

The Ottawa Regional Cancer Foundation presents

Challenge



Spring/Summer 2006

The Weekend to
End Breast Cancer

Get set for
an amazing weekend
July 21-23



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A Message from Dr. Hartley Stern

Using innovative approaches to maximize resources

Dear Friends,

They say timing is everything, and I would suggest it is especially critical in health care. With the provincial and federal governments looking at ways to reduce wait times, I am proud to report that The Ottawa Hospital Regional Cancer Centre (TOHRCC) is tackling the problem head on. We are using innovative approaches to maximize the resources we have and patients are getting the treatment they need more quickly.

While radiation wait times made headlines last fall, we had already taken significant steps to reduce wait times for radiation therapy in the region. Streamlined processes, new equipment and the heartfelt dedication of all our professional groups have resulted in major strides. In the systemic therapy program, we recently opened an additional five chairs in a new section of the Chemotherapy Treatment Unit, will improve access to chemotherapy treatment as well. Additionally, over 200 additional

Cancer Surgeries were performed last year over the previous year.

Although these solutions make a difference today, we are also hard at work preparing for the needs of tomorrow. This fall, a brand new Cancer Assessment Centre (CAC) will open at the General Campus of The Ottawa Hospital. Based on the Women's Breast Health Centre model of simplifying the journey for patients, the CAC will house three new Diagnostic Assessment Units for Prostate, Colorectal and Thoracic cancers.

Earlier this year, Premier Dalton McGuinty announced the funding for the expansion of The Ottawa Hospital Regional Cancer Centre on the General Campus and the establishment of a new site at the Queensway Carleton Hospital. The much anticipated announcement will mean that we will be better prepared to meet the growing demands for our services for years to come.

We are continuing to make advancements in our Regional Cancer Plan. An important initiative in collaboration with Cancer Care Ontario and all of our regional partners, we are planning for the needs of Eastern Ontario for the entire spectrum of cancer care. It is progress in the areas of prevention, surgery and palliative care, among others, that will allow us to achieve our goal of providing the best cancer care close to home.

Finally, with all of this growth we have also been very attentive to quality and safety. Recently we were very pleased to be cited by the Canadian Radiation Safety Commission as being the Centre in Canada to exemplify the Highest Standards in Radiation Safety. Kudos to our terrific team.

Sincerely,

Dr. Hartley Stern,
Regional Vice-President
The Ottawa Hospital Regional
Cancer Centre

The Ottawa Regional Cancer Foundation presents
Challenge
Life with Cancer 

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Volume 10, Issue 1
Spring/Summer 2006

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Letter from the Editor

As we approach the 10th anniversary of Challenge Magazine, we wanted to commemorate the event with a little book, the proceeds of which will go to The Ottawa Hospital Regional Cancer Centre.

Selling for \$10, the book will include 10 stories describing the 10 most important things you should know about cancer from the prospective of:

1. a cancer patient
2. a surgeon
3. a researcher
4. a nurse
5. a social worker
6. a member of the clergy
7. a librarian
8. a nutritionist
9. a volunteer
10. a cancer survivor

If you are in any of the 10 categories and would like to share your insight and advice, please e-mail me at lrachlis@thecitizen.canwest.com or call me at 596-3773. Your input will be of great benefit to others.

*Louise
Rachlis*

Louise Rachlis



- Valberg Imaging

Enbridge longtime supporter of Ottawa Regional Cancer Foundation

By Louise Rachlis

When The Weekend to End Breast Cancer needed office space, Enbridge stepped right up and offered their “Little Gas House” on Carling Avenue.

The original building was purchased to accommodate an Enbridge metering and pressure regulating facility in the garage. In 1985, the building was restored as a three-bedroom house to provide alternative accommodations for the families of out-of-town patients who were undergoing treatment at the Ottawa Civic Hospital.

The Ottawa Hospital did not renew its lease in 2005 and so Enbridge was pleased to put it to good use for the first annual Weekend to End Breast Cancer in Ottawa.

The Gas House is being used as office space by the event co-ordinator, staff, and volunteers, with Enbridge continuing to maintain the building and supply the utilities.

It’s just one of many generous gestures by a company which strives to improve the quality of life in the communities it serves.

“We’re committed to supporting initiatives that help build healthy, vibrant and sustainable communities,” says Jamie Milner, the busy general manager of Enbridge Gas Distribution Inc. Eastern Region and Gazifère Inc., who still finds time to be vice-chair of the Ottawa Regional Cancer Foundation Board, and co-chair of the *Challenge Magazine* Editorial Board.

“There are many things we can and should be doing in the community to give back,” he says. “Some things like good health you take for granted. But many people I care about have been touched by cancer over the years. I happen to be in a position to provide a little bit more than others and so I want to do that. It gives me a lot of satisfaction to see the good that the folks at The Ottawa Hospital and the Cancer Centre do. I get emotional when I think about it. A lot of this



General manager of Enbridge, Jamie Milner, right, was delighted to provide Enbridge’s “Little Gas House” for the Weekend to End Breast Cancer.

comes down to money. Despite all the good things, we’re still not doing enough. There is much we’re looking forward to.”

To help the community, Enbridge provides funding for projects in the areas of education, environment, health, social services, volunteerism and arts and culture.

Enbridge has provided support to the Ottawa Regional Cancer Foundation (ORCF) for five years, and during that time has contributed over \$125,000. “Our employees volunteer for and participate in numerous ORCF fundraising initiatives including the annual ORCF Telethon.”

In addition to local support for cancer research, Enbridge has made a major commitment to research in the field of psycho-social oncology – a specialty that addresses the psychological and emotional aspects of patients and families living with cancer.

In November 2005, Enbridge announced it would partner with the Alberta Cancer Foundation and the Canadian Cancer Society, Alberta/N.W.T. Division to fund the Enbridge Research Chair in Psycho-social Oncology.

The \$1.2 million commitment by Enbridge – part of a \$3 million endowment – represents the largest

community contribution in company history. Enbridge president and CEO Pat Daniel says the gift is a fitting way to commemorate Alberta’s Centennial, and with roughly 149,000 new cancer diagnoses each year in Canada, this initiative is expected to have a wide reach.

“At Enbridge we value innovation and leadership and this research is cutting edge,” he says. “Having supported a range of cancer-related issues over the past five years, we’ve decided to make a significant investment in this important aspect of cancer care. It’s an opportunity to demonstrate to the communities where we operate – in fact far beyond those regions – that we’re interested in providing long-term, positive results for patients, families and the community at large.”

The gift will allow researchers to focus on the screening for emotional distress in cancer patients and their families.

They will also investigate such issues as mind-body interaction and survivorship, given that over 65 per cent of all cancer patients now live five years beyond diagnosis.



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'I run for your mother, your sister, your daughter, your wife, I run for you and me, my friend, I run for life'



By Joyce Shanks

When I first heard about the Weekend to End Breast Cancer in Montreal it was early in 2005.

My heartfelt and gut reaction was, "I have *got* to do this ..."

It's not that I think that we will ever completely cure breast cancer, not entirely anyway. While I hope and I pray that we can, there are too many variables responsible for our good health.

Genetics, lifestyle habits, environment, state of mind and that of our spirits, are all involved in our well being.

What I think is realistic, however, is research finding techniques and medications and supplements that will help some people beat their cancer, prevent it from metastasizing in others or in the worst case scenario, allow for a better quality of life for those who do undergo repetitive treatments.

Research can help with all of these things, but funding is desperately needed. Governments can't and don't provide enough money for it all. This is where we come in; we have the power

and strength in numbers to make a difference. We have to make a statement and raise lots of money to help fund necessary scientific research.

I was 37, but I knew of too many people already in my life that had fought and won or fought and lost their own personal battles with the disease.

I thought of my daughter, Ayla, who was only two and a half, and I cried, thinking that she too would know many people in her life with the disease, or God forbid, God forbid, God forbid worse, she could become a statistic herself.

Her generation depends on what we do in ours. For some, it is too late to change things. My step mom Evelyn died in early February this year from her breast cancer, but she lived until the very end not only because of her strong will and love of life, but because she had great doctors administering great care due to wonderful advancements in research. Fifty years ago, it was not the same; Evelyn knew that too well. Her own mom passed away from her cancer at 44 when Evelyn was only eight.

I was going to do the Walk, but I then began to panic. What was I thinking? 2005 was just not the right time to participate in something this big.

We had just bought our first new home, we had the move in the summer to deal with, and I was at home with Ayla full time while my husband worked. Training and fundraising would be time consuming, the packing the renovating would be huge challenge with all the demands on my time, so that was it, I CAN'T do it. I can't!!! Instead I would once again participate in the CIBC Run For the Cure in October. So I explained it all to my twin sister in Ottawa, why I decided against doing the Weekend To End Breast Cancer.

Perhaps it was her way of pushing my buttons or something, but she said, "CAN'T, CAN'T? I NEVER use the word CAN'T, why are you using the word CAN'T???" Well, that was it, the



Weekend participant Joyce Shanks and her daughter Ayla.

gauntlet had been dropped. I had no choice, I had been challenged, and I was going to sign up immediately. I had wanted to do it all along anyway. Now there was no turning back.

I was concerned though, that something or someone along the way, was going to lack my attention in the process – my daughter, my husband, the packing, the new house, the fundraising, my training, other personal things I couldn't possibly give everything my all.

I know myself pretty well; I knew I would also be stressed about not doing everything just SO.

Call it perfectionism or compulsive tendencies, whatever; something was going to have to give. I had wanted to pack properly for the new house; I wanted clothes organized by season and books sorted by category.

I was right, to a certain degree. I was stressed and something did have to give, ME. The day the movers came, we weren't ready; it was complete and utter chaos. But moving day came and went, and pretty much everything we owned made it from point A to point B without any major incidents.

I had bought a plain pink baseball cap in the spring and another one for my daughter and with paint pens, we decorated them.

Mine had my name and the website address where people could sponsor me for the walk, and the words "please support my journey", and Ayla's had giant blobs of paint, we tried to make my fundraising tasks into activities.

I had begun my training for my 60 km walk in April as the weather began to warm up, and I proudly wore my hat.

What is The Weekend to End Breast Cancer?

The Weekend to End Breast Cancer benefiting the Ottawa Regional Cancer Foundation is simply this – an awesome life changing adventure. During one amazing weekend, July 21-23, 2006, thousands of women and men will unite in Ottawa to walk 60 kilometres in a bold display of courage and commitment.

It's a weekend of hope, as lost lives are honoured and survivors celebrated. The money raised will benefit the Ottawa Regional Cancer Foundation, a leader in the fight against breast cancer. With one in nine Canadian women diagnosed with breast cancer in her lifetime, participants in The Weekend to End Breast Cancer have the opportunity to personally make a difference in the fight against breast cancer. Collectively, the participants will have an enormous impact on breast cancer research funding in our province.

I timed a lot of my training walks to correspond with Ayla's nap time so we would end in a park near the house about the time she would wake up.

I was also working out regularly at Curves near my house three mornings a week. In fact four of us from our gym joined together as a team for the walk.

I had a lot of physical training to do before the big event. You see, I am about 100 pounds overweight. This was going to require a lot of preparation. On the up side, I was sure that my health would benefit.

Everyone who knew me knew about my commitment to the event. I wasn't shy I asked everyone to sponsor me, and I also asked that all of them please tell their families, friends and colleagues about my walk. I sent out e-mails to everyone I knew, as did my husband, and money came from people who I didn't even know. Kind and generous donations, these people touched my heart, and I knew that cancer had touched their lives too. I think everyone has a story. Mostly ev-

This is the first Weekend to End Breast Cancer walk in Ottawa, a multi-day event for those who are looking to do something bold in the fight against breast cancer. The Weekend to End Breast Cancer in Ottawa begins with the Opening Ceremonies on the morning of Saturday, July 22, and finishes with a hope-filled afternoon Closing Ceremonies, Sunday, July 23. Thousands of Walkers will cover approximately 30 kilometres a day, traveling at their own pace. The Walkers will be supported by some 500 Volunteers and Crew Members who will provide meals, water and snack stops, gear transport, portable restrooms, safety on the streets, comprehensive medical services and an overnight campsite complete with tents and hot showers.

