

	Derek	+	Caitlin	+	Scott	+
+	Hellen	+	Rose	+	Arthur	+
+	Craig	+	Peter	+	Marie	+
+	Magdalene	+	Anne	+	Edmund	+
+	Lawrence	+	Damian	+	Leslie	+
+	Anjela	+	Cathy	+		



Helping more people with lung cancer.
A focus on early-stage disease.



**LUNG
CANCER
CANADA**

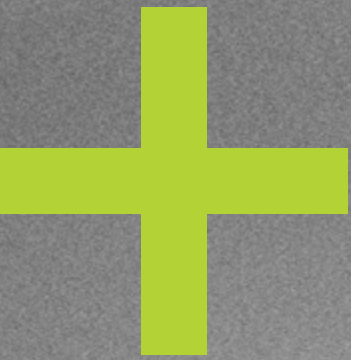


2023 Faces of Lung Cancer Report



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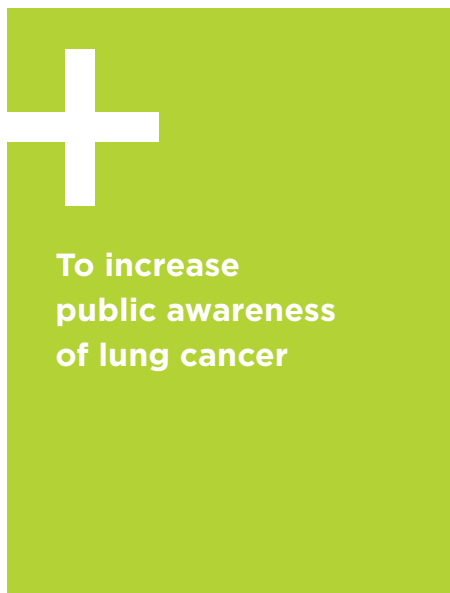


Who We Are



Lung Cancer Canada is a national charity serving the lung cancer community through **education, support, research, and advocacy**. A member of the Global Lung Cancer Coalition, Lung Cancer Canada is the only national organization focused exclusively on lung cancer.

Our Mission:



To increase public awareness of lung cancer



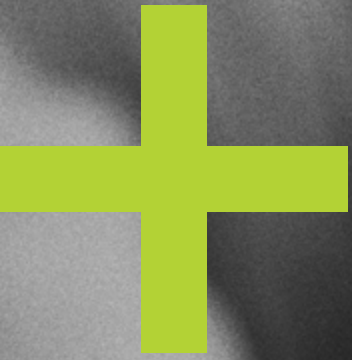
To support and advocate for persons living with lung cancer and their care partners



To provide education and vital resources to persons living with lung cancer, care partners, healthcare professionals, and the general public

Each year, we publish the *Faces of Lung Cancer Report* to put a spotlight on the disease, and to elevate the voices of those with lived experience.

On behalf of the volunteers and staff of Lung Cancer Canada, thank you for taking the time to read, learn, and advocate for those impacted by lung cancer.



How We Help



+ Airways of Hope Support Programs



The Airways of Hope support programs provide therapeutic spaces to share and learn from others in a safe and supportive manner. Several formats exist allowing for one to choose what is best suited to their needs and comfort level.



Online Support Groups

Lung Cancer Canada offers a variety of support groups as an opportunity for persons living with lung cancer and care partners to connect, share personal stories, express feelings, and discuss firsthand experience related to lung cancer.



One-on-One Support

Providing personalized support via telephone and videoconferencing to assist persons living with lung cancer and their care partners throughout the trajectory of the disease with such things as emotional, financial, and practical concerns, advance care planning, bereavement and more.



Peer-to-Peer Program

Provides an opportunity to engage in knowledge, experience and supportive exchanges with others living with lung cancer, lung cancer survivors and care partners. Peer support provides a vital link by being an empathetic supporter and navigator through the logistics and emotions of lung cancer.



Education & Awareness



Regional Lung Cancer Summits

Lung Cancer Canada hosts regional lung cancer summits in partnership with medical professionals in the community in order to actively engage with the lung cancer community, providing resources and essential information sessions. These events create a community of support for persons living with lung cancer, their care partners, and loved ones, enhance fellowship and advocacy, and provide essential information to help support them while on their cancer journeys.



Lung Cancer Voices Podcast

Lung Cancer Voices is a podcast series hosted by Dr. Paul Wheatley-Price, medical oncologist at The Ottawa Hospital, and Dr. Nathalie Daaboul, hematologist at the Centre intégré de cancérologie de la Montérégie. Each podcast features an in-depth discussion on key issues facing the lung cancer community with leading researchers, healthcare professionals, and persons with lived experience.



Lung Cancer Support Guide

The Lung Cancer Patient Guide is designed to meet the informational needs of those navigating a lung cancer diagnosis. It provides a thorough read into such topics as diagnosis, staging, types of lung cancer, treatment options, clinical trials, managing activities of daily living, nutrition, mental health and much more. This guide represents current practices in Canada and is available in English, French, and Traditional Chinese in both digital and print formats.



Awareness Campaigns

Throughout the year, Lung Cancer Canada conducts a number of campaigns focused on increasing awareness of lung cancer; the importance of screening and early diagnosis; and the challenges that stigma presents to the lung cancer community.



Research Funding

With so much progress being made in recent years in treatment and screening, Lung Cancer Canada recognizes the promise that research represents: a promise of hope and a better future for all of those impacted by lung cancer. That's why Lung Cancer Canada is proud to support Canada's research community through the [Geoffrey Ogram Memorial Research Fund](#), its studentships program, and unique partnerships such as the [Lung Ambition Awards](#) and [National Quality Improvement Grant](#).



Give a Breath 5k

Lung Cancer Canada's premier fundraising event dedicated to supporting the lung cancer community. Funds raised help to provide support and education, advance awareness efforts, fuel investigative studies and get the much needed resources into the hands of those that need them.

Join us each year in June and be a part of the movement. Visit www.giveabreath.ca



Advocacy Efforts

As the only Canadian organization focused exclusively on supporting the lung cancer community, Lung Cancer Canada is committed to advocating for policy change -- from implementing and expanding lung cancer screening programs, to ensuring equitable access to lung cancer treatments. Behind the scenes, our [Medical Advisory Committee](#) – a team of leading volunteer healthcare professionals and researchers – supports these efforts, meeting with policy-makers and working tirelessly to ensure that promising new treatments are made available to all Canadians.



If you find this publication useful, please consider donating to allow us to continue providing these supports on a complimentary basis to the thousands upon thousands in our lung cancer community who need it. You can make a donation on our website at www.lungcancercanada.ca



Introduction





President's Letter

Dr. Stephanie Snow

2023 has been a year of change, growth and regrowth, not only for Lung Cancer Canada as an organization, but also from the larger perspective of lung cancer *in* Canada. LCC has continued to focus on serving persons living with lung cancer and being a conduit for engagement and advocacy, directly with the lung cancer community. As a small charity in a difficult economic environment, we are proud to have continued to expand and strengthen our programs, facing the challenge of being able to do so with fewer resources, in large part to successful partnerships.

With the end of the pandemic, we welcomed the opportunity to have safe social interactions again. For those living with lung cancer, the support of family, friends and communities is integral to well-being and quality of life. We've heard so many stories of isolation, anxiety and sadness during the pandemic; it has been a breath of fresh air to hear new stories of community and family reunited.

The return to social activities has also meant a return to live events for the lung cancer community. This year's unique hybrid Evening of Hope was a first for Lung Cancer Canada, pairing a virtual session with local gatherings across the country. We made progress on our goal to increase our presence in Quebec and provide more resources for francophones thanks to in-person events.

The Montreal Lung Cancer Patient Summit—our first in-person event post-pandemic—was held in November 2022, and a series of French-language podcasts with Dr. Nathalie Daaboul is launching soon. In-person summits have returned all over the country, including Vancouver, Sudbury, Sault Ste. Marie and Edmonton during the past 12 months, and plans for 2024 events in Toronto, Montérégie, Winnipeg, Niagara, Halifax, and Vancouver are underway.

Even as pandemic stressors have faded, the impact of living with lung cancer remains a heavy burden for many. Lung Cancer Canada has expanded the Airways of Hope program through a growing social worker network, allowing us to offer more hours to people who need support. The success of the Airways of Hope is directly related to Give A Breath 5K— hosting fundraising runs in Edmonton, Vancouver, Toronto and virtually that have raised over \$350,000 since its inception in 2019.

The one-on-one support provided by the Peer2Peer Support network is another important service for those living with lung cancer and their loved ones. Our partnership with Wellspring means that peer leaders now benefit from formal training. Lung Cancer Canada has also established several patient-led support hubs in Western Canada. And with inflation and the financial toxicity of lung cancer, Kayla's Angel Fund continues to provide offset costs of parking passes, Uber rides, and other essential services.

Advocating for equitable and timely access to diagnosis and care is a cornerstone of our mandate. Keeping our advocacy voice strong is especially

important given the immense pressures on our health care systems. During a recent series of events at Queen's Park in Toronto, lung cancer advocates spoke directly to Ontarian MPPs and other key policy makers about how accessibility barriers and staff shortages are affecting lung cancer diagnosis and care.

We've delivered similar messages to decision-makers in Alberta, British Columbia, and Nova Scotia, as well as to federal government officials on Parliament Hill. This year, we will honour a pillar of the lung cancer community and our organization with the Anne Marie Cerato Bursary for young advocates.

The treatment landscape for lung cancer has shifted dramatically in Canada over the past year, especially for early-stage non-small cell lung cancer, with new access to immunotherapy in the curative intent setting before or after curative intent surgery. LCC's Medical Advisory Committee has written seven submissions to advocate for specific treatments in 2023.

The appointment of Montreal oncologist Dr. Kevin Jao as co-chair of the Medical Advisory Committee along with Dr. Rosalyn Juergens, will help LCC become a more effective advocate in the Quebec health technology assessment environment.

To ensure persons living with lung cancer and their families receive current and credible information about treatment and other supports, we are updating Lung Cancer Canada's Patient Guide and overhauling our website.

We've also seen improved access to life-saving screening for lung cancer. All jurisdictions in Canada have now either already established pilot programs or plan to launch programs very soon. Ensuring awareness and support for screening is critical until every eligible Canadian has access to a permanent lung cancer screening program. The family of Mike Bossy, the Montreal-born hockey hero who died in 2022 from lung cancer, created a memorial fund in his name with the aim of raising awareness of lung cancer screening, including Quebec's pilot program.

