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women's college research institute

February 6th, 2025

Lung Cancer Canada,
Lung Ambition Awards.

Dear Members of the Review Committee,

I am writing to express my intent to apply for the Lung Ambition Award for a research project titled: **Closing the Gap: Co-Designing Tools to Improve Equity in Lung Cancer Screening Care Pathways**.

I am a physician, policy advisor and social scientist with recognized expertise in health equity, cancer care, and patient engagement. I have developed and lead the Improving Cancer Care Equity (ICCE) Lab at Women's College Hospital, Toronto. My research program focuses on improving person-centered cancer care with a focus on structurally underserved populations. I have published extensively on inequities in lung cancer and access to lung cancer screening (LCS), and have worked in partnership with patients, healthcare providers, and system-level decision-makers to develop real-world interventions that advance equity in cancer care.

Lung cancer is the leading cause of cancer-related mortality in Canada, and while low-dose computed tomography (LDCT) screening can reduce deaths by detecting cancer early, populations at highest risk remain the least likely to access screening. In primary care, incomplete smoking history documentation and workflow inefficiencies contribute to missed screening opportunities. The Smoking Treatment for Ontario Patients (STOP) program, Canada's largest smoking cessation initiative, presents an opportunity to bridge this gap by systematically identifying eligible individuals and facilitating their referral to LCS programs like the Ontario Lung Screening Program (OLSP).

Since 2020, I have led research funded by the Canadian Institutes of Health Research (CIHR) that integrates equity-focused, patient-partnered, and trauma- and violence-informed approaches into lung cancer care. Building on my work to date and given emerging priorities in lung cancer care, this new proposed study will co-design and implement practical tools within the STOP program to improve systematic referrals to LCS. Specifically, we aim to:

1. Develop patient-facing tools that support safe, trauma-informed, and person-centered conversations about LCS.
2. Create provider-facing prompts and workflows to standardize and improve referrals to LCS.
3. Design a systems-level implementation plan to integrate these tools into the STOP program and inform broader adoption across LCS and smoking cessation programs in Canada.

The Lung Ambition Award will enable us to generate evidence supporting the integration and scalability of these tools to increase LCS participation among high-risk, underserved populations. The findings from this project have the potential to inform national strategies for equitable LCS, optimize

care pathways for marginalized communities and contribute to a broader goal of reducing lung cancer mortality in Canada.

I am seeking a research grant of $49,960 to support study costs, including research personnel, patient partner honoraria, participant compensation and knowledge translation activities.

Thank you for your consideration of this request. Kindly see the attached proposal.

Sincerely,

Ambreen Sayani MD PhD
Scientist at the Women's College Research and Innovation Institute
Assistant Professor (status), Dalla Lana School of Public Health, University of Toronto
Principal Investigator for the Improving Cancer Care Equity (ICCE) Lab
Health Equity Expert Advisor to the Canadian Partnership Against Cancer
Co-Initiator Equity-Mobilizing Partnerships in Community (EMPaCT)

**Closing the Gap: Co-Designing Tools to Improve Equity in Lung Cancer Screening Care Pathways**
Lung Ambition Award, February 2025 Sayani, Ambreen et al

## A. PROJECT AIM

To address inequities in lung cancer care, it is crucial to provide equitable and timely access to lung cancer screening (LCS) for individuals facing systemic barriers and stigma. These individuals are often least likely to access LCS programs despite their heightened risk. In this project and aligned with the Lung Ambition Award's goals of improving care pathways and advancing equity, we will co-design tools to facilitate systematic and person-centered LCS referrals from within the Smoking Treatment for Ontario Patients (STOP) program, Canada's largest smoking cessation initiative. Specifically, we will:

1. Co-design **patient-facing** (i.e. persons eligible for LCS based on smoking history) **prompts and care pathways** to support safe, timely, trauma-and-violence informed conversations about LCS.
2. Co-design **provider-facing** (i.e., primary care physicians, nurse practitioners, counsellors, and community health workers) **prompts and workflows** to standardize and improve referrals within the care pathway.
3. Co-design a **systems-facing implementation plan** to integrate these tools into the STOP program and inform broader adoption across LCS and smoking cessation programs across Canada.

