CCRAN Colorectal Cancer Resource & Action Network | RISCC Réseau d'informations et soutien pour le cancer colorectal

A PATIENT-FOCUSED ORGANIZATION

2025 NATIONAL PAN-TUMOUR CLINICIAN SURVEY: IDENTIFYING CURRENT CLINICAL UTILIZATION & UTILITY OF COMPREHENSIVE GENOMIC PROFILING FOR PATIENTS DIAGNOSED WITH METASTATIC CANCER ACROSS MULTIPLE TUMOUR TYPES

EXECUTIVE SUMMARY

BACKGROUND

As precision oncology advances, Comprehensive Genomic Profiling (CGP) is increasingly recognized as a critical tool in guiding targeted treatment for patients with metastatic cancer. By identifying actionable mutations, CGP supports more personalized and effective care across tumour types, especially where standard therapies are limited. Liquid biopsy has also emerged as a minimally invasive complement, offering clinical utility when tissue samples are insufficient or unavailable.

Despite its growing importance, the clinical use of CGP and liquid biopsy in Canada remains variable. Uptake is influenced by tumour type, institutional capacity, funding mechanisms, and clinician familiarity. To better understand how, where, and for whom CGP is used in practice, the Colorectal Cancer Resource & Action Network (CCRAN), a national patient-focused organization, conducted a pan-tumour survey of medical oncologists, fellows, and residents across the country.

This work goes beyond clinical preferences—it reflects the health system's broader readiness to integrate precision diagnostics equitably. Identifying gaps and patterns in CGP use helps inform policies, streamline access, and align infrastructure with clinical need. These insights support national efforts to ensure that all patients, regardless of geography or cancer type, can benefit from genomics-informed, targeted treatment decisions.

SURVEY OBJECTIVES

In the spring of 2025, CCRAN, in collaboration with 23 patient advocacy groups, conducted a pan-Canadian online survey to assess how medical oncologists are currently utilizing CGP, including liquid biopsy, for patients with metastatic cancer. The survey aimed to: **(i) assess the current use of CGP across tumour types in clinical practice, and (ii) identify gaps in clinical processes and policy that limit the integration of CGP as a standard of care for patients diagnosed with metastatic cancer in Canada.**

These insights are intended to inform national dialogue and guide clinical and systemic actions that will support the broader integration of CGP into routine oncology care, ensuring more equitable and timely access to precision oncology for patients across Canada.

METHODS

The CCRAN team developed a clinician survey consisting of 20 multiple-choice and open-ended questions to collect both quantitative and qualitative data. The survey explored:

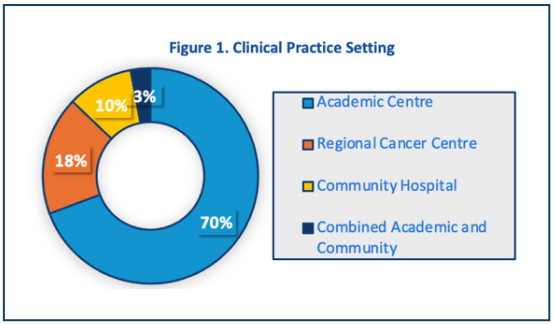
(i) clinician demographics, (ii) tumour types treated, (iii) clinical access to CGP and liquid biopsy, (iv) perceived benefits and access-related barriers to CGP, and (v) opportunities for system-level improvement and clinical integration.

The survey was hosted on SurveyMonkey from February 12th – May 4th, 2025, and disseminated through a multi-channel, multi-stakeholder approach, including the **Canadian Association of Medical Oncologists (CAMO), email blasts, social media channels and national support groups**. CCRAN was **supported by 23 patient advocacy groups**, which helped strengthen outreach and clinician engagement across diverse practice settings, tumour types and geographic regions.