None of the advances in screening and care would have been possible without support for research. In 2023, Lung Cancer Canada partnered with the Lung Ambition Alliance and AstraZeneca to provide two \$50,000 research awards for Canadian lung cancer research. LCC also offers an annual Geoffrey Ogram Memorial Research Award and studentship awards in partnership with the Beatrice Hunter Cancer Research Institute and the Badner Family Fund. We've also launched a National Quality Improvement Grant, a partnership between Lung Cancer Canada, the Lung Health Foundation, Pfizer, and the Quebec Lung Association, to provide \$200,000 to support the work of two recipients.

At Lung Cancer Canada, we've made progress on partnerships and programs, but most importantly, to help people living with lung cancer. We can achieve so much when we come together with the simple, shared goal of doing something every day to help those touched by lung cancer.



Current State of Lung Cancer in Canada

The 2023 Statistics

Lung cancer remains the most commonly diagnosed cancer in Canada, with an estimated 31,000 new cases in 2023. Along with prostate, breast, and colorectal cancers, these four most common cancers in Canada will account for nearly 1/2 of all new cancer cases. An estimated 1 in 14 (7%) of Canadians are expected to be diagnosed with lung cancer in their lifetime.

The good news, though, is that lung cancer survivorship is on the rise. In 2023, the mortality rate for lung cancer were declining faster than any of the other reported cancer types in Canada.

The five-year net survival rate for lung cancer is 22% in 2023, which still lags in comparison to most other cancers. When taken as a whole, the average survival rate of cancer in general is 64%, leaving much room for continued improvement when it comes to lung cancer.

70% of Canadians with lung cancer are diagnosed at later stages III and IV, when the cancer has spread and survival rates drop significantly from 62% in stage I, 39% in stage II, 16% in stage III and 3% in stage IV. Much work is still needed to be done in order to support those living with lung cancer along with their care partners and loved ones. Improvements in the areas of access to treatments, raising much needed awareness and tackling the ongoing stigma associated with the disease.

Fortunately, research has led to the development of new treatments and emerging screening programs for early detection across the country. Eager scientists are studying better ways to tackle the etiology of lung cancer. Although it may be many years before lung cancer is a commonly curable or even chronic condition, access to new targeted and systemic therapies are transforming all aspects of treatments available to those living with lung cancer.

Lung cancer is responsible for 1 in 4



24%
cancer deaths among Canadians



70%
are diagnosed at stage 3 & 4

31,000

Canadians will be diagnosed in 2023

20,600

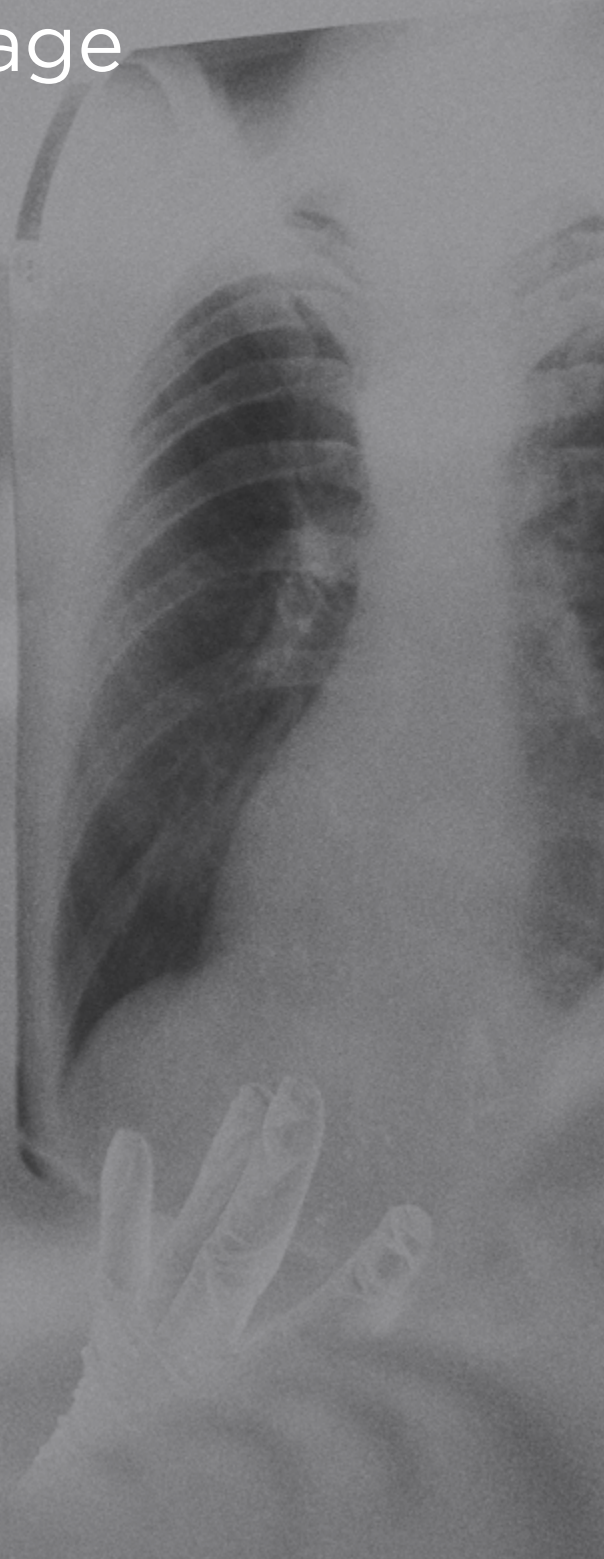
Canadians will die in 2023 from lung cancer

1 in 14

Canadians expected to be diagnosed with lung cancer in their lifetime



Part 1: What's Happening
Now in Early-Stage
Lung Cancer?





Lung Cancer Screening in Canada: What's Next?

Dr. Christian Finley
Thoracic Surgeon, McMaster University

Lung cancer is the most diagnosed cancer in Canada, killing more people than prostate, breast, and colon cancer combined. Most patients with lung cancer have non-small cell lung cancer (NSCLC), and alarmingly, the majority are diagnosed in advanced stages, leaving only a third as potential candidates for surgical intervention.

The stage at which lung cancer is detected affects survival rates significantly. “If detected early, the survival rate for a person with lung cancer is more than 80%. However, for a person with stage four, that percentage plummets to the single digits,” notes Dr. Finley. Therefore, the key to “saving lives” lies in early detection. “Multiple international studies have shown that lung cancer screening improves survival rates by 20%. That means 1 in 5 people live longer with early diagnosis,” says Dr. Finley. With advancements in treatments, including minimally invasive surgery, targeted therapies, and immunotherapy, early detection offers many the chance for a cancer-free life.

+ Lung cancer screening is effective, but challenges exist

Dr. Finley believes lung cancer screening represents one of the most significant positive changes in modern medicine. “This is the most profound advancement we’ve seen in lung cancer treatment. It’s fundamentally changed the stage distribution at diagnosis.” He adds, “Previously, only about 20-25% of the people diagnosed were in the early stages. But effective screening has catapulted that to 85-90%.”

However, the journey to universal lung cancer screening has its challenges. The massive scale of implementing lung cancer screenings poses logistical complexities, amplified by social stigmas and the inertia inherent in the healthcare system.

Yet, Dr. Finley remains optimistic, “Through advocacy and political mobilization, we’ve witnessed the successful establishment of lung cancer screening programs in a few Canadian provinces.” However, he emphasizes that equitable access is critical to effective screening, especially for vulnerable groups, such as people with low socioeconomic status, recent immigrants, or those with mental illnesses. “These are populations that often face multiple barriers, from transportation difficulties to health literacy challenges,” highlights Dr. Finley.

To elevate the effectiveness and the uptake of lung cancer screening programs, Dr. Finley underscores several critical strategies:

- Boosting political engagement by working with top-tier policymakers, ensuring the program remains a priority.
- Improving accessibility by adopting a distribution model that places screening centers closer to communities.

- Enhancing equitable access by hiring nurse navigators and social workers to facilitate identifying vulnerable populations and helping them through the screening process.
- Fostering collaboration with family health teams, particularly those serving vulnerable populations.

With focused efforts in these areas, the narrative around lung cancer screening can witness a paradigm shift. Dr. Finley ambitiously envisions, “Our aspirational goal is to replicate the success of breast cancer screening, bringing our current 10% uptake to an impressive 66%.”

+ Canada’s lung cancer screening is gaining momentum

Screening programs are still in their early stages, but there’s a strong push to implement new ones and grow existing programs across Canada. “The COVID-19 pandemic paused these programs, slowing our momentum. However, we’re now back on track, returning to our pre-COVID progress,” says Dr. Finley.

According to the Canadian Partnership Against Cancer (CPAC), British Columbia has already launched a screening program, with other provinces gradually following suit:

- British Columbia launched a comprehensive province-wide screening program in Spring 2022.
- Ontario delivers lung cancer screening at four distinctive sites, and there’s an ongoing collaboration with the Ministry of Health to expand its reach.
- Quebec initiated a pilot screening initiative in 2021.
- Alberta started a pilot program in 2022.
- The remaining provinces have funded screening projects and plan to implement their programs.

Lung cancer screening primarily targets high-risk individuals. Canadian lung cancer screening programs calculate the chance of a person developing lung cancer over the next six years, and generally recommend screening for those whose risk is 1.5%-2% or more. Most programs calculate lung cancer risk using a model from the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial (PLCO model), or a modified version from 2012 (PLCOm2012). The most important factors in these models are a person’s age and their history of using tobacco products, but education level, ethnicity, family history of lung cancer, personal history of cancer, body mass index (BMI), and if they have a diagnosis of chronic obstructive pulmonary disease (COPD) are all considered.

The screening tool used is low-dose computed tomography or LDCT. LDCT is a quick and non-invasive method compatible with various medical settings, from hospitals to private clinics. Even though screening needs a physician order, individuals without family doctors can still participate in the program because the screening program will pair them with a physician.

+ The road ahead

“Implementing a national screening program is always a challenge,” says Dr. Finley. “It’s crucial to maintain a consistent push to keep lung cancer screening front and center on policymakers’ agendas. This requires sustained pressure from advocacy organizations and active community engagement.”

The opportunity to save lives through screening is massive, but the logistics are intricate. “Everything needs to be in place beforehand. For example, we must have processes to reach the right people, ensure timely appointments, communicate the results properly, and schedule follow-ups,” shares Dr. Finley. In addition, it’s essential to have counseling, smoking cessation programs, and training for all experts involved to ensure quality. He concludes, “Most importantly, we must ensure the system is fair, prioritizing those most in need.”