For more information on the event please go to www.endcancer.ca or call (613) 835-9799.

everyone I asked supported me. Some told me to remind them about it closer to the time, so I did.

I had a ton of fundraising support particularly from my dad and Evelyn who canvassed for me, my mom, who worked magic with colleagues and business associates.

About six weeks into it, I raised my fundraising goal from \$2,000 to \$5,000. My donations were all fairly small, between about \$10 and \$50 each, but I did have a couple of \$150 donations. I felt that getting to the \$2,000 minimum was going to be easy, and so I set my own personal bar higher.

If I reached my goal too soon, I might have slowed down my efforts, and I wanted to keep going.

On the event website it is registered that I raised \$4,672. Not included in my total is the several hundred dollars raised at a sales event I organized. That money went towards my teammates' fundraising goals.

Continued on page 8

Continued from page 7

I really could not have accomplished what I did without the support and encouragement of my husband; all those extra meals he cooked and all the slack he picked up for me because I was trying to do too much at once.

As my walking distances and frequency increased, I had begun to develop ankle pain. The extra weight I was carrying, and sidewalks as my training terrain, were both partially responsible.

I took physiotherapy and had orthotics made for my shoes to help resolve the problem. I knew all along that as much as I wanted to walk the entire 60 km distance, the most important thing for me was to raise the money for the hospital and train as much as I could with the time at hand and try my best.

I couldn't risk injuring myself, during training or the event itself, my daughter and husband needed me at home and healthy.

In the evenings when I would finally sit down with ice on my ankles and relax with the TV on, I had a pair of scissors in my hand, and rolls of pink ribbon and piles of safety pins on my lap.

I had begun my piggy bank campaign. I got the idea that "my story" that can be found on the end cancer website could help me raise funds for my walk if it was placed in strategic locations.

A photo frame with my story, pink ribbons with business cards with my contact information and a piggy bank all done in a nice display could help to both raise awareness about the walk as well as raise funds. It was amazing; I spent some money buying the supplies to set up the "piggy banks."

I approached several places to ask if I could display them. As in any venture the key is location, location, location. At the cash register of video stores, bakeries, and restaurants I had the most success.

With my request of prime real estate space on the counters of business establishments, I promised to maintain my display so that it never looked in disarray.

The pink ribbons and business cards with ribbons taped to the back

disappeared rapidly, and the were fed with everything from pennies, to toonies, with the occasional \$5 bill. In about three months, my piggy banks scarfed more than \$1,400 dollars in coins. From that I reimbursed myself for the supplies I had purchased, netting more than \$1,200 dollars towards my walk.

I invested a lot of time to raise money for this event. I designed flyers, and business cards, and at least twice a week I went out to replenish ribbon supplies to the piggy banks that were spread out over a fairly wide area.

At nights I prepared the ribbons and I drove around the city to dollar stores in search of more ribbon stock.

When I couldn't find any more I approached a couple of BouClair fabric stores and asked for ribbon donations. Both of the locations I asked graciously gave me some ribbon for my campaign. This year I have gone straight to their head office to request a large donation for my efforts. One of Evelyn's nieces who is in high school said she and some friends could help to cut and prepare pink ribbons, and even collect donations at their school.

Before I even walked last year I registered again for 2006. I think I could spend less time at the computer this year and more time out training and fundraising.

I am going to ask all the establishments where the piggy banks live if they would consider matching their patrons' donations. I also thought I might ask a local grocery store if I could set up a table outside on a busy day and if they could donate some lemonade and cookies that I could give away to people making donations.

Maybe even the local party store can donate some pink balloons for the kids or something.

A lot of times companies can not make monetary donations to charities, but they can often provide you with a product that you can turn into donations.

I guess what I am trying to say is that there are lots of ways to raise money for the walk, but some time,



Joyce created piggy displays for her fundraising.

effort, and a little bit of nerve is required to ask for what you want.

The worst someone can say is 'no.' Only a few people gave me a hard time about asking, at first I took it personally but then I realized it was their thing, not mine. To be honest in raising money for this people kept asking me for money for their causes. I said yes a few times, but I couldn't say yes to everybody all the time, at least not big donations, but I never walked by a charity box on a counter without making a contributions myself, even if it was only a few pennies at a time.

Do I have any regrets about the time and effort I invested in the event? Not for a minute. I knew I was making a commitment when I signed up. I only wished that I had had more time to raise even more money.

The walkers were spread over a really large area, and so for long stretches of time, I was alone with my thoughts. It was cathartic, and I cried some more.

I took out my lists that I carried with me; one had the names of everyone I knew of, who had fought cancer at some time. That list had 27 names on it. The other list I had was of the people who made donations towards my walk. It was a lot longer, and hundreds of dollars that I had raised had come from anonymous sources.

I thanked them all as best I could at one of my rest stops.

About six kilometres from the end, my mom, Ray and Ayla, and my sister

Sandi, came to cheer me on. It meant so much to me.

Ayla came running through the park calling me and yelling “Go mommy Go,” and then she drank some of my electrolyte drink and ate my snack.

I did not walk the whole 60 km route, but I walked 23 km over two days in the scorching heat and humidity, more than I had ever walked before in my life. 60 kms is a really long way but it really is a walk in the park when it is compared to having to fight cancer head on.

My life is truly blessed. Every day I am thankful for the good health that I have and that of my family, but daily I am reminded that there are those who are less blessed, and at any time the tables could turn.

If ever I have to cross the bridge myself, and fight for my life against cancer I know that I had done my best in trying to make a difference.

My absolute favourite musician, Melissa Etheridge, a breast cancer survivor herself, released a new song recently on her greatest hits album. The song is called, “I Run For Life.”

She wrote it for the Ford Motor company and as an anthem to help raise funds for breast cancer research in their Run For the Cures all over the U.S.

Her lyrics and her passion with which she sings match every sentiment of my soul: *“I run for hope, I run to feel, I run for the truth for all that is real. I run for your mother, your sister, your daughter, your wife, I run for you and me, my friend, I run for life.”*

And really in a nutshell, that is why I did the walk last year, and why I am signed on again this year.

Until cancer can no longer take a sister, a mother, a daughter a wife or a friend, we all have to keep walking.

Together the 3,011 walkers in Montreal raised more than \$9.2 million for the Segal Cancer Centre at the Sir Mortimer Davis Jewish General Hospital in Montreal. I was very proud to be part of the effort.



Fundraisers from left to right: Top, Fatma Maged, Natalie Bertrand and Susan Boyle. Bottom, Kate Smith and Laura Smetana. They are all member of a team called, “Bust a Move”, and they raise funds individually or as a team. They are planning a few fundraising events such as participating in the Great Glebe Garage Sale on May 27th.

Walking for three generations

Fatma Maged of Ottawa has no breast cancer in her immediate family, but she’ll be joining thousands of other women July 21st to 23rd for Ottawa’s first Weekend to End Breast Cancer.

“So why do I want to walk 60 kilometres?” she says. “Simple, I walk for life. What better way to share my blessings.”

She has set a personal fundraising goal of \$10,000.

“Breast cancer has taken away a few of my schoolmates at a very young age, leaving behind children at a tender age,” says the senior policy adviser for Environment Canada. “As for me and my immediate family, I’m personally thankful for being blessed with health; I have a healthy 80-year-old mother, four beautiful healthy

daughters and three extremely beautiful grandchildren.”

Like so many others, she was inspired by the motivation of two strong women: Melissa Etheridge’s determination to fight breast cancer reflected in her powerful song “I Run for Life”, and by the late Audrey Hepburn’s dedication to helping others. “She once said, ‘Remember, if you ever need a helping hand, you’ll find them at the end of each of your arms. As you grow older, you will discover that you have two hands, one for helping yourself, the other for helping others.’”

Fatma says she has “two legs that are made for walking.” “One leg will walk to help ensure that my daughters and granddaughters will live to see their grandchildren like I did. The other will walk to help other women live to see theirs.”

Goal of Local Health Integration Networks is to restore equity to Ontario's health care system

By Shannon Gorman

The goal of Local Health Integration Networks is to restore equity to Ontario's health care system, ensuring quality care for every patient, in every community, in the province.

When I said I would write this article for *Challenge* magazine, I thought it would be easy. My research started with a visit to the Local Health Integration Network's website, where many of my questions were answered. At the end of the day, I am left a bit confused and have many unanswered questions. The website does provide a great deal of information and what was there was certainly comprehensive.

It describes the Local Health Integration Networks as 14 corporations that the government has allocated the responsibility for the planning, integrating and funding of all local health services. Local health services include hospitals, home care, long-term care, community health centres, community support services and mental health, within specific geographic areas.

The creation of the Local Health Integration Networks (LHINs) stems from the governments belief that a community's health services are best planned, integrated, coordinated and funded within that community by people familiar with the needs of that community. Formerly the \$33 billion health care system was micromanaged from head office in Toronto.

What will Local Health Integration Networks do?

Subject to the passage of legislation, LHINs would determine the health care priorities and services required in their local communities. Their functions would evolve over time. Starting with community engagement, they will work with local health providers and community members on planning. They would then move to coordinating services in

Local Health Integration Networks Part 1 of 2

their LHIN area and eventually they would provide funding and resources to local health providers.

Most importantly, LHINs would coordinate systems and services in their communities to address local priorities, and make it easier for patients to access all of the different health services they need.

What are the benefits for patients?

Patients will benefit from having health care decisions affecting them made by people in their community, who understand the needs of the community and of the people who live there.

LHINs would make it easier for patients to access all of the different health services they need, in their own communities, because these services will be coordinated in those communities.

LHINs would also allow the government to identify and resolve specific access and wait time challenges in communities, so that patients experience fewer delays and disruptions in their care.

For example, the government is now collecting and analyzing wait times data. This will give the LHINs a much clearer picture of where people are waiting too long and for which services. That way we can direct resources more effectively to resolve local health problems.

LHINs would reduce the inequities between different regions so that no matter where a patient lives and no matter what type of service they need, they can rely on the same high standard of care.

How will Local Health Integration Networks affect patients?

From a patient/consumer perspective, LHINs will be invisible to us. LHINs should not affect your access

to health care and/or your relationships with your health care providers in any way. LHINs will build on the strengths of your local health organizations and will work to improve communication among providers and coordination of services.

Will Local Health Integration Networks directly deliver any health care service?

LHINs will not directly deliver health care services.

Will the residents in some Local Health Integration Networks receive better or more health care services than others?

Regardless of what LHIN you reside in, it is expected that your care will be consistent with all other LHINs. That's because the Ontario government, through the Ministry of Health and Long-Term Care, intends to set the principles, goals, and baseline requirements for all Local Health Integration Networks.

At the same time, it is expected that each Local Health Integration Network would have the flexibility to address unique local population health needs and priorities, as long as it does not compromise the quality, access, or the efficiency of the health care services.

Will the people of Ontario get more services as a result of Local Health Integration Networks?

The establishment of Local Health Integration Networks would result in better matching of health care resources to community needs, and a coordinated and more efficient health care system. This, in turn, is expected to result in an increased capacity across the health system and improved access for the people of Ontario.



From a patient/consumer perspective, LHINs will be invisible to us.

What areas of health care are covered under Local Health Integration Networks?

The government continues to work on identifying which health service providers that would be funded by Local Health Integration Networks, including the details of when this would occur and what legal, policy and operational changes would be necessary to permit Local Health Integration Networks to fund and hold service providers accountable. The government intends that Local Health Integration Networks would eventually fund the following health service providers (subject to approval by the Legislative Assembly of any legislative changes that may be necessary): Hospitals, Divested psychiatric hospitals, Community Care Access Centres, Community Support Service Agencies, Mental Health and Addictions Agencies, Community Health Centres and Long-Term Care Homes.

What health care services will not be covered under Local Health Integration Networks?

The government does not intend to propose that LHINs would fund the following health service providers: Physicians, Ambulance Services (emergency and non-emergency), Laboratories, Provincial drug programs and Individualized care.

Will Local Health Integration Networks boards replace the volunteer boards in my community?

