

The Ottawa Regional Cancer Foundation presents

Challenge



Fall/Winter 2006



Ottawa
Regional
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Foundation

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du Cancer
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d'Ottawa

The Ottawa Regional Cancer
Foundation presents
Challenge
Life with Cancer 

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For more information or
to advertise in this magazine, call:

The Ottawa Regional
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Telephone: (613) 247-3527

Fax: (613) 247-3526

E-mail: sgorman@ottawacancer.ca

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The Ottawa Regional Cancer Foundation
Civic • 190 Melrose Ave., Ottawa K1Y 4K7
General • 503 Smyth Rd., Ottawa K1H 1C4
(613) 247-3527

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Volume 10, Issue 2
Fall/Winter 2006

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Celebrating our 20th issue of Challenge

In fall 1996, Jim Orban of the Ottawa Citizen asked me and fellow Citizen employee Chris Macknie to help him out by doing a mock-up of a potential cancer magazine for the Ottawa Regional Cancer Centre Foundation.

We had had a bit of experience in the genre, because that spring, Chris and I had put together a small newspaper tabloid section celebrating the 50th anniversary of the Canadian Cancer Society's April door-to-door fundraising campaign.

Jim was on the Foundation board, which had been discussing introducing a magazine, and he wanted to save the board some money as they investigated their options.

To our surprise and delight, that nameless mock-up became *Challenge...Life with Cancer*. Under the leadership of former ORCC CEO Bill Evans and former ORCC Foundation Executive Director Linda McGreevy, and a hard-working magazine editorial board, the magazine was born in the spring of 1997.

Then-Solicitor-General Herb Gray, a survivor of cancer of the esophagus, was on the first cover.

Dr. Evans wrote in the first issue:

"The public today is well informed about many common diseases, such as cardiovascular disease. As well, even some of the rarer ailments are well known due to the work of numerous volunteer societies. Cancer too is becoming better understood as more and more information appears in the lay press about its prevention, early detection, diagnosis, treatment and research."

"Happily, there are also more success stories to celebrate. For these many reasons, the Ottawa Regional Cancer Centre Foundation felt that it would be appropriate to create a vehicle to inform the public served by the Cancer Centre about the resources available in Eastern Ontario to help people touched by cancer."

Since *Challenge's* debut, so many wonderful people have appeared on our covers and pages, and helped behind the scenes. One of our more recent writers, Rosa Harris-Adler, has moved to British Columbia and so will no longer be writing her *Challenge* column. We welcome new contributors.

Our theme this issue is Lymphoma, and we hope it is a continuation of our original mandate: "Through *Challenge...Life with Cancer* we hope to inform, stimulate and encourage you with the articles in this magazine. We also hope to demystify this disease and reduce the fear that the very word *cancer* creates for so many."



- Valberg Imaging

Louise
Rachlis

Challenge

Magazine covers 1996-2006





– Bruno Schlumberger, Ottawa Citizen

The first Heather Crowe Award, December 16, 2005.
Ontario's Minister of Health Promotion, Jim Watson, Heather Crowe, Ontario Premier Dalton McGuinty

The Legacy of Heather Crowe

In The fall of 2005, *Challenge* featured a story on Heather Crowe. Heather, hailed a hero for her anti-smoking crusade and her tireless efforts to promote a ban on smoking in public places, succumbed to her disease on May 22, at the age of 61.

Following her diagnosis, and throughout her treatment regimes, Heather traveled across Canada speaking with politicians, schools and communities, to deliver a powerful personal message on the effects of second hand smoke. Heather spent 40 years of her life employed in the smoke filled hospitality industry and was a victim of second hand smoke. Never having smoked a day in her life, the diagnosis of a “smoker’s tumor” in her lung was devastating. Of her crusade Heather said “My goal is to be the last person to die from second hand smoke.”

Heather’s fight moved mountains. On December 16, 2005 Ontario’s Premier Dalton McGuinty and Ontario’s Minister of Health Promotion, Jim Watson presented Heather with the first Heather Crowe Award, a new award created by the Province of Ontario which will recognize the local efforts of individuals and organizations in promoting a smoke-free Ontario. On May 31, 2006 the Smoke-Free Ontario Act was implemented which made all Ontario workplaces and public places smoke-free. In December 2005 Heather was delighted to receive a letter from Phillippe Coullard, Quebec’s Minister of Health and Social Services thanking her for her assistance in helping to make Quebec, like Ontario, a smoke-free province.

Heather’s legacy is one of commitment and Herculean efforts to make positive change. The Ottawa Regional

Cancer Foundation received notification this month that Heather had left an unrestricted gift in her will to the Foundation. It is our privilege to administer this gift and honour Heather’s Legacy. The Heather Crowe Fund for Lung Cancer Research has been established through her generous gift. It is our honour and duty to support research for lung cancer in Heather’s name. We know we that because of Heather and this fund, there will be the positive change Heather strived for.

If you would like to support the Heather Crowe Fund for Lung Cancer Research, or would be interested in creating your legacy, please contact Melanie Yasinski, Director, Major and Legacy Gifts at the Ottawa Regional Cancer Foundation, 613-247-3527 or by email at Melanieyasinski@ottawacancer.ca.



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NEW

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– Ashley Fraser, Ottawa Citizen

Pleasantine Drake volunteers in the garden at Hospice at May Court.

Healthy and active while living with Lymphoma

By Pleasantine Drake

It has been five years since my stem cell transplant for non-Hodgkin's lymphoma (NHL), twice the duration of my first remission after standard chemotherapy.

I no longer think of myself as a "cancer patient"; I am a person living with a "chronic" cancer, follicular lymphoma.

Although a stem cell transplant (SCT) offers excellent prospects for several progression-free years for this type of lymphoma, it is not yet a cure and there are no guarantees.

Despite an extraordinarily slow and problem-ridden recovery from my SCT, I have finally achieved both a

health equilibrium and a better quality of life.

I also have auto-immune diseases, a known risk factor for lymphoma. These health issues compound one another and limit my energy levels. Consequently, I have not been able to return to work since my transplant.

Redefining myself after a long career as a very busy, self-employed professional was quite a challenge. At some point you realize that this is your health, this is your life and that you can do something to improve the quality of both. My first focus now is on keeping as healthy and active as possible. I stay engaged with two volunteer jobs that offer me flexible schedules and enormous satisfaction. Both of these grew out of my lymphoma experience.

After attending Day Hospice following my SCT, I became a volunteer at the Hospice at May Court, caring for indoor plants, arranging flowers and coordinating the care of the incredibly therapeutic gardens. My second volunteer job is as a "lymphoma advocate," engaged in promoting public awareness through lymphoma awareness campaigns, lobbying on the herbicide/pesticide issue in Ottawa (these are risk factors for lymphoma), working with doctors to improve equality of access to support services for all lymphoma patients, assisting others living with lymphoma, and promoting education through the Lymphoma Support Group of Ottawa.

The main lessons I have learned from living with my lymphoma are:

- **Stay informed.** Keep up-to-date about your cancer, especially if it is a chronic form. The basic biological understanding of lymphoma is constantly being refined, and as a result, the treatment options are also changing. Being informed of this evolving knowledge facilitates participation in your treatment decision-making.
- **Be empowered.** Be an active participant in your own health care team and in your life generally. This not only allows you to make informed decisions about your own health care but will also improve your sense of wellness. You may not be able to do what you used to, but you can switch gears, find new talents/interests/outlets for whatever energy you have, and still live a productive and satisfying life while traveling in a slower lane.
- **Get support.** Support comes in many forms, but you learn enormously from being in touch with other people who have your cancer. They understand what you are going through. Hearing others' stories gives you new perspective as well as provides pragmatic suggestions. As well, your experience can help others through challenging times.

