings

Study type: Phase II prospective, non-randomized trial

Study focus: The Phase II IMHOTEP trial evaluated the safety and efficacy of perioperative pembrolizumab (before and after surgery) in patients with localized, resectable MSI/dMMR colorectal cancer. The study aimed to determine whether immunotherapy could induce high rates of pathological complete response (pCR) and improve patient outcomes.

Key findings:
-53% of patients achieved a pathological complete response following perioperative pembrolizumab.
-64.2% achieved pCR on central pathology review, with an additional 10.4% achieving a major pathological response (MPR).
-Patients receiving two neoadjuvant pembrolizumab cycles had higher pCR rates (68.2%) than those receiving one cycle (46%).
-Most patients experienced significant tumour downstaging, and 72.2% had stage 0-I disease at surgery.
-After a median follow-up of 24.5 months, only 5 patients experienced cancer-related events, and the 24 month overall survival rate was 98%.
-Pembrolizumab demonstrated a manageable safety profile, although 15.7% of patients experienced grade ≥ 3 treatment related adverse events.

Why it matters: This study provides strong evidence that perioperative pembrolizumab can be effective in patients with resectable MSI/dMMR CRC, with more than half of the study population achieving complete eradication of detectable tumour at surgery. The findings support the growing role of immunotherapy in earlier stage to improve long-term outcomes in this population.

To learn more, click here.
To access clinical trial information, click here.

12. Onvansertib Plus Standard-of-Care Chemotherapy Plus Bevacizumab in First-Line RAS-Mutated Metastatic Colorectal Cancer (mCRC): Interim Results From the Phase 2 Randomized CRDF-004 Trial (May 27/26)

Update type: Active, not recruiting

Study type: Phase II interventional, open-label, randomized trial

Study focus: This study evaluates two different doses of onvansertib to identify the lowest dose that is the most effective, and to assess the safety and efficacy of onvansertib in combination with FOLFIRI plus bevacizumab or FOLFOX plus bevacizumab in patients with KRAS/NRAS-mutated mCRC in the first-line setting.

Key findings:
-Onvansertib in combination with FOLFIRI plus bevacizumab showed improved efficacy in first-line RAS mutated mCRC, achieving an objective response rate of 72.2% compared with 43.2% for standard-of-care (SOC) chemotherapy plus bevacizumab.
-Progression free survival (PFS) was prolonged with onvansertib, with a 12-month PFS rate of 61.9% in the onvansertib arm compared to 30.1% in the SOC arms.
-The regimen of onvansertib plus FOLFIRI plus bevacizumab was well tolerated with neutropenia being the most common grade ≥ 3 adverse event.

Why it matters: Patients with RAS-mutated mCRC have limited targeted treatment options and generally poor outcomes with standard chemotherapy regimens. These findings suggest that adding onvansertib may improve response rates and prolong disease control, potentially offering a new first-line treatment option for this patient population.

To learn more, click here.

13. A Study to Investigate the Efficacy and Safety of ONO-4578 in Combination With Nivolumab and Chemotherapy in Chemotherapy-Naïve Participants With HER2-negative Unresectable Advanced or Recurrent Gastric Cancer (Including Esophagogastric Junction Cancer) (Mar 13/26)

Update type: Active, not recruiting

Study type: Phase II interventional, double blind, randomized trial

Study focus: This study evaluates the effectiveness and safety of ONO-4578 in combination with nivolumab and chemotherapy as first-line treatment versus placebo in combination with nivolumab and chemotherapy for patients with HER2 negative advanced or recurrent gastric cancers.

Key inclusion criteria:
-18 years and older
-No prior systemic chemotherapy

Key exclusion criteria:
-Unable to take oral medicines
-HER2 positive tumour
-Contraindications to nivolumab, oxaliplatin, S-1 or capecitabine
-History of complications caused by non-steroidal inflammatory drugs (NSAIDs)
-History of chronic or recurrent autoimmune disease
-Symptomatic brain metastases

Why it matters: The results of this study will determine if ONO-4578 in combination with nivolumab and chemotherapy as first-line treatment can have improved progression free survival and overall survival in patients with HER2 negative advanced or recurrent gastric cancers compared to SoC therapy.

To learn more, click here.

14. Jemperli (Dostarlimab) Achieves Sustained Clinical Complete Responses in dMMR/MSI-H Locally Advanced Rectal Cancer (Jul 13/ 26)

Update type: Completed study findings

Study type: Phase II interventional, open-label trial

Study focus: This study evaluated whether neoadjuvant dostarlimab (Jemperli) alone can achieve durable clinical complete response in patients with untreated stage II/III dMMR/MSI-H locally advanced rectal cancer, potentially allowing patients to avoid chemotherapy, radiation, and surgery. The trial will also assess long-term outcomes, organ preservation, and quality of life through five years of follow-up.

Key inclusion criteria:
-18 years and older
-Previously untreated stage II/III dMMR/MSI-H locally advanced rectal adenocarcinoma
-ECOG Performance Status 0-1
-Available tumour sample for biomarker testing

Key exclusion criteria:
-Metastatic disease
-Prior treatment for rectal cancer including chemotherapy, radiation, or surgery
-Active autoimmune disease requiring systemic treatment within the past 2 years
-Another malignancy requiring active treatment within the past 2 years
-Symptomatic bowel obstruction caused by the tumour

Key findings:
-The primary objective of the trial was met. Dostarlimab achieved a clinically meaningful rate of sustained clinical complete response, with many patients showing no detectable signs of cancer at 12 months or longer after treatment.
-Dostarlimab may allow some patients to avoid or delay standard treatments, including chemotherapy, radiation, and surgery.

Why it matters: If approved, dostarlimab could become the first neoadjuvant immunotherapy option for patients with dMMR/MSI-H locally advanced rectal cancer, with the potential to eliminate or delay the need for chemotherapy, radiation, and surgery while preserving organ function and quality of life.

To learn more, click here.
To access study information, click here.

15. Five-Year Outcomes of Short-Term Radiotherapy Plus Chemotherapy Versus Long-Term Chemoradiotherapy for Locally Advanced Rectal Cancer: Updated Results of the STELLAR Trial (Jul 27/26)

Update type: Completed study findings

Study type: Phase III, open-label, randomized trial

Study focus: The study evaluated the effectiveness of short-course radiotherapy followed by total neoadjuvant chemotherapy (SCRT-based TNT) compared to standard long-course chemoradiotherapy (CRT) in patients with locally advanced rectal cancer.

Key findings:
-SCRT-based TNT improved 5-year overall survival (OS) compared with standard CRT, with survival rates of 78.1% vs 69.7% respectively.
-Five-year disease-free survival (DFS) was similar between the two treatment approaches.
-Rates of distant metastases and locoregional recurrence were comparable between SCRT-based TNT and CRT over 5 years.
- Patients with a high-risk locally advanced rectal cancer appeared to benefit the most, with TNT associated with significant improved OS.
-Among patients whose cancer recurred, those treated with TNT had better survival after recurrence, including improved post-recurrence progression free survival (PFS) and OS after recurrence.

Why it matters: The 5-year STELLAR trial results provide evidence that SCRT-based TNT offers a durable overall survival advantage over standard CRT while maintaining similar disease control and quality of life. These findings support SCRT-based TNT as an effective neoadjuvant treatment option for patients with locally advanced rectal cancer, particularly patients with high-risk disease.

To learn more, click here.

16. COMMIT: A Randomized Study of mFOLFOX6/Bevacizumab/Atezolizumab or Atezolizumab Alone as First-Line Treatment of Deficient DNA Mismatch Repair Metastatic Colorectal Cancer (Jul 29/26)

Update type: Completed study findings

Study type: Phase III, prospective, open label, randomized trial

Study focus: This study evaluated the effectiveness of atezolizumab as a monotherapy, and atezolizumab as a combination therapy alongside FOLFOX and bevacizumab in the first line setting for dMMR/MSI-H metastatic colorectal cancer patients.

Comparators: Atezolizumab (monotherapy); Atezolizumab/FOLFOX/bevacizumab (combination therapy); FOLFOX/bevacizumab

Key findings:
-The combination therapy significantly improved progression free survival (PFS) compared to monotherapy, reducing the risk of disease progression or death by 58%.
-The combination therapy produced a higher objective response rate (ORR) of 86.1% compared to 46% for monotherapy.

-The complete response rate of the combination therapy was 36.1% compared to 18.9% for the monotherapy.
-Primary disease progression was significantly lower with combination therapy at 2.8% vs. 32.4% for the monotherapy, indicating that patients experienced meaningful tumour control.
-The combination therapy was associated with more grade ≥ 3 adverse events than monotherapy, reflecting the toxicities of the added FOLFOX and bevacizumab.

Why it matters: The findings from this trial suggest that adding FOLFOX and bevacizumab to atezolizumab may provide better disease control than atezolizumab alone for patients with previously untreated dMMR/MSI-H metastatic colorectal cancer. This approach showed evidence of significantly delaying disease progression and showed a higher response rate, making it an effective first-line treatment option.

Study limitation: The trial provides insights into the role of adding atezolizumab to FOLFOX and bevacizumab in the first-line treatment of dMMR/MSI-H metastatic colorectal cancer; however, the study did not compare this approach against the current standard first-line immunotherapy regimens (e.g. nivolumab and ipilimumab or pembrolizumab monotherapy). While the PFS and ORR are encouraging, there are no known trials that determine which first-line immunotherapy is most effective. Patients should discuss their treatment plan with their oncologist.

To learn more, click here.

17. FOLFOXIRI Plus Panitumumab for Left-Sided RAS-Wild-Type Metastatic Colorectal Cancer (Aug 18/26)

Update type: Completed study findings

Study type: Phase 2, non-randomized, open-label study

Study focus: This study evaluated the efficacy of the combination of FOLFOXIRI and panitumumab as first-line therapy in patients with metastatic left-sided, RAS wild-type CRC. The study aimed to evaluate if the combination of triplet chemotherapy and anti-EGFR therapy will improve response rates in this patient population.

Key findings:
-Objective response rate (ORR) was 74.1%, including 2 patients achieving complete responses and 18 patients achieving partial response.
-3 patients' tumours shrunk between 20%-30% and only 1 patient showed disease progression.
-The disease control rate (DCR) was 96.3%.
-Median progression free survival (PFS) was 17 months
-The most common side effects reported included diarrhea, hypokalemia, anemia, and acneiform rash. 56% of patients had at least one serious side effect.

Why it matters: The study findings suggest that combining FOLFOXIRI with panitumumab can produce high response rates and prolonged disease control in patients with left-sided RAS wild-type mCRC.

To learn more, click here.

18. Long-Term Survival Outcomes of Modified-FOLFOXIRI Plus Cetuximab Versus Bevacizumab in RAS/BRAF Wild-Type Metastatic Colorectal Cancer: Final Analysis of the DEEPER Trial (Aug 27/26)

Update type: Completed study findings

Study type: Phase 2, randomized, open-label trial

Study focus: The final analysis of the DEEPER trial evaluated long-term survival outcomes with modified FOLFOXIRI plus cetuximab versus bevacizumab in patients with RAS/BRAF wild-type mCRC. It focused on whether FOLFOXIRI with cetuximab provided greater benefit in patients with left-sided tumours.

Key findings:
-Median PFS was 14.8 months with cetuximab versus 11.9 months with bevacizumab.
-Median OS was 50.2 months with cetuximab versus 40.2 months with bevacizumab.
-Median depth of response was 59.2% with cetuximab versus 47.5% with bevacizumab.
-The ORR was 75.6% with cetuximab versus 72.8% with bevacizumab
-The difference between the resection rates was not statistically significant between the treatment arms.
-Cetuximab-based therapy was associated with longer OS in male patients and those with extrahepatic disease.

Why it matters: The findings suggest that adding cetuximab to modified FOLFOXIRI in first-line therapy may improve tumour shrinkage and PFS in patients with RAS/BRAF wild-type, left-sided mCRC.

To learn more, click here.

19. IROCAS: A Randomized Phase III Trial of Adjuvant Treatment Intensification With mFOLFIRINOX Versus MFOLFOX6 in High-Risk Stage III (T4 and/or N2) Colon Cancer (Oct 25/26)

Update type: Completed study findings

Study type: Phase 3 randomized control trial

Study focus: Patients with pT4 and/or pN2 stage III colon cancer remain at a high risk of recurrence despite standard adjuvant chemotherapy. This study evaluated whether intensification of adjuvant chemotherapy with FOLFIRINOX was more effective compared to standard FOLFOX.

Key findings:
-Adjuvant triplet chemotherapy (FOLFIRINOX) did not improve disease free survival (DFS) compared with standard doublet chemotherapy (FOLFOX).
-The 3-year DFS was 65.6% with FOLFIRINOX and 66.3% with FOLFOX.
-Grade ≥3 adverse events occurred in 62% of patients on both FOLFIRINOX and FOLFOX.
-Grade ≥3 diarrhea and fatigue were more frequent with FOLFIRINOX, whereas grade ≥3 neutropenia was less frequent.

Why it matters: These findings suggest that adding irinotecan to FOLFOX (FOLFIRINOX) did not improve disease free survival compared with FOLFOX in patients with high-risk stage III colon cancer. Despite similar overall side effects, FOLFIRINOX was also associated with more severe fatigue and diarrhea. These results do not support chemotherapy intensification for patients with high-risk stage III colon cancer.