No. Local health care organizations in your community will still have their own boards. Local Health Integration Networks cannot do this alone. They will build on the strength of local health organizations and will need the help of local health care providers and boards as they move forward with planning and implementation.

With the arrival of Local Health Integration Networks, what will the ministry's role be in the health care system?

When the LHINs are up-and-running, it is expected that the ministry would function more like the headquarters of a major corporation. It is not possible to micromanage a \$33 billion operation from head office.

The intent is for the ministry to continue to set the principles, goals, and baseline requirements for health care in Ontario to ensure that all Ontarians have access to a consistent set of health care services when they need them, regardless of what LHIN they reside in.

By bringing the management of health care delivery to the local level, LHINs would enable the ministry to focus on providing stewardship to the health care system, and on establishing overall strategic directions and provincial priorities.

Where will the offices be located?

- Erie St. Clair LHIN – **Chatham**
- South West LHIN – **London**
- Waterloo Wellington LHIN – **Guelph**
- Hamilton Niagara Haldimand Brant LHIN – **Grimsby**
- Central West LHIN – **Brampton**
- Mississauga Halton LHIN – **Oakville**
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- North-West LHIN – **Thunder Bay**

These are my unanswered questions:

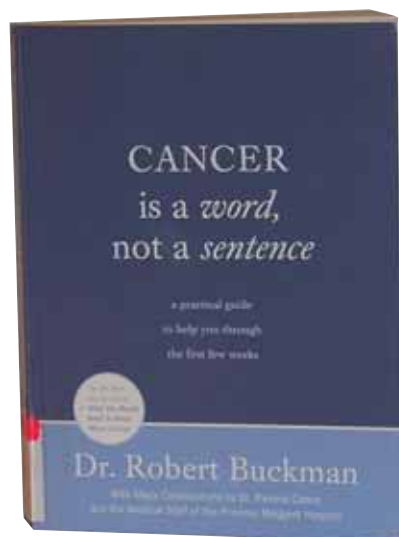
- *How will the LHINS be evaluated? How will successes and failures be communicated?*
- *How will inequities within the system be identified and resolved?*
- *Who is ultimately accountable to ensure success?*
- *Who will this committee report to and how often? Through what venue?*
- *How will accountability be measured?*
- *If from a patient/consumer perspective, LHINs will be “invisible” to us, how will we know if they are working?*
- *Controversy has been reported over the appointment as opposed to the election of the management of the LHIN's. Why not manage with elected officials?*
- *Are these new positions paid or volunteer? How many positions will there be per LHIN? Who is footing the bill? At what administrative cost?*
- *How will communication be improved among care providers?*
- *How will the care and access for rural patient's requiring cancer treatment be improved?*

Please forward your questions to sgorman@ottawacancer.on.ca or 503 Smyth Rd., Ottawa, ON K1H 1C4. Responses will be published in the next edition of *Challenge* magazine – available in October 2006.



A sense of direction: Resources for newly diagnosed cancer patients

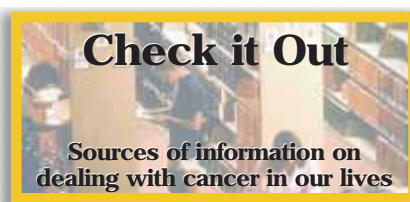
By Christine Penn
Ninon Bourque Patient Resource
Library – The Ottawa Hospital
Regional Cancer Centre



Cancer is a Word, Not a Sentence: A Practical Guide to Help You Through the First Few Weeks

Cancer is often described in terms of a journey. Dr. Robert Buckman, a medical oncologist at the Princess Margaret Hospital in Toronto, states that the purpose of his new book *Cancer is a Word, Not a Sentence* is to provide a “map” to guide and restore the feeling of control that many patients lose on receiving a cancer diagnosis.

The word “cancer,” one of the most dreaded words in the English language, can cause “fear and doom.” What Dr. Buckman hopes to do in this book is to help patients understand, make sense of and cope with their own particular situation. Here is a brief overview of the book.



Not one, but over 200 different diseases

When beginning to cope with a cancer diagnosis, it is important to understand that cancer is not just one disease, but rather a process shared by more than 200 very different diseases.

Hence the best type of treatment depends on your particular situation: the type of cancer, the stage at which it is diagnosed and the part of the body where the tumour is found.

This is not a comprehensive guide to the treatment of specific cancers (a companion book: *What you Really Need to Know About Cancer* deals with this). Instead, it explains in general terms how cancers are diagnosed and staged and the various tests involved, and an overview of the four main types of treatment (surgery, radiation, chemotherapy and biological therapies).

Talking about cancer

Communication, both between you and your healthcare team and with your family and friends, is essential to coping and living with cancer, and there are many suggestions and strategies given for asking for help, expressing feelings rather than acting them out and honest communication

Hope and attitude

Hope is the expectation that things will work out well and it can motivate us to face up to difficult situations. Even if a cure is not possible, it is still

reasonable to have hope. It is important to maintain realistic hope and make plans in case things don't go as well as expected. Hope helps us deal with threatening situations, but doesn't mean that we still shouldn't make practical plans.

Complementary therapies are treatments which have not been proven to work, and Dr. Buckman cautions against the false hope that these remedies may offer. He gives examples of probable explanations for “miraculous” cures.

On the subject of attitude, Dr. Buckman is emphatic that you do not always have to be positive. “You will not do yourself any harm or make your disease worse by having moments of feeling low.” There is still no scientific evidence yet that attitude can cause or cure cancer.

Where to start? How to find reliable cancer information

The main message of *Cancer is a Word, Not a Sentence* is that understanding your particular cancer diagnosis and treatment plan will help you to cope. In “some important dos and don'ts” early in the book, Dr. Buckman recommends that newly diagnosed patients should get a small amount of trustworthy information, rather than going to the internet and collecting “hundreds of different views, opinions and home remedies and fringe medications.” The Ninon Bourque Patient Resource Library supports this view and has produced a series of “Where to Start” sheets which are intended to help you begin to find reliable information on your own.

A single bilingual English/French sheet gives examples of resources on selected cancers (breast, lung, prostate, colon, lymphoma, etc) and

supportive care topics (nutrition, dealing with side effects, etc). Resources include books, websites, pamphlets, telephone information, support groups.

Our preference is to provide Canadian resources whenever possible, which are free of charge and, in the case of websites, accessible without passwords and registration. Books suggested on the sheets are available at the Ninon Bourque Patient Resource Library. The Where to Start sheets are reviewed and updated annually, so that the information is cur-

rent, and new topics are added as the demand arises. Where to Start sheets can be obtained from The Ottawa Hospital's website at <http://www.ottawahospital.on.ca/sc/cancer/resources/index-e.asp>.

Cancer is a Word, Not a Sentence is one of the many books available for loan from the Ninon Bourque Patient Resource Library, The Ottawa Hospital Regional Cancer Centre, General Campus – Main floor, 503 Smyth Road, Ottawa. If you can't visit us in person, you can contact us by phone at 613-737-7700 ext 70107 or by e-

mail at consumerhealth@ottawahospital.on.ca. See the website for more details at <http://www.ottawahospital.on.ca/sc/cancer/library-e.asp>.

Cancer is a Word, Not a Sentence: A Practical Guide to Help You Through the First Few Weeks. Dr. Robert Buckman. Toronto: Key Porter Books, 2006. ISBN 1-55263-699-2.

What You Really Need to Know About Cancer. 2nd ed. Dr. Robert Buckman. Toronto: Key Porter Books. 2006. ISBN 1552637018.



Where to Start... Sources of Information on Cancer Side Effects

Suggestions for resources when you **begin** to look for information about cancer side effects.

Prepared by the Ninon Bourque Patient Resource Library
The Ottawa Hospital Regional Cancer Centre
501 Smyth Road, Ottawa, ON, K1H 8L6
613-737-7700 ext 70107

These resources are provided for information purposes only and are not intended as a substitute for medical care. Inclusion of a resource does not imply endorsement by The Ottawa Hospital. If you have any questions about your healthcare, please consult your healthcare provider. If you would like to have more information about this topic, please contact the Ninon Bourque Patient Resource Library at 613-737-7700 ext. 70107 or consumerhealth@ottawahospital.on.ca.

Books at the Ninon Bourque Patient Resource Library	<p>http://www.ottawahospital.on.ca/library/catalogue-e.asp</p> <p>100 questions and answers about cancer symptoms and cancer treatment side effects. Joanne Frankel Kelvin, Jones & Bartlett, 2004.</p> <p>Caregiving: a step-by-step resource for caring for the person with cancer at home. American Cancer Society, 2003.</p> <p>Living well with cancer: a nurse tells you everything you need to know about managing the side effects of your treatment. Katen Moore and Libby Schmais, G.P. Putnam's Sons, 2001.</p> <p>Managing the side effects of chemotherapy and radiation therapy: a guide for patients and their families. Marilyn J. Dodd. UCSF Nursing Press, 2001.</p>
Telephone	<p>Canadian Cancer Society's Cancer Information Service: 1-888-939-3333 Provides general information in English and French on cancer treatment and support services.</p>
Web Sites	<p>MedlinePlus – living with cancer. http://www.nlm.nih.gov/medlineplus/cancerlivingwithcancer.html</p> <p>Oncology Nursing Society http://www.cancersymptoms.org</p> <p>National Cancer Institute, U.S. http://www.cancer.gov/cancertopics/coping</p>

Cancer survivor Brian Doan gladly accepts his 'Obligation of the Cured'

He tells his story:

"Shortly before I received the final dose (of chemo), Dr. Craig Nichols came by to see me. He wanted to talk with me about the larger implications of cancer. He wanted to talk about the 'the obligation of the cured' ... Cancer could be an opportunity as well as a responsibility. Dr. Nichols had seen all kinds of cancer patients become dedicated activists against the disease and he hoped I would be one of them."

— Lance Armstrong

It seems kind of funny that after one puts strength, faith and all of who they are into their personal battle with cancer that anyone would dare imply that THEY should be obligated to anything or anyone. We survivors are used to the choruses of "take some time for yourself," "sit back and enjoy life now," or my personal favourite, "life is too short for you to worry about the little things."

To tell you the truth, it is easy to sit back and react to "being cured" by feeling like something is owed to you ... after all, you fought the fight and won, so now it is time to enjoy the spoils of victory, no? Yes, but there is one thing you have forgotten.

The Obligation of the Cured.

Back in the late 1990's, Lance Armstrong found out the hard way about the Obligation of the Cured. He spoke about the obligation as part of a motivational seminar that passed through Ottawa on March 6th, 2006. Over 4,500 of us heard how this obligation has changed Lance's direction in life after his recovery. Along with winning seven Tour de France races, Lance has devoted much of the past 10 years recruiting an army of cancer fighters to challenge the fund raisers and law makers to make curing cancer a priority.

However, you don't need to be



Responding to Lance's inspiration.



Lance Armstrong to successfully carry out the Obligation of the Cured. You need to be someone who realizes that it's not all about "taking time for yourself or sitting back and enjoying life now."

After my own battle, I decided that one of the things I simply needed to do was to get back into the shape I was a decade before (having been a recreational cyclist, runner and triathlete since the age of 14, I was no stranger to athletics). I attended a local running store who was offering a clinic that would get me back into the shape I was looking for. Doesn't seem that odd, does it? Well, the longest I had run back in high school was 10 kilometres.

This clinic was geared to prepare

me for my first half marathon. One of my mantras is "GO BIG or GO HOME"! If the average Joe can do it ... it doesn't interest me! If I am going to get that look of "you're gonna do WHAT?", then I realize that I have found my next challenge!

So after I ran the half marathon, I knew a full marathon was inevitable. Each time I found myself in a training group, there would always be an occasion to bring up the reason I ran. It's at this point you start to see the benefits of the Obligation of the Cured. People always react to my story by telling me of someone they know who battled testicular cancer or by telling me they have never met someone who has had it. See, we win either way!

