

The Ottawa Regional Cancer Centre presents

Challenge



Spring/Summer
2003



Cows, comedy and
cancer combine to
make an impact

The joy of laughter

Ironman of the ORCC

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Des soins pour la vie

my Family.



Citizen Photographer Wayne Hiebert:

"City reporter Mohammed Adam and I were spending the day at the Children's Hospital of Eastern Ontario for a day-in-the-life feature inside the Intensive Care Unit. I was looking for images that would show the emotional toll a sick child has on the parents when I came across this touching moment of Katerina Brock cuddling and kissing her 16-month-old daughter Kassie."

OTTAWA  CITIZEN
my newspaper.

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Cancer Centre presents

Challenge

Life with Cancer 

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Des soins pour la vie

Volume 7, Issue 1 – Spring/Summer 2003

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Vince Westwick

Letter from the Editor

Missing for the first time from the *Challenge* masthead is Vince Westwick of the Ottawa Police Service.

Vince had been with the *Challenge* magazine editorial committee and the ORCC Foundation board since the magazine began.

It was Vince's connection with then Solicitor General Herb Gray, with whom he was seconded at the time, which led to Mr. Gray's willingness to appear on the cover of our first issue back in 1996.

"It takes a true artist to make the difficult look easy, and Vince is so adept at keeping people's focus on a common cause he gives the impression that anyone could do it," says editorial committee co-chair Dr. Doug Gray (no relation). I know this is not true, and his successor has a very tough act to follow."

Over the years, Vince has worked tirelessly and selflessly for the magazine and the Foundation. He has made the editorial board a fun place to be. He is the best kind of volunteer, operating simply out of a desire to do what he can to help. We will miss his contribution mightily as he moves on to other pursuits.

At this time also, we want to welcome to the Editorial Board Jamie Milner, Regional General Manager, Eastern Region and Gazifère Inc., Enbridge, as co-chair with research scientist Dr. Doug Gray. We will continue to serve the needs of the cancer community, and welcome your comments and input.



Louise Rachlis
Editor

- Valberg Imaging



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Volume 7, Issue 1 – Spring/Summer 2003

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Paul Mussell

COVER STORY

THE COWMEDIAN OF RUSSELL

Paul Mussell's
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LETTERS

In praise of humour

Thank you so much for the magazines; they look beautiful. And I do think how a magazine looks is more important than its content.

I am a firm believer of "the medium is the message." I know that I do not read something that does not look

inviting and I am a big reader.

At one time I wanted to put out a comic book about breast cancer; interview women who had gone through all the ordeals, record their humorous stories, and somehow publish them in comic book fashion. I

do not think I am alone in that I learn best when humour is used.

Again, thanks.

Sincerely,

**Sandra Steinhouse
Bath, Ont.**



— photos by Lynn Ball, Ottawa Citizen

Hard-working dairy farmer Paul Mussell.

Cows, comedy and cancer combine to make an impact

By Louise Rachlis

In Osgoode Township farmer Paul Mussell's life, comedy and cancer are more intertwined than you might think.

Humour helped him a lot when he was coping with cancer in his kidney. "My daughter gave me a card that read, 'Dad, get well soon. The dog is sniffing complete strangers' butts.'"

Before leaving the hospital, "there was great discussion on how to re-

move the catheter," he relates. "My children came up with a couple of suggestions: They could wheel Dad over to the elevator, toss the bag in and hit the 'Basement' button. Or, how about tie a brick to the bag and toss it out my third floor window?"

Mussell, 41, raises purebred holsteins, and he's able to find humour in his experience with cancer. However, he considers himself a dairy farmer first, and a stand-up comic second.

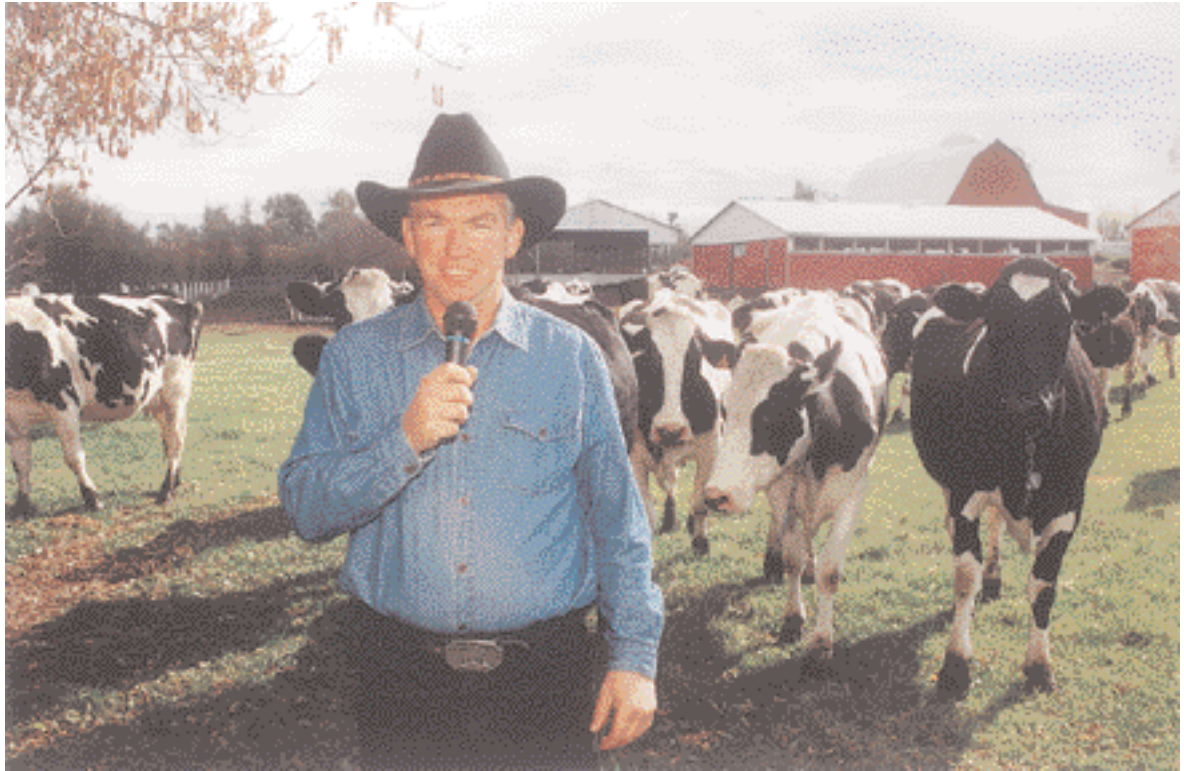
A year ago December 24th the doctor told him his right kidney was en-

larged and cancerous. He went for a CAT scan which confirmed it.

His doctor, Dr. Anthony Thijssen of the Ottawa Hospital, recommended surgery which was done in January.

They removed his right kidney and "everything that goes with it," he says. "I was very well taken care of and the recovery was slow. It was hard to do nothing, but with practice you get good at it."

He also found comfort in faith. "Being diagnosed with cancer made



“When they offered help, I often asked for prayers and then if there were more concrete ways they could assist, I’d also ask.”

– Paul Mussell

me lean strongly on my faith in God,” he says. “This was a source of hope, even when each new test brought the possibility of my cancer situation being more serious. It gave me comfort to know I’m not alone and with His grace I’d get through.”

Paul tried to personally inform as many family and friends of his illness as he could. “Knowing how rumors can spread, I wanted to give as many as possible the correct information,” he says. “A friend of my mother gave her a call this spring, following an article in a local paper, to say, ‘I guess I can stop praying for Paul now. I figured his name would show up in the paper one way or another.’

“Still, stories did circulate – one of my brothers was the one sick, or that our cattle were thought to have it. When they offered help, I often asked for prayers and then if there were

more concrete ways they could assist, I’d also ask.”

He hired staff to help on the farm, and his wife, Grace, and children Ryan, 16; Kristine, 14, and Ben, nine, pitched in as well.

Paul had been doing the comedy since long before he became ill.

About seven years ago he emceed a banquet and enjoyed it so much his friends encouraged him to try his skill at a comedy club. After that he was asked to perform elsewhere, in all kinds of venues. “Our little theatre group decided to switch to a comedy night on short notice when the play’s leading man got sick, and I filled in there with a great response.”

After that, he attended a holstein convention in Kingston and had a big hit which was written up in *The Ontario Farmer*. CBC even called and

interviewed him on CBC Country Canada.

“My style of comedy depends on the crowd,” he says. “At the Rough Grouse Society dinner, for instance, I do hunting jokes. At the Mortgage Centre Christmas party I do general family and couples jokes, and money jokes too.”

