

CANCER  
COLORECTAL  
CANADA



COLORECTAL  
CANCER  
CANADA

2024-2025

# ANNUAL IMPACT REPORT



## THE YEAR IN NUMBERS AT CCC: 2024 – 2025

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### PATIENT SUPPORT

851 PEOPLE      5,517 INTERACTIONS      5 SUPPORT GROUPS

### NEWSLETTER

30,000 SUBSCRIBERS      175,000 READ

### WEBSITE

4,330 RESOURCE DOWNLOADS      220,000 VISITORS

### UNDER 45 SCREENING CAMPAIGN

1 CAMPAIGN TO LOWER THE NATIONAL SCREENING AGE

### ADVANCING CANCER CARE

4 EXPERT ROUNDTABLES      3 HTA PROCESS HACKATHONS  
1 PATIENT-CENTERED CLINICAL TRIALS CONFERENCE

### CANADA DRUG AGENCY PATIENT INPUT

3 APPROVED SUBMISSIONS

### COLORECTAL CANCER COMMUNITY CONFERENCE

232 ATTENDEES

### THE GIANT COLON TOUR

11 STOPS      13,000 CONTACTS

### SAVE BUTTS SAVE LIVES

55 ORGANIZATIONS WITH 124,000 MEMBERS

### PUSH FOR YOUR TUSH

1,299 PARTICIPANTS      62 TEAMS      13 CITIES      2,928 DONORS  
\$340,000 RAISED

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Over the past year there has been a lot for us to be proud of here at Colorectal Cancer Canada, and even more for us to be grateful for. As Canada's leading CRC patient group, we connect colorectal cancer patients and their families to essential support and care, we push our programs to be accessible and impactful, and we are always increasing our capacity to engage with the most pressing issues facing the colorectal cancer community in Canada. It's a gift to work towards these goals, and as you'll see, this year we worked hard.

Our core programming continues to grow and strengthen: we support patients, their families, and caregivers. This year, we reinforced the capacity of our educational materials to reach the people who need them through simple things like better web design, through more involved projects like equity-driven social outreach with underserved communities, and even children's education modules. And, remarkably, we almost doubled the number of interactions our patient support team conducted with patients and their loved ones who needed our help.

To "Connect the Dots" is our ongoing theme for the current strategic planning period (2023-2026). We continue to expand existing programs and develop new ones to serve our community and broaden the options available to them in interconnected and novel ways. We're bringing together experts to figure out the future of cancer care, whether that's workshopping how to speed up cancer drug approval, or to predict trends that will impact patients and their families. We're finding new avenues for reaching and educating the public on screening awareness, like through the institutions in people's lives of workplaces and community groups. We also launched a massive campaign to try to lower the national colorectal cancer screening age to 45, a decision that could save thousands of lives in the long run. Further, we are continually engaged in efforts to improve colorectal cancer care through pan-cancer initiatives with knock-on benefits for our

network. Through the connections we make, we help the entire cancer community.

As you read this report, which summarizes what we've accomplished this past year, I invite you to think about what it means to have one organization able to connect so many projects and so many people through one single goal: helping Canadian colorectal cancer patients, their families, and their caregivers. We've been at it for 26 years at this point. It's never been easy, and it's always been a privilege. The landscapes we operate within of healthcare, of funding, of society itself, continue to undergo seismic shifts, as has been the case for the last 5 turbulent years. This presents challenges, to be sure, but also opportunities to re-evaluate ways of working and thinking. When faced with challenges, I believe the most reliable guide is principle. More than numbers and pictures, I believe that this report shows in great clarity how our commitment to our core values guides us, our programs, and our service to our community. That's the impact I'm most excited for you to see, and the impact I'm most excited to share.

Thank you for your support.



A handwritten signature in blue ink that reads "Barry Stein".

**Barry D. Stein**  
President & CEO



## The Challenge We Address

Of common cancers, colorectal cancer is highly preventable and treatable, yet it is among the deadliest in Canada. In 2024, colorectal cancer was the fourth most diagnosed cancer in the country and was the second-leading cause of cancer death.<sup>1</sup>

Over 25,200 Canadians will be diagnosed with the disease this year. The best way to prevent and treat the disease is through education on risk factors and by increasing screening rates through access and information.

While CRC incidence and mortality rates have been declining since 2011, it is nevertheless estimated that around 9,400 Canadians will die from the disease this year. The fastest-growing cohort of new diagnoses are Canadians under 50 years old.

## Core Values, Strategic Objectives and Goals

Colorectal Cancer Canada's mission is to empower and improve the lives of Canadians affected by colorectal cancer. We are a powerful voice for change across the continuum of care: educating, informing and increasing awareness of colorectal cancer prevention, diagnosis and treatment. Colorectal cancer is our primary focus; our work can and does also assist the entire cancer community.

Funds for our programs are sourced broadly. Major funding includes individual donations and community-oriented events like our Push for Your Tush 5k/10k Walk/Run. Projects, conferences, and programs are additionally funded through grants and industry sponsorships. CCC is also partners with researchers across Canada whose projects receive grants from entities such as The Canadian Institutes of Health Research.

### Key goals for the 2023-2026 strategic planning period:

- Engage and empower Canadians who are living with and at risk of colorectal cancer, and their caregivers.
- Increase colorectal cancer screening participation rates in Canada.
- Lead and support meaningful change to improve treatment and care for colorectal cancer; with secondary impacts across cancer types.
- Strengthen the organization for impact and resiliency.

Programs that are new this year are marked by a seal.



**For a view forward into the next year,  
be sure to read our online  
2025-2026 Program Booklet.**



1. Canadian Cancer Statistics Advisory Committee. Canadian Cancer Statistics 2023. Canadian Cancer Society; 2023

# Programs

The graphs below offer an overview of our funding allocations, organized by our program themes which support multiple strategic goals. These figures are drawn from the financial reporting data for the 2025 fiscal year, being July 1, 2024 to June 30, 2025.

For a full expenditure and revenue overview, see our audited financial statement on our website.

