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FPON Webinar Attendance

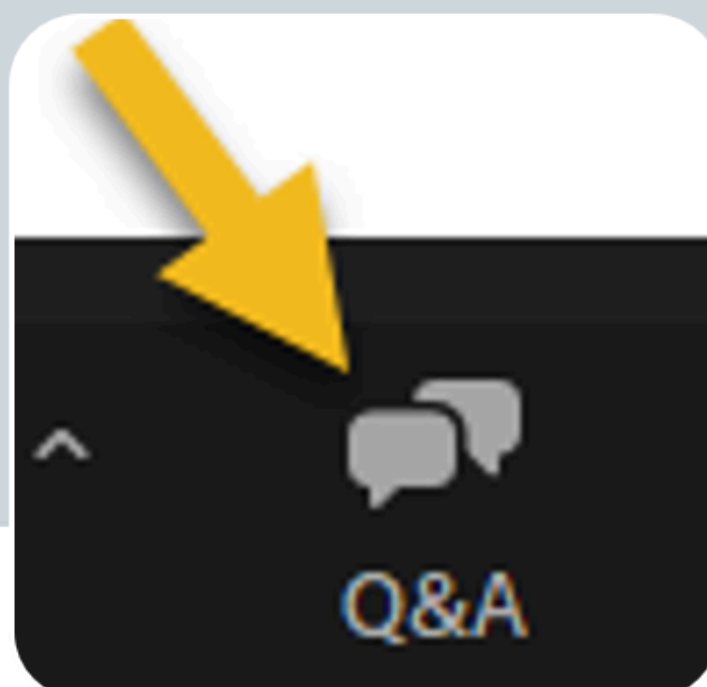
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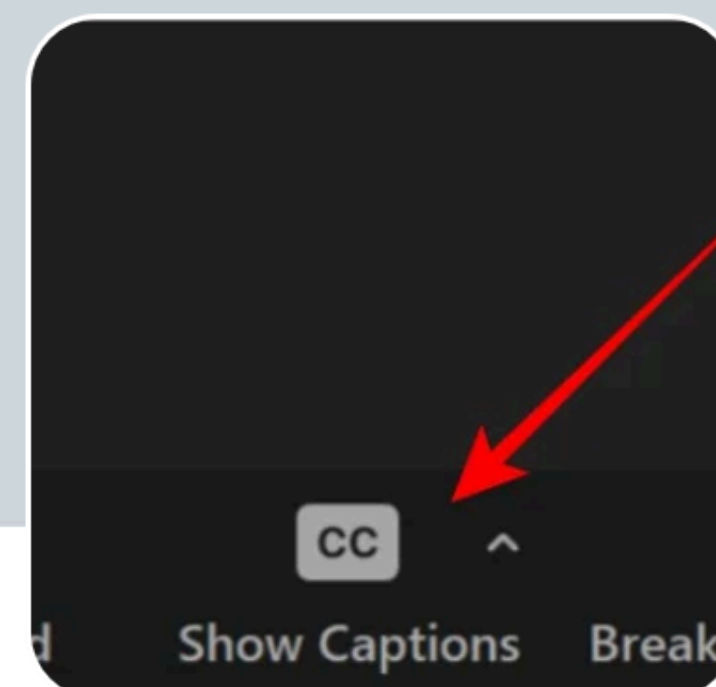
Fill out attendance and evaluation forms



Use “Q&A” function for questions to the speaker



Email
cpd.education@ubc.ca
for technical issues



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Reshaping AYA Cancer Care, Together.

June 18, 2026

Family Practice Oncology Network



Provincial Health Services Authority



anew

Reshaping young adult cancer care, together.

With Gratitude

We are grateful to live, work, and be in relation with people from across many traditional and unceded territories, covering all regions of British Columbia and the Yukon. We are honoured to live on this land and are committed to reconciliation, decolonization, and building relationships in our communities.

We have no actual or potential conflict of interest to declare in relation to this presentation

Disclosures

Learning Objectives

1. Describe the unique clinical and support needs of adolescent and young adult (AYA) with cancer amid rising incidence;
2. Integrate AYA-focused resources, such as fertility care and specialized counselling, into practice; and
3. Review plans for a provincial AYA care and support program including navigation, peer and virtual support and survivorship care.