To learn more, click here.

20. Omega-3 Polyunsaturated Fatty Acid Eicosapentaenoic Acid (EPA) Versus Placebo After Resection of Colorectal Cancer Liver Metastases (EMT2): A Multicentre, Double Blind, Randomized Phase 3 Trial (Oct 25/26)

Update type: Completed study findings

Study type: Phase 3, interventional, randomized, open-label study

Study focus: A previous small study (the EMT study) suggested a possible survival benefit in patients with colorectal cancer liver metastases who took naturally occurring omega-3 fatty acid EPA (a fish oil supplement) before liver surgery. This study will be a larger study to evaluate whether patients who take this supplement before liver surgery and up to 4 years after surgery, remain free of recurrence for longer than those who take placebo.

Key findings:
-Median progression free survival (PFS) was 12.9 months in the placebo group versus 13.5 months in the EPA group.
-Five-year overall survival (OS) was 45.1% in the placebo group compared to 62% in the EPA group.
-In both groups, there were no significant adverse events and quality of life measures were also similar.

Why it matters: The findings suggest that although EPA did not alter disease progression, it improved overall survival in colorectal cancer patients with liver metastases after resection surgery. If you are preparing for liver surgery, please talk to your healthcare team about if taking this supplement is right for you.

To learn more, click here

21. Clinical Complete Response With Dostarlimab Monotherapy in dMMR/MSI-H Locally Advanced Rectal Cancer (LARC): First Results From the Global Registrational AZUR-1 Trial (Oct 25/26)

Update type: Completed study findings

Study type: Phase 2 interventional, open-label study

Study focus: This study evaluated dostarlimab as first-line monotherapy in patients with dMMR/MSI-H rectal cancer.

Key findings:
- At a median follow-up of 26.3 months, 68% of patients achieved a sustained clinical complete response (cCR) for at least 12 months following treatment.
- Among the 15 patients who underwent surgery after dostarlimab, 80% achieved pathological complete response (pCR), meaning no cancer detected in the surgical tissue.
- The combined rate of cCR and pCR was 76% with dostarlimab alone.
- Out of the patients who achieved a complete response, 98% maintained it for at least 12 months, with no reported cancer recurrences.
- 93% of patients had no evidence of disease progression after receiving dostarlimab, with or without standard of care treatment. 71% of patients received this outcome with dostarlimab alone.
- Grade 3 or higher side effects occurred in 3% of patients.

Why it matters: These findings suggest that dostarlimab as a monotherapy may offer an effective treatment option for patients with dMMR/MSI-H locally advanced rectal cancer, potentially allowing some patients to avoid chemotherapy, radiation, and surgery.

If you were initially diagnosed with early stage (stage II/III) rectal cancer and have accessed dostarlimab as part of your treatment, please contact Cassandra Macaulay at cassandra.m@ccran.org to share your experience. Your input will help inform funding review for the therapy in Canada.

To learn more, click here.

22. Neoadjuvant Short-Course Radiotherapy Followed by Camrelizumab and Chemotherapy in Locally Advanced Rectal Cancer (LARC): The Phase 3 UNION Trial (Oct 25/26)

Update type: Completed study findings

Study type: Phase 3, interventional, randomized, open-label trial

Study focus: This study compared the pathological complete response rate (PCR) of patients with locally advanced rectal cancer treated with short-term radiotherapy, sequential camrelizumab (an anti-PD-1 antibody) and CAPOX to long-term concurrent chemoradiotherapy and sequential CAPOX.

Comparators:
-Group A: Short-term radiotherapy, sequential camrelizumab and CAPOX
-Group B: Long-term concurrent chemoradiotherapy and sequential CAPOX

Key findings:
-The 3-year event free survival (EFS) rate was 91.3% for patients in Group A.
-Patients in Group A had a 67% lower relative risk of experiencing a disease-related event, including cancer progression, recurrence, distant metastasis, or death.
-The treatment approach in Group A significantly improved EFS compared to the standard treatment in Group B.

Why it matters: These findings suggest that combining short-course radiotherapy, immunotherapy, and chemotherapy may improve long term disease control in patients with locally advanced rectal cancer compared with standard treatment.

To learn more, click here.

23. Circulating Tumour DNA (ctDNA) Guided Re-Treatment (Re-Tx) With Encorafenib and Cetuximab in Patients With Chemorefractory BRAFV600E Mutated Metastatic Colorectal Cancer: The Proof-of-Concept Single Arm Phase II BRICKET Trial by GONO (Oct 28/ 26)

Update type: Completed study findings

Study type: Phase 2, interventional trial

Study focus: This study evaluated whether mCRC patients with the BRAFV600E mutation who previously responded to encorafenib and cetuximab (EC) could benefit from the same treatment again after disease progression. The study used ctDNA for genomic profiling to identify patients without common genetic changes associated with resistance to EC to determine if these patients could benefit from re-treatment.

Key findings:
-ctDNA testing found genetic alterations in 96.7% of the patients.
-Approximately 38% of the patients had genetic changes associated with treatment resistance, most commonly KRAS mutation, NRAS mutation, and MET amplification.
-Of the 16 patients who qualified for EC re-treatment, none of them achieved an objective response, which is measurable tumour shrinkage.
-37.5% of patients experienced disease stabilization which lasted for a median of 2.9 months. This means that their tumour did not progress or shrink during this time.
-Median PFS was 2.9 months, and median OS was 9.1 months.

Why it matters: Although the EC re-treatment did not achieve tumour shrinkage in any of the patients, it did provide disease stabilization for some patients for 2.9 months. This suggests that re-treatment with EC could be an option for patients when other treatment options are limited, to help stabilize the disease. However, using ctDNA to select patients without common mutations that may be resistant to re-treatment was not a sufficient approach to predict treatment response.

To learn more, click here (Abstract 787RO).

24. Encorafenib Plus Cetuximab (EC) Beyond Progression in Combination With FOLFIRI in BRAF V600E Metastatic Colorectal Cancer (mCRC) Patients Progressing on EC: Results From the ECLYPse Phase II Trial (Oct 24/ 26)

Update type: Completed study findings

Study type: Phase 2 prospective study

Study focus: This study evaluated the effectiveness of encorafenib and cetuximab (EC) in combination with FOLFIRI in mCRC patients with BRAF V600E mutation who are progressing on EC administered in second line.

Key findings:
- At a median follow-up of 7.6 months, 56% of patients experienced disease progression on EC as second line treatment.
- The 6-month progression free survival (PFS) rate for EC plus FOLFIRI was 69.5% and the median PFS was 7.1 months.
- The 6-month and 12-month overall survival (OS) rates on EC plus FOLFIRI were 94.1% and 83.7% respectively.

Why it matters: These findings suggest that for mCRC patients with BRAF V600E mutation who progressed on encorafenib and cetuximab in the second line, combining EC treatment with FOLFIRI may be effective in providing disease control in this patient population with a poor prognosis.

To learn more, click here (Abstract 788RO).

25. TRIDENTE: A Phase II Study of Rechallenge With Encorafenib (ENCO), Binimetinib (BINI), and Cetuximab (CET) in BRAF V600E-Mutant Metastatic Colorectal Cancer (mCRC) (Oct 24/ 26)

Update type: Completed study findings

Study type: Phase 2 study

Study focus: This study evaluated the effectiveness of rechallenge with encorafenib, binimetinib, and cetuximab in patients with BRAF V600E mutant mCRC who previously responded and then progressed on encorafenib and cetuximab therapy.

Key findings:
-The objective response rate (ORR) was 19% for patients who received rechallenge with encorafenib, binimetinib, and cetuximab.
-Stable disease was observed in 57% of patients and tumour shrinkage occurred in 52.4% of patients with the rechallenge therapy.
-Median PFS on encorafenib, binimetinib, and cetuximab rechallenge was 2.8 months and

-and median OS was 9.6 months.
-For patients with available ctDNA results, the rechallenge therapy ORR was 25% in those patients without detectable genomic alterations associated with resistance to EC, compared to an ORR of 12.5% in those who did have the genomic alterations.

Why it matters: These findings suggest that rechallenging patients with encorafenib, binimetinib, and cetuximab may be effective in managing the progression of disease in patients with BRAF V600E mutated mCRC who previously progressed on encorafenib and cetuximab. This rechallenge could offer an additional treatment option for these patients who initially benefitted from targeted therapy.

To learn more, click here (Abstract 789RO).

26. Long-Term Follow-Up of Telisotuzumab Adizutecan (ABBV-400, Temab-A) in Combination With Bevacizumab (Bev) vs. Standard of Care (SOC) in Patients with 3L+ Colorectal Cancer (CRC): Updated Results of a Phase 1 Study (Oct 24/ 26)

Update type: Completed study findings

Study type: Phase 1 interventional study

Study focus: This study evaluated the safety and effectiveness of telisotuzumab adizutecan (Temab-A), an antibody drug conjugate targeting the c-Met protein (also known as MET), in combination with bevacizumab in patients with advanced colorectal cancer who had received at least 3 previous lines of treatment. The study compared this combination with standard treatment using trifluridine/ tipiracil (Lonsurf) plus bevacizumab.

Key findings:
-At a median follow-up of 18.2 months, the Temab-A plus bevacizumab group showed the strongest treatment activity.
-The objective response rate (ORR) was 30% with Temab-A plus bevacizumab, compared with 0% with standard treatment.
-Median progression free survival (PFS) was 6.8 months with Temab-A plus bevacizumab, compared with 4.2 months with standard treatment.
-Median overall survival (OS) was 14.7 months with Temab-A plus bevacizumab, compared with 10.2 months with standard treatment.
-Median duration of response (DOR) was 5.6 months with Temab-A plus bevacizumab.

Why it matters: These findings suggest that Temab-A combined with bevacizumab may be an effective treatment option for patients with advanced colorectal cancer who have progressed after multiple previous treatments.

To learn more, click here (Abstract 791RO).

27. Bi-Weekly Versus Conventional Trifluridine/ Tipiracil (Lonsurf) Plus Bevacizumab for Refractory Metastatic Colorectal Cancer: The Pragmatic Phase 3 PRABITAS Trial (Oct 29/ 26)

Update type: Completed study findings

Study type: Phase 3 interventional, randomized, open-label trial

Study focus: This study evaluated the effectiveness of administering trifluridine/ tipiracil (Lonsurf) plus bevacizumab on a conventional 28-day schedule (days 1-5 and 8-12) versus a bi-weekly schedule (days 1-5) in later-line mCRC.

Key findings:
-The bi-weekly schedule maintained similar OS to the conventional 28-day schedule.
-Median OS was 11.3 months with the bi-weekly schedule compared to 10.3 months with the conventional schedule.
-Median PFS was 3.9 months in both groups.
-The bi-weekly schedule reduced several severe side effects including neutropenia, diarrhea, and loss of appetite.
-Patients receiving the bi-weekly schedule also had fewer dose reductions (31% vs. 48% on the conventional schedule) and treatment delays (58% vs. 68% on the conventional schedule).

Why it matters: These findings show that changing the treatment to a biweekly schedule can maintain survival outcomes in mCRC patients who are receiving later-line treatment while significantly reducing treatment-related side effects; therefore, improving quality of life.

To learn more, click here (Abstract LBA31).

28. Final Overall Survival Results From CheckMate 8HW: Nivolumab Plus Ipilimumab Versus Nivolumab or Chemotherapy in MSI-H/dMMR Metastatic Colorectal Cancer (Oct 24/ 26)

Update type: Completed study findings

Study type: Phase 3 interventional, randomized study

Study focus: This study compared the clinical benefit of nivolumab plus ipilimumab (nivo + ipi), nivolumab as a monotherapy and standard of care chemotherapy by measuring progression free survival (PFS), overall survival (OS), and objective response rate (ORR) in patients with MSI-H/dMMR mCRC across all lines of treatment.

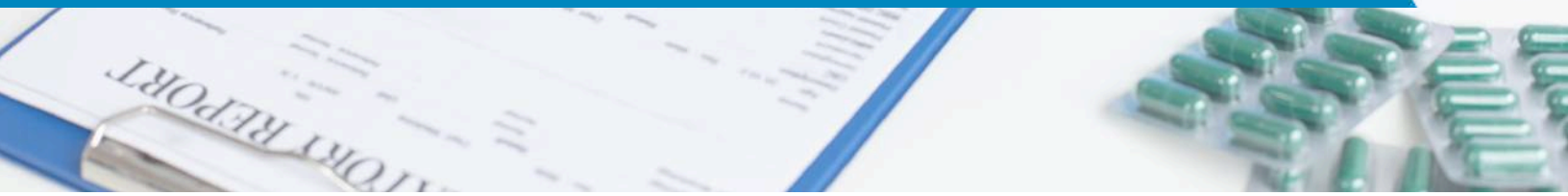
Key findings:
-At median follow-up of 68.1 months, nivo + ipi improved OS compared to nivo alone across all treatment lines, reducing the risk of death by 39%.

-In patients receiving first-line treatment of nivo + ipi, it reduced the risk of death by 63% compared to chemotherapy.
-Nivo + ipi showed improved PFS and ORR compared to nivo alone and chemotherapy.
-The ORR with nivo + ipi was 74% in the first-line setting, compared with 27% with chemotherapy.

