

*The Ottawa Regional Cancer Foundation presents*

# Challenge



Spring/Summer 2007

## Spotlight on colon cancer

Fighting for  
equal access  
to treatment



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*A Message from  
Dr. Hartley Stern*

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**Telephone: (613) 247-3527**

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The Ottawa Regional Cancer Foundation  
Civic • 190 Melrose Ave., Ottawa K1Y 4K7  
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(613) 247-3527

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Volume 11, Issue 1  
Spring/Summer 2007

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- Valberg Imaging

*Louise  
Rachlis*

# Deal with your cabbages – and get on with your life

By Mary Ajersch

I finally cleaned out my fridge yesterday. I want it to be spotless before I leave for out west in a few weeks and my house-sitter moves in for the winter. I don't want her to think I am a real slob.

For a long time now, I have been putting off the fridge cleaning – it's a longish story that began in May.

We invited family for Mother's Day dinner. We had a wonderful, fun-filled multi-course dinner. It was good to have the entire family together after our winter of skiing out west. I requested that John, my husband of 43 years, make cabbage rolls. Everyone raved about John's batch of cabbage rolls – best ever. It was an unwritten family recipe that he learned from his mom about 15 years ago.

This time, John miscalculated his ingredients and had leftover cabbage. One whole head and a partially blanched half-cabbage remained. Frugal me, I had every intention of making cabbage soup with the blanched one and coleslaw with the other one. I put both cabbages in plastic bags and stashed them at the back of the bottom shelf of the fridge.

John died four days after our family dinner, at which point my plans and priorities changed drastically. I kept putting off making soup and coleslaw. I was too busy with cycling, dealing with legal matters, family, social life, banking, gardening, etc. I completely ignored the cabbages. If and when I noticed them, they reminded me of the Saturday when John took over the kitchen and made the cabbage rolls. They reminded me that he would never make them again. They reminded me



how tired he was when he finished because his arthritic knee was so sore. They reminded me how John didn't complain about making them.

Stored in plastic bags, the cabbages didn't smell, so I just left them there. Eventually I forgot about them. Ignorance was bliss.

But I knew I would have to face those cabbages one day. I had no excuse yesterday. It was raining outside, which meant no cycling and no yard work. Except for housework and cleaning out the garage and closets, I had no pressing priorities.

I began to attack the fridge. But even in the process, I continued to procrastinate about the real task at hand—disposing of those cabbages. I washed down the outside of the fridge, the door handles, and the dirty gaskets. I pulled out the fridge and vacuumed behind it. I cleaned out the shelves in the door, the egg shelf, and the butter keeper. I emptied the fridge shelves

one at a time, removed them, and washed them. I emptied and washed the vegetable crispers and meat keeper.

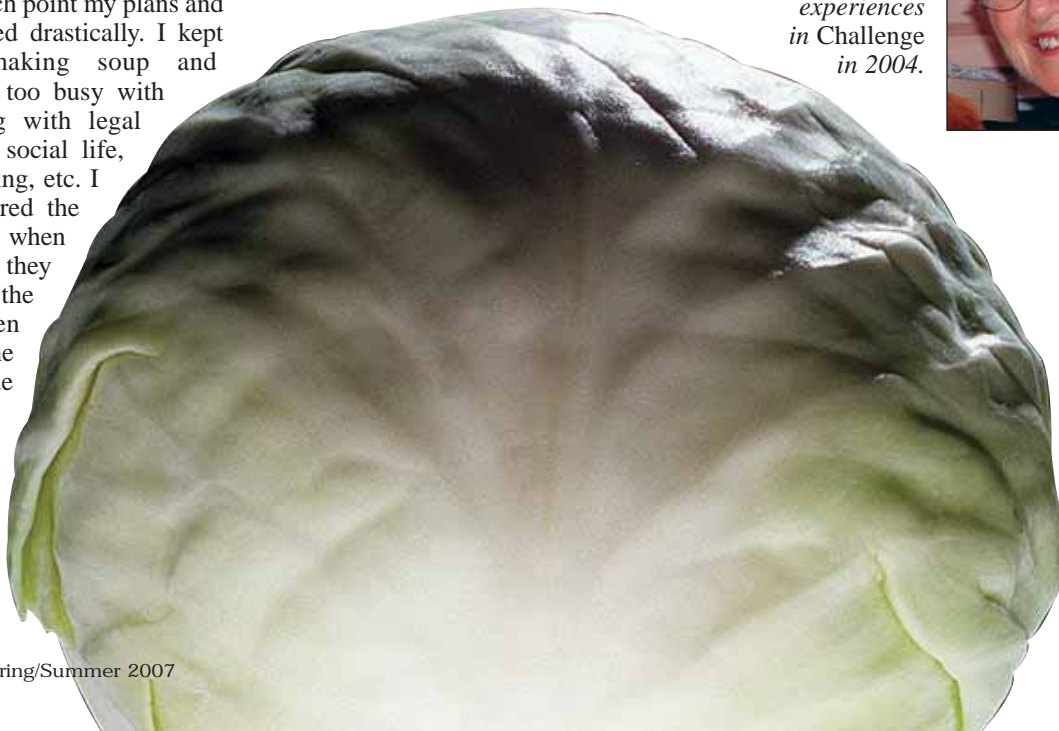
And then for the last task. Five months after putting them in the fridge, I finally removed the two cabbages. Surprisingly, they were still very much intact. The blanched one had lost some of its firmness and had faded to a very pale pastel yellow. The whole one was in sadder shape; it had sprouted from the inside and its outside leaves had blackened. Not bad – no smell, no oozing liquid. Not an unpleasant surprise. I chopped them up on a cutting board and laid them to rest in the compost bin.

I feel so much better now that I have faced my nemesis.

Lesson to be learned: Don't be afraid to confront the cabbages in your life. They're likely not as bad as you envisage them and you'll feel so much better afterwards. Deal with your cabbages, and get on with your life.

Cabbage-free Mary

*Mary Ajersch is a survivor of bowel cancer who wrote about her experiences in Challenge in 2004.*



# I N S I D E

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FEATURES

EACH ISSUE



Cover photo by Ashley Fraser, Ottawa Citizen

COVER STORY

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— Ottawa Citizen photos

Alain Gourd likes this photo of himself and his wife Gecinthe at the Renaissance Ball. "It is a good picture because it shows we can enjoy life despite fighting cancer and – being limited to orange juice."

## Alain Gourd works hard, gives back, and makes time for himself

*Association chair promotes generalized screening and equal access to treatment for colon cancer*

By Louise Rachlis

**F**or colon cancer survivor Alain Gourd, part of his healing journey has been to make time for himself.

The busy former CEO of Bell Express Vu and the Executive Vice-President of Bell GlobeMedia became a consultant, and CTV is now one of his

major clients.

"I find that working this way is busier than I expected," says Mr. Gourd, who turns 61 this month. "I have interesting challenges. It's part of staying alive."

On his daily agenda, he always books a slot for relaxation and breathing. "You have to integrate time for yourself and be ruthless about it," he

says. "I have a principle that I have to 'pay it forward' by helping others, but I have to have four evenings at home per week. I just stop, and if someone wants to see me for dinner, I schedule it for the following week."

Mr. Gourd is also Chair of the Colorectal Association of Canada's Board of Directors, and at the recent Parliamentary Breakfast (see report on page 9), he outlined his own colon cancer experience illustrating the inequities between Ontario and Quebec regarding funding of chemotherapy treatments.

March 7th was the fourth anniversary of his colon cancer diagnosis. "My prognosis was very bleak, but I'm very happy to have beaten the statistics."

After a colonoscopy because he'd had stool bleeding at age 46, he was subsequently screened for colorectal cancer with the Fecal Occult Blood Test. Then he moved to Toronto, and had the same screening system. But his Montreal GP at his Montreal executive clinic told him, "even if you're going for FOTB every year, it still doesn't catch everything. The colonoscopy 10 years after the first one revealed colon cancer, and it had metastasized to the liver."

For his treatment, Mr. Gourd chose the very aggressive approach and insisted on double surgery of both the colon and the liver at the same time. "Four years ago, that was not a general procedure in Quebec," he says, "but I was commuting from Toronto and got the surgery at the Toronto General Hospital."

The Quebec doctors had been worried about infection, and so wouldn't recommend the surgery, and he did in fact get an infection requiring further surgery. But he recovered, and had no visible cancer left.

For most of 2003, he received chemotherapy and started to follow The Healing Journey Program developed by Alastair Cunningham, director of the program, a scientist and psychologist, and a professor at the University of Toronto.

Dr. Cunningham is a cancer survivor himself, and he and his colleagues have been teaching people self-healing methods for over 20 years in the Toronto area. Having seen how helpful this can be to many cancer patients and their families and friends, they have now put the program manuals on their website at [www.healingjourney.ca](http://www.healingjourney.ca).

To this day, he has stuck to the program and practices it every day, doing exercises morning and evening. "I think that has a lot to do with my good health, and I find it reinforcing physically, mentally and psychologically. Most importantly, the breathing exercises and relaxation techniques."

In 2005, his doctor found some metastasis on both sides of the lungs. A new medication called Avastin has



**"I have a principle that I have to 'pay it forward' by helping others, but I have to have four evenings at home per week. I just stop, and if someone wants to see me for dinner, I schedule it for the following week."**

**Alain Gourd**

just been approved, and he went for a mix of chemo including Avastin. It was the second of three surprises he received on his road to recovery.

"My first surprise was that surgery I needed in 2003 could only be found in one city and one hospital. Then, my second surprise was that the mix of chemo I started in Toronto couldn't be done in Ottawa. With the principle of 'continuation of service' I could get it in Ottawa, but I couldn't have if I had started in Ottawa from scratch."

He started to take the train to Montreal to get the new chemo that included Avastin, which is now available in Ottawa. "I was fortunate to have the Montreal Jewish General Hospital close enough to travel to, and because I was a deputy minister

in Ottawa for a number of years, my pension covered the costs."

The third surprise was that Avastin wasn't available across the country.

"It is an unacceptable situation that Canadians with colorectal cancer are not equal across the land. We should provide all Canadians with the same quality of care across the country. They shouldn't live or die according to their residence."

He spoke about equal access to treatment at the Colorectal Cancer Parliamentary Breakfast, and at a recent Montreal conference.

Promoting generalized screening is also his concern. In France, screening is a generalized program which has reduced colon cancer death by 17 per cent, he says. "Ontario has now announced a provincial screening program. Even though the first line is FOTB – which didn't catch my cancer – and the second line is colonoscopy. Some provinces do it, and some don't.