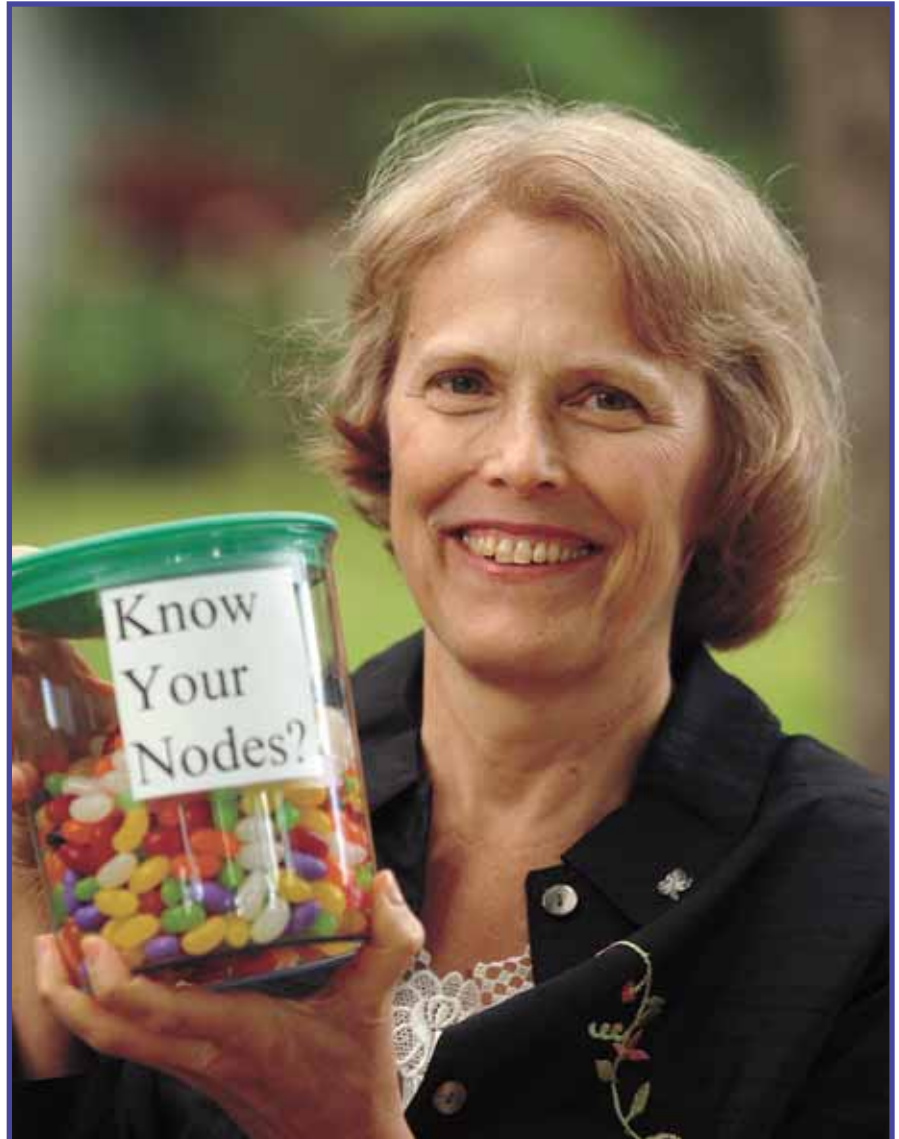
While a diagnosis of lymphoma is devastating, it is not insurmountable. Even with "incurable" forms of NHL, life can go on. It is almost nine years since my diagnosis and despite many challenges, I am here to share my story and to contribute to the fight against lymphoma.



Pleasantine Drake has been nominated as one of six Canadian Beacons of Hope by Lymphoma Foundation Canada, citing her "initiative, drive and caring as being so inspiring to people living with Lymphoma."

The six Beacons of Hope in Canada marked the 2006 Worldwide Lymphoma Awareness Day (WLAD) on September 15th, 2006. This was the third annual WLAD and was celebrated in 22 countries. LFC has produced a booklet with stories and photos of the six people and the awareness campaign material for "How well do you know your nodes?"

In Ottawa the day was marked with a Lymphoma Education Forum at TOH General Campus.



"Know your Nodes?"

There are 606 jelly beans in the jar, representing the approximate number of lymph nodes in the average body. "How well do you know your nodes?" was the theme of this year's Lymphoma Awareness campaign launched by Lymphoma Foundation Canada on September 15th, Worldwide Lymphoma Awareness Day

New therapies for lymphoma have been developed in the past decade

By Dr. Isabelle Bence-Bruckler

The fifth most common cancer in North America, lymphoma is a cancer of the lymphatic system which affects people of all ages.

There are two main types of lymphoma, Hodgkin's lymphoma (HL) and nonHodgkin's Lymphoma (NHL).

Lymphoma cells are cancerous white blood cells called lymphocytes. Typically lymphoma begins inside lymph nodes, and results in a swollen or enlarged node. Often, many different lymph nodes can be affected. We have lymph nodes throughout our body – in the neck, armpits, in the chest, the abdomen and in the groin.

Lymph nodes can often swell because of an infection or from inflammation. If swollen nodes persist without explanation, a biopsy may be done to determine if there are abnormal cells inside these nodes. This is generally how lymphoma is diagnosed.

While patients may have certain symptoms in addition to having enlarged nodes, such as unexplained fevers, night sweats or weight loss, usually the symptoms of lymphoma are not specific.

Sometimes swollen glands in the chest can cause chest pain, cough or shortness of breath; similarly in the abdomen they may result in swelling or pain. Detecting enlarged nodes inside the body is often done by Xray, ultrasound or CAT scanning.

Fortunately, many lymphomas are curable. As well, those which are not can often be well controlled for long periods of time with current therapies. Treatment depends on the precise subtype of lymphoma, which is determined from a biopsy. Treatment



– Ashley Fraser, Ottawa Citizen

**Dr. Bence-Bruckler says
fortunately many lymphomas
are curable.**

can consist of chemotherapy, radiotherapy or both. For certain lymphomas, current treatment also involves the use of antibody therapy or immunotherapy.

Hodgkin's Lymphoma often affects young people in their late teens and early twenties, but can also affect the elderly and all ages in between. HL is highly curable, with over 90 per cent of patients with localized disease being cured. For those who are diagnosed with widespread disease, well over half of patients are cured with front line chemotherapy. If there is a recurrence, some patients with lymphoma can undergo a blood stem cell transplant with the goal of curing the illness.

NonHodgkin's Lymphomas consist of a larger group of diseases, with varying degrees of aggressivity. Again, many are treated with curative intent. The commonest kind of aggressive nonHodgkin's Lymphoma is

called diffuse large B cell lymphoma, and affects all ages. The commonest kind of indolent, or less aggressive subtype is referred to as follicular lymphoma. This tends to affect patients aged 50 and higher. Multiple treatment options exist depending on the lymphoma subtype and on patient-related factors.

The majority of patients treated for lymphoma receive their treatments as outpatients. Most treatment courses last about six months. Depending on the nature of therapy, some, but not all patients are able to carry on with their home and work related activities. Most never require hospitalization. The management of therapy-related side effects has improved greatly in the last decade, improving the quality of life for our patients on treatment.

A number of new therapeutic modalities have been developed in the past decade for lymphoma. New chemotherapeutic agents, monoclonal antibody therapies and radiolabelled antibody treatments represent some of the advances. Many local patients have been involved in the evolution of such new treatments through their participation in clinical trials. In this issue, you will read about the potential of cancer killing viruses being developed here at the Ottawa Regional Cancer Center. We approached Worldwide Lymphoma Awareness Day on September 15th with a tremendous degree of optimism and hope for the years to come.



Dr. Isabelle Bence-Bruckler is a Hematologist and Associate Professor of Medicine, Division of Hematology, The Ottawa Hospital.

The Ottawa Hospital celebrates 25 years of bone marrow transplantation

By Lothar Huebsch,
M.D.

More than 100 patients a year currently receive Bone Marrow Transplants at the Ottawa Hospital.

Nearly 1800 patients have received bone marrow or stem cell transplants at The Ottawa Hospital since 1981.

These treatments are used to treat/cure patients with a wide variety of cancers of the blood, including lymphomas and leukemias, as well as serious diseases of the immune system, such as multiple sclerosis.

Transplants are done in both younger and older patients, often in the outpatient setting. It wasn't always so.

By the mid 1960s, scientists in Toronto had discovered that all the cells in the blood and the entire immune system originated from a very few cells in the bone marrow, called marrow stem cells. By the mid 1970s pioneering work by E.D. Thomas and colleagues in Seattle had led young patients with acute leukemia to receive very high doses of chemotherapy and radiotherapy followed by infusions of bone marrow stem cells from compatible sibling donors. Patients with previously incurable diseases could now be potentially cured. Dr. Thomas was awarded the Nobel Prize in Medicine in 1991 for "discoveries concerning organ and cell transplantation in the treatment of human diseases".

In June 1981 the first Bone Marrow transplant was done in Ottawa by Dr. Bertie Aye, who had been part of the stem cell discoveries in Toronto, and the author, who had brought back the new techniques from Seattle. Two of the original Ottawa patients are now coming up to the 25th anniversary of their transplants, and both are cured of their leukemia.