After my first full marathon in Toronto, I decide to kick it up a notch. In the winter of 2005, I asked to be part of the 2005 Dana-Farber Cancer Team and run the Boston Marathon. It was a fundraising team that was mostly comprised of cancer survivors and/or their families. What better an opportunity to share the importance

of cancer, cancer research, survivors' stories and stories of those not as lucky with anyone who will listen?

I held a fundraising dinner and dance with live music and a silent auction that included my own electric guitar that was autographed by Slash, the guitarist from Guns and Roses (sigh!). At the end of the evening and the end of my fundraising campaign, we raised over \$10,000 in less than three months. But more importantly, we raised the awareness of testicular cancer to thousands of people all across Canada and the United States.

If being able to hand over a cheque for \$10,000 going directly to cancer research was not enough to show me how important it is to never satisfy your obligation, running the Boston Marathon with other survivors was. As I ran towards Heartbreak Hill and ultimately the finish line, I would hear the names of runners being called out by their families. I thought it was really supportive of them to stand at the side of the road for all that time, just to say "Way to go!" as they ran past. That was until I realized that I too had supporters. They were the men and women who recognized my team's jersey.

It was the grandparents who were doing all they could to wave as hard as they could. It was the kids, who were obviously going through their second or third rounds of chemo, who were bundled up in a warm blanket as they sat in their chairs, as they were



Training for first Ironman race in Lake Placid.

too weak to stand. As I passed all of these folks, I could only see their mouths saying, "Thank you so much for what you are doing."

I found that sweat certainly can mask tears for 42.2 kilometres!

So, if you ever wonder why someone has chosen to believe in the Obligation of the Cured ... that, my friends is why; why I will run, ride and swim my way toward a world that understands how important it is for us survivors to be out there and be telling everyone they know or even don't know about their battle. Being a Lance fan for many years now, I know it is something that he would do too.

"In July, I hope to complete my first Ironman race in Lake Placid, and can think of no better reason to do another fundraiser. This time, it will be as a thank-you for those that treated me at The Ottawa Hospital Regional Cancer Centre."

— **Brian Doan**

Lance may be retired and out of the spotlight, be it won't slow him down. He plans to extend his obligation to other continents like Africa and Asia. Now, with five marathons and a couple of half-ironmans under my belt, it's time to "GO BIG or GO HOME" again.

In July, I hope to complete my first Ironman race in Lake Placid, and can think of no better reason to do another fundraiser. This time, it will be as a thank-you for those who treated me at The Ottawa Hospital Regional Cancer Centre.

Got any ideas? Post them on my website ... www.nutsaboutcancer.com



A-Channel goes above and beyond for the community

The Ottawa Regional Cancer Foundation welcomes Don Mumford as the new Station Manager for A-Channel. Don is responsible for leading the management team and the day-to-day operations, growth and strategic planning for the station. With over 22 years of broadcasting experience and a proven record of success at CHUM's local stations in Southwestern Ontario, Don is well suited to ensure the continued growth as the local station of Pembroke, the Valley and the National Capital Region.

The Cancer Foundation is honoured to be a regional partner of A-Channel and grateful for their community support of our many local events including: Quest for a Cure Adventure Race, An Evening with Abigail, Astral Fitness Golf



Tournament and the Cancer Foundation Telethon to name just a few.

A-Channel continually goes above and beyond for the community as evidenced by their involvement in the funeral services for fallen firefighter Mark Johnston. When fellow firefighter Jim Andrews made a request to A-Channel to provide electrical feed and speakers to facilitate the viewing of outdoor ceremonies within the church, A-Channel willingly obliged with less than 24 hours notice. There was no charge or recognition requested for providing this community service.

The Cancer Foundation wants to extend our heartfelt thanks to A-Channel for continually bringing our community closer together.

Upcoming Events

Here's a round-up of upcoming fundraising events over the next few months

\$1-A-Pound Healthy Weight Loss Challenge

January 1 to October 31, 2006

Roslyn Franken, cancer survivor and founder of The Weight Loss Connection, proudly presents the 2006 \$1-A-Pound Healthy Weight Loss Challenge where ALL money raised will be donated in full to The Ottawa Regional Cancer Foundation to help support cancer services in our community. Participants will seek sponsors at a rate of \$1 minimum for every pound they lose through The Weight Loss Connection healthy eating and lifestyle programs.

For every \$200 raised between January 1 and October 31, 2006 participants will get a chance to win a grand prize valued at over \$2500. See www.theweightlossconnection.com for more information.

Cuts for Cancer

On **Saturday, April 29th from 9 a.m. to 5 p.m.** the employees of Diann's Beauty Salon (2172 Trim Rd., Orleans) will donate their services to raise funds for cancer patient care, so come in and enjoy a haircut (no appointment necessary). For more information contact Diann or Sylvie at 833-2345.

Workout For a Cure

This year's Workout for a Cure will be held on **Saturday, May 7th** at Belisle Chevrolet Cadillac (Montreal Rd.). For more information or to workout for a great cause please visit www.workoutforacure.com. This year's event proceeds will be directed to both the Ottawa Regional Cancer Foundation and The Canadian Breast Cancer Foundation.

Motorcycle Ride for Dad

In the past six years, thousands of men, women and children have gathered pledges totaling hundreds of thousands of dollars as they joined the Ride for DAD fight against prostate cancer. It's working ... and many lives are already being saved!

To continue this, the Ride for DAD needs your continued support. Last year over 1,300 riders took to the streets of Ottawa. Be a part of the excitement and join them on **Saturday, May 27th** as they unite to surpass last year's total. For more information visit www.motorcycleridefordad.org

6th Annual Meadows Golf Classic

The Sixth Annual Meadows Golf Classic Tournament hosted by Michel de Champlain is one tournament you won't want to miss! Join the fun on **Monday, May 29th** for an 18-hole round of golf. Your registration fee of \$160 includes 18 holes of golf, a BBQ lunch, a golf cart, dinner and a chance to win many great prizes. For more information or to register contact the Meadows Golf Club at 822-2582.

Lindsay Service Charity Golf Tournament

The Lindsay Service Charity Golf Tournament in aid of brain tumour research is schedule for **Saturday, June 3rd**. This event promises to be a fun one. For more information and or to register contact John Service at 761-3906.

Rotary Club of Ottawa South Charity Golf Day

This year's Charity Golf Day is scheduled for **Monday, June 12th** at the Ottawa Golf & Hunt Club. Your \$250 registration fee per golfer includes lunch and dinner, golf fees and golf cart. For more information please contact Bernie Igmundson at 822-1064.

Jan Harder Charity Golf Classic

Bell-South Nepean Councilor 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 on **Monday, June 12th** at the beautiful Stonebridge Golf & Country Club. Following golf you will participate in prize draws, silent auction and a great dinner, all in the spectacular new Clubhouse and Banquet facility for more information please visit www.janhardergolf.com

The Mark Johnston Memorial Golf Tournament

Astral Fitness & Torus Construction is proud to rename its annual tournament to The Mark Johnston Memorial Golf Tournament as a tribute to a dear friend and tournament organizer. Mark passed away April 7th from colorectal cancer. Mark, a firefighter, friend and member of Astral Fitness was an avid supporter and fundraiser for the Ottawa Regional Cancer Foundation as well as an organizer who will be greatly missed.

This year's tournament will be held on **Friday, June 16th** 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 a.m. and shotgun scramble tee off is 1 p.m. Tickets for golf including light refreshments and electric cart followed by a steak dinner and are just \$125 per person. For more information please contact Lynne Ielo at Astral Fitness 831-2348.

Alterna "Do it for Dad" Run and Family Walk

Join us **Sunday, June 18th** at Carleton University in Anniversary Park this Father's Day for the 8th 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

Quest for a Cure Adventure Race

This adventure race will take place in the Ottawa area from **June 23rd to June 25th**. 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. This year Quest for a Cure has been expanded to include 8 hour, 24 hour and 48 hour events. All proceeds will be directed to the Ottawa Regional Cancer Foundation. For more information or to register please visit www.questforcure.ca

Canaccord Golf Classic

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 Greyhawk Golf Club, Boundary Rd., Carlsbad Springs on **Tuesday, June 27th**. For more information or to register contact Trevor Johnson at Trevor_Johnson@canaccord.com

Holes for Hope Golf Tournament

This year's fundraiser in aid of oncolytic viral research will be held on **Friday, July 21st** at the Hylands Golf Course, spaces are limited therefore book your foursome today by contacting Melody Lachance at 825-4457.

L3 Fundraiser Golf Tournament

The L3 Fundraiser golf tournament will take place on **Sunday, September 9th**. This year's tournament will be held at the Meadows Golf and Country Club. All funds raised 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

Betty Tweedy Golf Classic

The Betty Tweedy Golf Classic is scheduled for **Thursday, September 14th**. 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 830-1695.

The Gift of a Legacy ... Bittersweet

By **Melanie Yasinski**

In 2005 a large brown envelope crossed my desk; the contents of these legal sized envelopes are typically bittersweet.

Within the envelope were the notification and details of a legacy gift; a gift generously and thoughtfully planned during someone's lifetime. In order for us to realize this gift, someone must have passed away ... bittersweet.

In this case, the papers I unfolded told me the donor (who wished to remain anonymous) had bequeathed a large portion of her estate to the Ottawa Regional Cancer Foundation. In most cases, as in this one, the ORC Foundation had never been made aware that this generous and thoughtful gift was coming. We never had the opportunity to thank the donor and celebrate with her the impact such a legacy would have for the cancer community in Eastern Ontario. Bittersweet.

The trustee of the Estate is professional, warm and pays close attention to detail. I imagine he was chosen by our donor because he closely mirrored her own character. Through the trustee I learned that the donor had been diagnosed with ovarian cancer in 2001. She was a professional specializing in information management, acting as a consultant to large corporate accounts. Her diagnosis hit her as hard – as it would anyone. She underwent a treatment regime that was exhausting and invasive. Surgery, months of chemotherapy and radiation provided her with time to think about her life long dreams and of her legacy. Our donor had the opportunity to visit Australia and New Zealand for an extended and wonderful holiday – a reprieve from the rigors of Cancer Centre protocol. She took this opportunity to consider where her lifetime of amassed wealth would be most beneficial. Bittersweet.

I asked the trustee to share with me some of the characteristics of our

donor, without any hesitation he said "she was so enthusiastic, caring and extremely diligent. She had a passion for doing 'the right thing,' she was professional and well spoken, she also had a terrific sense of humour." He added, "being the trustee of an estate is a huge responsibility, but she took care of the details ahead of time everything was organized and in order." She sounds like the kind of person we would all appreciate in our lives. Bittersweet.

Her Legacy to the ORC Foundation was specific and was to be directed to two areas. Half of the legacy was to support priority needs identified by the Foundation. The other half was to support the Fitness and Wellness centre. It was in the gym that she was able to commiserate with other patients, gain a sense of purpose and strength, both physically and spiritually.

In the end, the brown envelope that crossed my desk several months ago contained so much more than legal documents. It was filled with thought and intentional generosity. It contained the opportunity to provide substantially for patient care and equipment. The envelope was bursting with insight into the life a woman, who even in her most challenging days had the strength and character to think of sharing with, and for, others after she was gone. Our community is better served because of her life. In the end, that's just sweet!

Should you wish information on how to leave a Legacy or how to establish and endowment with the Ottawa Regional Cancer Foundation, please see Planned Giving on our web site at www.orcfoundation.ca or, contact Melanie Yasinski, Director Major & Legacy Gifts at 247-3527 ext 70027 or by email at myasinski@ottawacancer.ca

The ORC Foundation recommends you seek legal or other professional advice with regards to Estate Planning and Major Gifting.



The Ottawa Regional Cancer Foundation celebrates the legacy of Mark Johnston

By Melanie Yasinski

In 2003 firefighters Mark Johnston and Jim Andrews introduced themselves and their unique event, Quest For A Cure, to The Ottawa Regional Cancer Foundation. This was to be the beginning of a wonderful and very meaningful partnership.

Jim and Mark were united in their passion to raise funds for The Ottawa Hospital Regional Cancer Centre. You see, both had been diagnosed with cancer and both had received their treatment and hope from the services provided to them from the Cancer Centre. The fact that they were both adventure racers, firefighters and friends only added the fuel to the successful fire that still burns in their annual event.