Why it matters: Combining two immunotherapies nivo + ipi for mCRC patients who are MSI-H/dMMR showed sustainable survival benefits, offering these patients an option for improved disease control compared to chemotherapy or nivolumab alone. However, the study did not directly compare the nivo + ipi combination with pembrolizumab, another immunotherapy used in this patient population, so it is not possible to determine which approach is more effective. These study findings support nivo + ipi as a treatment option in comparison to chemotherapy, which is not standard of care in MSI-H mCRC; however, it does not provide evidence of it being a superior treatment over other immunotherapy options.

To learn more, click here (Abstract LBA32).

Recruiting Drug/ Systemic Therapy Trials



29. MOUNTAINEER-03: A Study of Tucatinib with Trastuzumab and mFOLFOX6 Versus Standard of Care Treatment in First-line HER2+ mCRC (Mar 16/26)

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.

Key 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

Key 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

Key findings from Phase II:
- The combination of Tucatinib + Trastuzumab achieved a 39.3% objective response rate.
-The median duration of response was 15.2 months.
-Patients' median progression-free survival was 8.1 months, and overall survival was 23.9 months.
-Most side effects were mild and manageable (diarrhea, fatigue, nausea).

Why it matters: This study is investigating if targeted therapies in combination with chemotherapy can be effective and well tolerated for some patients with HER2-positive colorectal cancer, with potential use as an earlier line of therapy.

Actively recruiting trial sites:
Ontario:
-The Ottawa Hospital Cancer Centre (Ottawa)
-Sunnybrook Research Institute (Toronto)
-Mount Sinai Hospital (Toronto)

Quebec:
-Jewish General Hospital (Montreal)
Saskatchewan:
-Saskatoon Cancer Centre (Saskatoon)

To learn more about this trial, click here.
To view the publication, click here.

30. 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 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.

31. A Review of Current Research Related to Circulating Tumour DNA for Minimal Residual Disease (ctDNA-MRD) CRC.10: Colon Cancer Adjuvant Chemotherapy Based on Evaluation of Residual Disease (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.

Key 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

Key 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

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

To learn more, click here.

32. 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

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.

Key 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

Key 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.

Actively recruiting trial sites:
Vancouver:
-BC Cancer (Vancouver); Contact: Janessa Laskin, MD; 604-877-6000 ext. 672617, jlaskin@bccancer.bc.ca

To learn more about this study, click here.

33. Agenus Immunotherapy Trials in MSS Colorectal Cancer Patients: Discontinuation of the BATTMAN Trial and An Overview of the ROBBIN Trial

A. Botensilimab + Balstilimab vs Best Supportive Care as Therapy in Chemo-Refractory, Unresectable, Colorectal Adenocarcinoma (BATTMAN) (Jul 13/26)

Update type: *Discontinued trial*

Study type: Randomized, interventional, phase III trial

Study focus: This study was evaluating whether the immunotherapy combination of botensilimab and balstilimab can improve overall survival in patients with chemo-refractory, unresectable microsatellite stable (MSS) colorectal adenocarcinoma compared with current standard management.

Comparator: Botensilimab + Balstilimab versus best supportive care (BSC).

Note: In this study, BSC refers to treatments aimed at managing symptoms. Patients in the BSC group did not receive anti-cancer therapies for mCRC.

Update summary:
-Agenus announced that it will discontinue financial support for the ongoing BATTMAN phase III trial to prioritize the development of its neoadjuvant BOT+BAL program through the planned ROBBIN Phase III trial.
-Agenus confirmed that it will continue to honour commitments to patients currently receiving treatment in BATTMAN and will work with the Canadian Cancer Trials Group (CCTG) and participating investigators to manage the transition. No further information has been provided in respect of what this will entail.

-The decision is based on emerging results from earlier-phase studies (NEST and UNICORN) evaluating neoadjuvant BOT+BAL in MSS colorectal cancer, which demonstrated promising pathological results and supported further investigation in earlier-stage disease.

To learn more, click here.

B. Agenus Announces Up to $340 Million to Advance ROBBIN Trial of Neoadjuvant BOT+BAL in MSS Colon Cancer (Jul 13/ 26)

Update type: Upcoming Phase III ROBBIN trial

Study type: Phase III randomized trial

Study focus: This trial evaluates the combination of botensilimab and balsilimab (BOT+BAL) as neoadjuvant treatment for patients with resectable early-stage (Stage I-III) pMMR/MSS colon cancer. The study aims to determine whether immunotherapy given before surgery can improve outcomes in this early-stage population.

Trial overview:
-ROBBIN is a planned randomized phase III trial evaluating neoadjuvant botensilimab and balstilimab (BOT+BAL) followed by a standard-of-care (SoC) treatment versus SoC alone in patients with previously untreated high-risk stage II and III MSS/pMMR colon cancer.
-The trial will enroll approximately 850 patients and will evaluate whether treatment before surgery can improve tumour responses and long-term outcomes.
-The primary endpoint of the study will be event-free survival (EFS)

Why it matters: This update marks a change in the development pathway for BOT+BAL, shifting from metastatic (Stage IV) MSS CRC to earlier-stage MSS colon cancer. While this may be difficult news for patients with metastatic disease who were following the program with hope, the ROBBIN trial aims to determine whether the combination can improve outcomes when used before surgery in earlier-stage disease, an area where treatment advances have been limited for more than 20 years.

To learn more, click here.

C. Agenus Announces Compassionate-Access Pathway For BOT+BAL For Eligible Metastatic Colorectal Cancer Patients in Canada, Australia, and New Zealand (Aug 6/26)

Following the closure of the BATTMAN trial, Agenus established a physician-led compassionate-access pathway in Canada, Australia, and New Zealand for BOT+BAL.

Eligibility criteria:
-Metastatic colorectal cancer patients who began receiving BOT+BAL through the BATTMAN trial
-Metastatic colorectal cancer patients who have exhausted all therapies, are intolerant to other therapies, or ineligible for other therapies

Treating physicians should submit requests through the regulatory pathway for their country and contact Agenus to facilitate coordination of potential supply and required documentation. The deadline for submitting new requests is December 31, 2026. This deadline does not limit treatment duration.

Contact info: compassionateuse@agenusbio.com
To learn more, click here

D. BOT+BAL Compassionate Access Program: BAP Pharma Enrollment Process for Canadian Patients (Aug 24/26)

BAP Pharma is supporting and facilitating patient access to Agenus' BOT+BAL compassionate-use program in Canada. BAP works directly with treating physicians and Agenus to coordinate the enrollment, authorization, and supply process. Each patient request is reviewed by the Agenus medical team, and Health Canada authorization is required before BOT+BAL can be supplied in Canada.

For Canadian patients, access to BOT+BAL under the Compassionate Use Program requires authorization from Health Canada prior to BAP being able to supply the treatment. The treating physician is responsible for submitting the required application to Health Canada. Once approved, Health Canada issues the relevant Letter(s) of Authorization, which are required prior to shipment.

Separately, the treating physician will need to submit a formal patient request through the BAP Online Ordering Portal. BAP will guide the physician through this process and coordinate the necessary steps with Agenus, including medical review and approval of the patient.

Once the required Health Canada authorization and program approvals are in place, BAP can then coordinate the supply and shipment of treatment to the appropriate Canadian institution or pharmacy.

For further support, please contact CCRAN's National Patient Support Program Manager, Himanshi Singhvi (himanshi.s@ccran.org)

34. A Study of Bispecific Antibody MCLA-158 in Patients with Advanced Solid Tumours (Jan 29/25)

Update type: Recruiting
There are currently no recruiting trial sites in Canada.

Study type: Phase I/II open-label, non-randomized, interventional trial

Study focus: The study is evaluating the safety, optimal dosing, and anti-tumour activity of MCLA-158 (petosemtamab) in metastatic colorectal cancer (RAS/BRAF wild-type) patients. It will evaluate MCLA-158 as a monotherapy and as a combination therapy with FOLFOX and FOLFIRI.

Key inclusion criteria:
-Participants with advanced or metastatic solid cancers, including colorectal cancer, that cannot be cured with standard treatment
-ECOG Performance Status of 0-1
-Life expectancy ≥ 12 weeks
-Left ventricular ejection fraction ≥ 50%
-18 years or older
-Expansion cohort for mCRC specifically (open to enrollment):
-RAS/BRAF wild-type
-No oncogenic missense mutations in KRAS, NRAS, BRAF, or EGFR ectodomain and no HER2 amplification
-Microsatellite stable (MSS) tumour
-No prior anti-EGFR therapy

Key exclusion criteria:
-Central nervous system metastases that are symptomatic or untreated
-Known leptomeningeal involvement
-Recent treatment with other cancer therapies or participation in another clinical trial
-Recent major surgery or radiation
-Uncontrolled hypertension (systolic BP > 150 mmHg and/or diastolic BP > 100 mmHg)
-History of congestive heart failure or cardia arrythmia requiring treatment
-History of myocardial infarction or prior malignancies
-History of interstitial lung disease
-Participants with current medical conditions or active infections (Hepatitis B or C)
-Pregnant or breastfeeding

Why it matters: This study explores a new targeted treatment option for patients with mCRC. MCLA-158 (petosemtamab) is especially promising because it blocks cancer cell growth and targets cancer stem cells believed to drive treatment resistance and recurrence, addressing a key reason why colorectal cancer comes back after treatment.

To learn more, click here.

35. The OrigAMI Trials: Amivantamab + Chemotherapy versus Standard Regimens in First-Line and Second-Line KRAS/NRAS and BRAF Wild-Type Metastatic Colorectal Cancer

A. A Study of Amivantamab Monotherapy and in Addition to Standard-of-Care Chemotherapy in Participants With Advanced or Metastatic Colorectal Cancer (OrigAMI-1) (Jun 5/26)

Update type: Recruiting study

Study type: Phase Ib/II, non-randomized, open-label trial

Study focus: This study is evaluating the anti-tumour activity and safety of amivantamab, both as a monotherapy and in combination with standard-of-care (SoC) chemotherapy, in patients with metastatic colorectal cancer.

Key inclusion criteria:
-18 years and older
-Have unresectable or metastatic colorectal cancer confirmed by pathology.
-Have tumours that are RAS wild-type, BRAF wild-type, and HER2 negative.
-Have received specific prior treatments depending on the study cohort
-Cohorts A & B: Received at least 2 but not more than 3 prior lines of systemic therapy, diagnosed with left-sided CRC
-Cohort C: Received at least 2 but not more than 3 prior lines of systemic therapy, diagnosed with right-sided CRC.
-Cohorts D & E: Received no more than 1 prior line of systemic therapy
-Cohort F: Received no treatment for right-sided unresectable or metastatic CRC and be eligible for FOLFOX
-ECOG Performance Status of 0-1
-Have disease that can be measured or evaluated on imaging scans

Key exclusion criteria:
-Tumours with genetic mutations, including KRAS, NRAS, BRAF, HER2 amplification, or other specified biomarkers depending on the study cohort
-Have symptomatic or untreated brain metastases
-Have a history or known presence of leptomeningeal disease

Why it matters: Amivantamab, a therapy that targets both Epidermal Growth Factor Receptor (EGFR) and Mesenchymal Epithelial Transition (MET) receptors, can improve outcomes for metastatic colorectal cancer patients whose cancers have progressed despite standard treatments. Activation of the MET pathway can contribute to resistance to anti-EGFR therapies for CRC patients, therefore, targeting both pathways may offer a new treatment approach.

Actively recruiting sites:
Ontario:
-The Ottawa Hospital Cancer Centre (Ottawa)
-Princess Margaret Cancer Centre (Toronto)

To learn more, click here.

B. 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 III 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 (FOLFOX 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.

Key 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

Key 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)

Ontario:
-Ottawa Hospital (Ottawa)
-Princess Margaret Cancer Centre (Toronto)

Quebec:
-Centre de Recherche du CHUM (Montreal)

To learn more, click here.

C. A Study of Amivantamab and FOLFIRI Versus Cetuximab/ Bevacizumab and FOLFIRI in Participants with KRAS/ NRAS and BRAF Wild-Type Colorectal Cancer Who Have Previously Received Chemotherapy (OrigAMI-3) (Feb 13/26)

Update type: Recruiting study
There are currently no recruiting trial sites in Canada.

Study type: Phase III, randomized, open-label trial

Study focus: This study evaluates the progression free survival and overall survival of participants with KRAS/ NRAS and BRAF wild-type recurrent mCRC, when treated with amivantamab and FOLFIRI versus cetuximab or bevacizumab and FOLFIRI as second-line treatment.

Key inclusion criteria:
-Confirmed colorectal adenocarcinoma that is recurrent, unresectable, or metastatic
-Confirmed KRAS/ NRAS and BRAF mutant status
-ECOG Performance Status of 0-1
-18 years and older
-Must have received 1 line of systemic therapy (fluoropyrimidine-based and oxaliplatin-based) for mCRC, with disease progression after this line of therapy

Key exclusion criteria:
-Has a history of or currently has interstitial lung disease, pneumonitis, or pulmonary fibrosis
-Has prior or concurrent second malignancy that can interfere with efficacy of study treatments
-Participants with dMMR/MSI-H status who have not received immunotherapy treatments
-Participants with HER2-positive/ amplified tumour
-Has prior exposure to irinotecan, or any agents that target EGFR or MET

Why it matters: This study evaluates whether adding amivantamab to standard chemotherapy can improve survival outcomes compared to current targeted options (cetuximab or bevacizumab) in patients with RAS/BRAF wild-type metastatic colorectal cancer who have already received treatment. If successful, it could introduce a new, more effective targeted therapy option in the second-line setting, where treatment choices remain limited.