## Fiscal Year 2025 Expenditures

Total: \$2,305,148

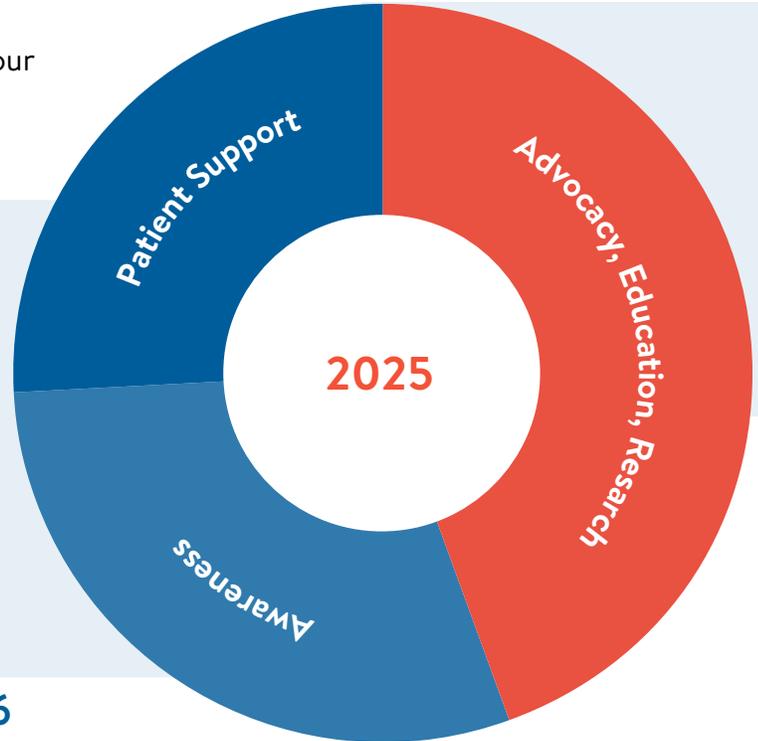
Program: \$1,627,217.56

26% in Patient Support

30% in Awareness

45% in Advocacy, Education, Research

**Revenue: \$1,988,416**



## Fiscal Year 2024 Program Expenditures

Total: \$2,252,537

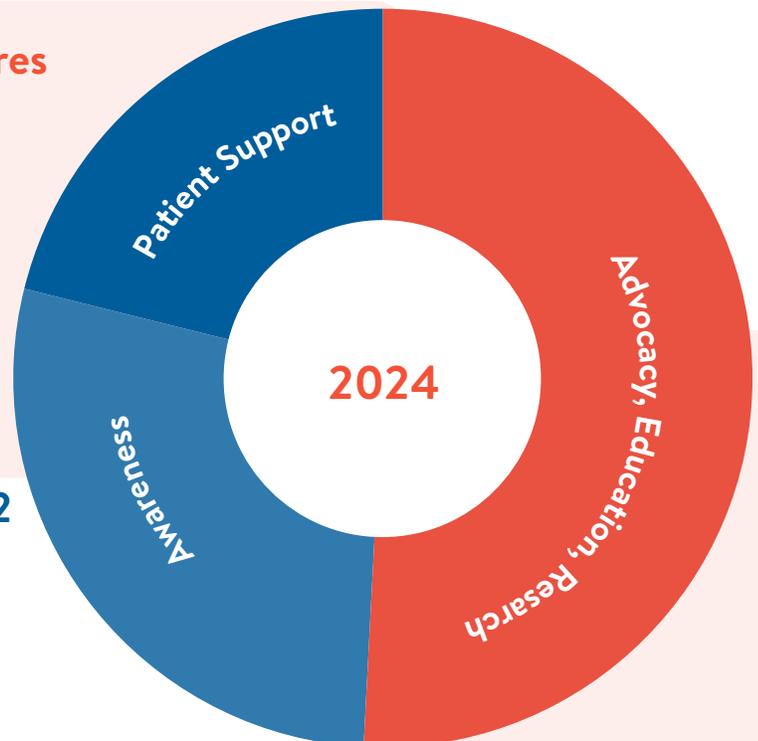
Program: \$1,648,022

21% in Patient Support

28% in Awareness

51% in Advocacy, Education, Research

**Revenue: \$2,078,632**



*Programs are grouped internally by funding category slightly differently than in our public-facing categories, which are meant for community accessibility and clarity.*

*For this report, we will be following the public-facing structure. The internal structure is detailed in our published audited financials.*



## Individual Support

A little bit of help can make a world of difference in a patient or caregiver's life. CCC provides high-impact direct support through individual and group counselling with specialized social workers to guide community members to the resources and assistance that they need. Whether a patient, caregiver, or family member, whether in need of a five-minute chat to find the right resource or five months of counselling, we're happy to be there for you.

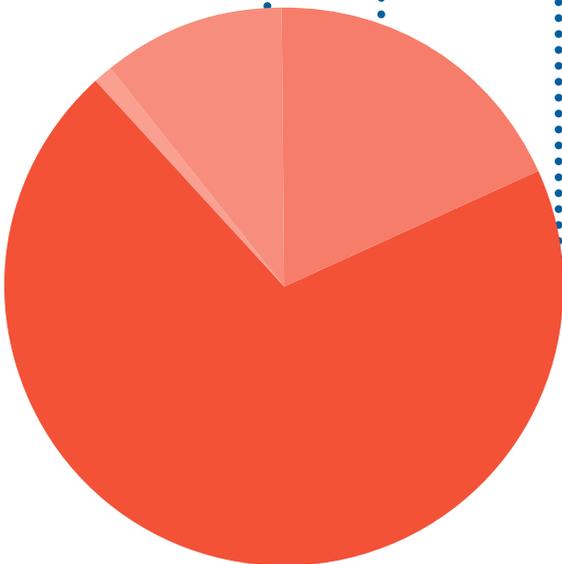
*Impact:*

**2025: 251 new contacts.  
5,517 interactions.  
851 people served.**

*2024: 215 new contacts  
3,507 interactions.  
524 people served.*

Of those responding to our demographic survey:

70% are patients .....  
18% are family & friends .....  
11% are caregivers .....



*N.b. We modernized our case management system in the 2024 fiscal year, so comparisons to prior years also reflect differences in tracking.*



## Group Support

Our support specialists lead our five support groups, each a safe and comforting space to bond and cope with the daily realities of colorectal cancer, organized by differing needs. The groups are: an early-age-onset group for patients under 50 years old, a group for patients over 50 years old, a group for patients in treatment, a group for caregivers, and a dedicated French-language group.