Meet Dr. Nivan Sharma





Prince Rupert, B.C., Canada

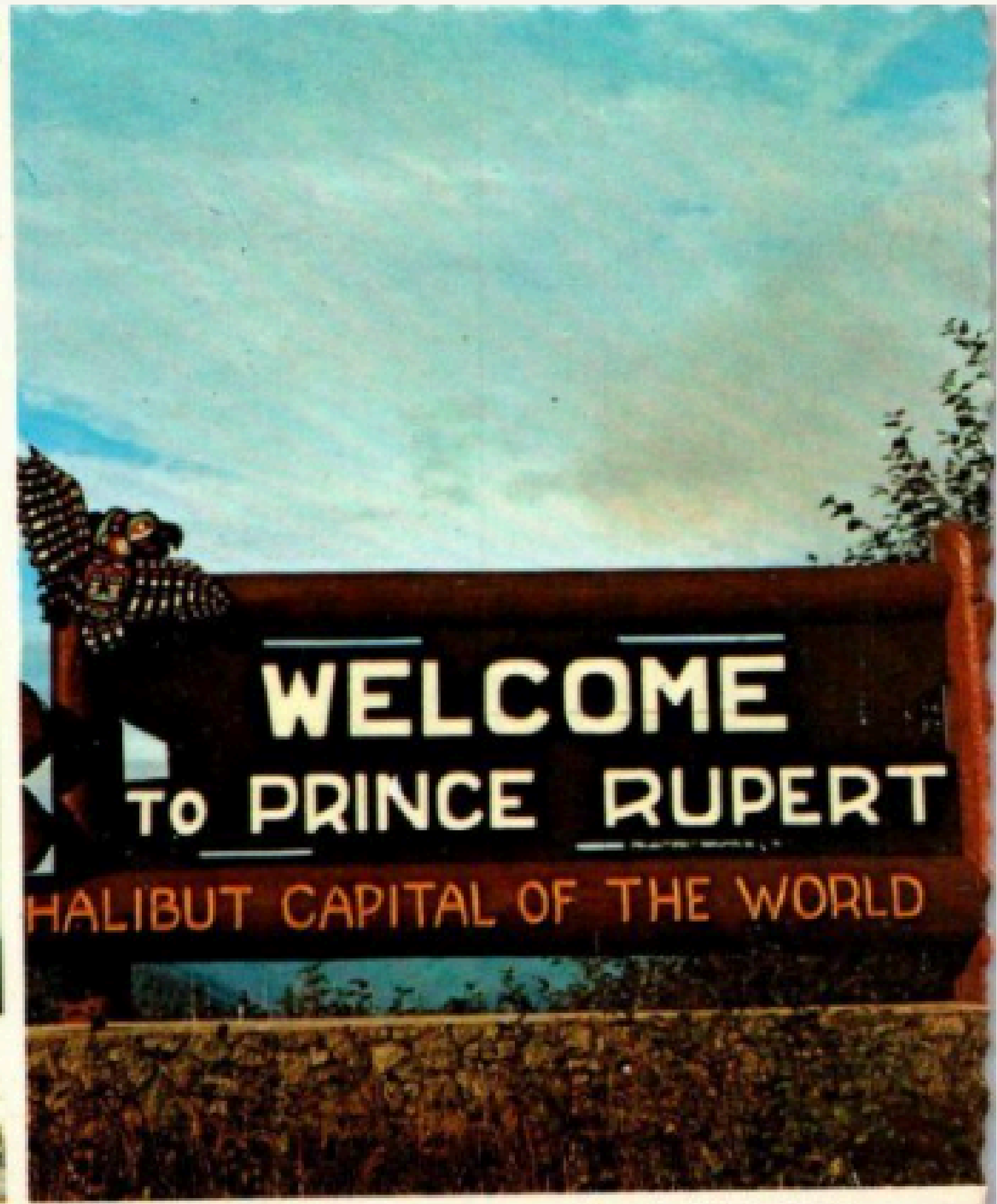
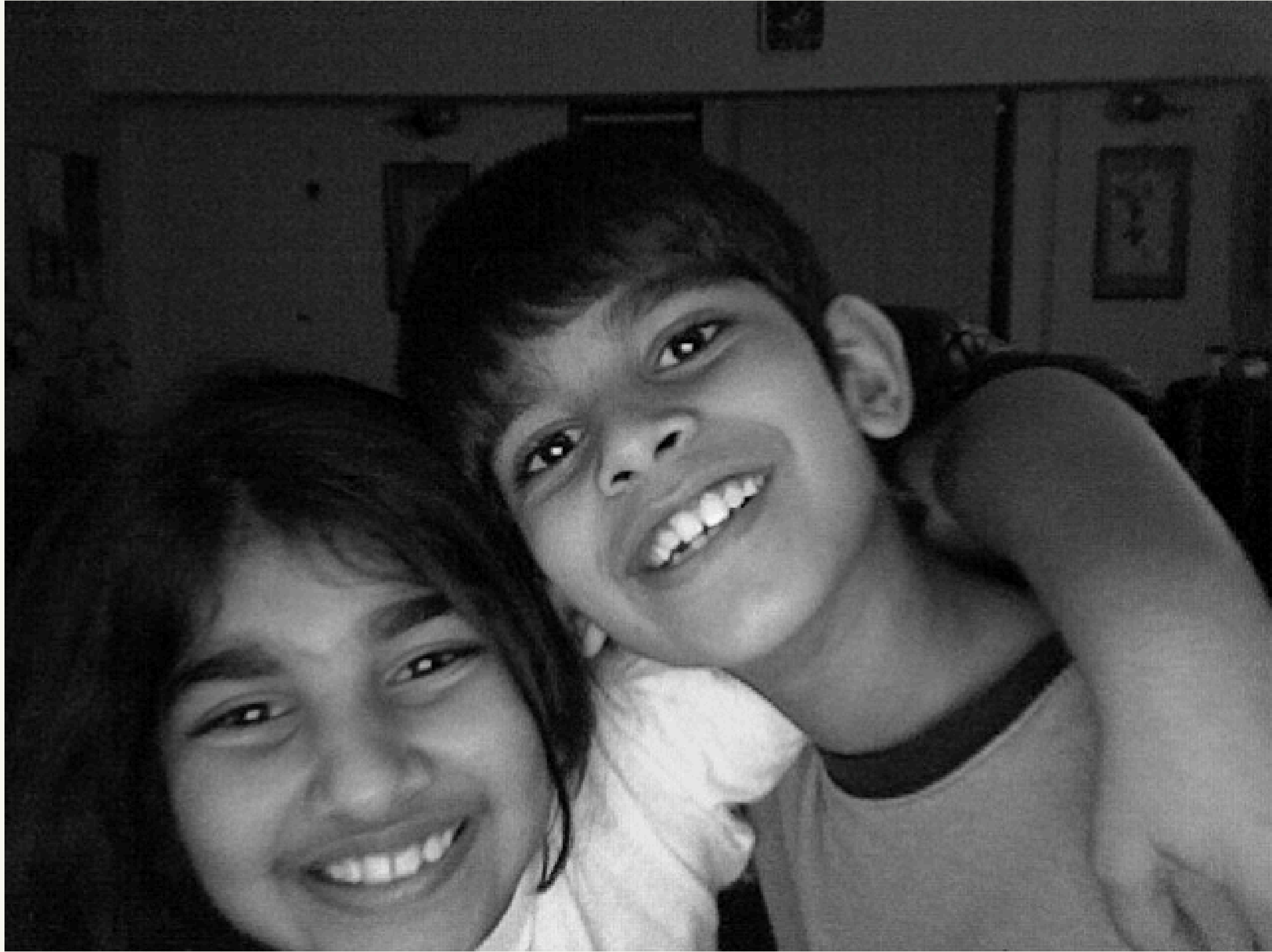