"It's very unfair that a member of our association who lives in Saskatoon is significantly disadvantaged compared to a member who lives in Ottawa, because he has access neither to a screening program, nor the new standard of Avastin treatment. It has to be one country not 12."

Mr. Gourd still has some minor metastases to the lungs. "I am still doing chemo in Montreal for that, but they are shrinking fast, thanks to the new medication."



# Information from the Ninon Bourque Patient Resource Library helps you learn 'Where to Start'

By JoAnn Nicol

**H**ave you ever left your doctor's appointment feeling as if you forgot to ask some important question, but didn't know what to ask?

Maybe you know all you want to know about your disease, but you're still looking for information on nutrition or support groups.

Or perhaps you met someone in the waiting room who mentioned reading a book on how to tell your child that you have cancer, and you'd like to have a look at it yourself.

If this is the case, then the Ninon Bourque Patient Resource Library is the right place for you, your family and caregivers to explore.

We have many resources available for loan on all these issues and more.

You can use our computers to e-mail friends and family members.

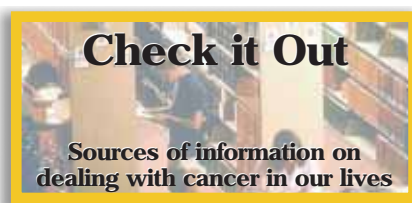
As well, our friendly and knowledgeable staff can help you find information on a particular topic, whatever it might be.

At the library we've developed a product called the *Where to Start* series (WTS). Each WTS lists suggested key books to read, support group information, basic brochure type information as well as a list of reputable website links.

We have created individual WTS for most cancers as well as other subjects of concern like fertility, sexuality, caregiving etc. Hard copies of our WTS are available both in English and French at the library. Below is the *Where to Start* on colorectal cancer.

You can find all our WTS in PDF on The Ottawa Hospital website in our consumer health libraries section: <http://www.ottawahospital.on.ca/patient/visit/chlib/index-e.asp>

Here is information from: *Where to Start ... Colorectal Cancer*.



## Booklets

- *Colorectal Cancer: What You Need to Know*.  
[http://www.cancer.ca/vgn/images/portal/cit\\_86751114/63/39/151140787cw\\_library\\_wyntk\\_colorectal\\_en.pdf](http://www.cancer.ca/vgn/images/portal/cit_86751114/63/39/151140787cw_library_wyntk_colorectal_en.pdf)  
An 11-page booklet providing information about colorectal cancer, its diagnosis and treatment, produced by the Canadian Cancer Society, 2004. It can be ordered from [www.cancer.ca](http://www.cancer.ca) or by calling 1-888-939-3333.

## Telephone

- Canadian Cancer Society's Cancer Information Service 1-888-939-3333
- Colorectal Cancer Association of Canada 1-877-502-6566 (1-877-50COLON)

## Support Group

- Colorectal Cancer Support Group meets the 2nd Tuesday of each month at the Palisades, 480 Metcalfe St., Ottawa. Call 613-257-1884 or email [pbdnarp@magma.ca](mailto:pbdnarp@magma.ca) for further information.

## Books and other resources – Ninon Bourque Patient Resource Library

- *100 Questions and Answers About Colorectal Cancer*. David S. Bub. 2003.
- *American Cancer Society's Complete Guide to Colorectal Cancer*. ACS. 2005.
- *Be a Survivor: Colorectal Cancer Treatment Guide*. Vladimir Lange. 2006.

- *Colon and Rectal Cancer: A Comprehensive Guide for Patients and their Families*. Lorraine Johnston. 1999.

- *The Intelligent Patient Guide to Colorectal Cancer: All you Need to Know to Take an Active Part in your Treatment*. David A Owen. 2005.

- *Living with Colon Cancer: Beating the Odds*. Eliza Wood Livingston. 2005.

- *What Your Doctor May Not Tell you About Colorectal Cancer: New Tests, New Treatments, New Hope*. Mark Bennett Pochapin. 2004.

- Search our catalogue:  
<http://www.ottawahospital.on.ca/library/consumerhealthcatalogue-e.asp>

## Web Sites

- Colorectal Cancer Alliance (USA) <http://www.ccalliance.org>
- Colorectal Cancer Association of Canada <http://www.ccac-acc.ca>
- MedlinePlus (USA) <http://www.nlm.nih.gov/medlineplus/colorectalcancer.html>
- United Ostomy Association: <http://www.ostomycanada.ca>
- National Cancer Institute (USA) <http://www.cancer.gov>



JoAnn Nicol is a librarian at The Ottawa Hospital Regional Cancer Centre Ninon Bourque Patient Resource Library.

**Ninon Bourque Patient Resource Library**

**The Ottawa Hospital Regional Cancer Centre**

**501 Smyth Road, Ottawa, ON, K1H 8L6**

**613-737-7700 ext. 70107**

**[consumerhealth@ottawahospital.on.ca](mailto:consumerhealth@ottawahospital.on.ca)**

# Spring ritual on the Hill promotes national colorectal screening programs

By Sandra Thompson  
Bednarek

There's a "time of opportunity" in progress against colorectal cancer, says Dr. Tony Fields, longtime Chair of the Colorectal Cancer Association of Canada's Medical Advisory Board and a medical oncologist with the Cross Cancer Institute in Edmonton.

Dr. Fields was speaking March 22nd at the third annual breakfast hosted by the Colorectal Cancer Association of Canada to raise awareness among Members of Parliament and Senators.

Max Keeping of CJOH and Normand Latour of Radio-Canada welcomed about 75 guests who enjoyed a nutritious breakfast of fresh fruit, granola, eggs, tomatoes, crepes and muffins, as well as some seasonal maple syrup.

Alain Gourd, Chair of the Association's Board of Directors, outlined his own colon cancer experience illustrating the inequities between Ontario and Quebec with respect to funding of chemotherapy treatments.

In his remarks, Minister of Health Tony Clement focused on initiatives undertaken by the Government to fos-

ter lifestyle changes and improve Canadians' health overall.

As well, he reminded attendees of the Canadian Partnership against Cancer which the Government announced in November.

With screening programs already announced in Ontario and Manitoba, Alberta on the verge, and hopeful indications from the governments of British Columbia, Quebec and Nova Scotia, there is the potential for a 30 per cent reduction in the death rate from colorectal cancer.

Medical oncologist and one of the Association's founding Board members, Dr. Jean Maroun of The Ottawa Hospital Regional Cancer Centre described the improved survival rates resulting from newer chemotherapy drugs and combinations over the past few years.

Dr. Maroun emphasized that patients should receive the recognized standard of care and therefore that those cancer drugs which are recognized in the Canadian Guidelines, specifically Avastin and Erbitux, should be funded nation-wide. His empathy for his patients was evident as he spoke of the "physical, financial and emotional burden" that they are enduring under the current system.

Barry Stein, president of the Asso-

ciation and a stage 4 colon cancer survivor, reiterated the two goals of the early morning get-together: screening programs on a national basis and timely access for colorectal cancer patients to effective treatment.

He also drew the audience's attention to an initiative that was launched on March 1 with little fanfare – the Joint Oncology Drug Review, a one year pilot project in Ontario towards a nationally coordinated review of cancer drugs.

While the Association is promoting equal access to treatment across the country, he expressed some concern that the outcome of this initiative could conceivably be the approval of even fewer drugs i.e. the lowest common treatment denominator.

Following the round of speeches, attendees were able to grab another cup of coffee and do a little networking. Spotted in the crowd were House of Commons Speaker Peter Milliken; Parliamentary Secretary to the Minister of Health, Steven Fletcher; Senator and heart surgeon Wilbert Keon; Jasmine Lidington of the Canadian Society of Colon and Rectal Surgeons, as well as public health nurses, pharmaceutical representatives and colorectal cancer patients and survivors from the Ottawa Colorectal Cancer Support Group.



# Patients may improve outcomes by participating in treatment decisions

By Catherine Caule

There is growing awareness across the health professions that patients who participate in treatment decisions generally have better health outcomes and/or quality of life. Patients can participate by communicating with their oncologists and by getting a second opinion.

## First meeting

You and your oncologist are partners in restoring your health. For the partnership to work, there must be open and two-way communication. Good communication is important because you are entrusting your life to the doctor. When you give consent for the treatment, you should know what you've agreed to.

Prior to your first meeting, your oncologist has only your test and pathology results and notes from your referring physician. Your oncologist needs to know about you, your health history, and your preferences. You should expect to find out about your diagnosis, treatment options and expected health outcome. Without full disclosure at your first meeting, you run the risk of not getting the optimal treatment.

Preparing for your first meeting will give you the most from your limited appointment time. Prepare four documents for your oncologist and keep a copy of each:

- 1) A list of your medications (with dosages and frequency) including prescriptions, "over the counter" medications, vitamins and supplements, and herbal preparations. List all known allergies, especially to medications;
- 2) Your medical history, including medical conditions, and incidents such as heart attacks and infections, surgeries, medical tests, injuries,



Catherine Caule and her husband Adrian, who will be submitting a piece on caregiving for the next issue of *Challenge*.

and previous cancerous or pre-cancerous conditions and your age at diagnosis, with dates where possible. Also, include medications you took to treat the conditions;

- 3) A family history highlighting first and second degree relatives diagnosed with cancer or other major illnesses and age at diagnosis; and
- 4) A history of your symptoms providing location, description, duration and intensity.

Write three to five questions, e.g., your particular cancer, its causes, the prognosis. Also write your preferences and concerns about treatment and its affect on your quality of life, e.g., mobility, independence, activities, costs, travel plans, family, work, etc. Though these may not be a consideration in the treatment, they might influence support services and other referrals. Bring your questions and preferences to the meeting. If you

can, get up to speed on your cancer and its treatments, but don't bring a stack of articles. This sets a negative tone for your ongoing relationship, and ignores the benefit of good dialogue. Instead, aim to establish a relationship of mutual respect!

Preparing in advance will give you more time to discuss the treatment options and your quality of life concerns. Make sure you get the information you need to make a decision about your treatment. Tell your oncologist if you don't understand what he or she is saying. Stress and anxiety can prevent us from understanding what we hear, so consider bringing an advocate to your doctor appointments to take notes, ask questions and give you moral support.

Your oncologist should tell you:

- the type, stage and grade of your cancer
- the probable course of your disease

- the treatment options, including nontreatment, and their short and long term risks, benefits and consequences
- the recommended treatment and why
- the proposed treatment's short and long term side-effects
- the proposed treatment's duration
- tests for further staging and monitoring the treatment's progress and success
- how long you will be monitored
- when you will meet again to confirm the treatment plan.