*Impact:*

**2025: 5 support groups with enrolment of 223. Attendance of 183. Primary attendance in EAO, over 50, and in-treatment.**

*2023/2024: 5 support groups with enrolment of 225, attendance 195. Primary attendance in Early Age Onset group and over 50.*



“Colorectal Cancer Canada is doing great things to support people like me when we need it, as we learn how to live with cancer. Thank you so much for this community, Colorectal Cancer Canada.

I am forever grateful!”

*Kathryn White  
CRC Survivor*

## Peer Support

This volunteer mentorship program builds on a long-standing dynamic in the colorectal cancer community: peer-to-peer support. We are offering community members psychosocial support training akin to what social workers receive, which when paired with their direct lived experience of fighting colorectal cancer, becomes a formidable resource in assisting other CRC survivors and their caregivers. We launched a pilot this year, and funding will help to expand the program with more training, more volunteers, and more support for Canadians.

### *Impact:*

*Our first pilot served 4 participants, with 6 initial volunteers receiving training. While ongoing, one early lesson is that this is somewhat reproducing effects already present in support groups. We will explore and pursue methods to integrate learning from this program into other practices and trainings, or adjust our goals.*



## Cope Thrive Survive

This survivorship-oriented program helps colorectal cancer patients, survivors, and caregivers get back on track, focusing on the shift from active treatment to the rhythms of everyday life. These resources are responsive to a highly requested need from the people we work with that they felt adrift after going through CRC, or helping somebody who did.

### *Impact:*

*After developing the Fear of Recurrence workshop series over the prior year in response to a regular request from our community, we launched with two pilot workshops in the spring. The workshop, the first of its kind in Canada, runs for six weeks and provides a forum for talking through and finding resources to cope with fears of cancer recurrence.*

*8 participants in the first pilot, 12 in the second.*

**IN A POST-WORKSHOP SURVEY, 100% OF RESPONDENTS WOULD RECOMMEND THE WORKSHOP.**

**93% REPORTED INCREASED CONFIDENCE IN DEALING WITH RECURRENCE ANXIETY**



## Connecting Through Cancer: The Family Toolbox

As many as a quarter of Canadians diagnosed with cancer have young children. This new digital suite of materials helps parents and caregivers navigate what it means for a child when their parent has cancer. Five online learning modules guide conversations and provide resources to help mitigate distress and foster connection at a time when every family member needs it most.

### *Impact:*

*After developing the program through 2023, we launched the first five modules in the fall of 2024.*



## Patient Materials

We provide a wide variety of educational material for patients, physicians and cancer centers. All of these documents are available in print and online in accessible digital formats. Program-specific resources are also available in print or digital form, and elaborated on under those sections in the Impact Report.

Notable new support resources from the last year across programs are:

- Through the My Symptoms Matter program, we created and released our compact and effective Colorectal Cancer Self-Advocacy Toolkit. This short document is meant to provide background and concrete tools, including checklists and question guides, to bring to meetings with doctors or at any point in treatment. We believe that self-advocacy is a crucial tool for patients to deploy, and the more agency the patient has, the better outcomes the medical system can secure for them.
- Developed in conjunction with the Never Too Young program's research on the needs of early age onset colorectal cancer patients, this year we released a valuable new patient resource: the Never Too Young Patient and Caregiver Toolkit. Most documents on CRC are made with an assumption of an older patient—but not this one. Meant to be grounding, educational, and empowering, this resource puts the information younger CRC patients and their caregivers need in language that's more accessible, and speaks to where they are in life.

### Impact:

**2025: 1,216 documents physically mailed to institutions and organizations.  
4,330 downloads of digital materials from our website.**

*2024: 2,366 documents distributed directly to over 150 organizations and individuals.*

*2023: 1,960 documents distributed directly to organizations and individuals.*

**NAVIGATING COLORECTAL CANCER**  
**WHAT'S NEXT?**

Use this sheet to help you become a more active participant in your healthcare decisions.

**Diagnosis**

|       |   |   |   |
|-------|---|---|---|
| Stage | T | N | M |
|-------|---|---|---|

Important Phone Numbers (circle your primary contact person)

Surgeon: \_\_\_\_\_

Medical Oncologist: \_\_\_\_\_

Radiation Oncologist: \_\_\_\_\_

**WHERE AM I IN MY CARE PATH?**

| DIAGNOSIS & STAGING  | TREATMENT   | NOTES |
|--|---|-------|
| <ul style="list-style-type: none"><li>• Imaging tests</li><li>• Biopsies</li><li>• Biomarker testing</li><li>• Lab tests</li><li>• Staging</li></ul> | <ul style="list-style-type: none"><li>• Surgery</li><li>• Chemotherapy</li><li>• Radiation therapy</li><li>• Targeted therapy</li><li>• Immunotherapy</li><li>• Combination therapy</li><li>• Clinical trials</li></ul> |       |

Looking for more information, resources, one-on-one or group support?  
VISIT [WWW.COLORECTALCANCERCANADA.COM](http://WWW.COLORECTALCANCERCANADA.COM)  
Email [support@colorectalcanadacanada.com](mailto:support@colorectalcanadacanada.com) or call 1-877-50-COLON (26566)

Scan to visit our website

**MY SYMPTOMS MATTER**  
DON'T DISMISS. DETECT.

**COLORECTAL CANCER  
SELF-ADVOCACY  
TOOLKIT**

CANCER COLORECTAL CANADA

**Our complete collection of materials is housed on the CCC website for easy access, free for whoever needs them.**

## Digital Communication

### Website

Colorectalcanercanada.com continues to be a robust, dynamic source of information for patients and the public. Hosting documents, guides, and information on all our programs and events, the site also connects to external sources for help navigating all steps of the colorectal cancer patient journey.

We publish personal stories of patients, caregivers, and survivors on our blog, offering a chance to share experiences and build community. We also use the site as an archive for cancer research updates and advances in colorectal cancer care.

#### Impact:

The CCC website site is continually being updated to make finding and using our tools easier for visitors. After the prior year's redesign clarifying the site structure and copy, plus arranging our resources in accordance with the patient experience by tracking stages and variations in the cancer journey with sections like metastatic, or newly-diagnosed.