“It may seem unusual to say having cancer has had some positive benefits on my life,” he says. “I still deal with frequent tiredness. However, I was blessed by the support of many people who sent cards and phone calls or dropped around the farm to help out. Knowing also that others were praying for me and my family gave me a great deal of reassurance that things would work out all right.”



Youth exposing the truth about tobacco

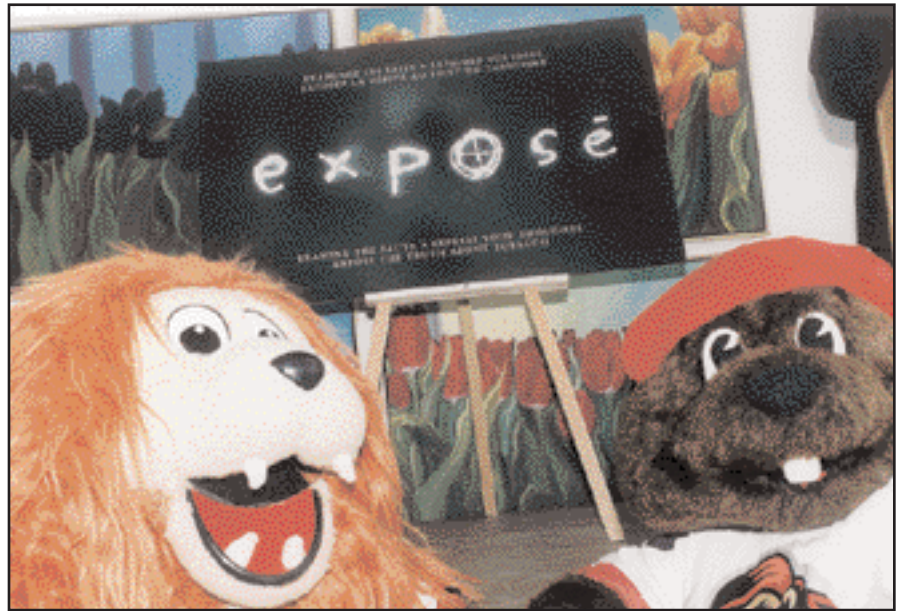
*A Message from
Dr. Robert Cushman,
Medical Officer of
Health, City of Ottawa*

I am delighted to announce a new citywide tobacco prevention project in Ottawa involving youth. According to federal surveys, 24 per cent of Canadian teen girls and 21 per cent of teen boys (aged 15-19) report themselves as smokers. Because youth are a target market for tobacco companies and since the vast majority of smokers start smoking before their 19th birthday, there is an urgent need to address this problem. Like adults, most young people want to quit smoking, but find the addiction difficult to break.

The bilingual project, called *exposé*, urges youth to Examine the facts, Express your thoughts, Expose the truth about tobacco. It runs for three years. This year, 20 secondary schools from the four Ottawa school boards are taking part, and by the third year, it is expected that all local secondary schools will participate.

Learning about the long-term effects of tobacco use (even cancers) doesn't generally influence young people, so more creative strategies are needed. The goal is to lower smoking rates not by preaching, but by allowing young people to participate in an initiative that will encourage them to analyze the tobacco problem in an intense and meaningful way. The Ottawa project provides youth with tools to help them reject tobacco, including an understanding of the artificial atmosphere created in our society that leads them to think that the cigarette is a rite of passage into adulthood, and an emblem for rebellion.

The project is coordinated by the group Child and Youth Friendly Ot-



— Jeffrey Crosier, City of Ottawa

Non-smoking mascots Senators' Spartacat and the Renegades' Ruffy attended the January launch at City Hall.

tawa (CAYFO) and is funded by Health Canada (\$625,000 over three years). It engages youth in the development of mass media products including radio ads, poems, tech art, plays and videos. Products will address one of three issues: tobacco industry manipulation of young people, the addictive nature of tobacco, and the emotional pain caused by tobacco. In May, CAYFO will hold an awards ceremony at which mass media products are exhibited; various products will later be disseminated in advertising throughout the community. Also participating in the project are the Ottawa Senators and CJOH TV, among other partners.

The project works in conjunction with the City of Ottawa's comprehensive tobacco program, which helps youth quit smoking and enforces the provincial Tobacco Control Act prohibiting smoking on school property.

As one CAYFO representative has stated, "Young people are in a posi-

tion to effect change and have demonstrated the capacity to be instrumental in influencing peers, adults, and institutions. The problem is they are rarely asked." *Exposé* will give youth an opportunity to be heard. Ottawa Public Health views tobacco use as the most important preventable health risk of our time, and has made it a long-term priority.

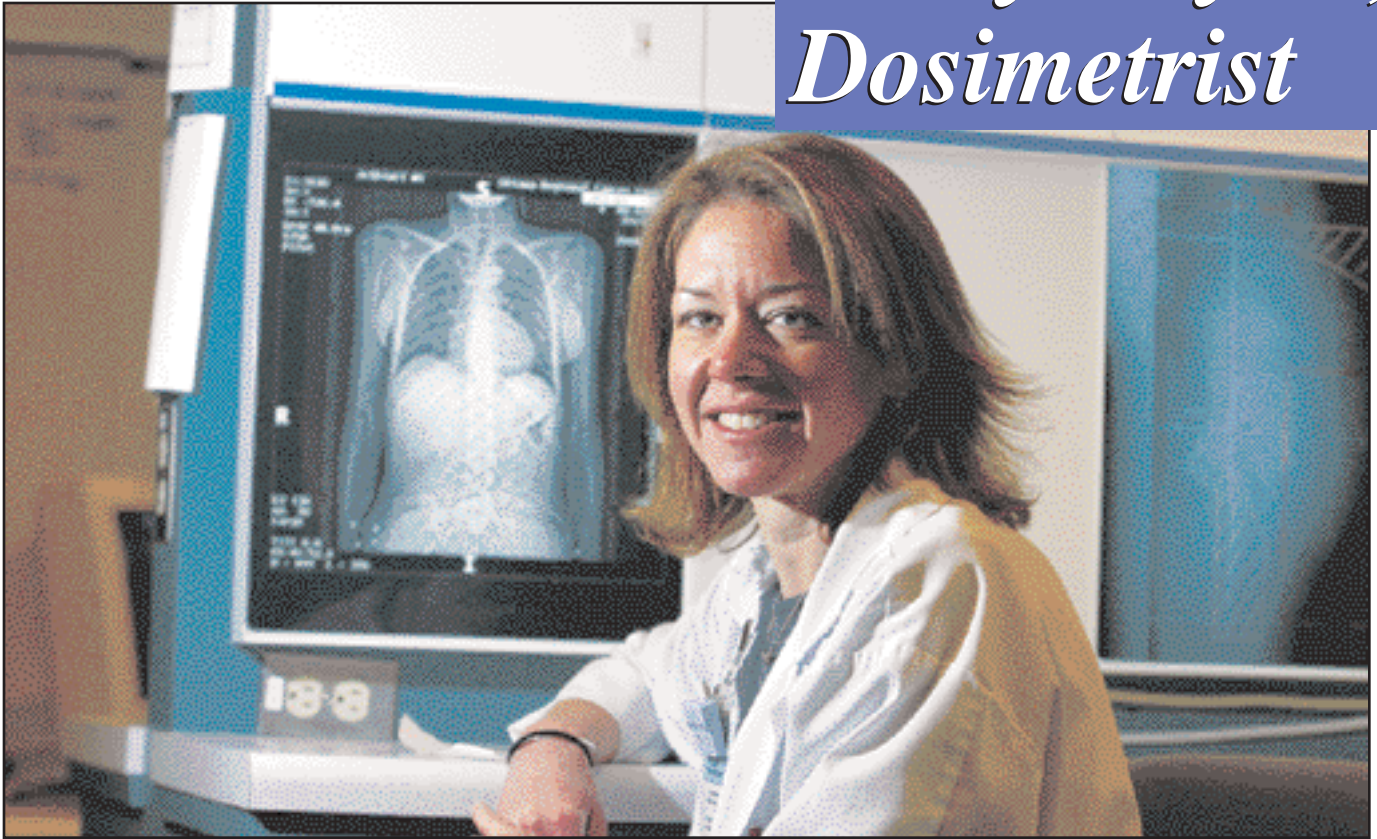
Now that the smoke-free bylaws are in place, it is time to turn from tobacco protection to tobacco prevention — a challenge this community clearly wants to tackle.



Dr. Robert Cushman

Focus on care providers:

Cathy Kayser, Dosimetrist



— Patrick Doyle, Ottawa Citizen

Dosimetrist Cathy Kayser determines how much radiation will be delivered to a tumour site.

