



The Canadian Cancer
Research Conference

La conférence canadienne
sur la recherche sur le cancer

PROGRAM

PROGRAMME

November 5-7 2017 | 5 au 7 novembre 2017

Vancouver Convention Centre

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MESSAGE FROM THE MEETING CO-CHAIRS



On behalf of the Canadian Cancer Research Alliance (CCRA), welcome to the fourth Canadian Cancer Research Conference. The CCRA, whose membership comprises over 30 cancer research funding agencies, was formed in 2004 to develop and facilitate large transformative cancer research initiatives, coordinate cancer research at a pan-Canadian level, and to document and promote cancer research activity in Canada. During the development of the inaugural pan-Canadian Cancer Research Strategy in 2010, a need was expressed by scientists from across the country for a national cancer research meeting. This meeting would showcase the breadth and excellence of Canadian cancer research and allow leading experts from across all areas of cancer research to exchange knowledge and share ideas to strengthen Canada's cancer research community. Such a meeting would also be a venue to demonstrate to the public the continuing impact of cancer research on improving the health of the population.

This year's meeting in Vancouver, our fourth to date, builds on the successes of the previous conferences and is designed to showcase the broad spectrum of cancer research happening across the country, with a special focus on Western Canada. We are proud and appreciative of the work done by the Scientific Program Committee under the leadership of Gerald Batist, Shoukat Dedhar, and Christine Friedenreich. They have developed a diverse program highlighting researchers from across the cancer research spectrum as well as a number of researchers in the early stages of their careers. We know that this meeting will provide networking and collaboration opportunities and we encourage you to take advantage of this unique meeting and attend as many sessions as you can, particularly those outside of your area of scientific expertise. Also, this year we are excited to incorporate our inaugural

Patient Involvement Program (PIP). The program is intended not only to broaden participants' own understanding of cancer research and cutting-edge science, but to help facilitate an understanding among the scientific community about the many ways that patients can help inform, support, and strengthen cancer research. We invite you to avail yourself of the opportunity to speak with patient representatives attending this year. Research is the only way through which the knowledge needed to decrease death and suffering from cancer can be gained; we hope that throughout the meeting you will be able to celebrate the progress that the Canadian cancer research community is making and, since there is still much to do, learn about new ideas, tools and approaches to enhance your own research efforts.

We would like to take this opportunity to thank our colleagues on the Executive Planning Committee for their input and continued oversight of the conference. In addition, we would like to acknowledge the CCRA Executive Office, specifically, Sara Urowitz, Melissa Cheung, Louisa Salemi, Kim Badovinac, and Pauline Walsh, who undertake the day-to-day conference logistics to ensure your experience is a good one.

And last, but certainly not least, we thank the many supporters for their financial and in-kind support. The success of this meeting is a reflection of the priority that these supporters place on knowledge exchange and the sharing of new science. We are appreciative of their ongoing commitment to this biennial endeavour.

Enjoy the conference!

Stephen Robbins, PhD
University of Calgary, CIHR Institute
of Cancer Research & CCRA Chair

David Huntsman, MD, FRCPC, FCCMG
University of British Columbia, Vancouver
General Hospital & BC Cancer Agency

MESSAGE DES COPRÉSIDENTS DE LA CONFÉRENCE



Au nom de l'Alliance canadienne pour la recherche sur le cancer (ACRC), nous vous souhaitons la bienvenue à la quatrième Conférence canadienne sur la recherche sur le cancer. L'ACRC, qui compte dans ses rangs plus de 30 organismes de financement de la recherche sur le cancer, a été créée en 2004 pour élaborer et faciliter de vastes initiatives de recherche transformatrices sur le cancer, coordonner la recherche sur le cancer à l'échelle pancanadienne, et documenter et promouvoir les activités de recherche sur le cancer au Canada. Pendant l'élaboration de la première Stratégie pancanadienne de recherche sur le cancer en 2010, les scientifiques de l'ensemble du pays ont exprimé le besoin d'une réunion nationale portant sur la recherche sur le cancer. Cette réunion allait permettre de mettre en lumière toute l'étendue et l'excellence de la recherche canadienne sur le cancer et donner la possibilité aux principaux experts de tous les domaines de la recherche sur le cancer d'échanger des connaissances et des idées pour renforcer la communauté de la recherche sur le cancer au Canada. Une telle réunion allait également être une occasion de montrer au public les répercussions continues de la recherche sur le cancer en ce qui concerne l'amélioration de la santé de la population.

La réunion de cette année organisée à Vancouver, notre quatrième à ce jour, s'appuie sur les réussites des conférences précédentes et est conçue pour présenter le large spectre des recherches sur le cancer menées dans l'ensemble du pays, en mettant un accent particulier sur l'Ouest du Canada. Nous éprouvons de la fierté et de la gratitude pour le travail réalisé par le Comité du programme scientifique sous la direction de Gerald Batist, Shoukat Dedhar et Christine Friedenreich. Ils ont créé un programme diversifié qui met en vedette des chercheurs de tous les domaines de la recherche sur le cancer ainsi qu'un certain nombre de chercheurs en début de carrière. Nous savons que cette réunion offrira des occasions de réseautage et de collaboration, et nous vous encourageons à tirer profit de cet événement exceptionnel et à assister au plus grand nombre de séances possible, plus particulièrement celles portant sur des

thèmes qui ne font pas partie de votre domaine d'expertise scientifique. Cette année, nous sommes également heureux d'inclure pour la première fois notre Programme de participation des patients (PPP). Ce programme est conçu non seulement pour aider les participants à mieux comprendre la recherche sur le cancer et la science d'avant-garde, mais aussi pour sensibiliser la communauté scientifique à l'égard des nombreuses façons dont les patients peuvent éclairer, appuyer et renforcer la recherche sur le cancer. Nous vous invitons à profiter de cette occasion pour discuter avec les représentants des patients présents cette année. La recherche est la seule façon d'acquérir les connaissances qui permettront de réduire la souffrance et le nombre de décès liés au cancer. Nous espérons que vous serez en mesure, pendant la réunion, de célébrer les progrès réalisés par la communauté canadienne de la recherche sur le cancer et, puisqu'il reste tant à faire, de découvrir de nouveaux outils, ainsi que de nouvelles approches et idées pour optimiser vos propres efforts de recherche.

Nous tenons à profiter de cette occasion pour remercier les membres du Comité de direction de la planification pour leur apport et leur supervision continue de la conférence. Nous souhaitons aussi souligner la contribution du Bureau administratif de l'ACRC, et plus particulièrement de Sara Urowitz, Melissa Cheung, Louisa Salemi, Kim Badovinac et Pauline Walsh, qui s'occupent de la logistique quotidienne de la conférence afin de vous offrir une expérience mémorable.

Enfin, nous remercions les nombreux contributeurs pour leur soutien financier et en nature. La réussite de cette réunion est le reflet de l'importance que ces personnes accordent au partage des connaissances et des percées scientifiques. Nous leur sommes reconnaissants de leur engagement continu envers ce projet biennal.

Bonne conférence !

Stephen Robbins, Ph D
Université de Calgary, l'Institut du cancer
des IRSC et président de l'ACRC

David Huntsman, MD, FRCPC, FCCMG
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MESSAGE FROM THE SCIENTIFIC PROGRAM COMMITTEE CO-CHAIRS



On behalf of the Scientific Program Committee, welcome to the fourth Canadian Cancer Research Conference!

The Committee has worked hard to develop an exciting program featuring leading cancer experts to address the major themes in cancer research, from discovery research to policy research, and clinical research to end-of-life care. The Committee also reviewed the nearly 700 submitted abstracts, which are featured as oral and poster presentations. We are very proud and impressed with the breadth, range, and excellence of Canadian cancer research and are sure that you will feel the same as you engage in this year's program.

We hope that you will find many opportunities to network with other conference participants from across the country and develop new collaborations within and between research disciplines through the program's blend of plenary sessions, symposia, poster sessions, and satellite meetings. The program also features the presentation of the 2017 Canadian Cancer Research Alliance Awards, which honour exceptional contributions in leadership, research, education, and, our newest award, recognizing patient involvement. This session from Canada's foremost leaders in cancer research promises to be both inspirational and motivating.

We also encourage you to attend the conference's public lecture on Monday evening, which highlights the work of Dr. Connie Eaves, Distinguished Scientist of the BC Cancer Agency's Terry Fox Laboratory. This session, as well as our new Patent Involvement Program, provide opportunities to engage and interact with members of the public, cancer survivors, patients, and their families.

We hope you find this conference engaging and that it will lead to new ideas and new collaborations. We look forward to hearing your feedback so that we can continue to provide you with a unique and stimulating experience!

Gerald Batist, MD, CM, CQ, FRCPC, FACP,
FCAHS
Segal Cancer Centre & McGill University

Shoukat Dedhar, PhD
BC Cancer Agency & University
of British Columbia

Christine Friedenreich, PhD
Alberta Health Services & University
of Calgary

MESSAGE DES COPRÉSIDENTS DU COMITÉ DU PROGRAMME SCIENTIFIQUE



Au nom du Comité du programme scientifique, nous vous souhaitons la bienvenue à la quatrième Conférence canadienne sur la recherche sur le cancer!

Le Comité a travaillé très fort pour élaborer un programme passionnant pour cet événement qui réunit des experts reconnus du cancer en vue d'aborder les principaux thèmes de la recherche sur le cancer, allant de la recherche axée sur la découverte à la recherche sur les politiques, et de la recherche clinique aux soins de fin de vie. Le Comité a également examiné près de 700 résumés soumis, qui seront présentés sous forme de présentations orales ou par affiches. Nous sommes très fiers et impressionnés par l'ampleur, la diversité et l'excellence de la recherche canadienne sur le cancer, et nous sommes certains qu'il en sera de même pour vous lorsque vous participerez au programme de cette année.

Nous espérons que vous aurez de nombreuses occasions de faire du réseautage avec les autres participants de la conférence provenant de toutes les régions du pays et que vous créerez de nouvelles collaborations au sein des disciplines de recherche et entre elles, grâce au programme varié comportant des séances plénières, des colloques, des présentations par affiches et des réunions parallèles. Le programme comprend également la remise des prix de 2017 de l'Alliance canadienne pour la recherche sur le cancer, lesquels honorent les contributions exceptionnelles dans les domaines du leadership, de la recherche et de la formation, ainsi que le plus récent de nos prix, qui souligne la participation des patients. Cette séance menée par les principaux chefs de file canadiens de la recherche sur le cancer promet d'être inspirante et motivante.

Nous vous encourageons également à assister à la conférence publique du lundi soir, qui soulignera les travaux de la D^{re} Connie Eaves, distinguée scientifique du laboratoire Terry Fox de la BC Cancer Agency. Cette séance ainsi que notre nouveau programme de participation des patients vous donneront la possibilité de rencontrer et d'interagir avec des membres du public, des survivants du cancer, des patients et des membres de leur famille.

Nous espérons que vous trouverez cette conférence intéressante et qu'elle débouchera sur de nouvelles idées et de nouvelles collaborations. Nous avons hâte d'entendre vos commentaires, qui nous permettront de continuer de vous offrir une expérience unique et stimulante!

Gerald Batist MD, CM, CQ, FRCPC, FACP, FCAHS Centre du cancer Segal et Université McGill

Shoukat Dedhar, Ph D
BC Cancer Agency et Université de la Colombie-Britannique

Christine Friedenreich, Ph D
Alberta Health Services et Université de Calgary

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Exceptional Leadership in Patient Involvement in Cancer Research

Ms. Judy Needham



Ms Judy Needham, a breast cancer survivor, is passionately committed to improving outcomes for cancer patients. Soon after her own treatment was completed, Judy became involved with the former BC/Yukon Chapter of the Canadian Breast Cancer Foundation as a Board member. From 2002-05, in addition to

significant fund-raising, Ms. Needham led development of the first ever Breast Cancer Navigation Kit, aimed at simplifying the breast cancer journey for patients by identifying treatment options, key decision points, and additional resources. From 2006-11 she served on the Scientific Advisory Committee and research review panels for the Canadian Breast Cancer Research Alliance and the Canadian Cancer Society Research Institute.

Since 2012, Ms. Needham has been affiliated with the Canadian Cancer Trials Group (CCTG), initially as a member of its Breast Disease Site Executive Committee. In 2013, as Vice-Chair of the Lay Representative Committee, she developed and led the implementation of a pan-Canadian patient engagement strategy that redefined the role of lay members across CCTG scientific committees. In 2015, as Chair, Ms. Needham worked further to formalize the integration of the patient perspective into all steps of the research process, including developing research questions, defining research objectives, approval, developing protocol and consent, launching and accrual utilizing CIHR's Strategy for Patient-Oriented Research (SPOR) guidelines. The lay member role is now one of full engagement as a strategic enabler to clinical trials delivery, resulting in significant benefits to the entire CCTG community, including patients. Ms. Needham is also a member of the Canadian Cancer Clinical Trials Network (3CTN) Portfolio and Lay Representative Advisory Committees, and the BC Clinical Trials Advisory Committee.

Dr. Michael A.S. Jewett, MD, FRCSC



Dr Michael Jewett, an uro-oncologist with a long and distinguished career in genitourinary oncology, is recognized worldwide for his significant contributions to clinical research in kidney cancer. He is Professor of Surgery (Urology) at the University of Toronto, a surgical oncologist and clinical investigator at the Princess

Margaret Cancer Centre (University Health Network) and Farquharson Clinical Research Chair in Kidney Cancer Research. Dr. Jewett is also co-chair of the National Cancer Institute's Renal Task Force, providing recommendations on ways to enhance clinical trials for genitourinary cancers. He has contributed over 300 original papers to the cancer literature and has been an invited speaker or visiting professor to over 100 universities and associations.

Dr. Jewett is a strong and passionate advocate for patient involvement in cancer research. He has fostered the development and growth of three patient-led charities: Testicular Cancer Canada (2007), Kidney Cancer Canada (2009), and Bladder Cancer Canada (2010). He is the first physician Board Member of the International Kidney Cancer Coalition with 33 affiliates around the world. He was an inaugural Medical Advisory Board member of Kidney Cancer Canada, Bladder Cancer Canada and the U.S. Bladder Cancer Advocacy Network. He has organized five Canadian Kidney Cancer Forums since 2008 and helped organize Bladder Cancer Canada's very first Patient Education Conference. Dr. Jewett formed the CIHR-funded Kidney Cancer Research Network of Canada in 2012 and was instrumental in the initiation of the Canadian Bladder Cancer Information System. In 2014, he led a formal research prioritization process for kidney cancer, utilizing the James Lind Alliance methodology, a first for oncology in Canada. This prioritization method brings patients, caregivers, and clinicians together in priority setting partnerships to identify and prioritize the top 10 unanswered research questions. Dr. Jewett continues to advocate for greater patient involvement in clinical research prioritization, partnership in research proposals, funding decisions, research design, and patient-relevant outcome measures.

Leadership exceptionnel dans la participation des patients à la recherche sur le cancer

M^{me} Judy Needham



M^{me} Judy Needham, survivante du cancer du sein, participe activement à l'amélioration des résultats pour les patients atteints de cancer. Peu après la fin de son propre traitement, M^{me} Needham a commencé à s'engager auprès de l'ancienne section de la C-B/du Yukon de la Fondation canadienne du cancer du sein à titre de membre

du conseil d'administration. De 2002 à 2005, en plus de participer à d'importantes collectes de fonds, M^{me} Needham a dirigé l'élaboration de la toute première trousse de navigation du cancer du sein, un outil visant à simplifier le parcours des patientes atteintes d'un cancer du sein en indiquant les options de traitement, les principaux points de décision et les ressources supplémentaires. De 2006 à 2011, elle a siégé au sein du comité consultatif scientifique et participé à des groupes d'experts pour l'examen de la recherche pour l'Alliance canadienne pour la recherche sur le cancer du sein et l'Institut de recherche de la Société canadienne du cancer.

Depuis 2012, M^{me} Needham est affiliée au Groupe canadien des essais sur le cancer (GCEC), d'abord à titre de membre de son Comité sur les maladies du sein. En 2013, à titre de vice-présidente du comité des membres n'appartenant pas à la profession, elle a élaboré et dirigé la mise en œuvre pancanadienne d'une stratégie de mobilisation des patients qui a redéfini le rôle des membres n'appartenant pas à la profession dans l'ensemble des comités scientifiques du GCEC. En 2015, à titre de présidente, M^{me} Needham a continué à travailler pour officialiser l'intégration du point de vue des patients dans toutes les étapes du processus de recherche, y compris l'élaboration des questions de recherche, la définition des objectifs de recherche, l'approbation, l'élaboration des protocoles et du consentement, le lancement, et le recrutement des patients en utilisant les lignes directrices de la Stratégie de recherche axée sur le patient (SRAP) des IRSC. Le rôle de membre n'appartenant pas à la profession exige un engagement total à titre de facilitateur stratégique pour la prestation des essais cliniques, ce qui entraîne des bénéfices importants pour toute la communauté du GCEC, y compris les patients. M^{me} Needham est également membre du portefeuille du Réseau canadien d'essais cliniques sur le cancer (RCECC) et de comités consultatifs de membres n'appartenant pas à la profession, ainsi que du comité consultatif sur les essais cliniques de la Colombie-Britannique.