The procedure in the 1980s was terribly difficult, done only in young patients and only for those lucky enough to have a compatible sibling donor. Patients spent long periods of time in hospital isolation, kept apart from family and friends. Infectious complications and rejection of and by the marrow were common. Fewer than 80 such transplants were done in adults and in children in Ottawa throughout the 1980s.

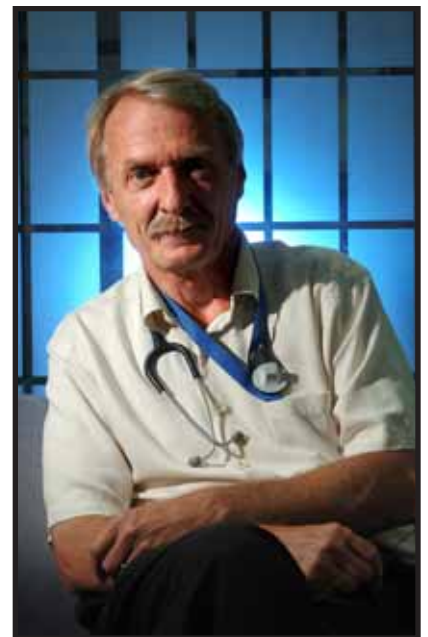
But great progress was being made. In 1981 a 10 year old had a bone marrow transplant from a totally unrelated but nevertheless compatible marrow donor. Registries of potential bone marrows were created throughout the world; one of the first registries was here in Ottawa. Our patients today have access to over 10 million potential volunteer marrow donors world-wide and most, but not all, patients in need of such a donor can now find a compatible donor. The first unrelated transplant in Canada and the first marrow transplant from an overseas donor both occurred here in 1988. Today more transplants are done using unrelated donors than sibling donors. Many hundreds of hours are spent bringing such marrows back to the Ottawa Hospital from all over the world.

By 1990 the technique of using one's own marrow (and later blood derived cells) for curing lymphomas and similar illnesses following intensive chemotherapy led to a major expansion of the BMT program. Transplants were done weekly and then twice a week. Advances in techniques allowed patients well into their sixties to benefit from such therapy. Starting in the mid 1990s many transplants could be done largely in the outpatient setting, a unique program pioneered here in the Ottawa Hospital by Sheryl McDiarmid, the BMT Advanced Practice Nurse.

And what of the future? Marrow cells from the umbilical cords donat-

ed to cord banks will offer hope for those patients without other donors. Ongoing research in Ottawa by Dr. Harold Atkins is exploring the possibility that the relentless progression of very disabling diseases of the immune system, such as multiple sclerosis, can be halted and possibly even reversed.

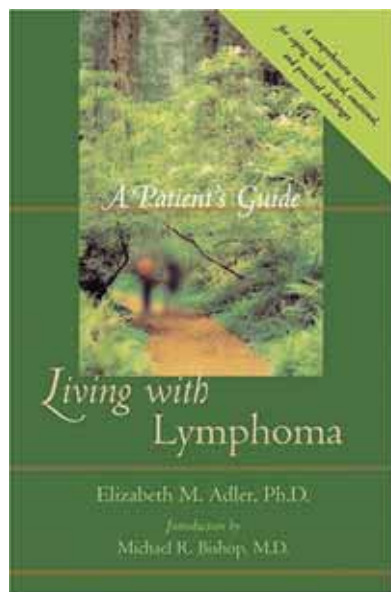
Twenty-five years have seen immense progress in Bone Marrow Transplantation. The coming years will undoubtedly hold even greater promise for patients with serious diseases of the marrow and immune system.



Dr. Lothar Huebsch is Professor of Medicine, Director of the Blood and Marrow Transplant Program.

Lymphoma information at the Ninon Bourque Patient Resource Library

By Christine Penn



Living with Lymphoma: A Patients' Guide

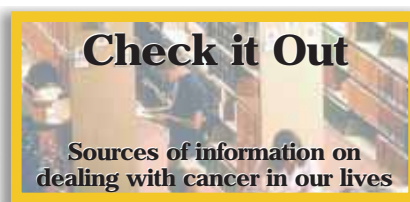
by Elizabeth M Adler,
Johns Hopkins University Press,
2005 (398 pages)

"If information is knowledge and knowledge is power, then anyone who's been diagnosed with cancer deserves a little empowerment," states author Elizabeth Adler in the introduction to her book.

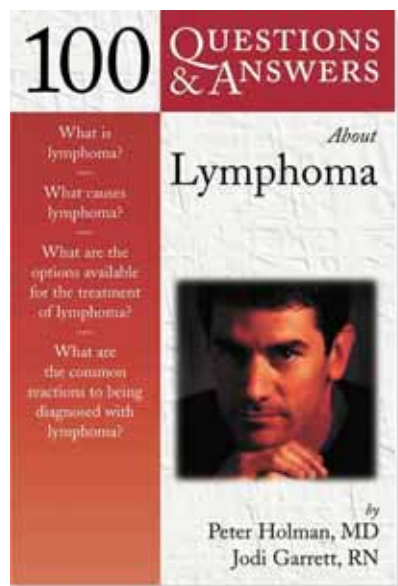
Adler, who is a neurobiologist, writes from her perspective as a lymphoma patient and survivor. The book is arranged in three main parts: *Living with Lymphoma* explains what lymphoma is and how it is diagnosed.

Treating lymphoma outlines the treatment options of chemotherapy, radiation, monoclonal antibodies, stem cell transplantation and unconventional therapies. Adler explains how the therapies work and what it's like to experience them.

There are 20 different types of lymphoma, and the final section, Understanding lymphoma, describes the



various types, has information about classification and staging and the possible causes of this type of cancer.



100 Questions & Answers About Lymphoma

by Peter Holman, Jodi Garrett
and William Jansen.
Jones & Bartlett, 2003 (180 pages)

A doctor, nurse and patient have contributed to the information in this book, which, as the title indicates, is written in a question and answer format. The book is organized in sections dealing with understanding the immune and circulatory systems; diagnosis and classification; types of lymphoma; staging and treatment; chemotherapy and radiation; other therapies and coping with lymphoma. The book covers the same information as *Living with Lymphoma*, but does

not go into much detail on any of the topics. However, it will provide you with the basics about lymphoma in an easy to read format, and can serve as a useful source of questions which you may wish to ask your doctor.

Cancer therapy is advancing all the time and it is important to remember that these books, as well as all books about cancer treatment, provide general information. Your oncologist or haematologist is your best source of information.

The above two books, hundreds of others, as well as CDs, DVDs, tapes and videos can be borrowed from the Ninon Bourque Patient Resource Library at the General Campus of The Ottawa Hospital Regional Cancer Centre.

Web Sites

Canadian Cancer Society:
www.cancer.ca

The Canadian Cancer Society's web site has information about cancer treatment and support services, including printable brochures on many topics including Hodgkins and non-Hodkins lymphoma.

Leukemia and Lymphoma Society:
www.leukemia-lymphoma.org.

Many brochures and fact sheets are available from the site.

MedlinePlus Lymphoma Page:
www.nlm.nih.gov/medlineplus/lymphoma.html

MedlinePlus is the U.S. National Library of Medicine's resource for health information. The above link provides access to lymphoma organizations, news, research information, statistics, and more.

Ninon Bourque Patient Resource Library

**General Campus – The Ottawa
Hospital Regional Cancer Centre**
503 Smyth Road, Ottawa
63-737-7700 ext 70107
consumerhealth@ottawahospital.on.ca

From survivor to living well: Moving forward after treatment

By Dominique LeMay

Following treatment for lymphoma or other hematological diseases such as leukemia and multiple myeloma, patients move into yet another transition period in their lives.

They move from patient to survivor.

This is for most the end of their treatment, the day they had anticipated. Their doctor will tell them that the disease is gone and that they are free to resume “normal living”.

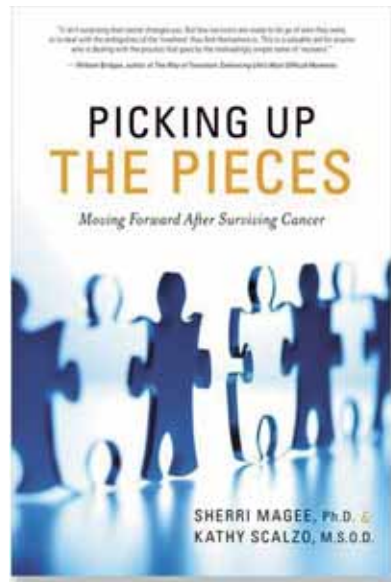
This is for most individuals who have been fighting cancer for months or years a day of mixed emotions.