In 2005 Jim and Mark went out to the corporate community for support. They were armed with a very successful track record and were even more motivated than ever before; you see, while Jim was responding very well to his treatment, Mark's prognosis was poor. Cognos stepped up demonstrating community leadership and have become lead sponsor to the event known today as Cognos Quest For A Cure. Thanks to their vision and hard work (and the blood, sweat and tears of the many adventure race participants) this event has raised almost \$100,000 for the Ottawa Regional Cancer Foundation.

Throughout the three years the event has been running (and paddling and climbing and biking ...) Mark had become very close to the Foundation. He would often pop in to the Foundation office to visit after his Cancer Centre appointments. During these visits, no matter how well or poorly they went for him, his only concern was "what can I do for YOU?" Mark offered his public speaking ability and shared quite boldly his cancer journey with this community. He did this because he wanted to make a difference. Mark knew the importance of building awareness around cancer, he also had a genuine compassionate



– Ottawa Citizen photos

place in his heart for the other patients and their families who were undergoing treatment. Mark often spoke about realizing his "purpose" in the cancer journey. It had to count for something. In his very gracious and humble way, Mark would be the catalyst to raise funds to improve patient care and research, and selflessly offer his own body up to clinical trials knowing the results would not provide benefits for himself, but in the hopes that down the road, someone's journey would be a little less difficult than his own. Mark's case is up for review with the WSIB, and will be a precedent setting within the Firefighters Association of Ontario ... he fought to the end to have colon cancer recognized as one of the diseases firefighters could develop from exposure to chemicals in their work.

Late in March 2006 Mark was hospitalized and the predicted outcome was closer. What a privilege to be able to speak with Mark about his Legacy. The Board of Directors and staff of the Ottawa Regional Cancer Foundation were challenged to find the perfect way to honour one of the most dedicated, caring, courageous men this community would ever have the benefit of being served by. It was our turn to serve him.

The decision to establish the Mark Johnston Compassionate Care Fund was an appropriate fit. This fund, established to serve those at the end of life with compassion, respect, physical, spiritual and social support easily modeled the values and beliefs that drove Mark Johnston to be the exceptional man he was.

Mark's legacy of "taking care of the other guy" with selfless kindness will always be reflected through this fund.

To be so well respected, so well loved and so well missed could be legacy enough. Our thanks to Mark's family; wife Rebeccah, son Trent, and daughter Lahra for sharing their precious time with Mark, with us. We are all better people for having known him.

Like the Cognos Quest For A Cure Adventure Race, there are mountains to climb, rivers to cross and excellence to achieve ... sincere thanks to all Mark's friends and family for being part of the race!

Melanie Yasinski is Director, Major and Legacy Gifts, for the Ottawa Regional Cancer Foundation.

Cancer Assessment Centre now under construction at General Campus

By Dr. Ilias Cagiannos

Prostate cancer is the most common cancer in men. It is the second leading cause of cancer death. Last year in Canada 20,500 men were diagnosed with prostate cancer, 4300 men lost their battle with this disease. Every Canadian male has a 13.8 per cent chance or one in seven of developing prostate cancer in his life time. Every Canadian male has a 3.8 per cent or one in 26 chance of dying from prostate cancer. The numbers are truly staggering.

The Ottawa Hospital Regional Cancer Centre and The Ottawa Hospital are moving ahead with plans that will further coordinate their efforts and bring significant benefits to prostate patients in this region.

In March, expansion plans of the Cancer Centre were announced that will see a doubling in size that includes five new radiation machines – and a new bunker to be opened at the Queensway Carleton Hospital. All of this reflects the closer integration and co-ordination of medical treatment benefiting the Ottawa Valley.

At The Ottawa Hospital (General Campus), a Cancer Assessment Centre is now under construction and scheduled to open in 2006. Individual clinics will deal with potential cancers of the lung, prostate, and colon-rectum. These assessment centres will change the face of cancer care in this region. As a urologist, I am looking forward keenly to working at the Prostate Assessment Centre and want to share with readers what to expect.

The earliest signs of prostate cancer are generally an abnormal digital rectal examination (DRE) or an abnormal Prostate Specific Antigen test. (PSA is a blood test which measures the level of a protein produced by the prostate gland.) Men with prostate cancer tend to have higher levels of PSA in the blood. Neither the DRE

nor the PSA are fully conclusive as abnormalities may also be caused by benign or innocent conditions of the prostate. As a result a biopsy is required to confirm the diagnosis.

In the current system, the rectal exam and PSA should be done by the family physician as part of a regular health check. If he or she finds an abnormality, the patient will be referred to a urologist. Depending on GP referral practices and on specific urologists, it may take up to three months for this consultation to take place. If the urologist feels that a biopsy is indicated he or she will arrange this and this may take four to six weeks more to be done. The biopsy then needs to be interpreted by a pathologist and a follow-up appointment made to discuss the results. This takes three to four weeks. The entire process therefore may take five months. This is just to get to the point of diagnosis. Prostate patients then have to consider and decide on the options for treatment.

At The Ottawa Hospital, we feel that this is unacceptable; our patients deserve better. Reducing wait times for treatment in this area is being actively addressed by the Regional Cancer Centre but, in the meantime, we feel it is imperative to shorten the considerable time to get to a diagnosis.

One of the major goals of the prostate Centre will therefore be to dramatically reduce this time. We have set some ambitious, but we believe to be attainable, timetables. Time from GP referral to initial consultation in the Centre will be two weeks. Time from consultation to biopsy one week and time from biopsy to follow-up visit also one week. The entire process will have therefore been shortened to roughly four weeks from the current 20!

A more efficient system is but one of the goals of the Centre. Going through the diagnostic period can be a quite overwhelming and confusing time for patients. They can feel lost

within the system. So, all patients referred to the Centre will be assigned an individual nurse, who will accompany them throughout all their appointments and tests. This “nurse navigator” will provide a constant voice and a familiar face to create a more personal experience.

There are other aspects of the Centre that will contribute to the journey. A resource centre with a wealth of material to educate and empower patients will be developed. Counseling services will be available for patients and their families who are having difficulties coping, including spiritual services for those who turn to faith during trying times. This will include referrals to the Prostate Cancer Association, the support group for patients.

The Centre provides a terrific opportunity for research. As a common entry point for all patients diagnosed with prostate cancer in the region it will be a source of real-time current data on patient numbers and conditions and ideal for recruitment of patients to participate in clinical trials.

In summary, the Prostate Cancer Assessment Centre will provide a singular commitment to patients with the emphasis on them, where it belongs, and not on the system. My colleagues and I am personally and professionally very excited to work in the new reality that the Centre will create.



Dr. Cagiannos is an assistant professor of surgery at the University of Ottawa and an attending urologist at The Ottawa Hospital. His



practice is specifically in urologic surgical oncology.

'Cody's Cuddlers' provide comfort to cancer patients

“Cody's Cuddlers” came about because grade six pupil Cody Clark felt there was something missing in the Chemo Unit when he was there with his late father, Steve, who was receiving treatment.

“He told me to ask how many people were there in a day or week,” says his mother, Jan. “Then he told his Dad that he wanted to give them something to cuddle when they were receiving treatment and ‘maybe they would not be as scared’.”

“This is Cody's initiative,” she says. “I am just here to do the adult stuff like driving and getting through the red tape which at 11 years of age he does not really understand.”

Cody got his first sponsor of 102 bears from Sharpe Decisions Inc. of Kemptville, Ont.

The bears have a white T-shirt on with the name Cody's Cuddlers at the top, an inspirational message written by Cody and the sponsor name at the bottom, plus Cody's signature.

“Steve was a terrific dad, a gentle giant, always making sure that Cody knew how to do certain jobs should he ever need to learn them quickly,” she says.

“Steve loved fishing, photography, woodwork, and above all hi-fi and music...In the later years, when Steve was unable to do the things a father would like to do, like going for walks with his son, Cody and his Dad either read books or played cards together. They also brought in the wood for winter together, the last time being in October when his father should never have been outside.

“Steve was a valiant fighter, so strong that I even thought that maybe



— Alain Chan, Ottawa Citizen

Cody Clark launched his project at the Cancer Centre April 20th.

the doctors had got it wrong at times. He never ever believed that he had only three months to live. He made Dr. Goss smile as he is now known as ‘the Christmas Card man’.”

She explains the reason for the name: “When Dr. Goss first met Steve, he told him he probably had three months left to live. Steve, with a smile on his face, said, ‘Okay, I’ll tell you what Doc, I’ll see you at Christmas and you’ll get a Christmas card from me.’ Not thinking about the nine-month wait until Christmas, Steve planned it out just right! Christmas 2003, he gave Dr. Goss ‘The Christmas Card’ – well, half of one anyway. He told Dr. Goss, ‘You’ll get the other half next year!’ And yes, in

2004 he did indeed present the Doc with the other half, bless him. Dr. Goss had never before come across anyone like that, and I am sure that Steve will live on through Cody and his teddy bears because like father, like son. Cody is also a trooper and is full of empathy way beyond his years. Yes, Dad would be very proud!”

An honour roll student at Holy Cross School in Kemptville, Ont., Cody is an experienced fundraiser.

In 2002, he introduced “Cody's Individual Comfort Kits” to donate 170 boxes of books, games, stuffed animals and other toys to juvenile hospital patients at Kemptville District Hospital.

He has organized fundraisers to raise more than \$24,000 for his charity and others. He also founded the annual Poor Boy's Supper and Auction, which has been held three times and has raised \$18,000, expanded his service to the elderly by delivering over 55 Grandma and Grandpa Kits since 2003, as well as 15 personal kits for terminally ill people, which he pays for out of his own pocket.

He has also monetarily supported Roger's House and North Grenville Community Hospice.

Cody is featured on www.usadojo.com and www.metoweawards.com.

Cody's Cuddlers are for sale at \$14.99 by calling Jan Clark at (613) 258-5121. She can deliver them to the Ottawa Regional Cancer Foundation on request. They are also looking for sponsors for the bears, to enable them to be delivered free to more patients.

For more information, please view Cody's website at www.codyscomfortkits.com.



Two husbands of breast cancer patients share similar reactions

A *Challenge* book review

by Jean Seasons

When Your Wife has Breast Cancer: A Story of Love, Courage and Survival

Mark S. Weiss

It Takes a Worried Man

Brendan Halpin

These two books are a fascinating insight into the hearts and minds of two husbands of breast cancer patients.

Both couples are young – in their early 30s and 40s – with young children, two boys in the Weiss family, a four-year-old girl in the Halpins.

Both accounts take us from the harrowing day of diagnosis to almost the end of treatment and both men share many similar reactions to the ups and downs of the disease.

However, they have vastly different personalities and their ways of dealing with the contingencies that come their way are completely different. If you intend to read both books, I would suggest you start with Mark Weiss.

Right from the first page of *When Your Wife has Breast Cancer* you know that Mark Weiss is a man of action, used to controlling his life. When he gets the message from his wife who calls from the doctor's office, his first reaction is "I'll be right there. We'll take care of this." On the first page of the notebook he keeps, he writes: "Our Goal: To Survive", and he sets out to make that happen in a typical businesslike way.

He is an executive realtor in New York City who is used to making things happen. He defines the goal, maps out the major steps to get there, like finding the best surgeon and – most importantly, finding the money to pay for the treatment. With his fear of bankruptcy, he expands his home equity line of credit. The families in both books are American and one of the blessings in reading these accounts is the realization that we don't have to share that particular worry.

The chapter headings tell the reader how he deals with everything and occasionally he delineates important

things in point form which can be quite helpful for anyone in a similar situation. For instance, the chapter "Talking to Your Children about Mommy's Cancer" includes a paragraph on involving the children's teachers and principals who can give them much needed support.

He is particularly good in explaining exactly what the cancer is (both wives have Stage 4 breast cancer), much better than most text books I have read on the subject – the involvement of the lymph nodes, the surgery itself, the ravages of chemotherapy, reconstructive work. He is direct, to the point and objective about everything medical. In his emotional life, he definitely has his depressions but he is supportive in everything for his wife. There is just one note of unease at the end of the book when he says, "Like most couples, Cathy and I had some problems but because cancer was so prepossessing ... we did not acknowledge them and put them on the back burner." The back cover shows the happy family with Cathy looking beautiful and vibrant so one hopes that there has been a happy ending.