You should never be presented with just one option, so if your doctor has discussed only one option, ask why.

Also speak up if your oncologist hasn't asked you about your quality of life concerns. Your treatment should include the mind and spirit, as well as the body. Say how you feel emotionally. You can request referrals to counselors and other professionals to deal with anxiety, fears or financial concerns. Ask about local support groups. Tell your doctor about your work and family situation because the treatments or disease might interfere with these obligations.

You should now be able to make the decision about the treatment that's best for you. Ask your oncologist how much time you have to make a decision without compromising your health status.

When comparing treatment options, you should consider timeframes, short and long term side effects, logistics, support infrastructure, costs, survival, risks, benefits, and your quality of life during and after treatment. Talk to people who have undergone the treatments.

Balance your quality of life concerns with the information from your doctor about the probable course of your disease and the treatment options. It's not easy, but ultimately you will choose a treatment that is optimal for you.

If you have questions and concerns or don't feel comfortable with the

## Ask your oncologist how much time you have to make a decision without compromising your health status.

proposed treatment, book a follow-up appointment. Consider getting a second opinion, if time permits. It might take a couple of months to get a second opinion and that does not include the time to make a decision and reconvene with your specialists.

### Second opinions

Cyclist Lance Armstrong's experience best demonstrates the value of a second opinion. His oncologists told him they could treat his cancer but he would never walk again. He wanted a choice, so he consulted doctors elsewhere who had a different proposal. He survived and made sports history as a seven-time Tour de France winner. You, too, have the right to a second opinion. It might give you peace of mind by confirming your doctor's recommendation. A second opinion can help you manage your expectations by confirming your options.

Get a second opinion at a large health centre with a wide variety of cases and top talent. The knowledge base and expertise of health centres and practitioners differ considerably. Using the internet, you can locate centres and practitioners with a particular treatment specialty, e.g., men's centres with various and novel prostate cancer treatments. Ask your oncologist for a referral to a specific doctor, and provide the fax and phone number of the health centre. You can receive treatment anywhere in Ontario under OHIP.

You are not limited to obtaining second opinions within Ontario. For Ontario residents, OHIP covers the fee for second opinions obtained in province. You are responsible for travel costs and fees for opinions obtained elsewhere. With a doctor's letter, these costs may be deductible from your income taxes.

Call the specialist's office to con-

firm that it has received the referral. Communicate your time constraints. After you have received the appointment from the centre or through your oncologist, contact the specialist's office about the transfer of scans, ultrasounds, MRIs, and X-rays. It is usually your responsibility to bring these materials to your consultation. You will need to get them, in film or digital format, from the hospital and arrange for their custody and return. You should also bring copies of test results. Prepare your questions and bring an advocate. Update and bring your four background documents.

### Ongoing communication

During and after your treatment, help your oncologist do a better job of treating you by being open and upfront. Don't feel you have to put on a happy face or be superhuman.

Treatment side effects can significantly compromise your quality of life. Speak up about them so the doctor can do something about them. For example, if you have insomnia, clarify if it is related to pain vs. anxiety vs. hyperactivity. The remedies are different depending on its source. If your oncologist can't address your significant side effects, he or she will refer you to someone who can improve your quality of life.

We shouldn't expect our doctors to read our minds – we must speak up about our quality of life concerns before, during and after treatment.



*Catherine Caule encourages people to be actively involved in managing their health. Diagnosed with Hodgkin's Lymphoma in 2000 and a relapse in 2004 requiring a stem cell transplant, Catherine has seven years of in-depth personal experience facing cancer, navigating through the health care system, and restoring her physical and psychological health.*

*Catherine is an active member of the Lymphoma Support Group of Ottawa. She is a Board member at Centretown Community Health Centre and sits on the Advocacy Committee.*

# Empathetic response helps patient and doctor communicate

By Louise Rachlis

**I**n the emotional real estate of Cancer Land, the message is not “Location Location Location,” but “Acknowledge. Acknowledge. Acknowledge.”

And that goes for patients as well as doctors, says medical oncologist, author and television host Dr. Robert Buckman.

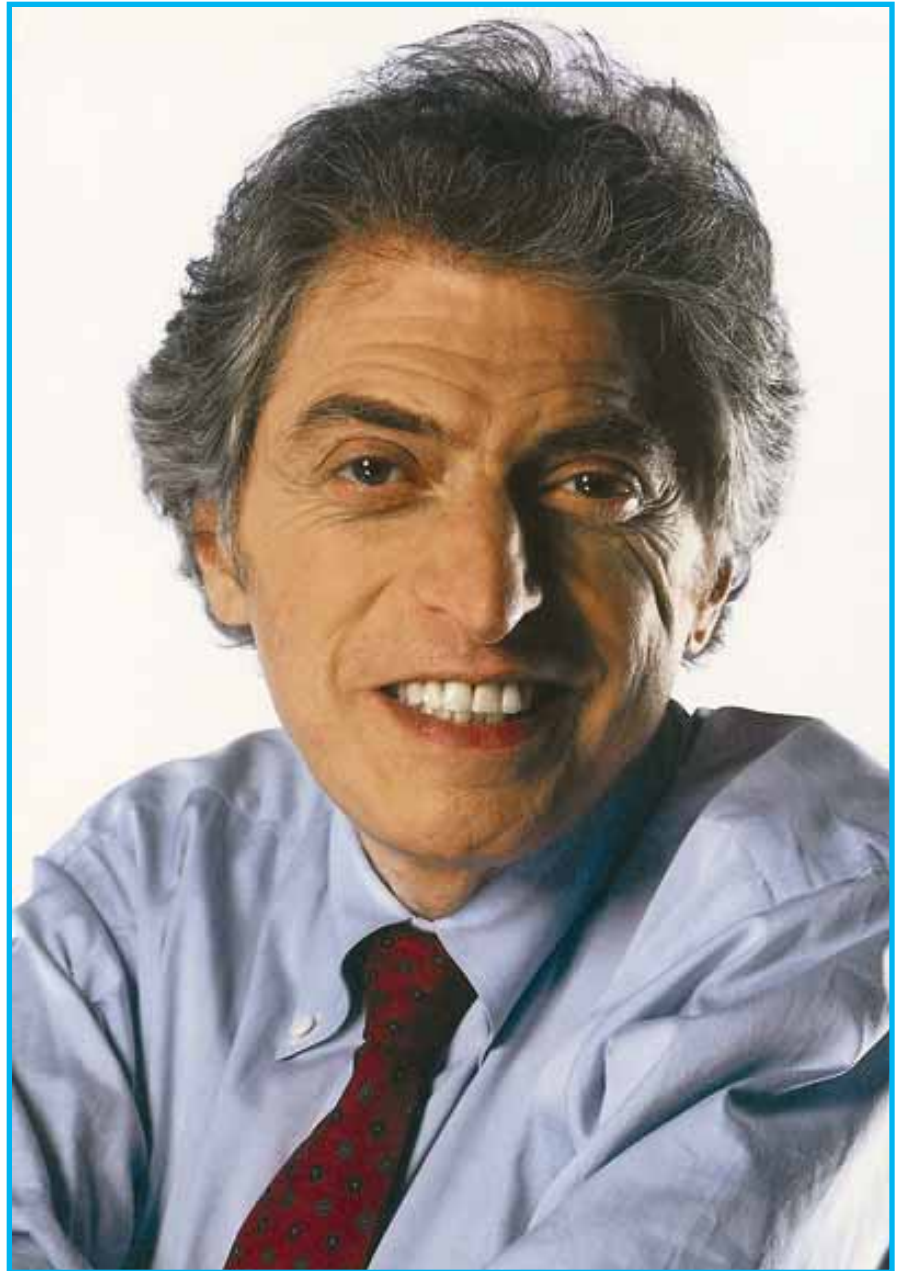
“What happens in our medical training is that there is so much concentration on learning, that unfortunately the normal human responses we were good at previously were drummed out of us,” he says. “We’re re-learning ordinary human empathic responses.”

And he says exactly the same technique should be used by patients in communicating with their physicians. “If a patient says to his or her doctor ‘I’m finding this very difficult’ or ‘What I’ve heard from you is very upsetting,’ that’s very helpful for the physician. Doctors find it easier to deal with an *explanation* of emotion rather than an *exhibition* of emotion. Don’t shout – say ‘I *feel* like shouting.’”

Dr. Buckman also wants to correct the horrible sense of dread that engulfs those who receive a diagnosis of cancer.

“In my first medical unit, there was a man with really serious lung damage, heart disease, emphysema from smoking, and other major problems. He was dead in a year, but when all the other problems were diagnosed, he said ‘thank goodness it isn’t cancer!’ It was ridiculous, but I understood it.”

Dr. Buckman hasn’t just delivered bad news. He’s received it as well. More than 20 years ago, he developed an autoimmune disease called dermatomyositis, similar to rheumatoid arthritis. The experience taught him



Dr. Robert Buckman

lessons about life and death – and about the right way to interact with his patients.

In *What You Really Need to Know about Cancer*, he says that in talking with doctors and other healthcare pro-

fessionals, you can increase your chances of getting what you want and need by being as factual as you can when describing the medical problem; using your own language instead of jargon, and when you’re embarrassed, don’t hesitate to say so.

When asking for information, try to think of the most important questions beforehand, and jot them down on a slip of paper to take with you. It's also a good idea to take a friend or a relative with you. And remember that this is not your only chance to ask questions.

"If you have any doubts about your medical situation, or if you do not fully understand what your doctor is saying, or if you are not sure that his or her view of the situation is the only option, then a second opinion may be a great help to you."

It's important to bear in mind that informing your doctor that you would like a second opinion is essential because your doctor will need to send a summary or copies of your case record to the other doctor. Secondly, "if the second opinion is the same as the first, stop and think. There is a considerable temptation to shop around and see many doctors until you find one who says what you want to hear. Usually this does not happen. In fact, very often the act of seeing many doctors is really an expression of denial – an effort to resist the diagnosis or the view of the future."

Speaking in Ottawa a few years ago, he stressed the importance of communication – doctor/patient and in life. "The important thing is to acknowledge the other person and to share emotions," he says, describing his own family as "the emotional equivalent of tone deaf. The English have emotional constipation, like Basil Fawlty. I'm learning still."

He has learned a lot from his own illness. "When I was sick for two

**"If you have any doubts about your medical situation, or if you do not fully understand what your doctor is saying, or if you are not sure that his or her view of the situation is the only option, then a second opinion may be a great help to you."**

– Dr. Robert Buckman

years, I was quite surprised that I didn't fall apart. I got braver, and what happened was I no longer feared I would disintegrate. What matters is that ability for people to say what they're feeling and not run away."