## B. BACKGROUND AND RELEVANCE

Lung cancer remains the leading cause of cancer-related deaths in Canada, with mortality often linked to late-stage diagnoses (1,2). Early detection through low-dose computed tomography (LDCT) screening can reduce mortality by up to 20% among high-risk individuals (3,4). Despite this, LCS remains underutilized, particularly among underserved populations facing systemic barriers such as stigma, incomplete smoking history documentation, and limited access to LCS referral pathways (8,9).

The Ontario Lung Screening Program (OLSP) provides LDCT screening for high-risk individuals with referral from a primary care provider (PCP). **Smoking history, a critical determinant of LCS eligibility, is often incomplete or inconsistently recorded in primary care electronic health records (EHRs). This gap impedes systematic referrals to programs like OLSP, leaving many high-risk individuals undiagnosed until later stages**, when treatment options are more limited. The STOP program presents a unique opportunity to address these gaps. With over 416,000 participants across diverse and underserved healthcare settings, STOP collects comprehensive demographic and smoking-related data, including smoking status, quit attempts, and cessation engagement in its EHR (10). **These data offer untapped potential to systematically identify individuals within STOP who are eligible for LCS and support their PCP to refer them to the OLSP using timely, patient-centered decision-support prompts** (7). In this project, we will leverage STOP's infrastructure to streamline the process of connecting high-risk individuals to LCS in the OLSP, thereby **enhancing early detection, promoting equitable access and improving patient care pathways** with a focus on structurally underserved populations.

## C. METHODS (*see Figure 1 for study flowchart, Table 1 for project milestones*).

This is a patient-partnered, interdisciplinary, qualitative study using interpretive description to co-design tools and an implementation plan for integrating systematic LCS referrals into the STOP program. Interpretive description is well-suited to health services research, providing practical insights into complex, real-world issues such as smoking cessation and lung cancer detection. Accordingly, we will address the following research questions guided by Trauma- and Violence-Informed Care (TVIC) principles, which acknowledge the need for compassionate and contextually aware care that is responsive to the impacts of trauma and structural violence on health choices and outcomes(11):

1. What are the perspectives and needs of providers and patients regarding systematic LCS referrals initiated by the STOP smoking cessation program?
2. What patient, provider and system-level barriers and facilitators must be addressed to ensure tools are practical, equitable, and user-friendly?
3. How can a systems-level implementation plan be designed to integrate co-designed tools into the STOP program and support broader adoption across LCS and smoking cessation programs in Canada?