KEY RESULTS

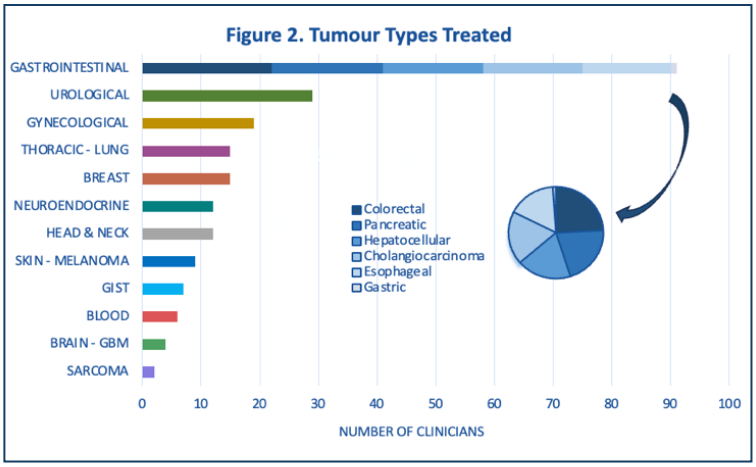
CLINICIAN DEMOGRAPHICS AND TUMOUR TYPES

- 40 licensed Canadian clinicians, treating adult and pediatric patients diagnosed with metastatic cancer completed the survey
- Representation spanned **8 provinces**, with the highest participation from ON **(60%)**, followed by BC **(10%)**, MB and QC **(8% each)**, NB and SK **(5% each)**, & PEI and NS **(3% each)**



BIOMARKERS CONFERENCE 25

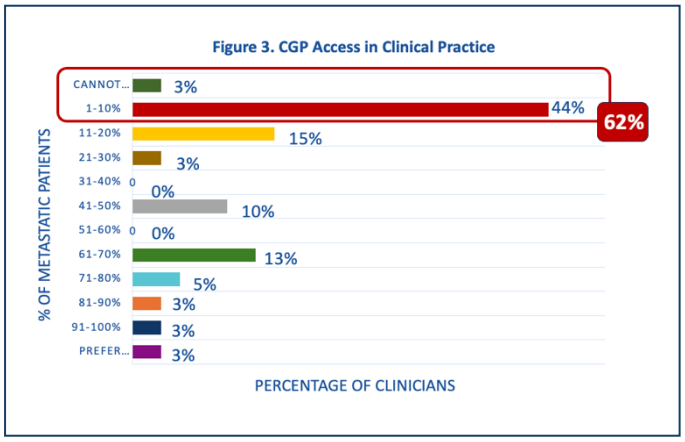
- **70%** practiced in academic centres; **18%** in regional cancer centres; **10%** in community hospitals; and **3%** in mixed academic/community settings (Figure 1.)
- A diverse and overlapping range of tumour types was reported across 40 clinicians, reflecting varied areas of clinical practice: **Gastrointestinal** cancers were most frequently reported, followed by **urological, gynecological**, **lung,** and **breast cancers** (Figure 2.)

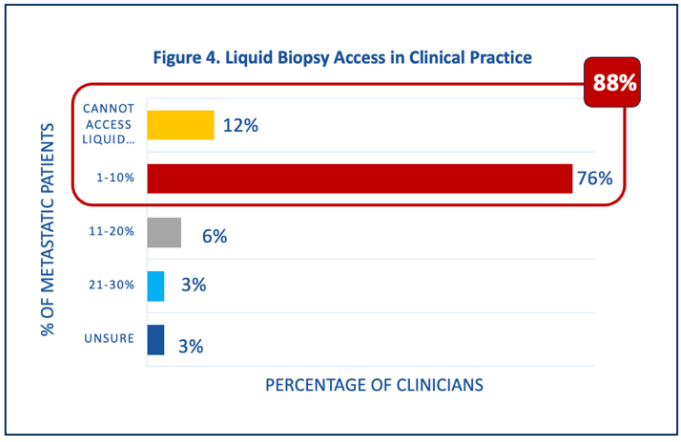


CLINICAL EXPERIENCE WITH CGP & LIQUID BIOPSY

Utilization in Clinical Practice:

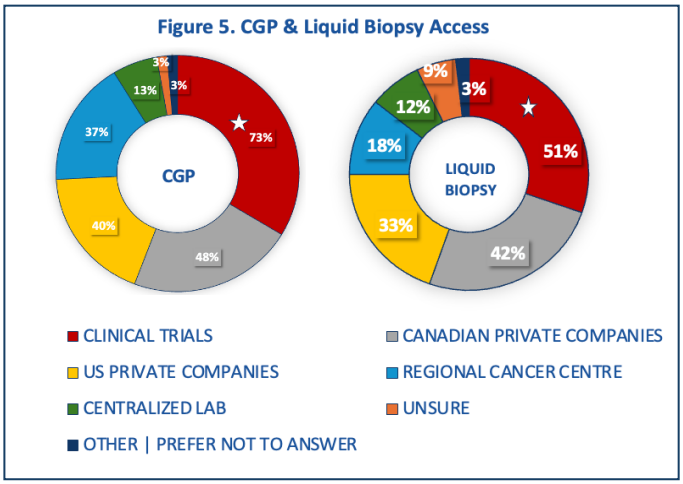
- Limited access remains a major concern**:** **62%** report being able to use CGP for only **20% or fewer** of their metastatic cancer patients (Figure 3.)
- Access to liquid biopsy remains critically low: **88%** of clinicians reported either no access or utilization in **≤10%** of metastatic cases (Figure 4.)
- **65%** of clinicians believe that <u>all</u> metastatic tumour types would benefit from access to CGP
- Despite its clinical value, **50%** of clinicians report no access to publicly funded CGP, while **76%** report the same for liquid biopsy.