He implements the "CLASS" technique, the basis of all communication skills – context, listening skills, acknowledgement, strategy and summary. "Summarize the main areas you've discussed in a few sentences, ask if there are any major issues not yet discussed, and close with a clear contract for the contact."

When he's not seeing patients, Dr. Buckman is writing. He is just starting his latest book, to be called *The Last Tree*. It will be about why human beings find it so easy to act as a herd, and why we do very damaging things

to the environment as a group. The author of an earlier book, *Can we be Good without God?*, he is fascinated, almost obsessed, by the topic of group behaviour and what humans do about morality as a crowd.

Dr. Buckman is hoping that one day, because of its positive message, his book *Cancer is a Word not a Sentence: A Practical Guide to Help you Through the First Few Weeks* will be standard issue for every newly diagnosed cancer patient. "Because the word cancer has this huge dread attached to it, we need to address that first of all ... You think that somehow if you're diagnosed on a Tuesday, you'll be dead on a Friday. But in more than 50 per cent of cases, it really isn't true."

The following books by Dr. Buckman are available at The Ottawa Hospital:

*"I Don't Know What to Say...": How to Help and Support Someone Who is Dying* – reprinted 2005

*Cancer is a Word not a Sentence: A Practical Guide to Help you Through the First Few Weeks* – published 2006

*What you Really Need to Know About Cancer: A Comprehensive Guide for Patients and their Families* – published in 2006, 2nd ed.

Dr. Buckman also produced a CD-ROM series on communication aimed at healthcare professionals back in 1998, and the libraries have this series as well.



## Monthly Giving Plan

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NOTE: You can change the amount of your gift or end this service any time by contacting the Ottawa Regional Cancer Foundation office.

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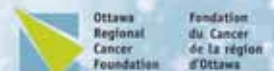
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# Hidden financial costs plague those being treated for a life-threatening illness

By Dominique LeMay

**A**s Ontario residents, we are fortunate that the Ontario Health Care Program covers most of the costs related to medical treatment and hospitalization.

Patients with private insurance or employee benefits may have anywhere from 60 per cent to 100 per cent insurance coverage for medication and sick leave.

Less fortunate patients may access Ontario Works, ODSP or Trillium to assist with medication costs and basic living allowance. The Health Care safety net appears to be quite solid and we are under the impression that, if we are sick, there will be no serious financial impact. Many of us do not make financial plans for rainy days because we don't think it necessary or cannot afford it.

As a social worker with the Bone Marrow Transplant Program, my role is to assist patients to plan for their up-coming stem cell transplant, which often means being away from work for a significant period of time, sometimes more than one year. Patients need to plan for a caregiver during the critical periods of their treatment.

Daily costs may include childcare, parking, gas, meals, daily comfort costs such as telephone and television services in the hospital.

When patients live outside of the Ottawa area, transportation and temporary accommodations for themselves and for caregivers need to be considered. Patients are required to stay in Ottawa if travel time is more than one hour.

Monthly costs for lodging at Rotel run close to \$900; a monthly hospital parking pass is \$92, daily is \$13 and weekly is \$42; in-hospital television service is \$128 monthly and \$57.40

| What you need to earn to stay above the poverty line |                         |   |
|--|-------------------------|---|
| Family Size<br>Number of people                      | Poverty Line<br>(2004*) | Minimum hourly wage<br>to reach poverty line<br>(working full time, all year) |
| 1  | \$20,337                | \$10.43   |
| 2  | \$25,319                | \$12.98   |
| 3  | \$31,126                | \$15.96   |
| 4  | \$37,791                | \$19.38   |
| 5  | \$42,862                | \$21.98   |
| 6  | \$48,341                | \$24.79   |
| 7  | \$53,821                | \$27.60   |

\* Latest figures from Statistics Canada on the Low Income Cut-off for cities of 500,000 and over. Wage calculations based on working 7.5 hours a day for 52 weeks.  
This chart appeared in the Ottawa Citizen January 28, 2007.

weekly; telephone service is \$66.90 monthly, \$29 weekly; full meals at the cafeteria are \$8 for breakfast, \$12 for lunch and \$14 for dinner. Costs can easily run over \$1200 per month just to support such basic needs.

At a time when patients and families are faced with loss of income and uncertainty for their future, these costs become a major source of stress. Patients with a more comfortable income may be able to mitigate the impact through financial arrangements, such as negotiating reduced mortgage and/or car payments, adjusting flexible costs such as high end cable services, planned vacations etc.

On the other hand, patients with more precarious financial situations due to reliance on self-employment, low wages, loss of employment or social assistance, find themselves in jeopardy. Being sick is not without a significant financial impact.

The Little Angels and Bone Marrow Transplant Fund was created 11 years ago by a patient, Diane George, who realized through her own experience that adult patients found themselves with little financial assistance in time of crisis.

It is well known that children diag-

nosed with severe illnesses attract generous patient care support. Adult patients, who often have dependent children, are however left to their own device except for social assistance in extreme cases.

Diane George wanted to fill this gap and offer adult patients in low-income groups with emergency and relief funding.

Through on-going fundraising activities, the Little Angels and Bone Marrow Transplant Fund has been able to assist eligible patients with up to a maximum total of \$1500 financial support to meet patient care support needs during their admission to the Blood and Marrow Transplant Program.

Feedback from patients and their families has been overwhelmingly positive, confirming the on-going need for this fund to mitigate financial hardship for low-income patients.



*Dominique LeMay, MSW, RSW, is a social worker with the Blood and Marrow Transplant Program, The Ottawa Hospital, General Campus.*

# Colon cancer surgery advances making a big difference for patients' quality of life

By Louise Rachlis

**T**he future of colon cancer treatment in Ottawa is exciting both from a research front and a surgery perspective.

"It's exciting times here, and the new state of the art operating theatre is an important part of what we're trying to do," says colon cancer surgeon Dr. Robin Boushey. "It impacts across the entire province. With the broadcast possibilities, surgeons can be taught in real time."

One of his patients is a newly married woman who is a teacher, and he was pleased to be able to treat her with less invasive surgery. "We're using small cuts and laproscopic surgery now," says Dr. Boushey. "Advantages are a speedy recovery, less scar tissue and less infertility. The choice of the technology depends on the size of the tumour. The cure rates go down as the tumour gets larger, but with good surgical technique we will be able to cure these patients."

Dr. Boushey is Assistant Professor of Surgery, Clinical Investigator at the Ottawa Health Research Institute in the Cancer Centre Program, and Director of Research in the Division of General Surgery, University of Ottawa. "My original training was in Toronto and I spent four years working in a lab. I took time out of my residency to study the colon," he says. "One of my interests was colon cancer. We're probably still far away from an actual cure on colon cancer, but we can better deal with patients who require chemo and improve chances of survival."

He completed his residency and became aware of large trials using laproscopic surgery in the setting of cancer. These patients did better and had quicker discharge from hospital.

They returned to their quality of life much sooner and had better cosmetic results. Studies showed their



Dr. Robin Boushey

was no compromise in terms of the operation." The issue was that many physicians didn't know how to do this surgery. He did a fellowship and trained with the pioneers of this surgery. "I spent one year in Toronto and then moved my entire family, my wife and two children, to Boston where I went to Lahey Clinic, one of the world renowned colorectal training programs."

His professor, Peter Marcello, visited Ottawa as a visiting professor at the annual research day here. "He has developed a new type of laproscopic surgery, a hybrid called laproscopic hand-assisted colon surgery."

He was in demand in many centres, including Ottawa. "I was skeptical that there would be the same resources, state-of-the-art operating theatres, here. In fact, we will be able to do more advanced cases, with equipment that is as good as or exceeds anywhere else in North America."

From a career perspective, Ottawa had the resources, and he was pleased to be able to come back to where he was raised. He came in July 2005.

Since then he has assembled a research group that focuses around minimally invasive surgery and has a

**"I was skeptical that there would be the same resources, state-of-the-art operating theatres, here. In fact, we will be able to do more advanced cases, with equipment that is as good as or exceeds anywhere else in North America."**

— Dr. Robin Boushey

strong interest in colon and rectal cancer. There are 15 individuals with a broad range of expertise.

"We're one of the few centres that offers courses with surgeons coming from around the province and the country. We have formal didactic teaching and videotapes that we provide, a full teaching course manual."

Soon American surgeons will be coming for training too. There are three fellows, one from Israel, one from Saudi Arabia and another from University of Ottawa.

Next year some are coming from Toronto, Quebec and University of Alberta. "We have attracted the best talent from across the country." They have also developed a lead role in a provincial initiative, a mentoring program whereby a team would go out from Ottawa to the other institutions. "It's about knowledge transfer, to make surgeons do it safely, and sustainability."

There is also a new type of surgery that goes through the anus up to 25 centimeters and the tumour can be cut out through the natural orifice. "It's fairly advanced surgery and we will be one of the first centres in Canada to offer that. It's pretty exciting."



## Many upcoming events to benefit Ottawa Regional Cancer Foundation

### Motorcycle Ride for Dad

May 26, 2007

Over 1,000 riders took to the streets of Ottawa last year to raise funds for prostate cancer research and education in our region. Join them on Saturday, May 26, 2007 as they unite again to surpass last year's fundraising goal.

For more information visit [www.motorcycleridefordad.org](http://www.motorcycleridefordad.org)

### Workout For a Cure

May 27, 2007

This year's Workout for a Cure will be held on Saturday, May 27, 2007 at Belisle Chevrolet Cadillac (Montreal Rd.). For more information or to workout for a great cause please visit [www.workoutforacure.com](http://www.workoutforacure.com)

This year's event proceeds will be directed to both the Ottawa Regional Cancer Foundation and the Canadian Breast Cancer Foundation.

### Pat Hardick Memorial Golf Tournament

May 28th 2007

Kingsway Park Golf and Country Club

### The Weekend to End Breast Cancer

June 1 to 2 2007

The Weekend to End Breast Cancer benefitting the Ottawa Regional Cancer Foundation is your chance to discover what it means to be a hero.

During one amazing weekend, June 1-3, 2007, thousands of women and men will join forces in Ottawa to walk 60 kilometres and make a real difference in the fight to end breast cancer.

Check it out at [www.endcancer.ca](http://www.endcancer.ca)

### Herman Hansen Memorial Golf Tournament

June 7th 2007

### Lindsay Service Charity Golf Tournament

June 9, 2007

The Lindsay Service Charity Golf Tournament in aid of brain tumour research is scheduled for Saturday, June 9, 2007. This event promises to be a fun one.