**Study governance:** This study follows an integrated knowledge translation (iKT) approach to promote relevance and equity, guided by: (i) ***Stakeholder Committee***, Including STOP program leadership (Selby, P), OLSP leadership (Finley, C), primary care providers (Lofters, A., Bloch, G., Reddit, V, Wright, V) and stewardship of pan-Canadian priorities in lung cancer care (Edwards, A).; (ii) ***Patient Partner Panel***: Diverse individuals with lived/living experience of smoking, lung cancer, poverty, disability, homelessness and systemic inequities in access (Amenu, B., Freedman, H., Pratt, A., Ramasamy, V., Jeji, T., Camus, J.).
**Study design:** a. Participants and recruitment (***Figure 2 for recruitment pool***): This study will recruit PCPs and patients engaged in the STOP program and key informants who are system-level decision-makers involved in LCS and smoking cessation: (i) Providers(n=15) will be invited from primary care clinics, hospitals, and community health centers with high patient enrollment in STOP. Invitations will be sent via email, with support from program leadership to facilitate recruitment; (ii) Patients (n=15) enrolled in STOP who have consented for contact, meet OLSP eligibility criteria (aged 55–74 with a 20+ pack-year smoking history), and self-report income below $40,000 will be identified through existing STOP program data and invited by phone using clear, accessible language; (iii) Key Informants (n=15): Recruited through professional networks and stakeholder organizations. b. Data collection: (i) Providers: Interviews will examine workflows, barriers to implementing referrals, and feedback on decision-support prompts; (ii) Patients: Interviews will focus on LCS awareness, barriers to accessing screening, and how to optimise LCS referral through STOP; and (iii) Key Informants: Interviews will focus on system-level facilitators and challenges, policy considerations, and strategies for scaling and sustaining equitable lung cancer care pathways. Interviews will last 45–60 minutes and be conducted virtually or in person, using guides developed with input from the stakeholder committee and patient partner panel. c. Data analysis and outcomes: (i) Interview Analysis: Transcribed interviews will be de-identified and analyzed thematically using NVivo software. Themes will focus on barriers, facilitators, and actionable insights for integrating LCS referrals into the STOP program. (ii) Virtual Co-Design Workshops: Findings from interviews will be presented and collaboratively analyzed during workshops with the stakeholder committee and patient partner panel to refine emerging themes and to co-create patient and provider-facing prompts and implementation plan (outlining how to integrate the tools into STOP workflows, including training requirements and scalability considerations for other smoking cessation and LCS programs in Canada).

**D. PROJECT TEAM** (See ***table 2*** for project team and roles)

This interdisciplinary team integrates clinical, research, and lived expertise to address inequities in LCS. Led by Dr. Ambreen Sayani, an equity-focused cancer care researcher and Health Equity Advisor to the Canadian Partnership Against Cancer (CPAC). The team includes co-investigators with expertise in primary care, public health, smoking cessation, and implementation science. STOP and OLSP leadership are actively engaged to apply the study's findings, ensuring the integration of co-designed tools into lung cancer care pathways.

**E. INTEGRATED KNOWLEDGE TRANSLATION (KT) PLAN**

This project employs an integrated knowledge translation (iKT) strategy to facilitate practical integration and scalability of study outputs. Co-designed tools and the implementation plan will be disseminated to STOP sites, OLSP administrators, and the pan Canadian Lung Screening Network. Tailored knowledge translation products, such as webinars, will support broader awareness and adoption.

**F. FEASIBILITY**

This project builds on the STOP program's established infrastructure and success in reaching underserved populations. It benefits from an interdisciplinary team, engaged stakeholders, including underserved patient partners, and a robust research environment. The project will be based out of Women's College Research and Innovation Institute (WCRI) and supported by Intrepid Labs at The Centre for Addiction and Mental Health (CAMH), a leading hub for research and innovation in smoking cessation and health equity. Existing relationships with STOP sites and OLSP ensure the practical integration of tools into workflows and a scalable approach to inform national strategies for equitable lung cancer screening pathways.

## G. IMPACT STATEMENT

This project has the potential to exert a sustained and transformative influence on lung cancer research and care by addressing inequities in lung cancer screening (LCS) access and outcomes. Leveraging the Smoking Treatment for Ontario Patients (STOP) program, this initiative aims to co-design trauma- and violence-informed tools to enhance systematic, person-centred LCS referrals. These tools address key barriers, including incomplete smoking history documentation, inconsistent workflows, and stigma, thereby enabling earlier detection and treatment for high-risk populations.

By bridging gaps between smoking cessation and lung cancer care, the project can accelerate the integration of evidence-based practices into real-world settings, translating scientific findings into optimized patient care. In the short term, the project can improve provider workflows, patient-provider communication, and referral processes, directly increasing LCS access among underserved populations. In the medium term, it has the potential to reduce lung cancer mortality and treatment burden by facilitating earlier diagnoses.