For certain people, ending the treatment may mean continuing to take medication or moving to a rehabilitation facility to regain physical strength.

For others the end of treatment means a clean break from the multi-disciplinary team and treatments. Many survivors go home with a sense of elation. Others feel bewildered and ask, “so now what?” How do I pick up where I left off when cancer struck?

In *Picking up the Pieces*, (Raincoast Books) authors and researchers Sherri Magee, Ph.D. and Kathy Scalzo, M.S.O.D. explore the transition period from survivor to living well after cancer. The purpose of the book is to explore practical self-care strategies for the healing journey towards a “new normal” after recovery. During this period the survivor processes the life changing experience of having

With change come uncertainty, unpredictability, as well as opportunities to create something new.



faced a life threatening illness and multiple losses. The world is no longer exactly the same. On the outside, little has changed. And yet all is changed.

With change come uncertainty, unpredictability, as well as opportunities to create something new.

Between the old and the new is the transition phase of recovery. The authors talk about the “changeless core of the individual”, the deep-set psychological strength and resources that human beings have.

They help survivors recognize their inner resources and tap into them in order to start moving forward in the face of adversity.

The book invites survivors to create, at their own pace, the healing plan which will take them through the four phases of recovery: recovering a sense of self, recovering a sense of

**On the outside,
little has changed.
And yet all is changed.**

control, recovering a sense of meaning and recovering a sense of future.

This journey allows the cancer experience to be integrated into a new awareness of self. This is the beginning of the new normal. For many survivors, the new normal is anchored in a renewed sense of spiritual meaning and purpose.

About the authors:

Sherri Magee is an oncology researcher who has designed personal recovery programs for over 15 years. She chaired the International Cancer Rehabilitation Conference several times and she is the co-founder of the “Abreast in a Boat” dragon boat society. She is past Executive Director of the Hope House Cancer Centre.

Kathy Scalzo is a consultant specializing in change and transition management. She has worked with more than 200 health care organizations, professional associations and non-profit agencies. She has been a core faculty member of the Canadian Medical Association’s Physician Management Institute and is a regular guest lecturer at the University of British Columbia.

The book is available through the Ninon Bourque Library.



Dominique LeMay MSW/RSW is a social worker with the Ottawa Hospital’s Blood & Marrow Transplant Program.



Catherine and her husband, Adrian, in Istanbul, September 2005.

Living well with lymphoma means taking an active role in restoring health

By Catherine Caule

Six years ago, when I was diagnosed with Stage 3B Hodgkin's Disease, the world as I knew it changed forever.

I was scared and vulnerable. It would have been easy to withdraw, but instead, I asked myself whether there was anything I could do to help my situation.

My answer was to participate in my health care decisions and take an active role in restoring my health and quality of life.

This has been my approach

throughout my life with lymphoma, which has included eight months of aggressive chemotherapy in 2000, a relapse scare in 2002, a confirmed relapse in 2004 treated with High Dose Chemo and an Autologous Stem Cell Transplant, and a month of radiation therapy in 2005. To endure the treatments and restore my overall health and wellness, I adopted nine tenets to empowerment:

1. Participate

You and the doctor must make the final decision on your treatment plan. There is growing consensus in the health fields that patients involved in treatment decisions generally have

better health outcomes and/or quality of life. I have participated in all aspects of my treatment and my quest to restore my health.

First, be informed about your lymphoma and its treatments. I borrowed materials from the Ninon Bourque Patient Resource Library. I used the Internet with caution to research my lymphoma. I reviewed the medical literature and even contacted the researchers. At the Lymphoma Support Group of Ottawa (LSGO), I heard what it's like to live with lymphoma or undergo a specific treatment – first-hand information doctors don't have.

Second, don't just talk about body parts. When I meet with my doctors, I mention my feelings and concerns. I ask questions. I say what I like and don't like about an option. If I can't, then I ask someone to speak for me. My husband spoke on my behalf when I was in the hospital during my transplant.

Third, don't rush into a decision. Making a decision to undergo a treatment can be especially difficult, if there are many options, uncertain outcomes or significant risks. I took the appropriate time to make decisions. I requested and reviewed patient decision aids from the Ottawa Health Research Institute inventory.

Lastly, don't overlook quality of life issues. As lymphoma treatments evolve and the disease becomes more chronic, doctors and patients increasingly need to consider quality of life issues.

2. Explore options

I wanted to know my options. I wanted the treatment that would give me the best possible outcome and quality of life. In the end, I had to be comfortable with the doctors' proposed treatment. When I relapsed, I obtained a second opinion in Toronto to confirm, and possibly expand, the option proposed by the Ottawa doctors. This was an excellent way to confirm the recommendations and get peace of mind. Knowing my options also helped balance my expectations of what the treatment could realistically deliver, i.e. cure vs. remission vs. control.

3. Commit to treatment

Once you've made your decision, make a commitment to your doctors to keep your treatments on schedule. I followed their directions on infection control, activity level and medications. I got their approval before undertaking any complementary therapies.

4. Set goals

It's hard to see beyond the diagnosis and treatment. Surviving each treatment course became my priority. Setting goals to get through different phases of treatment and recovery gave me a sense of control and accomplishment. Longer term goals are also important. Although I experienced

"I continue to work on my emotional and psychological healing. I am still looking for the meaning in what I experienced."

Catherine Caule

many losses because of the lymphoma, I also experienced gains. I have had the opportunity to get involved again with figure skating and I set a goal to become a competitive judge. When I had the transplant, I set a goal that I would be well enough at the six-month milestone to attend a reception with the skaters of Stars on Ice which my husband had arranged for us.

5. Lead the project

Becoming engaged as a member of my own health care team helped me restore a sense of control and well-being. As "Project Manager", I assembled my team which included medical specialists, nurses, physiotherapists, kinesiologists, social workers, psychologists, nutritionists, and pharmacists. I saw them as part of my team, not a hodge-podge of resources, but a group of professionals with the objective of making me well again.

When I meet with my doctors, I get a project update. I ask probing questions and obtain information to make decisions. When I get test results, I ask about clarifications and next steps. I have set up a plan with my family physician to monitor long term side effects from the treatments.

6. Protect relationships and caregivers

The biggest part of your support network may be your spouse or dear ones. It is important that these relationships remain strong and are not compromised. The stress of the relapse affected my relationship with my husband. We took a course at our community association to improve our communication which had faltered. My husband, my caregiver, had fears and concerns. He spoke with a counselor at a local family support

program helping those caring for someone diagnosed with a life threatening illness. We also attended joint counseling sessions to help us deal with the anxious weeks before the transplant.

7. Seek psychosocial support

Having a positive attitude is important, but it may not be enough. If you feel overwhelmed or lost, consider getting support from a professional counselor or therapist. They can help you face your fears and express your feelings.

I needed help to deal with my fears. For me, the diagnosis represented losses of health, life as I knew it, career, identity and self-esteem. For others, it can mean financial pressures, role changes, depression, loss of functioning, etc. Social workers, counselors, psychologists and psychiatrists helped me.

I looked in many places to find the help and support for my psychological and emotional health. At TOHRCC, I enrolled in the "Healing Circles" course. I spoke with social workers to guide my decision-making about a proposed treatment.

The Lymphoma Support Group of Ottawa (LSGO) was also part of my continuum of care. There I learned that I was not alone. I learned about coping strategies for getting through treatment. I could discuss my issues and concerns with people who are empathetic because they faced similar challenges.

I also looked outside the cancer community. My community health centre (CHC) provided many resources to improve my psychosocial wellness. To cope with the stress from the illness and ever-present fear, I enrolled in a Mindfulness Stress Reduction Program. I spoke with counselors at the CHC to help me in decision-making and deal with emotional issues. I enrolled in group classes for coping with loss, change, anger and self-esteem.

When I wanted non-medical perspectives about treatment, I spoke to my priest, social workers, and lymphoma survivors.