Photo by Gladys Blyth













Alaska, U.S.A.

Yukon
Whitehorse

North West Territories

CANADA

Pacific Ocean

British Columbia

Alberta

Prince Rupert

Queen Charlotte Islands/
Haida Gwaii

Skidegate

Prince George

Edmonton

Port Hardy

Jasper

Calgary

Vancouver Island

Victoria

Vancouver

Banff

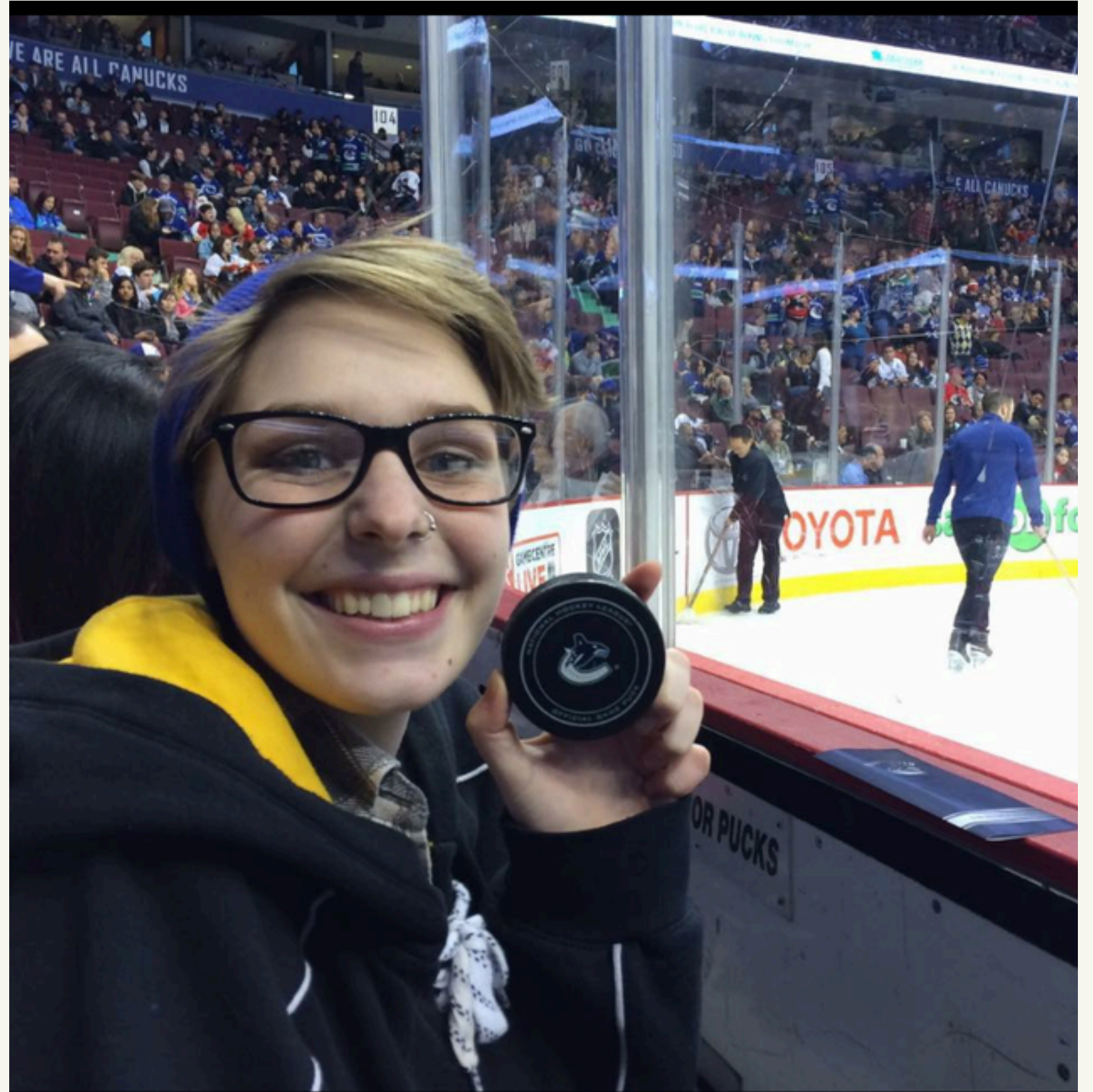
Seattle

USA

















**AYA Care in
BC/Yukon**

AYA :

Adolescent & Young Adult

Anyone diagnosed with cancer
between the ages of 15-39.