The co-designed tools, scalable implementation plan, and actionable insights have the potential to shape future lung cancer research by providing a model for addressing systemic barriers in care pathways. These outcomes can inform national strategies, shape policy development, and support the broader adoption of equitable screening practices. Ultimately, this initiative has the potential to improve patient quality of life, reduce the burden of advanced-stage lung cancer, and promote lasting advancements in lung cancer care and prevention.

## H. PUBLIC SUMMARY

Lung cancer is the leading cause of cancer-related deaths in Canada, often because it is diagnosed too late for treatment to work. Efforts to screen for lung cancer early can save lives by finding cancer when it is easier to treat. Unfortunately, many people at high risk—especially those who smoke or have smoked heavily—face challenges accessing opportunities for early screening. These challenges include unfair treatment by providers, little or no awareness, and difficulty navigating healthcare organizations.

This project aims to address these barriers and improve access to lung cancer screening for communities that are difficult to reach due to previously mentioned challenges. It builds on the Smoking Treatment for Ontario Patients (STOP) program, Canada's largest program that supports efforts to quit smoking, which has reached over 416,000 people, including many from difficult to reach communities. By working closely with patients and healthcare providers, this project will co-create practical tools to make lung cancer screening easier to access. Key parts of the project include:

1. **Provider-facing Tools**: Simple, clear tools to help healthcare providers identify and refer high-risk individuals for screening.
2. **Patient-facing Tools**: Resources to support healthcare providers in having respectful and understanding conversations about screening with patients.
3. **Action Plan**: A strategy for integrating these tools into the STOP program and sharing them with other healthcare organizations.

The tools will be designed to reflect compassionate, patient-centred care and will ensure people feel supported when discussing lung cancer screening. By making the referral process smoother and fairer, this project can help more high-risk individuals get screened early when treatment will work best.

The findings and tools from this work will be shared widely with healthcare organizations, researchers, and policymakers to improve lung cancer screening programs across Canada. Ultimately, this project aims to save lives by ensuring that everyone—no matter their background—can access the care they need to catch lung cancer early.