+ The Role of Immunotherapy

Dr. Stephanie Snow
President, Lung Cancer Canada
Medical Oncologist, QEII Health Sciences Center

Most of us think the primary role of the immune system is to fight off infections from bacteria and viruses. But it also has a crucial role in seeking out and destroying cancer cells. White blood cells act as the “soldiers” of the immune system. They circulate around the body, looking for threats. However, cancer cells can be elusive; they can hide from or deceive these soldiers. Sometimes, even if a white blood cell detects a cancer cell, confusing signals from the cancer cell can prevent the white blood cell from destroying it. This is where immunotherapy steps in, as most immunotherapy medications target this deception.

“The immune system is regulated by certain proteins and receptors that detect the presence of cancer cells. These proteins, known as checkpoints, can be expressed on the outer surface of cancer cells,” says Dr. Snow. The three most prominent checkpoints targeted by lung cancer immunotherapy drugs are PD-1, PD-L1, and CTLA-4. Drugs that target these checkpoints are called checkpoint inhibitors. Those that block PD-1 and PD-L1 neutralize these checkpoint proteins, thereby “releasing the brake” that was preventing the immune system from killing the cancer cells. Immunotherapy drugs that target CTLA-4, on the other hand, enhance the production of cancer-seeking white blood cells.

Over the last decade, several immunotherapy drugs for lung cancer have emerged and have become the standard of care for advanced, incurable lung cancer. “More recently, in early-stage lung cancer, research has focused on PD-1 and PD-L1 checkpoint inhibitors,” says Dr. Snow. “These medications can be given after curative intent therapy with surgery or chemoradiation (adjuvant therapy) or before surgery (neoadjuvant therapy), and only 3-4 doses are needed.”

+ Neoadjuvant nivolumab in early-stage lung cancer

“In Canada, we have started using immunotherapy (outside of clinical trials) for operable early-stage lung cancer during the past year,” says Dr. Snow. “Nivolumab (brand name Opdivo®) is an anti-PD-1 inhibitor that became available to Canadians last year, first through an access program in September 2022, followed later by provincial funding.”

The nivolumab trial enrolled patients with stage 1B to 3A operable lung cancer. Half received three doses of nivolumab and chemotherapy before surgery, and the other half received only chemotherapy.

The results showed that nivolumab prolonged the time patients lived without their cancer returning. Moreover, a higher percentage of those in the nivolumab group experienced a complete pathologic response, meaning no detectable cancer cells remained in their surgical specimen after treatment.

+ Perioperative pembrolizumab in early-stage lung cancer

“Pembrolizumab (brand name Keytruda®) is an anti-PD-1 inhibitor that now has evidence supporting its use in the perioperative setting for patients with early-stage lung cancer,” says Dr. Snow.

The perioperative pembrolizumab trial enrolled patients with stage 2 or 3 operable lung cancer. These patients were divided into two groups. One group received four doses of neoadjuvant pembrolizumab and cisplatin-based chemotherapy, followed by surgery and adjuvant pembrolizumab.

The other group was treated with four doses of neoadjuvant chemotherapy and a placebo, followed by surgery and a placebo.

The results showed that two years after treatment, a higher percentage of patients in the pembrolizumab group were alive and cancer-free than those in the chemotherapy-only group. In addition, a higher percentage of patients in the pembrolizumab group experienced a complete pathologic response, meaning no detectable cancer cells remained in their surgical specimens after treatment.

+ Adjuvant durvalumab in stage three lung cancer

“While we’re still gaining experience with neoadjuvant immunotherapy for operable lung cancer, we have more experience with it in patients with non-operable stage 3 lung cancer in Canada. These tumors are advanced and localized but not amenable to surgical removal,” explains Dr. Snow. “But these patients can still be treated for cure with chemoradiation followed by one-year immunotherapy with durvalumab (brand name Imfinzi®), an anti-PD-L1 inhibitor.”

The durvalumab trial for stage 3 non-operable lung cancer showed a 10% absolute increase in survival rate five years after finishing therapy. Specifically, 42.9% of patients who received durvalumab after chemoradiation were still alive five years after treatment, compared to 33.4% of patients who received chemoradiation alone. “With durvalumab, we see significantly higher cure rates in these patients. Essentially, an extra 1 in 10 patients can be cured,” says Dr. Snow. Additionally, more patients in the durvalumab group were both alive and cancer-free after five years.

“Five-year results from major trials are the gold standard,” emphasizes Dr. Snow. “If non-small cell lung cancers are to recur or progress after treatment, most do so within the first three years. Although some may come back in years four and five, it’s uncommon to see a recurrence or new metastasis after the five-year mark.”

+ Adjuvant atezolizumab in early-stage lung cancer

“We now have access to atezolizumab (brand name Tecentriq®), an anti-PD-L1 inhibitor, as a funded adjuvant therapy for patients with early-stage lung cancer,” notes Dr. Snow. “However, its use is limited in Canada to those patients with high PD-L1 expression in at least 50% of their tumors cells, accounting for approximately one-third of patients.”

The atezolizumab trial enrolled patients with stage 1B to 3A operable lung cancer, who first underwent surgery and then received platinum-based chemotherapy. Subsequently, half were treated with atezolizumab, and the rest received supportive care.

The results of the trial showed that atezolizumab prolonged the time patients lived without their cancer returning. However, patients with a high PD-L1 status experienced the greatest survival benefit, leading to approval in Canada being limited to that population only.

“Atezolizumab cannot be given without having received adjuvant chemotherapy, which can pose a challenge,” highlights Dr. Snow. She adds, “The evidence for atezolizumab requires us to give cisplatin-based chemotherapy first, which can be associated with irreversible kidney damage, nerve damage, and hearing impairments. Certain individuals, like those with hearing aids, borderline kidney function, or severe neuropathy from diabetes, can’t be prescribed this regimen due to these risks.”

+ Adjuvant pembrolizumab for early-stage lung cancer

“Recently, Health Canada approved adjuvant pembrolizumab for patients with early-stage lung cancer, regardless of their PD-L1 status. This is currently funded through an access program,” notes Dr. Snow.

The adjuvant pembrolizumab trial enrolled patients with stage 1B to 3A operable lung cancer. These patients first underwent surgery and then received chemotherapy. Subsequently, half of them received pembrolizumab and the other half a placebo.

The results of the trial showed that adjuvant pembrolizumab prolonged the time patients lived without their cancer returning.

+ Immunotherapy drugs are well-tolerated

Immunotherapy drugs are generally well-tolerated. “The most common side effects fall into a group called immune-mediated side effects, which happens when the stimulation of the immune system leads to white blood cells inappropriately attacking healthy tissues, causing inflammation,” explains Dr. Snow.

These side effects can range from minor issues, such as itchy skin or thyroid dysfunction, which are easily managed. However, there are instances when inflammation affects vital organs, making

patients severely ill. In rare cases, it can even be life-threatening. Specifically, if this inflammation occurs in the lungs, it can potentially delay or prevent surgery for patients undergoing neoadjuvant immunotherapy before their surgical procedure.

“But we’re very experienced at screening for and identifying these side effects, allowing us to detect and address them early,” assures Dr. Snow.

+ The impact of neoadjuvant immunotherapy on the healthcare system

Neoadjuvant immunotherapy has introduced many challenges and complexities to delivering timely and optimal care to patients with lung cancer from a healthcare system perspective. Dr. Snow emphasizes, “Historically, patients would undergo surgery first. Then, they would have a conversation with us to discuss if they needed further treatment with chemotherapy, targeted therapy, and/or radiation. But the rise of neoadjuvant therapy has reshaped our approach considerably.”

Now, appropriate patients consult oncologists before their surgery to consider neoadjuvant immunotherapy. This change demands a collaborative, multidisciplinary approach, bringing together experts from diverse medical fields to create a treatment plan promptly.

In parallel, this new direction requires upfront molecular characterization of tumors. Timely access to molecular results is critical because knowing a tumor’s mutation status or its PD-L1 expression can heavily influence treatment decisions.

Moreover, the shift emphasizes timely access to imaging techniques, such as positron emission tomography (PET) scans or PET scans and Magnetic Resonance Imaging (MRI), to ensure that tumors are operable upfront. Yet, accessing these radiology resources in some Canadian centers has been challenging, adding another layer of complexity. Furthermore, the recommendation for surgical

staging of the mediastinum through procedures like endobronchial ultrasound (EBUS) has intensified the demand on already stretched resources.

Additionally, surgeons, in particular, face an evolving challenge. Operating on a tumor after immunotherapy is uncharted territory for many, especially outside academic settings. Surgeons must adapt their techniques and anticipate new challenges when operating on tissues exposed to immunotherapy.

In essence, while neoadjuvant immunotherapy has broadened the horizons of lung cancer treatment, it has also “shaken up” the healthcare system. Dr. Snow underscores the importance of interdisciplinary collaboration and support for the medical team to evolve alongside these advancements.

+ A hopeful future for early-stage lung cancer

Given the progress in immunotherapy and other treatments, Dr. Snow is hopeful about the future for patients with early-stage lung cancer. “I have high hopes that we’re going to see more patients cured. Curing cancer is like giving someone their life back, allowing them to thrive and contribute to society,” she expresses. Additionally, she points out, “Curing people also prevents the healthcare system from the distress and cost tied to people returning in a few years with an incurable cancer.”



Updates in Targeted Therapy

Dr. Cheryl Ho
Medical Oncologist, BC Cancer

EGFR, short for epidermal growth factor receptor, is a protein that helps cells grow and divide. A mutation in the EGFR gene can cause the protein to remain constantly active, which leads to uncontrolled cell growth and, thus, cancer.

EGFR mutations are common in people with lung cancer. Thus, over the past two decades, scientists have focused on developing medications that specifically target these mutated proteins. These medications, known as EGFR targeted therapy or EGFR inhibitors, block the EGFR signal to cancer cells, stopping their growth.

Osimertinib (brand name Tagrisso) is a third-generation EGFR inhibitor that is already the standard of care for patients with metastatic EGFR-positive non-small cell lung cancer.

“The drug’s efficacy for advanced stages prompted investigations into its potential for early-stage lung cancer,” notes Dr. Ho. The ADAURA trial was launched in late 2014 to explore if adding osimertinib as an adjuvant treatment after surgery would improve the outcomes for patients with early-stage EGFR-positive non-small cell lung cancer. Specifically, the ADAURA investigators wanted to know if osimertinib could prevent or delay tumor recurrence or help patients live longer.

+ Adjuvant osimertinib improves survival

In the ADAURA trial, 682 patients with stage 1B to 2A non-small cell lung cancer participated in the study. These patients needed to be generally well and have one of two specific EGFR mutations, either exon 19 deletion or an L858R point mutation. After patients’ tumor was completely removed via surgery, they could receive chemotherapy. They were then randomly assigned to two groups; half of the patients received oral osimertinib and the other half a placebo.

