

PROGRAM

Wednesday February 20, 2019



AGENDA

Main Room

Opening remarks, instructions, and keynote presentation

7:30 am – 8:15 am

Breakfast and networking

8:15 am – 8:45 am

Welcome and Setting the stage | Chelsea Draeger

8:45 am – 9:15 am

Keynote presentation | Dr. Bob Thirsk

9:30 am - 10:30 am

**Pillar breakout sessions:
expert panel pillar recommendation presentations**

The intent of these sessions is to allow participants to understand and seek clarification on suggested recommendations in order to ensure gaps and barriers are reduced and all perspectives are captured.

Main Room

Primary prevention and lung cancer screening pillar recommendations

- **Radon exposure reduction | Dr. Aaron Goodarzi**
- **Commercial tobacco use reduction | Les Hagen/Dr. Brent Friesen**
- **Occupational and environmental carcinogens exposure reduction | Dr. Cheryl Peters**
- **Lung cancer screening | Dr. Eric Bédard**

SBCC #3**Supportive care and improved quality of life pillar recommendations**

- **Improving understanding regarding patient and family caregiver needs** | Shaneel Pathak
- **Reducing the gaps in supportive care** | Lisa Lamont
- **Reducing stigma and altering social norms regarding lung cancer** | Angeline Webb
- **Improving palliative and end-of-life care supports for lung cancer patients** | Dr. Ingrid de Kock

SBCC #6**Diagnosis, treatment, research and innovation pillar recommendations**

- **Diagnosis and treatment continuum** | Dr. Don Morris
- **Research innovation, resource, and funding improvements** | Dr. Gwyn Bebb
- **Improved access to lung cancer drugs** | Beth Kidd

10:30 am - 11:00 am**Networking/refreshment break****11:00 am – 12:00 pm****Continuation of pillar breakout sessions:
expert panel pillar recommendation presentations****Main Room****Primary prevention and lung cancer screening****SBCC #3****Supportive care and improved quality of life****SBCC #6****Diagnosis, treatment, research and innovation**

AGENDA

Restaurant

A buffet lunch will be provided in a designated section of the hotel restaurant

12:00 pm - 1:00 pm

1:00 pm - 3:00 pm

Pillar breakout consensus sessions

The intent of these sessions is to understand, affirm, change recommendations as necessary and develop consensus.

Main Room

Primary prevention and lung cancer screening pillar recommendations

SBCC #3

Supportive care and improved quality of life pillar recommendations

SBCC #6

Diagnosis, treatment, research and innovation pillar recommendations

3:00 pm - 3:30 pm

Networking/refreshment break

3:30 pm - 4:15 pm

Main Room

Consensus clarification and discussion of next steps

- **Consensus overview** | Dr. Don Morris/Angeline Webb

4:15 pm - 4:30 pm

Closing remarks | Chelsea Draeger

5:00 pm - 7:30 pm

SBCC Breakout Room

Evening Reception | Please join us for hors d'oeuvres and a cash bar.



KEY NOTE SPEAKER

Dr. Robert Thirsk was born and raised in western Canada. Bob received degrees in Mechanical Engineering from the University of Calgary and from the Massachusetts Institute of Technology (MIT). He also holds a Doctorate of Medicine from McGill University and a Master of Business Administration from the MIT Sloan School of Management.

Bob has flown on two space missions as a member of the Canadian Space Agency's astronaut corps. He first flew aboard the space shuttle Columbia in 1996 with six international crewmates as part of the Life and Microgravity Spacelab Mission. His second flight in 2009 was a six-month expedition aboard the International Space Station. Bob and his five international crewmates performed multidisciplinary research, robotic operations and maintenance of Station systems.

Bob is a Chancellor Emeritus of the University of Calgary. He is a strong promoter of an economy based upon exploration and innovation. He encourages youth to build their dreams upon a foundation of advanced skills and lifelong learning.

EXPERT PANEL

Dr. Darren Brenner

Assistant Professor
Department of Oncology
Community School of Medicine
University of Calgary

Dr. Alain Tremblay

Professor
Medicine & Respiratory Medicine
Interventional Pulmonary
Medicine Program
Cumming School of Medicine
University of Calgary

Dr. Aaron Goodarzi

Assistant Professor
Biochemistry & Molecular
Biology
Cumming School of Medicine
University of Calgary

Angeline Webb

Regional Manager, Health Policy
Canadian Cancer Society

Dr. Barry Bultz

Director, Department of
Psychosocial & Rehabilitation
Oncology
Tom Baker Cancer Centre
Cumming School of Medicine
University of Calgary

Bev Longstaff

Community Lung Cancer
Advocate

Dr. Brent Friesen

Medical Officer of Health
Tobacco Reduction Program
Medical Director Accreditation
Population, Public and
Indigenous Health
Alberta Health Services

Chelsea Draeger

Executive Director
Canadian Cancer Society

Dr. Darren Brenner

Assistant Professor
Department of Oncology
Community School of Medicine
University of Calgary