By Gail Macartney

As a medical dosimetrist, Cathy Kayser is intimately involved in radiation therapy treatment planning.

She determines how much radiation will be delivered to a tumour site, and under the supervision of a medical physicist, she calculates and generates radiation dose distributions that follow the radiation oncologist's treatment plan.

Medical dosimetrists like Cathy use their knowledge of physics, anatomy and radiobiology to design optimal treatments that target the tumour while sparing the healthy tissue around it.

An employee of the Ottawa Regional Cancer Centre since 1986, Cathy Kayser started her career as a radiation therapist in upstate New York. A graduate of the University of Vermont in 1984, she has been a dosimetrist for the past eight years and last year completed the American certification.

Dosimetrists usually start their career as a radiation therapist, a key member of the cancer treatment team. Radiation therapists administer prescribed doses of radiation to a patient's body to treat cancer and other diseases.

When the radiation strikes human tissue, it produces highly energized ions that destroy the nucleus of malignant tumour cells by damaging their DNA.

Radiation therapists are highly skilled medical specialists educated in physics, radiation safety, patient anatomy and patient care. They typically see their patients three to five days a week throughout a four- to seven-week treatment plan. Radiation therapists counsel the patient regarding side effects and monitor the patient's physical and psychological well being during the entire course of treatment.

Like other types of healthcare providers, there is always a demand for qualified personnel in radiation therapy. Although careers in radiation

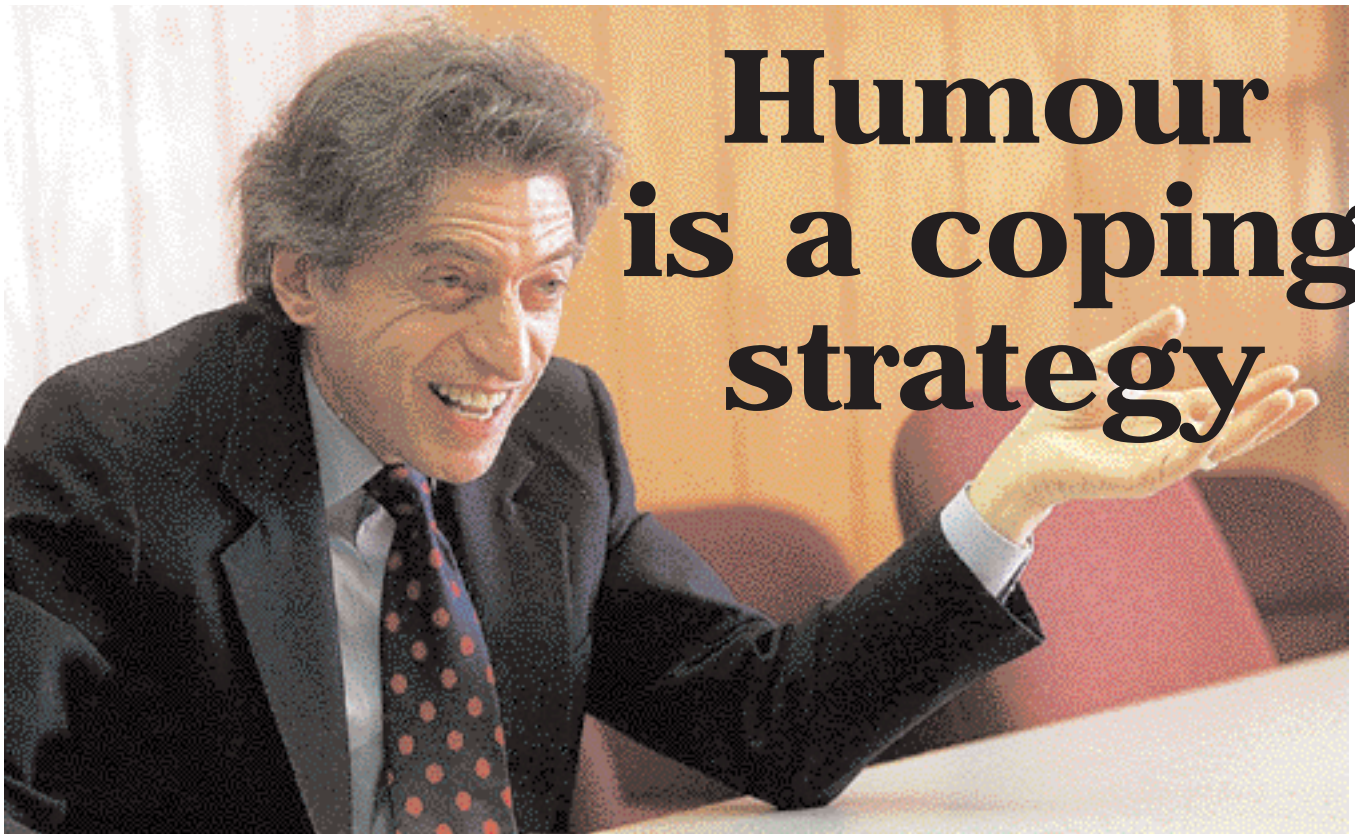
therapy can be intense and demanding, they are financially rewarding.

The training requirements to become a radiation therapist have recently been standardized to include a four-year Bachelor of Science, followed by a two-year training program. New and exciting techniques and more highly sophisticated types of equipment are continually being introduced, so therapists need to be able to adapt to change.

"Dosimetrists need to be able to pay close attention to detail," says Cathy, who enjoys running, sailing and spending time with her three children, aged seven, 13 and 15.

"Critical thinking and problem solving skills are also key assets," she says. "Dosimetrists have to like technology and feel comfortable with computers."

Gail Macartney, RN, is an Education Coordinator at the Ottawa Regional Cancer Centre.



– Ottawa Citizen photo

Humour is a coping strategy

Robert Buckman's own experience with serious illness taught him the right way to interact with patients.

Communication is the most important thing in life.

By Louise Rachlis

While humour is extremely important to keep your audience awake on a chill Thursday night, says Dr. Robert Buckman, it's not necessarily the answer in a doctor-patient illness discussion.

"I'm not a believer in the Patch Adams approach," said Dr. Buckman, who was speaking in Ottawa last fall in recognition of Mental Illness Awareness Week. "Putting on a red nose will not change their mood," he says, "unless perhaps they are a child."

A medical oncologist, Dr. Buckman is a researcher, author and television host. He hasn't just delivered bad news. He's received it as well. More than 20 years ago, he developed an autoimmune disease called dermatomyositis, similar to rheumatoid arthritis. The experience taught him lessons

Keeping Spirits Up



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

He says "humour should not be imposed on people. At the time, nothing is funny." Rather, humour is a coping strategy, "you use it to draw a frame around something that is hurting."

However, if the patient starts the beginning of humour, he says he will respond to that "but I will never inflict a joke on a patient."

He closed with an anecdote from one of his breast cancer patients: "One day she told me 'I was swimming with my friend, and my false fell out and was floating towards the shallow end while I was swimming in

the deep end. 'Oh, there it goes, doing the breast stroke on its own,' she told her. She was doing a brilliant coping strategy."

For most of his discussion, he stressed the importance of communication – doctor/patient and in life. "It's all you are left with eventually ... communication is what defines us."

He says that communication skills help "both ourselves and the other party. The important thing is to acknowledge the other person and to share emotions," he says, describing his own family as "the emotional equivalent of tone deaf. The English have emotional constipation, like Basil Fawlty. I'm learning still."

He has learned a lot from his own illness. "When I was sick for two years, I was quite surprised that I didn't fall apart. I got braver, and what happened was I no longer feared I would disintegrate. What matters is that ability for people to say what they're feeling and not run away."

He uses the "CLASS" technique, the basis of all communications skills – context, listening skills, acknowledgement, strategy and summary. "Summarize the main areas you've

discussed in a few sentences, ask if there are any major issues not yet discussed, and close with a clear contract for the contact.”

It’s important in communication, he says, to get the setting right. “You’ve got to get your eyes on the same level, and your body buffer zone right.”

Silence and repetition are vital for good communication because “repetition means lesson received.”

“The important thing is to acknowledge the other person and to share emotions.”

— Dr. Robert Buckman

Acknowledgement and addressing emotions is a technique. “It’s not about feeling the emotion yourself. You have to identify the emotion – such as anger, shock, fear, anxiety, and disbelief; identify the source of the emotion, and make a response that

shows you’ve made a connection between the first two.” The cause of the emotion is usually ‘hearing the news’ rather than the news itself.