The initial results of the trial, published in 2020, showed that osimertinib improved the duration patients lived without their cancer returning. More specifically, two years after starting the treatment, 89% of patients in the osimertinib group were alive and cancer-free compared to 53% of patients in the placebo group. The treatment with osimertinib also reduced the risk of spread of the cancer to the brain. More specifically, two years after the treatment, 98% of the patients in the osimertinib group were alive and did not have brain metastasis compared to 85% of those in the placebo group.

The most recent results of the trial, published in 2023, showed survival improvements with adjuvant osimertinib treatment. Five years after starting the adjuvant osimertinib therapy, 88% of patients treated with osimertinib were alive, compared to 78% of those who received a placebo. There was a 51% reduction in the risk of death with osimertinib over the five years of follow-up. This benefit was seen even though the clinical trial allowed crossover,

meaning the patients who received a placebo could receive osimertinib at progression. The survival benefit was seen in all patients, regardless of their stage of cancer.

Dr. Ho called these findings a “breakthrough.” She elaborates, “Our challenge for treating patients with early-stage lung cancer is to reduce their risk of recurrence and give them an opportunity to cure their cancer. This targeted therapy can make that possible.”

Yet, she voices a notable concern, stating, “46% of people in the placebo group never accessed subsequent therapy with osimertinib, thereby missing out on its potential benefits.” However, she firmly believes that targeted therapy with osimertinib enhances survival and treatment outcomes. As such, Dr. Ho emphasizes that every patient with EGFR-positive non-small cell lung cancer should consider discussing this treatment option.

+ Osimertinib is well-tolerated

Osimertinib’s side effects were aligned with what is expected from the drug. The most common side effects were diarrhea and skin-related issues, such as itching and dry skin. Only 11% of patients in the osimertinib group stopped taking the medication due to severe side effects. Dr. Ho points out, “This drug is well-tolerated, and patients can maintain a good quality of life with this treatment.”

Yet, she underscores the importance of addressing every side effect, especially considering the long duration of the treatment. She elaborates, “Patients need to take the medication for three years, so even minor side effects can impact their quality of life and cause challenges. It’s important to discuss them early on and manage them properly.”

+ Shifting paradigms in biomarker testing

The rise of targeted therapy has shifted the timing and importance of biomarker testing. “Previously, the focus was on biomarker testing upon metastasis. However, with the introduction of adjuvant targeted therapy, it’s crucial to start this testing at the outset of treatment,” says Dr. Ho. She stresses the value of gaining insights about a patient’s cancer right from the beginning, stating, “This early knowledge is critical in planning the optimal treatment strategy, particularly with the availability of both adjuvant targeted therapy and neo-adjuvant immunotherapy for patients with early-stage lung cancer.”

The biomarker testing for adjuvant osimertinib is available and funded across all provinces in Canada. Moreover, advancements like the Next Generation Sequencing (NGS) panels allow comprehensive gene testing linked to lung cancer.

+ A bright horizon for early-stage lung cancer

“The future is promising for patients with early-stage lung cancer,” says Dr. Ho. The improvements in the implementation of lung cancer screening, combined with the latest breakthroughs in targeted therapy and immunotherapy, offer patients an opportunity for a cure. She adds, “These advancements mean patients can lead a normal life where they can pursue their dreams and aspirations without the constant shadow of cancer.”



Part 2: The Lived Experiences of Lung Cancer





Laura Beatty -
Oshawa, ON

“

I'm grateful for every day and just for life. I always know that trials and tribulations happen in life, but there are always things in life to be grateful for, whether it's my children or the beauty of a sunset or a sunrise.”

+ Laura, a resilient legal assistant and mother of four, could never have anticipated how contracting a COVID-19 infection would dramatically change her life's course.

Her journey began in 2020 when she tested positive for COVID-19. By year's end, her symptoms turned into long COVID, prompting doctors to monitor her lungs with CT scans for the following two years. Though all the initial scans came back clear, by June 2022, her scan took a concerning turn: three nodes appeared in her lung. Three months later, one of those nodes had grown. Despite the advice to wait another three months for a follow-up, Laura's intuition compelled her to seek further evaluation. Her proactive approach led to a series of tests in the subsequent months that confirmed her worst fear.

"I was diagnosed with stage zero non-small cell lung cancer (adenocarcinoma), which meant there was a small tumor in my lung that had not spread to deeper lung tissues or beyond the lungs," Laura recalls.

While the news was a shock, Laura's positive outlook and resilience shone through. "I tried to face it with a positive mindset. I knew that if I stayed upset about it, it wouldn't make anything better," she says. She decided to focus her energy on learning more about lung cancer and pursuing the right treatment immediately. Laura put her legal assistant skills to use, researching lung cancer extensively, which brought her hope. She learned that surgical removal of the upper portion of the lung could lead to a cure. Though grateful her cancer was identified early, her history of blood clotting and bleeding complications made surgery inadvisable. So, she pivoted to radiation therapy as her treatment path.

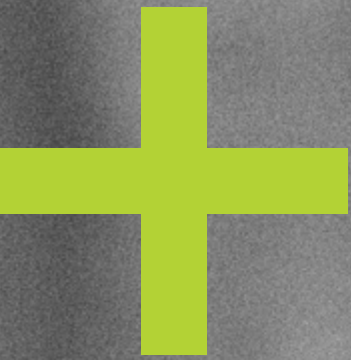
Yet, life presented another unexpected challenge: a second more severe bout of COVID-19 infection, which led to a hospital stay and postponement of her radiation therapy. Five months post-diagnosis, with her cancer having progressed from stage zero to stage 1B, her treatment commenced. Laura underwent four sessions of radiation therapy. Her primary concern wasn't the treatment itself but wearing the immobilization mask. "Breathing through the mask was a challenge due to my claustrophobia," she says. Yet, through mindful breathing and self-reassurance, Laura navigated her anxiety. "I focused on my breathing. Whenever I felt uncomfortable, I'd remind myself of my strength, telling myself that going through the half-hour of discomfort was just another step in my wellness," she shares.

Staying strong and maintaining hope

Throughout her care journey, Laura's unwavering faith and her appreciation of life's simple pleasures kept her anchored. "I'm grateful for every day and just for life," she says. "I always know that trials and tribulations happen in life, but there are always things in life to be grateful for, whether it's my children or the beauty of a sunset or a sunrise." While she tried to stay strong and self-reliant, she sought support from other mothers battling cancer, finding a support group called [Nankind](#). Founded by cancer survivor Audrey Guth in 2009, Nankind provided both emotional support and practical aid to Laura. From art therapy for her children to catering meals during her treatment, Nankind lightened Laura's load.

Laura speaks highly of Nankind. However, her journey was unique. "I am the only person with lung cancer in the group," she says. To find those who could relate specifically to her lung cancer journey, she turned to the [Odette Cancer Center](#) at Sunnybrook Hospital and connected with Lung Cancer Canada. There, she was introduced to a lung cancer survivor, forging a bond through shared experiences. "Talking to her showed me how strong and resilient we can be," Laura shares.

As of August 2023, she is awaiting a post-treatment scan in September. Reflecting on her journey, she remains a beacon of optimism. "Lung cancer is not an end-of-life diagnosis for everyone. Some people have metastases and still have many more years of good quality of life," she says. "You must stay positive and focus on the good part of life."



Corina Wind -
Boucherville, QC



If you have lung cancer, find someone to talk to. It's too hard to keep it all inside. Find some sort of support, whatever that might mean to you."

+ Three years ago, Corina awoke with an unsettling heaviness in her chest.

Scared, she consulted her doctor the following day. A subsequent chest X-ray revealed a spot on her lung. By November 2020, a CT scan confirmed her worst fear. “It was stage 1 non-small cell lung cancer (adenocarcinoma),” she recalls.

Seven weeks passed, and Corina was set for her surgery. The tumor was successfully removed, and she was told to do lung scans every six months as a follow-up. Things seemed to be looking up, and every scan was normal, boosting her spirits. However, it was October 2022 that brought a heavy cloud of despair: the report was not what she had hoped for.

“A few new nodules showed up in my lung. The biggest one was about 5-6 millimeters,” Corina says. “The doctor said they’re too small to test and not to worry. But honestly, that made me even more scared and upset than when I was first diagnosed.” Corina felt like her world had flipped upside down. “All I wanted was to get everything in my life in order. It felt like I was running out of time and missing out on life, and I wanted to do everything I could just in case.”

The brightness in Corina’s life seemed to dim; however, refusing to be defeated, she actively sought support. “I called Lung Cancer Canada, and they

connected me with support through their [Airways of Hope program](#), which has been very helpful in these difficult times,” she shares. Determined to build her physical and mental strength, Corina embraced exercise once again. “I want to be stronger both mentally and physically, so if something bad comes along, I’ll be strong enough to handle it,” she says.

In her journey to find more support, Corina discovered a Facebook group called “Lung Cancer Warriors Only.” Started in 2017 as a patient-only group, it now has about 4,000 members across the globe, all fighting lung cancer in various stages. “This group is amazing and very supportive,” Corina says. “They’re all over the world; so, you can go there anytime, day or night, and somebody will be there to talk to or support you.” She believes it is very important to have the support of people who are walking the same path. “If you have lung cancer, find someone to talk to. It’s too hard to keep it all inside. Find some sort of support, whatever that might mean to you,” she advises.

+ Living life three months at a time

As of August 2023, Corina is in a waiting phase. The small spots in her lung have not grown, but every day, she thinks about her upcoming lung scan scheduled for October. During this time, Corina tries to keep busy. She spends time with her loved ones, goes on walks outside, and actively interacts with the “Lung Cancer Warriors Only” group. These activities keep her mind off things, but deep down, the worry is always there. While she hopes for good news, the fear of hearing bad news never really goes away. This constant mix of hope and worry makes her feel like she’s living her life “three months at a time.”



Donna Passi -
Airdrie, AB

“

I chose to see my treatment as a challenge. That transformed each day into a goal. With every session completed, I'd cheer, 'Woohoo! Another step done!' and would celebrate these small victories with a beverage and a snack.”



In June 2022, after Donna recovered from a sinus infection, a persistent cough remained.

Despite multiple doctor's visits, she was repeatedly treated for asthma, postnasal drip, and bronchitis.

Five months had passed, and the cough lingered. Frustrated and concerned, Donna visited her doctor once more and pressed for further assessments. "I knew something was wrong," she recalls. Her intuition proved accurate when a CT scan revealed a partial lung collapse. By April 2023, an in-depth evaluation at the Tom Baker Cancer Center in Calgary confirmed the diagnosis: stage three PD-L1 positive non-small cell lung cancer (adenocarcinoma) in the right lung's upper lobe.