Continued on page 14

8. Maintain physical fitness

I knew my initial treatment would cause weight gain, muscle wasting and strain on my organs. I asked my hematologist if I was a candidate for the Exercise Rehabilitation Program at the Ottawa Hospital Regional Cancer Centre (TOHRCC). I joined a neighbourhood fitness club to reduce my isolation and be part of a healthy community. The quarterly assessments at the Rehabilitation Program motivated me to go to classes during the difficult weeks. After treatment, I returned to a healthy weight and worked towards good heart and lung functioning. My fitness program has included aerobics, yoga, strength training and Pilates. I believe my regular fitness routine has helped me tolerate and recover from the multiple treatment courses.

9. Build your “toolbox”

The nature of lymphoma is that some are cured, but many will live with lymphoma as a chronic condition, with alternating periods of treatment and remission. It is important to “build your toolbox” in order to live well with lymphoma. I put anything that could help me get healthy in my toolbox. Besides medical interventions and psychosocial supports, my toolbox includes: exercise, diet and nutrition, deep breathing techniques, meditations, mindfulness, creative visualization and imagery, affirmations, prayer, detoxification, and complementary therapies. As I continue to live well with lymphoma, I will continue to update my toolbox.

I am now a survivor, looking for my “new normal” – in energy and activity level, stress threshold, and ability to cope with uncertainty. I continue to work on my emotional and psychological healing. I am still looking for the meaning in what I experienced. Living well with lymphoma is not always easy, but it is possible.



Angels in action

Giving wings to the battle of ovarian cancer

By Melanie Yasinski

We are each of us angels with only one wing and we can only fly by embracing each other.

Luciano de Crescenzo

Sitting over breakfast with Linda Laframboise and Bill Collins, I couldn't help but be enveloped by a spirit of love and commitment. Sure the waffles piled high with fruit added to my feeling of euphoria, but in learning about their mutual vision, I was lifted – I felt their passion ... women should not lose the battle of ovarian cancer and families should not suffer the grief from that loss.

Linda and Bill are angels who will soar! They have taken flight through a common goal; their mission is to bring us a step closer to better treatments for women with ovarian cancer and to heighten awareness for better and earlier detection. Through speaking opportunities, and through the "Angels in Action" fundraising dinner, Bill and Linda will fulfill their mission.

In 2000, Linda's sister, Fay Bisailon, lost her battle with ovarian cancer. She was 43. In 2001 Linda organized the first Fay Bisailon Memorial Dinner. Linda's hard work and dedication has raised over \$64,000 to support ovarian cancer research, patient support and improved treatments for ovarian patients in Ottawa. The funds have been shared with the Ottawa Regional Cancer Foundation and the Ottawa Hospital Gynecologic Oncology Fund. Of her passion to get the message out, Linda says, "People need to know – if you know, you can make choices".

On December 11, 2005 Bill Collins lost his beloved wife Bunny: mother of his five grown children, grandmother of eight and great grandmother of one. "Ovarian Cancer is not just a woman's disease; men and families

are effected by a diagnosis" says Bill. Through his frustration of "if we had known the symptoms sooner" and his sincere desire to help other families in the battle with ovarian cancer, Bill has partnered with Linda. What was the Annual Linda Laframboise Memorial dinner is now the "Angels in Action" Fundraising Dinner.

Some of the funds raised through "Angels in Action" support the work of Dr. Barbara Vanderhyden who holds the Corinne Boyer Chair in Ovarian Cancer Research at the Centre for Cancer Therapeutics here in Ottawa. In speaking with Dr. Vanderhyden I acknowledged I was astounded at the stats surrounding ovarian cancer; 2,600 women in Canada will be diagnosed with ovarian cancer this year – 1,500 women will die from it this year! How do we turn those stats into success stories?

There is no screening test for ovarian cancer; the annual Pap smear does not detect ovarian cancer. Dr. Vanderhyden says awareness is one of the strongest weapons in our arsenal. We need to know what to look for. If ovarian cancer is found early and treated she says, the survival rate is as high as 90 per cent.

According to the National Ovarian Cancer Association these are the signs or symptoms women need to be paying attention to and we must be contacting our family physician if we have one or more of these symptoms that last longer than three weeks.

- Swelling or bloating of the abdomen
- Pelvic discomfort or heaviness
- Back or abdominal pain
- Fatigue
- Gas, nausea, indigestion
- Change in bowel habits
- Emptying your bladder frequently
- Menstrual irregularities
- Weight loss or weight gain

It's important to note that we are at in-

creased risk of ovarian cancer if we have:

- A family history of breast, ovarian or colon cancer
- Never had children
- If we are approaching or have passed 50, however, ovarian cancer can occur in any age group.

During our conversation, Dr. Vanderhyden offered some hope. Interest in ovarian cancer research has quadrupled in the past seven years. There are now more scientists dedicated to ovarian cancer research than ever before. There is tremendous collaboration among the research scientists around the world. New technology will allow advances in research and diagnosis. Dr. Vanderhyden has a team of 15 associates in her lab alone, dedicated to ovarian cancer research. In her speaking engagements, she encourages women to be going for annual physicals, speaking with their physicians if they recognize any of the above symptoms, and for women to be particularly prudent around menopause.

The Ottawa Regional Cancer Foundation is honoured to partner with Angels in Action – Linda Laframboise and Bill Collins. Through commitment, and compassion, you have earned your wings! Your passion and the memories of those you love are making a difference!

More information may be found on the website for the National Ovarian Cancer Association website at www.ovariancanada.org. Information on our local angels may be found at www.angelsinaction.ca To learn how you can be an angel in action for ovarian cancer research or patient care in our community visit the Ottawa Regional Cancer Foundation website at www.ottawacancer.ca

Melanie Yasinski is Director, Major and Legacy Gifts, Ottawa Regional Cancer Foundation. Call her at 613-247-3527 or e-mail melanie.yasinski@ottawacancer.ca.

Upcoming Events

*From 'Runway' to Walk Weekend,
upcoming fundraising events benefit
Ottawa Regional Cancer Foundation*

Runway to a Cure

October 15, 2006

Join honorary co-chairs Janet Yale and Penny Collette for this year's edition of Runway to a Cure. The Hilton Lac Leamy is the perfect venue for afternoon tea while you watch local celebrities (including A-Channel personalities, Dr. Jack Kitts and many more) model this year's fashion trends. A silent auction with numerous beauty packages, jewelry and gift certificates will be available. All proceeds will benefit Breast Cancer Treatment and Research Initiatives funded by the Ottawa Regional Cancer Foundation. For more information please visit www.runwaytoacure.com or call 613-248-8989 or 1-866-535-5972 for tickets.

Lieutenants Pump Idol

October 28, 2006

Join local celebrity judges as they rule on the singing styles of Ottawa and area residents. The third edition of Lieutenants Pump Idol will surely impress, it gets better each year – last year's winner made it to the top 22 on Canadian Idol! A silent auction will be set up with great prizes including Senators Tickets and more. For more information please contact the Ottawa Regional Cancer Foundation at 613-247-3527.

9th Annual Celebrity Sports Dinner

November 2, 2006

If you thought the Hockey Hall of Fame was only in Toronto ... think again! Hockey legends Brad Park, Yvan Cournoyer, Dale Hawerchuk, Guy Lafleur, Peter Mahovlich, Gerry Cheevers, Henri Richard and Rejean Houle are coming to Ottawa, and they're bringing something special with them too – the Stanley Cup!

The stars come out to shine during the 9th Annual Ottawa Celebrity Sports Dinner, Thursday November 2nd, 2006 at the Civic Centre Salons in Lansdowne Park. For more information please visit www.celebritysportsdinner.com

10th Annual Cancer Foundation Telethon

January 14, 2007

The Annual Cancer Foundation Telethon will be aired live on A-Channel (cable 6) from St. Laurent Centre on Sunday, January 14th, 2007 between 12 p.m. and 7 p.m. For more information on volunteer opportunities please call the Cancer Foundation at 613-247-3527.

Amar Aasha "Hope for a Cure"

April 2007

The next Amar Aasha "Hope for a Cure" Charity Musical Hungama will be held in early April 2007. Join us for an extravagant musical evening. For more information visit www.amaraasha.com

2nd Annual Weekend to End Breast Cancer

June 1-3, 2007

The Weekend to End Breast Cancer benefiting the Ottawa Regional Cancer Foundation is simply this – an awesome life changing adventure. During one amazing weekend, June 1-3, 2007, 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 we honour lives lost, celebrate survivors, and help bring breast cancer care to those who so desperately need it. This extraordinary weekend is about

finding the hero in yourself and discovering strength you never knew you had. The money you help raise will benefit the Ottawa Regional Cancer Foundation, a leader in the fight against breast cancer. For more information on how you can register as a walker or a crew member visit www.endcancer.ca.