An empathic response is difficult for physicians, and they sometimes have to memorize a response to the emotion such as “This must be awful for you.”

In all therapeutic interviews, you need to arrive at some sort of strategy, he says. “There is an onus on the physician to do something.”

Finally, you must summarize. “Always try and summarize what you talked about. Make it clear who does what.”

For further information on the subject from Dr. Buckman, you can read *How to Break Bad News* (University of Toronto Press) and on the CD-ROM (*A Practical Guide to Communication Skills in Clinical Practice.*) All information is available from the Web site at www.dr buckman.com.



Dr. Buckman's books

Several of Dr. Buckman’s books are in the Beattie Library, including *How to Break Bad News* in book form in English and French and on video. There is also a five-part video set on *Communication Skills in Clinical Practice* and a two-part CD-ROM, *A Practical Guide to Communication Skills in Clinical Practice.*

In the Ninon Bourque Patient Library, they have *What You Really Need to Know About Cancer* which has information on patient/doctor communication, and *I Don’t Know What to Say* to help family and friends communicate with loved ones who are seriously ill.



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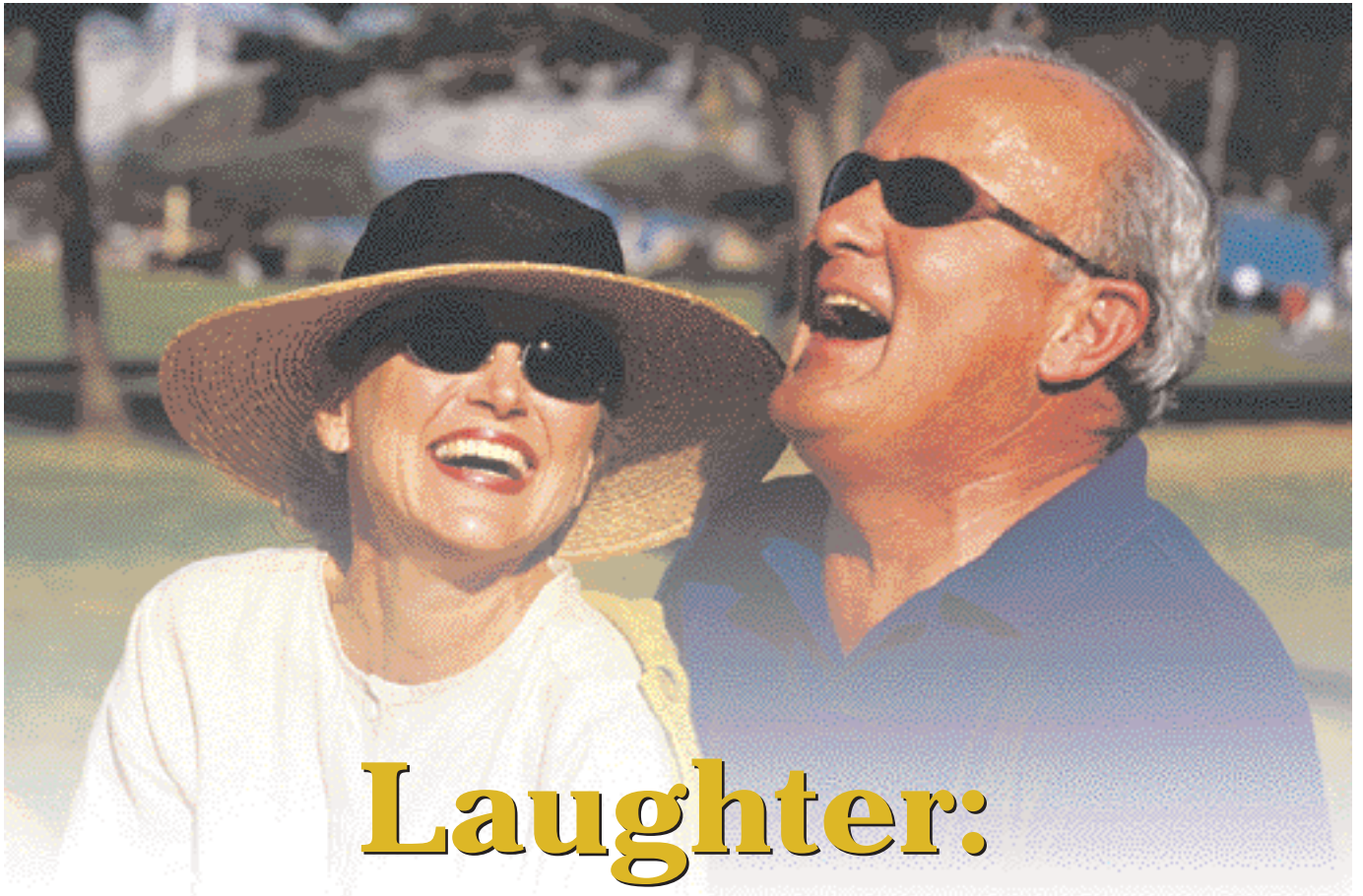
Volunteers Needed for a Study of the Effects of Chemotherapy on Memory and Other Mental Functions

Some recent studies suggest that problems with memory and other mental functions are quite common among breast cancer patients who receive chemotherapy. We are conducting a study to further examine the effects of chemotherapy on mental functions. This study has been approved by the The Ottawa Hospital Research Ethics Board. We are looking for participants who:

- Have had a recent diagnosis of breast cancer
- Will be receiving chemotherapy, tamoxifen, or no further cancer treatment
- Who, if to receive chemotherapy, have not yet begun treatment
- Who are between the ages of 50 and 60

If you meet these criteria and are interested in finding out more about the study, please call:

798-5555, extension 1-3456



Laughter: A conscious choice

By Dawn Brown

I learned about the importance of laughter many years ago.

The summer after my last year of high school, I was working as a nurse's aide to save money for university. I worked on a floor where the patients were quite ill. Nevertheless, much laughter could be heard among the staff and between the nursing staff and the patients. I looked forward to going to work, and I never really noticed that the work was demanding. Most of the patients were bedridden, and so we were constantly on the go. The next summer, I asked to go back to that same floor. Nothing had changed. The head nurse still had a wild sense of humour, life was fun, and time flew.

Occasionally, I'd return from time off to find that a patient was no longer there. Obviously they had gone home. One day, the nurse working with me on my shift told me that my patient

would be gone by the afternoon. Puzzled, I asked, "Where?" (She seemed too ill to leave.) My co-worker replied that the woman was dying fast.

Shocked, I said that I didn't know that she was dying. The nurse then replied that of course the patient was dying; all of the patients were dying. I suddenly realized that all of the patients that I thought had left for home had died.

Shaken, I went to the head nurse for confirmation. She explained that my floor was for terminal cases, and hadn't I realized that?

No, I hadn't. So much laughter. So many jokes. Everyone having a good time. Somehow it didn't seem right for life to carry on – for us to be enjoying ourselves while others were dying. Another nurse then pointed out that if we didn't laugh, we'd be in bad shape. Someone else added that without the laughter she'd be talking to herself.

I lasted only a couple more days

after that patient died. At that point, I went to the nursing office and asked for a different floor.

In my new location, the patients could help themselves. They had friends and family visiting; they didn't need nurses to come by and joke with them. The camaraderie and laughter didn't exist there. Everything was impersonal and businesslike. It was made clear to me that laughter was considered unprofessional. We had a job to do, and we were to do it. I floated to another floor, and the mood was the same.

After two weeks, I asked to go back to my old floor. I had grown up a great deal during that fortnight. I had learned that there were ways of dying even as life appeared to continue, and that more vitality could be found on a floor where patients went to die.

I also learned that laughter is a choice. I could use it to make heavy work seem light, and to make the day pass quickly.

Laughter overcomes the harshest of working conditions. It enriches the spirit. Poverty of spirit robs us of the ability to laugh. Laughter is a powerful tool in helping us to shift our perceptions.

Years later, I had a review of this important lesson. I took a workshop with neurolinguistic programming therapist Scout Lee. She told a story about a client who had depression and was suicidal. This client had grown up in a restrictive home with many rules. One rule was no jumping on the bed. Scout's approach to therapy was quite unconventional. She invited the client to come to her home, where they started jumping on the bed. Higher and higher they bounced, and soon much laughter broke out. At that point, Scout turned to the client and asked if she still felt like killing herself. I think that we all know how the client answered Scout's question.

Much has been written about the healing power of laughter. The power it has to heal the mind can also be felt in the body. Norman Cousins' choice of laughter therapy for himself when he was diagnosed with a life-threatening illness is well known. According to psychologist Lauren Woodhouse, after a good laugh you can do anything with anyone and never get sick!