For more information and or to register contact John Service at 613-761-3906.

### Rotary Club of Ottawa Charity Golf Day

June 11, 2007

This year's Charity Golf Day is scheduled for Monday, June 11 at the Ottawa Hunt & Golf Club. Your \$250 registration fee per golfer includes lunch and dinner, golf fees and golf cart.

For more information please contact Bernie Igmundson at 613-822-1064.

### Jan Harder Charity Golf Classic

June 11, 2007

Councillor Jan Harder invites you to join her for a great day of golf to help support the "Courage Campaign" for the Ottawa Regional Cancer Foundation. Your participation will help the Foundation in its \$20 million campaign for the private sector portion of a \$70 million, multi-faceted cancer care and research expansion project.

The tournament will be held June 11th at the Cedarhill Golf & Country Club. Following golf you will partici-

pate in prize draws, silent auction and a great dinner, all in the spectacular new Clubhouse and Banquet facility.

For more information please visit <http://www.janhardergolf.com/>

### Canaccord Golf Classic

June 12, 2007

Canaccord Capital invites you to join us for a great day of golf, food, prizes, fun and most importantly, fundraising for a fantastic cause. The Canaccord Golf Classic will be held at the Talon at Eagle Creek on June 12th.

For more information or to register contact Trevor Johnson at [Trevor\\_Johnson@canaccord.com](mailto:Trevor_Johnson@canaccord.com)

### Alterna "Do it for Dad" Run and Family Walk

June 17, 2007

Join us Sunday, June 17, 2007 at Carleton University in Anniversary Park this Father's Day for the 9th Annual Alterna "Do it for Dad" Run and Family Walk. Events include 10km and 5km timed runs and a 2km family fun walk. All proceeds from this event will be directed to prostate cancer treatment and research at The Ottawa Hospital Regional Cancer Centre.

For more information or to register please visit [www.alternadifd.ca](http://www.alternadifd.ca)

### Quest for a Cure Adventure Race

June 22 to 24, 2007

This adventure race will take place in the Ottawa area from June 22 to June 24. The teams will travel throughout the region. Each team, using self-propelled means, will travel by canoe, open water swim, portage, hike, orienteering, mountain bike and by rappelling down a fixed rope. All proceeds from this event will be directed to the Ottawa Regional Cancer Foundation.

For more information or to register please visit [www.questforacure.ca](http://www.questforacure.ca)

## The Mark Johnston Memorial Golf Tournament

June 22, 2007

This is the second annual Mark Johnston Memorial Golf Tournament.

Mark passed away April 7th 2006 from colorectal cancer. Mark, a fire-fighter, friend and member of Astral Fitness was an avid supporter and fundraiser for the Ottawa Regional Cancer Foundation as well as an organizer will be greatly missed.

This year's tournament will be held on Friday, June 22th at the Cedarhill Golf & Country Club, 56 Cedarhill Drive. Special guest and former NHL star Larry Robinson will again join the event and Lafarge Construction will again sign on as Corporate Sponsor.

Registration opens at 11 am and shotgun scramble tee off is 1 pm.

Tickets for golf including light refreshments and electric cart followed by a steak dinner and are just \$135 per person.

For more information please contact Lynne or John Ielo at Astral Fitness 613-831-2348. or by email at john@astralfitness.com

## Par Tee Fore a Cure

Sunday June 24

Par Tee Fore a Cure invites you to sign up for our golf fundraiser. This year the Fourth Annual Beth Palmer

Open will be held on June 24, at the Carleton Golf and Yacht Club in Manotick, Ontario.

For more information check out our website at [www.parteeeforeacure.org](http://www.parteeeforeacure.org)

## Fore the Cure Golf Tournament

June 27, 2007

This is the second year for Kim Meloche's golf tournament supporting breast cancer. The funds raised during this event will have a significant impact on the benefits realized by those who are touched by breast cancer and those who work to help eradicate breast cancer as a life threatening disease.

Please go to <http://4thecure.waterford-group.com/> for more information.

## Jim Stone house Memorial Golf Tournament

July 3, 2007

Welcome to the first annual Jim Stone house Memorial Golf Tournament. Jim was a great man who loved his family, his friends and the game of golf. With the help of the Kanata Golf and Country Club, this tournament is organized in Jim's honour to support the Ottawa Regional Cancer Foundation.

Go to [www.golf4jim.ca](http://www.golf4jim.ca) for more information.

## Holes for Hope Golf Tournament

July 20, 2007

This year's fundraiser in aid of oncolytic viral research will be held on Friday, July 20 at the Hylands Golf Course.

Spaces are limited therefore book your foursome today by contacting Melody Lachance at 613-825-4457.

## Volley for Cancer

August 18, 2007

Volley for Cancer will be held Saturday, August 18th at the Earl Baker Park at the Morrisburg Waterfront. The event will run from 8:00 a.m. until midnight.

For more information visit [www.volleyforcancer.com](http://www.volleyforcancer.com).

## Celebration of Life, Dancing in the Streets

August 18, 2007

Join us on Bank Street in the Glebe to celebrate life with Max Keeping, cancer survivors, and our friends and families. The day runs from noon to 10 p.m. There will be tons of children's activities, street performers, community stage for local performers and some special guest stars.

For more information and volunteer opportunities please email [courage@ottawacancer.ca](mailto:courage@ottawacancer.ca)

## Brockville Prostate Cancer Research Tournament

The Brockville Prostate Cancer Research Tournament will be held in August.

For more information contact Cathy Hamilton at 613-342-7883. All proceeds from this event will be directed to prostate cancer research.

## L3 Fundraiser Golf Tournament

September 9, 2007

The L3 Fundraiser golf tournament will take place on Sunday, September 9th, 2007. This year's tournament will be held at the Meadows Golf Club. All funds raised through this tournament will be directed to the Louise Fawcett Nursing Education Fund at the Ottawa Regional Cancer Foundation.

For more information or to register contact Jeanette Pryor at [jeanette.pryor@pryorassoc.com](mailto:jeanette.pryor@pryorassoc.com)

## Betty Tweedy Golf Classic

September 13, 2007

The Betty Tweedy Golf Classic is scheduled for Thursday, September 13th. This year's fundraising golf tournament for cancer care and research in our community will take place at the Meadows Golf Club.

For more information or to register contact Bina Chohan at 613-830-1695.

All of the events for the Ottawa Regional Cancer Foundation are listed on [www.ottawacancer.ca](http://www.ottawacancer.ca). Check out the events section.

If you have thought of running your own event to support the Ottawa Regional Cancer Foundation, please contact Peter Hamer, Events Manager at the Ottawa Regional Cancer Foundation at 613-247-3527 ext. 70028 or email [phamer@ottawacancer.ca](mailto:phamer@ottawacancer.ca)



# Little Angels and Bone Marrow Transplant Fund has raised about \$250,000

By Diane George-Wiggins

**I**t was three days before my birthday in April of 1994 when the diagnosis came that I had an accelerated stage of Leukemia.

I soon realized that I would need to undergo a lifesaving bone marrow transplant or I would not survive the summer.

How could this be when my wedding day was two weeks away! Everything happened so fast.

The wedding, the transplant, no honeymoon because I was too sick.

The recovery seemed like a forever process and I was on a roller coaster ride of my life, not a fun one either. Fear, worry, tears and more tears became part of my day to day life. Bills and more bills.

Only one income and no money to hire someone to help me while my husband was at work.

I was terribly ill. My weight dropped to about 84 lbs. I was very weak. I vowed that if I lived, I would never want someone to struggle as I did.

One day I would make a difference.

I kept a diary of my battle and one day had it published. I sold over 500 copies of my book. All proceeds went toward a Cancer Fun Day held in 1996 for children at CHEO who had cancer or were in remission.

After the event was over I realized I had quite a bit of money left as many companies had heard of my event and donated their services.

This was the beginning of Little Angels.

We will be celebrating 11 years March of 2007 at our summer BMT picnic held by the Ottawa Hospital – General Campus BMT team.

Little Angels provides financial assistance directly to patients with cancer. The funds are administered by the hospital social worker to low income families in need.



Diane George-Wiggins is the founder of Little Angels to help families in need.



We are a registered non profit charitable organization. This fund is the only one of its kind in North America, and I am very proud of the success it has had to date. We have a wonderful team of Angels aboard that help us continue to raise funds and support patients according to our mandate.

We have raised about \$250,000 to

date. My dream is to have Little Angels grow and expand to larger cities over the years to come.

I would love to have a telethon and raise a million dollars.

There are so many patients in need, nobody should have to struggle financially when they have to fight the battle of their lives.

I would have to say that hope, love and strength are the key to survival along with surrounding yourself with positive, supportive and loving people. They are the true gifts of life.



# There's a difference between change that we choose and change that is thrust upon us after illness

**"Courage is the first of human qualities because it is the quality which guarantees the others."**

Aristotle

By Kathy Scalzo

Change – the very term triggers intense emotions.

Reactions vary from 'Hooray, it's time for a new start,' to 'No, not again!'

Most of us live complex lives that are in constant flux, and as much as we cherish stability and predictability in our routines and relationships, we do in fact recognize change as a basic ingredient of life.

Over and over, human beings have proven themselves amazingly resilient, with an extraordinary capacity for change.

However, there is a difference between change that we choose and change that is thrust upon us.

As we progress through life, events disrupt our stability and alter our lives. Some are predictable, and although we may not like them, we expect and come to understand them (children leaving home, moving to a new city, retiring). But there are also times of change which are unexpected, unwanted and bring an overwhelming sense of loss (divorce, illness, death of a loved one).

The greater the change, the more difficult the challenges that accompany it. It is with shocking ease that, on an ordinary day, a diagnosis of cancer can break apart an entire life in minutes.

Recovery is not so much about moving on as it is about moving through change.

During recovery, it is important to take stock – to really understand in what ways your life has changed and in what ways things have stayed the same. Often friends and family try to offer comfort by suggesting that healing will 'just take time.' While time is an important component to recovery, the mere passing of days and months does little to nurture the choices necessary to promote healing.

Recovery depends less on time than on the types of changes you have experienced and the choices you are willing to make.

Illness may bring unexpected and unwanted change into your life, but that doesn't mean you cannot choose how best to respond to those changes. Taking charge of change often begins with the small, unremarkable but powerful step of clarifying exactly which changes you want to make. It's important to identify a starting point, a place to focus your initial recovery efforts, and then create a healing plan that will help you move gradually yet consistently forward.