Two a-breast on a bicycle-built-for-two

By Linda Corsini, MSW

Can a bicycle-built-for-two help a woman and her husband travel the arduous path of a breast cancer diagnosis and treatment?

Mindy Finkelstein and her husband, Roy Hanes, believe their double bike has helped keep them two abreast (or in tandem, ... so to speak) throughout Mindy's breast cancer journey. Their double conveyance is more than a simple means of transportation!

In April 2006, Mindy was diagnosed with breast cancer and currently she is completing the challenge of 25 daily radiation treatments. She regularly bikes to her appointments in sync with her husband Roy. Biking in tandem, has brought a certain physical and spiritual harmony to help them cope better with Mindy's breast cancer.

Following her routine annual mammogram this past spring, Mindy is grateful that her tumor was identified early by radiologist Dr. Jean Seely. Mindy kept this initial distressing news to herself and did not tell anyone, not even her husband.

In looking back, she regrets this decision but they both understand why she held back. Like most newly diagnosed cancer patients, she was overwhelmed and could not speak openly about this terrible news to anyone, not even to the person closest to her, Roy.

If she held off and didn't tell, she could still hope that there might be a chance the doctor was mistaken or that the test was a mistake. Bottom line, she did not want her husband or three children – Ilana 18, Jesse 15, and Rachel 13 years – to worry about her. Perfectly understandable.

Mindy is originally from Montreal and Roy grew up in Cape Breton. Both are social workers by profession, and have worked many years in health care settings. Mindy and Roy understand the psycho-social nature



Cancer survivor Mindy Finkelstein and her husband find many benefits to bike travel.

of illness and they both appreciate the excellent care received at TOHRCC from radio oncologist Dr. Kate Lochrin and medical oncologist, Dr. Vince Young. They recognize that breast cancer is more than an individual's disease, it affects the whole family as well.

Support from family and friends has helped immensely but the excitement and playfulness from their bicycle has given them a wonderful distraction for both body and spirit.

Shortly after Mindy was diagnosed, Roy decided to purchase their special bicycle. The bike has become a symbol, a sign that they are in this together. Mindy is not alone.

"It's not about the bike" may be the title of Lance Armstrong's book, but for this loving couple's healing journey, it is about their bike.



Linda Corsini is a social worker at the Ottawa Hospital Regional Cancer Centre.

Mindy Finkelstein and Roy Hanes' bicycle-built-for-two holds many other benefits:

- Exercise. Their bike travel provides both with much needed release of tension. They are active in the movement it requires them to make with their bodies
- Appreciation of life's simple pleasures like enjoying a beautiful Ottawa summer day.
- Transportation. No parking costs or driving hassles.
- Physical closeness and connection.
- Playful healing distraction from cancer stress.



– photos by Jana Chytilova, Ottawa Citizen

Barnara Molnar; Kyla Helpin; Donna Milliken, and her daughter, Katie Milliken; and Donna Watters, celebrate as they complete their 60 km walk during the Weekend to End Breast Cancer Walk, on Sunday July 23, 2006.

1,006 participants raised \$2.5 million in 60 kilometre Weekend to End Breast Cancer

The Ottawa Regional Cancer Foundation is grateful to all who joined us in the Weekend to End Breast Cancer. We are thrilled to have championed the largest fundraising event Ottawa has ever seen. 1,006 participants raised \$2.5 million in The Weekend to End Breast Cancer, a two-day, 60 kilometre walk that raised funds for breast cancer research in Ottawa.

“It takes a tremendous amount of planning and hundreds of Volunteers - to be able to look after so many participants and ensure their safety as they wind their way through the city over a two day period,” said Linda Eagen, Executive Director of the Ot-

tawa Regional Cancer Foundation. “We’ve worked with local authorities with regard to the route and street safety; we provided plenty of Pit Stops for Walkers to re-hydrate and refuel; and we had a great volunteer medical response team on hand at all times that helped with blisters.”

“This multi-day event is for people who want to do something really bold in the fight against breast cancer,” said Dr. Ian Lorimer of The Ottawa Hospital Regional Cancer Centre. “We are so grateful for the support and are thrilled at how the city and the surrounding communities came together to make this event the most successful breast cancer fundraiser Ottawa has ever seen!”

“Thanks to the supporters of The Weekend to End Breast Cancer, the Ottawa Regional Cancer Foundation will be funding numerous exciting initiatives that will benefit breast cancer patients and their families,” said Eagen, adding, among other projects, funds raised will be support the development of a new laboratory with the means to fingerprint individual tumours leading to more individual-specific treatment for breast cancer patients.

For more information about the 2007 event, or to register now as a participant, please contact (613) 835-9799 or sign up online at www.end-cancer.ca. Looking forward to seeing you on June 2nd-4th, 2007!



Saying thank you - and fundraising for the Little Angels and Blood and Marrow Transplant Fund

By Evelyn Stone

In January 2000, I was diagnosed with Non-Hodgkins Lymphoma.

My medical journey took me through eight rounds of CHOP chemotherapy, four rounds of Rituxin and a stem cell transplant.

When you are sick you are so vulnerable, and my family, my friends and the staff at The Ottawa Hospital were all there for me when I needed them.

Now that I am well I can do something to help others going through the same thing. Participating in the Lymphoma Support Group and raising funds for the Little Angels and Blood and Marrow Transplant Fund is my way of saying thank you.

To help with my recuperation from my blood marrow transplant in April 2001, I decided to train for the 2002, 10km Keskinada Loppet, and then realized that I could turn this into a fundraising event for the Little Angels and Blood and Marrow Transplant Fund.

My approach was to get together a group of friends to ski in the Keskinada Loppet and then ask each one of them to fundraise for Little Angels.

The Little Angels and Blood and Marrow Transplant Fund assists blood marrow transplant patients who are in financial need by helping them cover the costs of transportation, child care, lodging, meals or any other extra expenses. The fund is a registered charity.

To help get in shape for the Loppet a group of friends set aside Fridays as our personal activity day. Depending on the weather, we would walk or ski. Getting in shape, many laughs and a great lunch was always our reward.



Evelyn Stone organizes a fundraiser at the Keskinada Loppet each year.

The first year, 2002, 20 people skied and we raised \$7,000.

In 2003, 30 people skied and we raised \$8,000.

In 2004, 30 people skied and we raised \$9,000.

In 2005, 40 people skied and we raised \$12,500.

In 2006, my goal was to recruit 50 skiers. I am pleased to report that 54

people skied in the Keskinada Loppet and we raised \$19,800.

There are so many people that I owe thanks to for the success of the Little Angels fundraising event. My partner, Barry Padolsky who is on graphic duty and on the lookout for skiers from December to February. My friends who return my phone calls in December and January, even though they know they are about to be

recruited. Shelagh Ralston from the Ottawa Hospital Foundation who is always ready to make the Foundation's services available to me. The people from the Keskinada Loppet have always been there to help.

This event represents to me what the healing process is all about: a group of people working together to help others. I feel so fortunate to be part of it.

If you are interested in skiing in the Keskinada Loppet and raising funds for Little Angels, please call Evelyn, 613-232-7795.



Lymphoma Support Group now in its sixth season

By Evelyn Stone

In February 2000 I attended a Lymphoma Information session co-ordinated by Dr. Isabelle Bence-Bruckler, Blood and Marrow Transplant Team, Ottawa Hospital.

At the end of the session, the social worker, Dominique LeMay, asked for volunteers to start a Lymphoma Support Group.

Two people volunteered, Mariam Sussman and myself, and our goal was to have the first meeting by October 2000.

Mariam, Dominique and I did our research and met frequently. We tried to imagine how this sup-

port group would work. Christine Penn from the Ninon Bourque library provided valuable information about other support groups.

Seven people attended the first meeting at the Ottawa General Hospital, and as they say, the rest is history.

Now there can be as many as 35 or 40 people attending each meeting.

We are very excited about the Lymphoma Support Group. It helps fill a void in a patient's treatment by providing individuals diagnosed with Lymphoma the opportunity to speak with one another and to learn about the disease.