Laughter has the power to create the shifts that allow us to see options and possibilities where we previously saw only barriers. With our permission, laughter can be the vehicle that helps us to find release from the build-up of "stuff" in our lives. It creates a flow of energy that can downgrade the storm of a crisis to a drizzle, thus freeing us to take action. But it is up to us to consciously create opportunities to welcome laughter into our lives. In doing so, we say yes to life.

Dawn Brown, author of *That Perception Thing!* and a professional speaker, is Director of Student Life Services at Carleton University, and *Energy Medicine's On the Couch* columnist. Dawn's Web site is www.perceptionshift.com. *Energy Medicine* is a mind/body medicine magazine that publishes 10 times a year, at www.energymedicineonline.com.



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One Woman's Choice: 'I became whole once more'

By Linda MacDonald

Today, I am writing this article as a whole, happy woman and I would like to share my experience.

Four years ago, I underwent a full mastectomy for the removal of cancer cells in my breast.

I healed well physically; emotionally it was more difficult. The cancer was gone, I put on a happy face and went about life, going back to work, continuing with the sports I loved, and even joined Breast Cancer Action's Dragonboat team in the spring of 1999 – seven months after my surgery.

I was wowed by the women on the team and considered myself very lucky as most of the women had endured more challenges than I had undertaken.

As the days wore on facing the mastectomy scar and dealing with the external prosthesis began to impact on me. I became cognizant of the fact that I was unhappy at the prospect of facing the rest of my life with the amputation.

Last year I had a life transforming experience when I decided to have my breast reconstructed and became whole once more.

During a spring visit in May of 2001, my oncologist mentioned reconstruction surgery. He suggested I meet with Dr. Nicholas Guay, a plastic surgeon, to discuss my options. I had no great expectations going into the meeting with Dr. Guay.

I had previously researched the Pedicled TRAM flap procedure where tissues from the abdomen are pushed up to the chest to reconstruct the breast. I was not sure at that time if I wanted to go through with that particular procedure. The loss of abdominal function and the recovery time were my greatest concerns.

Dr. Guay introduced me to a new procedure – the free flap method of



Linda MacDonald

TRAM reconstruction where little abdominal muscle is sacrificed and recovery time is expected to be shorter. I left his office ready to sign up for the surgery.

As a bonus, one of his recent patients lived in my area and his office offered to call her and ask if I could contact her. Karen was fortunate enough to have her reconstruction at the same time as her mastectomy. Karen and I met a short time later and any remaining worries and fears around the surgery disappeared. I was pleased by the results of her reconstructed breast and the scar at her donor site. She also praised the care she received from Dr. Guay.

I knew it was the right thing for me to do.

On September 13, 2001, Dr. Guay performed the free flap method of TRAM reconstruction. He detached my abdominal tissue (I have a scar from one side of my stomach to the other and a nice tummy tuck) and moved it to my chest, then reattached it to vessels in the underarm using microsurgery. With the free flap procedure surgeons can also use tissue from the buttock or thigh.

The new breast is similar in shape and size to my other. It feels like part of me as I have full feeling and blood supply going through it. I am very pleased with the surgery, even though it was long. The recovery time was also significant and challenging.

As the women on BCA's Dragonboat team can attest I have become an advocate for breast reconstruction. Two-and-a-half weeks after my surgery, I showed up at Dows Lake. The team was on shore warming up before their water practice. I went running over to tell them about my surgery and as they gathered around me I flashed my new breast and tummy tuck.

I believe women have the right to elect reconstruction surgery in a timely manner.

How you feel about your breast is a very personal thing. Every individual has her own preference, and every woman should choose what is best for her.

Indeed, women diagnosed with breast cancer these days can make that choice. Twenty years ago, reconstructive surgery after a mastectomy was much less common. The surgical techniques are now more evolved and sophisticated.

Whether a woman opts for breast reconstruction or not, the idea that she has a true choice can be comforting.

The primary care objective in the treatment of cancer is the surgical removal of the malignancy. Sometimes the whole breast must be removed to eliminate the malignancy, and the shock of losing a body part is psychologically challenging. Most women I have talked to look at reconstruction as something positive to focus on.

It's about making the body whole again. My mastectomy scar was a constant reminder of the past. My reconstruction surgery has given me optimism along with an increased commitment to health and fitness.

A comparison of breast reconstruction methods

	Implant/Expander	Pedicled TRAM	Free TRAM
Surgery	1 or 2 shorter procedure(s) multiple visits for expansion, usually secondary surgery required 5-10 years later	One longer procedure (3-5 hours) Permanent reconstruction	One longer procedure (5-7 hours) Permanent reconstruction
General Anesthesia	Yes	Yes	Yes
Hospitalization	1-2 days Plus or minus mastectomy	4-5 days Plus or minus mastectomy	4-5 days Plus or minus mastectomy
Recovery	2-3 weeks, multiple visits for expansion	8-10 weeks, more discomfort than Free TRAM	6-8 weeks
Scars	Mastectomy scar only	Mastectomy and donor sites (tummy tuck) and distortion between both sites	Mastectomy and donor sites (tummy tuck)
Shape and Consistency	No natural sag; flat across the front; may be firm	Very natural shape; soft	Very natural shape; soft
Opposite Breast	Changes usually needed (breast lift or reduction)	Fewer changes needed (breast lift or reduction)	Fewer changes needed (breast lift or reduction)
Occasional Problems	Breast hardening distorting shape of breast, 40% chance at four years, cause for secondary procedure	Abdominal weakness or bulge, 20% chance of partial flap loss or hardening	Less abdominal weakness with Free TRAM. 1-2% chance of flap loss or hardening

Learning about the options for reconstruction can help women feel a sense of control over their bodies; no matter what decision they make.

Most women who undergo a mastectomy are candidates for breast reconstruction surgery. Depending on their diagnosis and treatment schedule, they may begin reconstruction at the same time as the mastectomy surgery, or it may be done at a later date. If you have had radiation therapy to the breast or if you are scheduled to have it after mastectomy, this can limit the type of reconstruction that is available to you.

What is right for you?

When it comes to breast reconstruction, there is no one size fits all procedure. If you feel you want to undergo the procedure, it is important to discuss the options with your breast cancer surgeon and consult with a plastic surgeon before any treatment begins.

Find a doctor who makes you feel comfortable and gives you the time to consider your options and make your

decision. Doctors can rebuild a breast using either artificial implants (fluid-filled sacs inserted beneath the skin and chest muscle), or with your own body tissue. Each method has its pros and cons.

The best method of reconstruction for you depends on a number of factors: the clinical grading of the cancer, the size and shape of your breasts, the amount of body tissue you have in potential "donor" sites (the abdomen or buttocks, for instance), whether or not you have had, or will have, radiation therapy, your personal health and the amount of time you can afford for recovery.

According to statistics we received from Dr. Guay, he is seeing an average of 15 breast reconstruction patients a month and estimated waiting times are close to two years.

Based on this information, women who choose surgery to feel better about themselves will not in the future be provided with their choice of reconstruction in a reasonable length of time. Furthermore it will become

more difficult for women to choose breast reconstruction at the same time as their mastectomy surgery.

Since the beginning of Dr. Guay's practice at the Ottawa Hospital two years ago, his office has clearly prioritized the tertiary care of women with breast cancer.

It is clearly frustrating for Dr. Guay and his patients that cutbacks to the health care system are limiting choices and prolonging the state of emotional uncertainty for his breast cancer patients. To show his concern I will quote him: "These delays are intolerable in a centre of excellence for breast cancer treatment. More in-patient operative time is urgently required."

Looking like and feeling myself again was not just important to me. It also had a positive effect on the people around me. Breast reconstruction has helped me keep a positive attitude about life. I consider myself very lucky to have been lightly touched by the big "C."



Ottawa Regional Cancer Centre Foundation

Courage Campaign launch in May

It's all about courage.

Courage Campaign co-chair Merle Nicholds describes the concept behind the ORCC Courage Campaign as "the staff, the patients, the families, the volunteers, who get involved in the fight against cancer. It's all about their courage. Fighting cancer for life is our theme."

The former Kanata mayor is delighted to be co-chair with Rabbi Reuven Bulka of the Ottawa Regional Cancer Centre campaign.

"The Courage Campaign is raising \$16 million for capital expansion of the Cancer Centre," she says, "and it's absolutely critical that we expand. A master study of need has found that if new capacity is not operational by 2007, about 500 patients a year would have to be treated outside this region. The ORCC is the only provider of services in Eastern Ontario and demand will far outstrip capacity."



