# Call for Patient Scholar Participation in the Learning Institute at the 2025 Summit4CI

Complete all sections below; return to Mackenzie Huckvale ([mhuckvale@biocanrx.com](mailto:mhuckvale@biocanrx.com)) before **November 13th at 11:59pm EST.**

## Title:

**First Name:**

**Last Name:**

**Preferred Pronouns (e.g., she, he, they):**

**Phone number (optional):**

**Email address:**

**Province or territory in which you are currently residing:**

**Equity, Diversity, and Inclusion***BioCanRx is an advocate for equity and is committed to ensuring representation in its community. We welcome participation from members of racialized communities, women, Indigenous peoples, persons with disabilities, and persons of minority sexual orientations and gender identities. BioCanRx seeks to maintain its commitment to excellence and recognizes that increasing the diversity of its network to this objective. These questions are not tied to decisions and are optional to complete; they help BioCanRx monitor the equity performance of its programs.*

**\*\* What is your gender:**

☐ Female ☐ Male ☐ Gender-fluid, Non-binary, and/or Two-Spirit ☐ I prefer not to answer

## \*\* Do you identify as Indigenous, that is First Nation, Métis, or Inuk (Inuit)?

☐ Yes ☐ No ☐ I prefer not to answer

**\*\* Do you identify as a member of a racialized community?**

## ☐ Yes ☐ No ☐ I prefer not to answer

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**\*\* Do you identify as a member of the 2SLGBTQ+ community?**

## ☐ Yes ☐ No ☐ I prefer not to answer

## \*\* Are you a person with a visible or invisible disability?

☐ Yes ☐ No ☐ I prefer to not answer

# Please answer the following questions directly in this document:

1. Have you previously participated in the BioCanRx Learning Institute? ☐ Yes ☐ No
2. What cancer type do you have lived experience with (either as a patient or caregiver/support person):
3. I am a (please indicate all that apply):

☐ Current Patient ☐ Former Patient

☐ A family member or caregiver/support person of a current cancer patient

☐ A family member or caregiver/support person of a former cancer patient

1. In one or two sentences, please describe how you learned about the Learning Institute:
2. Please tell us a little bit about yourself including your lived experience with cancer and whether you have had exposure to cancer immunotherapy research or treatment:
3. Are you currently, or were you previously engaged with, any cancer-related groups (e.g., advisory, research or not-for-profit organizations)? If so, please describe your activities:
4. Have you previously participated in any patient-oriented training activities (for example, CCRA’s Patient Involvement Program, AACR’s Scientist-Survivor Program or others) or as a patient partner in research? If yes, please list them:
5. Why are you interested in participating in the Learning Institute and what are you hoping to learn from your Academic Scholar buddy?
6. How do you plan to implement your take-aways from the Learning Institute experience (knowledge sharing or introductions to individuals you wish to further engage with, participation in research as a patient partner?):
7. Please indicate your level of comfort speaking and communicating in English

☐ I would be confident being paired with an English-speaking researcher and communicating with them in English.

☐ I would not be confident being paired with English-speaking researcher and communicating with them in English.

1. Please indicate your level of comfort speaking and communicating in French

☐ I would be confident being paired with a French-speaking researcher and communicating with them in French.

☐ I would not be confident speaking with a French-speaking researcher and communicating with them in French.

**12.** Please indicate if you are comfortable communicating with a researcher in a language other than English or French

If yes, please specify:

If selected as a Patient Scholar, you acknowledge that the Learning Institute is an in-person event taking place in Toronto, Ontario at the Westin Harbor Castle as part of the Summit for Cancer Immunotherapy from April 6th – April 8th, 2025. In-person attendance to this event is required as part of the program.

☐ I understand there is an in-person element of the Learning Institute and that I am expected to complete all elements of the in-person program.

If selected as a Patient Scholar, you acknowledge you have read and understood the Program Details document, outlining the required pre-Summit activities and time commitment for participation in the Learning Institute, including:

* Meeting/connecting with your Academic Scholar in advance of the Summit4CI, outside of scheduled Learning Institute activities (virtual or in person)
* Orientation Webinar (1 hr, virtual)
* Two introductory informational webinars (Cancer Biology 101 and Immunotherapy 101) (1 hr-1.5 hr each, virtual)
* Science Communication activity (1 hr-1.5 hr, virtual)
* Co-authoring of a Dissemination Report following the Summit4CI
* Virtual practice knowledge exchange session and/or virtual preparation for other sessions that will occur during the Summit4CI (ex. Patient Researcher Roundtable)

☐ I have read and understood the Program Details and the expectations of the program should I be chosen to participate.

Do not hesitate to reach out to Mackenzie Huckvale ([mhuckvale@biocanrx.com](mailto:mhuckvale@biocanrx.com)) with questions regarding the program or this application.

**Optional: Future Patient Partnership Opportunities**

Beyond the Learning Institute, BioCanRx works to facilitate partnerships between patients, caregivers, and advocates interested in acting as patient partners within the BioCanRx research network. At BioCanRx, research is defined as activities that aim to answer a scientific question related to cancer immunotherapy (taking advantage of the immune system to treat cancer).

The decision to be contacted or not for future patient partner engagement will have no bearing on your application to the Learning Institute, and those who are not chosen to participate in the Learning Institute can still become engaged in research with BioCanRx through other channels.

       ​☐​ I give BioCanRx permission to be contact me with more information about participating as a patient partner in research