Registering the raw experience, speaking from the heart

By Jean Seasons

The Radiation Sonnets – For My Love in Sickness and in Health

by Jane Yolen

Embracing Brings You Back

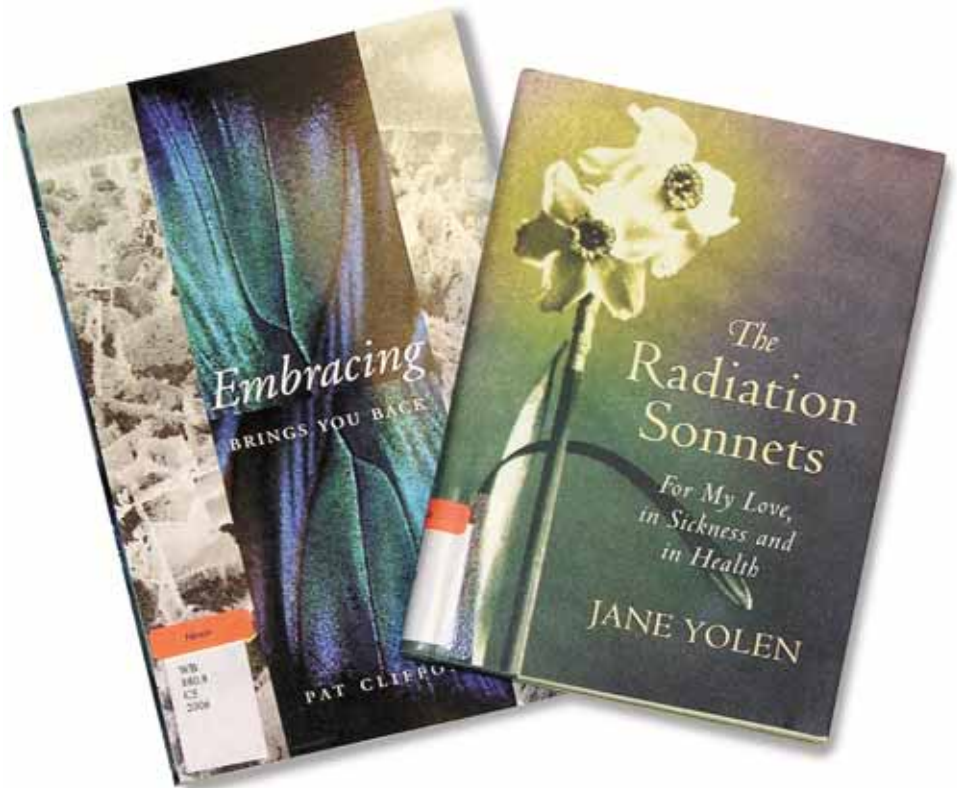
by Pat Clifford

It is a shame that more of us don't read poetry these days. Perhaps I'm speaking only for myself because I might read a poem or two in a magazine, but that's about it; the days of complete books of poems are long buried in my university English courses.

However, these two beautiful books of poems came my way and reminded me that poetry, when it is well written, speaks directly to the heart.

Both books are written by women who know the discipline of the printed word. Jane Yolen of *The Radiation Sonnets* has been called "America's Hans Christian Andersen" and has received many awards, been nominated for a National Book Award and received three honorary doctorates for her body of work. Pat Clifford (who hails from Saskatchewan), the author of *Embracing Brings You Back*, is a teacher, education consultant and researcher who has been published widely in academic journals and books.

When Jane Yolen's husband was diagnosed with an inoperable brain tumour which could only be treated by radiation, her writing became her emotional life-line. Every evening during the 43 days that her husband underwent treatment, she would climb to her attic and pour out the day's events – as well as her thoughts, fears and love. The word "pour" is used by the publisher's notes, but I do



not think that is a proper verb for what she does here. Each day she disciplined herself to write a proper sonnet, 12 lines and a final couplet. This form stripped all excess from her words – she registers the raw experience, the bones that do not allow excess.

Again, in the words of the publisher, she speaks of "her ambivalence about medical technology, her anger at the gods, her joy in small victories, her acknowledgment of life's utter precariousness and her refusal to give up hope". Here she is on "Sucking Candies":

*One small hard stone, shaped like a tear
Has brought you such relief;
How strange that anything so mere
Can save you from much grief.
My love, I'll buy up carloads,
I'll stash them in our drawers.
I'll memorize the bar codes,
I'll hang them in the doors.
This miracle, this rare device,
So small, so sure, so sweet:
I pray its magic will work twice,
Its mystery repeat,
Or else some new cure can be found
To beat your symptoms to the ground.*

An experience simple, but telling.

*Her daughter comes to visit her father,
She takes your working room in hand,
Creating order as she goes,
The child who, in another land,
Had littered her own room with clothes.
And in so doing,
For she brings order to it all,
Which wraps around you like a shawl.*

The actual “feel” of the book is pleasing. It is in hard-cover, small so that it fits the hand. There is a sonnet on each page – all 43 of them.

Pat Clifford, on the other hand, is experiencing the disease herself – advanced ovarian cancer. In her introduction, she tells us: “I am in love with words, not only with their sounds and shapes, but also with the ancestors whose ghosts hover just above the line. One of those words is “comfort”. The ancients knew con fortitude, that comfort comes from being together, in good company. I have taken comfort in the strength of that intimate circle whose names I hold closest to myheart.”

Her poems are not easy. She sees her own illness and those around her in the cancer world in a fierce fatalistic way. “Many of the poems,” she says, “are elegies, lamentations for women I have known in the past three and a half years ... I have learned much from them, not the least that whatever comes to us can be lived eyes wide open.”

She writes of sitting with friends dying, of nurses trying to find her veins for the chemo treatments, of the world of wigs

and “Look Good, Feel Better.” And the angry laughter at the cruelty of time cut short:

*Laughed my way in one Thursday wearing
a black silk blouse with huge flamingoes, blue
ocean, waving palm trees: everything. Twirled
on tiptoes, and if it hadn't cost a week's wages I'd
have let
you get away with calling it
My bowling shirt.
We roared like girls huddled in the back
booth of the café, sipping root beer
floats, shrieking
at our own sweet brilliance.
Shopping therapy, we said. I rolled my eyes,
slapped my right hand to my heart, swore
an oath: “Life is too damned short
for ugly clothes.”*

When I read this book the second time, I realized this is not a book for someone in the throes of cancer treatment. I could look at it from the distance of nine years and empathize, but it would not have comforted me back then when I was going through the experience.

Nevertheless, it is a brilliant piece of writing and a record of a terrible truth.

Both books are available in the Ninon Bourque Library.



A poet reviews the poetry of cancer

By Nat Delle Palme

Embracing Brings You Back

by Pat Clifford
Coteau Books Regina, 2006

Pat Clifford's clutch on life is not tenuous. This exploration of extremely personal reflection through blank verse poetry leaves a reader reeling with a profundity that is palpable.

The insight revealed, in these verses, into dealing with the force that is cancer and its myriad gyrations is perceptive; at once both revealing of the spirit required and the challenges rife in the journey of survival.

Pat Clifford gives access to her own real world where hard questions are formed, challenges accepted and thwarted; a world where the human spirit battles the tremendous fear of

the unknown and the pain of this disease meet. She illustrates the resiliency necessary to negotiate this intersection in the dense traffic of adult life steering to the light of tomorrow's sunrise. People dealing with cancer and their interested loved ones will benefit greatly from climbing aboard and taking this trip.

The Radiation Sonnets – For My Love in Sickness and in Health

by Jane Yolen
Algonquin Books, 2003

The Radiation Sonnets displays a mastery of form not usually applied to a personal reality like dealing with the stress and responsibility of supporting a partner through cancer therapy.

Jane Yolen applies her breadth of intellect to this discipline describing her journey through the sonnet form.

Occasionally technique dominates at the expense of her humanistic concerns for the cancer dilemmas encountered; while witnessing and aiding in the travails of dealing with cancer therapy and recovery.

The Sonnets' challenge is great but Yolen is for the most part up to it and reveals many perceptions, some quite stunning in the poignant beauty of this personal revelation.

People who happen to love and care for someone else who is struggling to survive cancer will glean much insight and understanding from the Radiation Sonnets.

Jane Yolen shares her talent to great advantage and doesn't allow the form of this writing to dictate the flow of feelings or thoughts or narrow their influence on understanding cancer's power and the sense of helplessness all who deal with it encounter.

Poetry captures the tension of fighting this disease

Born and raised in Ottawa, Nat Delle Palme studied Theatre Arts at the University of Alberta, graduating in 1975.

After labouring in heavy industry in the Eastern Arctic, he returned to Ottawa and now lives in Pineview with his wife of 26 years, Geri and their three children.