9200

Annually in Canada

1200+

Annually in BC/Yukon

>3

AYAs per day

AYA cancer diagnoses have increased 79% since 1990

AYA survivors will live 50-60 yrs post treatment - over half with health challenges

Why AYAs?

Cancer in young adults is unique

I was diagnosed with an aggressive breast cancer at the age of 34. My eldest son was 2 and my daughter was 6 months old. I worried “who will watch the kids while I am in treatment?” and “what will happen to my family if I am no longer around?” I constantly heard “these aren’t symptoms we normally see” and “we’ve never seen THIS before.”

~ Lise (1981 - 2024)



**AYAs have
limited access to
clinical trials.**

**Survival rates for AYA
have not seen the same
improvements as other
populations**



*Being diagnosed as a young adult
with cancer is different and comes
with so many challenges that are
unique to us. Dealing with this is hard
enough but another layer is added
to the storm as a person of colour.*

~Charlene

**Limited equitable
and inclusive
AYA cancer care
and support**



anew

Reshaping young adult cancer care, together.

RESHAPING YOUNG ADULT CANCER CARE TOGETHER

YOUNG ADULTS (YA) KEY FACTS

- DIAGNOSED BETWEEN 15-39 YRS
- ~5% of NEWLY DIAGNOSED PATIENTS PER YEAR
- UNIQUE MEDICAL & PSYCHOSOCIAL NEEDS
- SURVIVAL RATES NOT INCREASING
- LIMITED ACCESS TO CLINICAL TRIALS
- 0.4% of RESEARCH FUNDS DEDICATED TO RAS



UNIQUE STAGE of LIFE
UNIQUE NEEDS

WHAT SUPPORTS EXIST?

- COUNSELLING
- ONLINE PEER SUPPORT GROUPS
- UNIVERSAL HEALTH CARE
- SOME SUPPORT ORGANIZATIONS (e.g. CALLANISH, INSPIREHEALTH, YACC)
- RESEARCH TEAM ...> ANEW

IMPROVE YA CANCER CARE

- FERTILITY SUPPORT
- FINANCIAL SUPPORT
- SEXUAL HEALTH
- MENTAL HEALTH
- HOLISTIC CARE
- FAMILY/CHILDREN SUPPORT
- END OF LIFE CARE

WHAT WOULD IMPROVE CARE?



KNOWLEDGE HUB

RECOGNIZE OUR UNIQUE NEEDS & CONTRIBUTIONS



YA PATIENT NAVIGATOR

HELP ME FIND RESOURCES & SUPPORT

CAREER · EDUCATION · FINANCES · FAMILY DREAMS · RESPONSIBILITIES

LET'S COLLABORATE ON MY CARE

PARTNER IN CARE

TOP PRIORITIES

KEY INITIATIVES

DR. CHERYL HEYKOOOP

• YA RESEARCH: CREATIVE, PARTICIPATORY ACTION-FOCUSED, EQUITY-ORIENTED PARTNERSHIP-DRIVEN

DR. ALANNAH SMRKE

ONCOLOGIST · BC CANCER

- BUILDING CONNECTIONS
- LEVERAGING OPPORTUNITIES IN CARE
- RAISING AWARENESS

DR. JON AVERY

RESEARCH FELLOW · UBC SCHOOL OF NURSING

- ADVANCED CANCER RESEARCH & SUPPORT PROGRAM NEEDS

• GLOBALLY

WE HAVE YOUNG ADULT CANCER CARE

• NATIONALLY

WE DON'T...

BUT IN BC



THINGS ARE HAPPENING

NOT YET

SUSTAINABLE FUNDING

RESEARCH & CLINICAL TRIALS

SHIFT IN THE SYSTEM

LONGITUDINAL FOLLOW-UP

YA PATIENT NAVIGATOR

CARE THAT IS

- YA SPECIFIC
- EQUITY-ORIENTED

YA SPECIFIC PROGRAMS

KNOWLEDGE HUB

QUARTERBACK FOR CHANGE

MOVING FORWARD TOGETHER

#AYA ONCOLOGY IN BC

PROGRESS SINCE 2022

- ▣ RACIALIZED EXPERIENCE RESEARCH
- ▣ CREATIVE WORKSHOPS
- ▣ IMMERSIVE THEATRE
- ▣ BC CANCER PILOT
- ▣ DIALOGUES ON ONCOFERTILITY, RESOURCES, AND A PROVINCIAL AYA PROGRAM
- ▣ ENGAGING W/ CLINICIANS
- ▣ anewresearch.ca
- ▣ PUBLICATIONS
- ▣ CANADIAN CONVERSATIONS ON PSYCHOSOCIAL ONCOLOGY