D^r Michael A.S. Jewett, M.D., FRCSC



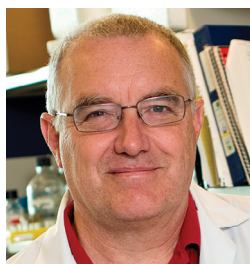
Le D^r Michael Jewett, uro-oncologue avec une longue et distinguée carrière en oncologie génito-urinaire, est reconnu mondialement pour ses contributions importantes à la recherche clinique sur le cancer du rein. Il est professeur en chirurgie (urologie) à l'Université de Toronto, chirurgien oncologue

et chercheur clinique au Princess Margaret Cancer Centre (Réseau universitaire de santé) et titulaire de la Chaire de recherche clinique Farquharson sur la recherche sur le cancer du rein. Le D^r Jewett est également coprésident du groupe de travail sur le rein du National Cancer Institute, où il formule des recommandations sur les façons d'améliorer les essais cliniques pour les cancers génito-urinaires. Il a contribué plus de 300 articles originaux à la documentation sur le cancer et a été conférencier ou professeur invité pour plus de 100 universités et associations.

Le D^r Jewett est un défenseur ardent et passionné de l'engagement des patients dans la recherche sur le cancer. Il a contribué au développement et à la croissance de trois organisations caritatives dirigées par des patients : Cancer testiculaire Canada (2007), Cancer du rein Canada (2009) et Cancer de la vessie Canada (2010). Il est le premier médecin membre du conseil d'administration de l'International Kidney Cancer Coalition, qui compte plus de 33 organisations affiliées à l'échelle mondiale. Il a été membre fondateur du Comité médical consultatif de Cancer du rein Canada, de Cancer de la vessie Canada et de l'U S Bladder Cancer Advocacy Network. Il a organisé cinq forums canadiens sur le cancer du rein depuis 2008, et il a aidé à organiser la toute première conférence d'éducation des patients de Cancer de la vessie Canada. En 2012, le D^r Jewett a formé le Réseau canadien de recherche en cancer du rein financé par les IRSC, et il a joué un rôle de premier plan dans la mise en œuvre du système canadien d'information sur le cancer de la vessie. En 2014, il a dirigé un processus officiel d'établissement des priorités de la recherche sur le cancer du rein à l'aide de la méthodologie de la James Lind Alliance, une première dans le domaine de l'oncologie au Canada. Cette méthode d'établissement des priorités préconise de placer les patients, les aidants et les médecins au cœur du processus d'établissement des priorités, de manière à définir les dix principales questions de recherche restées sans réponse et à en établir la priorité. Le D^r Jewett continue de militer pour une plus grande participation des patients à l'établissement des priorités de la recherche clinique, aux propositions de recherche, aux décisions de financement, à la conception de la recherche et aux mesures des résultats pertinents pour les patients.

Outstanding Achievements in Cancer Research

Dr. John C. Bell, PhD, FRSC



Dr John Bell, Senior Scientist in cancer therapeutics at the Ottawa Hospital Research Institute and Professor of Medicine and Biochemistry, Microbiology and Immunology at the University of Ottawa, is a pioneer in the discovery and development of oncolytic viruses (OV), a novel class of

targeted cancer therapeutics Dr Bell's seminal discovery, that vesicular stomatitis virus had enormous potential as an anticancer therapy, was published in 2000 in *Nature Medicine* (co-authored with two postdoctoral scientists Dr Brian Lichty and Dr David Stojdl), and was one of the first demonstrations that using replicating viruses to treat cancer had enormous potential

Since that time, Dr Bell has become a driving force in propelling the entire field of oncolytic virus therapy forward, not just in his continuous stream of ground-breaking scientific discoveries but in his commitment to take this idea all the way from "bench to bedside", with clinical trials in cancer patients at The Ottawa Hospital and around the world He has worked tirelessly to build the infrastructure to make these state-of-the-art immunotherapies a reality for patients By establishing the ability to manufacture clinical grade OVs for use in clinical trials, Dr Bell has enabled translational research across Canada He is founder of the Canadian Oncolytic Virus Consortium, the first of its kind in the world, which aims to expand cancer viral therapy discovery and application at all levels and is also Scientific Director of BioCanRx, a Network of Centres of Excellence, and Director of the Biotherapeutics Program for the Ontario Institute for Cancer Research A noted mentor and a compelling and accessible speaker, Dr Bell has helped train the upcoming generation of OV scientists and, through his participation in various community forums, made OV therapies understandable to patient populations

Dr. Marco A. Marra, OBC, PhD, FRS(C), FCAHS



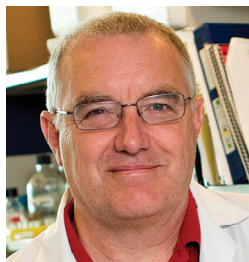
Dr Marco Marra, Director and Distinguished Scientist at Canada's Michael Smith Genome Sciences Centre (BC Cancer Agency), Professor and Head of Medical Genetics at the University of British Columbia, and Canada Research Chair in Genome Science, has made fundamental contributions to the understanding of the role

of genetic alterations in promoting cancer progression, and in translating these insights for the benefit of patients His research has used massively parallel sequencing technologies and informatics tools to characterize tumors from patients and this work has led to the discovery of new cancer associated mutations, candidate biomarkers, and new therapeutic targets He has described, along with colleagues, the functional interplay between the genome and the epigenome, and has demonstrated transcriptional dysregulation as a major property of cancers

Dr Marra led the first proof-of-concept study demonstrating the use of whole genome analyses in personalized cancer medicine (*Genome Biology*, 2010) This study was the first to establish that comprehensive sequence characterization of tumors can aid in the selection of relevant therapeutic approaches and led to the POG (Personalized Onco-Genomics), a clinical research initiative at the BC Cancer Agency that embeds genomic sequencing into real-time treatment planning for BC patients with incurable cancers The integration of informatics and biology with genomics and the building of strong interfaces between the lab and the clinic is part of Dr Marra's underlying belief that genomics must go beyond cataloging alterations in cancers to relating genetic alterations to treatment outcomes and ultimately, changing the course of disease for cancer patients

Réalisations exceptionnelles en matière de recherche sur le cancer

D^r John C. Bell, Ph. D., MSRC



Le D^r John Bell, scientifique principal en thérapeutique anticancéreuse à l'Institut de recherche de l'Hôpital d'Ottawa et professeur de médecine, de biochimie, de microbiologie et d'immunologie à l'Université d'Ottawa, est un pionnier de la découverte et du développement des virus oncolytiques (VO),

une nouvelle catégorie de thérapeutique du cancer ciblée. La découverte déterminante du D^r Bell, à savoir que le virus de la stomatite vésiculaire a un énorme potentiel à titre de traitement contre le cancer, a été publiée en 2000 dans la revue *Nature Medicine* (article corédigé avec deux scientifiques postdoctoraux, le D^r Brian Lichty et le D^r David Stojdl), et représente l'une des premières démonstrations de l'énorme potentiel de l'utilisation des virus reproducteurs pour traiter le cancer.

Depuis, le D^r Bell est devenu une force motrice pour propulser l'ensemble du domaine des traitements par les virus oncolytiques vers l'avant, non seulement grâce à son flux continu de découvertes scientifiques novatrices, mais également grâce à son engagement à traduire cette idée « du laboratoire au chevet du patient », avec des essais cliniques chez les patients atteints de cancer à l'Hôpital d'Ottawa et ailleurs dans le monde. Il a travaillé sans relâche pour développer l'infrastructure nécessaire pour faire des immunothérapies une réalité pour les patients. En établissant une capacité de fabrication de VO de qualité clinique pour une utilisation dans les essais cliniques, le D^r Bell a permis le développement de la recherche translationnelle dans l'ensemble du Canada. Il est le fondateur du Canadian Oncolytic Virus Consortium, le premier en son genre au monde, qui vise à étendre la découverte du traitement viral du cancer et son application à tous les niveaux, et il est également directeur scientifique de BioCanRx, un réseau de centres d'excellence, et directeur du programme de biothérapie de l'Institut ontarien de recherche sur le cancer. Mentor émérite et conférencier fascinant et accessible, le D^r Bell a aidé à former la prochaine génération de scientifiques spécialistes des VO et, grâce à sa participation à de nombreux forums communautaires, il a rendu les traitements par VO compréhensibles pour les patients.

D^r Marco A. Marra, OBC, Ph. D., MSR(C), FCAHS



Le D^r Marco Marra, directeur et scientifique de renom du Michael Smith Genome Sciences Centre (BC Cancer Agency), professeur et chef du Département de génétique médicale de l'Université de Colombie-Britannique, et titulaire de la Chaire de recherche du Canada en science génomique, a apporté des contributions

fondamentales à la compréhension du rôle des mutations génétiques dans la progression du cancer, et a utilisé ces découvertes au profit des patients. Ses recherches ont fait un usage intensif des technologies de séquençage parallèle et des outils informatiques pour caractériser les tumeurs des patients, et ce travail a mené à la découverte de nouvelles mutations associées au cancer, de biomarqueurs candidats et de nouvelles cibles thérapeutiques. Il a décrit, avec ses collègues, l'interaction fonctionnelle entre le génome et l'épigénome, et il a démontré que les dérèglements transcriptionnels constituent une propriété importante des cancers.

Le D^r Marra a dirigé la première étude de validation de concept démontrant l'utilisation des analyses de l'ensemble du génome dans la médecine personnalisée du cancer (*Genome Biology*, 2010). Cette étude a été la première à établir qu'une caractérisation en séquence compréhensible des tumeurs peut aider à choisir les approches thérapeutiques pertinentes, et a mené à l'initiative POG (Personalized Onco-Genomics), une initiative de recherche clinique de la BC Cancer Agency qui intègre le séquençage génomique dans la planification du traitement en temps réel pour les patients de la C-B atteints d'un cancer incurable. L'intégration de l'informatique et de la biologie à la génomique ainsi que le développement d'interfaces solides entre le laboratoire et la clinique font partie de la théorie du D^r Marra selon laquelle la génomique doit aller au-delà du catalogage des mutations intervenant dans les cancers pour relier les modifications génétiques aux résultats des traitements et, à terme, modifier le cours de la maladie pour les patients atteints de cancer.

Distinguished Service to Cancer Research

Dr. Eduardo L.F. Franco, MPH, PhD, FRSC, FCAHS, OC



Dr Eduardo Franco is James McGill Professor in the Departments of Oncology and Epidemiology & Biostatistics, Director, Division of Cancer Epidemiology, and Chairman, Department of Oncology, at McGill University's Faculty of Medicine. In addition to his remarkable scientific contribution

to the molecular epidemiology and prevention of cervical cancer and human papillomavirus-associated diseases, Dr Franco has played a major role in cancer prevention advocacy and has been a forceful proponent of "good" science. In addition to generating critical scientific evidence for the HPV vaccine, Dr Franco has actively promoted its adoption across Canada. As both a researcher and an advocate, he has strived to enhance cost-effective cervical cancer prevention approaches in low- and middle-income countries.

Dr Franco has served on the editorial boards of various prestigious academic journals: *American Journal of Epidemiology*, *Cancer Detection and Prevention*, *Cancer Epidemiology, Biomarkers & Prevention*, *Epidemiology*, *International Journal of Cancer*, *Medical and Pediatric Oncology*, *PLoS-Medicine*, *Preventive Medicine*, and *Oral Diseases*. He is the Editor-in-Chief of *Preventive Medicine* (2013-18) and Founding Editor of *Preventive Medicine Reports* (2014-18) and has twice served as an advisor to the US President's Cancer Panel (2012, 2013). Dr Franco is a vocal critic of 'junk science' and predatory publishing and has worked to alert the scientific community and the public on how predatory publishing lowers the bar and inhibits the public's understanding of important research findings. While he endorses the open-access publishing movement because it democratizes access to scientific information, he emphasizes the need for good peer-review and editorial oversight to ensure that published science is quality science.

Exceptional Leadership in Cancer Research

Dr. Elizabeth A. Eisenhauer, MD, FRCPC



A clinician-scientist, Dr Elizabeth Eisenhauer has worked tirelessly for over 30 years to raise the bar of excellence and collaboration within the cancer research community in Canada and thereby improve the lives of cancer patients. From 1982 to 2012, she was the Director of the Investigational New Drug Program for the Canadian Cancer

Trials Group. Her work fundamentally changed clinical practice worldwide through the introduction of innovative trial methodologies and endpoints and her emphasis on the benefits of team science and timely adoption of evidence-based medicine. Her national leadership roles—President of the National Cancer Institute of Canada (2006-09), Expert Lead, Research at the Canadian Partnership Against Cancer and Co-chair of the Canadian Cancer Research Alliance (2008-17)—demonstrated her commitment to the 'big picture' and to improving the coordination and quality of cancer research in Canada. Dr Eisenhauer's very personal commitment to research is also evident in her creation of the "Edith and Carla Eisenhauer Chair in Clinical Cancer Research" at Queen's University in 2001.

From 2008 to 2010, Dr Eisenhauer led the development of the first pan-Canadian cancer research strategy, along with then-Executive Director of CCRA, Dr Stuart Edmonds. This ambitious work entailed extensive consultations with clinicians and scientists across Canada, research funding agencies, and policy makers to identify key themes for action. As a follow-up to this strategy, Dr Eisenhauer co-authored the *Report on the State of Cancer Clinical Trials in Canada* (2011), a widely referenced document which made a compelling argument for the formation of the Canadian Cancer Clinical Trials Network (3CTN). 3CTN is the embodiment of Dr Eisenhauer's vision that support for academic clinical trials through a broad partnership of organizations from across Canada would facilitate needed research with demonstrable patient benefits. Dr Eisenhauer also played an instrumental leadership role in initiating the Canadian Cancer Research Conference, which had its inaugural debut in 2011. More recently, Dr Eisenhauer led the Tobacco Endgame Summit (2015-16), bringing together researchers, policy-makers and advocates to develop a vision for the end of tobacco usage in Canada. This work helped facilitate renewed commitment by the Federal government to reduce tobacco use.

Services exceptionnels en matière de recherche sur le cancer

D^r Eduardo L. F. Franco, MHP, Ph. D., MSRC, FCAHS, OC



Le D^r Eduardo Franco est professeur James McGill des départements d'oncologie et d'épidémiologie et biostatistique, directeur de la Division d'épidémiologie du cancer, et président du Département d'oncologie de la Faculté de médecine de l'Université McGill. En plus de sa contribution

scientifique remarquable dans le domaine de l'épidémiologie moléculaire et de la prévention du cancer du col de l'utérus et des maladies associées au virus du papillome humain, le D^r Franco a joué un rôle important dans la promotion de la prévention du cancer et a été un ardent défenseur de la « bonne » science. En plus de produire des données scientifiques critiques pour le vaccin du VPH, le D^r Franco en a fait la promotion active dans l'ensemble du Canada. À titre de chercheur et de militant, il a contribué à l'amélioration des approches abordables pour la prévention du cancer du col de l'utérus dans les pays à revenus faibles et moyens.

Le D^r Franco a siégé au sein de nombreux comités éditoriaux pour des revues scientifiques prestigieuses : *American Journal of Epidemiology*, *Cancer Detection and Prevention*, *Cancer Epidemiology, Biomarkers & Prevention*, *Epidemiology*, *International Journal of Cancer*, *Medical and Pediatric Oncology*, *PLoS-Medicine*, *Preventive Medicine* et *Oral Diseases*. Il est rédacteur en chef de *Preventive Medicine* (de 2013 à 2018) et rédacteur en chef et fondateur de *Preventive Medicine Reports* (de 2014 à 2018), en plus d'avoir occupé deux fois le poste de conseiller pour le groupe consultatif sur le cancer du président des États-Unis (2012 et 2013). Le D^r Franco est un critique virulent de la « fausse science » et des revues prédatrices, et il a contribué à informer la communauté scientifique et le public sur la façon dont les revues prédatrices abaissent le niveau de la science et empêchent le public de comprendre les découvertes scientifiques importantes. Bien qu'il endosse le mouvement de libre accès aux publications parce qu'il démocratise l'accès à l'information scientifique, il met l'accent sur la nécessité d'un bon examen par les pairs et d'une supervision éditoriale pour s'assurer que les publications scientifiques sont de bonne qualité.

Leadership exceptionnel en matière de recherche sur le cancer

D^{re} Elizabeth A. Eisenhauer, M.D., FRCPC



La D^{re} Elizabeth Eisenhauer, clinicienne-chercheuse, travaille sans relâche depuis plus de 30 ans pour élever le niveau d'excellence et accroître la collaboration au sein de la communauté de la recherche sur le cancer au Canada, en vue d'améliorer la qualité de vie des patients atteints de cancer. De 1982 à 2012, elle a été directrice

du programme des nouveaux médicaments expérimentaux pour le Groupe canadien des essais sur le cancer. Son travail a modifié de façon fondamentale la pratique clinique à l'échelle mondiale grâce à l'introduction de méthodologies d'essai et de critères d'évaluation novateurs, ainsi qu'à l'accent qu'elle a mis sur les bénéfices de la science en équipe et de l'adoption rapide de la médecine fondée sur des données probantes. Ses rôles de direction — présidente de l'Institut national du cancer du Canada (de 2006 à 2009), experte en chef de la recherche au Partenariat canadien contre le cancer et coprésidente de l'Alliance canadienne pour la recherche sur le cancer (de 2008 à 2017) — ont démontré son engagement envers le portrait global et l'amélioration de la coordination et de la qualité de la recherche sur le cancer au Canada. L'engagement très personnel de la D^{re} Eisenhauer envers la recherche est manifeste, avec la création de la Chaire de recherche clinique sur le cancer Edith et Carla Eisenhauer à l'Université Queen's en 2001.