To learn more, click here.

36. A Study to Test the Safety and Effectiveness of GSK5764227, Alone or With Other Treatments, in Participants With Advanced Gastrointestinal Cancers That Cannot be Surgically Removed (Jun 11/ 26)

Update type: Recruiting study

Study type: Phase I/II interventional, randomized, open-label trial

Study focus: This study will assess the safety and effectiveness of GSK5764227, a new drug, in patients with inoperable advanced or metastatic gastrointestinal cancers.

Key inclusion criteria:
-18 years and older
-Have unresectable, locally advanced, or metastatic colorectal cancer
-Received 1-2 prior lines of treatment for advanced CRC and experienced disease progression on the most recent treatment
-ECOG Performance Status of 0-1 and adequate organ function

Key exclusion criteria:
-No other active cancer requiring treatment within the past 2 years
-Have untreated or progressing brain metastases
Has had any major surgery 28 days prior to randomization
-History of prior bone marrow transplant or solid organ transplant
-Have previously received an antibody-drug conjugate (ADC) containing a topoisomerase-1 inhibitor

Why it matters: In patients with advanced colorectal cancer whose disease has progressed after standard treatments, the development of new treatment options such as GSK5764227, can provide clinical benefits.

Actively recruiting sites:
Ontario:
-GSK Investigational Site (Toronto)
- Principal Investigator: Eric Chen
- US GSK Clinical Trials Call Centre: 877-379-3718; GSKClinicalSupportHD@gsk.com
- UK GSK Clinical Trials Call Centre: +44-0-20-8990-4466; GSKClinicalSupportHD@gsk.com

Quebec:
-GSK Investigational Site (Sherbrooke)
- Principal Investigator: Frederick Lemay
- US GSK Clinical Trials Call Centre: 877-379-3718; GSKClinicalSupportHD@gsk.com
- UK GSK Clinical Trials Call Centre: +44-0-20-8990-4466; GSKClinicalSupportHD@gsk.com

To learn more, click here.

37. A Study to Assess the Safety, Tolerability, and Efficacy of NDI-219216 in Patients With Advanced Solid Tumours. (May 6/ 26)

Update type: Recruiting study

Study type: Phase I interventional, non-randomized, open-label trial

Study focus: This study evaluates the safety, side effects and efficacy of NDI-219216 for advanced solid tumours with or without MSI-H/dMMR status.

Key inclusion criteria:
-18 years and older
-ECOG Performance Status 0-1

-Have unresectable or metastatic solid tumours, with or without MSI-H/dMMR status, that have stopped responding to or cannot tolerate standard of care (SoC) therapy, or have no remaining SoC treatment options available.
-Adequate bone marrow/ hematologic, end-organ, and cardiovascular function
-Resolution of all acute or toxic side effects of prior treatments to Grade ≤ 1 (except fatigue, alopecia, and peripheral neuropathy)

Key exclusion criteria:
-Clinically significant cardiovascular disease
-Known WRN syndrome

Why it matters: This study is evaluating a potential new treatment for patients with advances or metastatic solid tumours who have exhausted SoC treatment options or cannot tolerate existing therapies.

Actively recruiting sites:
Ontario:
-Princess Margaret Cancer Centre (Toronto)
- Principal Investigator: Eric Chen, MD; PhD

Study contacts:
-Sean Rossi: 857-600-8779; sean.rossi@nimbustx.com
-Katie Ard: 303-646-7297; katie.ard@nimbustx.com

To learn more, click here.

38. A Study to Evaluate the Safety of INCA33890 in Participants With Advanced or Metastatic Solid tumours (Dec 18/ 25)

Update type: Recruiting study
There are currently no recruiting trial sites in Canada

Study type: Phase I interventional, non-randomized, open-label trial

Study focus: This study evaluates the safety and side effects of INCA33890 in patients with advanced or metastatic solid tumours. The study is testing INCA33890 as a monotherapy and also in combination with existing cancer therapies including, bevacizumab, cetuximab, FOLFIRI and FOLFOX.

Key inclusion criteria:
-18 years and older
-Have disease that progressed after standard treatments, or be intolerant to available therapies, including immunotherapy when applicable.
-Have measurable disease on imaging
-ECOG Performance Status 0-1 and adequate organ function

Key exclusion criteria:
-Have another active cancer requiring treatment or a recent history of cancer within 2 years
-Have unresolved significant side effects from prior therapies
-Have active autoimmune disease requiring immunosuppressive treatment
-Have untreated brain/ CNS metastases
-Have a history of organ/ stem cell transplant

Why it matters: By studying the safety, dosing and anti-tumour activity of INCA33890, this study helps determine if the therapy can be a new treatment option for patients with limited or no remaining SoC treatment options.

To learn more, click here.

39. Symbiotic-GI-03: A Study to Learn About the Study Medicine Called PF-08634404 in Combination With Chemotherapy in Adult Participants With Metastatic Colorectal Cancer (Jun 4/ 26)

Update type: Recruiting study

Study type: Phase III interventional, double blind, randomized trial

Study focus: This study evaluates the safety of PF-08634404 in combination with chemotherapy as first line treatment versus bevacizumab in combination with chemotherapy in patients with metastatic colorectal cancer.

Key inclusion criteria:
-18 years and older
-No prior systemic therapy for metastatic disease
-ECOG Performance Status 0-1
-Adequate hepatic, liver and renal function

Key exclusion criteria:
-Confirmed BRAF V600E mutation, MSI-H/dMMR colorectal cancer
-Have brain/ CNS metastases
-Major surgery 4 weeks prior to the first dose
-History of stem cell or organ transplant
-History of active autoimmune diseases requiring systemic treatment within the last 2 years

Why it matters: The results of this study will determine if PF-08634404 in combination with chemotherapy as first-line treatment can have improved progression free survival and overall survival in metastatic colorectal cancer patients compared to standard first line therapy.

Actively recruiting sites:
Ontario:
-Sunnybrook Research Institute (Toronto)
-Princess Margaret Cancer Centre (Toronto)

Quebec:
-Jewish General Hospital (Montreal)
-McGill University Health Centre (Montreal)

To learn more, click here.

40. A Study of Novel Study Interventions and Combinations in Participants With Colorectal Cancer (CANTOR) (May 11/ 26)

Update type: Recruiting study

Study type: Phase II interventional, randomized, open-label trial

Study focus: This study will evaluate the safety and efficacy of Volrustomig in combination with FOLFIRI and bevacizumab as first line treatment versus FOLFIRI and bevacizumab in patients with MSS/pMMR metastatic colorectal cancer, in the absence of liver metastases.

Key inclusion criteria:
-18 years and older
-ECOG Performance Status 0-1
-No liver metastases
-No prior systemic therapy for mCRC, except neoadjuvant/ adjuvant chemotherapy where > 6 months have elapsed between date of diagnosis and completion of therapy
-Known MSS/pMMR status

Key exclusion criteria:
-Liver or CNS metastases or spinal cord compression
-Potentially resectable tumour
-Prior exposure to immune mediated therapy
-Unresolved toxicity Grade ≥ 2 from a previous anticancer therapy

Why it matters: This study is evaluating whether adding Volrustomig, an immunotherapy agent, to standard first-line chemotherapy can improve outcomes for MSS/pMMR mCRC patients, a subgroup that typically does not respond well to immunotherapy.

Actively recruiting sites:
British Columbia:
-Vancouver

Ontario:
-Barrie
-Toronto

Quebec:
-Montreal
Study contact: AstraZeneca Clinical Study Information Centre: 1-877-240-9479; information.centre@astrazeneca.com

To learn more, click here.

41. Phase 1 Study to Investigate TCRTs KRAS Mutation in Unresectable, Advanced, and/ or Metastatic Solid Tumours (May 28/ 26)

Update type: Recruiting study
There are currently no recruiting trial sites in Canada.

Study type: Phase I interventional, non-randomized, open-label trial

Study focus: This study evaluates the safety and anti-tumour activity of TCR Engineered T-cells (KRAS TCRTs) recognizing KRAS G12D mutations in patients with unresectable, advanced or metastatic solid tumours.

Key inclusion criteria:
-18 years or older
-KRAS G12D mutant tumour
-Has unresectable, advanced or metastatic disease after at least 1 line of systemic SoC treatment and for which there are no available curative treatment options

-ECOG Performance Status 0-1

Key exclusion criteria:
-Active CNS malignancy
-History of cell and gene therapy, stem cell transplant or solid organ transplant
-Systemic therapy within at least 2 weeks or 3 half-lives, whichever is shorter, prior to enrollment
-Any form of primary immunodeficiency
-Prior treatments with pan-KRAS or KRAS G12D targeting agents unless presence of KRAS G12D mutation is confirmed after the completion of treatment with these agents.

Why it matters: KRAS G12D mutation is common and is often associated with resistance to existing targeted therapies. This study may help identify a new treatment approach for patients with metastatic KRAS G12D mutant cancers, where effective treatment options are currently limited.

To learn more, click here.

42. A Phase 1/ 2 Study of VS-7375 in Patients With KRAS G12D-Mutated Solid Tumours (Apr 22/ 26)

Update type: Recruiting study
There are currently no recruiting trial sites in Canada.

Study type: Phase I/II interventional, non-randomized, open-label trial

Study focus: This study will evaluate the safety and efficacy of VS-7375 alone and in combination with other drugs (cetuximab, Carboplatin + Pemetrexed + Pembrolizumab, Gemcitabine and Gemcitabine + Nab-paclitaxel) for patients with advanced KRAS G12-D mutated solid tumours.

Key inclusion criteria:
-18 years and older
-KRAS G12D mutation
-ECOG Performance Status 0-1
-Adequate organ and cardiac function
-Recovered from all adverse effects to previous therapies to Grade ≤ 1 or baseline

Key exclusion criteria:
-Underwent major surgical procedure 4 weeks prior to the first treatment cycle
-Received chemotherapy, targeted therapy, immunotherapy or radiotherapy within 4 weeks or 5 half-lives, whichever is shorter, prior to the first treatment cycle
-History of treatment with direct and specific KRAS G12D inhibitors
-CNS metastases

Why it matters: This study will help determine if VS-7375 alone or in combination with existing cancer treatments can be a safe and effective treatment option for patients with advanced KRAS G12D mutated cancers, potentially expanding options for a population with unmet needs.

To learn more, click here.

43. A Study Evaluating the Safety and Efficacy of Targeted Therapies in Subpopulations of Patients With Metastatic Colorectal Cancer (INTRINSIC) (May 26/26)

Update type: Recruiting study

Study type: Phase I interventional, randomized, open-label umbrella trial

Study focus: This study will evaluate the safety and efficacy of targeted therapies and immunotherapies as single agents or combinations, in patients with metastatic colorectal cancer whose tumours are biomarker positive as per the treatment arm-specific definition. Patients will be enrolled into specific treatment arms based on their biomarker assay results. For instance, participants with KRAS G12C-mutated mCRC are being enrolled in the divarasib in combination with FOLFOX plus bevacizumab treatment arm to identify the safety and efficacy of this treatment.

Key inclusion criteria:
-18 years and older
-Biomarker eligibility into the treatment arm
-ECOG Performance Status 0-1
-Received prior therapies for metastatic disease

Key exclusion criteria:
-Received systemic or anti-cancer treatment within 2 weeks or half-lives (whichever is shorter) prior to start of treatment cycle
-CNS metastases
-History of malignancy other than CRC within 2 years prior to screening

Why it matters: By identifying multiple biomarker-driven treatment options within a single trial, the study may help to identify more effective, personalized treatment options for mCRC patients whose disease has progressed on standard therapies.

Actively recruiting sites:
Ontario:
-Princess Margaret Cancer Centre (Toronto)

Quebec:
-Jewish General Hospital (Montreal)
-McGill University Health Centre (Montreal)

To learn more, click here.

44. Neoadjuvant Toripalimab Plus Celecoxib Versus Toripalimab Monotherapy for Mismatch Repair-Deficient or Microsatellite Instability-High. Locally Advanced Colorectal Cancer (PICC-2): An Open-Label, Multicentre, Randomised, Phase 2 Trial (Jul 1/26)

Update type: Recruiting study
There are currently no recruiting sites in Canada.

Study type: Phase II interventional, single masked, multi-cohort randomized trial

Study focus: This study evaluated the safety and efficacy of neoadjuvsnt toripalimab, with or without celecoxib in patients with locally advanced dMMR/ MSI-H colorectal cancer.

Key inclusion criteria:
-Age 18 years or older with confirmed adenocarcinoma of the colon or rectum
-Tumour identified as dMMR/ MSI-H
-Locally advanced disease with no distant metastases on recent CT and MRI
-ECOG Performance Status 0-1
-No prior systemic treatment for colorectal cancer
-Primary tumour without complications (e.g. obstruction, perforation, excessive bleeding) and adequate bone marrow, liver, and kidney function.