The news left her reeling, "I was completely blindsided," Donna says. "When the doctor said I had only eight months to live, my brain froze. It felt as if I was afloat on an airless black mass." Yet, amid the turmoil, a glimmer of hope emerged. "Now that the doctors knew what was wrong, they could finally help me," she says.

+ Finding the positives while facing an uphill battle

Surgery was not an option because the tumor was too close to her trachea. Instead, she started an "intensive curative treatment" combining chemoradiation. Over the subsequent weeks, Donna received 30 sessions of radiation therapy and two cycles of chemotherapy.

Radiation therapy was daunting in the beginning, but as days passed, she gradually adapted. However, keeping up with the schedule and the daily commute remained a hurdle. "Having a radiation session every day meant going in the morning and returning in the afternoon. Being stuck in a car twice daily for weeks was tough," she remembers. The sudden inclusion of chemotherapy only intensified her ordeal. "Some mornings, I would just cry wondering if I could complete the 30 sessions," she says. But rather than surrendering to those feelings, Donna decided to reframe her perspective. "I chose to see my treatment as a challenge. That transformed each day into a goal. And with every session completed, I'd cheer, 'Woohoo! Another step done!' and would celebrate these small victories with a beverage and a snack."


Embracing this positive mindset became her anchor. While negative emotions did creep in, she fought them using humor, setting daily goals, and enjoying her end-of-day rewards. The unconditional love from her husband and daughters and talking with her psychologist gave her renewed strength. She also connected with Lung Cancer Canada and began attending their Zoom meetings, finding solace in the shared experiences of others.

Recently, Donna joined the [Alberta Cancer Exercise \(ACE\)](#) program –a free, 12-week community-based exercise initiative specifically designed for people with cancer and survivors. She's extremely pleased with the program, saying, "It's doing wonders for me and my recovery."


+ Looking ahead, determined as ever

Donna's recent scan in September brought encouraging news. "Where the lung is not obstructed by the collapsed lung, there is no visible tumor," she shares. "However, they cannot confirm if there's any tumor beneath the collapsed lung."

Currently, Donna is undergoing immunotherapy with a treatment plan mapped out for the upcoming year. While she's not sure if the tumor is gone, Donna remains optimistic that immunotherapy will address any remnants. She is full of hope, burning with determination. "I refuse to give up," she declares. "I'm writing a novel, and I'm not going anywhere until I get it published."



Jenny — Markham, ON



Jenny, a physically active, healthy woman, never imagined that "a little cough" would dramatically change her life.

In June 2022, a phlegmy cough began, but otherwise, she felt perfectly healthy, keeping up with her regular gym routine. She consulted her family doctor, who diagnosed her with allergies and post-nasal drip and gave her cough medicine. She continued to consult her doctor many times as her cough persisted, but no further investigations were done.

Several months later, in December 2022, she contracted the 24-hour flu, and her symptoms took a concerning turn: the phlegm turned pink. A chest X-ray suggested pneumonia, but even after three courses of antibiotics, the cough persisted, and the X-ray did not improve. She then did a sputum test, which showed irregular cancer cells. Further tests confirmed the diagnosis: stage 4 non-small cell lung cancer (adenocarcinoma) with BRAF v600 E mutation.

“There was a big tumor in my right upper lung, shadows in both lungs and an affected lymph node. I felt awful,” Jenny recalls.

Determined to fight, she sought treatment immediately. “I wanted to start treatment right away, but I had to wait for countless tests, conducted one by one,” she says. “The wait was frustrating; it took me three months to do all the tests. Had I known this, I would’ve gone to a private clinic to get it all done in one week.”

By April, Jenny began her treatment. She first had four cycles of pemetrexed, carboplatin, and Pembrolizumab and then continued with ongoing chemotherapy. However, the treatment didn’t yield the desired results. A follow-up scan identified a new shadow in her left lung. She admits, “I was so upset when I found out. I didn’t have anybody to talk to, and I’m still in the dark about lung cancer.”

However, a ray of hope emerged when Jenny’s daughter introduced her to Lung Cancer Canada. “I spoke to one of their staff members for hours. She’s fantastic,” Jenny says. “Yet, I’d still like to connect with someone going through the same journey as me.”

As of August 2023, Jenny persists in her fight. She is currently undergoing chemotherapy, with a treatment plan set for the next two years. The side effects, including hair loss, appetite changes, and fatigue, are tough. Yet, she finds comfort in small moments: a walk outside, lively chats with friends, and the unwavering support of her family.

Drawing strength from these moments, Jenny remains optimistic. “I’m hopeful for advancements in chemotherapy, a cure for all cancers, and treatments that won’t leave me feeling this sick,” she says. The road ahead is challenging, and maintaining her positivity can be a daily struggle. Yet, she’s determined to focus on the “brighter side of life” and find the support she deeply desires.

“

I’m hopeful for advancements in chemotherapy, a cure for all cancers, and treatments that won’t leave me feeling this sick.”



Nina Devito -
Saint-Lazare, QC

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Before the exercise program, I couldn't walk unaided, sit comfortably to enjoy a TV show, or even lie down on the radiotherapy bed. But today, I walk, hike, jump, and play with my grandkids. I can now easily climb up and down the stairs and get to my appointments without a wheelchair or walker. Exercise truly gave me back control of my life."

+ Once leading a healthy and active life, Nina's world took an unexpected turn in late 2020 when she began experiencing back pain.

Despite multiple phone consultations – because of the COVID-19 pandemic – and various medications, the pain persisted. By April 2021, the pain worsened, and intense spasms left her unable to move.

An urgent trip to the emergency department and a subsequent CT scan revealed startling news.

“I was diagnosed with stage 4 lung cancer,” Nina recalls. “There was a tumor in my upper right lung, lesions in my spine and hips, and I had enlarged lymph nodes and two fractured vertebrae. Subsequent bronchoscopy and Next Generation Testing (NGS) confirmed that I had non-small cell lung cancer (adenocarcinoma) with EGFR mutation, subtype Exon 20.”

The two-and-a-half-year journey that followed was an intense whirlwind of treatments. For the first five months, Nina underwent several aggressive interventions: radiotherapy for her back, four cycles of doublet chemotherapy, a nerve block for her pain, and a significant back surgery involving five vertebrae spinal fusions along with vertebroplasty for the fractured bones. These early interventions aimed to stabilize her condition, with a primary focus on her spine and controlling the cancer. Subsequently, she transitioned to maintenance chemotherapy. While the surgery offered her some relief from the excruciating pain, the true transformation in her well-being came from a step she took in 2022.

+ A remarkable turn of events

Following her surgery in January 2022, she was introduced to a physiotherapist who worked with her on exercises to rebuild her back muscles and improve her posture. At the same time, she discovered the [EXCEL program](#).

The University of Calgary's EXCEL program, which stands for Exercise for Cancer to Enhance Living Well, offers a free exercise program for people with cancer, available both online and in person. These hour-long sessions are conducted twice weekly for 8-12 weeks.

Despite initial challenges, where even the most basic exercises seemed difficult, Nina committed wholeheartedly. “Slowly but steadily, my strength returned,” she shares excitedly. “By the fourth week, I was well enough to let go of my pain medications.” This commitment to exercise didn't just help Nina physically; it revolutionized her life.

Before the program, she could not walk unaided, sit comfortably to enjoy a TV show, or even lie down on the radiotherapy bed. “But today, I walk, hike, jump, and play with my grandkids. I can now easily climb up and down the stairs and get to my appointments without a wheelchair or walker,” she beams. “Exercise truly gave me back control of my life.”

+ Finding support in the dark

Following her diagnosis, Nina was engulfed in feelings of isolation and despair. “Cancer feels like it completely uproots your life,” she says. But even as darkness threatened to consume her, Nina’s resolve shone through. “I dove into understanding lung cancer, wanting to arm myself with as much knowledge as possible,” she shares. This quest for understanding, coupled with sessions with a psychologist, equipped her to better deal with her emotions. Yet, there remained a void. “While family, friends, and professionals offer invaluable support,” Nina says, “there’s an unmatched comfort in speaking to someone going through the same journey.”

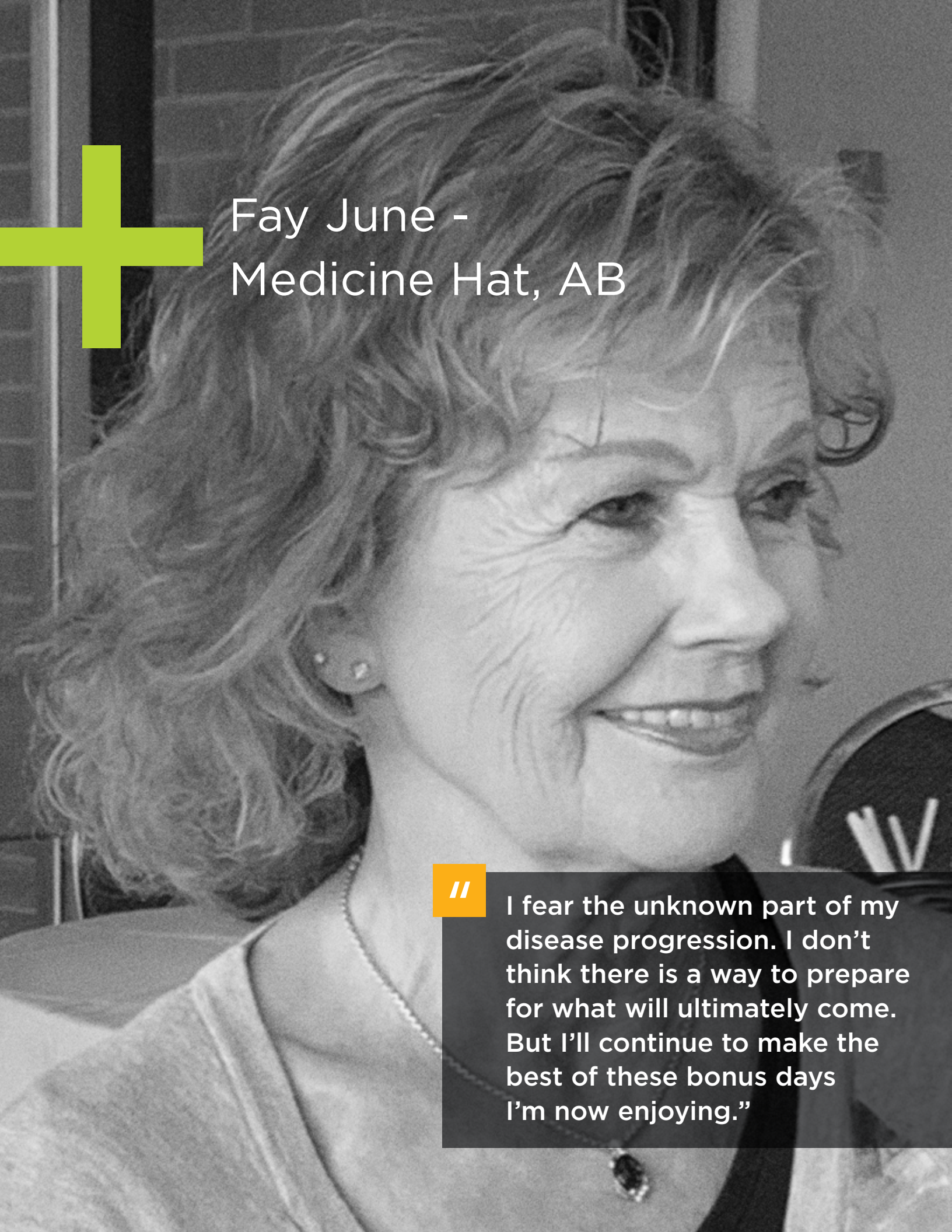
Continuing her quest for community and support, Nina joined the “[Canadian Lung Cancer Advocacy - Breath Hope](#)” Facebook group. It was here she first heard about the EXCEL program. Meanwhile, joining the “[Exon 20 group](#)” not only gave her invaluable support but also