De 2008 à 2010, la D^{re} Eisenhauer a dirigé l'élaboration de la première stratégie pancanadienne de recherche sur le cancer, de concert avec le directeur administratif de l'ACRC de l'époque, le D^r Stuart Edmonds. Ce travail ambitieux englobait des consultations exhaustives avec des cliniciens et des scientifiques de l'ensemble du Canada, des organismes de financement de la recherche et des décideurs pour déterminer les principaux domaines d'action. Dans le cadre de cette stratégie, la D^{re} Eisenhauer a été corédactrice du rapport intitulé *Report on the State of Cancer Clinical Trials in Canada* [rapport sur la situation des essais cliniques sur le cancer au Canada] (2011), un document largement cité qui a ouvert la voie à la création du Réseau canadien d'essais cliniques sur le cancer (RCECC). Le RCECC constitue la matérialisation de la vision de la D^{re} Eisenhauer selon laquelle l'apport d'un soutien aux essais cliniques universitaires grâce à un partenariat d'envergure entre les organisations de l'ensemble du Canada faciliterait les recherches nécessaires avec des résultats démontrables pour les patients. La D^{re} Eisenhauer a également joué un rôle de premier plan dans la création de la Conférence canadienne sur la recherche sur le cancer, qui a fait ses débuts en 2011. Plus récemment, la D^{re} Eisenhauer a dirigé le Tobacco Endgame Summit (de 2015 à 2016), qui a rassemblé des chercheurs, des décideurs et des militants pour créer une vision de la fin du tabagisme du Canada. Ce travail a facilité le renouvellement de l'engagement du gouvernement fédéral envers la réduction du tabagisme.

Saturday, November 4

MORNING	Open and Closed Satellite Meetings
13:30	Patient Involvement Program: Introductory Sessions [CLOSED] – <i>East Meeting Room 12</i>

Sunday, November 5

07:00	Breakfast – <i>East Ballroom C & Exhibit Hall A</i>				
08:00	Welcome Remarks – <i>East Ballroom A & B</i>				
09:30	Plenary Session: The Burden of Cancer – <i>East Ballroom A & B</i>				
11:00	Break – <i>East Ballroom C & Exhibit Hall A</i>				
11:30 Concurrent Sessions: A	A1 – Genome Maintenance Mechanisms: Basic Biology and Translational Opportunities – <i>East Ballroom A & B</i>	A2 – Cellular Mechanisms of Tumour Cell Migration/ Invasion – <i>East Meeting Room 11 & 12</i>	A3 – Reviewer's Choice – <i>East Meeting Room 1</i>	A4 – From Bench to Clinic – Generating Evidence to Support Policy and Practice – <i>East Meeting Room 8 & 15</i>	A5 – Canadian Indigenous Populations and Cancer – <i>East Meeting Room 2 & 3</i>
13:00	Patient Involvement Program: Science Q&A [CLOSED] – <i>East Meeting Room 17</i>				
13:00	Lunch – <i>East Ballroom C & Exhibit Hall A</i>				
14:00 Concurrent Sessions: B	B1 – The Immune Microenvironment in Tumour Growth/Metastasis – <i>East Ballroom A & B</i>	B2 – Autophagy, Cell Stress and Plasticity – <i>East Meeting Room 11 & 12</i>	B3 – Impactful Canadian Clinical Trials – <i>East Meeting Room 1</i>	B4 – Pediatric Oncology – <i>East Meeting Room 8 & 15</i>	B5 – Tobacco, Cancer, and Control – <i>East Meeting Room 2 & 3</i>
15:30	Poster Session 1 & Exhibits – <i>East Ballroom C & Exhibit Hall A</i>				
16:30	Welcome Reception – <i>East Ballroom C & Exhibit Hall A</i>				

Monday, November 6

07:30	Breakfast – <i>East Ballroom C & Exhibit Hall A</i>					
08:30	Plenary Session: Cancer and the Immune System – <i>East Ballroom A & B</i>					
10:00	Break – <i>East Ballroom C & Exhibit Hall A</i>					
10:30 Concurrent Sessions: C	C1 – Tumour Hypoxia and Metabolic Adaptations – <i>East Ballroom A & B</i>	C2 – Epigenetics – <i>East Meeting Room 11 & 12</i>	C3 – Emerging Fields: The Microbiome and Relevance to Cancer – <i>East Meeting Room 1</i>	C4 – Strategies to Personalizing Cancer Care: Putting the Patient First – <i>East Meeting Room 8 & 15</i>	C5 – Occupational and Environmental Risk Factors and Cancer – <i>East Meeting Room 2 & 3</i>	C6 – Canadian Partnership for Tomorrow Project (CPTP) – <i>East Meeting Room 18</i>
12:00	Patient Involvement Program: Science Q&A [CLOSED] – <i>East Meeting Room 17</i>					
12:00	Lunch – <i>East Ballroom C & Exhibit Hall A</i>					
13:00	Plenary Session: CCRA Awards Presentation – <i>East Ballroom A & B</i>					
14:30	Break – <i>East Ballroom C & Exhibit Hall A</i>					
15:00 Concurrent Sessions: D	D1 – Mechanisms of Metastasis – <i>East Meeting Room 11 & 12</i>	D2 – Proteomic Approaches to Monitor and Understand Cancer – <i>East Meeting Room 1</i>	D3 – Innovative Clinical Trial Design – <i>East Meeting Room 8 & 15</i>	D4 – Prevention and Cancer Control – <i>East Meeting Room 2 & 3</i>	D5 – “Big Data” Initiatives: Insights from the Canadian Centre for Applied Research in Cancer Control – <i>East Meeting Room 18</i>	D6 – Marathon of Hope Lectures: Terry Fox Research Institute: Celebrating 10 Years! – <i>East Ballroom A & B</i>
16:30	Poster Session 2 & Exhibits – <i>East Ballroom C & Exhibit Hall A</i>					
17:30	Public Lecture: Celebration of Science – <i>East Ballroom A & B</i>					

Tuesday, November 7

07:00	Supporters Recognition Breakfast [CLOSED]		
07:30	Breakfast – <i>East Ballroom C & Exhibit Hall A</i>		
08:30 Concurrent Sessions: E	E1 – Celebration of Science – <i>East Ballroom A & B</i>	E2 – Decision Making in Cancer: Evolving Perspectives – <i>East Meeting Room 8 & 15</i>	E3 – Regulation of Signalling Pathways in Cancer – <i>East Meeting Room 11 & 12</i>
10:00	Break – <i>East Ballroom C & Exhibit Hall A</i>		
10:30	Plenary Session: Metabolism and Cancer – <i>East Ballroom A & B</i>		
12:00	Closing Remarks – <i>East Ballroom A & B</i>		
12:30	Patient Involvement Program: Science Q&A, Program Debrief, and Program Closure [CLOSED] – <i>East Meeting Room 17</i>		

Samedi 4 novembre						
MATIN	Réunions parallèles, ouvertes et fermées					
13:30	Programme de participation des patients : Séances d'introduction [FERMÉ] – Salle <i>East Meeting Room 12</i>					
Dimanche 5 novembre						
07:00	Déjeuner – Salle <i>East Ballroom C & Exhibit Hall A</i>					
08:00	Mot de bienvenue – Salle <i>East Ballroom A & B</i>					
09:30	Séance plénière : Le fardeau du cancer – Salle <i>East Ballroom A & B</i>					
11:00	Pause – Salle <i>East Ballroom C & Exhibit Hall A</i>					
11:30 Séances simultanées : A	A1 – Les mécanismes de maintien du génome : biologie fondamentale et occasions de mise en application – Salle <i>East Ballroom A & B</i>	A2 – Les mécanismes cellulaires de la migration ou de l'infiltration des cellules tumorales – Salle <i>East Meeting Room 11 & 12</i>	A3 – Le choix de l'examineur – Salle <i>East Meeting Room 1</i>	A4 – Du laboratoire à la clinique – Générer des données probantes pour soutenir les politiques et la pratique – Salle <i>East Meeting Room 8 & 15</i>	A5 – Les populations autochtones et le cancer au Canada – Salle <i>East Meeting Room 2 & 3</i>	
13:00	Programme de participation des patients : Séance de questions-réponses sur les aspects scientifiques [FERMÉ] – Salle <i>East Meeting Room 17</i>					
13:00	Dîner – Salle <i>East Ballroom C & Exhibit Hall A</i>					
14:00 Séances simultanées : B	B1 – Le microenvironnement immunitaire intervenant dans la croissance tumorale/formation de métastases – Salle <i>East Ballroom A & B</i>	B2 – Autophagie, stress cellulaire et plasticité – Salle <i>East Meeting Room 11 & 12</i>	B3 – Les essais cliniques canadiens ayant eu des répercussions importantes – Salle <i>East Meeting Room 1</i>	B4 – L'oncologie pédiatrique – Salle <i>East Meeting Room 8 & 15</i>	B5 – Le tabac, le cancer et la lutte contre ceux-ci – Salle <i>East Meeting Room 2 & 3</i>	
15:30	Présentation par affiches no 1 et expositions – Salle <i>East Ballroom C & Exhibit Hall A</i>					
16:30	Réception de bienvenue – Salle <i>East Ballroom C & Exhibit Hall A</i>					
Lundi 6 novembre						
07:30	Déjeuner – Salle <i>East Ballroom C & Exhibit Hall A</i>					
08:30	Séance plénière : Le cancer et le système immunitaire – Salle <i>East Ballroom A & B</i>					
10:00	Pause – Salle <i>East Ballroom C & Exhibit Hall A</i>					
10:30 Séances simultanées : C	C1 – Hypoxie tumorale et adaptations métaboliques – Salle <i>East Ballroom A & B</i>	C2 – L'épigénétique – Salle <i>East Meeting Room 11 & 12</i>	C3 – Domaines émergents : le microbiome et sa pertinence par rapport au cancer – Salle <i>East Meeting Room 1</i>	C4 – Stratégies de personnalisation des soins du cancer : placer le patient au centre des préoccupations – Salle <i>East Meeting Room 8 & 15</i>	C5 – Les facteurs de risques professionnels et environnementaux et le cancer – Salle <i>East Meeting Room 2 & 3</i>	C6 – Projet de partenariat canadien Espoir pour demain (PPCED) – Salle <i>East Meeting Room 18</i>
12:00	Programme de participation des patients : Séance de questions-réponses sur les aspects scientifiques [FERMÉ] – Salle <i>East Meeting Room 17</i>					
12:00	Dîner – Salle <i>East Ballroom C & Exhibit Hall A</i>					
13:00	Séance plénière : Remise des prix de l'ACRC – Salle <i>East Ballroom A & B</i>					
14:30	Pause – Salle <i>East Ballroom C & Exhibit Hall A</i>					
15:00 Séances simultanées : D	D1 – Les mécanismes de la formation de métastases – Salle <i>East Meeting Room 11 & 12</i>	D2 – Les approches protéomiques pour surveiller et comprendre le cancer – Salle <i>East Meeting Room 1</i>	D3 – Les méthodologies novatrices d'essai clinique – Salle <i>East Meeting Room 8 & 15</i>	D4 – La prévention et la lutte contre le cancer – Salle <i>East Meeting Room 2 & 3</i>	D5 – Initiatives liées aux « mégadonnées » : Informations du Canadian Centre for Applied Research in Cancer Control – Salle <i>East Meeting Room 18</i>	D6 – Exposés sur le Marathon de l'espoir : l'Institut de recherche Terry Fox célèbre son 10 ^e anniversaire! – Salle <i>East Ballroom A & B</i>
16:30	Présentation par affiches n° 2 et expositions – Salle <i>East Ballroom C & Exhibit Hall A</i>					
17:30	Exposé public : Célébrer la science – Salle <i>East Ballroom A & B</i>					
Mardi 7 novembre						
07:00	Déjeuner de reconnaissance des commanditaires [FERMÉ]					
07:30	Déjeuner – Salle <i>East Ballroom C & Exhibit Hall A</i>					
08:30 Séances simultanées : E	E1 – Célébrer la science – Salle <i>East Ballroom A & B</i>		E2 – La prise de décisions en lien avec le cancer : perspectives en évolution – Salle <i>East Meeting Room 8 & 15</i>		E3 – La régulation des voies de signalisation liées au cancer – Salle <i>East Meeting Room 11 & 12</i>	
10:00	Pause – Salle <i>East Ballroom C & Exhibit Hall A</i>					
10:30	Séance plénière : Le métabolisme et le cancer – Salle <i>East Ballroom A & B</i>					
12:00	Observations finales – Salle <i>East Ballroom A & B</i>					
12:30	Programme de participation des patients : Séance de questions-réponses sur les aspects scientifiques, récapitulation et clôture du programme [FERMÉ] – Salle <i>East Meeting Room 17</i>					

SATURDAY, NOVEMBER 4, 2017

EVENT LOCATIONS

07:30	Terry Fox Research Institute 8th Annual Scientific Meeting [CLOSED]	West Meeting Room 211
08:00	C ¹⁷ Workshop [CLOSED]	East Meeting Room 11
08:00	Early Career Researcher Meeting [CLOSED]	East Meeting Room 8 & 15
08:30	Canadian Bioinformatics Workshop: Working with Big Cancer Data in the Collaboratory Cloud [PRE-REGISTRATION]	East Meeting Room 12
13:30	Patient Involvement Program: Introductory Sessions [CLOSED]	East Meeting Room 12

DETAILED AGENDA – SATURDAY, NOVEMBER 4, 2017

07:30-17:30 West Meeting Room 211

TERRY FOX RESEARCH INSTITUTE 8TH ANNUAL SCIENTIFIC MEETING

TFRI organizes an Annual Scientific Meeting (ASM) as an opportunity for the whole community of Terry Fox-funded researchers to get together to share ideas and to discuss their research. The theme is “Celebrating TFRI’s 10th Anniversary”

The meeting this year will be a one-day session consisting of three plenary sessions and a rapid-fire breakout session for trainees. It will conclude with a reception and celebratory dinner for meeting registrants and special guests.

This meeting is closed (by invitation only).

08:00-18:00 East Meeting Room 11

C¹⁷ WORKSHOP

The C¹⁷ “Next Generation of Early Phase Trials: Moving the Bar in Pediatric Oncology” educational workshop is in response to the C¹⁷ DVL needs assessment that was completed last year; members from all C¹⁷ DVL sites and PROFYLE clinical site leads are encouraged to attend.

The workshop will be designed to educate investigators on traditional models of early phase trials as well as newer approaches to drug development. We will also cover regulatory, ethical, advocacy and access aspects of early phase trials. The workshop will provide education, discussions, panels and time for questions.

This meeting is closed (by invitation only).

08:00-18:00 East Meeting Room 8 & 15

EARLY CAREER RESEARCHER MEETING

In conjunction with the Canadian Cancer Research Conference (CCRC), the Canadian Institutes of Health Research – Institute of Cancer Research (CIHR-ICR), Canadian Cancer Society (CCS), and Ontario Institute of Cancer Research are pleased to support the **Early Career Researcher Program**.

This program has been developed for newly established principal investigators/new faculty members (within their first 5 years of academic appointment) at Canadian universities, including new scientists and clinician scientists and senior postdocs (within 6 months of completing their training). The purpose of this program is to strengthen the professional development of junior faculty from the cancer research community.

This meeting is closed (by invitation only).

DETAILED AGENDA – SATURDAY, NOVEMBER 4, 2017

08:30-12:30 East Meeting Room 12

CANADIAN BIOINFORMATICS WORKSHOP: WORKING WITH BIG CANCER DATA IN THE COLLABORATORY CLOUD

The Cancer Genome Collaboratory is a compute cloud that was set up to facilitate complex analyses on big cancer genome data projects, including the ICGC and PCAWG. The Collaboratory provides access to configurable virtual machines (VM) with which to compute on this data (thereby removing the need to purchase and maintain your own compute cluster). To navigate through working in this new compute space, the CBW has developed a half-day course providing a hands-on introduction to launching and configuring your own virtual machine (VM), accessing Cloud-based data sets, and work with your data. Cloud-computing best practices will also be discussed.

Pre-registration is required for this meeting.

13:30-19:30 East Meeting Room 12

PATIENT INVOLVEMENT PROGRAM: INTRODUCTORY SESSIONS

The Patient Involvement in Cancer Research Program (PIP) is a new component of the CCRC. Over the course of four days, patients, caregivers, and patient group representatives will attend sessions within the scientific conference as well as their own tailored sessions and debriefs with scientific mentors.

The program is intended to broaden participants' own understanding of cancer research and cutting-edge science and to help facilitate an understanding among the scientific community about the many ways that patients can help inform, support, and strengthen cancer research. It is this spirit of bidirectional learning that is at the core of an approach that what we hope will evolve into an important mechanism to drive an enhanced cancer research enterprise in Canada.