The reason I suggested that *It Takes a Worried Man* be your second read is that it is a bit of a hoot. That is a peculiar thing to say about a story that concerns a woman who is so ill that she is required to go into a "bubble" (isolation) for a bone marrow transplant. This book did not start out as a guide as Mark Weiss's did; this seems to be a stream-of-consciousness diary of what really happened in the Halpin family that inadvertently became a how-to-cope document because the people he showed it to loved it.

Brendan is a high-school English teacher who loves his job and loves his wife and four-year-old daughter. We follow the course of his wife's illness and we are left at the end with a slight pause in her treatment before she goes on with another phase. He is as devoted as Mark Weiss – just not so organized. He sobs without restraint or shame when things get too much for him, worries that he is not No. 1 parent for his daughter when he has to be there for her without her mother, re-

sents his mother and in-laws when they don't quite measure up in his eyes.

What makes this book so refreshing, according to the blurb on the back cover, is that it's honest, funny – and "breaks your heart". In a chapter titled *Rough Justice*, he outlines the punishment you get for making fun of someone: "Here is a partial list of people I have made fun of and subsequently become: dorky alumni who walk around your college campus buying crisp new sweatshirts for their toddlers; people who like country music; people who like punk rock; people who revere Prince; adults who own video game systems."

He does become all of them and we are treated to long discourses on Johnny Cash's music and the horror movies he and his wife, Kirsten, love to watch as a relief from the horror their lives have become.

After Kirsten returns to relative normality after her bone marrow transplant, Brendan decides to have a real party to celebrate her birthday. This is the last paragraph in the book:

"I am happy because Kirsten is 33, we had a great party, I have friends I love, I can hear Rowen down the hall playing 'dress-up', and a light snow is falling. I am happy because I thought there was only one outcome to all this that was hopeful, when in fact there were many hopeful outcomes, and we seem to have one of those, and I think I'm not going to write about the PET scan or the mastectomy, because, well, everything that happens after this is basically postscript. Like I said, I know you want a definitive ending almost as much as I do, but it looks like medical science hasn't reached the point where we can get that. So here is the most important fact: Kirsten is alive today. So am I. So is Rowen. So, if you are reading this, are you. And I guess that has to be enough. Enjoy your day."



Both these books are available from the *Ninon Bourque Patient Resource Library at the General Campus of The Ottawa Hospital Regional Cancer Centre.*

After her struggle with advanced colon cancer, Laurie looks on the positive

By Laurie Hinsperger

This is the first time I have ever written down my journey, short version if you can imagine, and I feel better already.

I want my story to reach people and hopefully help them in some way. I always thought I was a wimp, but after this, I know that nothing is too big to conquer.

On March 30th, 2004, I drove to a Kanata walk-in medical clinic and collapsed. After a walk-in clinic doctor diagnosed me with mononucleosis, I had been mostly bedridden since March 1st, and it now seemed that my condition was unexpectedly and rapidly worsening.

By the end of March, I was so tired that I could not stand. I was crawling on my knees to go to the washroom and my body was not accepting food.

I had dropped 30 pounds in three weeks which I was unaware of, and my legs below the knee and feet were swollen to about three times normal size. Paradoxically, that day, as I collapsed at the clinic, I had actually thought I was getting better because I could walk again.

As soon as I entered the door, I collapsed and I was rushed to the emergency room at a nearby hospital.

While they knew that I was dying, and something had to be done as soon as possible to secure my survival, the nurses and doctors had no idea what was wrong with me. They did a blood test which revealed that I was severely anemic; so much so that a doctor remarked that I was "lucky to be alive." My hemoglobin count was 22 (normal hemoglobin counts for women are supposed to be around 140). Four days and 10 blood transfusions later I received a shocking diagnosis: No trace of mononucleosis could be found. Instead, I was suffering from a rare type of advanced



– Jana Chytilova, Ottawa Citizen

Laurie Hinsperger finds support and inspiration in **Connexions 18-35**.



colon cancer. I went for surgery shortly thereafter to remove a large tumor (which unbeknownst to me had developed over the past year or more) and a large portion of my large intestine was removed.

I have about half of a normal person's large intestine now. I had been given a T4, N1 rating (T4 being the worst case scenario and N1 meaning that there were lymph nodes around the tumor that were infected).

Unfortunately, for me, that meant that the tumor had spread and I would need to have chemotherapy. Throughout my time in the hospital and at home, I had no pain and I thought to myself how could I have not known that I was so sick and dying.

Every day for two weeks in that

hospital, I was scared because I had never been in a hospital overnight or day before or for such a long period of time.

Each day came with new challenges, eating or the lack of, getting up, tests (CT scan, Colonoscopy) and needles everywhere and pills that were unable to be given to me by mouth because I could not swallow. My parents had to drive seven hours to see me. Thank God for my boyfriend and my mom. I looked forward to watching Ellen everyday on the hospital television and getting a good laugh since I was being poked and prodded every four hours. They always say "laughter is the best medicine."

I finally left the hospital on April 9th in a weakened state but very grateful to be alive.

At 28 years old I did not expect to nearly die from a disease that ordinarily afflicts those who are twice my age.

Understandably, my experience was deeply shocking to myself – both

physically and mentally – and to my family.

Prior to falling seriously ill, I had been very much looking forward to starting a full-time contract position on April 13th, 2004 as a kindergarten teacher with the Ottawa Carleton Catholic School Board.

It was to be the first time that I would have a classroom to call my own after scraping by for two-and-a-half years working at times as a sales clerk, tutor, nanny, receptionist and supply teacher following my graduation from teacher's college.

A job as a kindergarten teacher was what I had always dreamed about, and I felt blessed to have finally been given the opportunity. Besides, as a former student with two degrees and a high debt load to match, I desperately needed full-time work.

My one-year contract position would provide the key experience that I needed to open doors to future work as a full-time teacher. I was determined to start the job for which I had waited and worked towards for so long.

On the advice of my surgeon I gave myself an extra week of rest and then reported for work on April 22nd, only 13 days after leaving the hospital.

In May I was advised by Dr. Cripps, my medical oncologist, to expect to be off work for nine months while I underwent six months of aggressive chemotherapy treatments. I refused to stop working because I couldn't bear, or afford, to give up my job.

My chemotherapy treatments were not easy for me. I received injections for the first five days of each month. I would work a full day, go and do my treatment while putting my feet in ice and chewing on ice (and not trying to puke at the same time), come home, go to bed, get up the next day and do it all over again. Fortunately, I had many terrific nurses who helped me out a great deal. They would tell me jokes and make comments that let me know they cared enough to remember me despite being very busy. They would remember the little things such as providing ice for my feet and were always very sympathetic and compassionate. Dr. Cripps was also there throughout my ordeal. She always took the time to really listen to my

concerns and provide reassurance and whatever solutions she could. For instance, she called in a "favour" to help me get my colonoscopy check-up in a timely manner. She always managed to remember my "curly red hair" despite being busy with many patients.

My boyfriend was there through it all. He worked and took care of me. He was my nurse, my replacement mom for a shoulder to cry on and an ear to listen and my wonderful, don't know what I would have done without, boyfriend.

For weeks, I would have diarrhea and would be unable to eat but I still went to work.

Some days, I would have trouble walking because my feet were so raw from the medicine eating away at them. I lost most of my hair, gained and lost weight but those kids and my staff were my rock and my sanity.

Nine months later I was happy to report that I had finished my chemotherapy treatments and I absolutely loved my teaching job. In fact, I think I owe the success of my continuing recovery in part to the students and staff of Dr. F. J. McDonald Catholic School who have a special place in my heart and who I will never forget. They were wonderful and very supportive, helping out whenever they could and just listening when I needed an ear or taking over my class so that I could rest a moment.

Naturally I also derive comfort from the fact that my financial situation had improved to the point where I could begin to pay off my student loan debt which at the time was the biggest concern on my mind besides having cancer. I thought after having cancer, it couldn't get any worse but it did. My financial situation was that I had three student loans.

While I was sick in the hospital, a miscommunication with my bank resulted in me being harassed on the phone by a collection agency every day throughout my recovery from surgery and subsequent chemotherapy.

As a hard-working, educated professional who tried her best to move forward with her life after a devastating illness, I worked full-time until June 2005 doing a job that I loved while continuing to recover.

I have had a difficult time financially since graduation from teacher's college but I have persevered and managed to pay back some of my student loan debt. Although I have been cancer free since March 2005, my life continues to be full of ups-and-downs.

For instance, I now find myself unemployed and having to scrape by to make payments on my loans.

I must also cope with some continuing health issues. I have trouble with eating because my large intestine is very small. I have gained weight due to the treatments and I tire easily.

In short, I am still dealing with everything that took place in 2004.

Something good has come out of all of this. I always try to find the positive in things and situations even when, at times, it is very difficult to do.

Diane Ford, my social worker at the Cancer Centre, provided me with valuable resources including a journal to keep track of blood test results and questions to ask my doctor. In one instance, an error led to me being scheduled for a critical procedure that I needed six months later than when it was due. Diane assisted with correcting the error and helped me obtain the procedure in a timely manner much to my great relief. She also listened to my concerns and referred me to the "Connexions 18-35" group which I quickly found to be a great source of hope, support and inspiration.

The Connexions 18-35 group is made up of a wonderful group of people who I had instant connections with, without any explanations necessary. The group is managed by a wonderful coordinator, Linda Corsini and is made up of individuals between the ages of 18 and 35 who have been affected by different types of cancer but are going through similar emotional, social and financial aspects. They have listened and helped me through everything including helping me find peace within myself.



Slice of the future: Next revolution in radiation cancer therapy will be Tomotherapy

By Lee Gerig

Introduction

Radiation therapy is technology driven. Since its inception at the turn of the last century, its evolution has been punctuated by six major changes.

Each of these has been technological and include: the early introduction of x-ray tubes (Crooks tubes and Orthovoltage); the use of isotopes such as Cesium and Cobalt to build external beam radiotherapy units; the introduction of isocentric gantry assemblies that allow the treatment unit to rotate around the patient, thus treating the tumour from many directions; the clinical introduction of high energy accelerators, allowing the treatment of deep tumours with less damage to surface tissues; the development of computerized treatment planning allowing adequate calculation of how the radiation energy is absorbed by the patient and the tumour; and in the 1980's the use of tomographic imaging to help determine the exact location of the tumour.

Each of these has marked a major change in the practice of radiation therapy.

We believe that the next revolution in radiation cancer therapy will be Tomotherapy, a term which literally means "slice" therapy.

With a significant contribution by the Ottawa Cancer Centre Foundation, TOHRCC was able to purchase and install one of these units in the fall of 2005.

This is a new form of cancer radiation therapy that combines the precision of a CT (computerized tomogra-



phy) scanner with the tumour cell killing potential of radiation treatment to selectively destroy cancerous tumors while avoiding surrounding tissue. Although still in its clinical infancy, preliminary results are encouraging and offer the promise that Tomotherapy may be a clinically superior radiation delivery device, and that it could eventually eclipse the present day linear accelerator as the radiation delivery modality of choice.

The Tomotherapy machine integrates CT imaging, treatment planning, and treatment delivery into one system. By virtue of increased precision in delivery, it is hoped that for some types of cancer, Tomotherapy can significantly improve patient care through a combination of reduced toxicity and increased dose. While we are optimistic about these potential clinical benefits, in most cases they have yet to be proven clinically.