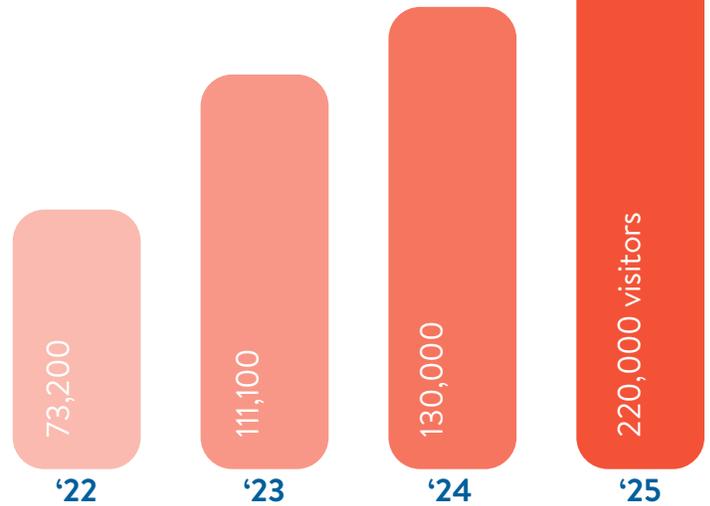
The key to this is a clear strategy pairing anticipated use with execution, with continual evaluation and adaption of both, paired with supporting practices on other digital platforms like social media. This has been working well, as shown by the large increase in website use.

**2025: 220,000 visitors, a 70% increase.**

2024: 130,000 visitors, a 17% increase.

2023: 111,100 visitors, a 52% increase.

2022: 73,200 visitors.



**Our new resource tracking tool shows 4,330 downloads of resources from our website, meaning roughly a dozen per day.**

#### The top resources were:

1. **Newly diagnosed**
2. **Myths and Facts**
3. **FIT Posctacr**



## Social Media

We use social media to reach mass audiences and to cultivate our own community audience, while providing a sense of connection and a hub for our resources, projects, and fundraisers. Our Youtube page also serves as an accessible archive for the conferences and talks attached to our other programs and events like the Clinical Trials Conference or the Colorectal Cancer Community Conference.

### Impact:

*Our social media strategy supports our core goals, and has shown growth both on the platforms we use and driven users to our website and other resources and programs.*

### Facebook:

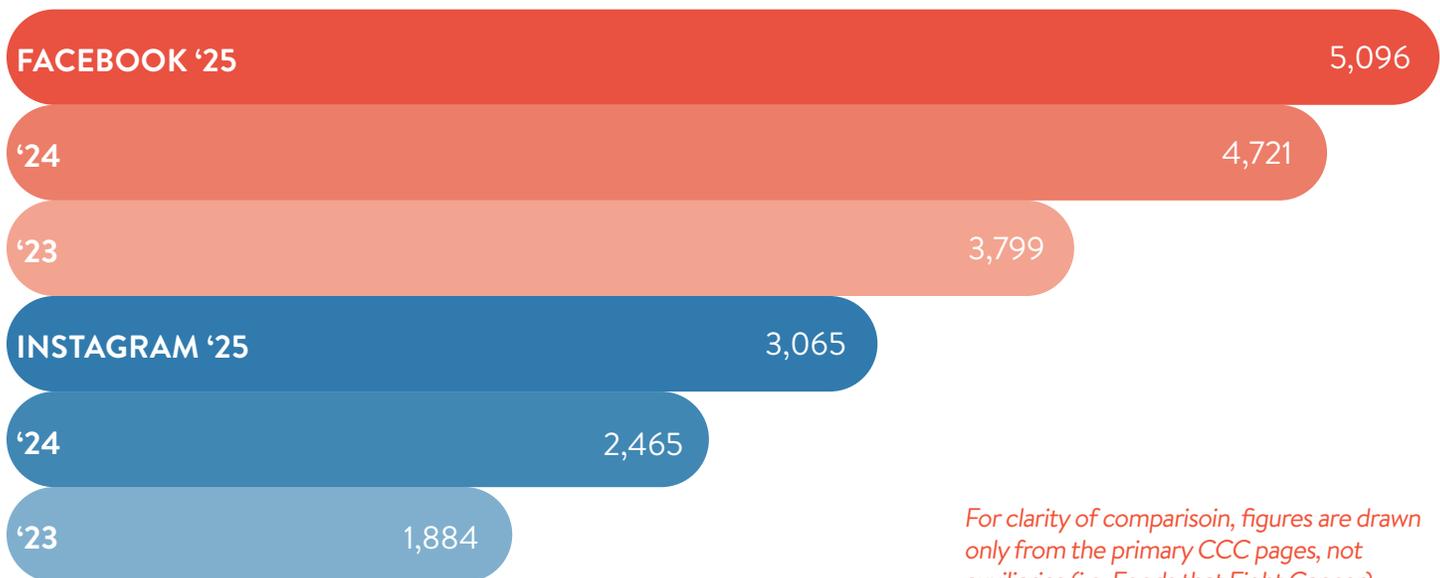
**2025: 5,096**

2024: 4,721 / 2023: 3,799

### Instagram:

**2025: 3,065**

2024: 2,465 / 2023: 1,884



*For clarity of comparison, figures are drawn only from the primary CCC pages, not auxiliaries (i.e. Foods that Fight Cancer)*

## Newsletter

CCC's bilingual monthly e-newsletter has been an effective method of directly sharing our resources, stories, and services with members of the colorectal cancer community across Canada.

This tool is especially valuable for reaching community members who may not be on social media or actively visiting the CCC website. It also facilitates a more personal and engaged relationship with our readers, offering avenues to discover or revisit themed and targeted materials which might be missed on other platforms.

### Impact:

**2025: 29,784 subscribers. 47% read rate. 175k newsletters opened!**

2024: 20,460 subscribers. 42% read rate. 2023: 19,299 subscribers. 43% read rate.

*The growth from 2024 to 2025 is from a strategy of broad emailing rather than focused emailing. This has clearly paid dividends, creating a larger and even more highly engaged audience.*

## Never Too Young

Reaching Canadians under the age of 50 is a major focus for CCC's education work. Colorectal cancer is eminently treatable if caught early, and the main risks for younger people are that they will go undiagnosed or misdiagnosed under the assumption they're too young for the disease. The project also seeks to reduce the isolation often felt by younger cancer patients, and to educate doctors not to overlook signs and symptoms due to age.