This meeting is closed (by invitation only).

SUNDAY, NOVEMBER 5, 2017

EVENT LOCATIONS

11:30	Concurrent Sessions: A	A1 – Genome Maintenance Mechanisms: Basic Biology and Translational Opportunities	East Ballroom A & B
		A5 – Canadian Indigenous Populations and Cancer	East Meeting Room 2 & 3
13:00	Patient Involvement Program: Science Q&A [CLOSED]		East Meeting Room 17
		B5 – Tobacco, Cancer, and Control	

DETAILED AGENDA – SUNDAY, NOVEMBER 5, 2017

07:00-08:00	East Ballroom C & Exhibit Hall A	
BREAKFAST		
08:00-09:30	East Ballroom A & B	
WELCOME REMARKS		
		Chairs: David Huntsman University of British Columbia, Vancouver General Hospital & BC Cancer Agency, Vancouver Stephen Robbins Institute of Cancer Research & CCRA Chair, Calgary
8:00	OPENING PRAYER AND WELCOMING TO THE TRADITIONAL TERRITORIES	Te Ta-in (Shain Point: Musqueam Elder)
8:35	WELCOME REMARKS FROM THE CCRC	David Huntsman and Stephen Robbins
8:45	GREETINGS AND WELCOME FROM KEY CONFERENCE SUPPORTERS	Canadian Cancer Society Canadian Partnership Against Cancer Canadian Institutes of Health Research Ontario Institute of Cancer Research Terry Fox Research Institute

09:30 -11:00 East Ballroom A & B

PLENARY SESSION: THE BURDEN OF CANCER

Chairs:
Cathy Ammendolea
Canadian Breast Cancer Network

Eduardo Franco
McGill University, Montréal

Most Canadians will be affected by cancer either directly, by bearing the physical and emotional hardship caused by this disease, and/or indirectly, by having to care for a loved one affected by it. Thanks to prevention, however, the incidence of cancers caused by tobacco smoking has been declining and those caused by human papillomavirus (HPV) infection will become much less common, owing to the success of policies on tobacco control and HPV vaccination. Organized screening with rational technologies has helped to prevent, or will in the future, the types of cancers that have a long detectable pre-clinical phase and thus can be controlled via early detection and intervention. Yet, as Canadians live longer and our population ages and grows the numbers of new cancer cases will continue to increase. Despite advances in cancer therapy, survival rates are not substantially declining; the annual number of Canadians dying of cancer has nearly doubled since the mid-1980s. The implications span beyond the experience of cancer patients and their families. Providing health services for prevention, treatment, rehabilitation, and end-of-life care poses enormous challenges, requiring capacity building and expansion beyond the reach of provincial and federal cancer control budgets. What can we do? Knowing how much cancer is amenable to prevention is a good start. Understanding the psychosocial context greatly helps addressing the needs of patients, their families, and caregivers. Cancer burden is also measured on an economic scale; we need to understand the cost-effectiveness of policies that can help us meet the above challenges.

Learning Objectives:

- To understand the burden of cancer in Canada from epidemiologic, psychosocial, and economic perspectives;
- To become acquainted with Canadian research that is quantifying how much cancer is caused by different risk factors;
- To understand what would happen in the future if these risk factors were abolished or minimized;
- To understand the “whole of patient” approach to address psychosocial and mental health needs of cancer patients and their families;
- To become acquainted with the evidence regarding barriers to achieving improved psychosocial outcomes in cancer care;
- To understand how proper use of health administrative data can inform us about the cost of cancer; and
- To understand how health economic analysis can guide decisions about policies and strategies on cancer prevention and therapy

DETAILED AGENDA – SUNDAY, NOVEMBER 5, 2017

9:30	INTRODUCTION	
9:35	ESTIMATING THE CURRENT AND FUTURE BURDEN OF CANCER IN CANADA: IDENTIFYING OPPORTUNITIES FOR PREVENTION	Darren Brenner Alberta Health Services, Calgary This presentation will focus on the work that our Pan-Canadian team has been conducting to model and estimate past, current and future cancer incidence attributable to modifiable risk factors in Canada. The Canadian Population Attributable Risk of Cancer Project (ComPARE) is a multi-centered project aimed at estimating the current attributable and future avoidable burden of cancer due to all established lifestyle factors, environmental exposures and infectious agents in Canada up to 2042. Using a potential impact fraction framework, we have modeled future exposure prevalence levels based on past and current trends using national population-based surveys and cohort studies where available. We then applied “counterfactual” exposure trends based on known exposure reductions from existing interventions or under ideal scenarios based on agency/panel recommendations or guidelines. Our preliminary results suggest that modifiable factors account for a sizeable proportion of the current cancer burden in Canada – with dramatic variations by province. Implementation of presently available individual and population-level interventions is estimated to reduce tens of thousands of cases of cancer annually in Canada by the year 2042. Results from this project will be presented across exposure categories, with a focus on opportunities for intervention and prevention. As part of the ComPARE project, we have also examined age-specific cancer incidence trends across cancer sites using historical cancer incidence data. Current trends in specific age groups will be discussed in the context of changing epidemiologic risk factor profiles in Canada.
9:55	ADDRESSING THE PSYCHOSOCIAL BURDEN OF CANCER: PUTTING WHOLE PATIENT CARE INTO CLINICAL PRACTICE	Brian Kelly University of Newcastle, Callaghan, Australia Unaddressed psychosocial and mental health needs contribute substantially to the burden experienced by people with cancer and their families. The goal for “Whole of Patient” care in cancer has identified steps to address these needs. These include: better identification of psychosocial needs; improving the access to effective psychosocial interventions; clinical linkages aligning patients more effectively to services; and methods to address disparities in provision of such care. Improving the skills of all health care providers to effectively address these unmet needs is intrinsic to these goals. Clinical research in psycho-oncology has provided robust evidence on strategies and interventions to improve psychosocial outcomes in cancer care. Both innovative models of integrated psychosocial care in cancer services, and methods of implementation research are necessary to successfully translate this evidence into clinical practice. Applicability to diverse settings and populations (including dispersed rural populations, and the socio-economically disadvantaged) is essential to overcome the well-recognised disparities in cancer care and outcomes. This presentation will provide a brief overview of evidence regarding barriers to achieving these goals. Intervention studies will be outlined that aim to address such barriers, focusing on building skills in psychosocial care among “front-line” cancer clinicians, promoting integration of psychosocial aspects of care and the reach of such care to high need populations.
10:15	HOW I LEARNED TO LOVE CANCER COSTS	Murray Krahn University of Toronto, Toronto Estimating cancer costs sounds dull, but it is surprisingly useful. Measuring costs of care can inform i) estimates of societal burden of disease, to complement health burden estimates; ii) provide key data for cost effectiveness estimates for cancer treatment and prevention; iii) represent understudied cancer system performance metrics; and iv) measure patient-borne burden of illness. This short talk will outline how data from various sources, especially health administrative data, can help us think about the cost of cancer.

DETAILED AGENDA – SUNDAY, NOVEMBER 5, 2017

11:00-11:30	Ballroom C & Exhibit Hall A	
BREAK		
11:30		
CONCURRENT SESSIONS: A		
11:30-13:00	East Ballroom A & B	
	A1 – GENOME MAINTENANCE MECHANISMS: BASIC BIOLOGY AND TRANSLATIONAL OPPORTUNITIES	Chair: Daniel Durocher Lunenfeld-Tanenbaum Research Institute, Toronto Genome maintenance mechanisms lie at the core of the cancer problem. Genome alterations are a near-universal feature of cancer genomes and ongoing genome instability endows tumours with the ability to adapt to new environments or evade cancer treatments. At the same time, genotoxic chemotherapies and ionizing radiation lie also at the core of cancer armamentarium. Therefore, a deep understanding of DNA repair and genome maintenance mechanisms is necessary to understand the mutagenic processes that underpin carcinogenesis and tumour evolution, cancer drug responses and resistance as well as the action of tumour suppressors, many of which are themselves involved in protecting the genome. This session will explore this vast field and will highlight the diversity of approaches where our understanding of DNA repair, mutagenesis and DNA damage signalling illuminates the processes that shape cancer genomes, along with clear translational opportunities that may help us develop new therapies based on modulating DNA damage repair or signalling. Learning Objectives: • To discuss basic mechanism of genome maintenance; • To identify translational opportunities in cancer diagnosis, management and therapies; and • To highlight the need for diverse models to study cancer biology
11:30	CHARTING THE HUMAN DNA DAMAGE RESPONSE	Daniel Durocher Lunenfeld-Tanenbaum Research Institute, Toronto
11:55	IDENTIFICATION OF SMALL MOLECULES FOR CANCER THERAPY AND ENHANCED GENE EDITING USING CRISPR/CAS9-BASED DNA REPAIR STRATEGIES	Graham Dellaire Dalhousie University, Halifax
12:20	QUANTIFYING GENE-DRUG INTERACTIONS BY SYNTHETIC HYPERMUTATION AND DEEP SEQUENCING IN YEAST	Peter Sterling BC Cancer Agency, Vancouver
12:40	FUNCTIONAL ANALYSIS OF THE PALB2 TUMOR SUPPRESSOR	Jean-Yves Masson Centre de Recherche sur le Cancer de l'Université Laval, Ville de Québec

11:30-13:00 East Meeting Room 11 & 12		
	A2 – CELLULAR MECHANISMS OF TUMOUR CELL MIGRATION/INVASION	Chair: Ivan Robert Nabi University of British Columbia, Vancouver Tumor cell migration and invasion are critical aspects of the metastatic process however cellular mechanisms that control the diverse means by which cancer cells invade remain poorly understood. In this session, we will explore the use of intravital microscopy to study invadopodia formation and cancer cell extravasation and how polarity transitions impact the malignant potential of cancer cells. Talks will encompass invadopodia protrusion, miRNA control of cancer cell invasion, disruption of apical-basal polarity in breast epithelia and targeting an apical mucin in collective invasion. Identifying mechanisms of tumor cell migration and invasion is key to understanding and targeting metastatic cancer. Learning Objectives: • Use of intravital microscopy to provide insight into molecular mechanism of tumor metastasis; • Role of invadopodia, extracellular matrix organization and polarity transitions in invasive and malignant potential of cancer cells; and • How disruption of apical/basal polarity in breast epithelia leads to breast cancer cell invasion
11:30	CANCER CELL EXTRAVASATION: HOW TO AVOID UNINVITED GUESTS	Hon Leong Mayo Clinic, Rochester, USA
12:00	INTRAVITAL DISCOVERY OF MIRNA DRIVERS OF HUMAN CANCER CELL DIRECTIONAL INVASION	Konstantin Stoletov University of Alberta, Edmonton
12:15	EPITHELIAL POLARITY REMODELING AND LUMINAL COLLAPSE GENERATE SOLID DUCTS IN EARLY MAMMARY TUMOURIGENESIS	Ruba Halaoui McGill University, Montréal
12:30	TARGETING PODOCALYXIN TO PREVENT SOLID TUMOR INVASION AND METASTASIS	Calvin Roskelley University of British Columbia, Vancouver

11:30-13:00 East Meeting Room 1

A3 – REVIEWER’S CHOICE

Chair:

Christine Friedenreich

Alberta Health Services, Calgary

This session will highlight the top submitted abstracts from each research pillar identified by the reviewers. From pillar 1, a new mouse model is presented that could be developed to identify unique molecular signatures of premalignant lesions for pancreatic cancer for targeted treatments. From pillar 2, a randomized controlled trial in metastatic prostate cancer patients has compared two treatment options and identified a tumour marker that can predict poorer outcomes. From pillar 3, an e-health app developed with patients to provide them with access to their electronic medical data, engage them in their care, and inform them of educational material is described. From pillar 4, a detailed examination of existing legislation in Canada that could be harnessed for cancer control in the areas of tobacco, physical activity and healthy eating will be presented.

Learning Objectives:

- To acquaint conference participants to leading Canadian cancer research spanning from basic biomedical research to cancer policy and legislation for cancer control;
- To highlight opportunities for enhanced cancer control within each research pillar; and
- To discuss emerging topics for future research within each pillar with conference participants

11:30 CONCOMITANT LOSS OF PTEN AND MUTANT KRAS ACTIVATION RESULTS IN DISTINCT DISEASE INITIATION AND PROGRESSION RESPONSES BOTH WITHIN AND BETWEEN PANCREATIC EXOCRINE CELL TYPES

Atefeh Samani

University of British Columbia, Vancouver

11:50 A RANDOMIZED PHASE 2 CROSS-OVER STUDY OF ABIRATERONE + PREDNISONE (ABI) VS ENZALUTAMIDE (ENZ) FOR PATIENTS WITH METASTATIC CASTRATION RESISTANT PROSTATE CANCER (MCRPC)

Kim Chi

BC Cancer Agency, Vancouver

12:10 OPAL – THE ONCOLOGY PORTAL AND APPLICATION

John Kildea

McGill University, Montréal

12:30 CANADIAN LEGAL INTERVENTIONS TO PREVENT CANCER AND CHRONIC DISEASE: A SYSTEMATIC ASSESSMENT OF THE NATURE AND EXTENT OF PROVINCIAL LAWS TARGETING SMOKING, PHYSICAL ACTIVITY AND HEALTHY EATING

Katerina Maximova

University of Alberta, Edmonton

12:50 PANEL DISCUSSION

11:30-13:00	East Meeting Room 8 & 15	
	A4 – FROM BENCH TO CLINIC – GENERATING EVIDENCE TO SUPPORT POLICY AND PRACTICE	Chair: Dean Regier BC Cancer Agency, Vancouver Health care systems need to take timely advantage of new research knowledge while at the same ensuring system sustainability. In public health care settings, the appropriate introduction of innovation requires evidence that considers benefits, costs, patient and public acceptability, and implementation. These evidentiary inputs are challenging to generate for any technology, but are particularly difficult in context to early stage discoveries. In this session, the types of evidence needed for translational oncology will be presented, and frameworks to support technology assessment at various stages of discovery and implementation will be discussed. Learning Objectives: • To acquaint participants on the types of evidence needed to support sustainable health policy, practice and implementation; • To provide practical examples of how cost and health outcomes evolve and how technology frameworks need to account for changing evidence; and • To discuss with the audience their experience(s) and needs of translating discovery to sustainable health benefits
11:30	WHAT EVIDENCE IS NEEDED TO SUPPORT POLICY RECOMMENDATIONS? THE EXPERIENCE OF PCODR PERC	Maureen Trudeau Sunnybrook Health Sciences Centre, Toronto
11:50	THE COST AND COST-TRAJECTORY OF WHOLE-GENOME TRANSCRIPTOME ANALYSIS	Deirdre Weymann BC Cancer Agency, Vancouver
12:10	BUILDING BETTER IMPLEMENTATION TO IMPROVE HEALTH AND SUSTAINABILITY	Brenda Wilson University of Ottawa, Ottawa
12:30	LIFE CYCLE TECHNOLOGY ASSESSMENT FRAMEWORKS FOR PRECISION MEDICINE TECHNOLOGIES AND INTERVENTIONS	Chris McCabe University of Alberta, Edmonton

11:30-13:00		East Meeting Room 2 & 3
A5 – CANADIAN INDIGENOUS POPULATIONS AND CANCER		Chairs: Joan L. Bottorff University of British Columbia, Kelowna Preston Guno BC Cancer Agency, Prince George The burden of cancer for Indigenous Canadians is rising with increased rates and poor survivorship 5-years after initial diagnosis. Recent focused attention has led to increased research in prevention and screening, treatment of care, post treatment transitions to primary care, and survivorship. An underlying aim to identify root causes, enhance screening efforts and improve cancer care-related strategy and activities characterizes some of the research underway. This session summarizes Indigenous-specific cancer data and information, identifies implications for health programming, examines relationships between risk factors for chronic disease and cancers in Indigenous populations, and shares outcomes from a national meeting regarding priorities in cancer research with Indigenous Canadians. Four researchers will provide an overview of current cancer research and activity with Indigenous communities during a panel presentation. Each discussion will build on the previous speaker's presentation with the goal to provide participants with a comprehensive understanding of the critical health needs of Indigenous populations in relation to cancer. A question and answer period will be allotted to enable meaningful dialogue between researchers and those interested in improved cancer outcomes for Canada's Indigenous people. Learning Objectives: • To provide an overview of what is known about cancer in Canada's Indigenous populations; • To provide examples of how respectful, appropriate and safe research can be carried out in partnership with Indigenous people; and • To outline new opportunities and future directions in cancer research with Canada's Indigenous peoples
11:30	CANCER SCREENING ACCESS AND UTILIZATION AMONG RURAL, REMOTE, AND NORTHERN INDIGENOUS PEOPLE	Nadine Caron University of British Columbia, Prince George
11:45	CANCER PATTERNS AND TRENDS IN CANADA'S INDIGENOUS PEOPLES: WHAT WE KNOW AND DON'T KNOW	Loraine Marrett Cancer Care Ontario, Toronto
12:00	STAGE DISTRIBUTION AND ROLE OF DIABETES AS A RISK FACTOR FOR CANCER IN INDIGENOUS POPULATIONS	Donna Turner CancerCare Manitoba, Winnipeg
12:15	FUTURE PRIORITIES FOR RESEARCH FOCUSED ON CANCER AND INDIGENOUS POPULATIONS	Angeline Letendre Alberta Health Services, Edmonton
12:30	PANEL DISCUSSION	