## I. FIGURES & TABLES (2 Tables and 2 Figures in Total).

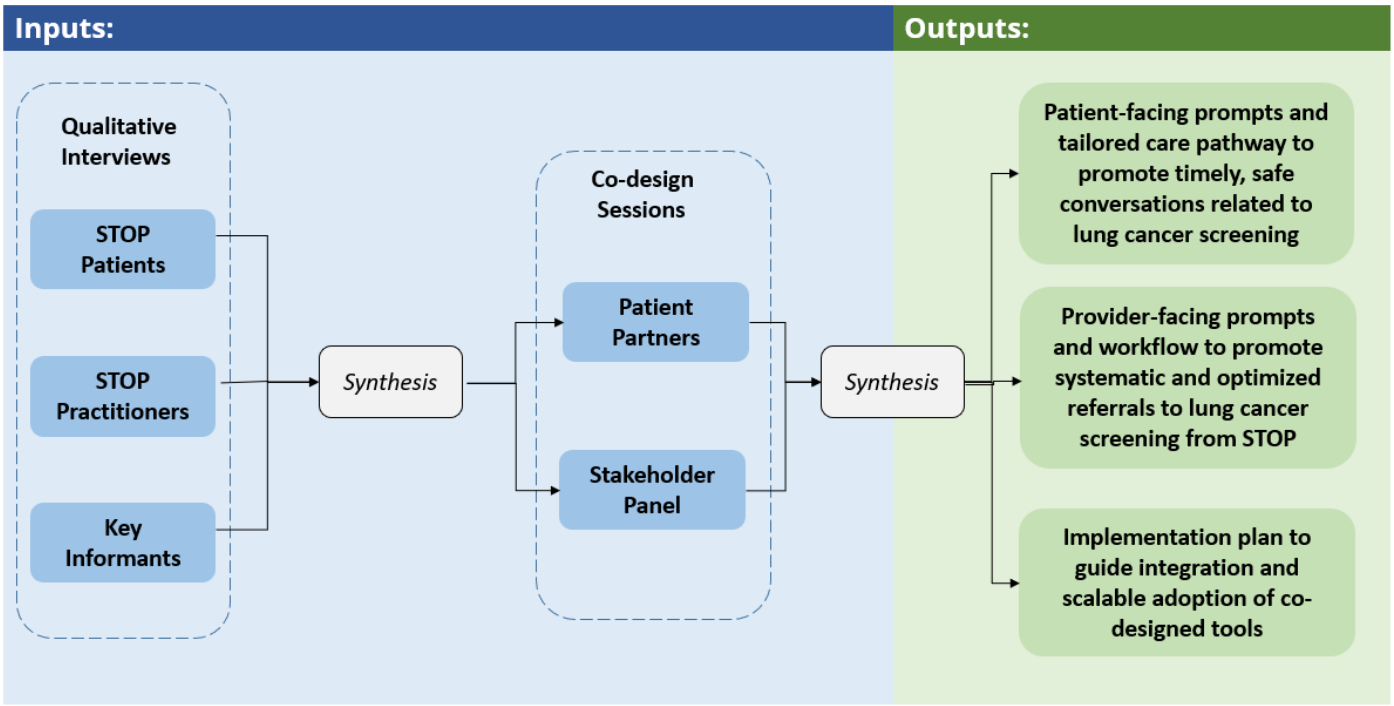



**Figure 1: Study flowchart**

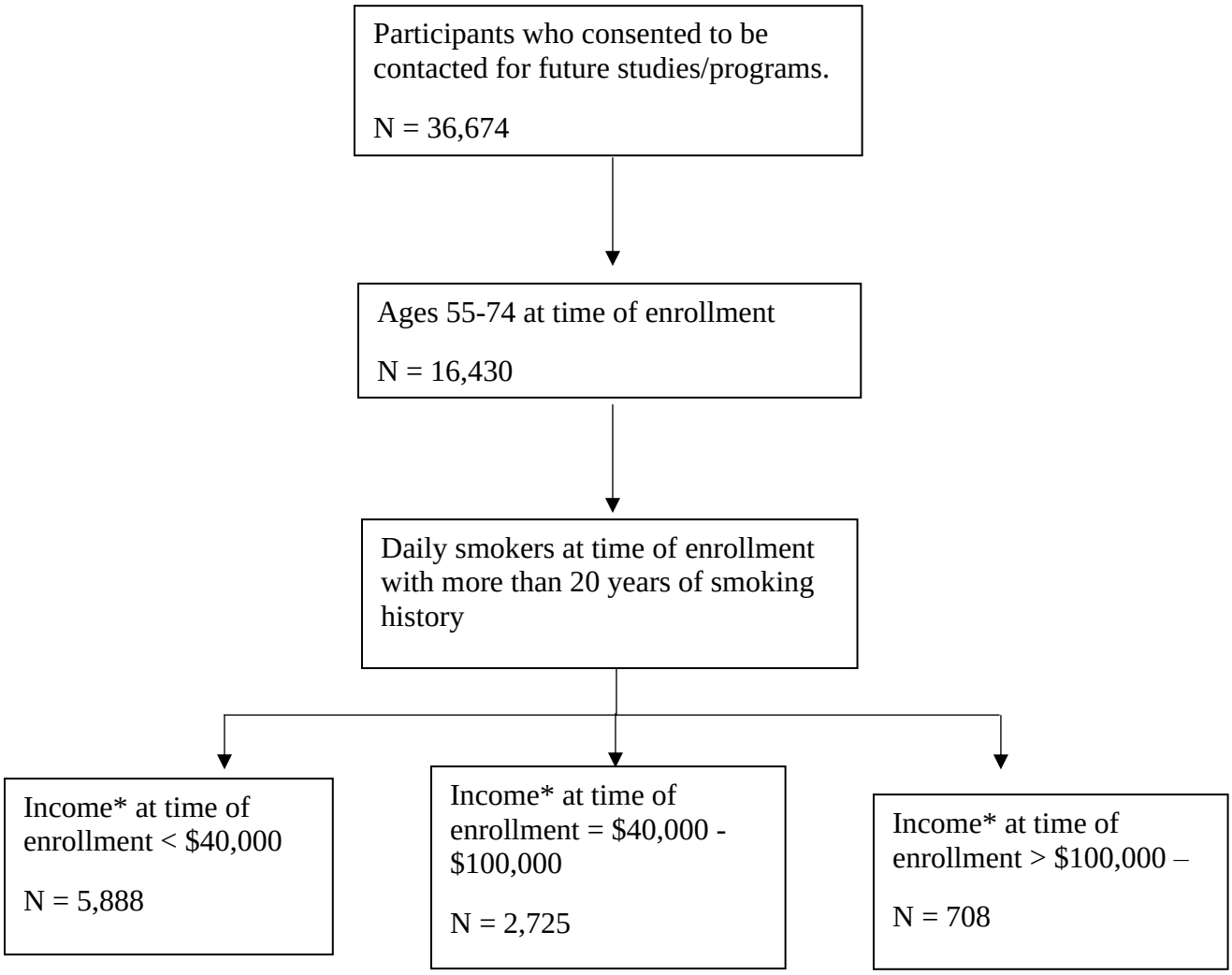
**Project Title: Closing the Gap: Co-Designing Tools to Advance Equity and Early Detection in Lung Cancer Screening**