Diane Colton

Community Lung Cancer
Advocate

Dr. Don Morris

Professor & Head, Medical
Oncology
University of Calgary
Section Chief, Medical Oncology,
CancerControl Alberta - Alberta
Health Services
Chair, Systemic Therapy
Tom Baker Cancer Centre

Dr. Doug Stewart

Professor
Medicine & Oncology
Cumming School of Medicine
University of Calgary

Dr. Eric Bedard

Associate Professor
Department of Surgery
Division of Thoracic Surgery
Faculty of Medicine & Dentistry
University of Alberta

Dr. Gwyn Bebb

Associate Professor
Medical Oncology
Cumming School of Medicine
University of Calgary

Janelle Wakaruk

Senior Director
Development
Cumming School of Medicine
University of Calgary

Mavis Clark

Community Lung Cancer
Advocate

Leigh Allard

President & CEO
The Lung Association, AB & NWT

Les Hagen

Executive Director, Action on
Smoking & Health
Adjunct Professor, School of
Public Health
University of Alberta

Dr. Randeep Sangha

Associate Professor
Department of Oncology
Division of Medical Oncology
Faculty of Medicine & Dentistry
University of Alberta

Shaneel Pathak

Community Lung Cancer
Advocate

Weston Jacques

Senior Communications
Strategist
Evict Radon
University of Calgary

Dr. Ingrid de Kock

Physician Lead
Palliative Community Consult
Team
Edmonton Zone Palliative Care
Program

Lisa Lamont, MSW, RSW

Clinical Social Worker/Counsellor
Department of Psychosocial
Oncology
Tom Baker Cancer Centre

Dr. Cheryl Peters, PhD

Cancer Epidemiology &
Prevention Research
Alberta Health Services
Adjunct Assistant Professor
Arnie Charbonneau Cancer
Institute
Cumming School of Medicine
University of Calgary

LUNG CANCER CONTINUUM PILLARS

The lung cancer continuum is built on four pillars: (1) primary prevention, (2) screening, (3) research, diagnostics, and treatment, and (4) supportive care. These pillars are built on the foundation of a population health and a health equity approach. It is important to develop processes that will impact population health while at the same time understanding that vulnerable populations are most at risk regarding the adverse health outcomes of lung cancer and require targeted approaches.



PRIMARY PREVENTION

Smoking remains the most important risk factor for lung cancer – more than 8 out of 10 lung cancers are caused by smoking.¹ However, lung cancer also develops in people who have never smoked. Being exposed to secondhand tobacco smoke, radon, arsenic, asbestos, or radioactive dust can increase the risk of lung cancer. Improved population health measures with targeted approaches, including setting-change methods, are key to reducing exposure to lung cancer risk factors.

Currently, there is no population-based screening program for lung cancer. Effective tests and new imaging techniques for identifying early-stage lung cancer could increase survival rates by more than 15 times. Pilot studies are underway in Canada to investigate the feasibility of implementing lung cancer screening programs for high-risk populations, with the aim of detecting disease at an earlier stage when it may respond better to treatment.²



LUNG CANCER SCREENING

1. Canadian Cancer Statistics Advisory Committee. Canadian Cancer Statistics 2018. Toronto, ON: Canadian Cancer Society; 2018. Available at: cancer.ca/Canadian-Cancer-Statistics-2018-EN.pdf.

2. Canadian Partnership against Cancer [Internet]. Lung cancer screening in Canada - environmental scan. Toronto: Canadian Partnership against Cancer; 2017. Available from: <http://www.cancerview.ca/preventionandscreening/lungcancerscreeningpage/>

Supportive care helps people meet the physical, practical, emotional, social and spiritual challenges of lung cancer and is an important part of cancer care. This includes supporting individuals living with lung cancer as well as families and caregivers. Improving supports for patient and family needs, particularly at the palliative stage, will have a positive impact on patients and their families. As well, a lung cancer diagnosis carries a specific burden due to stigmatization.³ Unfortunately, those suffering with lung cancer are often stigmatized and left feeling isolated. It is important to support the development of initiatives that can help change social norms concerning this unique burden.



SUPPORTIVE CARE AND IMPROVED QUALITY OF LIFE



DIAGNOSIS, TREATMENT, RESEARCH AND INNOVATION

The overall lung cancer survival rate is 17%⁴ and thus is one of the most fatal cancers. For lung cancer patients, hope of improved survival will come from earlier diagnosis, availability of precision medicine informing individual patient-customized therapies, as well as, improved access to lung cancer drugs. Research includes improvements in understanding of lung cancer causes, magnitude, impacts on quality of life as well as treatment outcomes requiring a cutting edge lung cancer research and surveillance program.

3. Tran, Kim., Delicaet, Kendra., et al. Perceptions of Lung Cancer and Potential Impacts on Funding and Patient Care: a Qualitative Study. *J Canc Educ* (2015) 30:62-67.

4. Canadian Cancer Statistics Advisory Committee. Canadian Cancer Statistics 2018. Toronto, ON: Canadian Cancer Society; 2018. Available at: cancer.ca/Canadian-Cancer-Statistics-2018-EN.pdf.

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