This may mean addressing physical or emotional side-effects, spiritual questions, or the changing roles and expectations within your relationships. Taking charge of change means making choices and taking action on them, both of which will require courage.

As important as it is to figure out what you want to do and how to do it, you must ask also yourself why you want to do it.

Intentions are powerful forces in our lives – they are the invisible pur-

pose behind our observable actions. However, even a strong intention requires action to achieve results. You may intend to go to the gym to increase your strength or stamina, but if you don't actually go, your good intentions count for little.

We control our lives with our choices; hence it is important to explore our intentions and motivations in order to make changes that support rather than sabotage creating the life we want.

Taking charge of change involves choosing what actions fit best with your healing goals, your strengths and limitations, your needs and desires.

The empowerment this brings will set you on a direct path to recovery.

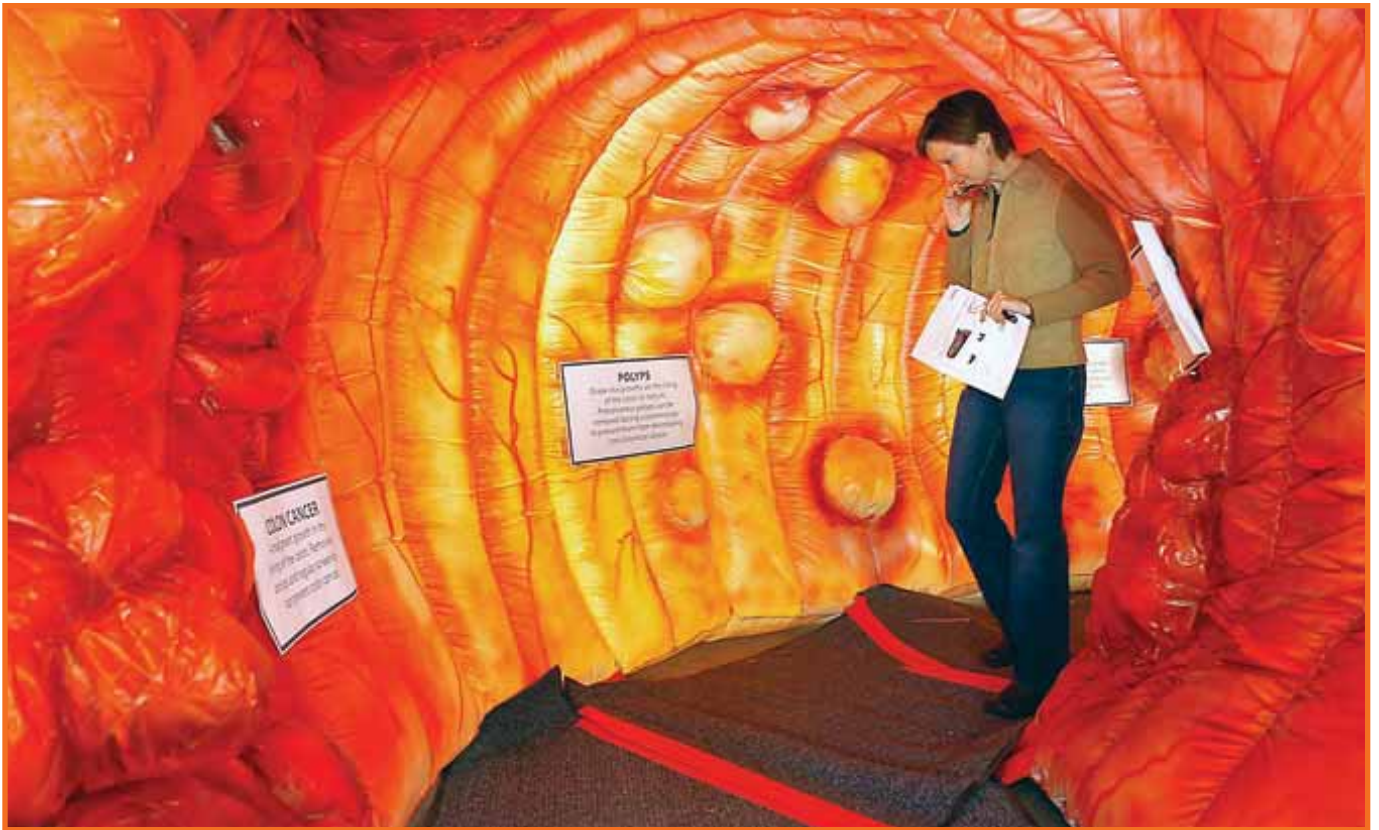


*Kathy Scalzo will be speaking on "Picking up the Pieces: Moving Forward After Surviving Cancer" June 5th as a fundraiser*



*for the Little Angels and Bone Marrow Transplant Fund. The talk will be held 7 p.m. - 8:30 p.m. at Guindon Hall, Auditorium A, 451 Smyth Rd, Health & Sciences Centre (Ottawa Hospital General Campus).*

*Cost per ticket is \$12. For information or tickets, please contact Dominique LeMay at 613-737-8975.*



– AP photo

Super Colon is an inflatable eight-foot tall, 20-foot long replica of a human colon in Albuquerque, NM. Every March, the Cancer Research and Prevention Foundation sets out the Super Colon tour to spread the message of colorectal cancer prevention and early detection.

# Screening key for early detection of colorectal cancer

(NC) – Colorectal cancer is the third most commonly diagnosed cancer in men and women and the second leading cause of cancer death in Canada.

But despite its high incidence rate, this cancer can be detected early through screening and in some cases, can even be prevented from ever developing.

“Colorectal cancer is 90 per cent curable when detected and treated early, compared to only 10 per cent when treatment is administered during the advanced stages of the disease,” says Rowena Pinto, director of prevention and public issues at the Canadian Cancer Society.

“The key is prevention,” agrees Dr. Robin Boushey of the Ottawa Hospital Regional Cancer Centre. “In 2007 this is a potentially preventable disease, because there is a stage at which

this cancer can be removed prior to actual formation of the cancer. There is a pre-cancerous lesion called a polyp. Public awareness is the key, and patients should request the screening from their doctors beginning at the age of 50 if they are determined to be of average risk, or earlier if they have a family history. Many cases are potentially preventable with the introduction of screening programs.”

The Canadian Cancer Society strongly recommends talking to your doctor regarding your personal risk and screening.

People who are at higher than average risk of developing colorectal cancer may need to undergo screening at an earlier age, or more often. A high risk person may have:

- a parent, sibling or child with colorectal cancer

- a personal history of colorectal cancer
- inflammatory bowel disease, such as ulcerative or Crohn’s disease
- certain inherited syndromes
- benign polyps of the colon or rectum.

“People should go and say ‘I need my colonoscopy or fecal occult blood testing.’ It’s common enough in terms of prevalence that people need to take control themselves,” says Dr. Boushey. For more information, you can go to his website at [mydoctor.ca/drbushey](http://mydoctor.ca/drbushey).

You can also learn more about screening and how to reduce your risk of colorectal cancer by calling the Canadian Cancer Society Cancer Information Service, at 1-888-939-3333 or online at [www.cancer.ca](http://www.cancer.ca).





# Colorectal cancer by the numbers

- It is the second leading cause of male and female cancer-related deaths in Canada.
- Colon cancer is one of the most preventable forms of cancer. If screened and caught early – the chances of survival increase by 95 per cent.
- Unfortunately as it stands today, nearly half of those diagnosed find out too late.
- Colorectal cancer is the fourth most commonly diagnosed cancer.
- In 2004, it is estimated that 19,200 Canadians were diagnosed with colorectal cancer – of this number, 10,400 were men and 8,800 women.
- 367 Canadians are diagnosed with colorectal cancer every week.
- 160 Canadians die of this disease every week.
- 1 in 16 Canadians has a chance of developing colorectal cancer.

• 1 in 28 Canadians will die of it.

- Anyone 50 and up should be screened regardless of family history.

Speak to your doctor about your potential risk, know the facts and ask about available screening. Through early detection, colon cancer is treatable and together with your doctor a screening plan can be developed to reduce your risk. You can get further information online at [coloncancercanada.ca](http://coloncancercanada.ca) or by phoning 416-785-0449 or 1-888-571-8547.

Colon Cancer Canada develops and supports activities that make a difference in the field of colorectal cancer through the financial support of research initiatives, programs to increase public awareness and channels to provide education and patient support. Colon Cancer Canada is always looking for volunteers to assist with their ongoing efforts to beat colon cancer.

– *News Canada*

## Know your risks for colon cancer

(NC) – There is no single cause for developing this disease, but there are several risk factors that include:

- A family history of colorectal cancer
- Increasing age (risk increases from the age of 50)
- Polyps present in the colon or rectum
- A diet high in fat
- An inactive lifestyle
- Obesity
- Inflammatory bowel disease

### Signs and symptoms to watch for include:

- Change in bowel habits
- Blood in the stool
- Abdominal discomfort
- Weight loss for no apparent reason
- Feeling that the bowel is not emptying completely
- Narrower than usual stools
- Feelings of weakness and/or feeling more tired than normal



To advertise in the next edition of  
***Challenge ... Life with Cancer***

contact Shannon Gorman at:

**The Ottawa Regional Cancer Foundation**

**Telephone: (613) 247-3527**

**Fax: (613) 247-3526**

**E-mail: [sgorman@ottawacancer.ca](mailto:sgorman@ottawacancer.ca)**

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Dr. Chris Winckel, (the man in the red golf shirt and grey jacket), a general surgeon at the Queensway-Carleton Hospital, was a guest speaker at the support group.

## Ottawa Colon Cancer Support Group provides support for common yet 'little discussed' disease

**D**id you know that more Canadians die of colorectal cancer than any other cancer except lung cancer? Or that almost as many women as men get this disease?

Despite the fact that hundreds of area residents are diagnosed with colon and rectal cancer every year, until 2002 there was no support group devoted to their needs.

At that time, during Colorectal Cancer Awareness Month, a concerned group gathered in a meeting room at the Ottawa Hospital Regional Cancer Centre. And a support group came into being.

Since then, a support group has been meeting the second Tuesday of every month at 7 p.m. in the Gatineau



Three founding members of the Ottawa Colon Cancer Support Group: Helen Sarbutt, June Humphries and Sandra Thompson Bednarek.

Room on the lower level of The Palisades retirement residence, 480 Metcalfe Street.

The spacious meeting room and light refreshments are generously provided free of charge. There is also

free parking or easy access on the #101 bus route.

The group is affiliated with the Colorectal Cancer Association of Canada which provides information materials for distribution.