Key exclusion criteria:
-Another active or recent cancer within the past 5 years
-Significant cardiovascular disease or severe heart failure
-Unresolved treatment-related toxicities greater than grade 1
-Previous treatment with immune checkpoint inhibitors (e.g. PD-1, PD-L1, or CTLA-4 inhibitors)
-Presence of distant metastatic disease

Initial key findings:
-Pathological complete response (pCR) was achieved in 89% of patients receiving toripalimab plus celecoxib (combination therapy) and in 69% of patients receiving toripalimab alone (monotherapy).
-Most patients completed planned neoadjuvant treatment cycles and proceeded to surgery. Surgery was completed in 96% of the patients receiving combination therapy versus in 93% of the patients receiving monotherapy.
-Grade 3 treatment related adverse events occurred in 5% of patients receiving combination therapy versus 7% of patients receiving monotherapy.

Why it matters: The addition of celecoximab to toripalimab significantly improved tumour eradication rates before surgery in patients with locally advanced dMMR/ MSI-H CRC, without increasing major safety concerns. These results support further evaluation of this combination as a potential neoadjuvant treatment approach for this patient population.

To learn more, click here.

45. AMG 410 Alone and in Combination With Other Agents in Participants with KRAS Altered Advanced or Metastatic Solid Tumours (Jul 10/ 26)

Update type: Recruiting study

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

Study focus: This study evaluates the safety, tolerability, pharmacokinetics (PK), pharmacodynamics (PD), and early anti-tumour activity of AMG 410, alone or in combination with other therapies, in patients with advanced or metastatic solid tumours with KRAS mutation. The study also aims to identify the optimal dose for phase II and explore the potential of AMG 410 as a targeted treatment approach fro KRAS mutant cancers.

Key inclusion criteria:
-18 years or older
-Locally advanced or metastatic solid tumour with KRAS mutation or KRAS amplification
-No available standard treatment options or patients who have declined standard-of-care therapy
-ECOG Performance Status 0-1

Key exclusion criteria:
-Untreated symptomatic brain or leptomeningeal metastases
-Active or uncontrolled infections, including HIV, hepatitis B/C and severe COVID-19
-Recent anti-cancer therapy, radiation therapy, or major surgery
-Significant cardiovascular events, history of organ transplant, or other active malignancies within the past 5 years

Why it matters: KRAS mutations remain challenging to target with effective therapies. This study will help determine if AMG 410 can provide a new targeted treatment option for patients with KRAS mutant advanced or metastatic cancers who have limited treatment options.

Actively recruiting sites:
Ontario
-Princess Margaret Cancer Centre (Toronto)

Quebec
-Sir Mortimer B Davis – Jewish General Hospital (Montreal)

To learn more, click here.

46. TLN-372 in Advanced KRAS Mutant Solid Tumours (Jul 10/ 26)

Update type: Recruiting study

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

Study focus: This study evaluates the safety, pharmacokinetics, and anti-tumour activity of TLN-372 as a single agent and in combination with other anti-tumour agents, in patients with advanced KRAS mutant solid tumours.

Key inclusion criteria:
-18 years and older
-Measurable locally advanced or metastatic KRAS mutant solid tumour
-ECOG Performance Status 0-1 and adequate organ function

Key exclusion criteria:
-No active brain metastases
-No current or past history of central nervous system involvement
-No major surgery or severe trauma within 4 weeks prior to the start of the study
-No clinical cardiovascular history, acute or chronic illness, and active or uncontrolled infection

Why it matters: KRAS mutations remain challenging to target with effective therapies. This study will help determine if TLN-372 can provide a new targeted treatment option for patients with KRAS mutant advanced or metastatic cancers who have limited treatment options.

Actively recruiting sites:
Ontario
-Princess Margaret Cancer Centre (Toronto)

To learn more, click here.

47. A Clinical Study of Calderasib (MK-1084) With Targeted Therapy and Chemotherapy in People With Colorectal Cancer (MK-1084-012/KANDLELIT-012) (Jul 24/26)

Update type: Recruiting study

Study type: Phase III, interventional, randomized study

Study focus: This study will evaluate the safety and efficacy of MK-1084, cetuximab and FOLFOX versus FOLFOX with or without bevacizumab as first-line treatment for patients with KRAS G12C-mutant, locally advanced or metastatic colorectal cancer.

Key inclusion criteria:
-Age 18 years or older
-Has KRAS G12C mutant locally advanced or metastatic colorectal cancer
-Has not received systemic therapy for locally advanced unresectable or metastatic CRC; an exception is permitted for 1-2 cycles of FOLFOX or 1 cycle of CAPOX as optional chemotherapy before or during trial screening.

Key exclusion criteria:
-Has inflammatory bowel disease (e.g. Crohn's disease, ulcerative colitis, chronic diarrhea) requiring immunosuppressive medication or previous history of IBD.
-Has uncontrolled cardiovascular or cerebrovascular disease.
-Has received prior systemic therapy with 4 weeks before randomization, apart from optional chemotherapy.
-Has active central nervous system metastases and/or carcinomatous meningitis or leptomeningeal disease.
-Has active infection requiring systemic therapy

Actively recruiting sites:
Ontario:
-Princess Margaret Cancer Centre (Toronto)
- Study contact: 416-946-4559

Quebec:
-CIUSSS- Saguenay-Lac-Saint-Jean (Chicoutimi)
-Jewish General Hospital (Montreal)
- Study contact: 514-340-8222

Manitoba:
-Cancer Care Manitoba (Winnipeg)
- Study contact: 204-787-4156

New Brunswick:
-Moncton Hospital – Horizon Health Network (Moncton)
- Study contact: 506-857-5756

Why it matters: There are currently limited targeted therapy options for metastatic colorectal cancer patients with the KRAS G12C mutation in the first-line setting. This study is evaluating whether adding the targeted therapy MK-1084 and cetuximab to standard chemotherapy can improve outcomes compared with current standard of care. If successful, the findings can help establish a new first-line treatment option for this patient population.

To learn more, click here.

48. Study of High-Precision Evaluation of molecular Residual Disease Through a Platform for Cancer Tracking and Interception (SHERLOCK) (May 11/26)

Update type: Recruiting study

Study type: Observational, prospective cohort study

Study focus: This study will evaluate the use of ctDNA to detect molecular residual disease (MRD) in patients with disease treated with curative intent across cancer types. It also aims to determine whether ctDNA-guided monitoring can identify patients who may benefit from early intervention before cancer recurrence becomes clinically detectable.

Key inclusion criteria:
-Age 18 years or older
-Patients must have cancer that is planned for or has undergone curative intent treatment (e.g. surgery, definitive radiation/ chemoradiation, adjuvant radiation/ chemotherapy/ chemoradiation etc.). Curative intent treatment must be completed within 12 months of trial entry.
-For patients on adjuvant/ maintenance endocrine or biological therapy (e.g. bevacizumab, immunotherapy etc.), enrollment within 12 months of completion of curative intent treatment is allowed.

Key exclusion criteria:
-History of another active cancer within 2 years of study enrolment, with some exceptions.
-Prior allogeneic stem cell transplant

Actively recruiting sites:
Ontario:
-Princess Margaret Hospital (Toronto)
- Study contact: Kimberly Vuong; 437-676-6598
- Principal investigators: Lillian Siu, MD & Scott Bratman, MD

Why it matters: Even after curative intent treatment, tiny amounts of cancer may remain in the body that are too small to be detected using standard imaging. This study is evaluating whether ctDNA can help identify this minimal residual disease earlier, helping identify patients at higher risk of recurrence who may benefit from early intervention. Early detection can help improve treatment decisions and lead to better outcomes.

To learn more, click here.

49. A Study to Evaluate the Efficacy and Safety of Standard-of-Care Chemotherapy and Bevacizumab With or Without INCA33890 in the First-Line Treatment of Metastatic Microsatellite Stable Colorectal Cancer (NEXERA-303 Trial) (Jul 23/26)

Update type: Recruiting study

Study type: Phase III, interventional, quadruple masked, randomized study

Study focus: This study will evaluate the efficacy and safety of FOLFOX chemotherapy and bevacizumab with or without INCA33890 in the first-line treatment of metastatic MSS colorectal cancer.

Key inclusion criteria:
-Age 18 years or older
-Stage IV, MSS unresectable colorectal adenocarcinoma
-Not received prior systemic treatment for metastatic disease
-ECOG performance status 0-1.
-Adequate organ function

Key exclusion criteria:
-dMMR/MSI-H colorectal cancer
-BRAF V600E mutation
-Untreated or progressing central nervous system metastases
-Treatment with an anti-PD-(L)1 or other immune checkpoint inhibitor for any indication within the last 3 years.
-Active autoimmune disease that has required systemic treatment within the past 2 years
-History of organ transplant or allogeneic stem cell transplant

Actively recruiting sites:
Ontario:
-Princess Margaret Cancer Centre (Toronto)

Upcoming recruiting sites:
Ontario:
-Juravinski Cancer Clinic (Hamilton)
-Sunnybrook Research Institute (Toronto)

Alberta:
-Cross Cancer Institute (Edmonton)

Quebec:
-Ciss de La Monteregie Centre (Greenfield Park)
-Hotel-Dier de Levis (Levis)

Saskatchewan:
-Saskatoon Cancer Centre (Saskatoon)

Why it matters: MSS colorectal cancer patients have limited response to currently available immunotherapies. If the addition of INCA33890 to FOLFOX and bevacizumab is found to be effective, it could provide a new treatment option for the MSS colorectal cancer patients who currently have limited immunotherapy-based treatment options.

To learn more, click here.

50. Study of Sotorasib, Panitumumab, and FOLFIRI Versus FOLFIRI With or Without Bevacizumab in Treatment-Naïve Participants With Metastatic Colorectal Cancer With KRAS G12C Mutation (CodeBreaK 301) (Aug 21/26)

Update type: Recruiting study

Study type: Phase 3, interventional, open-label, randomized trial

Study focus: This study evaluates progression free survival (PFS) in patients with KRAS G12C mutated metastatic colorectal cancer receiving sotorasib, panitumumab and FOLFIRI as first-line treatment.

Comparators: Sotorasib, panitumumab and FOLFIRI versus FOLFIRI with or without bevacizumab

Key inclusion criteria:
-Age 18 and older
-Metastatic colorectal cancer with KRAS G12C mutation
-ECOG performance status 0-1
-Adequate organ function

Key exclusion criteria:
-Active, untreated brain metastases
-Leptomeningeal disease
-Previous treatment with KRAS G12C inhibitor
-Previous or active interstitial pneumonitis or pulmonary fibrosis

Why it matters: This study could help determine if adding sotorasib and panitumumab to FOLFIRI in the first-line setting can improve PFS in patients with KRAS G12C mutated mCRC. KRAS G12C mutations are associated with limited treatment options, making a new targeted treatment approach in the first-line setting important.

Actively recruiting sites:
Alberta:
-Arthur J.E. Child Comprehensive Cancer Centre (Calgary)

Ontario:
-William Osler Health System – Brampton Civic Hospital (Brampton)
-Sunnybrook Health Sciences Centre (Toronto)
-Mount Sinai Hospital (Toronto)

Saskatchewan:
-Allan Blair Cancer Centre (Regina)
-Saskatoon Cancer Centre (Saskatoon)

To learn more, click here.

51. Phase III Study of Ivonescimab or Bevacizumab Combined With FOLFIRI in Patients With Metastatic Colorectal Cancer (HARMONi-GI3) (Aug 4/26)

Update type: Recruiting study

Study type: Phase 3, double-blind, randomized trial

Study focus: This study will compare the effectiveness of ivonescimab, a bispecific antibody that combines immune checkpoint inhibition with VEGF inhibition, in combination with FOLFOX versus bevacizumab in combination with FOLFOX as first-line treatment for increasing progression free survival in patients with metastatic colorectal cancer.

Key inclusion criteria:
-Age 18 and older
-Metastatic colorectal cancer with expected life expectancy more than 6 months
-No prior systemic therapy for mCRC
-ECOG performance status 0-1
-At least 1 measurable noncerebral lesion

Key exclusion criteria:
-MSI-H/dMMR and known BRAF V600E mutation
-Gastrointestinal obstruction
-Ascites requiring paracentesis within last 30 days
-Patients who received prior immunotherapy or anti-angiogenic therapy for colorectal cancer
-Prior or active inflammatory bowel disease (e.g. Crohn's disease, ulcerative colitis, or chronic diarrhea)
-Resectable disease

Why it matters: This study is important because it is testing a new first-line treatment combination of ivonescimab with FOLFOX for patients with mCRC. It will determine whether this combination can improve PFS compared to current treatment of bevacizumab with FOLFOX.

Actively recruiting sites:
Ontario:
-Toronto

Quebec:
-Montreal

Saskatchewan:
-Regina

Study contact: Nina Chang, MD; 1-833-256-0522; medicalaffairs@summitplc.com

To learn more, click here.

52. Colon Adjuvant Chemotherapy Based on Evaluation of Residual Disease (CIRCULATE-US) (Sep 2/26)

Update type: Recruiting study

Study type: Phase 2/3 randomized, open-label trial

Study focus: This study evaluates what kind of chemotherapy to recommend to patients based on the presence or absence of ctDNA minimal residual disease (ctDNA-MRD) after surgery for colon cancer.