COUNSELLING & SUPPORT

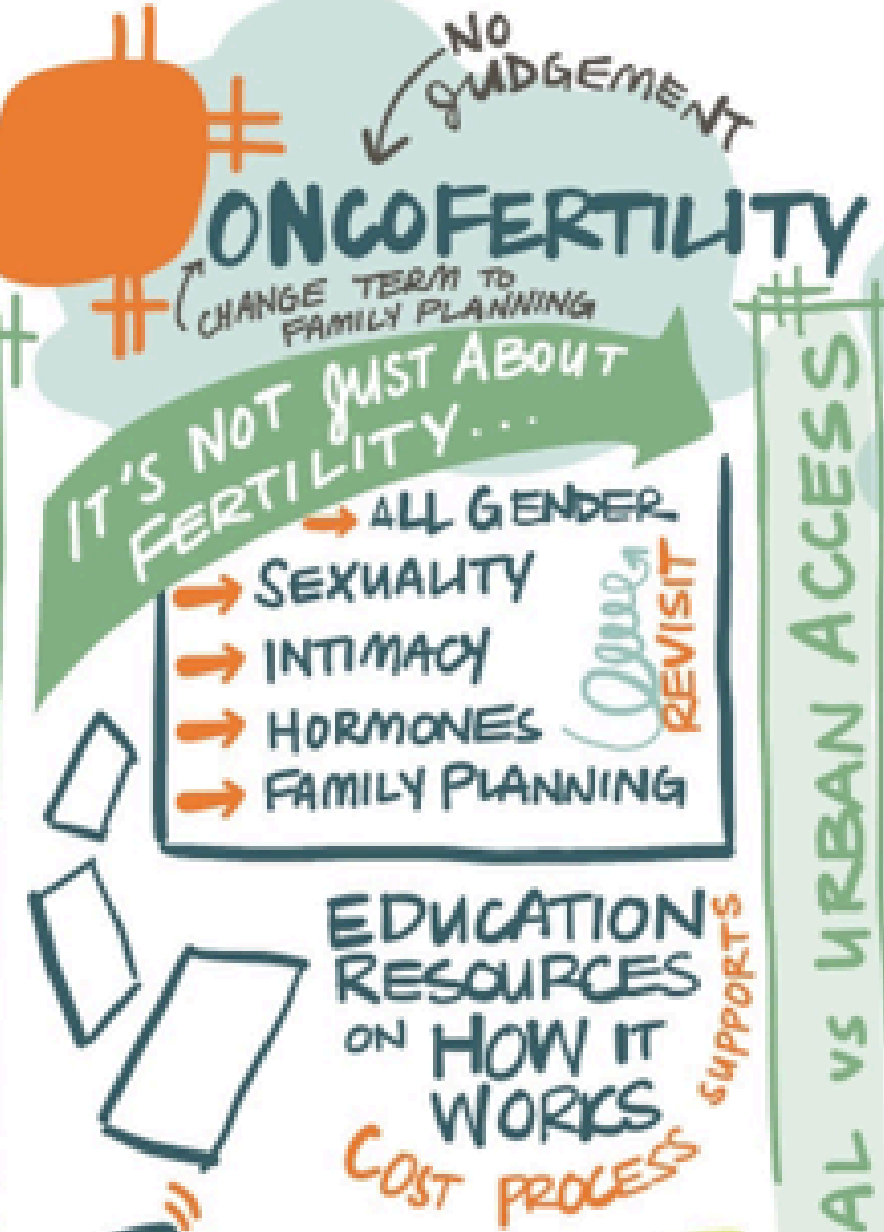


KEY MOMENTS WHERE DECISIONS NEED SUPPORT

AND YET PROCESSING NEED CAN HAPPEN @ ANYTIME

WHAT DID I JUST GO THROUGH?

ONCOFERTILITY



FERTILITY HOTLINE

CULTURALLY AWARE CARE

SORRY NOT MEDICALLY NECESSARY → ONGOING COSTS!

AYA RESOURCES



Improving Oncofertility Care

- Co-designed resources
- EMR inclusion
- Tipsheets for clinicians
- Knowledge sharing with 2500+ clinicians and care providers

Increasing Understanding

- Imagine...
- BC Cancer Keynote 2025
- Globe and Mail feature
- Maclean's feature

Counselling Pilot

- 48hrs after diagnosis
- AYA experienced counsellors

Co-Developing Resources for AYAs & Care Providers

- AYA Resource page on BC Cancer website
- Research & Supportive Care Rounds

**What challenges do
you face when
supporting AYAs?**

**What supports do
you need?**

Co-Creating Resources with AYAs

Adolescent & Young Adult Cancer Care & Support

Every year in Canada, over 9,200 Adolescents and Young Adults (AYA), ages 15-39, are diagnosed with cancer. AYAs have unique needs and challenges. Below is a collection of resources to help navigate these challenges and get support.