DETAILED AGENDA – SUNDAY, NOVEMBER 5, 2017

13:00-13:30	East Meeting Room 17	
	PATIENT INVOLVEMENT PROGRAM: SCIENCE Q&A	<i>This meeting is closed (by invitation only).</i>
13:00-14:00	East Ballroom C & Exhibit Hall A	
	LUNCH	
14:00		
	CONCURRENT SESSIONS: B	
14:00-15:30	East Ballroom A & B	
	B1 – THE IMMUNE MICROENVIRONMENT IN TUMOUR GROWTH/METASTASIS	Chair: Morag Park Goodman Cancer Research Centre, McGill University, Montréal The immune system can promote the elimination of tumours, but often immune responses are modulated or suppressed by the tumour microenvironment. The tumour microenvironment is an important aspect of cancer biology that contributes to tumour initiation, tumour progression and responses to therapy. Cells and molecules of the immune system are a fundamental component of the tumour microenvironment. Importantly, therapeutic strategies can harness the immune system to specifically target tumour cells and this is particularly appealing owing to the possibility of inducing tumour-specific immunological memory, which might cause long-lasting regression and prevent relapse in cancer patients. Learning Objectives: • To acquaint participants with the tumor immune microenvironment; • To provide examples of how the immune microenvironment is modulated; and • To highlight new informatics approaches to interrogate the immune microenvironment
14:00	DISTINCT IMMUNE MICROENVIRONMENTS STRATIFY TRIPLE NEGATIVE BREAST CANCER	Morag Park Goodman Cancer Research Centre, McGill University, Montréal
14:30	SPATIOTEMPORAL DYNAMICS OF TUMOUR-INFILTRATING LYMPHOCYTES, MUTATIONAL SCARS, AND CANCER CLONES IN HIGH-GRADE SEROUS OVARIAN CANCER	Allen Zhang BC Cancer Agency, Vancouver
14:45	OBESITY ALTERS THE LUNG MYELOID CELL LANDSCAPE TO ENHANCE BREAST CANCER METASTASIS	Daniela Quail Goodman Cancer Research Centre, McGill University, Montréal
15:00	METASTATIC TUMOUR GROWTH IN THE LUNGS IS ENHANCED BY INFILTRATING IMMUNE SUPPRESSIVE CELLS	Kevin Bennewith BC Cancer Agency, Vancouver

14:00-15:30 East Meeting Room 11 & 12

B2 – AUTOPHAGY, CELL STRESS AND PLASTICITY

Chair:
Lynne Postovit
University of Alberta, Edmonton

In order to survive therapy and to metastasize, cancer cells must be able to adapt. This is accomplished via a number of processes, (including autophagy, translational reprogramming and epigenetic modifications) that enable energy conservation and/or promote the manifestation of adaptive stem cell-like phenotypes. This session will explore mechanisms by which cancer cells adapt to stress and will emphasize the deleterious consequences of these adaptations as they pertain to tumor progression and therapy evasion.

Learning Objectives:

- To describe how cells adapt to stress;
- To emphasize the role that adaption or plasticity plays in tumor progression; and
- To discuss the potential of targeting cellular adaptations to stress in the treatment of cancers

14:00 MECHANISMS UNDERLYING THE STRESS INDUCED ACQUISITION OF BREAST CANCER STEM CELL PHENOTYPES

Lynne Postovit
University of Alberta, Edmonton

14:25 SYSTEMATIC REPROGRAMMING OF THE ACUTE TRANSLATOME UNDERLIES THE UNIQUE STRESS ADAPTABILITY OF CANCER CELLS

Hai-Feng Zhang
University of British Columbia, Vancouver

14:50 MITOPHAGY IN CANCER: AMF, GP78 AND ER-MITOCHONDRIA CONTACTS

I Robert Nabi
University of British Columbia, Vancouver

15:10 STRESS PROTECTION INDUCED BY LIPID IMBALANCE PRESERVES HUMAN HSC DURING EX VIVO EXPANSION

Stephanie Xie
University Health Network, Toronto

14:00-15:30 East Meeting Room 1		
	B3 – IMPACTFUL CANADIAN CLINICAL TRIALS	Chairs: Dianne Miller University of British Columbia, Vancouver Judy Needham Patient Advocate, Abbotsford Though Canada is, relatively speaking, a large country with a dispersed and limited population, clinical trials in Canada have contributed to our understanding of oncology and care internationally. Through the dedication of our researchers and the generosity of our patients, knowledge generated across the country has increased the evidence base, improved care, and resulted in better patient outcomes. In this session we will hear examples of impactful Canadian clinical trials research. Learning Objective: To illustrate the impact of Canadian-led clinical trials on patients with CNS, lung, prostate and breast cancer
14:00	INTRODUCTION	
14:05	ELUCIDATING THE ROLE OF CHEMOTHERAPY IN THE TREATMENT OF MALIGNANT GLIOMA: A CANADIAN CONTRIBUTION	J Gregory Cairncross University of Calgary, Calgary
14:25	CANADIAN CONTRIBUTION TO THE MODERN TREATMENT OF LUNG CANCER	Glenwood Goss University of Ottawa, Ottawa
14:45	INTERMITTENT ANDROGEN DEPRIVATION THERAPY FOR ADVANCED PROSTATE CANCER. A NEW PARADIGM	Laurence Klotz Sunnybrook Health Sciences Centre, Toronto
15:05	TWO IMPACTFUL CANADIAN RT TRIALS IN BREAST CANCER	Ivo Olivotto University of Calgary, Calgary

14:00-15:30 East Meeting Room 8 & 15

B4 – PEDIATRIC ONCOLOGY

Chair:

Patrick Sullivan

Team Finn Foundation, Ac2orn, Patient and Family Representative on the CCRA Board, Vancouver

Childhood cancer is both a story of success and failure — success, because cure rates in excess of 90% have been achieved; a failure, because cancer continues to be the leading cause of disease-related death in children, adolescents, and young adults (CAYA). Over 4300 CAYA are diagnosed with cancer each year in Canada, one-third of whom do not respond to current treatment. The prognosis of these ‘hard-to-treat’ patients is grim with a survival rate of less than 15%. Sadly, this rate has not changed in over 30 years despite significant efforts using conventional treatments.

The cancer enterprise as a whole has a tremendous opportunity to learn both from the failures and successes in CAYA cancer research. This session will expose participants to research that offers hope for hard-to-treat patients which is or has the prospect of being translatable beyond CAYA patients.

Learning Objectives:

- To gain an understanding how research in rare pediatric cancers is providing an advanced understanding of cancer as a biological disease;
- To learn the importance of cancer predisposition systems and how next generation sequencing is helping with the development of predisposition systems;
- To gain an understanding of the importance of follow-up for cancer survivors;
- To gain an understanding of the landscape of mRNAs;
- To gain an understanding of how protein synthesis of stress adaptive proteins confers metastatic capacity to cancer cells; and
- To assist in an understanding of reconciling genomic simplicity with the complex clinical phenotypes of rare diseases.

14:00 INTRODUCTION

14:05 STRESS MEDIATED TRANSLATIONAL CONTROL OF METASTASIS IN HIGH-RISK CHILDHOOD CANCERS

Poul Sorensen

BC Cancer Agency, Vancouver

14:23 NOVEL CANCER MECHANISMS AND APPROACHES TO THERAPIES: LESSONS FROM ORPHAN BABY BRAIN TUMOURS

Annie Huang

The Hospital for Sick Children, Toronto

14:41 GENETIC BASIS OF CANCER: LESSONS LEARNED FROM CHILDREN

David Malkin

The Hospital for Sick Children, Toronto

14:59 DO SURVIVORS HAVE HIGHER RISK OF MULTIPLE LATE MORBIDITIES COMPARED TO THE GENERAL POPULATION?

Mary McBride

BC Cancer Agency, Vancouver

15:17 PANEL DISCUSSION

14:00-15:30		East Meeting Room 2 & 3
	B5 – TOBACCO, CANCER, AND CONTROL	Chairs: Joan L. Bottorff University of British Columbia, Kelowna Debi Lascelle Patient Advocate, Ottawa, Ontario The tobacco epidemic is not over. In 2015, smoking caused more than one in ten deaths worldwide, and tobacco use continues to be a leading cause of cancer and of death from cancer in Canada. With Canada's national tobacco control strategy set to expire in March 2018, new steps are being considered to reduce tobacco use among Canadians from current levels of about 13% to less than 5% by 2035. Policy options and new approaches to cessation are all being considered to prevent a new generation of smokers and reduce tobacco use. In this session, current research in the field of tobacco will be presented including new evidence related to novice smokers, the use of e-cigarettes, the risks of secondhand marijuana and tobacco smoke to young children, and new approaches to supporting smoking cessation. Implications for tobacco control policy and programs as well as priorities for tobacco research will be discussed. Learning Objectives: • To discuss trends in tobacco use and secondhand exposure; • To acquaint participants with current developments in tobacco control and research priorities; and • To provide examples of new developments in the field of tobacco control
14:00	SEX DIFFERENCES IN ATTAINING CIGARETTE SMOKING AND NICOTINE DEPENDENCE MILESTONES IN NOVICE SMOKERS	Jennifer O'Loughlin Université de Montréal, Montréal
14:25	EFFECT OF CRUSH THE CRAVE® ON QUITTING SMOKING IN A YOUNG ADULT POPULATION OF SMOKERS	Bruce Baskerville University of Waterloo, Waterloo
14:50	SECONDHAND MARIJUANA AND TOBACCO SMOKE IN CHILDREN	Karen Wilson Children's Hospital Colorado, Aurora, USA
15:10	TARGETING FATHERS FOR CANCER PREVENTION: FEASIBILITY OF A GENDER-SENSITIVE SMOKING CESSATION PROGRAM	Joan L. Bottorff University of British Columbia, Kelowna
15:30-16:30		East Ballroom C & Exhibit Hall A
POSTER SESSION 1 & EXHIBITS		
16:30-18:30		East Ballroom C & Exhibit Hall A
WELCOME RECEPTION		

MONDAY, NOVEMBER 6, 2017

EVENT LOCATIONS

06:30	Terry Fox Early Morning Run/Walk [OPEN]		East Lobby – Totem Pole
07:30	Breakfast		East Ballroom C & Exhibit Hall A
08:30	Plenary Session: Cancer and the Immune System		East Ballroom A & B
10:00	Break		East Ballroom C & Exhibit Hall A
10:30	Concurrent Sessions: C	C1 – Tumour Hypoxia and Metabolic Adaptations	East Ballroom A & B
		C2 – Epigenetics	East Meeting Room 11 & 12
		C3 – Emerging Fields: The Microbiome and Relevance to Cancer	East Meeting Room 1
		C4 – Strategies to Personalizing Cancer Care: Putting the Patient First	East Meeting Room 8 & 15
		C5 – Occupational and Environmental Risk Factors and Cancer	East Meeting Room 2 & 3
		C6 – Canadian Partnership for Tomorrow Project (CPTP)	East Meeting Room 18
12:00	CIHR Career Development Session: Finding Careers Outside of Academia [OPEN]		East Meeting Room 8 & 15
12:00	Patient Involvement Program: Science Q&A [CLOSED]		East Meeting Room 17
12:00	Lunch		East Ballroom C & Exhibit Hall A
13:00	Plenary Session: CCRA Awards Presentation		East Ballroom A & B
14:30	Break		East Ballroom C & Exhibit Hall A
15:00	Concurrent Sessions: D	D1 – Mechanisms of Metastasis	East Meeting Room 11 & 12
		D2 – Proteomic Approaches to Monitor and Understand Cancer	East Meeting Room 1
		D3 – Innovative Clinical Trial Design	East Meeting Room 8 & 15
		D4 – Prevention and Cancer Control	East Meeting Room 2 & 3
		D5 – “Big Data” Initiatives: Insights from the Canadian Centre for Applied Research in Cancer Control	East Meeting Room 18
		D6 – Marathon of Hope Lectures: Terry Fox Research Institute: Celebrating 10 Years!	East Ballroom A & B
16:30	Poster Session 2 & Exhibits		East Ballroom C & Exhibit Hall A
17:30	Public Lecture: Celebration of Science [OPEN]		East Ballroom A & B

DETAILED AGENDA – MONDAY, NOVEMBER 6, 2017

06:30-08:30 East Lobby – Totem Pole

TERRY FOX RUN/WALK

This year, the run will be held on Monday, November 6 as part of the CCRC and to celebrate the 10th Anniversary of the Terry Fox Research Institute. The Early Morning Run/Walk is a tradition for attendees of TFRI's Annual Scientific Meeting.

This event is open to all.

07:30-08:30 East Ballroom C & Exhibit Hall A

BREAKFAST

08:30-10:00 East Ballroom A & B

PLENARY SESSION: CANCER AND THE IMMUNE SYSTEM

Chair:

Rebecca Auer

The Ottawa Hospital Research Institute, Ottawa

While the rapidly progressing field of cancer immunotherapy is trying to make good on its promise to eradicate cancer, we are left with even more unanswered questions as to why the immune system fails to eradicate cancers and how immunotherapy can overcome this. In this session we will review how clinical studies of cancer immunotherapies, in particular checkpoint blockade and engineered T-cells, have identified unrecognized mechanisms of immune suppression, as well as opportunities for the development of novel immunotherapies. The unique Canadian contributions in cancer immunotherapy will be highlighted with a focused look at the barriers and future prospects of this field, in the context of our publically funded Canadian health care system.

Learning Objectives:

- To acquaint participants with the main cancer immunotherapy modalities being used in, or developed for, clinical care;
- To provide an overview of the current scientific understanding of how cancer immunotherapies, including checkpoint blockade and engineered T-cells are working; and
- To review the scientific and clinical opportunities and barriers for cancer immunotherapy in Canada

8:30

CLINICAL IMMUNOTHERAPY: REAL IMPACT IN THE REAL WORLD

Marcus Butler

Princess Margaret Cancer Centre, Toronto

Cancer immunotherapy has resulted in real benefit for patients with cancer and has become first line standard of care therapy for most patients with metastatic or high-risk melanoma. Clinically, therefore, the focus has moved from whether immunotherapy can benefit the occasional patient treated with this approach to why it fails in some patients with metastatic melanoma. As we expand immunotherapy to treat all cancers, melanoma represents a model for understanding mechanisms of primary resistance and the development of secondary resistance to immunotherapy. A leading hypothesis is that some tumors are immunologically active, so called “warm” or “hot” tumors, which require modest immune modulation to induce a productive anti-tumor immune response. Other tumors are immunologically inert or “cold” and do not respond to immune modulating agents, such as immune checkpoint blocking monoclonal antibodies. These tumors, however, can be made immunologically active by engineering an immune response through a variety of methods such as vaccination or adoptive cell therapy with gene-engineered T cells. By understanding the emerging mechanisms of treatment resistance, novel therapies can be devised and tailored to patients for maximal benefit.

DETAILED AGENDA – MONDAY, NOVEMBER 6, 2017

9:00	MECHANISTIC BASIS OF CANCER IMMUNOTHERAPY	Ira Mellman Genentech, San Francisco, USA The advent of new approaches to the immunotherapy of cancer has caused a dramatic shift not only in the treatment of cancer but also in our understanding of cancer biology. The rapid rate of progress in the clinic, however, has outpaced our understanding of the basic mechanistic features that underlie the therapeutic advances. This is most notable in the case of “checkpoint” inhibitors, such as antibodies to the negative regulatory axis defined by PD-1 and PD-L1. While blocking the interaction of PD-L1 with PD-1 is often assumed to reverse the process of T cell exhaustion, there is little direct evidence for this interpretation, an incomplete definition of what is meant by “exhaustion”, and a poor understanding of how PD-1 (aka programmed cell death receptor 1) actually regulates T cell activity. Starting with observations made in the clinic, we have used biochemical reconstitution together with in vivo analysis in mice to illuminate key features of the PD-L1/PD-1 axis that place it better in the context of the cancer immunity cycle, i.e. the linked series of events that must occur in order to generate and maintain a therapeutically productive response to cancer. Further, combining basic and clinical discovery has led us to the identification of new T cell stimulators as well as to an understanding that neo-epitope vaccines might usher in yet another dramatic shift leading towards truly patient-specific therapeutic approaches.
9:30	FROM FAR AND WIDE: IMMUNOTHERAPY RESEARCH IN THE CANADIAN LANDSCAPE	Brad Nelson BC Cancer Agency, Victoria The striking clinical success of cancer immunotherapy creates an impetus and opportunity for the research community to build on this momentum through new lab-based discoveries and innovative clinical trials. At the same time, it brings significant clinical and fiscal challenges for publicly funded healthcare systems in Canada and beyond. Fortunately, the Canadian immunotherapy research community has a strong history of collaboration and clinical translation, which positions the country to excel in this new era. An overview of several major cancer immunotherapy initiatives in Canada will highlight the many opportunities for scientists and clinicians to engage with this field, as well as the challenges that must be addressed as immunotherapy plays an increasing role in cancer care. This will include a focus on made-in-Canada immunotherapies that are progressing successfully from the lab to the clinic. Looking to a future in which genetically engineered cell-based therapies become an essential part of the oncologist’s toolkit, an exciting new initiative to create a national program for chimeric antigen receptor (CAR) T cell therapy will be described, which will leverage Canadian talent and innovation while enabling greater cost control for healthcare systems. The future of cancer immunotherapy lies in combinations, not only in the therapies themselves but in the cross-disciplinary expertise that will be required for Canada to remain internationally competitive in this promising new era of oncology.