paved the way for her advocacy journey. Nina teamed up with the group’s Executive Director, Marcia Horn, who is also the President and CEO of the [International Cancer Advocacy Network \(ICAN\)](#), to help create the “Exon 20 Group, Canada.” Proudly, she says, “I’m the chair of the Quebec wing, hoping to bring much-needed support to those with the very rare Exon 20 mutation.” Her involvement didn’t stop there. At Lung Cancer Canada, Nina both received support and became a beacon of hope, mentoring fellow cancer survivors. Reflecting on her journey, she shares, “even as a patient, it’s empowering to get involved, make connections, and open up new paths.”

+ Still fighting, more resilient than ever

As of August 2023, Nina has completed her 38th and final first-line chemotherapy treatment. While her cancer has progressed – with new lesions – Nina and her doctors have decided to stop chemotherapy and move on to a second-line treatment. Yet, Nina’s spirit remains undefeated. Eagerly anticipating a targeted therapy trial, she declares, “I’m not giving up.”

Filled with hope, Nina looks forward to her son’s wedding. “I never thought I’d make it. But now I really hope I can dance at his wedding, something I haven’t done in 2.5 years,” she beams. “I want to spend as much time as possible with my husband, kids, and grandkids.”



Fay June -
Medicine Hat, AB

“

I fear the unknown part of my disease progression. I don't think there is a way to prepare for what will ultimately come. But I'll continue to make the best of these bonus days I'm now enjoying.”

+ A lingering muscle pain on Fay's right side in 2021 marked the beginning of her unexpected journey.

After several visits to her family doctor, chiropractor, and physiotherapists, all of whom assured her it was just a “muscle pull,” the pain persisted and got worse. During an emergency visit in April 2022, a back X-ray revealed a shadow in her left lung, and a CT scan confirmed the diagnosis.

“I was diagnosed with stage 4 lung cancer with EGFR mutation, subtype Exon 19 deletion. The tumor had metastasized to the bones in the spinal column, rib, lymph nodes, and adrenal gland,” she recalls. The diagnosis sent shockwaves through her family. Undeterred, Fay immediately began targeted therapy with Tagrisso (osimertinib).

+ Uncovering the weight of it all

While grappling with the weight of her diagnosis and treatment, Fay sought solace in nature through “walking and outdoor yoga.” During one of her walks, she experienced severe chest and arm pain, mirroring the symptoms of a heart attack. However, tests showed a healthy heart, leading to a diagnosis of a “stress heart attack.” This episode underscored the silent toll stress was taking on her body despite her perceived resilience.

In search of support to deal with the stress, Fay engaged with several online chat groups, including “[GO2 Foundation for Cancer](#), Lung Cancer Canada, [Alberta Lung Cancer](#), [Wellspring](#), and [EGFR Resisters](#).” Another group, “Living with Advanced Cancer,” particularly resonated with her, though it sadly disassembled due to lack of funding. However, the bonds she forged with the members persisted, and she continues to connect with three members of the group.

+ Embracing life beyond cancer

Refusing to be held back by her diagnosis, Fay channeled her energy into life's joys. She embarked on numerous trips from local to international adventures with her loved ones. An upcoming trip with her husband to Rome and Florence and a European cruise awaits in October. “This has always been on my bucket list, and I'm very excited about it,” she says.

As of August 2023, her treatment has been a success. Her adrenal tumor has vanished, and her last two scans have shown that the lung tumor is stable with a slight reduction in size. Fay is extremely satisfied with the treatment. “The drug's results have been amazing, and I've been fortunate to experience minimal side effects.”

Navigating her new reality, Fay is committed to staying updated on lung cancer research and potential clinical trials fitting her diagnosis. While uncertainty of the future scares her, she remains determined to stay positive and active. “I fear the unknown part of my disease progression. I don't think there is a way to prepare for what will ultimately come,” she admits. “But I'll continue to make the best of these bonus days I'm now enjoying.”





Part 3: Access to Treatment



Table 1 – Status of CADTH Drug Recommendations

(Within the Last 5 Years)

DRUG Generic Name (Brand Name)	INDICATION	FDA APPROVAL DATE	HEALTH CANADA APPROVAL DATE	CADTH STATUS	PHASE DATA USED
alectinib (Alecensaro®) 1 st line	For the first-line treatment of patients with anaplastic lymphoma kinase (ALK) positive, locally advanced or metastatic NSCLC.	November 6, 2017	June 11, 2018	Final Recommendation July 25, 2018: Reimburse with conditions	3
alectinib (Alecensaro®) 2 nd line	Monotherapy for the treatment of patients with anaplastic lymphoma kinase (ALK)-positive, locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC)	December 11, 2015	September 29, 2016	Final Recommendation March 29, 2018: Reimburse with clinical criteria and/or conditions	3
amivantamab (Rybrevent®) +	For the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating epidermal-growth factor receptor (EGFR) Exon 20 insertion mutations whose disease has progressed on, or after platinum-based chemotherapy.	May 21, 2021	March 31, 2022	Final Recommendation March 1, 2023: Reimburse with conditions	1
atezolizumab (Tecentriq®) SCLC	For the first-line treatment of patients with extensive stage small cell lung cancer (ES-SCLC) in combination with a platinum-based chemotherapy and etoposide.	March 18, 2019	August 8, 2019	Final Recommendation September 30, 2022: Reimburse with conditions	3
atezolizumab (Tecentriq®) Adjuvant	For adjuvant treatment following resection and platinum-based chemotherapy for patients with stage II to IIIA NSCLC whose tumours have PD-L1 expression on ≥ 50% of tumour cells (TCs).	October 15, 2021	January 14, 2022	Final Recommendation September 30, 2022: Reimburse with conditions	3
atezolizumab (Tecentriq®) 2 nd line	For the treatment of patients with locally advanced or metastatic NSCLC who have progressed on or after systemic chemotherapy until loss of clinical benefit.	October 18, 2016	April 6, 2018	Final Recommendation June 20, 2018: Reimburse with conditions	2 + 3
Atezolizumab & Bevacizumab (Tecentriq® & Avastin®)	For the treatment of metastatic EGFR and/or ALK positive non-squamous non-small cell lung cancer in patients who have progressed on treatment with targeted therapies.	December 6, 2018	May 24, 2019	Final Recommendation: July 3, 2020 Not Recommended.	3
bevacizumab (MVASI®)	For treatment of patients with unresectable advanced, metastatic or recurrent non-squamous non-small cell lung cancer, in combination with carboplatin/paclitaxel chemotherapy regimen.	September 14, 2017	April 30, 2018	Final Recommendation: Final Biosimilar Dossier Issued January 14, 2019	1 + 3
bevacizumab (Zirabev®)	For the treatment of patients with unresectable advanced, metastatic or recurrent non-squamous non-small cell lung cancer, in combination with carboplatin/paclitaxel chemotherapy regimen.	June 27, 2019	June 14, 2019	Final Recommendation March 28, 2019: File closed	3

DRUG Generic Name (Brand Name)	INDICATION	FDA APPROVAL DATE	HEALTH CANADA APPROVAL DATE	CADTH STATUS	PHASE DATA USED
brigatinib (Alunbrig®) 1 st line	For the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC) previously untreated with an ALK inhibitor.	May 22, 2020	March 3, 2021	Final Recommendation April 21, 2021: Recommended	3
brigatinib (Alunbrig®) 2 nd line	For the treatment of adult patients with ALK positive metastatic NSCLC who have progressed on or who were intolerant to an ALK inhibitor (crizotinib).	April 28, 2017	July 26, 2018	Final Recommendation August 1, 2019: Not Recommended	2
capmatinib (Tabrecta®)	For the treatment of adult patients with locally advanced unresectable or metastatic non-small cell lung cancer (NSCLC) harbouring mesenchymal-epithelial transition (MET) exon 14 skipping alterations.	May 6, 2020	May 26, 2022	Not yet listed	
cemiplimab (Libtayo®)	As monotherapy for the first-line treatment of adult patients with NSCLC expressing PD-L1 in $\geq 50\%$ of tumour cells (Tumour Proportion Score [TPS] $\geq 50\%$), as determined by a validated test, with no EGFR, ALK or ROS1 aberrations, who have: locally advanced NSCLC who are not candidates for surgical resection or definitive chemoradiation, or metastatic NSCLC.	February 21, 2021	October 26, 2021	Final Recommendation June 2, 2022: Reimburse with conditions	3
cemiplimab (Libtayo®) in combination with platinum- based chemotherapy +	In combination with platinum-based chemotherapy for the first line treatment of adult patients with NSCLC whose tumours have no EGFR, ALK or ROS1 aberrations and is: - locally advanced where patients are not candidates for surgical resection or definitive chemoradiation, or - metastatic NSCLC.	November 8, 2022	April 27, 2023	Currently in review	3
crizotinib (Xalkori®) ROS1	As a single agent as first-line treatment for patients with ROS1 positive advanced NSCLC.	March 11, 2016	August 28, 2017	Final Recommendation May 23, 2019: Recommended pending cost-effectiveness and feasibility of adoption (budget impact)	1
dabrafenib (Tafinlar®) & trametinib (Mekinist®)	For the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600 mutation and who have not received any prior anti-cancer therapy for metastatic disease.	June 22, 2017	May 18, 2018	Final Recommendation May 28, 2021: Reimburse with conditions	2
durvalumab (IMFINZI®) Stage III unresectable NSCLC	For the treatment of patients with locally advanced, unresectable Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following platinum-based chemoradiation therapy	February 16, 2018	May 4, 2018	Final Recommendation: May 3, 2019 Reimburse with conditions	3