Telephone 'buddies' are willing to share their experiences with those who prefer to receive individual support or are not well enough to attend meetings.

For more information please call Helen, 613-257-1884 or email [pbednarp@magma.ca](mailto:pbednarp@magma.ca) or view [www.ccac-accc.ca/events.asp](http://www.ccac-accc.ca/events.asp)



# Support Groups and Cancer Information Services serving Eastern Ontario

*"I am not sure how this group works but I know it does. If someone comes in with a particular worry we are able to help them. I know this group has helped me when I've been worried. It feels comfortable here."*

– Support Group Participant

It is well documented that people living with cancer benefit enormously from speaking to others in the same situation.

The support groups listed have all been developed to offer patients and their families support and information.

One of the major benefits is that joining a group lessens the isolation and anxiety of dealing with cancer. Many of the groups raise awareness and fundraise for research and services. This is another way of gaining control and finding hope.

## AboutFace

- Purpose: To offer support to people with facial differences. Connects adults to adults and parents to parents for emotional support and education.
- No regularly scheduled meetings. For more information go to [www.aboutface.ca](http://www.aboutface.ca)
- Contact: Donna Bantis, National Office, 1-800-665-3223, ext. 23.

## Arnprior and District Breast Cancer Support Group

- Purpose: To provide support and encouragement to breast cancer patients in the Arnprior and surrounding area.
- Meets every third Tuesday of the month
- 7 p.m. - 9 p.m.
- Arnprior Public Library, 21 Madawaska St., Arnprior
- Contact: Elta Watt, 613-623-7455
- [ourbcsg.bravehost.com](http://ourbcsg.bravehost.com)

## Barry's Bay Cancer Support Group

- Support group offered for patients, families, caregivers and survivors of the Barry's Bay region.
- Monthly group meetings, individual support and counselling
- Contact: Norma or Ralph, 613-756-2759

## Bereaved Families of Ontario, Ottawa Region

- Purpose: To provide mutual aid/self-help following the death of a loved one. Also provides education in anticipatory grief situations.
- Meets the first Tuesday of each month
- 7 p.m. - 9 p.m.
- St. Timothy's Presbyterian Church
- 2400 Alta Vista Drive (downstairs hall)
- Contact: Hilda, 613-567-4278

## Bereaved Families of Ontario – Cornwall and Area

- Purpose: To provide support, information and education to families following a death and/or terminal illness of a loved one.
- Bereavement support, groups, telephone help line, library
- Children/Youth programs also available
- 144 Pitt Street, Cornwall



- 9 a.m. to 4 p.m. (5 days a week)
- Contact: 613-936-1455, or email at [bfcornwall@on.aibn.com](mailto:bfcornwall@on.aibn.com); [www.bereavedfamilies.net](http://www.bereavedfamilies.net)

## Breast Cancer Action (BCA)

- Purpose: To inform, educate and support women and men living with breast cancer, their families, and the community. Provides community based core programs and client services.
- Support and Resource Centre
- 739A Ridgewood Ave., Riverside Mall, Ottawa
- 8:30 a.m. to 4 p.m. - 5 days a week
- Contact: 613-736-5921

## Canadian Cancer Society – Cancer Information Service

- A nationally bilingual toll-free service offering comprehensive information about cancer and the community resources available to cancer patients, their families, the general public and health care professionals.
- Provides information about all types of cancer, from prevention and diagnosis to treatment and supportive care.
- Hours: 9 a.m. - 6 p.m.
- Contact: 1-888-939-3333
- Note: Services only available in Canada.

## Canadian Cancer Society – Peer Support Program

- Purpose: To offer support to people diagnosed with cancer, or their caregivers, friends.
- Peer Support in person
- Peer Support by telephone
- Group Peer Support
- Support from someone who knows what it is like to live with cancer. Services are free, responsive, confidential and accessible.
- Contact: 1-800-263-6750

## Canadian Cancer Society – Peer Support Program, Pembroke Branch

- Purpose: To offer support to people diagnosed with cancer, or their caregivers, friends.
- Contact: Renfrew County Unit, Canadian Cancer Society, 1-800-255-8873 or 613-735-2571

## Canadian Cancer Society – Transportation Program

- Purpose: To provide transportation for cancer patients to and from their cancer-related appointments if they cannot get there on their own. Contact the local Society office for more details.
- Ottawa: 613-723-1744
- Lanark, Leeds and Grenville: 1-800-367-2913
- Renfrew County: 1-800-255-8873
- S.D.G. and Prescott-Russell: 1-800-669-4181

## The Canadian Thyroid Cancer Support Group (Thry'vors)

- A small informal group providing online support, friendship and guidance to thyroid cancer survivors through email contact, with occasional meetings.
- Provides information, including referral to outside sources, in dealing with diagnosis, treatment and management of thyroid cancer.
- Contact: [thryvors@sympatico.ca](mailto:thryvors@sympatico.ca); [www.thryvors.org](http://www.thryvors.org). On-line support: [groups.yahoo.com/group/thryvors](http://groups.yahoo.com/group/thryvors)

## Canadian VHL Family Alliance – Ottawa Area Branch

- Purpose: To improve diagnosis, treatment and quality of life to people with VON Hippel-Lindau Disease (VHL)
- Contact: Tania Durand, 613-622-7976 (during office hours) or email [tania@igs.net](mailto:tania@igs.net)

## Candlelighters Childhood Cancer Support Programs

- Candlelighters is a not-for-profit, volunteer organization.
- Purpose: To enhance the lives of children with cancer and their families and to promote awareness, understanding and education of this devastating illness.
- Provides young people, and their families, a variety of services through three separate programs: support; education; and public awareness.
- Contact: Jocelyn Lamont, Executive Director, 613 715 9157; [www.candlelighters.net](http://www.candlelighters.net)

## Carefor Breast Cancer Network

- Purpose: To provide information and hold discussion sessions for cancer patients and their loved ones.
- Meets every third Thursday of the month
- 7 p.m.
- VON Office, 2nd floor, 205 Amelia Street, Cornwall
- Contact: Terry Armstrong, 613-932-9298 ext.225

*Continued on page 30*

### Carefor Prostate Cancer Support Group

- Purpose: To provide information and hold discussion sessions for cancer patients and their loved ones.
- Meets every second Thursday of the month
- 7 p.m.
- VON Office, 2nd floor, 205 Amelia Street, Cornwall
- Contact: Terry Armstrong, 613-932-9298 ext.225

### Colorectal Cancer Association of Canada – Ottawa Support Group

- Purpose: To provide support and information to those living with colorectal cancer, their families, friends and caregivers.
- Meets 2nd Tuesday of each month, 7 p.m. - 9 p.m.
- Gatineau Room, lower level
- The Palisades, 480 Metcalfe Street, Ottawa.
- Contact: 613-745-8048, or the Colorectal Cancer Association of Canada at 1-877-50COLON or info@ccac-accc.ca; www.ccac-accc.ca

### Dundas County Hospice

- Purpose: To provide support to anyone with a life-threatening or terminal illness and their family/caregivers
- Bereavement support
- Day hospice
- Loan cupboard
- Library material for loan
- 4324 Villa Drive, Williamsburg
- Contact: Reina DeJong, 613-535-2215 or info@dundascounty.ca; www.dundascounty.hospice.ca

### Eganville Group Support

- A self-help group for people living with cancer, their families and friends.
- Meets the second Wednesday of the month (call to confirm) at 7 p.m.
- Action Centre
- 68 Queen Street, Eganville (near Pembroke)
- Contact: The Renfrew County Unit of the Canadian Cancer Society, 1-800-255-8873 or Diane 613-625-2603

### Friends of Hospice Ottawa Bereavement Support Group

- A structured bereavement support group guided by an experienced facilitator. The bereavement group will help the caregiver cope with a wide spectrum of emotions and practical concerns.
- Contact: 613-838-4008; www.friendsof.hospiceottawa.ca

### (The) Hospice at May Court Caregiver Support Program

- Purpose: To provide a relaxing environment to individuals caring for a loved one who has been diagnosed with a life threatening illness. The program provides an opportunity to share experiences with other caregivers in a discussion group or one-on-one.
- Individual support offered by staff and volunteers
- Reiki, foot massage, art and resource centre available.
- Meets every Wednesday evening at the Hospice (114 Cameron Ave.), 7 p.m. - 9 p.m.
- Contact: Anne, 613-260-2906 (Please call to confirm)
- Note: A program geared towards children and youth is also available.

### Kanata and District Breast Cancer Support Group

- Support group for breast cancer patients, where information and sharing is provided.
- Meets on the last Thursday of the month at 7 p.m. at the Mlacak Centre, Hall D, Kanata
- Contact: Pauline Cramphorn, 613-592-0305 or pauline.cramphorn@sympatico.ca
- ourbcsg.bravehost.com



### Kingston Regional Prostate Cancer Support Group

- Support group for prostate cancer patients, partners and/or caregivers.
- Meets the second Wednesday of the month, 7 p.m. - 9 p.m. at Ongwanada Resource Centre
- 191 Portsmouth Ave., Kingston
- Contact: Rita Peters - Facilitator, 613-546-1141 or 613 549-4195 (home) or rita.peters@sympatico.ca

### Living Well with Cancer Support Group – Winchester

- Support group for all disease sites. Bring a friend if you wish.
- Meets the 2nd Monday of the month at 7 p.m. - 8:30 p.m. Winchester United Church
- Contact: Linda Johnson, 613-774-2420 ext. 5155

### Look Good ... Feel Better Program

- Support group for women taking cancer treatment and wanting to know more about facial skin care, makeovers and options for hair loss. Free workshop
- Contact: 613-737-7700, ext 10315
- Pre-registration is required.

#### General Campus

- Every second Monday of each month
- 2 p.m. - 4 p.m.
- The Ottawa Hospital Regional Cancer Centre
- 503 Smyth Road

#### Civic Campus

- Every fourth Tuesday of each month
- 2 p.m. - 4 p.m.
- Maurice Grimes Lodge, 3rd Floor, The Ottawa Hospital Regional Cancer Centre, 200 Melrose Ave

#### Winchester Satellite

- To register call 613-774-2420, ext. 5704

### Lymphoma Support Group (LSG)

- Support group and educational forum for lymphoma patients, their families and friends.
- Share experiences with others and learn more about lymphoma from experts
- Meets the first Tuesday of each month (Sept-Dec, Feb June), 4 p.m. - 6 p.m.
- Hospice at May Court, 114 Cameron Avenue
- Contact: 613-232-7795 or 613-241-7141
- www.lsgo.ca

### Malignant Melanoma Support Group, Canadian Cancer Society

- Peer led support group
- Meets the first Tuesday of each month
- Greenboro Community Centre
- 363 Lorry Greenberg Drive.
- Contact: Canadian Cancer Society, 613-723-1744 or Fran 613-247-0014.