Nominated Principal Applicant: Dr. Ambreen Sayani

| # | Activity | Start | End | Months (12 in total) 1 2 3 4 5 6 7 8 9 10 11 12 |
|---|---|---|---|---|
| **Objective 1: Co-design patient-facing prompts and care pathways informed by trauma- and violence-informed care (TVIC)** | | | | |
| 1 | Design study tools and conduct interviews with patients to collect data | 1 | 5 | |
| 2 | Analyse data with stakeholder committee and patient partner panel | 5 | 7 | |
| 3 | Co-design and prompts and optimised workflow | 7 | 10 | |
| **Objective 2: Co-design provider-facing prompts and workflows to improve systematic and timely LCS referrals** | | | | |
| 4 | Design study tools and conduct interviews with providers and key informants to collect data | 1 | 5 | |
| 5 | Analyse data with stakeholder committee and patient partner panel | 5 | 7 | |
| 6 | Co-design and prompts and optimised care pathway | 7 | 10 | |
| **Objective 3: Co-design an implementation plan to guide integration and scalable adoption of co-designed tools** | | | | |
| 7 | Analyze current referral and data collection processes to identify integration points. | 6 | 10 | |
| 8 | Co-create an implementation plan containing strategies, workflows, and training approaches | 9 | 12 | |
| 9 | Create metrics and tools to track adoption, impact, and scalability of the tools post-implementation. | 9 | 12 | |
| **Knowledge translation** | | | | |
| 10 | Publications | 12 | 12 | |
| 11 | Presentations | 12 | 12 | |

*abbreviations

**Table 1: Project milestones**




*Approximately 40% of STOP participants do not respond to the income question.