Key inclusion criteria:
-Age 18 and older
-ECOG performance status 0-1
-Stage IIB, IIC or Stage III colon cancer; tumour identified as MSS/pMMR
-Complete resection of the tumour
-Interval between surgery and study entry must not exceed 60 days
-Adequate hematologic, renal and hepatic function

Key exclusion criteria:
-Stage IV, MSI-H/dMMR tumour
-Colon cancer histology other than adenocarcinoma
-Tumour related bowel perforation
-History of bone marrow or solid organ transplant
-Prior systemic therapy, chemotherapy, targeted therapy, or immunotherapy

-Synchronous primary rectal or colon cancers
-Sensory or motor neuropathy ≥ grade 2

Why it matters: This study could help determine whether ctDNA results after surgery can guide chemotherapy decisions and identify patients who may benefit from more or less intensive treatment. This could support a more personalized approach to reducing the burden of disease while also avoiding unnecessary treatment.

Actively recruiting sites:
Ontario:
-Barrie, Cambridge, Hamilton, Kingston, Kitchener, London, Markham, Newmarket, Oshawa, Ottawa, St. Catherines, Toronto, Windsor

Alberta:
-Calgary

British Columbia:
-Prince George, Vancouver, Victoria

New Brunswick:
-Saint John

Newfoundland & Labrador:
-St. Johns'

Quebec:
-Greenfield Park, Levis, Montreal, Quebec, Sherbrooke

Saskatchewan:
-Regina, Saskatoon

To learn more, click here.

53. Safety and Efficacy of Oral KRAS G12D Inhibitor INCB161734 as Monotherapy or in Combination With Cetuximab in Patients With Advanced/ Metastatic Colorectal Cancer (Oct 11/ 26)

Update type: Phase 1 study findings, currently recruiting

Study type: Phase 1 interventional, open-label study

Study focus: This study evaluated the safety and efficacy of INCB161734, a KRAS G12D inhibitor as a monotherapy or as a combination therapy with cetuximab in patients with KRAS G12D mutated advanced/ metastatic colorectal cancer.

Key findings:
- Both INCB161734 as a monotherapy and in combination with cetuximab had manageable safety profiles in patients with KRAS G12D mutated mCRC. Treatment related adverse events were low in both groups.
- INCB161734 in combination with cetuximab was effective in patients with heavily pretreated KRAS G12D mutated mCRC.
    - The objective response rate (ORR) was 36% vs only 8% in the monotherapy group

- The disease control rate (DCR) was 100% versus only 79% in the monotherapy group
- The median progression free survival (PFS) was 7.2 months in the combination therapy group.

Key inclusion criteria:
-18 years and older
-Advanced or metastatic KRAS G12D mutated colorectal cancer
-Disease progression on prior standard treatment, intolerance to or ineligibility for standard treatment
-ECOG performance status 0-1

Key exclusion criteria:
-Prior treatment with any KRASG12D inhibitor
-History of organ transplant or allogenic stem cell transplantation
-History or presence of ECG abnormality
-Inadequate organ function

Actively recruiting sites:
Ontario:
- **Ottawa:** The Ottawa Hospital Cancer Centre
- **Toronto:** Princess Margaret Cancer Centre

Why it matters: These early findings suggest that combining the KRAS G12D inhibitor INCB161734 with cetuximab may offer higher response rate and disease control rates, providing a more targeted treatment option for KRAS G12D mutated mCRC patients who are not responding to standard of care treatments.

To learn more, click here.

54. Preliminary Clinical Results of QTX3034, an Oral G12D-Preferring KRAS Inhibitor, in Combination With Cetuximab With or Without FOLFOX in Patients With KRAS G12D Mutated Colorectal Cancer (Nov 9/ 26)

Update type: Currently recruiting
There are currently no recruiting sites in Canada

Study type: Phase 1 interventional study

Study focus: This study is evaluating the safety and effectiveness of QTX3034, a KRAS inhibitor, in combination with cetuximab with or without FOLFOX, in patients with KRAS G12D mutated colorectal cancer.

Key preliminary findings:
-The objective response rate (ORR) was 26% and the disease control rate (DCR) was 79%.
-Grade 3 adverse events occurred in 25% of patients, primarily due to cetuximab.

Why it matters: These early findings suggest that combining QTX3034 with cetuximab, with or without chemotherapy, may be effective at controlling disease in colorectal cancer patients with KRAS G12D mutation.

To learn more, click here (Abstract 790RO).

Surgical Therapies



55. Technical Feasibility of Modified Early Post-Operative Intraperitoneal Chemotherapy (mEPIC) (May 14/26)

Update type: Recruiting study

Study type: Phase 2, open-label study

Study focus: This study evaluates the feasibility of modified early post-operative intraperitoneal chemotherapy (mEPIC) following cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) compared to the standard EPIC protocol.

Key inclusion criteria:
-Age 18 and older
-ECOG performance status 0-1
-Diagnosis of colorectal or appendicular tumours with peritoneal carcinomatosis
-Meets eligibility criteria for CRS and HIPEC
-Adequate hematologic, renal, and hepatic function

Key exclusion criteria:
-Other malignancies other than colorectal or appendicular neoplasms with peritoneal involvement
-Ineligible for CRS and HIPEC
-Known allergic reaction or contraindications to Flourouracil

Why it matters: This study could determine whether mEPIC is a feasible alternative to standard EPIC after CRS and HIPEC for patients with CRC with peritoneal involvement. mEPIC consists of shortening the protocol from 5 days to 2 days of post-operative intraperitoneal chemotherapy, optimizing the timing and delivery of the chemotherapy.

Actively recruiting sites:
Quebec:
-Hospital Maisonneuve-Rosemont (Montreal)
- Contact: Mikael Soucisse; 514-252-3400 ext. 5776; Mikael.lefebvre.soucisse@umontreal.ca

To learn more, click here.

56. Hepatic Arterial Infusion Chemotherapy in Patients With Inoperable Colorectal Cancer Liver Metastasis (HAIP-6192) (Aug 14/26)

Update type: Recruiting study

Study type: Phase 2, interventional study

Study focus: This trial assesses how many patients with initially unresectable colorectal liver metastases are able to have liver surgery after hepatic artery infusion chemotherapy and standard of care systemic chemotherapy.

What is HAIP?
Hepatic artery infusion pump (HAIP) chemotherapy is a specialized chemotherapy treatment for colorectal cancer that has spread to the liver and cannot be safely removed via surgery. A small device 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.

Key inclusion criteria:
-Age 18 and older
-Metastatic colorectal cancer with liver metastases and no evidence of extrahepatic disease
-Patients with resectable or ablatable lung metastases are eligible
-Able to tolerate major partial hepatectomy
-Patient must have inoperable liver metastases
-Liver metastases must comprise of less than 70% of the liver parenchyma
-Must have had prior chemotherapy
-EGOG performance status 0-1

Key exclusion criteria:
-Prior radiation to the liver
-Prior treatment with floxuridine (FUDR)
-Active infection, ascites, hepatic encephalopathy and other concurrent malignancies
-Extrahepatic metastases except for resectable or ablatable lung metastasis
-Patients must not have GI or GU tract obstruction
-Patients who are pregnant or lactating
-History of primary CNS tumours, seizures, or stroke
-Daily treatment with aspirin or NSAID medications

Why it matters: Surgical resection of liver metastases can provide more longer-term disease control. For patients with previously inoperable liver metastases, hepatic arterial infusion chemotherapy may shrink the tumours enough to make surgical removal possible.

Actively recruiting sites:
Ontario:
-Sunnybrook Health Sciences Centre (Toronto)
- Contact: Rachel Roke; 416-480-6100 ext. 685391; Rachel.roke@sunnybrook.ca
- Principal investigator: Paul Karanicolas, MD, PhD

To learn more, click here.

57. In Vivo Lung Perfusion (IVLP) for Colorectal Lung Metastases (Jan 9/25)

Update type: Recruiting study

Study type: Phase I, 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. The primary outcome is safety as measured by acute lung injury findings. The estimated primary completion date is January 1, 2027.

Key inclusion criteria:
-Diagnosis of colorectal carcinoma
-Presence of bilateral pulmonary metastases
-3 or more lung lesions in total
-Age 18-70 years
-ECOG Performance Status 0-2
-Absence of extra-pulmonary disease, except liver metastases suitable to curative treatment.

Key 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); Dr. Marcelo Cypel

To learn more, click here.

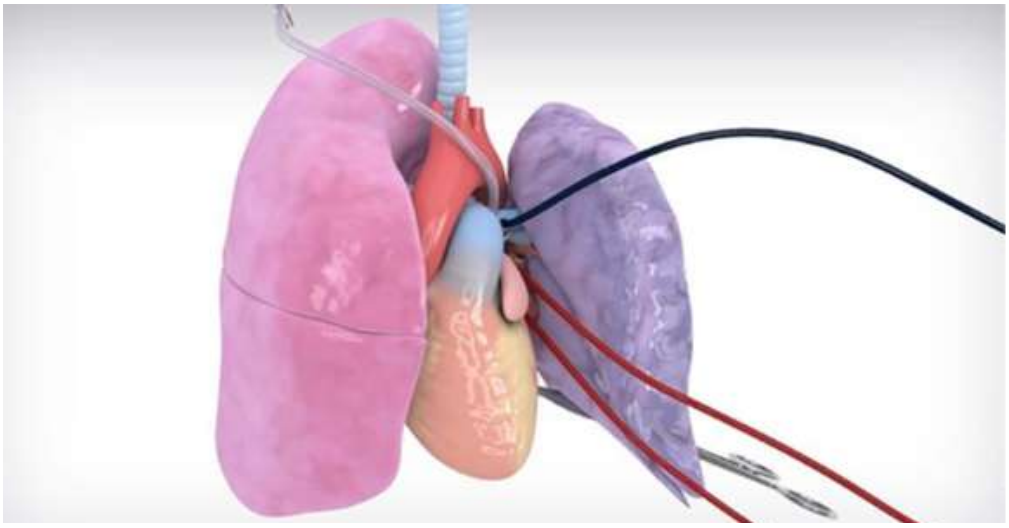


Image Source: https://pie.med.utoronto.ca/TVASurg/project/in-vivo-lung-perfusion/

58. Does Surgical Intervention Contribute to Survival for Patients with Para-Aortic Lymph Node Metastasis from Colorectal Cancer? (Apr 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.

59. Liver Transplant Programs in Canada (Mar 31/26)

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.

Below is a table with Liver Transplant programs across Canada:

Province	City	Organization	Contact
Nova Scotia	Sydney	Cape Breton Regional Hospital	902-567-8067
Saskatchewan	Saskatoon/ Regina	Saskatchewan Transplant Program	Saskatoon: 306-655-5054 Regina: 306-766-6477
Alberta	Calgary	Give Life Alberta	1-866-408-5465

Province	City	Organization	Contact
Ontario	Toronto	Toronto General Hospital (UHN)	416-340-4800, ext. 4848
	London	London Health Sciences Centre (LHSC)	519-685-8500
Québec	Montréal	Centre Hospitalier de l'Université de Montréal (CHUM)	514-890-8000, ext. 26616
	Montréal	McGill University Health Centre	514-934-1934, ext. 36590
	Montréal	CHU Sainte-Justine	514-345-4931
	Québec City	CHU de Québec – Laval University	418-525-4444, ext. 15262
New Brunswick	St. John	Horizon Health - Saint John Regional Hospital	506-648-6850
	Bathurst	Réseau de santé Vitalité	506-869-2441

Living Liver Donor Programs:
Living donor liver transplants allow for shorter wait times and often excellent outcomes.

Dedicated programs exist at:

University Health Network (UHN) – Toronto
- To learn more, click here.

Alberta Health Services – Edmonton
- To learn more click here.

London Health Sciences Centre (LHSC)
- To learn more, click here.

To access a list of Canadian Transplant Programs and Organ Procurement Organizations, click here.

60. Efficacy and Safety of Intraoperative Hyperthermic Intraperitoneal Chemotherapy for Locally Advanced Colorectal Cancer (HIPECT4): Final Analysis of Randomized Clinical Trial (Mar 31/26)

Update type: Completed study findings

Study type: Randomized trial

Study focus: The study aimed to evaluate whether adding intraoperative HIPEC with mitomycin C improves peritoneal disease control in patients with locally advanced colorectal cancer after 36 months of follow-up. It also examined long term survival outcomes and identified subgroups that may benefit most.

Key findings:
-HIPEC significantly improved peritoneal control compared to standard treatment alone.
-It reduced peritoneal recurrence and changed the pattern of relapse (less peritoneal, more systemic).
-No significant difference in overall survival or disease-free survival at 3 years between groups.
-Greater benefit in subgroups: Patients with confirmed pT4 disease and those who received adjuvant chemotherapy.
-HIPEC did not increase toxicity or morbidity.

Why it matters: The study shows that adding HIPEC can reduce the risk of peritoneal recurrence in patients with locally advanced colon cancer without increasing toxicity. However, no difference in overall survival or disease-free survival were observed between the HIPEC and control groups. These findings suggest HIPEC may help improve local disease control, while its impact on overall survival and disease-free survival remains unproven.

To learn more, click here.

61. The DRAGON 2 Trial (DRAGON 2) (Nov 11/24)

Update type: Recruiting study

Study type: Interventional, randomized, open-label trial

Study focus: This study evaluates whether portal vein embolization (PVE) combined with hepatic vein embolization (HVE) (PVE/HVE) can increase liver volume enough to allow liver surgery in patients with colorectal liver metastases. It will also assess whether this approach improves overall survival.