Clinical potential for Tomotherapy

For the last 100 years, radiation therapy has relied on the assumption that there is a fixed geometrical relationship between the patient's external surface and the location of the internal tumor. Practitioners of radiation therapy have always known this to be false, but have been unable to satisfactorily mitigate against the fact that the patient is deformable, the organ containing the tumor moves, and immobilization devices and repositioning efforts are imperfect. The in-

tegration of these factors renders the overall treatment delivery process imprecise. As a result, larger treatment fields are required to ensure that the tumor is fully encompassed, and thus the volumes of tissue irradiated to a high dose are significantly greater than the actual volume necessary to achieve local tumor eradication. This causes unnecessary exposure of normal tissue resulting in increased side effects. Tomotherapy offers the potential to significantly reduce the volume of unnecessarily irradiated normal tissue. The consensus within the radiotherapy community is that greater delivery precision will facilitate reduced treatment volumes allowing for higher doses and/or lower complication rates. It is also assumed that higher doses will translate into better local control and enhanced overall survival. Early evidence in prostate cancer and lung cancer supports these hypotheses, but is not conclusive. An example of how doctors can plan the radiation dose distribution to be "painted" around normal structures is shown in the figure below. Here we can see that the Tomotherapy treatment planning computer display where the radiation dose to normal structures like the spinal cord and the salivary glands is significantly reduced while the tumour is given the full dose of radiation.

Tomotherapy allows the radiation oncologist to "see" what he/she is about to do every day, to accurately deliver a sculpted dose and to record exactly what has been delivered over the entire course of the patient's treatment. Quite simply, this will permit high dose volumes to shrink while maintaining efficacy with a concomitant ability to increase dose to the target volume and simultaneously reduce normal tissue complications.

The need for clinical testing in Ontario

The clinical potential of Tomotherapy has excited the radiation therapy community. The machine itself has undergone rigorous scientific scrutiny and has been the focus of large bodies of research describing the technical superiority of the delivery system. As yet there is no definitive clinical data describing the translation of this technical superiority into improved patient outcomes. The dose distributions achievable with Tomotherapy are strikingly better than that which can be reasonably achieved with conventional treatment machines. The operational parameters, disease sites most likely to benefit, and guidelines for use are as yet undefined. In spite of these unknowns, leading cancer centres in the United States, Europe and Canada have recognized the potential and are moving ahead to answer these questions. In addition to direct changes to an individual patient's care and changes in practice resulting from the introduction of Tomotherapy, there will also certainly be an impact on organizational structure and on the costs of cancer care. At TOHRCC we plan to study the clinical role of Tomotherapy, its impact on patient outcomes and to assess the financial impact of introducing this technology into the Ontario health system. .

Clinical trials and research:

At the TOHRCC there are four clinical trials that have received approval from the TOHRCC Clinical Research Evaluation Committee and by TOH Research Ethics Board and there are several more studies presently being designed. In addition there are formal technical studies and a health economics study underway. The clinical trials that are currently accepting patients include:

1. Spine Metastasis

The skeleton is a very common site of metastatic spread of cancer, particularly from breast, prostate, lung, kidney, and thyroid carcinomas and is the first site of relapse for prostate and breast cancers. Radiation therapy is known to be effective in controlling

Tomotherapy allows the radiation oncologist to "see" what he/she is about to do every day, to accurately deliver a sculpted dose and to record exactly what has been delivered over the entire course of the patient's treatment.

pain associated with metastatic bone disease, with between 65 and 90 per cent of patients reporting improvement. However, radiation-induced nausea and vomiting (RINV) is a frequent side effect when portions of the thoracic or lumbar spine are irradiated. Approximately 50 per cent of patients receiving radiation to these areas experience significant nausea and approximately 30 per cent experiencing vomiting.

During conventional spine irradiation, the abdominal cavity, and esophagus are often irradiated and it is thought that much of the nausea and vomiting arise from the irradiation of these organs. This research study is designed to determine if the frequency of nausea and vomiting is reduced by using the dose sculpting capability of Tomotherapy to minimize the dose to these structures while maintaining excellent pain control and quality of life.

2. Prostate Cancer Study

Radiation therapy has played an important role in the management of prostate cancer, yielding comparable long-term outcomes to prostatectomy. Over the last ten years the use of 3 Dimensional Conformal Radiation Therapy (3DCRT) has resulted in a dramatic improvement in the clinical outcome of prostate cancer patients. 3DCRT involves the delivery of radiation to a defined 3D tumour volume while minimizing doses to adjacent critical tissues. The use of modern CT based imaging tools and advanced treatment planning software have allowed better target definition enabling the radiation oncologist to conform the radiation volume more closely around the intended target. Treatment is delivered using sophisticated linear accelerators. Multiple precisely shaped radiation beams irradiate the prostate from up to six directions while minimizing dose to adjacent sensitive normal tissues. Randomized trials have demonstrated

reduced acute and late rectal and bladder toxicity using 3DCRT compared to conventional radiotherapy. In addition, one randomized trial and a number of phase II dose escalation studies have demonstrated that 3DCRT dramatically reduces the risk of recurrence in prostate cancer patients and radiation doses of 70 Gy or higher are now considered standard therapy for patients with prostate cancer

For patients with a higher risk of microscopic spread, there is an interest in treating the pelvic lymph nodes as well as the prostate itself. An international clinical trial has suggested that progression free survival is significantly superior when the whole pelvis is irradiated in addition to the prostate. At the Ottawa Hospital Regional Cancer Centre we have incorporated elective nodal irradiation into our dose escalated 3DCRT program. Elective nodal irradiation increases the volume of bladder, rectum and small bowel in the radiation treatment fields; therefore, the risk of acute and late side effects is enhanced in this patient group. The purpose of this study is to evaluate if Tomotherapy's dose sculpting and imaging capabilities can reduce the acute and late side effects of radiotherapy that is seen in patients treated with 3DCRT.

3. Bladder Cancer Study

Bladder cancer is the fourth and thirteenth most frequently diagnosed cancer among men and women respectively. While the gold standard of treatment in invasive bladder cancer is cystectomy, it is now accepted that a reasonable alternative is an organ preserving approach. Candidates for organ preservation are those patients who are interested in conserving their bladders and those patients for whom surgery is not possible because of local tumour parameters or medical contraindications. Our centre has recently published the results of our

Continued on page 26

reasonable alternative is an organ preserving approach. Candidates for organ preservation are those patients who are interested in conserving their bladders and those patients for whom surgery is not possible because of local tumour parameters or medical contraindications. Our centre has recently published the results of our 15-year experience (over 200 patients) in treating bladder cancer with intra-arterial cisplatin and concurrent radiotherapy, demonstrating the highest local complete response rates (89 per cent) and ultimate tumour free bladder preservation rates (75 per cent) reported. As such, for patients opting for bladder conservation this is our current standard approach.

Unfortunately, just as in patients undergoing initial cystectomy, these patients have approximately a 50 per cent risk of eventually developing distant metastases due to a microscopic metastatic tumour that was present but undetected outside the bladder at the time of diagnosis. It is thought that some forms of chemotherapy can reduce the risk of distant metastasis from bladder cancer, but combining them with intra-arterial cisplatin and radiotherapy would result in too great a risk of complications from treatment. In order to reduce this risk, it is necessary to minimize the radiation dose to the bowel and pelvic bone marrow.

This study will assess the ability of Tomotherapy to reduce the gastrointestinal toxicity by increasing the accuracy of bladder cancer irradiation. If this study demonstrates a reduction in toxicity without compromising efficacy we will be in a position to move to the next phase of testing where an additional chemotherapy agent is added to the protocol of in-

New form of cancer radiation therapy combines precision of a CT (computerized tomography) scanner with the tumour cell killing potential of radiation treatment.

traarterial Cisplatin and concurrent pelvic tomotherapy.

4. Head and Neck Study

The term "head and neck cancer" generally refers to cancers that arise from the lining of the upper air ways and digestive tract. One of these cancers is oral squamous cell carcinoma (OSCC) which comprises approximately five per cent of all cancers diagnosed in the United States and Canada.

In patients with advanced OSCC the traditional treatment approach is a combination of surgery and radiation, and depending on the stage and location of the disease cure rates vary between 10 per cent and 65 per cent. Results of several clinical trials have suggested that these survival numbers can be improved by approximately 10 per cent by increasing the radiation dose and by combining this with chemotherapy given during the course of radiation. Conventional radiation treatment can result in many short term and long term side effects, including dry mouth, skin "burns" and irritation of the mucosa (lining of the airway and digestive tract). These more aggressive treatments can increase these side effects, primarily enhanced mucositis and skin damage. Sometimes the side effects are severe enough that patients require nutritional support by feeding tubes for up to six months (sometimes permanently).

Any strategy that reduces these side effects (toxicity) would improve the quality of life of patients undergoing

such treatment and could permit more patients to tolerate aggressive curative treatments. It should also be noted that even with the current (less aggressive) standards of conventional radiotherapy, the adequate irradiation of the primary disease, gross nodal metastases and areas of potential sub-clinical metastases requires the irradiation of large volumes of normal tissues. This causes significant toxicity and puts sensitive organs at risk, resulting in a compromise to the dose delivered to the tumour. Occasionally some patients cannot be treated radically due to the high risk of damage to sensitive structures such as brain stem. More precise radiation technology that is able to spare more normal tissue than conventional radiation therapy would allow for a greater proportion of patients with head and neck cancer to receive curative radiation therapy

This study is designed to see if the CT imaging, precision and dose sculpting features of the Tomotherapy unit can be employed to reduce the side effects commonly associated with the treatment of head and neck cancers, while maintaining the same degree of tumour control. Using internationally accepted methods the study will measure the degree and duration of "dry" mouth and the degree of irritation to the linings of the airways and digestive tracks

Lee Gerig, Ph.D., FCCPM, is Senior Physicist, Integrated Cancer Program, The Ottawa Hospital.



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– Jana Chytilova, Ottawa Citizen

Greg Fox, Radiation Therapist; Miller MacPherson, Senior Medical Physicist, and Kathy Carty, Radiation Therapist, in front of the Ottawa Regional Cancer Centre's Tomo machine.

Leading edge Tomo machine helps zero in on area to be treated

By Louise Rachlis

A new style of radiotherapy delivery system is enhancing treatment at the General Campus of The Ottawa Hospital Regional Cancer Centre.

The new Tomo machine looks just like a CT Scanner, and the process is very similar, with the patient lying on a couch and moving through a donut.

"It integrates a radiotherapy treatment machine with CT technology," says Dr. Miller MacPherson, Senior Medical Physicist The Ottawa Hospital Regional Cancer Centre. "What that allows us to do is to get a 3D image of the patient before treatment."

The three dimensions enables physicians to localize much better the area to be treated. The machine was installed in May 2005 and patients

have been treated since September.

"It's a form of intensity modulated radiation therapy (IMRT) that allows us to sculpt the radiation dose to avoid healthy tissues," says Dr. MacPherson. "That's another big advantage of this device."

It's the first such clinical device in Canada; the other two are research units in Edmonton and London, Ont.

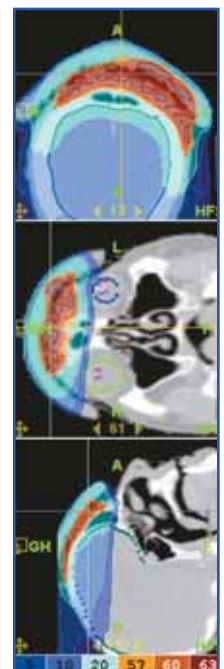
Before treatment, the radiation oncologist sits down with radiation therapists and physicists and, working with a CT scan of the patient, they come up with a treatment plan. The patient comes for as few as five or as many as 40 treatments.

"It's leading edge technology and exciting for Ottawa," he says. "Not every patient is going to benefit from it, but for those who need it, it's very good technology."

Several clinical trials are being car-

ried on comparing this machine to other forms of radiation therapy to study if it's more effective.

"Some of the money to get the 'bunker' room ready for patients came from the Foundation," says Dr. MacPherson. "We hope the Foundation will support ongoing research with the device."



TCS views of TomoTherapy treatment plan for scalp carcinoma.

Breast screening services reach out to women from different cultural communities

It can be comforting and helpful to have information in your own language for procedures such as breast screening.

That's why the Breast Self-Examination Guide has been translated into 19 languages, including Chinese and Vietnamese, and the Breast Self-Examination video is available in six languages, including Chinese and Mandarin, plus Open Caption for the hard of hearing.