**Figure 2: Breakdown of STOP participants and potential participant recruitment pool from 2019-2024**

| Team member | Affiliation | Expertise | Role in project |
|---|---|---|---|
| Ambreen Sayani, MD, PhD | Scientist, Women's College Hospital. Assistant Professor (status pending), Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto. Health Equity Expert Advisor to the Canadian Partnership Against Cancer. | Physician, social scientist. Applied health equity researcher. Expertise in cancer care inequalities and patient engagement. | Nominated Principal Applicant – Oversight of project methods and deliverables |
| Peter Selby MBBS, CCFP, FCFP, MHSc, dipABAM, DFASAM | Giblon Professor, Vice-Chair of Research and Head of the Division of Mental Health and Addiction in the Department of Family and Community Medicine (DFCM), University of Toronto. Director Mental Health and Addictions Division at DFCM, Clinician Scientist, Campbell Family Mental Health Research Institute, Senior Medical Consultant CAMH. Lead of STOP. | Clinical investigator Strategic leadership | Co- Investigator: Team meetings to guide study design |
| Aisha Lofters, MD, PhD, CCFP | Associate Professor and Clinician Scientist, Department of Family and Community Medicine, University of Toronto. Medical Director, Peter Gilgan Centre for Women's Cancers, Women's College Hospital. | Clinical investigator. Primary care provider. Health equity researcher. Epidemiologist. | Co- Investigator: Team meetings to guide study design |
| Finley Christian MD | Clinical lead for Ontario Lung Screening Program, Thoracic surgeon at St. Joseph's Healthcare | Clinical investigator Strategic leadership | Stakeholder: Committee meetings to provide oversight and alignment. Participate in co-design |
| Gary Bloch MD | Family Medicine Physician, St. Michael's Health Centre | Primary care provider. Health Equity | Stakeholder: Committee meetings to provide oversight and alignment. Participate in co-design |
| Vanessa Redditt MD | Family medicine physician, Crossroads Clinic, Women's College Hospital | Primary care provider. Health Equity | Stakeholder: Committee meetings to provide oversight and alignment. Participate in co-design |
| Vanessa Wright NP | Nurse Practitioner, Crossroads Clinic, Women's College Hospital | Primary care provider. Health Equity | Stakeholder: Committee meetings to provide |

| | | | |
|---|---|---|---|
| | | | oversight and alignment. Participate in co-design |
| Annemarie Edwards | Vice President, Cancer Strategy and Innovation | Strategic leadership | Stakeholder: Committee meetings to provide oversight and alignment. Participate in co-design |
| Bikila Amenu | Patient partner, Women's College Hospital. | Lived/ living experience advisor. | Patient partner: Monthly meetings to guide research methodology, co-design and dissemination plan |
| Howard Freedman | Patient partner, Women's College Hospital. | Lived/ living experience advisor. | Patient partner: Monthly meetings to guide research methodology, co-design and dissemination plan |
| Angus Pratt | Patient partner, Women's College Hospital. | Lived/ living experience advisor. | Patient partner: Monthly meetings to guide research methodology, co-design and dissemination plan |
| Camus Jean-Claude | Patient partner, Women's College Hospital. | Lived/ living experience advisor. | Patient partner: Monthly meetings to guide research methodology, co-design and dissemination plan |
| Venisha Ramasamy | Patient partner, Women's College Hospital. | Lived/ living experience advisor. | Patient partner: Monthly meetings to guide research methodology, co-design and dissemination plan |
| Tara Jeji | Patient partner, Women's College Hospital. | Lived/ living experience advisor. | Patient partner: Monthly meetings to guide research methodology, co-design and dissemination plan |
| Abimbola Saka MD., MBA., MHSc. | Postdoctoral Fellow, Health Services. CAMH | Trainee and experience as a health services researcher | Co-investigator: Team meetings to guide study design |
| Zeenat Ladak MSc, PhD(c) | Research Coordinator, Women's College Hospital. PhD Candidate, University of Toronto. | Qualitative health services researcher. Implementation science. | Co-investigator: Team meetings to guide study design |
| Mathangee Ligam | Clinical Research Coordinator, CAMH | Clinical research coordinator with extensive knowledge of the STOP program | Co-investigator: Team meetings to guide study design |