Merle Nicholds
Co-chair,
ORCC Courage
Campaign



Rabbi Reuven Bulka
Co-chair,
ORCC Courage
Campaign

"And what's part of this as well is improving the service to cancer patients. The expansion would consolidate services at the General site."

Ms. Nicholds came on board a little over a year ago. "For me personally, I have had a lot of family members who have had cancer; my father and my sister both died of cancer," she says. "There is a history of colon cancer in both my and my husband's family."

I have a personal interest in doing something for cancer service, and I was very, very impressed with everyone at the Cancer Centre and was excited about the opportunity to work with such terrific people."

She says for her it's a "driving passion" to make a contribution to the community. "When I had an opportunity to find out what the Cancer Centre is already contributing, I was so excited. It was a real fit for me. I was thrilled to have a chance to work with Rabbi Bulka as well."

The public launch of the campaign will be held in May. "We're already busy recruiting campaign volunteers. We've got a great team out there talking to potential donors, and the response we're getting is very positive."

To help or donate, please call the campaign office at 247-3527.

ORCC Foundation 2003 Fundraising Events

3rd Annual

Fay Bisailon Memorial Dinner

Friday, March 28th, in the Clark Memorial Hall at the RA Centre of Ottawa, 2451 Riverside Drive, Dinner starts at 6:00 p.m. For tickets please contact the Ottawa Regional Cancer Centre Foundation at 247-3527.

An Evening with Abigail (Silent and Live Auction)

Wednesday, April 10th, at the Canadian Museum of Nature. For tickets or information please contact at 721-7061 or email at info@abigailshq.com. For a sneak preview of this year's auction items visit www.abigailshq.com.

2nd Annual

Celebration of Life Fashion Show

Tuesday, April 15th, at Lida Boutique Inc., 112 Parent Ave., from 5:30 p.m. to 8:00 p.m. For tickets call Lida Boutique Inc. at 241-4111.

3rd Annual

Colonial Motorcycle Ride for Dad

Saturday, May 24th. For information on the route and registration visit www.motorcycleridefordad.org or call Garry Janz at 253-0818.

Challenger's Softball Tournament

Sunday, June 1st, at Hampton Park Baseball Diamond. For information on registration please contact Ellen Fathi at 828-2838.

3rd Annual

ORCCF Meadows Golf Classic

Monday, June 2, 2003 at the Meadows Golf and Country, 4335 Hawthorne Road. For information please call Annie Parker, ORCC Foundation at 247-3527 ext. 6867

Lindsay Service 3rd Annual Charity Golf Tournament in Aid of Brain Tumour Research

Friday, June 6th. For more information on registration, contact John Service at 761-3906.

CS CO-OP "Do it for Dad" Run and Family Walk

Chasing a Cure for Prostate Cancer. We need you at the starting line on Sunday, June 15th, at Carleton University

Anniversary Park. For more information or to register visit www.cscoop.ca or call 560-0100 ext. 6421.

The Rotary Club of Ottawa South, Charity Golf Day

Monday, June 16th, at the Ottawa Hunt and Golf Club, 1 Hunt Club Road. For information please call Bernie Igmundson at 822-1064.

Quest for a Cure Adventure Race

Friday, June 20th to Sunday, June 22nd. This 50-hour race will take place in the National Capital Region. For more information please contact Jim Andrews at 825-6218 or by email at firesq@sympatico.ca or visit www.questforacure.ca

Brockville Prostate Cancer Research Tournament

The tournament will take place in August. For more information please call Cathy Hamilton at (613) 342-7883.

The Ottawa Regional Cancer Centre Foundation announces the resignation of Linda McGreevy from her position as Director of the Courage Campaign. Prior to this, Linda served as Executive Director of the Foundation. The Board and staff of the ORCCF wish Linda every success in her new pursuits.

Needs of the patient are first and foremost

*A Message
from
Gary Seveny,
Chair,
ORCCF Board
of Directors*



If you aren't one of the more than 18,000 patients who walk through our doors each year, chances are, someone close to you is.

On the heels of our most successful Telethon ever, it is evident that cancer has touched each and every one of us.

The letters we receive at the Foundation office on a daily basis provide a constant reminder of the miracles being performed here every day, but they also remind us of the work that remains to be done.

Whether it's in the research lab under the watchful eye of Dr. McBurney, in the treatment unit where a smiling nurse administers chemotherapy, or perhaps in the clinic modules where stories of personal triumphs are heard, one thing is evident: the needs of the patient are always first and foremost.

The Cancer Centre Foundation's Board of Directors are committed to increasing the vital fundraising

support for cancer services in our community and keeping you, the public, informed on how your donation makes a difference.

It is with great pleasure that I welcome Bonnie Johnson to the dedicated Foundation team as the new Interim Executive Director. Bonnie brings with her a wealth of experience in managing non-government organizations and not-for-profits. A former nurse and advocate for women's issues, the Board is confident that, with Bonnie at the helm, the Foundation will continue to thrive and in turn so will patient services and research at the Cancer Centre.

Cancer Foundation Board of Directors

Governed by the Cancer Centre Foundation Board of Directors, the Foundation works tirelessly to provide funding for the continued advancement of cancer treatment and research at the Ottawa Regional Cancer Centre.

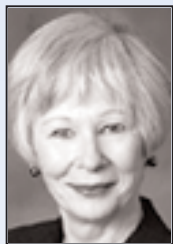
All money raised remains within the community to improve patient services, purchase new equipment, provide educational

opportunities for both patients and staff, and for the development of new cancer treatment and research initiatives.

Each Board member brings a wealth of expertise, dedication and commitment to the Foundation and, in turn, to our community. A special thank you goes to each member of the Board of Directors of the Ottawa Regional Cancer Centre Foundation.



Gary Seveny
Chair
CS CO-OP



Janie Randolph
Vice Chair
Canada Post



Veronica Engelberts
Past Chair
Vector Media



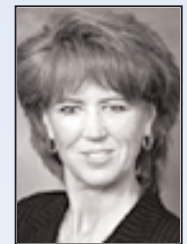
Michel de Champlain
Treasurer
The Meadows Golf Club



Rabbi Reuven P. Bulka
Congregation
Machizikei Hadas



Walter Robinson
Canadian Taxpayers
Federation



Brenda Lawson
Ottawa Police
Association



Jamie Milner
Regional General
Manager, Enbridge



Louise Labuda
Marketing
Consultant



Tracey Lyle
Huckabone, Shaw,
O'Brien and Instance



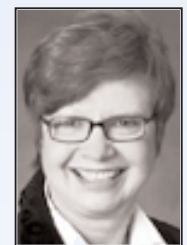
Mark Siegel
Gowling, Lafleur
Henderson, LLP



Dr. Hartley Stern
CEO,
ORCC



Margaret Miller
Manager, Financial
Services, ORCC



Bonnie Johnson
Interim Executive
Director, ORCCF

Caring community responds to a great cause

It was the most successful Cancer Centre Telethon in our history.

As St. Laurent Centre played host last January 12th, the community answered the Cancer Centre's appeal and donated over \$1.6 million for

local cancer treatment and research programs. The seven-hour broadcast aired live on The New RO.

The Ottawa Regional Cancer Centre is a world-renowned facility, offering the best treatment techniques

available in the country, with a research centre considered among the best in the world.

Thanks to all those who contributed to making this year's Telethon a resounding success.

Stem cell research holds enormous potential benefit for developing new therapeutic strategies to combat disease

By Dr. Michael McBurney

The term “stem cells” has entered the lexicon of the popular press recently in connection with debate weighing certain ethical issues against potential medical benefits.

On the one side of the ledger are scientists and physicians claiming that stem cells hold the key to future treatments for all manner of afflictions including diabetes, heart disease and neurodegenerative conditions.

Curiously, cancer is usually omitted from the discussion of potential therapeutic benefits from stem cell research. This is unfortunate because stem cell therapies are already part of the arsenal that have been widely deployed in the battle against cancer.

Certain leukemias and myelomas are routinely treated by bone marrow transplantation, a stem cell therapy that has been an effective cancer treatment for more than 20 years.

So what are stem cells and why all the interest? The body consists of billions of cells but only very few are called stem cells. The stem cells of any particular tissue are those from which all other cells of that tissue are derived.

The stem cells are thought to be a reservoir able to replace the cells of an adult organ or tissue as they naturally die and require replacing.