10:00-10:30 East Ballroom C & Exhibit Hall A

BREAK

10:30

CONCURRENT SESSIONS: C

10:30-12:00

East Ballroom A & B

C1 – TUMOUR HYPOXIA AND METABOLIC ADAPTATIONS

Chair:
Bradly Wouters
University Health Network, Toronto

The development of cancer is associated with changes in cell signaling that have potent effects on cellular metabolism, and consequently the demand and use of oxygen and other nutrients within a heterogeneous tumour microenvironment. In this session, the speakers will explore how the availability of oxygen and other metabolites influences cell signalling in ways that has an impact on tumour progression and response to therapy. They will also explore how the molecular mechanisms that mediate metabolic adaptation in cancer can be exploited to direct new forms of therapy.

Learning Objectives:

- To discuss new research findings linking cell signalling to metabolism;
- To discuss novel relationships between hypoxia, metabolism and aggressive disease; and
- To discuss new therapeutic opportunities that exploit our new understanding of tumor metabolism

10:30

METABOLIC ADAPTATION IN CANCER: NEW FUNCTIONS FOR OLD ENZYMES

Russell Jones
Goodman Cancer Centre, McGill University, Montréal

11:00

TARGETING HYPOXIA INDUCED CARBONIC ANHYDRASE IX: NEW INHIBITOR ENTERING CLINICAL TRIALS AND NEW INSIGHTS ON ITS ROLE IN METASTASIS

Shoukat Dedhar
BC Cancer Agency, Vancouver

11:30

EIF4F LINKS TRANSLATION TO ENERGY STRESS RESPONSE IN CANCER

Laura Hulea
McGill University, Montréal

11:45

NUCLEAR MTOR ACTS AS A TRANSCRIPTIONAL INTEGRATOR OF THE ANDROGEN-SIGNALING PATHWAY IN PROSTATE CANCER

Étienne Audet-Walsh
McGill University, Montréal

10:30-12:00 East Meeting Room 11 & 12

C2 – EPIGENETICS

Chair:

Cheryl Arrowsmith

University of Toronto, Toronto

It is well established that the epigenome of cancer cells is reconfigured to enable the phenotypic hallmarks of cancer. The packaging of the genome into chromatin and the consequent transcriptional programs that drive cell growth are orchestrated and maintained by epigenetic mechanisms in response to oncogenic mutations, changes in metabolism, and intracellular and extracellular signaling. Recurrent mutations in epigenetic regulatory factors are common in cancer, and changes in DNA methylation and histone modifications that establish heritable cellular phenotype are also aberrant. Although mutations cannot be altered in cancer, it is possible to change the epigenetic state of cells with an increasing number of pharmacological agents. As we learn more about the altered epigenomes of cancer, how they drive cancer, and how to target the cancer epigenome, there is increasing hope that epigenetic therapies can be used effectively to fight this disease.

Learning Objectives:

- To acquaint participants with key epigenetic processes in cancer including DNA methylation, oncogenic mutations in histones, coupling between epigenetics and metabolism and the immune system; and
- To provide examples of ongoing research to therapeutically target these processes

10:30	ENHANCING ANTI-TUMOR IMMUNE RESPONSE BY DNA-DEMETHYLATING AGENTS	Daniel De Carvalho Princess Margaret Cancer Centre, Toronto
10:55	IDENTIFICATION OF ELEMENTS OF DIFFERENTIATION AND CANCER-ASSOCIATED DNA METHYLATION STATES THAT CO-EXIST IN PHENOTYPICALLY DEFINED SUBSETS OF PRIMARY HUMAN PROSTATE CANCER CELLS	Davide Pellacani BC Cancer Research Centre, Vancouver
11:15	ELUCIDATING THE FUNCTION OF NEOMORPHIC IDH MUTATIONS IN ACUTE MYELOID LEUKEMIA	Alireza Lorzadeh BC Genome Sciences Centre, Vancouver
11:35	ONCOHISTONES IN CANCER: HOW TO TURN THE CELL'S SYMPHONY INTO NON-HARMONIC RAP	Nada Jabado McGill University, Montréal

10:30-12:00 East Meeting Room 1		
	C3 – EMERGING FIELDS: THE MICROBIOME AND RELEVANCE TO CANCER	Chairs: B Brett Finlay University of British Columbia, Vancouver Alberto Martin University of Toronto, Toronto In the past decade there have been major advances in our understanding of the microbes in and on us (the microbiome), and their impact on human health and disease, including “Western” diseases. The microbiome has a significant effect on the immune system, both in its development and its function. Recently there has been increasing evidence that the microbiome plays a role in cancer. There are direct correlations with specific microbes and colorectal cancer, and the gut microbiome is closely linked to this cancer. However, there are also studies indicating that the microbiome has effects on distal cancers such as breast and liver. Even more surprising is the findings that the microbiome has a major effect on the outcome of chemotherapy. This session will overview the role of the microbiome in cancer and chemotherapy, and discuss colorectal cancer and the role microbes play in it, and the potential role in cancer development of cancer cachexia. Learning Objectives: • To acquaint participants with the microbiome in cancer and chemotherapy; • To discuss further the role of the microbiome in colorectal cancer; and • To discuss the potential role of the microbiome in cachexia.
10:30	THE ROLE OF THE MICROBIOME IN CANCER AND CHEMOTHERAPY	B Brett Finlay University of British Columbia, Vancouver
10:55	THE ROLE OF THE MICROBIOME IN COLON CANCER	Alberto Martin University of Toronto, Toronto
11:15	FUSOBACTERIUM NUCLEATUM; A COLORECTAL CANCER-ASSOCIATED PATHOGEN	Robert Holt BC Cancer Agency, Vancouver
11:35	THE GUT MICROBIOME AND CANCER CACHEXIA	R Thomas Jagoe McGill University, Montréal

10:30-12:00		East Meeting Room 8 & 15
	C4 – STRATEGIES TO PERSONALIZING CANCER CARE: PUTTING THE PATIENT FIRST	Chair: François Bénard BC Cancer Agency, Vancouver Precision medicine will add significant complexity to cancer care, not only in the use of technology platforms that are currently under resourced and not widely available, but also from the patient's perspective. The amount of increasingly complex and sometimes contradictory information can create a confusing landscape for cancer patients and care providers. Innovative diagnostic technologies can also have unintended consequences, both from direct results and incidental findings. Patient expectations for access to innovative technologies may also sometimes be in conflict with long-standing traditions of evidence-based care. In this session, we will discuss strategies to reconcile patient-centred care with the emerging complexities of precision or personalized medicine. Learning Objectives: • To learn about precision standardized screening for distress to improve Patient Reported outcomes; • To appreciate the ethical and policy issues surrounding the generation of incidental results; • To discuss challenges with introducing advanced technologies in cancer care; and • To identify strategies to help individuals navigate the cancer care system
10:30	INTRODUCTION	
10:36	PRECISION SUPPORTIVE CARE THROUGH SCREENING FOR DISTRESS	Barry Bultz University of Calgary, Calgary
10:57	EMPOWERING PATIENTS IN THE ERA OF PRECISION ONCOLOGY: A DECISION AID FOR THE SELECTION OF INCIDENTAL RESULTS FROM GENOME SEQUENCING	Yvonne Bombard Li Ka Shing Knowledge Institute, Toronto
11:18	BENEFITS AND CHALLENGES OF ADVANCED IMAGING TECHNIQUES IN CANCER CARE	François Bénard BC Cancer Agency, Vancouver
11:39	HELPING INDIVIDUALS NAVIGATE THE COMPLEX CANCER LANDSCAPE	Margaret Fitch Bloomberg Faculty of Nursing, University of Toronto, Toronto

10:30-12:00		East Meeting Room 2 & 3
C5 – OCCUPATIONAL AND ENVIRONMENTAL RISK FACTORS AND CANCER		Chair: Paul Demers Cancer Care Ontario, Toronto Millions of Canadians are exposed to well-established or suspected carcinogens in the places where they live or work. While much is known about some of these potential causes of cancer, more research on many of these occupational and environmental factors is needed. This session will cover a broad range of topics related to occupational and environmental cancers. Although prostate cancer is one of the most common cancers in men, very little is known about its causes. Marie-Élise Parent will talk about the emerging evidence linking prostate cancer to both workplace and environmental factors. Outdoor air pollution and fine particles have been identified as causes of lung cancer. Scott Weichenthal will present on a study that examined whether the oxidative burden of fine particles in air pollution is more strongly related to the risk of lung cancer. Over 80% of Canadians live in urban areas. Jeff Brook is leading a large national effort to build a research platform to study the complex mix of factors in cities, including pollution, land use, transportation, physical infrastructure and socioeconomic conditions, influence our health. Finally, Dylan O’Sullivan will describe the effects of sun exposure on skin cancer in Canada and how we assess the impact of this carcinogen, which is the most common environmental cause of cancer. Learning Objectives: • To provide participants with an overview of four major research projects in Canada that are contributing to our knowledge of workplace and environmental cancer risk factors; and • To acquaint participants with the methods used to examine the risk of cancer due to environmental factors
10:30	INTRODUCTION	
10:35	EMERGING PATTERNS: THE WORKPLACE, THE ENVIRONMENT AND PROSTATE CANCER	Marie-Élise Parent INRS-Institut Armand-Frappier, Laval
10:55	OXIDATIVE BURDEN OF FINE PARTICULATE AIR POLLUTION AND RISK OF LUNG CANCER	Scott Weichenthal McGill University, Montréal
11:15	CANUE: THE CANADIAN URBAN ENVIRONMENTAL HEALTH RESEARCH CONSORTIUM	Jeffrey Brook University of Toronto, Toronto
11:35	SKIN CANCER IN CANADA ATTRIBUTABLE TO ULTRAVIOLET RADIATION, INDOOR TANNING, AND SUN BEHAVIOUR HABITS	Dylan O’Sullivan Queen’s University, Kingston

10:30-12:00 East Meeting Room 18

C6 – CANADIAN PARTNERSHIP FOR TOMORROW PROJECT (CPTP)

Chair:

Paula Robson

CancerControl Alberta, Alberta Health Services, Edmonton

The Canadian Partnership for Tomorrow Project (CPTP) is Canada's largest population-health cohort. Over 300,000 participants were recruited in partnership with five regional cohorts: the BC Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, CARTaGENE, and the Atlantic PATH. All participants completed baseline questionnaires capturing health and lifestyle data; subsets of participants provided venous blood (>150,000), urine (>100,000), saliva (>18,000), and physical measurements (up to 90,000 participants). Access to data and biosamples is facilitated by a central Access Office; researchers do not require an affiliation with CPTP or one of its partner cohorts to place a request.

Dr Trevor Dummer will provide an overview of CPTP, followed by highlights of current research using CPTP data and biosamples:

The Cancer DNA Screening Pilot Study (CANDACE), using blood samples from the BC Generations Project and led by Dr Alan Nichol, seeks to assess whether preliminary signs of cancer may be detected using blood samples. Dr Nichol will discuss his approach to understanding the predictive ability of circulating tumour DNA to identify a range of cancers or pre-cancerous lesions.

Cancer survivors have an increased risk of cardiovascular disease (CVD), attributable to both traditional risk factors, and as a result of undergoing treatment. Dr Melanie Keats will discuss the prevalence of CVD risk factors and existing CVD in a sample of cancer survivors from the Atlantic PATH cohort. Dr Scott Grandy will discuss medication use, CVD morbidity among Atlantic PATH cancer survivors.

Dr Darren Brenner will provide a brief overview of analyses to examine the impact of modifiable lifestyle factors on cancer risk and cancer burden in Alberta using the Alberta's Tomorrow Project cohort. Specifically, the impact of physical activity, smoking, alcohol consumption, excess body weight and sleep on overall and site-specific cancer risk will be discussed.

Dr Isabel Fortier will present the Cross-Cohort Harmonization Project for Tomorrow, a research network exploring the potential to harmonize and co-analyse data from CPTP, and 12 other international cohorts (totalling >2,700,000 participants) to address complex research questions.

Learning Objectives:

- To learn about types of data and biosamples available from CPTP;
- To provide case-studies demonstrating the types and range of research CPTP data and biosamples could support; and
- To understand how CPTP data could be co-analysed with harmonized data from other large international cohorts.

10:30 **THE CANADIAN PARTNERSHIP FOR TOMORROW PROJECT: CANADA'S LARGEST POPULATION HEALTH RESEARCH PLATFORM**

Trevor Dummer

BC Generations Project & University of British Columbia, Vancouver

10:48 **CANCER DNA SCREENING PILOT STUDY (CANDACE)**

Alan Nichol

University of British Columbia, Vancouver

DETAILED AGENDA – MONDAY, NOVEMBER 6, 2017

11:06	CARDIOVASCULAR DISEASE RISK FACTORS AND CARDIOVASCULAR COMORBIDITY IN CANCER SURVIVORS	Melanie Keats Atlantic PATH & Dalhousie University, Halifax
11:15	MEDICATION USE AND CARDIOVASCULAR COMORBIDITY IN CANCER SURVIVORS	Scott Grandy Dalhousie University, Halifax
11:24	LIFESTYLE FACTORS AND CANCER RISK IN THE ALBERTA'S TOMORROW PROJECT COHORT	Darren Brenner University of Calgary, Alberta Health Services, Calgary
11:42	THE CROSS-COHORT HARMONIZATION PROJECT FOR TOMORROW	Isabel Fortier Maelstrom Research & McGill University, Montréal
12:00-12:30	East Meeting Room 17	
	PATIENT INVOLVEMENT PROGRAM: SCIENCE Q&A	<i>This meeting is closed (by invitation only).</i>
12:00-13:00	East Meeting Room 8 & 15	
	CIHR CAREER DEVELOPMENT SESSION: FINDING CAREERS OUTSIDE OF ACADEMIA	Have you ever asked yourself what you want to be doing once you have finished your degree/fellowship? Are you curious about the broad range of opportunities that exist beyond academia? Would you be interested in hearing from people who were in the same situation as you and are now in stellar careers? Finding careers outside of academia is a major stressor for trainees at all levels, and it is sometimes difficult to get career advice from academic mentors, especially regarding the multitude of career paths that exist outside of academia. The purpose of this session is to provide trainees with relevant information about career paths outside of academia to support informed career-related decisions in the future. This interactive panel session will consist of mentors from various sectors (academia, government, industry, and NGO) who will provide a brief synopsis of their career paths. Trainees and fellows will then be encouraged to ask the mentors about finding, obtaining, and excelling in careers outside of academia. <i>This event is open to all.</i>
12:00-13:00	East Ballroom C & Exhibit Hall A	
	LUNCH	

DETAILED AGENDA – MONDAY, NOVEMBER 6, 2017

13:00-14:30 East Ballroom A & B

PLENARY SESSION: CCRA AWARDS PRESENTATION

Chairs:
Stephen Robbins
University of Calgary, CIHR Institute of Cancer Research & CCRA Chair, Calgary

Sara Urowitz
Canadian Cancer Research Alliance, Toronto

In 2011, the CCRA initiated a biennial recognition program to acknowledge the contributions of individuals who have had a remarkable impact on cancer research and the cancer research community. Exceptional Leadership in Patient Involvement in Cancer Research is a new award for 2017.

In this session you will hear the aspirational perspectives of our six distinguished awardees for this year:

CCRA AWARD FOR EXCEPTIONAL LEADERSHIP IN PATIENT INVOLVEMENT IN CANCER RESEARCH – Judy Needham and Michael Jewett

CCRA AWARD FOR OUTSTANDING ACHIEVEMENTS IN CANCER RESEARCH – John Bell and Marco Marra

CCRA AWARD FOR DISTINGUISHED SERVICE TO CANCER RESEARCH – Eduardo Franco

CCRA AWARD FOR EXCEPTIONAL LEADERSHIP IN CANCER RESEARCH – Elizabeth Eisenhauer

Please join us to recognize and congratulate these eminent members of the cancer research community!

14:30-15:00 East Ballroom C & Exhibit Hall A

BREAK

15:00

CONCURRENT SESSIONS: D

15:00-16:30 East Meeting Room 11 & 12

D1 – MECHANISMS OF METASTASIS

Chairs:
Ann Chambers
London Health Sciences Centre, London

Nathalie Baudais
Patient Advocate, Thode

Cancer therapy has improved significantly over the past few decades. Despite these advances, cancer is much more difficult to treat once it has metastasized to distant organs. Metastatic cancer is generally considered to be incurable, at least with currently available therapies but it is treatable and therapies have been improving. Research goals are to understand mechanisms of metastasis, to identify how metastatic disease can be successfully treated, and to devise strategies to prevent metastatic recurrences and to prevent or delay recurrences.