**Table 2: Study team and roles**

## J. STUDY BUDGET

| Breakdown of Budget Cost | | |
|---|---|---|
| **BUDGET ITEMS** | **DESCRIPTION** ***(hourly rate + benefits, number of days included, etc.)*** | **Total Cost** |
| **1. Personnel Cost** | | |
| Research assistant | @$39 per hour for 0.4 FTE plus 30% benefits dedicated to project goals | $39,000.00 |
| Patient partner honoraria | 6 patient partners @$30 per hour – one hour per month for 12 months in total. Plus 5 hours of co-design | $3060.00 |
| **2. Materials, supplies and other expenditures** | | |
| Interviews - $100 per interview | 15 provider + 15 patient + 15 key informants interviews | $4500.00 |
| **3. Knowledge dissemination activities** | | |
| Publication Fees | Publication in discipline-specific journal | $3400.00 |
| **TOTAL PROJECT COST** | | $49,960.00 |

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Lung Cancer Canada
133 Richmond St W. Suite 208
Toronto ON M5H 2L3

January 31, 2025

**RE: Host Institutional Support Letter regarding Dr. Ambreen's Sayani's application to the Lung Ambition Award**

To Whom it May Concern,

On behalf of Women's College Hospital (WCH), I am pleased to express our support for Dr. Ambreen Sayani's grant application entitled *"Co-Designing Tools to Improve Equity in Lung Cancer Screening Care Pathways"* This innovative project represents a critical step toward addressing persistent health inequities and advancing person-centered care for individuals experiencing barriers to lung cancer screening across Ontario.

Women's College Hospital is a globally recognized leader in women's health and health equity. As Canada's first and only fully ambulatory academic hospital, WCH is committed to reshaping the healthcare landscape through innovation, research, and advocacy. Our mission centers on reducing systemic barriers, improving patient-centered care, and addressing the social determinants of health, particularly for underserved populations. With a focus on health equity, our strategic priorities align closely with Dr. Sayani's proposed project to improve access to lung cancer screening through fostering collaboration with patient partners and co-creating solutions with patients to reimagine care models.

As the host institution for this application, WCH fully supports this application and we are committed to providing Dr. Sayani and her team with the necessary research-related support, if the application is successful. Moreover, Dr. Sayani will have the opportunity to leverage WCH's extensive networks across academic institutions, clinical care settings, and community-based organizations to foster collaboration, engage diverse stakeholders, and amplify the project's reach and impact.

Dr. Sayani holds a full-time position as a WCRI scientist, where the institute will provide comprehensive support to her proposed research program and team. As a Scientist, Dr. Sayani is provided with a private, furnished office at WCRI and additional workspace for her staff and students on the sixth floor of the hospital, with direct access to support staff and operational resources. The hospital also provides meeting rooms, conference facilities and dedicated team rooms, as well as computers and communications networks. In addition, WCRI provides access to the following resources:

- A Research Grants Office to support and review research proposals and grant award applications.
- A Research Contracts Office to coordinate research contracts and agreements.
- WCH Finance Office to administer research grants once awards; and manage financial reporting, research cost centres, and assist with procurement and purchasing.
- A Research Ethics Office to coordinate communication with the Research Ethics Board and provide oversight for research ethics at WCH.
- Technical support for REDCap survey management and online database development.

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- Trainee support, including the on-boarding of new trainees at WCRI, and coordination of trainee initiatives, awards and events (such as the Summer Student Research Program).
- Research hiring, including facilitation of the hiring process of new support staff.
- Statistical support and an Institute of Clinical Evaluative Sciences-appointed analyst.
- Mentorship opportunities and resources through the Emily Stowe Scholarship Program and Summer Student Program.
- Toolkits for SGBA+ research considerations and resources for patient and community engagement through the support of a Patient Engagement Lead.

Overall, this represents dedicated operational research support to ensure the success of Dr. Sayani's project for the Lung Cancer Canada – Lung Ambition Award application.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Rulan Parekh

Rulan Parekh, MD, MS, FRCPC
Vice-President, Academics
Women's College Hospital
Professor of Medicine, Pediatrics, Epidemiology, Health Policy, Management and Evaluation
University of Toronto

76 Grenville Street, Toronto ON M5S 1B2
T 416.323.6400
www.womenscollegehospital.ca
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