For example, all of the cells comprising the blood are descendents of a small number of stem cells that normally reside in the marrow of our



large bones. These so-called hematopoietic stem cells were discovered in the 1960s by Toronto scientists Drs. Jim Till and Ernest McCulloch. Researchers in Toronto and throughout the world showed that the small number of bone marrow derived hematopoietic stem cells can be transplanted from one person into another where they reproduce rapidly and reconstitute the entire blood system. Patients with leukemias are treated with very high doses of cytotoxic drugs and irradiation to destroy both their normal and malignant blood system which is then reconstituted from the hematopoietic stem cells from a healthy donor.

Stem cells are now thought to exist in most other tissues and organs and one line of research aims to use these so-called adult stem cells to reconstitute degenerating organs. One can easily imagine the benefits of regenerating a healthy pancreas in an individual with diabetes.

Although stem cells remain dormant most of the time, one of their characteristics is the ability to proliferate or self renew more or less indefinitely when needed. Indefinite proliferation is a characteristic shared with cancer cells. One line of thinking suggests that cancer cells in fact arise from stem cells.

The body goes to a great deal of ef-

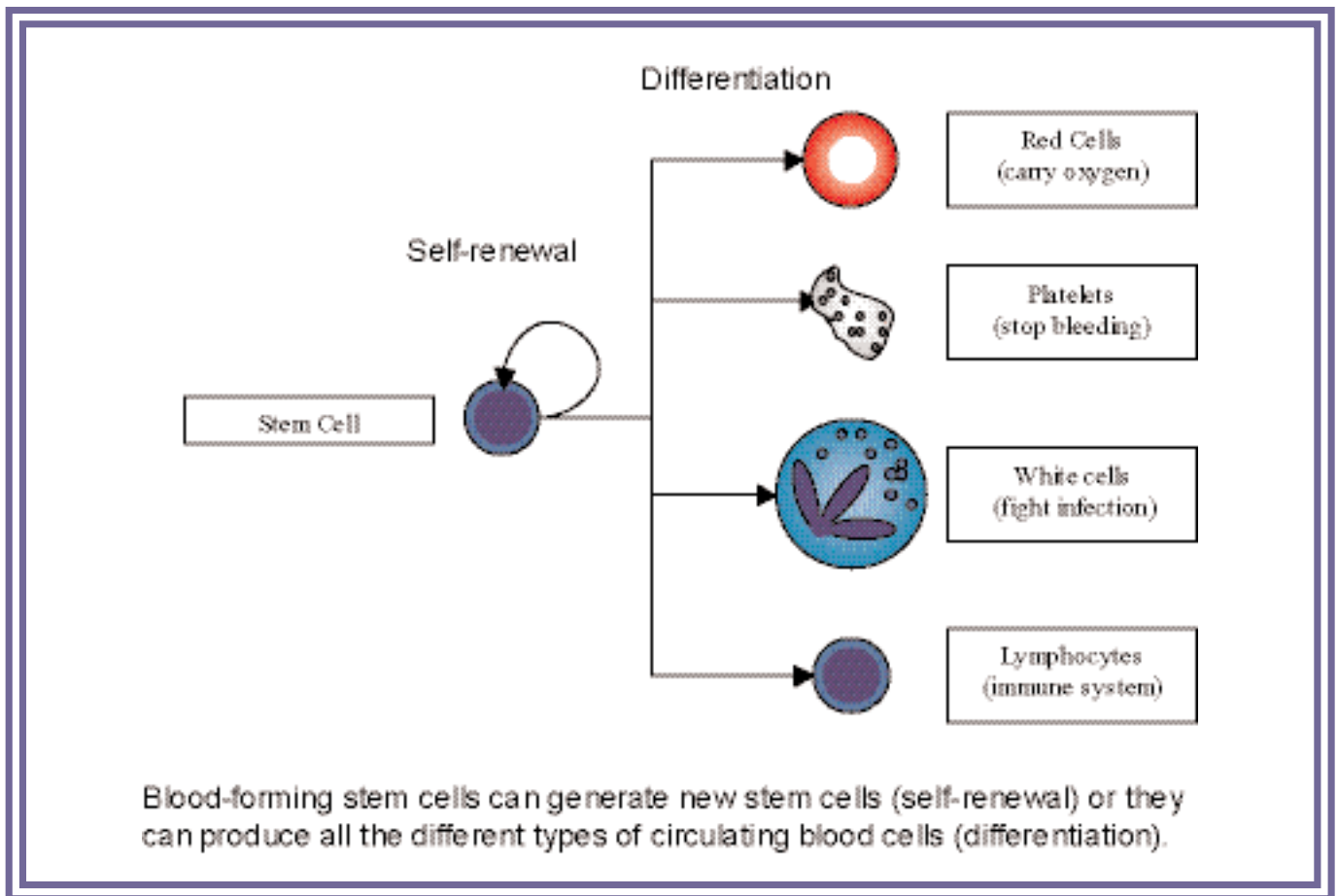
fort to protect stem cells from the kind of genetic damage that gives rise to cancer, however the realization that only a small proportion of the body cells are at risk for cancer development may be useful in establishing effective strategies for cancer prevention.

One can imagine, for example, that were we able to specifically target the stem cells in the mammary and prostate glands of older women and men, we might be able to destroy them before they develop into cancer.

At this stage we do not yet know how to recognize stem cells in most tissues, but the methods of modern biology are being focused upon this population of cells and it seems likely that their characteristics will become evident within the next several years. This information may allow us to develop new drugs or strategies to target the stem cells of specific tissues.

Another line of inquiry has suggested that cancers owe their existence to their own stem cell population. The first evidence for cancer stem cells was made in the 1960s by a Canadian scientist, Dr. Barry Pierce, working in Colorado. Dr. Pierce was studying tumours of the testes and ovary called teratocarcinomas. He found that only a small proportion of the cells in the tumour were replicating and that these were responsible for the malignant nature of the tumour.

When this stem cell population stops growing, which can happen spontaneously, the tumour stops enlarging and becomes benign. Teratocarcinomas readily respond to chemotherapeutic agents perhaps be-



- chart designed by Dr. Harry Atkins

cause of only a small proportion of their cells, the stem cells, need to be killed in order to control the tumour.

The stem cells of teratocarcinomas are remarkably similar to cells present in very early embryos. They are capable of rapid growth and of developing into all of the tissues of our body. It is possible to recover embryonic stem cells directly from the embryos of a variety of mammals including humans, and this is the source of the current controversy and legislation before the Canadian parliament.

To isolate these embryonic stem cells the embryo must be destroyed.

Once established in cell culture however, embryonic stem cells are capable of unlimited growth and also able to give rise to all of the cells that normally constitute our bodies. One can imagine that these cells could be manipulated so as to develop into any other cell type that might be degenerating in a diseased tissue. Although these embryonic stem cells have enormous potential for therapeutic benefit to mankind, the tissue and organ restricted adult stem cells may be mobilized for similar purposes.

However, embryonic stem cells are the stem cell type that is most experimentally tractable and they are likely to yield information relevant to all stem cell populations. It seems important, therefore, that we allow our scientists to pursue stem cell research and avoid sweeping legislated impediments aimed at outlawing human cloning. The realization that stem cells exist and our increasing ability to recognize and manipulate these cells holds enormous potential benefit for developing new therapeutic strategies for a variety of human diseases, including cancer.

Making these health benefits materialize is one of the exciting new frontiers of modern biological research.



The body consists of billions of cells but only very few are called stem cells. The stem cells of any particular tissue are those from which all other cells of that tissue are derived.

Dr. Michael McBurney

Dr. Michael McBurney has been working in the area of cancer stem cell research for over 30 years.



Canadian Cancer Society volunteers at the ORCC pleased to make a difference in patients' lives

By Tom Sparling

I find that the volunteers at the Ottawa Regional Cancer Centre can be generally divided into three groups – former patients, family or friends of people who have lived with cancer, and college and university students.

The volunteer team at the ORCC has 110 people who give of themselves weekly, for many different reasons.

One of them, former patient France King, is a new patient volunteer on Wednesday mornings at the General Campus of the ORCC.

“On my own first visit, a CCS volunteer gave me information about the Centre and put me more at ease,” says France, who has been a volunteer since November 2002. “Their presence made that visit a little less stressful ... I became a volunteer myself because I wanted patients to benefit from the support of a volunteer, as I had. I wanted to give something back to the ORCC; to provide more peace of mind to those people who are coming into the Centre.”

France finds volunteering at the ORCC very rewarding. “Each time I am here, I provide information to the new patients and their family, take them on a walking tour of the Centre and do my best to make these people a little less anxious. I really enjoy the interaction with patients, staff and other volunteers. I feel that I am making a contribution to our society.”

She says the volunteer schedule at the Centre fits perfectly into her lifestyle. “The schedule is in three-hour time slots on the same day every week, which makes easy to fit into my regular schedule.”