*Impact:*

**We continued our EAO dedicated support group. 40 enrollees in 2025-2025.**

52 enrollees in 2023-2024 / 32 in 2022-2023.

Developed in conjunction with our research on the needs of early age onset colorectal cancer patients, **this year we released a valuable new patient resource: the Never Too Young Patient and Caregiver Toolkit.** Most documents on CRC are made with an assumption of an older patient—but not this one. Meant to be grounding, educational, and empowering, this resource puts the information younger CRC patients and their caregivers need in language that's more accessible, and speaks to where they are in life.

After **publishing the second iteration of our groundbreaking long-term investigation Early Age Onset Cancer Survey in Current Oncology**, we've begun the development of our third iteration. It will focus on following up on the mental health data we gathered from the second iteration, with a greater focus on qualitative inquiry.



## The EAO Clinic Blueprint



After meeting with cancer centers across Canada and America to develop a blueprint to bring dedicated early-age onset cancer clinics in hospitals, we submitted the blueprint paper for publication in *The Oncologist*, where it has been accepted (and has been published, technically in the 2026 Fiscal Year). Our investigation included interviews and examinations with existing EAO clinics at top hospitals, including the Dana Farber Cancer Institute, the Cleveland Clinic, the Sunnybrook Hospital, the Vanderbilt-Ingram Cancer Center, the MD Anderson Cancer Center, and Harvard University's Massachusetts General Hospital.



## Under 45 Screening Campaign

A new program aligned with Never Too Young is our reduced screening age campaign. Combining advocacy and education, the goal of this project is to encourage provincial governments in Canada to lower the recommended screening age for CRC to 45, catching more of the cancer, earlier, saving thousands of lives and reducing healthcare burdens.

### Impact:

*We developed this program and its accompanying materials over the past year and released the campaign launch video and press release in June. This is a major initiative; expect to see more from us here next year, with updates on the progress we've made!*

### DID YOU KNOW?

- Young people are often diagnosed at later stages because they aren't sent for screening, and doctors don't necessarily suspect cancer.
- Only about 30% of early onset colorectal cancer cases develop in individuals with a family history of the disease or a genetic predisposition.
- People born after 1990 have 2x the risk of colon cancer and 4x the risk of rectal cancer compared to people born around 1950.



Elements from our campaign to lower the screening age, including a still from our national television spot.

## CCC Ambassador

We are thrilled to introduce our new national ambassador focused on Québec:

**Donna Saker**, Canada's #1 midday radio host on Montreal's 92.5 The Beat.

Donna will share her influence and charisma as well as her experience with CRC screening in order to boost education and advocacy in the Montreal area and beyond.



## My Symptoms Matter

Many family doctors aren't familiar with colorectal cancer's rising threat to young Canadians. As a result, when younger patients present with symptoms, doctors may not think to initiate screening, instead looking elsewhere and squandering precious time to identify and begin treating the disease. My Symptoms Matter is aimed at physicians to raise their awareness of this issue, and to consider screening for CRC for more patients. It also aims to give patients the tools to advocate for themselves when a doctor may dismiss their symptoms by assuming they're too young for cancer, or for any other reason. Ergo the motto: don't dismiss, detect.

### Impact:

*We're conducting a followup survey to last year's patient and caregiver young symptoms survey, published in Current Oncology, to evaluate the other side of the coin: talking to primary care providers and gauging their perspective, in order to both publish and then develop materials that address and incorporate our findings. The survey structure is under review at Sunnybrook.*

*We also created and released our compact and effective Colorectal Cancer Self-Advocacy Toolkit. This short document is meant to provide background and concrete tools, including checklists and question guides, to bring to meetings with doctors or at any point in treatment. We believe that self-advocacy is a crucial tool for patients to deploy, and the more agency the patient has, the better outcomes the medical system can secure for them.*



## The Get Personal Campaign

A signature pan-cancer initiative, The Get Personal Campaign serves to educate patients, facilitate access, and inform health policy about cancer molecular profiling and biomarker testing. These powerful new technologies enable the use of personalized healthcare and precision medicines tailored to the specific makeup of the tumour. We are partnered with national and international cancer groups to promote access to and knowledge of this innovation, making it an option for more patients of all cancers, including CRC.

### Impact:

*Together, we developed a proof-of-concept for incorporating our educational resources on biomarker testing and personalized medicine into clinical practice. The pilot, aiming to support shared decision-making between patients and their physicians, ran at the Arthur J.E. Child Comprehensive Cancer Centre, and expanded to include patients diagnosed with colorectal, and other cancers. We aim to scale up the project to other academic hospitals and other types of cancer.*

*We continued our two ongoing studies, examining biomarker testing prevalence, and patient experiences and knowledge of biomarkers. We published findings from these programs in Current Oncology. The third study edition for both research programs was developed and will launch in early 2026.*



*A page from our MSM guidebook.*

COLORECTAL CANCER SYMPTOMS CHECKLIST

(Check all that apply and bring with you during your next visit with your primary care provider)

|  |  |
|--|--|
| <input type="checkbox"/> Changes in bowel habits (constipation or diarrhea)      | <input type="checkbox"/> Unexplained weight loss                                       |
| <input type="checkbox"/> Blood in or on the stool (bright red or dark black)     | <input type="checkbox"/> Ongoing abdominal pain (bloating, fullness, cramps, gas pain) |
| <input type="checkbox"/> Changes in shape/size of stools                         | <input type="checkbox"/> Unexplained fatigue/weakness                                  |
| <input type="checkbox"/> Personal or family history of abdominal health problems | <input type="checkbox"/> Known anemia (low red blood cell count)                       |

Did you know that the symptoms listed above are considered warning signs of colorectal cancer?