Key inclusion criteria:
-Age 18 and older
-Primarily unresectable/ potentially resectable colorectal liver metastases (CRLM) with a future liver remnant (FLR) less than 30% (less than 40% in chemotherapy damaged livers)
-Patients with non-resected primary CRC, or with ablatable or resectable lung or brain metastases may be eligible

Key exclusion criteria:
-Patients with non-resectable or non-ablatable extrahepatic disease
-Patients with hepatic malignancies other than CRLM

Why it matters: For patients with liver metastases, having liver surgery can be an effective treatment option; however, enough healthy liver tissue must remain after surgery for the liver to function properly. This study could help more metastatic colorectal cancer patients who have liver metastases become eligible for surgery by determining whether PVE/HVE can increase the volume of future liver remnant enough to make surgery possible. It may also provide insight into whether this approach can improve overall survival.

Actively recruiting sites:
Ontario:
-Juravinski Hospital and Cancer Centre (Hamilton)
-The Ottawa Hospital (Ottawa)
-Sunnybrook Hospital (Toronto)

British Columbia:
-Vancouver Coastal Health (Vancouver)

Quebec:
-McGill University Health Centre (Montreal)

To learn more, click here.

62. Complete Resection of Simultaneous Hepatic and Pulmonary Metastases from Colorectal Cancer in the Era of Modern Systemic and Surgical Therapies: A Systematic Review and Meta-Analysis (Mar 4/26)

Update type: Completed study findings

Study type: Systematic Review and Meta-Analysis

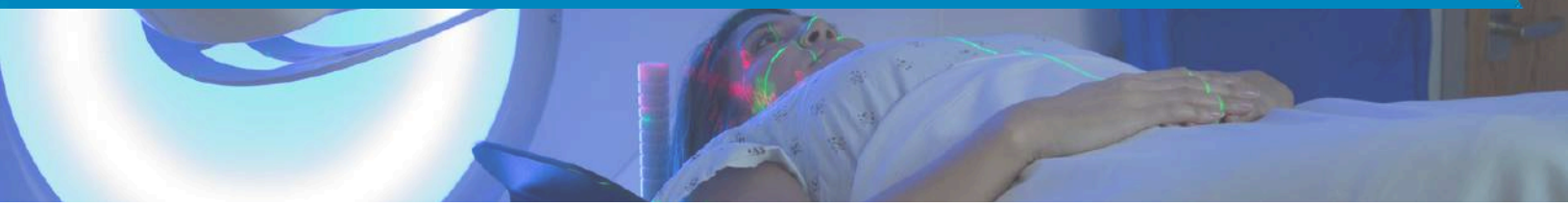
Study focus: Hepatic (liver) and pulmonary (lung) metastases are common in patients with metastatic colorectal cancer (mCRC). This study conducted a systematic review and meta-analysis of existing research to determine the feasibility and clinical benefit of simultaneous resection (metastasectomy) of hepato-pulmonary metastases (HPM) in patients with mCRC.

Key findings:
-Complete metastectomy was associated with improved overall survival (OS) compared with isolated liver metastactomy with systemic treatment of pulmonary metastases.
-5-year OS rate after metstasectomy was 53.61% and the 3-year OS rate was 70.9%.
-The 5-year disease-free survival (DFS) rate was 14.73%, the 3-year DFS rate was 19.48% and the 1-year DFS rate was 55.31%.
-Complete resection of HPM was achieved in 45.65% of patients with initial curative intent

Why it matters: The findings suggest that complete resection of HPM may offer meaningful long-term survival for selected patients with mCRC. It supports considering metastectomy as a treatment option when metastases in both the liver and lungs can be completely removed.

To learn more, click here.

Radiation Therapies/ Interventional Radiation



63. 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.

Key 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
-ECOG Performance Status of 0-2.
-Expected life expectancy > 6 months.
-Are not pregnant or breastfeeding and agree to use effective contraceptive during treatment

Key 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); Contact: Ali Hosni, MD; 416-946-2360, ali.hosni.abdalaty@uhn.ca

To learn more about the study, click here.

Clinical Trial Navigation



64. 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.

To learn more, click here.

65. Cancer Trials Canada (Apr 9/26)

The Canadian Cancer Society (CCS) and the Quebec – Clinical Research Organization in Cancer (Q-CROC) have launched a national, bilingual website that provides up-to-date Canadian clinical trial information.

To learn more, click here.

To access the Cancer Trials Canada website, click here.

66. Second Look Cancer (Apr 10/26)

Second Look Cancer is a clinical trial matching platform that uses key details such as your cancer type, biomarkers, treatment history and so on to identify and rank the most relevant clinical trials for you based on eligibility criteria.

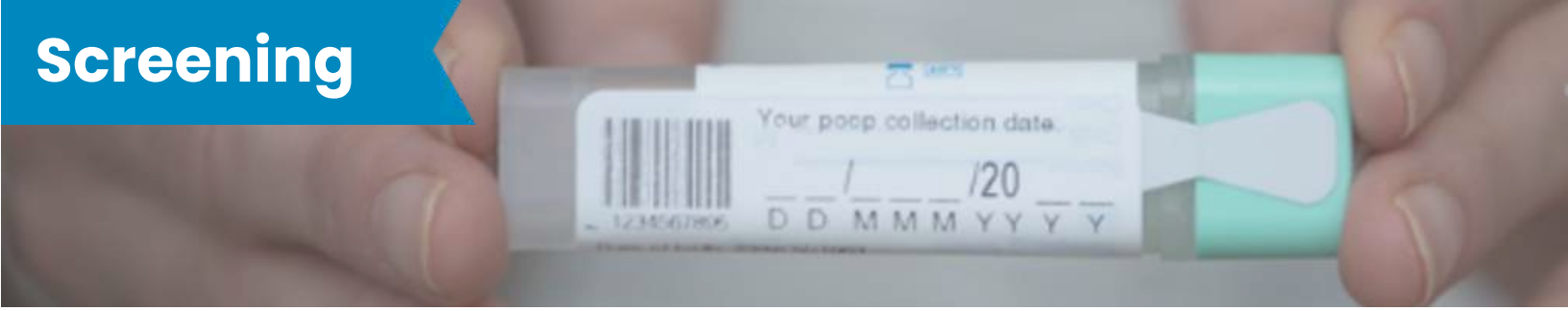
To learn more, click here.

67. Biomarker Help (Apr 10/26)

Biomarker Help is a platform that analyzes your biomarker test report to provide personalized treatment insights including approved therapies, clinical trials and off-label options.

To learn more, click here.

Screening



68. 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.

69. Blood-Based Circulating Tumour DNA (ctDNA) Tests for Colorectal Cancer Screening: Systematic Review and Meta-Analysis of Diagnostic Accuracy (Apr 1/26)

Update type: Completed study findings

Study type: Systematic review and meta-analysis

Study focus: This study evaluates how accurate blood-based ctDNA tests are for detecting colorectal cancer and advanced precancerous lesions in average-risk, asymptomatic patients. It aims to determine whether ctDNA can be a reliable, non-invasive option for population-level colorectal cancer screening.

Key findings:
-ctDNA tests demonstrated moderate sensitivity (72%) and high specificity (91%) for detecting CRC.
-ctDNA test performance improved with tumour stage, with sensitivity increasing from 53% in Stage I to 89% in Stage IV CRC.

-Sensitivity for advanced precancerous lesions (APL) was very low (13%), indicating very limited ability to detect early, preventable cancer.
-In a screening population, ctDNA produced approximately 9% false positive results, contributing to unnecessary follow-up colonoscopies.
-ctDNA testing showed a very high negative predictive value (99.8%), indicating strong ability to rule out CRC when results are negative.
-Next-generation methylation-based ctDNA testing demonstrated improved performance, with sensitivity increasing to 81% and reduced heterogeneity compared to earlier assays.
-ctDNA tests have similar CRC detection to FIT tests but are poor at detecting precancerous lesions.

Why it matters: This study shows that while blood-based ctDNA testing could make colorectal cancer screening more accessible and increase participation, it currently misses most precancerous lesions. As a result, ctDNA is better suited as a complementary tool rather than a replacement for existing CRC screening methods.

To learn more, click here.

70. Prince Edward Island first in Canada to Lower Colorectal Cancer Screening Age (Mar 30/26)

PEI has become the first province in Canada to lower the average-risk colorectal cancer screening age from 50 to 45 years, marking a significant advancement in early detection and cancer prevention. Individuals aged 45-74 in PEI can now access the fecal immunochemical test (FIT), enabling early identification of cancers and precancerous changes when treatment is most effective.

This decision reflects the growing evidence highlighting the rise of early age onset colorectal cancer and the importance of adapting screening programs to reflect current disease trends.

CCRAN has been advocating for lowering the screening age to 45 for 6 years through various initiatives. CCRAN continues to advance its advocacy efforts, urging other provinces to follow PEI's lead and adopt evidence-based screening updates to ensure timely and equitable access to colorectal cancer screening across Canada.

To read more, click here.

71. Ontario to Lower Colorectal Cancer Screening Age to 45 years – Effective July 1, 2026 (May 5/26)

Ontario Health (Cancer Care Ontario) has announced that individuals with average-risk for colorectal cancer in Ontario will begin screening with fecal immunochemical test (FIT) at age 45 beginning July 1, 2026.

Additionally, the program is lowering the threshold for an abnormal FIT result, which is expected to increase the detection of colorectal cancers and pre-cancerous polyps. As a result, a higher volume of FIT-positive colonoscopies is anticipated. Ontario Health's ColonCancerCheck program continues to recommend colonoscopy within 8 weeks of an abnormal FIT result due to the higher likelihood of detecting cancer in this group.

To learn more, click here.

72. NHS-Galleri: Primary Results From a Randomized Controlled Trial to Assess the Clinical Utility of a Multi-Cancer Early Detection (MCED) Test in Population Screening (May 30/26)

Update type: Completed study findings

Study type: Interventional, prospective randomized controlled trial

Study focus: Unlike traditional cancer screening tests such as FIT and mammograms that only detect one cancer at a time, the Galleri test is a multi-cancer early detection (MCED) test that can detect signals from more than 50 types of cancer from a single blood sample. The study evaluated whether adding annual MCED blood testing to standard cancer screening could reduce the incidence of late-stage cancers in asymptomatic adults aged 50-79 years. It also assessed the Galleri test's impact on cancer detection, emergency presentations, and diagnostic performance.

Key findings:
-The study's primary endpoint – a statistically significant reduction in stage III/IV incidence among 12 prespecified cancers – was not met.
-The Galleri test reduced the number of 12 prespecified cancers diagnosed at stage IV by 19% and increased the number diagnosed at stage I, II or III by 14%.
-The test found 4 times more screen detected cancers compared to standard screening alone.
-The test reduced the number of cancers found by a doctor instead of through screening and the number found because of a medical emergency by 20%. This suggests that the test catches cancer before it becomes symptomatic.
-The test is safe which participants experiencing minor side effects such as bruising from the blood draw and temporary anxiety after a positive result.

Why it matters: Although the study primary goal was not met, adding Galleri testing to standard of care cancer screening increased cancers detected at earlier stages and reduced stage IV diagnosis and emergency presentations. This suggests that integrating MCED blood tests into standard screening programs could improve early cancer detection.

To learn more, click here.
To access the clinical trial information, click here.
To read more, click here.

73. Early Signs of Cancer Detected in Blood up to Eight Years Before Diagnosis (Oct 29/ 26)

Researchers analyzed samples of blood from the Ontario Health Study of individuals who were diagnosed with cancer several years after the samples were taken. They investigates whether changes in cell-free DNA (cfDNA) methylation patters in blood plasma could help identify individuals at increased risk of developing breast cancer or prostate cancer before clinical diagnosis.

Key findings:
-In prostate cancer, the DNA methylation patterns in the blood samples were associated with an increased risk of developing cancer. People with a high-risk were approximately 3.5 times more likely to develop prostate cancer.
-In breast cancer, they also identified DNA methylation patterns associated with cancer risk. Higher breast cancer risk scores were associated with a 2.3 times higher likelihood of developing breast cancer.
-Cancer-associated DNA methylation patterns were detectable in blood samples collected

up to nine years before a cancer diagnosis, suggesting that these changes may appear well before cancer is detected clinically.

Why it matters: These findings highlight the potential of blood-based cfDNA methylation profiling as a non-invasive approach to identifying individuals at an increased risk of developing cancer years before clinical detection. This research could help inform methods for earlier cancer detection.

To learn more, click here.