BC Cancer Resources

More Resources

Counselling +

Support groups +

Library +

Emotional support +

Financial support +

Work and school +

Exercise support +

Fertility and sexual health +

Parenting with cancer +

2SLGBTQIA+ +

Indigenous patient navigators +



Sign up to receive Supportive Care
monthly eBulletin by email

Helpful links

[Anew Research Collaborative](#) >

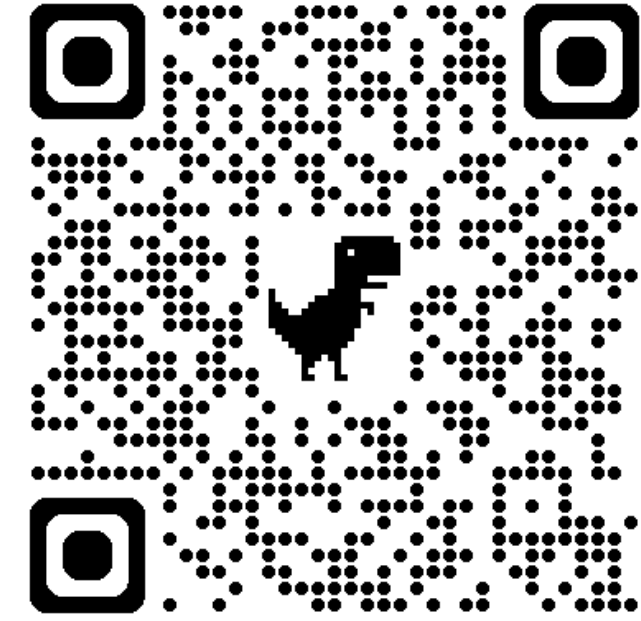
[BC Cancer Library](#) >

[BC Children's Hospital: Transition to Adult Care](#) >

[Callanish](#) >

[InspireHealth](#) >

[Young Adult Cancer Canada](#) >



Exploring fertility preservation

50

% of AYAs who had
conversations about how
treatment may affect fertility

13

% of AYAs who
underwent fertility
preservation measures

Fertility Preservation for Adolescents & Young Adults Starting Cancer Treatments

Identifying as Male at Birth



Fertility Preservation for Adolescents & Young Adults Starting Cancer Treatments

Identifying as Female at Birth



Tips for care providers working with AYAs around oncofertility

Treatment may affect the ability of adolescents and young adults (AYAs) to have children in the future. All AYAs and people of childbearing age need to have conversations about fertility and family planning. This tip sheet offers guidance from AYAs to care providers to help navigate these conversations. For more information on fertility preservation options, processes, risks, and costs, please see: the ideal care pathway and brochures (assigned male at birth, assigned female at birth).

1. Nothing about me, without me – include AYAs in decisions that affect them AYAs recognize there is tension between medical urgency and patient autonomy AND they want to be involved in conversations about their fertility and care. Engage AYAs in decisions that affect them and don't assume their fertility and treatment desires (wanting/not wanting children/more children). *"We want to be part of decisions that affect us. Don't make this decision for me. I must be part of the process."*

2. Recognize cancer and fertility can be overwhelming for AYAs When having conversations with AYAs about fertility, acknowledge the challenges they may be facing and help to normalize.

3. Be aware of the unique identities and needs Each AYA is unique, as is their care and support. Learn about who they are, their life stage and the many ways they identify (sex, gender, culture, race, ability/disability, etc.). Tailor their care accordingly. *"Remember not all AYAs are the same. We are each our own unique selves."*

4. Provide clear information and timelines AYAs want to understand how treatment affects fertility (including medically induced menopause), the options for fertility preservation, the pros and cons, the long-term implications, timelines, costs and when decisions need to be made. *"Be upfront about the impact to my future capacity to have a family – we can handle it, and it is better to know."*

5. Ensure AYAs have all the information they need to make informed decisions If you don't have the answers to help the AYA make an informed decision, refer them to someone who does and/or can offer the support they need.

6. Give space and time to make decisions AYAs want time and space to process information and make decisions without pressure, and they want accessible and appropriate support.

7. Ensure AYAs feel supported When engaging with AYAs about fertility and cancer, ensure AYAs are connected to the people they need to feel supported (e.g. Patient and Family Counselling, Indigenous navigation, fertility counsellor, etc.). Provide referrals for support.

8. Provide AYAs opportunities for both private and conversations with family There can be complex family and cultural dynamics around fertility and treatment discussions. Create opportunities for both private and conversations with family (especially for younger AYAs) and be mindful of family and cultural considerations. Engage colleagues to support as needed.

9. Provide more than one opportunity to discuss and revisit treatment and fertility preservation options For many this is not a one-off conversation. Please refer to the ideal care pathway for guidance on conversations timing and prompts.

10. Document, review and communicate with care team Poor coordination between providers creates significant burden for AYAs, and AYAs feel frustrated when they are repeatedly asked the same questions. Use the patient chart to document. Review key information and decisions.

11. Recognize the long-term impact of fertility decisions Fertility decisions have long-term impact and can affect survivorship and quality of life. Acknowledge this and ensure AYAs have the information, resources and support to navigate life beyond cancer.

12. Use Suitable Means to Communicate with AYAs Consider how you can communicate via text or email to share information and resources.

13. Remember, AYAs need advocates The cancer care system is not designed for young people. Be an advocate for AYAs as they navigate fertility and cancer care broadly. Connect them with resources and supports, and advocate for AYA specific programming and services.

Oncofertility Care Pathway Conversations / Actions

This is the ideal oncofertility care pathway for any person diagnosed with cancer as an adolescent or young adult (AYA), between the ages of 15-39, at BC Cancer. Aligned with BC Cancer's fertility policy (2024), the care pathway may extend to individuals over 40 who are of childbearing age. The pathway and timing between steps may differ depending on each person's unique needs. Ideally, many steps occur quickly to enable treatment to begin.