Notes (write down any extra symptoms you are feeling):



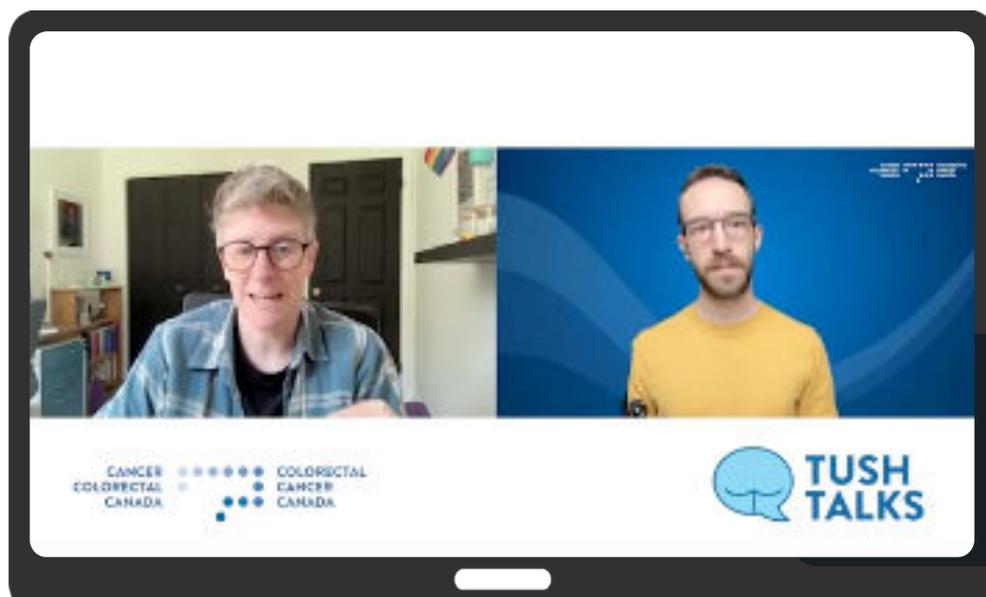
## Tush Talks

Tush Talks are conversational web interviews, bringing on experts to explore issues of concern to the colorectal cancer community. By providing practical information about colorectal cancer diagnosis, treatment, and survivorship in a popular and accessible format, we're also able to support and direct patients towards our other programs, and to feature our partners and their projects. The videos are available in English and French.

*Impact:*

**2025: Published 8 Tush Talks, including our first ever live Tush Talk.**

**2024: Published 8 Tush Talks.**



A still from our June 2025 Tush Talk with Queering Cancer's Kim Meeking.

## The Giant Colon Tour

Picture a tent, in the shape of a colon, inflated to a massive size, that you can walk through as an interactive exhibit with educational videos and illustrative models of colorectal diseases. Well, next time you're near one of the stops on The Giant Colon Tour, come and see it in reality! The Giant Colon Tour is a portable educational tool that lets us meet folks where they're at—literally. With a focus on visiting underserved communities, this is a flashy and fun program that makes a difference.

*Impact:*

**2024-2025: 11 stops, 13,000 contacts in communities in Québec, with an emphasis on those who have been underserved.**

**2023-2024: 10 stops, 7,000 contacts.**



The Giant Colon installed at one of our stops in Québec last year.

## Equity, Diversity, Inclusion & Belonging

Healthcare access in Canada displays cultural, social, economic, and geographical inequities. We see the need for consistent, focused action to overcome barriers and reduce disparities in access and outcome. This is particularly true of cancer care, where we have two core projects in improving equity.

The first is to improve diversity, equity, and inclusion in cancer clinical trials to ensure new medicines are safe and will work for populations most likely to benefit from them. The second promotes the importance of colorectal cancer screening among racialized and marginalized communities currently underrepresented in screening rates.

### *Impact:*

*We partnered this year with the South Asian Health Institute for community-specific clinical trials engagement and education in British Columbia. While the concrete impact on screening rates is too early to determine, feedback was strong.*

*From that experience, we're now developing a reproducible framework for how best to work with community groups nationwide, deploying best practices in community-oriented collaboration and research. We will use this framework to collaborate with groups from the five main populations significantly underrepresented in Canadian clinical trials: Indigenous, Black, South Asian, LGBTQ2+, rural, and Canadians living with disabilities.*



In clinical studies, 82.3% of participants identified as white, 10.2% as Asian, and 2.3% as Black. The Canadian population is roughly 70% White, 20% Asian, and 4% Black.

This data from *The Oncologist* and national demographic surveys suggest that trial data thus vastly overrepresents white Canadians and vastly underrepresents Canadians of colour.

## The Patient Values Project

The Patient Values Project is an ongoing initiative in partnership with the University of Calgary to evaluate and increase the valuation of patient input through Health Technology Assessment: the process through which new oncology drugs are approved for public use. We want the voices of patients to not only be heard, but be prioritized in the HTA process.

### *Impact:*

*We presented our analysis at HTA International, while the manuscript was prepared and submitted for publication in The Patient.*

*The results from our findings are already felt: we've incorporated them into our process for submitting to CDA, and for any future submissions.*



## Save Butts Save Lives: Take the Pledge

One thing Canadians can do today to reduce rates of colorectal cancer: get screened! Save Butts is an innovative advocacy program focusing on institutions and organizations, encouraging them to increase screening awareness among their employees and community members. We do this by soliciting pledges from these organizations, then providing them with resources to educate people on screening, primarily those of average risk aged 50-74. The more voices calling for screening, the louder the call!

### Impact:

*In its first full year, Save Butts Save Lives - Take The Pledge has secured pledges to increase screening awareness from **55 organizations with 124,000 members and employees**. The project continues! This is 44 new institutions on top of the 11 that joined during the pilot.*

**Our goal is to reach colorectal cancer screening rates of over 60% in the average age range, nationwide.**

50% of colorectal cancer cases occur among working-age Canadians.

Canadian guidelines recommend that people aged 50-74 with average risk\* be screened every 2 years for colorectal cancer via a stool test. This at-home screening test is simple, effective and pain free, participation rates remain alarmingly low.

\*average risk: People aged 50-74 with no symptoms and no previous personal or family history or related syndromes.

Take the Pledge... at [save-butts.ca](https://save-butts.ca)

SAVE BUTTS  
SAVE LIVES  
TAKE THE PLEDGE

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TAKE THE PLEDGE

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**SAVE BUTTS, SAVE LIVES**  
Join our movement to increase colorectal cancer screening awareness – Take the Pledge today.

TAKE THE PLEDGE

**SAVE BUTTS  
SAVE LIVES**  
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## Patient-Centered Approach to Clinical Trials (PACT)

Clinical trials are a key step in the development of new cancer treatments, as well as an opportunity for patients to gain early access to new treatment options. Only a tiny proportion of cancer patients participate in these trials. PACT aims to get patients in the door from the beginning, ensuring patient involvement in clinical trials through the entire trial process.