### Marianhill Palliative Care Unit

- Purpose: To offer a continuity of accessible care with a holistic approach which addresses both the spiritual and the medical needs of people with terminal illness.
- Three private bedrooms
- Offers a home-like atmosphere
- 600 Cecilia Street, Pembroke
- Contact: Cathy Brennan-Hogaboam, 613-735-6839, ext. 316, or email Cathy, cathybh@marianhill.ca; www.marianhill.ca

### Mississippi Mills/Carleton Place area Group Support

- Purpose: To support and encourage participants in this group to work through issues while living with cancer. Sessions will include topics of interest geared to the participants, videos, guest speakers, etc.
- Refreshments provided
- Meets the fourth Tuesday of the month.
- 7:30 p.m. - 9 p.m.
- Almonte United Church Parlour
- 106 Elgin Street, Almonte
- Contact: Canadian Cancer Society (Lanark, Leeds and Grenville Unit) 1-800-367-2913 or 613-267-1058, or lanarklg@ontario.cancer.ca

### Nu-Voice Club of Ottawa

- Purpose: To meet with fellow laryngectomy patients to discuss issues of concern and share information.
- Meets quarterly, March, June, Sept., Dec.
- 2 p.m. - 3:30 p.m.
- The Ottawa Hospital - Civic Campus
- Maurice Grimes Lodge
- 200 Melrose Avenue, 4th Floor, Ottawa
- Contact: 613-798-5555, ext. 13416, or by email at pmaser@ottawahospital.on.ca

### Orleans and East Breast Cancer Support Group

- Purpose: To provide support for breast cancer patients, families and friends.
- Meets on the second Thursday of each month.
- 6:30 p.m. - 8:30p.m.
- Orleans Police Station
- 3343 St. Joseph Blvd., Room 2001 (corner Tenth Line)
- Park in Visitors' Parking.
- Contact: Elise, 613-841-3887
- ourbcsg.bravehost.com

### The Ottawa Hospital – General Campus Gynaecologic-Oncology Program – “Time for Ourselves”

- Support group that encourages the participant to share her concerns and feelings with others.
- Meets weekly, on Thursdays
- 10:30 a.m. - noon
- The Ottawa Hospital - General Campus
- 8th Floor Lounge (Room 8230), West Lounge
- Contact: Hilary Graham, 613-737-8899, ext. 72128
- Please call to register

### The Ottawa Hospital Regional Cancer Centre Ninon Bourque Patient Resource Library

- Purpose: To provide up-to-date cancer information to cancer patients and their families, and members of the general public. www.ottawahospital.on.ca/patient/visit/chlib/index-e.asp
- Main Level, 503 Smyth Road, Ottawa
- Monday-Friday, 8:30 a.m. - 12:30 p.m., 1 p.m. - 3:30 p.m.
- Contact: 613-737-7700, ext. 70107

## The Ottawa Hospital Regional Cancer Centre (TOHRCC) Social Work Support Groups

• Purpose: To provide ongoing support groups offered by TOHRCC Social Workers:

### 1. Adult Brain Tumour Support Group

- Support group for people with primary brain tumours, and their family/friends
- Meets the last Tuesday of each month (except July and August), 7 p.m. - 8:30 p.m.
- Ottawa Citizen Building, 1101 Baxter Road
- Contact: Diane Ford 613-737-7700, ext. 70146; Nancy Page 613-737-7700, ext. 70301; Linda Durocher 613-737-8899, ext. 78053.

### 2. Caregiver Support Group

- Bi-monthly support group for family members caring for loved ones with metastatic cancer
- An opportunity to speak to others that understand and to learn about resources and services.
- Contact: Sabrina Gaon, 613-737-7700, ext. 70516.
- Requires pre-registration

### 3. Connexions 18-35

- Monthly support group for cancer patients age 18 to 35 who cope with special problems regarding relationships, self image, education, career and lifestyle changes
- This support group offers an opportunity to meet others, discuss/share experiences and explore coping strategies for self and family.
- This course is of particular interest to those who are newly diagnosed.
- Learn methods of coping with the emotional aspect of cancer as well as stress management techniques.
- Contact: Linda Corsini, 613-737-7700, ext. 70142
- Requires pre-registration

### 4. Coping with Cancer Stress

- Four-week support group for patients and family members
- Hear about the normal reactions to cancer
- Learn self-healing techniques like relaxation, thought management, and meditation
- Learn how to reduce stress and cope in healthy ways
- Contact: Jennifer Williams, 613-737-7700, ext. 70143(English) or Josée Charlebois, 613 737 7700, ext. 70147 (French group)
- Requires pre-registration

### 5. Family Matters

- (monthly support group for all persons with cancer and the adults close to them)
- Learn the impact of cancer on you and those around you
- Learn coping skills
- Meet other families like yours
- Contact: Linda Corsini 613-737-7700, ext. 70142
- Requires pre-registration

### 6. Healing Circles

- (support group for patients undergoing treatment for cancer)
- Learn about the mind-body connection
- Learn relaxation and imagery techniques
- Contact: Jennifer Williams, 613-737-7700, ext. 70143 (English) or Josée Charlebois 613-737-7700, ext. 70147 (French group)
- Requires pre-registration (space limited)

### 7. Healthy Living for Women with Breast Cancer

- (support group for women with breast cancer)
- Meet and receive support from other women with breast cancer

- Learn about diet, exercise, Lymphedema, and other issues related to healthy living
- Share wisdom and learn about coping techniques
- Contact: Michele Holwell, 613-798-5555, ext. 16563
- Requires pre-registration

### 8. Living for Today

- (bi-monthly support group for men and women living with metastatic or recurrent cancer)
- Share thoughts, emotions, information and experience.
- Develop coping strategies for getting the most out of each day.
- Contact: Diane Manii, 613-737-7700, ext. 70141
- Requires pre-registration

### 9. Stepping Stones

- (6-week support group for women who are newly diagnosed with breast cancer)
- Become a partner in your health care
- Develop new coping skills
- Find out about community resources
- Learn methods of relaxation and imagery
- The Ottawa Regional Women's Breast Health Centre
- Contact: Michelle Howell, 613-798-5555, ext. 165638.

### 10. What About My Kids?

- (workshop held on first Wednesday of each month)
- Learn how cancer affects your children and you
- Learn how to communicate with your children
- Where to find resources and get help
- Meet other parents
- Contact: Linda Corsini, 737-7700, ext. 70142.
- Requires pre-registration

## Perth and Area Prostate Cancer Support Group

- Purpose: To provide support to prostate cancer patients and their loved ones.
- Meets the second Monday of the month
- 2 p.m. - 4 p.m.
- Dufferin Square Boardroom, 202-105 Dufferin St., Perth
- Contact: George Clark, (613) 267-1051.

## Prostate Cancer Association of Ottawa

- Provides support and information for newly-diagnosed and continuing treatment patients, promotes awareness of prostate cancer, interacts with the health community, co-operates with groups having similar interests.
- Meets the third Thursday of each month
- 7 p.m. - 9 p.m.
- Newly diagnosed members start time is 6 p.m.
- St. Stephens Anglican Church Hall
- 930 Watson, Ottawa
- Contact: 613-828-0762; www.ncf.ca/pca

## Renfrew County Prostate Cancer Support Group

- Support group to assist men with prostate cancer and their families and to increase their ability to cope with this disease.
- First Wednesday of the month
- 7 p.m.
- Renfrew Victoria Hospital (cafeteria)
- Contact: 613-432-6471 or 613-432-6911

## Renfrew Victoria Hospital Cancer Support Service

- Supportive care assessment for all newly diagnosed cancer patients and their families.
- Offering support and teaching with regards to diagnosis and treatment

- Assistance and referrals for other community services
- Counselling and support re: living with cancer and associated fears related to treatment, recurrence and survivorship
- Contact: Renfrew Victoria Hospital, Oncology Clinic, Renfrew Victoria Hospital, 499 Raglan St. N.
- 613-432-4851, ext. 123 or fax at 613-432-8649

## Renfrew Victoria Hospital Palliative Care Services

- Multi-disciplined team approach for people with a terminal illness in a hospital, community or long-term care facility
- Pain and symptom management, patient and family consultation and support, scheduled relief for families and caregivers by trained volunteers, grief and bereavement follow-up
- Renfrew Victoria Hospital, 499 Raglan Street North
- Contact: Palliative Care Coordinator, 613-432-4851, ext. 217, or fax at 613-432-8649

## United Ostomy Support Group – Ottawa

- Purpose: To provide support and education to people with ostomies, their families and the public.
- Meets the third Thursday of every month, September - November, January - May. Special events in December and June
- 7:30 p.m. - 10 p.m.
- Canada Care Medical Centre
- 1644 Bank Street (at Heron - behind Canadian Tire) Ottawa
- Contact: 613-447-0361; www.ostomyottawa.ca

## VON Eastern Counties – Changing Journeys

- Support group for people coping with a terminal illness
- Purpose: To provide social and emotional support to individuals with a terminal illness and respite to their families.
- Weekly meetings
- Contact: Andrew Lauzon, RN Palliative Care Coordinator, VON Eastern Counties Branch, Cornwall, 1-800-267-1741

## Willow Breast Cancer Support and Resource Services

- Purpose: To provide information, support and networking to those women with breast cancer.
- Support from trained volunteers who have experienced breast cancer themselves.
- Contact: 1 888 778 3100; www.willow.org

## Youth/Pelvic Pouch Group

- Purpose: To provide education and emotional support to those who have had pelvic pouch or ileostomy surgery, with particular emphasis on the problems of the young.
- Contact: Jennifer Bisson, 613-839-7424 or Rachel Seed, 613-832-3522.

*If you would like your Support or Information Group mentioned in the next edition of Challenge...Life with Cancer contact JoAnn Nicol, Library Services, The Ottawa Hospital Regional Cancer Centre, (613) 737-7700 ext. 70107.*

The  
Ottawa  
Citizen



Bringing Healthcare home

Dr. Hartley Stern, head of The Ottawa Hospital Regional Cancer Centre, is shown here during a surgical procedure.

Photo: Jayne Balharrie

This is what we do every day:  
provide pictures and words  
highlighting those heroes  
that keep our community  
strong — from the surgeons  
and nurses to those they help  
in the fight against cancer.

*“Fighting cancer every  
step of the way”*

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