Pre-first appointment Nurse/Survey to:

- Introduce concept that treatment may affect fertility and pregnancy
- Introduce that options/support exist to preserve fertility
- Mention Patient & Family Counselling (PFC) and the services they offer for AYAs.
- Provide link to [online resources \(including costs\)](#)
- Prepopulate fertility and cancer referral form for fertility clinic if AYA desires

Before first appointment with clinician Nurse to:

- Offer an overview of what to expect at first appointment with oncology team
- Note partner/family member/support person welcome to join all appointments and that support can be helpful to receive and document information
- Raise fertility and pregnancy considerations noting that treatment may affect fertility and that options exist to preserve fertility
- Encourage AYA to think beyond cancer when considering fertility preservation
- Provide link to [online resources](#) (including costs)
- Explore any AYA questions and concerns and AYA specific needs
- Link AYA to Patient Experience team to connect with relevant peer support options and PFC for counselling support

First appointment Clinician to:

- Raise fertility considerations including further detail on how treatment may affect fertility, and that options/support exist to preserve
- Highlight relevant options to preserve fertility (e.g. freezing sperm, eggs, embryos, ovarian tissue) if necessary
- Offer information about ovarian/gonadal suppression during treatment and side effects
- Ensure PFC referral occurred - if not, issue referral
- Provide AYA with fertility and cancer resource: brief print version with link to comprehensive online resource
- Encourage AYA to carefully consider how treatment may affect fertility and may impact family planning in the future
- Remind them to reach out to PFC and/or fertility clinic to discuss further
- If AYA would like to or is unsure about fertility preservation and/or having a family in the future, issue referral for consult to fertility clinic
- When referring to fertility clinic be sure to order any necessary blood work and offer details on diagnosis, treatment plan, and oncology contact

BC Cancer referral for fertility preservation consultation

Patient legal name _____

Preferred name & pronouns _____

PHN _____ DOB _____

Address _____

Email _____ Phone number _____

BC Cancer Centre Location _____

Referring Provider:

Name _____ Email _____ Phone number _____

Reason for Referral:

Fertility Assessment Yes

Egg/Embryo Cryopreservation Yes

Sperm Cryopreservation Yes

Primary BC Cancer Provider (Oncologist/Radiation Oncologist/Surgeon) to coordinate care:

Name _____ Email _____ Phone number _____

Cancer Diagnosis (Type and Stage): _____

Treatment Intent: Curative Palliative

Is there a known cancer gene mutation (i.e. BRCA1 mutation)? Yes Specify _____

No

Treatment Plan:

Start date for treatment _____

Systemic therapy protocol _____

Surgery _____

Cranial/pelvic radiation _____

Patient Clinical Status:

If female, last known menses: _____

Suitable to travel to clinic? Yes No

Suitable to receive procedural sedation? Yes No

Patient Co-morbidities: _____

Relevant surgical history: _____

BC Cancer Care Team:

Primary BC Cancer Provider to coordinate care:

Name _____ Email _____ Phone number _____

Oncologist (if applicable)

Name _____ Email _____ Phone number _____

Radiation Oncologist (if applicable)

Name _____ Email _____ Phone number _____

Surgeon (if applicable)

Name _____ Email _____ Phone number _____

BCC Fertility Assessment and Education - ONCTEST, GABE

*Performed on: 13-Nov-2025 10:01 PST

By: TestUser, Oncology-Nurse

Show Sign Confirmation

Initial Assessment

Initial Assessment
Assessment Prior
Secondary Asses:

Clinical Assessment

Incapable of Conception

Currently Pregnant; Safe to Continue Tx

Capable of Conception

Capable of Conception

Patient Counsellor

Patient Preventative Measures

Pregnancy Status Unknown

Has fertility preservation been discussed with the patient?

Yes

No

Reason

Reason

Patient Counsellor: I have counselled my patient about the potential teratogenicity of the recommended treatment. They are aware that becoming pregnant or attempting to conceive while on treatment may result in both defects and may put the fetus and child bearing person at risk.

Patient Preventative Measures: They have been counselled about the appropriate methods to do this and have demonstrated understanding of this counselling.

Pregnancy Status Unknown: This patient has agreed to take preventative measures to avoid conception during treatment, and to notify health care providers immediately if they suspect that they may have conceived while on treatment.

Pregnancy Status Unknown: Pregnancy Status Unknown. Please place an order for pregnancy test, if clinically indicated.

Further resources regarding fertility preservation can be found through the BC Cancer website under 'Fertility Resources'.

The BC Cancer Referral for Fertility Preservation can be found via FormFast or via the resource listed above.