The result of years of research and organization, PACT places patient groups like CCC as an intermediary between clinical trial operators and patients. Like this, we ensure patient voices are heard, while advocating for patients through the process in a way that gives them the most benefit.

*Impact:*

**Our 8th annual PACT conference was held in October 2024 on the theme: How are we Advancing Cancer Clinical Trials in Canada?** This seminal pan-cancer conference continues to inform clinical trial networks, researchers, industry, and academic trial sponsors, HTA agencies, Health Canada, and national and international cancer patient groups.

**112 experts and stakeholders attended across disciplines for 15 talks, panels, and workshops across two days. 21 folks presented.**

2023-2024:

26 experts and stakeholders presented 15 talks and panels across two days 102 in-person attendees.

2022-2023:

17 experts and stakeholders presented across disciplines and fields. 11 talks and panels over 2 days.

Attendees: 270 (online)

8TH ANNUAL PATIENT-CENTERED APPROACH TO CLINICAL TRIALS CONFERENCE



Patient-Centered  
Approach to  
Clinical  
Trials

OCT 29TH & 30TH 2024

LIVE at the Holiday Inn & Suites,  
Montreal Centre-Ville Ouest

HOW ARE WE  
ADVANCING CLINICAL  
TRIALS IN CANADA?

Our post-conference survey saw great feedback:

93.6% of survey respondents ranked the event as very good or excellent.

*“It’s amazing how all representatives of the clinical trial ecosystem were present and have same views on how to improve clinical trials in Canada, but that roadblocks are still so present.”*

-Attendee

*“As a cancer researcher, I got to learn a lot about human side of the research [...] It helped me in approaching participants with better choice of words like patient-participants rather than subjects. It also taught me to be open about patient advocacy.”*

-Attendee

Recordings available in English and French on Youtube and our website.

## HTA: Time to Patient, Canadian Cancer Treatment Hackathons

Of peer nations, Canada has the slowest Health Technology Assessment process. HTA is how new oncology drugs are approved and reimbursed for public use, and this unique delay keeps potentially life-saving options from Canadians who need them today. HTA: Time to Patient is dedicated to finding ways to streamline the drug approval process so that treatment safety is determined and options are made available more quickly for patients. These “hackathon” sessions gather interdisciplinary stakeholders to evaluate the benefits and drawbacks of similar systems from around the world, and redesign or rethink systems to suit our national context, so that we can go from worst to best.

### Impact:

**We held 3 solution-oriented gatherings, or “Hackathons”, this year.** These sessions give a chance for stakeholders in the HTA system to gather to identify issues in the process and propose and workshop solutions. We were joined by 77 expert stakeholders at these events.

We also presented on results from Hackathons 1 through 6 at CAPT, for the CDA symposium.

**Hackathon 6:** The intricate and protracted drug negotiation process. 26 participants.

**Hackathon 7:** Challenges in integrating patient experience data (PED) into Health Technology Assessments. 25 participants.

**Hackathon 8:** The potential of outcomes-based agreements (OBAs) to improve access to cancer drugs in Canada. 26 participants.

2023-24: 2 hackathons, with 44 participants

2022-2023: 3 hackathons, with 64 participants.



## CDA and INESSS Submissions

We help submit patient group input on cancer drugs under consideration by Canada’s Drug Agency and Institut national d’excellence en santé et services sociaux for public reimbursement. These bodies assess new oncology drugs and make funding recommendations after reviewing clinical evidence, cost-effectiveness, patient perspectives and adoption feasibility. CCC presents the patient perspective of why these drugs would be beneficial to receive reimbursement approval, as well as facilitating medical advisor input, resulting in greater access for Canadians.

### Impact:

Two submissions for which we collected patient input were approved for reimbursement recommendations.

- **Submission approved:** Nivolumab (Opdivo) + ipilimumab (Yervoy) for MSI-H metastatic colorectal cancer. We submitted patient input to CDA and INESSS in 2025. The combination immunotherapy received a positive reimbursement recommendation from CDA and INESSS in October 2025 (outside the fiscal year).
- **Submission approved:** Fruquintinib (Fruzaqla) for refractory metastatic colorectal cancer. We submitted patient input to CDA and INESSS in 2024, the drug received a positive reimbursement recommendation from CDA and INESSS in early 2025.

## Envisioning The Future of Colorectal Cancer in Canada

Over the last ten years, we witnessed transformational changes to the entire landscape of colorectal cancer treatment and care. To prepare our programs for what the future might hold, we're hosting a roundtable series with prominent figures in the CRC community to try and predict the next decade of trends in cancer care and prevention.

### Impact:

During the fiscal year we completed the first roundtable, *Cancer Treatments of the Future*, chaired by Dr. Lillian Siu. We've since completed three more. For the full plan (updated to today), see below:

### The Roundtables

- ✓ Cancer Treatments of the Future
- ✓ The Microbiome's Potential to Advance Cancer Care
- ✓ The Future of Prediction, Detection, and Screening
- ✓ Data-Driven Innovation for Global Precision Oncology
- Patients are Changing the Future of Cancer Care
- The Future of Psychosocial Oncology
- Revolutionizing Care with Cutting-Edge Technologies

NEW!

**ENVISIONING  
THE FUTURE**  
COLORECTAL CANCER ROUNDTABLE SERIES



Acclaimed researcher Dr. Lillian Siu is the overall chair for all of the roundtable series.



## Pre-Budget Federal Submission

Every new federal budget has a period when groups across the country can advocate for budgetary allocations to what they feel are important or overlooked areas. To complement our Get Personal campaign on biomarker testing and personalized medicine, we submitted a pre-budget proposal to the Federal Government to advocate for funds to establish a national molecular profiling network. This would reduce interprovincial disparities in access and implementation of biomarker testing for patients with colorectal cancer, and all cancers. With the election of the new federal government, we look forward to additional opportunities to consult on federal budgetary considerations.



## Push For Your Tush

CCC's largest event and fundraiser, the Push For Your Tush 5km/10km Walk/Run is a month-long celebration of colorectal cancer patients, survivors, caregivers, and their families. Hosted in cities across the country and complemented by a parallel online experience, PFYT is a yearly opportunity to show up for our community, as well as a platform to educate attendees and participants about colorectal cancer.