Access Pathways & System Readiness:

- Clinical trials remain the most common access point for CGP **(73%)** and liquid biopsy **(51%).** Private companies are the next most widely utilized pathway: Canadian (**48%** CGP, **42%** liquid biopsy) and U.S. based (**40%** CGP, **33%** liquid) (Figure 5.)
- **83%** of clinicians report that CGP helps identify additional precision medicine treatment options, with **81%** citing its role in off-label therapy identification and clinical trial matching



- **2/3** of respondents also recognize CGP's value in guiding targeted care, while **1/3** referenced potential economic benefits
- Many barriers to CGP access were reported, including the lack of insurance coverage **(76%),** absence of standardized testing protocols **(73%),** and limited access to targeted therapies **(70%)**
- Additional constraints include test availability **(64%)** and long turnaround times **(52%)**
- While many clinicians recognize the value of CGP, most emphasize the need for system-level enablers, mostly structural in nature: policy, funding and workflow alignment (Figure 6.)
- In contrast, key clinical resources, such as tumour boards, pathology teams, molecular labs, and navigation support are already in place and supporting CGP in some centres

Figure 6. System Enablers

INTERNAL PROCESSES NEEDED
"Health cost-benefit analysis"
"Molecular pathology being willing to release results rather than control the message"
"Ordering well validated tests that impact outcome"
"Centralized labs"
"Access to regular funding"
"Test availability at no cost to patients"
"[Short] turnaround time"
"Report entire panel & launch EMR genomic module to assist molecular pathologists"
"Treat based on NGS results and not just as per funding guidelines"

Clinician Perspectives: What if CGP became the Standard of Care for Metastatic Patients?

*More patients could be directed to **timely & appropriate trials**, advancing **research & new treatments.***

*"Patients/family will have questions about non-driver/non-targetable alterations, it will be **more time consuming & confusing for patients & families."***

*"Would **spare patients from the impact of cytotoxic chemo** and help guide decisions with 'borderline' resectable tumours that may respond better to targeted therapies."*

*Must address **health systems capacity** in a multi-faceted approach: **strengthen health care infrastructure & resources**, develop new models of care, & redesign care pathways.*

*"Hard to judge because the next hurdle is **lack of access to drugs and trials."***

*"Able to **better discuss prognosis, diagnosis, and treatment options** with my patients to make **better informed and timely decisions."***

*"I'd need a **quick turnaround time, access to medication**, & a test that is **easily interpretable and actionable."***

CONCLUSIONS AND CALLS TO ACTION

There is an urgent need to expand access to CGP for patients with metastatic cancer across Canada. Despite strong clinical support for CGP, many clinicians report limited access to testing, long turnaround times, inconsistent reporting standards, and systemic gaps that hinder its integration into routine care. These challenges are compounded by disparities in infrastructure, training, and a lack of public funding. To realize the full potential of precision oncology, coordinated action is needed to address barriers across clinical, policy, and institutional levels.

While two-thirds of Canadian clinicians believe all tumour types would benefit from CGP, only one-third currently have access to publicly funded testing. Despite strong motivation, multiple barriers continue to limit clinical implementation across tumour types. Clinicians expressed a need for more informative, actionable CGP reports to guide treatment planning, along with streamlined processes that ensure timely and equitable access. The following **calls to action** are informed by the findings from the 2025 National Pan-Tumour Clinician Survey:

i. Invest in laboratory medicine infrastructure to improve access to CGP and liquid biopsy
ii. Facilitate improved interprofessional collaboration between pathology and oncology professionals
iii. Collaboration between regulators, payers and industry to improve access to targeted therapies
iv. Publicly fund CGP for all advanced and metastatic cancers

CCRAN extends its sincere appreciation to the patient advocacy groups and CAMO whose collaboration and support were instrumental in helping to generate the 2025 National Pan-Tumour Clinician Survey findings. We are equally grateful to the clinicians who generously shared their time and insights. Their collective commitment helped shape and advance this important work