In Progress

AYA Cancer Care & Support Plan

58

Research sessions

71

Interviews

350

Instances of
AYA
participation

309

Instances of
care ally
participation

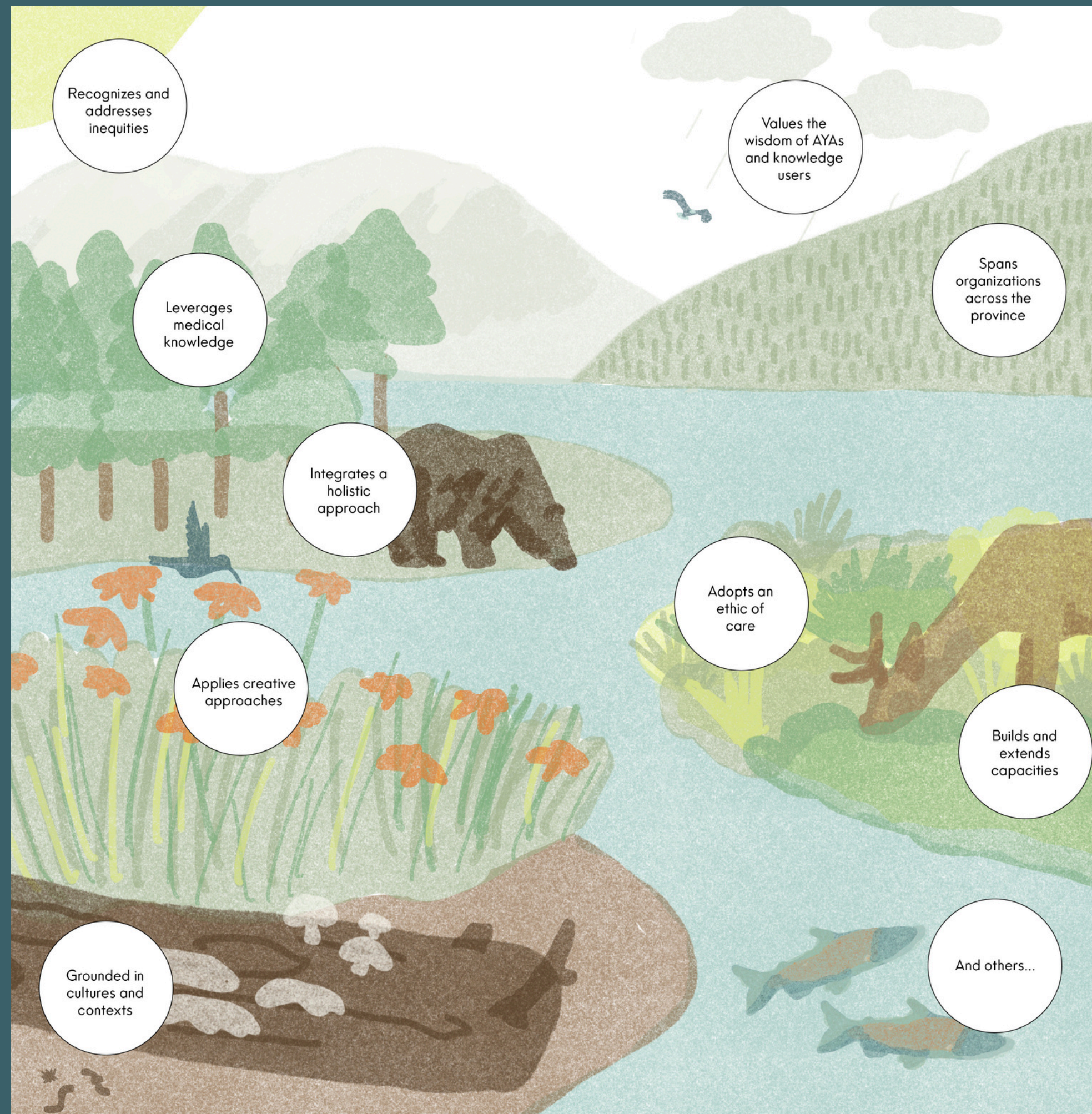
40

Instances of
supporter
participation

AYA Program Domains

1. Care Coordination and Navigation
2. Counselling
3. Peer Support
4. Resources
5. Oncofertility
6. Support for Families and Caregivers
7. Virtual Care
8. Transitions in Care
9. Survivorship
10. End-of-Life
11. Equity-Focused Care
12. Finance
13. Research

**We are
co-creating a
young adult
cancer care and
support program
in BC/Yukon,
together.**

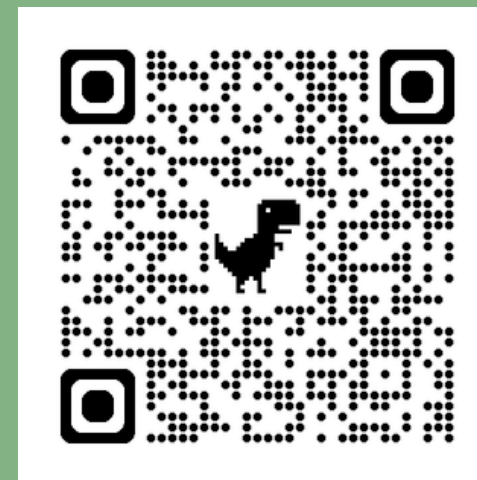
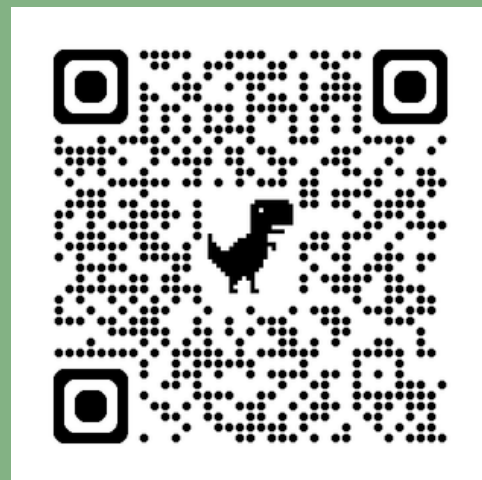


We seek to transform AYA cancer care, programming, research, training, and funding in ways that are equitable and grounded in the needs and priorities of AYAs across BC/Yukon.

Together.
Together.
Together.
Together.
Together.
Together.

What can you do today?

- Share AYA Resources
- Use Oncofertility Resources
- Recognize the AYAs have distinct needs and fears



Questions?

Thank You.

Thank You

Thank You

Thank You

Thank You

Thank You!



anew

Reshaping young adult cancer care, together.