After adopting our online component during the COVID-19 pandemic, our hybrid online and in-person operation has led to more success, access, fun, and funds than ever before.

### Impact:

**2025: 1,299 participants on 162 teams with 2,928 donors raised over \$340,000.**

**In 13 cities + online:** Montreal, Toronto, Victoria, London, Calgary, Shelburne, Ottawa, Cambridge, St. Lawrence, Southern Harbour, St John's, Winnipeg, and Summerland.

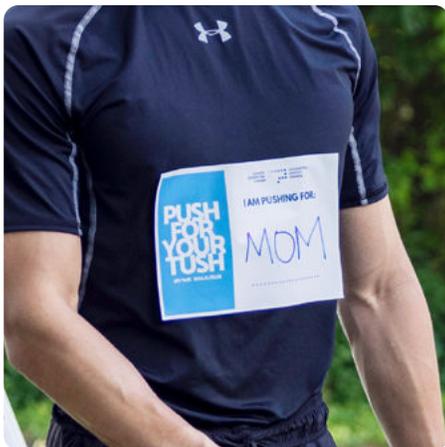
2024: 12 cities + online, \$272k raised

2023: 7 cities + online, \$188k raised

2022: 4 cities + online, \$165k raised



**IN 2025 1,299 PARTICIPANTS ON 162 TEAMS WITH 2,928 DONORS RAISED OVER \$340,000**



## Colorectal Cancer Community Conference

This two-day digital conference is a yearly gathering of and for the colorectal cancer community, started during the COVID-19 pandemic to meet patient needs, and we've kept it going since. Each year's conference has a distinct theme around which guests and speakers share, listen, and learn. Participants include patients, survivors, medical professionals, researchers, caregivers, survivors, and industry representatives. This year's theme was Engage, Exchange, Empower. All sessions are recorded and shared in English and in French, viewable on our Youtube page and website.

### Impact:

**233 registrants across two days, with 7 sessions and 23 speakers** including doctors, survivors, researchers, and more.

Sessions were themed **Engage, Exchange, Empower:**

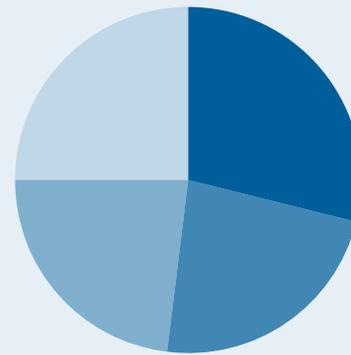
- New Advances in CRC treatment
- Living with cancer : Navigating life beyond the diagnosis
- Life with an ostomy: Embracing Body Image and Building Confidence
- Transforming Patient Outcomes: Advocating for Early Nutritional and Exercise Integration
- Early Age Onset CRC
- Navigating life with a chronic (life-limiting) disease
- Life After Diagnosis: Navigating the New Normal

2024: 230 registrants.

2023: 200 registrants.



**99% of participants were very or extremely satisfied.**



**Participant age:**  
 Over 60 – 29%  
 50-59 – 23%  
 40-49 – 23%  
 Under 40 – 25%

**Participant type:**

- 21% – Industry
- 12% – Family/Caregiver
- 21% – Health professional
- 24% – Patient post-treatment
- 22% – Patient in treatment

*“This is my second year attending this virtual conference. I think sharing stories, research, and providing a platform for this community to connect is invaluable. Great work!”*

–Attendee

### Community Connections

To keep the community spirit connected through the rest of the year, we've spun off a bimonthly series of gatherings inspired by the CCCC for folks in the colorectal cancer community to meet, share, and learn from experts and from each other.



# Events

## Kick Ass Golf Tournament

Kick colorectal cancer's butt... on the green! Every year for the last 20 years, the community has gathered at Angus Glen in Markham, Ontario for a fun day of family-friendly competition and fantastic activities, including a virtual auction, raising funds as well as spirits to support our programs.

*Impact:*

**2025: 116 participants, raised \$150k**

2024: 120 participants, \$175k

2023: 92 participants, raised \$98k



## All About You

The first event of its kind in Canada, All About You is a day-long celebration of wellness and empowerment for women of any age, but focused on those over 40 years old. Featuring workshops and speakers covering nutrition, fitness, stress-management, overall health, and empowerment through learning; all while raising funds toward healthy living.

*Impact:*

*For our second edition after the prior year's launch, we held **two events in November in Calgary and Toronto.***

**87 attended in Toronto and 95 in Calgary, with talks from varied speakers on diverse topics in women's health, with a soft focus on CRC. Chances abounded for networking, empowerment, and platforming women-owned vendors.**

2023: 73 attendees.



**"Great day out with friends and other women. Highly informative and I look forward to next year!"**  
-Attendee

## Sponsor Our Events

In our role as the leading Canadian colorectal cancer patient group, we bring together Canada's best and brightest to prevent, treat, and find a cure for colorectal cancer, all while caring for and advocating on behalf of patients and their communities. You can help by sponsoring and supporting our goals through public events. CCC will work with you to make the strongest impact and visibility for your contribution.

# Appendices

CCC is a national not-for-profit patient organization incorporated under the Canada Not For Profit Act and is a registered charity with the Canada Revenue Agency, charitable registration #86657-2423-RR0001.

The CCC head office is in Montreal.

Our programs and services are available in English and in French.

## Board Of Directors

**Barry D. Stein**, *President & CEO*

**Garry Sears**, *Secretary*

**Marianne Fillion**

**Ellen Walker-Matthews**

**Melvin Mogil**

**Alan Peters**

**Vito Curalli**

**Jocelyn Laidlaw**

## Medical Advisory Board

The CCC Medical Advisory Board ensures our programs are in line with the best available science from development through to deployment, and serve as a vital connection between our patient oriented work and the medical community.

View our current advisory board online at:

[colorectalcancerCanada.com/about-us/staff-board-medical-advisory/](https://colorectalcancerCanada.com/about-us/staff-board-medical-advisory/)

## Partner Organizations

View our current partnerships online at at:

<https://www.colorectalcancerCanada.com/what-we-do/our-partnerships/>

<https://www.colorectalcancerCanada.com/what-we-do/our-collaborations/>

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