Learning Objectives:

- To provide participants with new knowledge about mechanisms of metastasis;
- To identify possible targets for development for treatment of metastatic disease; and
- To discuss new approaches for future therapies for metastatic disease

DETAILED AGENDA – MONDAY, NOVEMBER 6, 2017

15:00	INTRODUCTION	
15:10	TARGETING STROMAL NICHES TO INCREASE THERAPEUTIC EFFICACY FOR BONE METASTASIS	Yibin Kang Princeton University, Princeton, USA
15:30	AN INTEGRATED SYSTEMS BIOLOGY APPROACH IDENTIFIES KEY DETERMINANTS OF BREAST CANCER METASTASIS	Logan Walsh McGill University, Montréal
15:50	TARGETING EZH2 REACTIVATES A BREAST CANCER SUBTYPE-SPECIFIC ANTIMETASTATIC TRANSCRIPTIONAL PROGRAM	Alison Hirukawa McGill University, Montréal
16:10	TIGHT-JUNCTIONAL COMPONENTS AS PROMOTERS OF LIVER METASTASIS	Peter Siegel McGill University, Montréal

15:00-16:30 East Meeting Room 1

D2 – PROTEOMIC APPROACHES TO MONITOR AND UNDERSTAND CANCER

Chair:
Anne-Claude Gingras
Lunenfeld-Tanenbaum Research Institute, Toronto

While genomic, epigenomic and transcriptomic sequencing of patient samples has already ushered a revolution in personalized medicine, the understanding of the proteome and its implication in cancer biology is only emerging. In this session, we will explore the multi-faceted roles of proteomics approaches to monitor, understand and target cancer. We will review the state of proteomics in biomarker discovery and highlighting success stories, but also important challenges. We will next discuss the power of proteomics approaches to understand the function of proteins deregulated in cancer, and end the session by describing powerful tools enabling systematic discovery of compounds disrupting interactions between proteins, or permit to alter the sequence of proteins in living cells.

Learning Objectives:

- To acquaint participants with the use of proteomics approaches in monitoring cancer (biomarker detection);
- To provide examples of the use of proteomics to understand protein function; and
- To discuss systematic approaches to identify therapeutically targetable proteins

15:00	CLINICAL PROTEOMICS FOR CANCER – LESSONS LEARNED FROM CPTAC AND EDN STUDIES	Michael Gillette Broad Institute, Cambridge, USA
15:25	FUNCTIONAL PROTEOMICS: POWERFUL TOOLS TO EXPLORE CANCER BIOLOGY	Anne-Claude Gingras Lunenfeld-Tanenbaum Research Institute, Toronto
15:50	HIGHLY PARALLEL INTRACELLULAR INHIBITION OF PROTEIN-PROTEIN INTERACTIONS IDENTIFIES NOVEL INHIBITORS WITH ANTI-CANCER EFFICACY	Philip Kim University of Toronto, Toronto
16:10	MARKER-FREE COSELECTION FOR CRISPR-DRIVEN GENOME EDITING IN HUMAN CELLS	Yannick Doyon Centre Hospitalier de l'Université Laval, Ville de Québec

15:00-16:30	East Meeting Room 8 & 15	D3 – INNOVATIVE CLINICAL TRIAL DESIGN Chair: Janet Dancey Queen's University, Kingston Scientific and technological developments are driving innovation in the way trials are designed, conducted and evaluated. Precision medicine strategies are being implemented that are utilizing next generation sequencing technologies and bioinformatics to analyze patient samples to identify potential signatures that will correlate with benefit of targeted cancers therapies. Therapies that stimulate the immune system are leading to changes in traditional definitions of tumour response and progression in clinical trials. These advances are yielding new biological insights and therapeutic approaches but also increasing complexities of trial conduct and data analysis. At the other end of the spectrum, new approaches that simplify clinical trial conduct through alternate methods of consent, randomization and streamlined data collections are being used. Finally, alternatives to clinical trials are proposed, such as through cohort studies and population databases to develop the good quality evidence to change practice. In this session, these novel approaches to cancer clinical trials and clinical research in the areas of precision medicine, immunotherapy, clinical methods and evidence generation will be presented, and the research implications will be discussed. Learning Objectives: • To acquaint participants with innovative approaches to trial design, trial conduct and evidence generation; • To provide practical examples of approaches used to address these issues; and • To discuss the implications and future directions of clinical trials and research studies
15:00	PERSONALIZED ONCOGENOMICS (POG) PROGRAM: THE CHALLENGE OF INDIVIDUALIZED PATIENT DATA	Janessa Laskin BC Cancer Agency, Vancouver
15:20	THE CHALLENGES OF IMMUNOTHERAPY TRIALS AND THE NEED FOR INNOVATION	Teresa Petrella Sunnybrook Health Sciences Centre, Toronto
15:40	STREAMLINING TRIALS TO ADDRESS IMPORTANT QUESTIONS IN CLINICAL PRACTICE	Mark Clemons Ottawa Hospital Research Institute, Ottawa
16:00	COMPLEMENTARY APPROACHES TO CLINICAL TRIALS TO GENERATE EVIDENCE: USING COHORT STUDIES TO SHAPE PRACTICE CHANGES	Joseph Connors BC Cancer Agency, Vancouver
16:20	PANEL DISCUSSION	

15:00-16:30 East Meeting Room 2 & 3

D4 – PREVENTION AND CANCER CONTROL

Chair:

Karen Gelmon

BC Cancer Agency, Vancouver

Cancer prevention and control are often grouped together although they each could be discussed at length. There has been increased awareness of the need for novel models of cancer control in the current health care system and with the new approaches and knowledge about cancer diagnosis and treatment. This is important as we begin to see cancer as a chronic disease often. These new models have the potential to impact the way cancer care is organized and delivered. Prevention is often neglected as an area of sufficient funding and study but with new data on epidemiology and etiology new avenues of research are emerging. The Canadian health care system has the opportunity to develop studies incorporating new prevention strategies, as it is clear that if we can successfully prevent many of the common cancers we will finally begin to improve outcomes and decrease the burden of cancer. This session will describe both new models of control as well as three exciting prevention studies. The speakers and audience will have the opportunity to also discuss other new areas of research which are being planned.

Learning Objectives:

- To acquaint participants with issues about prevention and cancer control;
- To provide data on novel trials in prevention both primary and secondary; and
- To discuss the current models for cancer control and prevention studies that may impact future delivery of care in Canada and internationally

15:00	THE BETTER PROGRAM: AN INNOVATIVE EVIDENCE-BASED APPROACH TO PREVENTIVE CARE FOR CANCER AND CHRONIC DISEASE	Donna Manca University of Alberta, Edmonton
15:20	EXERCISE DOSE EFFECTS ON INSULIN RESISTANCE AND INFLAMMATORY MARKERS 12 MONTHS AFTER AN EXERCISE INTERVENTION IN POSTMENOPAUSAL WOMEN	Christine Friedenreich Alberta Health Services, Calgary
15:40	ASSOCIATION BETWEEN STATIN USE AND RISK OF NON-HODGKIN LYMPHOMA	Xibiao Ye University of Manitoba, Winnipeg
16:00	HPV FOCAL CERVICAL CANCER SCREENING TRIAL: 48-MONTH FINAL RESULTS	Andrew Coldman BC Cancer Agency, Vancouver
16:20	PANEL DISCUSSION	

15:00-16:30 East Meeting Room 18	D5 – “BIG DATA” INITIATIVES: INSIGHTS FROM THE CANADIAN CENTRE FOR APPLIED RESEARCH IN CANCER CONTROL	Chair: Kelvin Chan Canadian Centre for Applied Research in Cancer Control The ability to generate data has rapidly increased in recent years, and the amount of digital information now available represents a gold mine – one that may yield fundamental insights across the cancer control spectrum, from prevention to treatment and beyond. With the objective of working towards sustainable cancer control, increasing efforts towards accessing and analyzing large administrative datasets are being made. The applied analysis of administrative data is fundamental to all of ARCC’s program areas: health technology assessment; health systems, services, and policy; societal values and public engagement; and survivorship. In this session, a variety of ARCC projects using “big data” will be described, and barriers and facilitators to data access in different Canadian provinces will be addressed. Attendees will also learn about the different ARCC program areas, and opportunities to engage with ARCC researchers. Learning Objectives: • To discuss available data holdings in various Canadian provinces, and examine some barriers and facilitators to data access; • To outline different applied research programs and how large administrative sets are accessed for research purposes; and • To provide practical examples of Big Data initiatives in Canada and their impact across the cancer control spectrum
15:00	BIG DATA IN CANCER: MOVING FROM HEALTH SERVICE USE TO THE PATIENT PERSPECTIVE	Lisa Barbera Sunnybrook Health Sciences Centre, Toronto
15:25	BUILDING CAPACITY FOR BIG DATA RESEARCH IN ALBERTA	Winson Cheung Cancer Control Alberta, Calgary
15:50	HOW ‘BIG DATA’ CAN SUPPORT CANCER RESEARCH: CASE STUDIES OF REAL WORLD EVIDENCE	Wanrudee Isaranuwachai St. Michaels’ Hospital, Toronto
16:10	DOES VALUE DRIVE TECHNOLOGY DIFFUSION? EVIDENCE USING CITIZENS’ PREFERENCES FOR PRECISION ONCOLOGY	Dean Regier BC Cancer Agency, Vancouver
15:00-16:30 East Ballroom A & B	D6 – MARATHON OF HOPE LECTURES TERRY FOX RESEARCH INSTITUTE: CELEBRATING 10 YEARS!	Chair: Victor Ling Terry Fox Research Institute, Vancouver In 1980 Terry Fox ran a marathon a day for 143 days to raise funds for cancer research with a single purpose: to reduce and eliminate the suffering cancer causes. It is in this spirit that we have invited four outstanding TFRI-funded scientists to present “Marathon of Hope” lectures on their vision of how their research may transform outcomes for cancer patients and bring us closer to achieving Terry’s dream. Learning Objectives: • To acquaint participants with important research topics whose impact on our understanding of cancer and its treatment will be profound; and • To discuss the steps that will be required to achieve the impact on cancer outcomes

DETAILED AGENDA – MONDAY, NOVEMBER 6, 2017

15:00	IS STEMNESS THE BIOMARKER AND THERAPEUTIC TARGET WE HAVE BEEN MISSING?	John Dick Princess Margaret Cancer Centre, Toronto
15:20	USING VIRUSES TO STIMULATE THE BODY'S FIGHT AGAINST CANCER CELLS	John Bell Ottawa Hospital Research Institute, Ottawa
15:40	LUNG CANCER SCREENING – OPPORTUNITY TO IMPROVE HEALTH CARE DELIVERY	Stephen Lam University of British Columbia, Vancouver
16:00	GENOMIC APPROACHES TO CANCER OUTCOMES	Marco Marra BC Cancer Agency, Vancouver

16:30-17:30 East Ballroom C & Exhibit Hall A

POSTER SESSION 2 & EXHIBITS

17:30-19:00 East Ballroom A & B

PUBLIC LECTURE: CELEBRATION OF SCIENCE

Chairs:
David Huntsman
University of British Columbia, Vancouver General Hospital & BC Cancer Agency, Vancouver

Shoukat Dedhar
BC Cancer Agency & University of British Columbia, Vancouver

How has the work of a Canadian cancer researcher helped to advance our knowledge of cancer and improved outcomes for cancer patients? This public lecture celebrates the scientific accomplishments of Dr. Connie J. Eaves, Distinguished Scientist, Terry Fox Laboratory, BC Cancer Agency and Professor, Medical Genetics at The University of British Columbia. This inspirational evening will help you to better understand Dr. Eaves' work and how our understanding of cancer has evolved over the past half century.

17:30	INTRODUCTORY REMARKS	Shoukat Dedhar
17:40	THE VALUE OF RESEARCH: THE PATIENT PERSPECTIVE	Dodie Katzenstein Patient Advocate, Vancouver
17:55	CANCER RESEARCH – A LIFETIME OF CHALLENGES, SURPRISES AND OPPORTUNITIES	Connie Eaves BC Cancer Agency, Vancouver
18:35	CLOSING REMARKS	David Huntsman
18:45	QUESTIONS AND DISCUSSION	

TUESDAY, NOVEMBER 7, 2017

EVENT LOCATIONS

07:00	Supporters Recognition Breakfast [CLOSED]	
07:30	Breakfast	East Ballroom C & Exhibit Hall A
08:30	Concurrent Sessions: E	East Ballroom A & B
	E1 – Celebration of Science	
	E3 – Regulation of Signalling Pathways in Cancer	
10:00	Break	East Ballroom C & Exhibit Hall A
10:30	Plenary Session: Metabolism and Cancer	East Ballroom A & B
12:00	Closing Remarks	East Ballroom A & B
12:30	Patient Involvement Program: Science Q&A, Program Debrief, and Program Closure [CLOSED]	East Meeting Room 17

DETAILED AGENDA – TUESDAY, NOVEMBER 7, 2017

07:00-08:30

SUPPORTERS RECOGNITION BREAKFAST

This session is closed (by invitation only).

07:30-08:30

East Ballroom C & Exhibit Hall A

BREAKFAST

08:30

CONCURRENT SESSIONS: E

08:30-10:00

East Ballroom A & B

E1 – CELEBRATION OF SCIENCE

Chair:
Connie Eaves
BC Cancer Agency, Vancouver

Advances in genomics, cell cytometry, and imaging have revolutionized our ability to characterize cells at the single cell as well as a population or tissue level. Advances in gene manipulation/gene editing and methods to elicit and track the clonal growth of primary human cells in vitro and in vivo have also now made it possible to connect linked molecular and biological data at unprecedented resolution on rare subsets of cells from normal and malignant human tissues. These methods are being further developed, but already have revealed unanticipated heterogeneity among both normal and malignant cell populations previously thought to be similar. This heterogeneity is posing new and exciting challenges to the goals of personalized medicine. In this session, the presentations will illustrate how awareness of this heterogeneity is being incorporated into the leading edge of cancer research through the development of new approaches to define and overcome it.

Learning Objectives:

- To acquaint participants with new technologies applicable to cancer cell characterization;
- To demonstrate the importance of continued interrogation of the process of tumour development and progression; and
- To discuss with the audience the implications of emerging results from the cancer biology field

DETAILED AGENDA – TUESDAY, NOVEMBER 7, 2017

8:30	INTRODUCTION	
8:35	REPLICATION TIMING SIGNATURES AS TOOLS FOR DISCOVERY IN CANCER	David Gilbert Florida State University, Tallahassee, USA
8:59	HUMAN HAEMATOPOIETIC STEM CELLS: NEW INSIGHTS FROM SINGLE CELL ANALYSES	David Knapp University of Oxford, Oxford, UK
9:23	NEW DRUG TARGETS AND TREATMENT APPROACHES TO TARGET DRUG-INSENSITIVE LEUKEMIC STEM CELLS	Xiaoyan Jiang BC Cancer Agency, Vancouver
9:47	CIRCULATING TUMOR DNA IS DETECTABLE IN ALL PATIENTS WITH EARLY TRIPLE NEGATIVE BREAST CANCER AND MAY REFLECT TUMOR RESPONSE TO NEOADJUVANT CHEMOTHERAPY	Luca Cavallone Jewish General Hospital, Montréal

08:30-10:00 East Meeting Room 8 & 15

E2 – DECISION MAKING IN CANCER: EVOLVING PERSPECTIVES

Chair:
Carmen G Loiselle
McGill University, Montréal

With the advent of more complex and targeted cancer therapies, attention is increasingly placed on understanding the multidimensional factors that affect decision making in cancer control. Current efforts focus on understanding the interplay among the various stakeholders involved in these decisions, including policy makers, national and provincial cancer agencies, academics, health care institutions, the private sector, as well as patient representative groups and coalitions. Ultimately, compromises that integrate population, caregiver, and patient perspectives must be negotiated to optimize resource allocation for ongoing health care innovations that improve cancer control. In this session, evolving perspectives pertaining to decision making in cancer will be presented and discussed.

Learning Objectives:

- To acquaint participants with multidimensional issues in cancer-related decision making, attending to the role of evidence, economics, and accountability;
- To consider the decision processes that structure cancer control systems and move treatments from research to policy to patients;
- To provide examples of dilemmas in decision making from the perspectives of researchers, policy makers, clinicians, and patients; and
- To open up the discussion to the audience to explore future priorities in policy and research

8:30	EMERGING CHALLENGES TO EVIDENCE-BASED DECISION MAKING: TIME FOR A METHODOLOGIC PIVOT?	George Browman McMaster University, Hamilton & University of British Columbia, Vancouver
8:45	THE ROLE OF HEALTH TECHNOLOGY ASSESSMENT IN SUPPORTING DECISION-MAKING	Brian O'Rourke Canadian Agency for Drugs and Technologies in Health, Ottawa
9:00	SETTING PRIORITIES IN CANCER CARE – USING EVIDENCE TO SUPPORT REAL WORLD DECISIONS	Craig Mitton The University of British Columbia, Vancouver

DETAILED AGENDA – TUESDAY, NOVEMBER 7, 2017

9:15	PATIENT VALUES IN HEALTH TECHNOLOGY ASSESSMENT (HTA)	Barry Stein Colorectal Cancer Canada, Montréal
9:30	CHOOSING TO TRUST: PATIENT PERSPECTIVES AND DYNAMICS OF CHOICE IN COLORECTAL CANCER TREATMENT	Fay Strohschein McGill University, Montréal
9:45	PANEL DISCUSSION	

08:30-10:00 East Meeting Room 11 & 12

E3 – REGULATION OF SIGNALLING PATHWAYS IN CANCER

Chair:
Anne-Claude Gingras
Lunenfeld-Tanenbaum Research Institute, Toronto

Since the discovery of the first confirmed oncogene and tyrosine kinase Src more than 40 years ago, it has been well appreciated that signalling molecules including multiple kinases and other signalling pathway components have oncogenic potential and can often be therapeutically targeted. The Ras GTPase that regulates a critical kinase cascade was first identified as a retroviral oncogene in the 70s, and this discovery was followed by the realization in the 80's that activating mutations in Ras genes were particularly prevalent in human tumors. Yet, while inhibitors of other Ras pathway components have been successfully generated, no Ras inhibitors have been clinically approved. In this session, we will revisit the potential for therapeutically targeting Ras activation, as well as explore new regulatory mechanisms of regulation within the Ras-ERK pathway. A discussion of epigenetic signalling in the context of transcription factor motifs will complete this session.