Lucy Zhao, a Chinese Seniors Outreach Nurse at the Somerset West Community Health Centre, has translated some of their health materials, including breast screening information, into Cantonese.

"I work with Chinese seniors and go into the community with health materials," says Ms. Zhao. "Last year I took a group of seniors with me to have the Ontario Breast Screening Program. They felt more comfortable because I was with them."

"We've been working with the Chinese community since 1993," says Joan Robertson, coordinator for health promotion for the Ontario



The Ontario Breast Screening program has been working with the Chinese community since 1993.



know what will happen to them at the Breast Screening Centre. We've had our registration form and our authorization to release information form translated into these languages, so when they come in, they can fill out these forms and understand them."

To spread the word, the breast screening program has done interviews for the Chinese media and other outreach in the community.

"These initiatives have been very easy to maintain," she says. "We've also been able to obtain some funding to help facilitate screens for women who go to physicians who serve the Asian community other than Somerset West."

Somerset West Community Health Centre is at 55 Eccles Street in Ottawa, one block south of Somerset and Booth streets. You can reach them at (613) 238-8210.

Breast Screening Program, who asked Lucy to help with translation.

"When that Chinese outreach was working well, we expanded into the Vietnamese community in 1997," says Ms. Robertson. "What's really helpful with Somerset West is their outreach nurses; we've been able to partner with them on a regular basis to train the nurses and other volunteers in the community."

The breast screening program arranges a "group screen"; blocking off part of the booking calendar for women who because of a language barrier or transportation barrier can't access the service alone. A van and cultural interpreter is provided.

"What really helps to facilitate this process," she says, "is the fact that because of the workshop, the women



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
- Contact: Donna Bantis, National Office, (800) 665-3223, ext. 23.

Arnprior & 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
- 7:00 p.m. - 9:00 p.m.
- Arnprior Public Library, 21 Madawaska St., Arnprior
- Contact: Elta Watt, (613) 623-7455

Barry's Bay Cancer Support Group

- Purpose: A support group offered to 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.
- 7:00 p.m. - 9:00 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, Ontario
- 9:00 a.m. - 4:00 p.m. (5 days a week)
- Contact: (613) 936-1455, or email at bfcornwall@on.aibn.com;
- <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 4:00 p.m., 5 days a week.
- Contact: (613) 736-5921

Brockville and area Breast Cancer Support Group

- Purpose: To provide support to women who are newly diagnosed with breast cancer.
- Meets the second Thursday of the month, except in July/August
- 7:00 p.m. - 9:00 p.m.
- Trinity Anglican Church, George Street (grey door), Brockville
- Contact: Carole, (613) 923-5017, or email pictons@ripnet.com Other contacts are Colleen, (613) 925-5460 or Renee, (613) 923-5865

Brockville and Area Group Support

- Purpose: A self-help group for people living with cancer, their families and friends.
- Meets the first Tuesday of the month
- 7:00 p.m. - 9:00 p.m.
- Bridlewood Manor, 1026 Bridlewood Drive, Brockville

- Contact: Canadian Cancer Society (Unit Office in Lanark, Leeds & Grenville), 1-800-367-2913 or Betty Gilbert (613)342-7609

Brockville and Area Prostate Cancer Group Support

- Purpose: To provide information and support to prostate cancer patients and their loved ones.
- Meets the fourth Tuesday of the month
- 7:00 p.m. - 9:00 p.m.
- Meeting room at the Salvation Army, 175 First Ave., Brockville (south of the CN Railway)
- Contact: Canadian Cancer Society (Unit Office in Lanark, Leeds & Grenville), 1-800-267-1058 or Joe Johnson at (613)342-0465.

The Canadian Thyroid Cancer Support Group (Thy'vors)

- Purpose: 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: thyrvors@sympatico.ca; <http://www.thyrvors.org>. On-line support: <http://groups.yahoo.com/group/thyrvors>

Canadian VHL Family Alliance – Ottawa Area Branch

- Purpose: Dedicated to improving 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

Canadian Cancer Society – Cancer Information Service

- Purpose: 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: 9:00 a.m. - 6:00 p.m.
- Contact: 1-888-939-3333
- Note: Services only available in Canada.

Candlelighters Childhood Cancer Support Programs Inc.

- Candlelighters is a not-for-profit, volunteer organization. Mission: 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; <http://www.candlelighters.net>

Continued on page 30

Colorectal Cancer Association of Canada – Ottawa Support Group

- Purpose: To provide support and information to those living with colorectal cancer, their families, friends & caregivers.
- Meets 2nd Tuesday of each month, 7:00 p.m. - 9:00 p.m.
- Viewing Room, 2nd Floor, The Palisades, 480 Metcalfe Street, Ottawa.
- Contact: (613) 745-8048, or the Colorectal Cancer Association of Canada at 1-888-318-9442 (e-mail: info@ccac-acc.ca); <http://www.ccac-acc.ca>

Cornwall's VON 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 7:00 p.m.
- VON Office, 2nd floor, 205 Amelia Street, Cornwall
- Contact: Stephanie Ruckstuhl, (613) 932-9298 ext.225 or csn@vonecb.on.ca

Cornwall's VON 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 7:00 p.m.
- VON Office, 2nd floor, 205 Amelia Street, Cornwall
- Contact: Stephanie Ruckstuhl, (613) 932-9298 ext.225 or csn@vonecb.on.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, ON, K0C 2H0
- Contact: Reina DeJong, (613) 535-2215 or info@dundascounty.ca; <http://www.dundascountyhospice.ca>

Eganville Group Support

- Purpose: A self-help group for people living with cancer, their families and friends.
- Meets the second Wednesday of the month (call to confirm)
- 7:00 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

(The) Hospice at May Court Caregiver Support Program

- Purpose: Provides a relaxing environment to individuals caring for a loved one who has been diagnosed with a life threatening illness. 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.
- Meet every Wednesday evening at the Hospice (114 Cameron Ave.) from 7:00 p.m. - 9:00 p.m.



- Contact: Anne, (613) 260-2906 (Please call to confirm)
- Note: A program geared towards children and youth is also available.

Kanata & District Breast Cancer Support Group

- Purpose: A support group for breast cancer patients, where information and sharing is provided.
- Meet on the last Thursday of the month at 6:00 p.m. at the Kanata Seniors' Centre
- Contact: Pauline Cramphorn, 613-592-0305 or pauline.cramphorn@sympatico.ca

Living Well with Cancer Support Group – Winchester

- Purpose: A support group for all disease sites. Bring a friend if you wish.
- Meets the 2nd Monday of the month at 7:00 p.m. - 8:30 pm, Winchester United Church
- Contact: Linda Johnson, 613-774-2420 ext. 5155

Look Good ... Feel Better Program:

- Purpose: A 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 Division

- Every second Monday of each month 2:00 p.m. - 4:00 p.m.
- The Ottawa Hospital Regional Cancer Centre, 503 Smyth Road

Civic Division

- Every fourth Tuesday of each month 2:00 p.m. - 4:00 p.m.
- Maurice Grimes Lodge, 3rd. Floor, The Ottawa Hospital Regional Cancer Centre, 200 Melrose Avenue.

Winchester Satellite

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

Lymphoma Support Group (LSG)

- Purpose: A 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) 4:00 p.m. - 6:00 p.m. at the Hospice at May Court, 114 Cameron Avenue.
- Contact: (613) 232-7795 or (613) 241-7141.
- <http://www.lsgo.ca>

Marianhill Palliative Care Unit

- Purpose: This support group offers 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, ON
- 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: Participants in this group will be supported and encouraged 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. - 9:00 p.m.
- Almonte United Church Parlour, 106 Elgin Street, Almonte
- Contact: Canadian Cancer Society (Unit Office in Lanark, Leeds and Grenville) 1-800-367-2913 or 613-267-1058, or lanarklg@ontario.cancer.ca

Multiple Myeloma Support Group

- Purpose: A support group for multiple myeloma patients, their families and friends.
- Share your experiences and learn from others
- Meets the fourth Tuesday of each month (except May-August, December) 4:00 - 6:00 p.m.
- The Hospice at MayCourt, 114 Cameron Street, Ottawa, ON
- Contact: Teresa, (613) 737-0648 or Elie, (613) 228-1056

Nu-Voice Club of Ottawa

- Purpose: To meet with fellow laryngectomy patients to discuss issues of concern and share information.
- Meets the fourth Wednesday of each month 2:00 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

The Ottawa Hospital – General Campus

Gynaecologic-Oncology Program – “Time for Ourselves”

- Purpose: A support group that encourages the participant to share her concerns and feelings with others.
- Meets every Thursday 10:30 a.m. - 12:00 noon
- 8th Floor Lounge (Rm 8230), West Lounge, Ottawa Hospital, General Campus
- 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.
- Main Level, 503 Smyth Road, Ottawa
- Monday - Friday, 8:30 a.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 ORCC Social Workers:

1. Adult Brain Tumour Support Group

- A support group for people with brain tumours, and their family/friends
- Meets the last Tuesday of each month (except July and August)
- 7:00 p.m. - 8:30 p.m.
- Ottawa Citizen Building, 1101 Baxter Rd.
- Contact: Diane Ford (613) 737-7700 ext. 70146; Nancy Page (613) 737-7700 ext. 70301; Linda Durocher (613) 737-8899, ext. 78053.

2. Connexions 18-35

- A monthly support group for cancer patients age 18 to 35 years of age, 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

3. Family Matters

- A 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

4. Healing Circles

- A support group for patients undergoing treatment for cancer
- Learn about the mind-body connection
- Learn relaxation and imagery techniques
- Contact: Liane Murphy, (613) 737-7700, ext. 70147
- Requires pre-registration (space limited)

5. Stepping Stones

- A six-week duration 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: Social Worker, (613) 798-5555, ext. 16563

6. Healthy Living for Women with Breast Cancer

- A 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) 737-7700, ext. 70148
- Requires pre-registration

7. Living for Today

- A weekly 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

8. Caregiver Support Group

- A bi-monthly support group for those individuals caring for loved ones with metastatic cancer
- An opportunity to speak to others that understand and to learn about resources and services.
- Contact: Sabrina Goan @ (613) 737-7700, ext. 70516.
- Requires pre-registration

9. Coping with Cancer Stress

- A 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.
- Requires pre-registration

Peer Support Program Canadian Cancer Society

- Purpose: The Canadian Cancer Society's Peer Support Program offers support to people diagnosed with cancer, or their caregivers.
- The services offered are:
 - 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

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
- 2:00 p.m. - 4:00 p.m.
- Dufferin Square Boardroom, 202-105 Dufferin St., Perth
- Contact: Austin Taylor (613)326-0125

Prostate Cancer Association of Ottawa

- Purpose: Provides support and information, interacts with the health community, co-operates with groups having similar interests, and promotes awareness of prostate cancer.
- Meets the third Thursday of each month
- 7:00 p.m. - 9:00 p.m.
- New members start time is 6:15 p.m.
- St. Stephens Anglican Church Hall, 930 Watson, Ottawa
- Contact: (613) 828-0762; <http://www.ncf.ca/pca>

Renfrew County Prostate Cancer Support Group

- Purpose: A 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
- 7:00 p.m.
- Renfrew Victoria Hospital (cafeteria)
- Contact: (613) 432-6471 or (613) 432-6911

Renfrew Victoria Hospital Cancer Support Service

- Purpose: 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

- Purpose: 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 St. N.
- Contact: Palliative Care Coordinator, (613) 432-4851, ext. 217, or fax @:(613) 432-8649

United Ostomy Association

- Purpose: To provide support and education to people with ostomies, as well as the public.
- Meets the third Thursday of every month (except July and August), 7:30 p.m. - 10:00 p.m.
- Canada Care Medical Centre, 1644 Bank Street (Bank and Heron – behind Canadian Tire), Ottawa
- Contact: (613) 447-0361 <http://www.ostomyottawa.ca>

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; <http://www.willow.org>

VON Eastern Counties

“Changing Journeys: A 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)

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 Brenda Moore, Education Department, The Ottawa Hospital Regional Cancer Centre at 613-737-7700 ext. 6587.

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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