MESSAGE FROM

Rosilene Kraft, PhD
Chair, 2025 PIP Working Committee

Hello! My name is Rosilene Kraft, and I live in Coquitlam, British Columbia. I'm an engineer with Master's and PhD in engineering. I am married and I have an eleven-year-old daughter.

I was diagnosed with de novo metastatic breast cancer in 2018, three years after I saw dad die of metastatic lung cancer. Months after my diagnosis, my mom was diagnosed with early-stage breast cancer - she died a year later with treatment complications.

Soon after my diagnosis, I tried to learn about cancer as much as I could and shifted my research to tumour modeling. With the progression of my disease, I decided that I could make a more substantial difference if I worked as a patient partner and advocate, which I have been doing since 2021. I have since worked with several cancer organizations, including the Marathon of Hope Cancer Centres Network, the Canadian Cancer Society, and the Canadian Cancer Research Alliance, where I serve as a patient representative on the board, but the Patient Involvement in Cancer Research Program, or PIP for short, was one of the first that I joined as a patient research advocate during the 2021 edition of the Canadian Cancer Research Conference. PIP is, therefore, very dear to me.

I was then a member of the Scientific Planning Committee for the CCRC 2023, and now I have the honour of not only being a member of the Executive Planning Committee for its 2025 edition but also chairing the PIP program.

In the PIP program, patients and researchers are matched according to their common research interests, with patients and caregivers getting the opportunity to share their lived experience - potentially helping researchers better focus their research, and researchers helping patients to better understand the research presented during the conference.

At a more personal level, the program allows me to convey the urgent needs that challenge patients like me. I am on my fifth line of treatment. There are signs that my current treatment is stopping working. As we move through lines of treatment, newer targeted therapies are generally not available to us due to Canadian funding algorithms; in addition, we may no longer qualify for

clinical trials. With the advancements of the last decade, patients with metastatic cancer have been living longer, but treatment resistance is still a reality, and we need to have more options. There needs to be more research to help patients like me with a terminal diagnosis live longer and better lives.