Learning Objectives:

- To discuss the importance of Ras GTPases and signalling pathways in cancer;
- To provide strategies to therapeutically prevent Ras hyper-activation in cancer; and
- To describe how computational approaches to the study of epigenetic mechanisms can facilitate investigation of dysregulated oncogenic pathways

8:30	MOLECULAR CHARACTERIZATION AND PHARMACOLOGIC INACTIVATION OF RAS	Michael Ohh University of Toronto, Toronto
8:55	THE ONCOGENE RAS – IS IT REALLY UNDRUGGABLE?	Mitsu Ikura Princess Margaret Cancer Centre, Toronto
9:20	REGULATION OF ERK SIGNALLING PATHWAY THROUGH TRANSLATIONAL SILENCING OF THE DUSP6 PHOSPHATASE	Seyed Mehdi Jafarnejad McGill University, Montréal
9:40	MODELING METHYL-SENSITIVE TRANSCRIPTION FACTOR MOTIFS WITH AN EXPANDED EPIGENETIC ALPHABET	Michael Hoffman Princess Margaret Cancer Centre, Toronto

10:00-10:30 East Ballroom C & Exhibit Hall A

BREAK

10:30-12:00 East Ballroom A & B

PLENARY SESSION: METABOLISM AND CANCER

Chair:
Michael Pollak
McGill University, Montréal

In order to behave aggressively, cancers need to alter aspects of cellular metabolism to meet their energetic and anabolic needs. This may lead to specific vulnerabilities that can be therapeutically targeted. Initial observations showed increased glucose uptake and glycolysis in transformed cells compared to normal cells. This has been confirmed and of course forms the basis for FDG -PET scanning. However, more recent work shows additional alterations in amino acid metabolism and lipid metabolism associated with transformation. Furthermore, there are complex metabolic interactions between the host and the tumor that appear to be clinically significant. For example, hyperinsulinemia secondary to hyperglycemia caused by insulin resistance can increase the probability of survival of cells during step-wise carcinogenesis and neoplastic progression, thereby increasing risk and/or worsening the prognosis of certain cancers, and may explain how obesity influences cancer burden at the population level. This session will review examples for research progress in each of these areas.

Learning Objectives:

- Understand examples of host metabolic factors that influence cancer risk and/or cancer prognosis;
- Understand metabolic adaptations at the cellular level that are required for aggressive neoplastic behavior; and
- Understand the clinical implications of research in this area for cancer risk reduction and cancer treatment

10:30 INTRODUCTION

10:40 CANCER AS A METABOLIC DISEASE

David Wishart
University of Alberta, Edmonton

Most people view cancer as a genetic disease and certainly the underlying cause for many cancers is genetic. However, the common theme to almost all cancer-causing mutations is a fundamental change to cellular metabolism. In this regard, while cancer is often viewed, genetically, as an incredibly complex disease -- metabolically it is quite simple. The field of metabolomics has done much to elucidate the key metabolic changes that occur in cancers. It is also pointing to new metabolite biomarkers for detecting early stage cancer, identifying new metabolites that cause cancer and discovering new metabolite-based therapies to treat cancer. In this presentation I will provide a brief synopsis of what has been found and why looking at cancer as a metabolic disease may open new doors to its treatment and prevention.

11:05 METABOLIC ADAPTATION DURING BREAST CANCER METASTASIS

Julie St-Pierre
McGill University, Montréal

A pressing inquiry in cancer research is to reveal the metabolic regulatory networks of cancer cells as they evolve from primary site cancer cells to metastatic cells and ultimately therapeutic resistant cells. This line of investigation will reveal whether for a given cancer type, the metabolic state of cancer cells is constant throughout disease progression or whether each cancer stage has a specific metabolic signature. Our laboratory focuses on the role of the metabolic regulator PGC-1alpha in breast cancer. We discovered that PGC-1alpha controls key metabolic programs that fuel primary breast tumor growth and metastasis. Importantly, these PGC-1alpha regulated metabolic programs also impact the response of cancer cells to metabolic drugs. This knowledge may help design metabolic therapies for cancer treatment.

DETAILED AGENDA – TUESDAY, NOVEMBER 7, 2017

11:30 **EFFECTS OF WEIGHT LOSS ON CANCER BIOMARKERS**

Anne McTiernan
Fred Hutchinson Cancer Center, Seattle, USA

The International Agency for Research on Cancer estimates that 25% of cancer cases worldwide are due to overweight/obesity and a sedentary lifestyle. This talk will review human data on the effects of weight loss on cancer-related biomarkers in humans, and provide specific examples from randomized controlled trials. Weight loss in overweight or obese individuals may lower cancer risk by several mechanisms. Our randomized clinical trials have shown that as little as 5-10% weight loss over 12 months lowers estrogens, testosterone, insulin and insulin resistance, inflammation-related biomarkers, angiogenesis, and leptin, while increasing adiponectin and sex hormone binding globulin. Results from several 12-months trials with weight loss through diet, exercise, and both combined will be presented, as well as data on long-term maintenance of weight loss-induced biomarker changes.

12:00-12:30 East Ballroom A & B

CLOSING REMARKS

Chairs:
David Huntsman
University of British Columbia, Vancouver General Hospital & BC Cancer Agency, Vancouver

Stephen Robbins
University of Calgary, CIHR Institute of Cancer Research & CCRA Chair, Calgary

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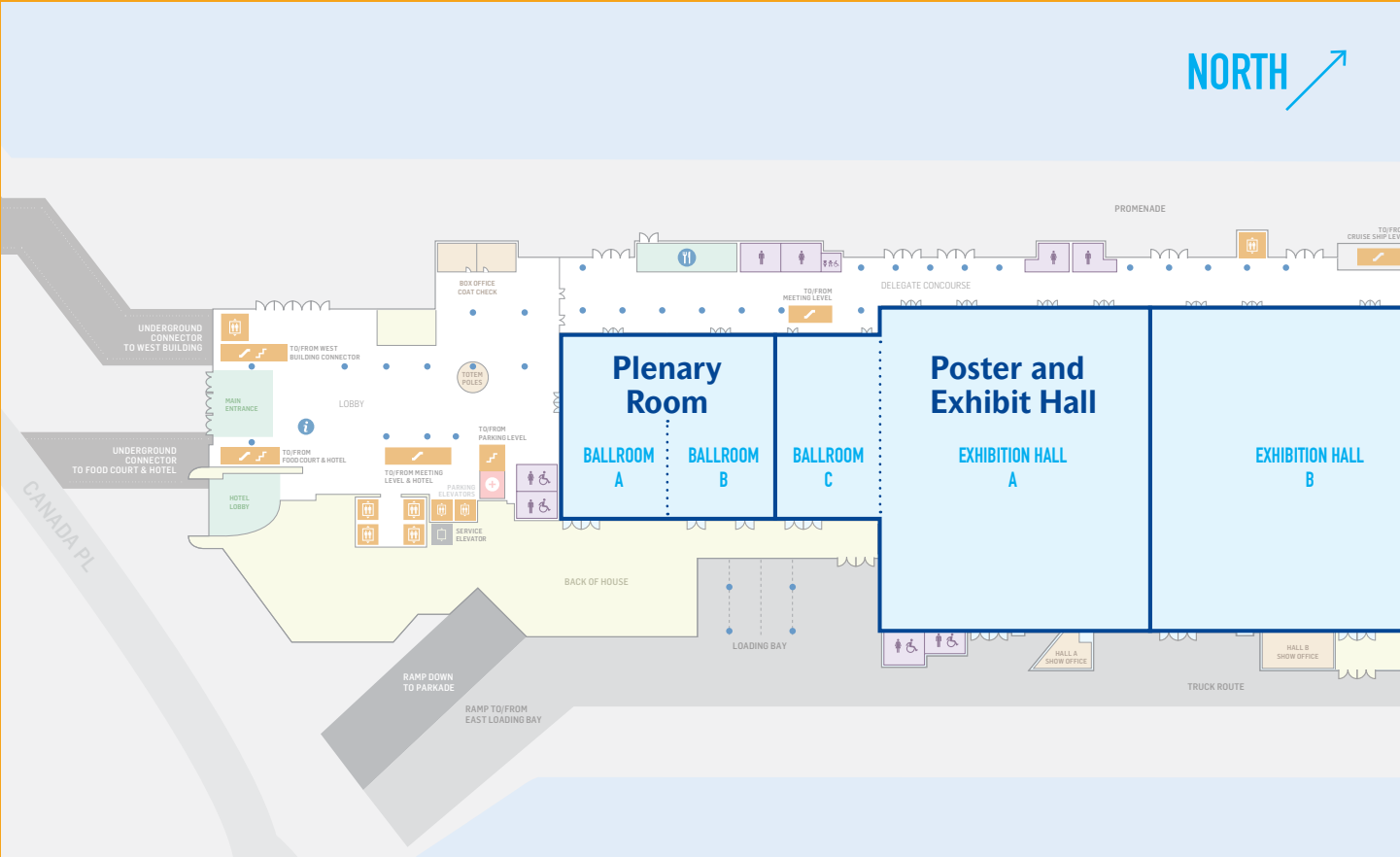
12:30-14:00 East Meeting Room 17

PATIENT INVOLVEMENT PROGRAM: SCIENCE Q&A, PROGRAM DEBRIEF, AND PROGRAM CLOSURE

This session is closed (by invitation only).

VENUE INFORMATION

EAST BUILDING CONVENTION LEVEL (MAIN LEVEL)

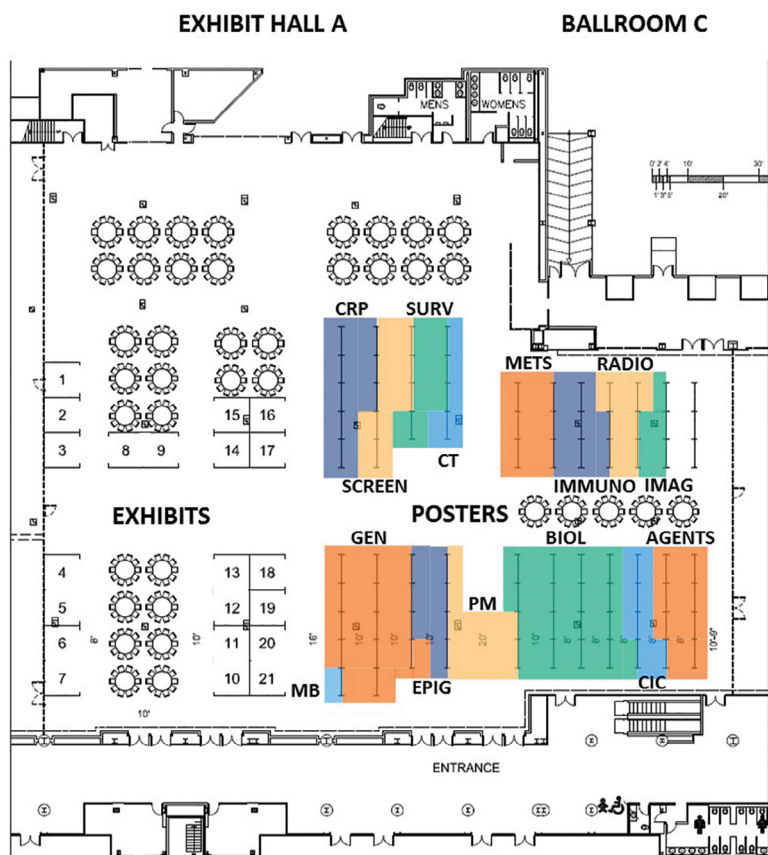


VENUE INFORMATION

EAST BUILDING MEETING LEVEL (UPPER LEVEL)



**SUNDAY
POSTER
SESSION
AND EXHIBIT
FLOOR PLAN**



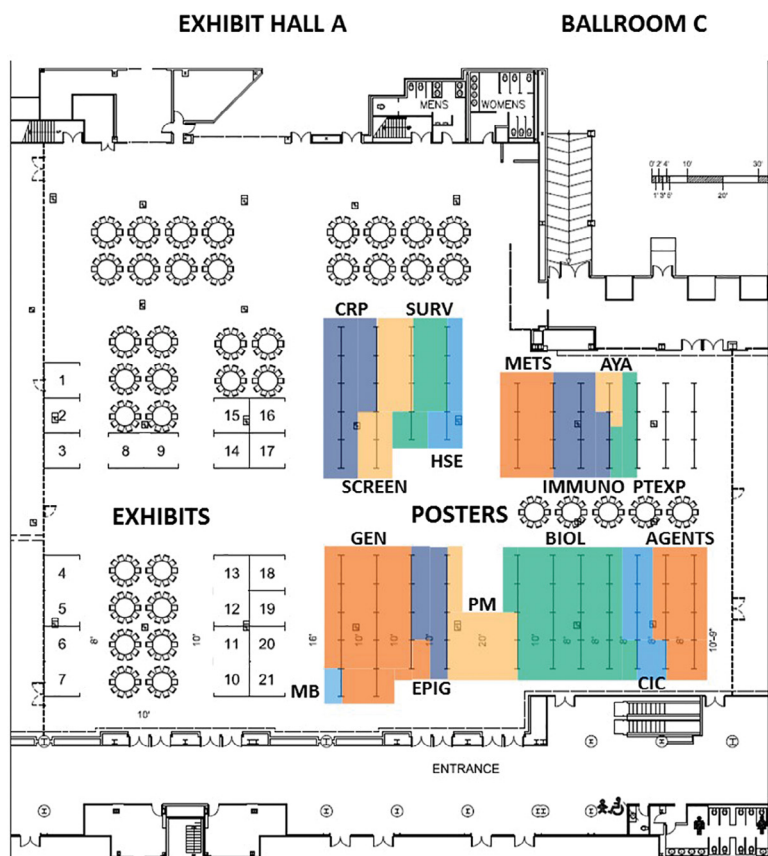
CCRC 2017 EXHIBITORS

- 1 – Thermo Fisher Scientific
- 2 – SCA
- 3 – PCC
- 4 & 5 – TFRI
- 6 & 7 – CCS
- 8 & 9 – CIHR
- 10 & 11 – OICR
- 12 & 13 – CPAC
- 14 – PMCC
- 15 – Roche
- 16 – Poster information
- 17 – CRS
- 18 – CCO
- 19 – BCSC
- 20 & 21 – Trainee Booth

POSTER CATEGORIES

- CIC** – Cancer Initiating Cells
CRP – Cancer Risk and Prevention
CT – Clinical Trials
EPIG – Epigenetics
GEN – Genomics, Proteomics and Bioinformatics
IMAG – Imaging
IMMUNO – Immunotherapy and Immunomodulation
MB – Message Board
METS – Metastasis
PM – Precision Medicine
RADIO – Radiotherapy and Radiobiology
SCREEN – Screening and Diagnosis
SURV – Survivorship and End of Life Care
AGENTS – Therapeutic Agents
BIOL – Tumour Biology

**MONDAY
POSTER
SESSION
AND EXHIBIT
FLOOR PLAN**



CCRC 2017 EXHIBITORS

- 1 – Thermo Fisher Scientific
- 2 – SCA
- 3 – PCC
- 4 & 5 – TFRI
- 6 & 7 – CCS
- 8 & 9 – CIHR
- 10 & 11 – OICR
- 12 & 13 – CPAC
- 14 – PMCC
- 15 – Roche
- 16 – Poster information
- 17 – CRS
- 18 – CCO
- 19 – BCSC
- 20 & 21 – Trainee Booth

POSTER CATEGORIES

- AYA** – Adolescents and Young Adults
CIC – Cancer Initiating Cells
CRP – Cancer Risk and Prevention
EPIG – Epigenetics
GEN – Genomics, Proteomics and Bioinformatics
HSE – Health Services and Health Economics
IMMUNO – Immunotherapy and Immunomodulation
MB – Message Board
METS – Metastasis
PM – Precision Medicine
PTEXP – Patient Experience
SCREEN – Screening and Diagnosis
SURV – Survivorship and End of Life Care
AGENTS – Therapeutic Agents
BIOL – Tumour Biology

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