Nutrition/ Healthy Lifestyle



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

Update type: Recruiting study

Study type: Hybrid implementation effectiveness study

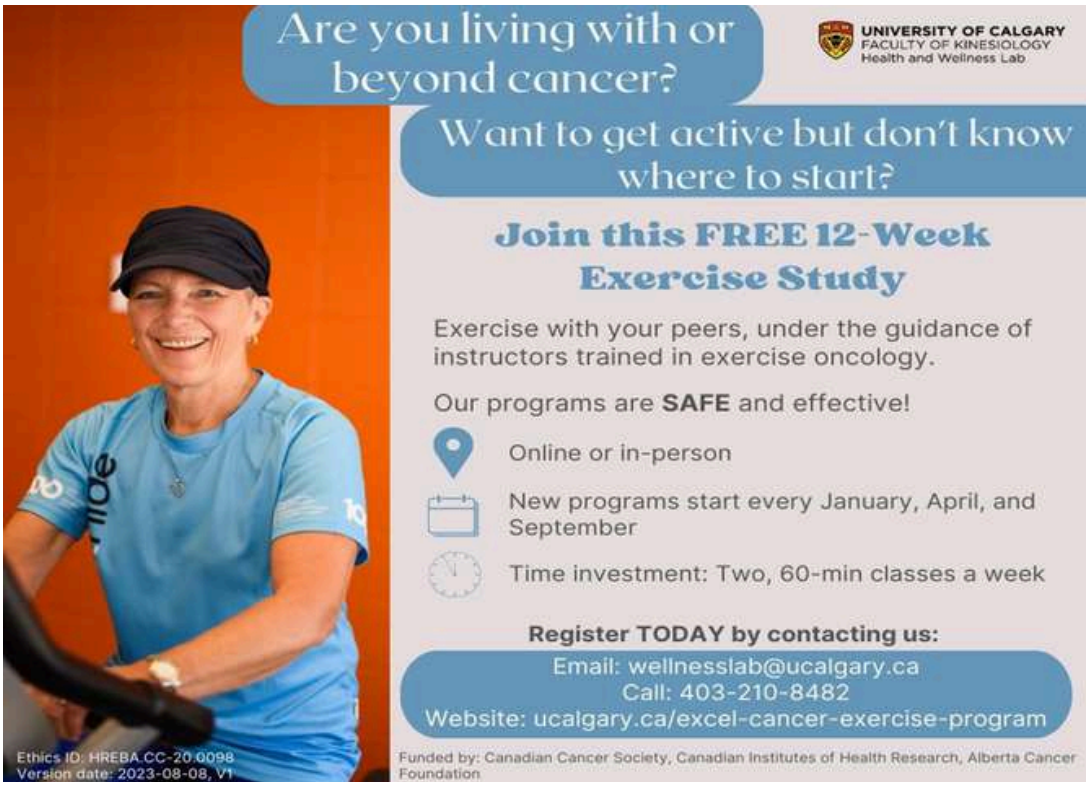
Study focus: Exercise for Cancer to Enhance Living Well (EXCEL) is a 5-year Canada-wide project that uses an integrated knowledge translation approach to implement evidence-based exercise delivery for cancer survivors in remote/ rural and underserved communities.

Key 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.

Key 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.



75. 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)

Update type: Completed study findings

Study type: Phase III 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 structured exercise program (SEP) significantly improved survival, reduced recurrence and enhanced physical function compared to health education materials (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

76. BOOST Up Research Study: Adults Living With and Beyond Cancer (Jul 10/26)

Update type: Recruiting study; seeking adult cancer survivors across Canada

Study type: Remote, virtual

Study focus: The Exercise Oncology Lab at the University of Toronto, led by Dr. Linda Trinh, aims to test a supervised exercise program, combined with either exercise or behavioural counselling, to help participants increase their physical activity levels.

Key inclusion criteria:
-Individuals 18 years and older diagnosed with cancer stages I-III
-Have completed primary treatment and can engage in less than 90 minutes of physical activity per week

Study contact: exercise.oncology@utoronto.ca; 416-946-5856

To learn more, click here.



Early Age Onset Cancer



77. Adolescents and Young Adults (AYA) Programs Across Canada (Apr 21/26)

Young adult and early age onset cancer programs play a critical role in ensuring that younger patients receive care that is tailored to their unique medical, emotional, and psychosocial needs. Individuals diagnosed with cancer under the age of 50 are often at different life stages than older adults, balancing careers, education, relationships, fertility planning, parenting young children, and financial responsibilities while navigating a cancer diagnosis and treatment.

As rates of early age onset cancers continues to rise, these programs help address gaps in care that may not be fully met within traditional oncology services. Programs focused on young adult and early age onset cancers provide multidisciplinary support that goes beyond treatment alone. They help patients navigate concerns related to fertility, hereditary cancer risk, mental health, employment, intimacy and relationships, family dynamics, and long-term survivourship. These clinics bring together specialists such as oncologists, social workers, psychologists, genetic counsellors, and nurse navigators to provide coordinated, patient centred care that improves quality of life and overall patient outcomes.

Across Canada, specialized multidisciplinary programs are working to address gaps in care, improve access to tailored services, and enhance patient outcomes.

Below is a list of organizations and programs for the AYA patient population:

Province	Organization	Age Group	Contact
Ontario	Young Adult with Colorectal Cancer Clinic Sunnybrook Health Sciences Centre	under 50	**Phone #:** 416-480-5000
	University Health Network Princess Margaret Cancer Centre AYA Oncology Program	39 or younger	**Program Coordinator:** Luxshiga Premakumar **Email:** aya@uhn.ca
	London Health Sciences Centre AYA Oncology Program	15-39	**Email:** ayaoncology@lhsc.on.ca

Province	Organization	Age Group	Contact
Ontario	Southlake Health AYA Program	18-43	**Email:** AYA@southlake.ca
	William Osler Health System AYA Cancer Care Program	18-39	**Phone #:** 905/416-494-2120
	The Ottawa Hospital AYA Program	15-39	**Email:** AYAProgram@toh.ca
Quebec	Jackie Aziz AYA Program at Cedars Cancer Foundation	18-39	**Email:** info@cedars.ca **Phone #:** 514-656-6662
	Felix Program Quebec Cancer Foundation	15-39	**Email:** cancerquebec.mtl@fqc.qc.ca **Phone #:** 514-527-2194
	Jewish General Hospital AYA Oncology Program	18-39	**Clinical Navigator:** Sherry Hogan **Phone #:** 514-340-8222 ext. 3460
	Voboc Foundation	15-39	**Email:** info@voboc.org **Phone #:** 514-695-9292
Alberta	Alberta Health Services AYA Patient Navigator Program	15-39	**Phone # (Edmonton):** 780-432-8932 **Phone # (Calgary):** 403-476-2791
British Columbia	BC Cancer Childhood Adolescent and Young Adult Survivors Program	0-39	**Program Lead:** Dr. Stuart Peacock **Admin Contact:** Lisa Scott **Phone #:** 604-675-8227
	BC Cancer AYA Care and Support	15-39	**Phone #:** 604-877-6000
	Anew Research	15-39	**Email:** hello@anewresearch.ca
	Vancouver Coastal Health AYA Outpatient Program	12 +	**Phone #:** 604-730-7904

Province	Organization	Age Group	Contact
Nova Scotia	Nova Scotia Health Cancer Care Program	15-39	**Phone #:** 1-844-491-5890
Manitoba	CancerCare Manitoba Foundation	15-39	**Phone #:** 204-787-4143

78. The Role of the Gut Microbiome in Early Age Onset Cancer (May 5/26)

Recent studies consistently show that early-onset colorectal cancer has a distinct gut microbiome profile, marked by enrichment of pro-carcinogenic bacteria (e.g., Escherichia coli, Bacteroides fragilis, Fusobacterium nucleatum) and loss of protective species. These microbes promote cancer through inflammation, immune modulation, and direct DNA damage, with stronger host–microbe interactions observed in younger patients. Evidence from hereditary cancer models further suggests that bacterial biofilms and toxin-producing species can initiate and accelerate early tumour development.

Clinically, the microbiome is emerging as both a biomarker for early detection and a modifier of treatment response, with beneficial bacteria linked to better therapy outcomes and harmful taxa associated with resistance. These findings support growing interest in microbiome-targeted strategies—including diet, probiotics, and fecal microbiota transplantation—as potential tools for prevention and treatment.

For further reading: Article 1, Article 2, Article 3



79. 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.

Key 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.

80. The Evolving Landscape of the Colorectal Cancer Vaccines: From Biological Mechanisms to Translational Therapeutics (Feb 19/26)

Study type: Literature review

Study focus: This study focuses on therapeutic cancer vaccines for colorectal cancer, reviewing different vaccine types, target antigens and clinical trial evidence. It examines their safety, immunogenicity, challenges in development and potential use in combination therapies to improve treatment outcomes.

Key findings:
-A synthetic long peptide (SLP) vaccine designed to target the cancer related protein p53 was safe and helped the immune system recognize cancer cells. It worked better when combined with IFN-α immune therapy.
-Vaccines targeting Melanoma-associated antigen (MAGE) can activate the immune system, but clinical benefits in CRC are limited.
-Peptide-based vaccines are highly specific to tumour targets and are cost effective. However, they have low immunogenicity, may not work for everyone, and require booster doses.
-mRNA vaccines induce strong T-cell responses, and show early clinical promise, especially with immune checkpoint inhibitors (ICIs) in MSI-H CRC.
-OncoVax, a vaccine made from the patients' own tumour cells, has been shown to be safe when used with chemotherapy. However, integrating OncoVax with surgical resection showed limited efficacy in early trials.
-GVAX, a vaccine made from non-patient tumour cells, has shown signs of stimulating anti-tumour immune responses in patients with advanced pMMR CRC.
-Dendritic cell vaccines effectively help the immune system recognize cancer cells and prolong disease-free survival.
-Vector-based vaccines lack efficacy due to clinical trial design issues, and with repeated doses, the immune system begins to destroy the delivery virus before it can work, meaning less of the vaccine is effective over time.
-Combination strategies (vaccines + ICIs, chemotherapy or agents targeting the tumour microenvironment) help overcome immune suppression and improve outcomes.
-Challenges include tumours that supress the immune system, limited neoantigens in some tumours that make them harder to detect, reduced immune response in liver metastases, microbiome effects, tumour heterogeneity, and production/ storage costs of these vaccines.

Why it matters: These findings highlight that therapeutic cancer vaccines can safely induce antigen-specific immune responses in CRC patients, offering a potential strategy to target tumours that are otherwise resistant to immunotherapy. The findings indicate the potential of combination approaches (vaccines + ICIs, chemotherapy, or TME-modulating agents) to improve treatment outcomes.

To learn more, click here.

81. Cost-Effectiveness Analysis of Aspirin and Structured Exercise as Adjuvant Therapy in Localized Colorectal Cancer (May 27/26)

Study type: Cost-effectiveness analysis

Study focus: This study evaluated the cost-effectiveness of implementing PI3K-guided aspirin therapy, structured exercise, or a combination of both as adjuvant treatment for patients with localized colorectal cancer in Canada. Using data from the ALASCCA and CHALLENGE trials, researchers assessed the potential clinical benefits, quality of life gains, and healthcare cost savings compared to current practice.

Key findings:
-All intervention strategies resulted in better health outcomes and lower healthcare costs compared to current Canadian clinical practice.
-The combination of PI3K-guided aspirin therapy and structured exercise was the most effective and cost-saving approach.
-This combined approach generated 0.22 additional quality-adjusted life years (QALYs) per person and $33,700 in cost savings per person
-Implementing the combined strategy across Canada could prevent approximately 940 colorectal cancer recurrences annually, generate 2,625 additional QALYs each year, and save an estimated $399 million annually in healthcare costs
-Structured exercise alone also demonstrated substantial benefits, with 0.13 QALYs gained and $23,700 saved per person.
-Aspirin therapy guided by PI3K alterations was more cost-effective than treating all patients with aspirin regardless of biomarker status.

Why it matters: This study found that combining biomarker-guided aspirin therapy with structured exercise could significantly reduce colorectal cancer recurrence while improving quality of life and lowering healthcare costs. These findings support integrating personalized medicine and lifestyle interventions into routine care, offering a practical strategy to improve outcomes for patients with localized colorectal cancer while generating substantial savings for the Canadian healthcare system.

To learn more, click here.

82. Addition of High-Dose Vitamin D3 to Standard Treatment in Patients With Metastatic Colorectal Cancer – The SOLARIS Randomized Clinical Trial (Alliance A021703) (Aug 3/ 26)

Update type: Completed study findings

Study type: Phase III, double blind, randomized trial

Study focus: This trial evaluated whether adding high-dose vitamin D3 to first-line chemotherapy (FOLFOX or FOLFIRI) plus bevacizumab could improve outcomes for patients with previously untreated metastatic colorectal cancer compared to standard-dose vitamin D3.

Key findings:
-High-dose vitamin D3 did not significantly improve progression free survival (PFS). The PFS for patients on high-dose vitamin D3 was 11.8 months vs 10.3 months for patients receiving standard-dose vitamin D3.
-There were no significant differences in the objective response rate or overall survival between the high dose and standard dose groups.

-High-dose vitamin D3 safely increased vitamin D levels without increasing serious toxicities compared with standard-dose supplementation.
-An exploratory subgroup analysis found that patients with left-sided primary tumours may have experienced improved PFS with high-dose vitamin D3.
-Patients with an ECOG performance status 0 also derived more benefit from the high-dose vitamin D3 compared to patients with an ECOG performance status of 1.

Why it matters: These results do not support routine use of high-dose vitamin D3 with standard first-line treatment for untreated mCRC patients. However, the possible benefit seen in patients with left-sided primary tumours and those with an ECOG performance status of 0 warrants further investigation.

To learn more, click here.

Screen it! Treat it! Beat it!
Together, anything is possible!