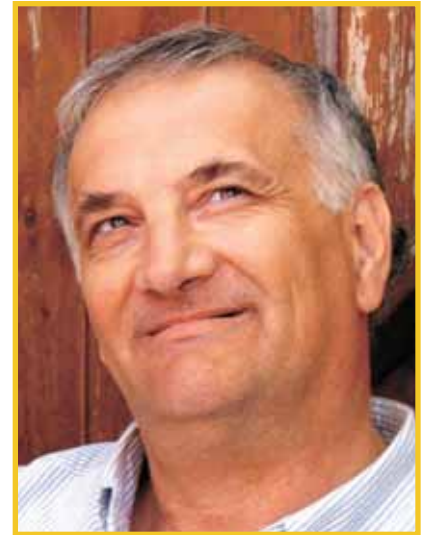
Diagnosed with bladder cancer in February 2006, Nat is currently going through chemotherapy after receiving a Neo-bladder from Dr. Cagiannos of the Ottawa Hospital (Civic Campus).

He is keen to make a full recovery and live long and prosper.

These related poems attempt to capture the tension the patient experiences in trying to challenge themselves to fight this disease; accept medical interventions and develop hope through spiritual and emotional catharsis.

The underlying Canadian reality of living with the mystery of our tremendous geography and how it challenges us is another motif in his work. This inspires him to continue to search for understanding in the tension between nature and man that shapes the Canadian experience and informs our reality.

Here is some of his poetry:



Nat Delle Palme

Moored in Chemo-Ness

*I do not know if I am relinquishing
All my floating buoys,
Tacit anchors to
either the frustration
or the heaving weariness
of the circling pain*

*The future feels condensed
curtailed to foraging
through many miseries
unable or unwilling to share
the emptiness felt
in the abject inertia of identifying
this open, yawning maw /*

*Struggling manhood wavers
to declare my obstinance
some glint of purchase gained here;
to revel in my partner's
stoic defiant shoves
forming eddies of hopefulness
the shimmering light of her
effervescence*

*A quarter century of encouragement
vested just to feel "normal" again /
Alleviating surgery's aftermath
and recovery's many hardy obstacles*

*from festering out
of their proper places*

*To radicalize this niggardliness
and all the tawdry tension
finessing my stew; retreat
to it's incipient minimalist past
to remember I've reveled
in the idea of Rhapsody*

*Our personal garden plot
fosters in us a fertilizer
to mutate will and cell divide
this cleansing, mutual repose
cues a psychic moat
encouraging our version of Camelot*

*To challenge inertias void
acknowledging the lurking wake
of cancers impish allies
inner turmoils met, to repel
the very nature of their nemesis /*

*This confrontation leaves behind
mankind
burrowing so neatly
in that narrow island estuary,
the limbo dance between*

*battling nature and just
beating up myself*

*The dilemma of charming the hope
and scavenging some raft
against the many swirls of the daily tides
I grind gamely against this constant swell
of the unknown
grateful not to have to brave it lonely*

*Praying to a kinder God unknown
that the weight this sensibility
is forcing to a shore
won't dash our timidity*

*In inching forward refusing to rankle
stumbling, slipping in the damp
nonchalantly ignoring the many heresies
I cannot escape*

*The cancer's seductive, echoing whispers
on every swelling crest of this journey
to just let go!!
to enlist in the mythology of knowing
Death*

Nat Delle Palme
July 2006

Physical Therapy

Working out
ventilates the incipient doubt
all those beads
cascading, the sweat a self-actualized
waterfall
of minute redemptions
in search of the endorphin mountain /

In the hunt for a real success
just to be able to mention casually
that you're in the pink
over a few, summer pastel drinks

A participant in the world
of a nudge and a wink
instead of a target
for the practiced indifference
of the relatively healthy
and their heavy investment
in a personal wealth
insidious calibration
a studied diffidence that people bring

Just bring it
I'm working out, here
taking up more than air and space
I'm sweating up a storm
harvesting time.

Nat Delle Palme
July 2006

Invasive Insecurities

*Won't take you down
to where I'm going to
a lonely, antiseptic anti-room
without much of a view
it's inhabited with toxic odors and
vials
intrinsically pre-adorned
Halo-less*

*I could never ask you,
to partner in this victimized crime
witness this weakness
and yet you suffer sublime;
this lack of character
rooting my tangible trepidation
sticking to this sanitized floor*

*Fear fills up the space
the way gasoline seeps
across the asphalt
smelly, corrosive, brilliantly shiny
lurking, dangerous and flammably
unsound*

*Yet, I've put us there,
studying the putrid rainbow
that is the shifting ground
our perceptions muted
an obscure affiliation with
a distorted take on tomorrow*

*this place I've arrived at
leaky where
all the plumbing shows*

Nat Delle Palme
July 2006

Off the Ward

*The cancer does not win outright
though the minutiae of failures keeps
piling on
in my little personal dinghy,
taking on water,
forming a wake of perseverance
built on a backwash of self-indulgence
spraying stolid distractions from the
bone weariness
in confronting this selfish misery /*

*Recalcitrant, I paddle back
to vivid childhood dreams
sketching time to suit emotionally
reminiscing in a tableau of options,
opportunities little wet dreams
of emotional gratification
all of it felt in languorous cuts
building a bridge of memories
imported, under priced, now valued
highly
not for what they were but what they
seemed /*

*a way of sailing
in this personal milieu,
smelling hope in the turbulent air
this smoky morass called adulthood
the balance sheet
weighted with liabilities
the foreboding foreseen /*

*embarrassed, diffident children
hard to deflect this invalidation
of their youthful indifference,
ignorant of my agonies*

*I learn to smile, a little easier
somewhat richer for engaging
imagination
to experience a little more
of life's mystery /*

Nat Delle Palme
July 2006

Potential for oncolytic viruses to kill malignant cells in lymphoma patients

By Harold Atkins
and John Bell

Upon meeting a germ, lymphocytes, the cells that make up the bodies' immune system, grow rapidly. Once the germ is destroyed, the lymphocytes stop growing and the excess lymphocytes die. There are biochemical mechanisms, pathways of interacting proteins, that control the size of the lymphocyte population in much the same way as the gas pedal and brakes control the speed of a car. Certain mutations in the genes for these proteins result in transformation of the lymphocytes into cancerous lymphoma or leukemia cells.

Viral oncolysis is based upon evidence showing that the genes controlling lymphocyte response are also responsible for fighting virus infection. As a result, in a normal lymphocyte with normal growth control pathways, robust antiviral responses allow the lymphocyte to defend itself against infection by viruses. When the growth control pathways are mutated, such as in lymphoma, the antiviral responses are ineffective and viruses are able to infect and grow within the lymphoma cells ultimately leading to their death. Thus it is possible to design cancer treatments that use oncolytic viruses to selectively kill malignant cells while sparing the normal cells.

Historically, there have been occasional cases where a patient with leukemia or lymphoma has gone into remission following coincidental infection by measles or vaccinia (the virus used in the smallpox vaccine). But the treatment of patients with oncolytic viruses is a two-edged sword. Most lymphoma and leukemia patients have very suppressed immune systems and lack the ability to defend



themselves against viral infection. So while oncolytic viruses maybe able to target tumor cells in the patient the inability to control the spread of the oncolytic virus may cause serious side-effects.

Our research, using experimental tissue culture models has demonstrated that lymphoma cell lines are killed by infecting them with viruses. Pre-clinical laboratory research has shown that some leukemia or lymphoma cells isolated directly from patients are killed by treating them with viruses while normal lymphocytes are spared. Different viruses may be required to effectively kill the lymphoma cells isolated from different patients. Other research in our lab is directed at reducing the virulence of oncolytic viruses, improving the beneficial effects of oncolytic viruses while minimizing their risks of overwhelming infection. Several approaches are being taken to develop improved oncolytic viruses. These include, the search for less aggressive (attenuated) viruses; mutating viruses either through natural selection or genetic manipulation to achieve this effect, or by arming the virus with genes that augment the viruses natural ability to kill lymphoma cells.

The ongoing work in the lab is aimed at refining our understanding of these agents so their effectiveness in treating lymphoma can be tested in clinical trials.

Harold Atkins is xxx with The Ottawa Hospital's Blood and Marrow Transplant Program and John Bell is xxx with the Center for Cancer Therapeutics, Ottawa Health Research Institute.





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

contact Shannon Gorman at:

The Ottawa Regional Cancer Foundation

Telephone: (613) 247-3527

Fax: (613) 247-3526

E-mail: sgorman@ottawacancer.ca



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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