DRUG Generic Name (Brand Name)	INDICATION	FDA APPROVAL DATE	HEALTH CANADA APPROVAL DATE	CADTH STATUS	PHASE DATA USED
durvalumab (IMFINZI®) ES-SCLC	First-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC) in combination with etoposide and either carboplatin or cisplatin	March 30, 2020	September 21, 2020	Final Recommendation July 27, 2021: Reimburse with conditions	3
entrectinib (Rozlytrek®) ROS1	For the first-line treatment of adult patients with ROS1-positive locally advanced or metastatic non-small cell lung cancer	August 15, 2019	May 5, 2020	Final Recommendation January 27th, 2021: Reimburse with conditions	1 + 2
entrectinib (Rozlytrek®) NTRK +	For the treatment of adult patients with unresectable locally advanced or metastatic extracranial solid tumours, including brain metastases, that have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion without a known acquired resistance mutation, and with no satisfactory treatment options.	August 15, 2019	January 20, 2020	Final Recommendation November 21, 2022: Reimburse with conditions	1 + 2
larotrectinib (Vitrakvi®)	For the treatment of adult and pediatric patients with solid tumours that have a Neurotrophic Tyrosine Receptor Kinase (NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity, and have no satisfactory treatment options	November 26, 2018	July 10, 2019	Final Recommendation September 13, 2021: Reimburse with conditions	1 + 2
lorlatinib (Lorbrena®) 1 st line	For the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC)	March 3, 2021	June 7, 2021	Final recommendation: April 4, 2022: Reimburse with conditions	3
lorlatinib (Lorbrena®) 2 nd line	For the treatment of adult patients with ALK positive metastatic NSCLC who have progressed on crizotinib and at least one other ALK inhibitor, or patients who have progressed on ceritinib or alectinib.	November 2, 2018	February 22, 2019	Final Recommendation January 30, 2020: Not Recommended	2
lurbinectedin (Zepzelca®) +	Treatment of adult patients with Stage III or metastatic small cell lung cancer (SCLC) who have progressed on or after platinum-containing therapy.	June 15, 2020	September 29, 2021	Final Recommendation December 19, 2022: Do not reimburse	2
nivolumab (Opdivo®) +	For neoadjuvant treatment of adult patients with resectable NSCLC (tumours ≥4cm or node positive) when used in combination with platinum-doublet chemotherapy.	March 4, 2022	August 23, 2022	Final Recommendation April 18, 2023: Reimburse with conditions	3
Nivolumab- Ipilimumab (Opdivo - Yervoy) NSCLC	Nivolumab, in combination with ipilimumab and 2 cycles of platinum-based chemotherapy for the first-line treatment of patients with metastatic or recurrent NSCLC with no EGFR or ALK genomic tumor aberrations	May 26, 2020	August 6, 2020	Final Recommendation March 4, 2021: Reimburse with conditions	3

DRUG Generic Name (Brand Name)	INDICATION	FDA APPROVAL DATE	HEALTH CANADA APPROVAL DATE	CADTH STATUS	PHASE DATA USED
nivolumab- ipilimumab (Opdivo-Yervoy) Malignant Pleural Mesothelioma	OPDIVO, in combination with ipilimumab, is indicated for the treatment of adult patients with unresectable malignant pleural mesothelioma (MPM) who have not received prior systemic therapy for MPM.	October 2, 2020	June 2, 2021	Final Recommendation August 4, 2021: Reimburse with conditions	3
osimertinib (Tagrisso®) 1 st line	For the first-line treatment of patients with locally advanced or metastatic NSCLC whose tumours have EGFR mutations (Del19 or L858R).	April 18, 2018	July 10, 2018	Final Recommendation January 4, 2019: Reimburse with conditions	3
osimertinib (Tagrisso®) adjuvant	Osimertinib is indicated as adjuvant therapy after tumour resection in patients with stage IB-III A (AJCC 7th ed.) non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations	December 18, 2020	January 3, 2021	Final Recommendation January 10, 2022: Reimburse with conditions	3
pembrolizumab (Keytruda®) Non-squamous NSCLC	In combination with pemetrexed and platinum chemotherapy, for the treatment of metastatic non-squamous NSCLC, in adults with no EGFR or ALK genomic tumor aberrations, and no prior systemic chemotherapy treatment for metastatic NSCLC.	August 20, 2018	March 13, 2019	Final Recommendation May 31, 2019: Reimburse with conditions	3
pembrolizumab (Keytruda®) Squamous NSCLC	For the treatment of patients with metastatic squamous NSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, in adults with no prior systemic chemotherapy treatment for metastatic NSCLC	November 2, 2018	July 4, 2019	Final Recommendation January 3, 2020: Reimburse with conditions	3
pralsetinib (Gavreto®)	Gavreto is indicated for the treatment of adult patients with rearranged during transfection (RET) fusion-positive locally advanced unresectable or metastatic non-small cell lung cancer (NSCLC)	September 4, 2020	July 21, 2021	Final Recommendation September 29, 2022: Reimburse with conditions	1 + 2
selpercatinib (Retevmo®)	Indicated as monotherapy for the treatment of metastatic RET fusion-positive non-small cell lung cancer (NSCLC) in adult patients	May 8, 2020	June 15, 2021	Final Recommendation April 28, 2022: Reimburse with conditions	1 + 2
sotorasib (Lumakras®) 2 nd line +	For the treatment of adult patients with KRAS G12C-mutated locally advanced (not amenable to curative therapy) or metastatic NSCLC who have received at least one prior systemic therapy	May 28, 2021	September 10, 2021	Currently under review	2 + 3
tepotinib (Tepmetko®)	For treatment of adult patients with locally advanced unresectable or metastatic non-small cell lung cancer (NSCLC) harbouring mesenchymal-epithelial transition (MET) tyrosine kinase receptor exon 14 skipping alterations.	February 3, 2021	May 27, 2021	Final Recommendation August 24, 2022: Not Recommended	2

+ New for 2023
Current as of October 12, 2023

Table 2 – Date of Provincial Drug Coverage

Drug Name	BC	AB	SK	MB	ON	QC	NS	NB	NL	PEI	NIHB
alectinib (1 st and 2 nd line)	May 1, 2019	Mar 1, 2019	Feb 11, 2019	May 31, 2019	Apr 17, 2019	Feb 1, 2019	Oct 3, 2019	May 16, 2019	Sept 27, 2019	Not Funded	Feb 19, 2019
amivantamab	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
atezolizumab adjuvant +	Sept 1, 2023	Jun 5, 2023	Jun 1, 2023	Jun 6, 2023	Jul 5, 2023	Apr 13, 2023	Jul 27, 2023	Jul 13, 2023	Jul 4, 2023	Not Funded	Not Funded
atezolizumab SCLC	Jun 1, 2023	Oct 20, 2022	Mar 1, 2023	Feb 21, 2023	Mar 10, 2023	Apr 13, 2022	Jul 27, 2023	Apr 19, 2023	Not Funded	Not Funded	Not Funded
atezolizumab (2 nd line NSCLC)	Nov 1, 2019	Oct 7, 2019	Feb 11, 2019	Feb 13, 2019	Dec 6, 2019	Feb 1, 2019	Not Funded	Oct 30, 2019	Not Funded	Not Funded	Not Funded
bevacizumab (Mvasi)	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
brigatinib ALK-positive 1 st line	Jun 1, 2022	Feb 18, 2022	Mar 1, 2022	Jun 1, 2022	Feb 10, 2022	Feb 2, 2022	Jul 1, 2022	Apr 29, 2022	Oct 17, 2022	Sept 26, 2022	Feb 18, 2022
cemiplimab (PD-L1 ≥ 50%)	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
cemiplimab (any PD-L1)	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
crizotinib ROS 1	Jul 1, 2020	Jul 30, 2020	Aug 1, 2020	Jan 21, 2021	Dec 4, 2020	Sept 2019	Feb 2, 2021	Jul 16, 2020	May 1, 2020	Not Funded	May 18, 2021
dabrafenib & trametinib BRAF V600	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
durvalumab Stage III NSCLC unresectable post CRT)	Feb 1, 2020	Apr 10, 2020	Jan 1, 2020	Dec 11, 2019	Jan 22, 2020	Oct 2, 2019	Jan 28, 2020	Mar 20, 2020	May 14, 2020	Sept 1, 2020	Not Funded
durvalumab 1 st line ES-SCLC	Oct 1, 2022	Jun 15, 2022	Jul 6, 2022	Jul 20, 2022	Jul 22, 2022	Jul 6, 2022	Jul 20, 2022	Aug 3, 2022	Oct 1, 2022	Apr 3, 2023	Not Funded
entrectinib ROS 1	Apr 1, 2022	Jan 21, 2022	Nov 1, 2021	Nov 25, 2021	Dec 23, 2021	Aug 18, 2021	Nov 30, 2021	Oct 14, 2021	May 24, 2022	Dec 28, 2022	Oct 27, 2021

Drug Name	BC	AB	SK	MB	ON	QC	NS	NB	NL	PEI	NIHB
entrectinib NTRK +	Sept 1, 2023	Not Funded	May 1, 2023	Aug 24, 2023	May 16, 2023	Not Funded	Not Funded	Jun 26, 2023	Not Funded	Not Funded	May 19, 2023
larotrectinib +	Sept 1, 2023	Not Funded	Dec 1, 2022	Apr 1, 2023	Feb 24, 2023	Dec 14, 2023	Jul 1, 2023	May 23, 2023	Aug 30, 2023	Not Funded	Jan 23, 2023
lorlatinib 1 st line	Not Funded	Jun 20, 2023	Aug 2023	Not Funded	Jul 17, 2023	Jul 6, 2023	Not Funded	Not Funded	Not Funded	Not Funded	Sept 1, 2023
lurbinectedin	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
nivolumab neo- adjuvant NSCLC +	Not Funded	Aug 14, 2023	Oct 1, 2023	Oct 5, 2023	Sep 13, 2023	Sept 27,2023	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
nivolumab MPM +	May 1, 2022	Apr 1, 2022	May 1, 2022	Apr 1, 2022	Jun 7, 2022	Mar 2, 2022	Aug 1, 2022	Jun 23, 2022	Jun 1, 2022	Dec 1, 2022	Not Funded
nivolumab - ipilimumab (Opdivo - Yervoy®) 1L NSCLC	May 1, 2022	Apr 1, 2022	May 1, 2022	Apr 1, 2022	Jun 15, 2022	Nov 9, 2022	Aug 1, 2022	Jun 23, 2022	Jun 5, 2022	Dec 1, 2022	Not Funded
osimertinib (1 st line EGFR)	Jan 1, 2020	Apr 10, 2020	Mar 1, 2020	Apr 2, 2020	Jan 10, 2020	Dec 18, 2019	May 1, 2020	Mar 19, 2020	Feb 20, 2020	Feb 14, 2022	Feb 2020
osimertinib (adjuvant EGFR) +	Feb 1, 2023	Jan 13, 2023	Feb 1, 2023	May 18, 2023	Nov 15, 2022	Nov 9, 2022	Mar 1, 2023	Feb 27, 2023	Not Funded	Not Funded	Jan 2023
pembrolizumab squamous NSCLC	Jun 1, 2020	Sept 15, 2020	May 1, 2020	Apr 30, 2020	Jun 10, 2020	Sept 11, 2019	May 1, 2020	Jul 16, 2020	Jun 1, 2020	Jan 2022	Not Funded
pembrolizumab non-squamous NSCLC	Jun 1, 2020	Sept 15, 2020	May 1, 2020	May 1, 2020	Apr 24, 2020	Apr 8, 2020	May 1, 2020	Jul 16, 2020	Jun 1, 2020	Jan 2022	Not Funded
pralsetinib	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
selpercatinib +	Sept 1, 2023	Aug 16, 2023	Sept 1, 2023	Aug 24, 2023	Jul 31, 2023	May 25, 2023	Nov 1, 2023	Sept 18, 2023	Not Funded	Not Funded	Jun 15, 2023
tepotinib	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Jul 6 2023	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded

+ New for 2023
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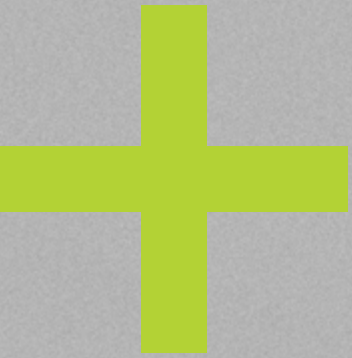
Table 3 – Number of Days from Date of FDA Approval to Date of Provincial Coverage

Food and Drug Administration (FDA) dates are provided as a reference to demonstrate the time it takes for provincial coverage from first approval in North America.

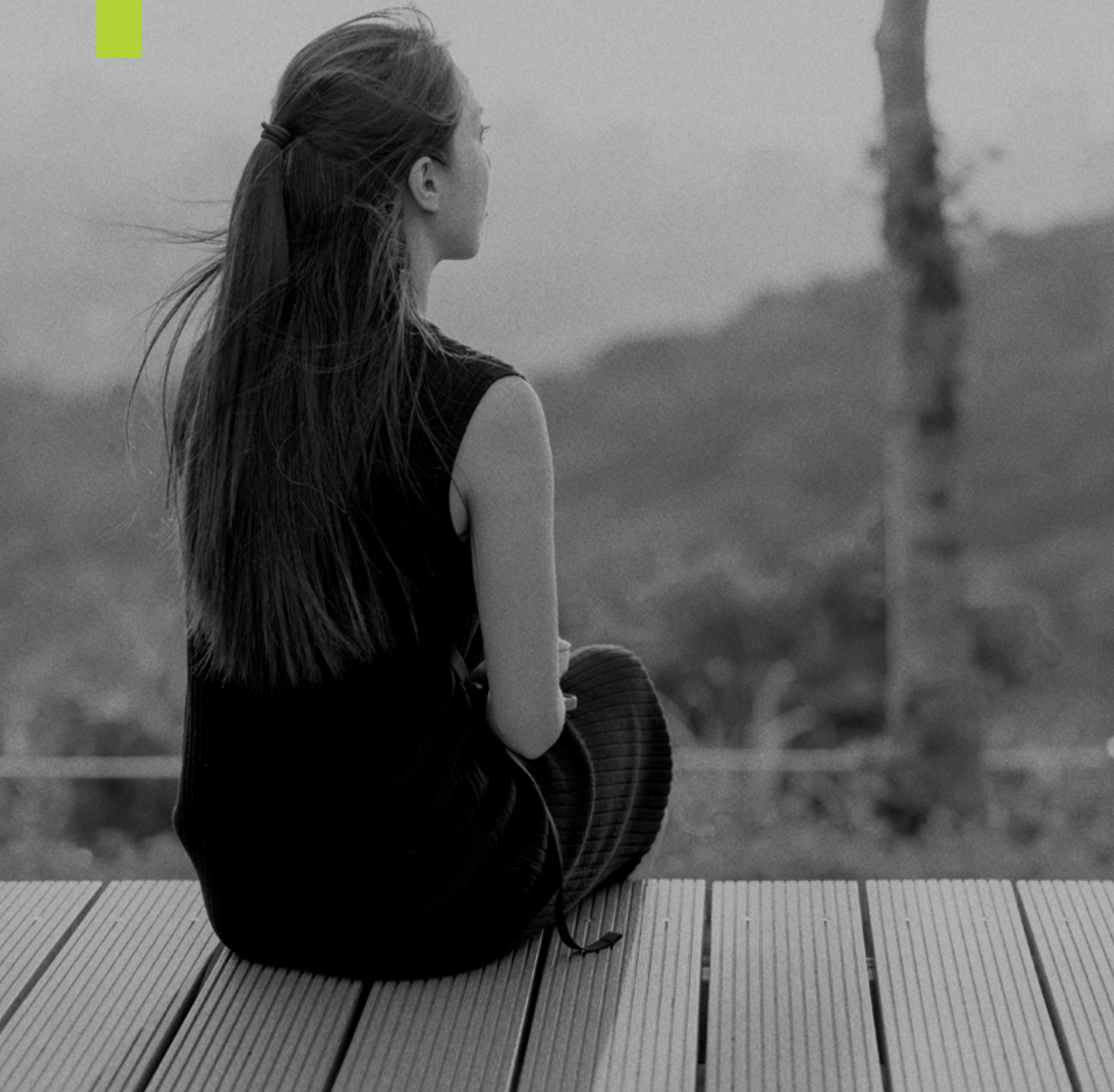
DRUG GENERIC NAME	FDA APPROVAL DATE	BC	AB	SK	MB	ON	QC	NS	NB	NL	PEI	NIHB
alectinib (1 st line)	Nov 6, 2017	541	480	462	571	527	452	696	556	690	Not Funded	471
amivantamab	May 21, 2021	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
atezolizumab adjuvant	Oct 15, 2021	686	598	594	599	628	545	650	636	627	Not Funded	Not Funded
atezolizumab SCLC	Mar 18, 2019	1536	1312	1444	1436	1453	1122	1592	1493	Not Funded	Not Funded	Not Funded
atezolizumab 2 nd line NSCLC	Oct 18, 2016	1,109	1,084	846	848	1,144	836	Not Funded	1,107	Not Funded	Not Funded	Not Funded
bevacizumab (Mvasi)	Sep 14, 2017	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
brigatinib ALK-positive 1 st line	May 22, 2020	742	639	650	742	631	621	772	709	880	859	638
cemiplimab (PD-L1 ≥ 50%)	Feb 22, 2021	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
cemiplimab (any PD-L1)	Nov 8, 2022	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
crizotinib (ROS1)	Mar 11, 2016	1573	1602	1,604	Not Funded	Not Funded	1,706	Not Funded	1,588	1,512	Not Funded	1895
dabrafenib & trametinib BRAF V600	Jun 22, 2017	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
durvalumab stage III NSCLC	Feb 16, 2018	715	784	684	663	705	593	715	763	818	928	Not Funded
durvalumab 1 st line ES-SCLC	Mar 30, 2020	915	807	828	842	844	828	842	856	915	1099	Not Funded
entrectinib ROS 1	May 5, 2020	696	626	545	569	597	470	574	527	749	967	541

DRUG GENERIC NAME	FDA APPROVAL DATE	BC	AB	SK	MB	ON	QC	NS	NB	NL	PEI	NIHB
entrectinib NTRK	Aug 15, 2019	1478	Not Funded	1355	1470	1370	Not Funded	Not Funded	1411	Not Funded	Not Funded	1373
larotrectinib	Nov 26, 2018	1740	Not Funded	1466	1587	1551	1844	1678	1639	1738	Not Funded	1520
lorlatinib 1 st line	Mar 3, 2021	Not Funded	840	882	Not Funded	867	856	Not Funded	Not Funded	Not Funded	Not Funded	912
lurbinectedin	Jun 15, 2020	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
nivolumab neo-adjuvant NSCLC	Mar 4, 2022	Not funded	528	576	580	558	572	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
Nivolumab -ipilimumab MPM	Oct 2, 2020	576	546	576	546	613	516	668	629	607	790	Not Funded
nivolumab - ipilimumab (Opdivo - Yervoy®) 1L NSCLC	May 26, 2020	705	675	705	675	750	898	797	758	740	Not Funded	Not Funded
osimertinib (1 st line)	April 18, 2018	623	723	683	715	632	609	744	701	673	1398	654
osimertinib (adjuvant)	Dec 18, 2020	775	756	775	881	697	691	803	801	Not Funded	Not Funded	744
pembrolizumab squamous	Oct 30, 2018	651	757	620	619	589	316	620	696	651	1159	Not Funded
pembrolizumab non-squamous	Aug 20, 2018	651	757	620	620	613	597	620	696	651	1230	Not Funded
pralsetinib	Sep 4, 2020	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded
selpercatinib	May 8, 2020	1211	1195	1211	1203	1179	1112	1272	1228	Not Funded	Not Funded	1134
tepotinib	Feb 3, 2021	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded	883	Not Funded	Not Funded	Not Funded	Not Funded	Not Funded

Current as of October 12, 2023



Conclusion



+ Looking Ahead

A Call to Action

Despite the incredible progress that has been made over the past few years, lung cancer continues to take its toll on our friends and loved ones. It's a disease that does not discriminate, and one that can affect people from across all walks of life -- men and women, young and old, and smoker and non-smoker alike.

Today, there is still so much work to be done – to raise awareness, dispel myths, advocate for change, and provide support to those that need it.

That's why we need to come together as a community. And to work together as never before, with the power of one voice – to spread hope and ensure lung cancer finally gets the attention it needs.



How You Can Help

- **Educate yourself - learn about lung cancer risk factors, symptoms, and prevention strategies**
- **Donate - support our fundraising efforts, and help us continue to educate and be there for those that need us**
- **Spread awareness - start the conversation with others far and wide, and join us in continuing to advocate for due change**

Together, we can change the course of lung cancer in Canada.

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Donations are greatly appreciated and a tax receipt is issued for a donation of \$20 or more. Donations can be made online at www.lungcancercanada.ca, or by calling the numbers on the back cover of this publication.

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