Typical of the “friends and family” volunteers, Nicole Demers is both a chemotherapy volunteer and the Volunteer Convenor at the General campus. She has been a volunteer at the



New patient volunteer Meghan Cusack at work on her shift.

Part of the Team

ORCC since September 1996. “My best friend made me promise before she passed away, that I would try to help cancer patients by volunteering here at the Cancer Centre,” she says. “I find my volunteer role very rewarding and gratifying. I want to be able to help someone who needs help.

“I need to help people at this point in my life, and this volunteer role allows me to do that and the time commitment is manageable.”

University student Alison Wong is a volunteer at the Maurice Grimes Lodge at the Civic site, and one of the regular volunteers who provides our Thursday evening Movie program. Alison has been with us since June 2002.

“I have always tried to find an opportunity to make a difference,” says

Alison. “I find volunteering brings great enjoyment to me. I love meeting different people, and to see the inner strength that the patients who stay at the Lodge display helps me be a stronger person.”

It’s the “sense of making a difference,” she says. “Helping others helps me to focus on what’s important in life. As well, volunteering at the Lodge takes away my own stress from being at university. Volunteering is very important to me; a very high priority.”

While the reasons to ‘serve’ are many and varied, one thing is certain. We have patients, friends and family who have greatly benefited from the effort and energy of the Centre volunteers. And we will have more people to help and support tomorrow.

Tom Sparling is Canadian Cancer Society Volunteer Resources Coordinator at the ORCC. To discuss volunteering, please call him at 737-7700 ext. 6054 or 6480.



The best medicine: Using humour to cope with cancer

A selection of books from the Ninon Bourque Patient Resource Library

By Christine Penn

Laughter, humour – when I found out that this was a theme of this issue of *Challenge*, I didn't expect to find many resources in our library.

However, as I read more, I realize that humour goes beyond jokes and funny stories. Laughter can relieve tension, anxiety and anger and, by doing so, can break down barriers to communication. Humour can help us cope with difficult situations and put things in perspective. Humour is, however, a very personal thing and what is funny to one person may not be at all funny to someone else.

If you would like to read more about humour and its healing effects, here are some suggestions:

Anatomy of an Illness as Perceived by the Patient: Reflections on Healing and Regeneration by Norman Cousins.

Written in 1979, this was the first book to promote the healing power of humour. Norman Cousins was diagnosed with ankylosing spondylitis – the disintegration of the connective tissue in the spine, and this is the story of his fight against this disease. He credits laughter with helping with his recovery. Cousins found that ten minutes of laughter had the anesthetic effect of relieving pain and thus helping him sleep. He promotes the partnership of patient and doctor in healing and believes that patients should accept some responsibility for their own healing. Laughter is not a cure for disease, but complements traditional medical treatment, by allowing the patient to take some control in healing.



Healing with Humour: A Laughter First Aid Kit by Catherine Ripplinger Fenwick. (1997)

Catherine Ripplinger Fenwick is a breast cancer survivor and her book is a result of her own experiences. Even so, the information and activities suggested in this book could apply in many difficult situations. The premise of the book is that life offers many crises and opportunities. If we focus our attention on the crises and the negative side of life, more fear and pain will result, but by looking for opportunities, we experience more joy and laughter. While not denying the crisis of cancer and serious illness and the importance of tears and grief, she explores the positive benefits of healthy humour which promotes power, strength and courage. The emphasis in the book is on healthy, supportive humour ("Healthy humour is compassionate and helps us connect with one another") as opposed to hurtful, put-down humour (Blowing out my candle will not make yours burn brighter").

As well as information, there are suggestions for activities, exercises and further reading, all designed to promote taking control and acting on your own behalf. *Healing with Humour* is also available on audio cassette.

Cancer Has its Privileges: Stories of Hope and Laughter by Christine Clifford (2002)

Christine Clifford is also a breast cancer survivor, and founder of the Cancer Club™, which markets humorous products for people with cancer. She has gathered together a collection of stories and poems by many cancer survivors as an inspiration to people coping with cancer and their families. Topics range from "learning to laugh again," "getting by with a little help from my friends," and "and if the end is drawing near." The message of the book is that we may not be able to change our situation (eg. having cancer), but we can do something about the way we deal with the situation – our attitude.

These books are specifically about humour and its healing benefits. We also have many more which deal with the mind-body connection and the benefits of hope and positive attitude when dealing with cancer. Many personal stories of cancer survivors have examples of how humour has helped them to cope.



To borrow any of these books, or to find out more about our patient library, please phone the Ninon Bourque Patient Resource Library at 613-737-7700 ext 6980 or visit us at the General Division of the Ottawa Regional Cancer Centre, Main Floor, 503 Smyth Road, Ottawa. You can also contact us by e-mail at bott@orcc.on.ca.

Bruce Burns: The IRONMAN of the ORCC

By Louise Rachlis

As Dr. Bruce Burns hunches over his microscope at the Civic campus, a steaming coffee at his side, you might think he's just beginning his day.

But in fact, the busy pathologist's day actually began a whole lot earlier.

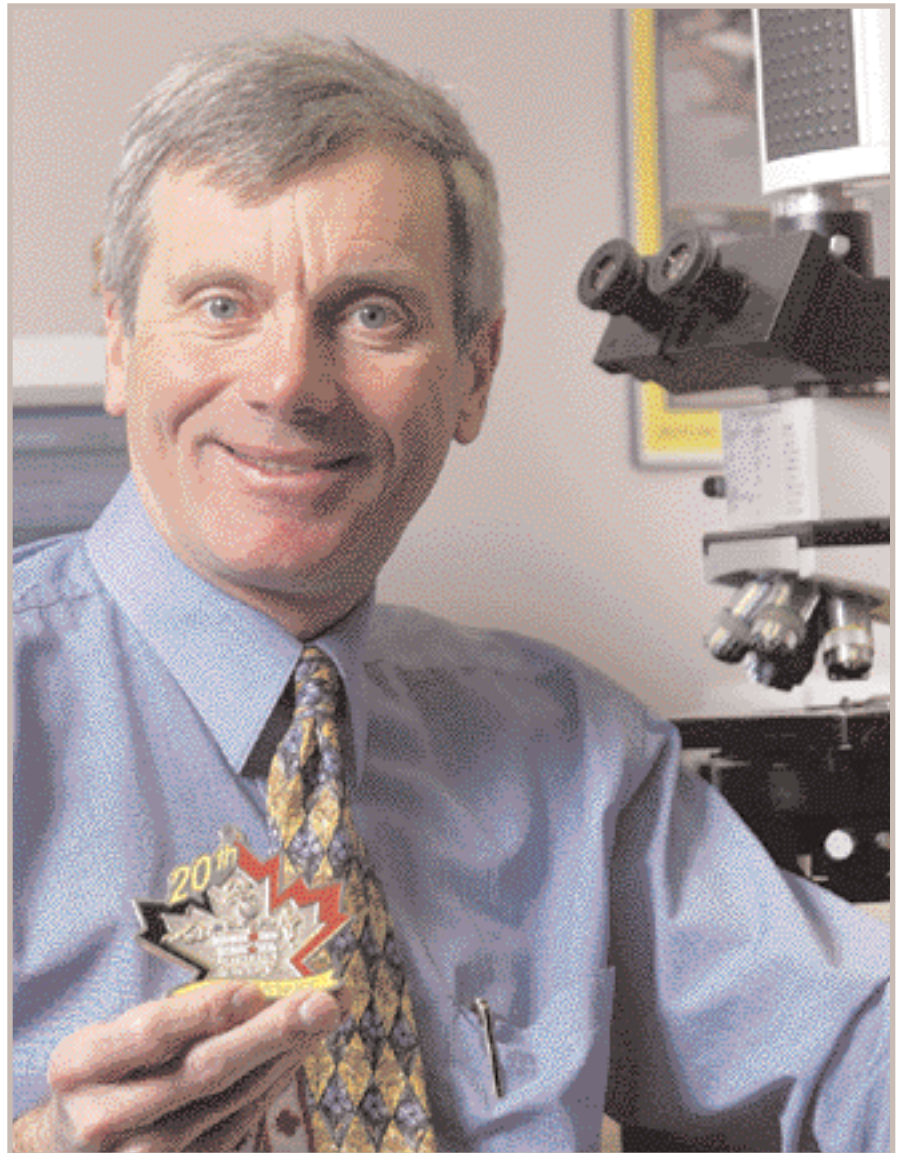
Before work, he often does a 55-kilometer ride on his beloved blue Trek 5200 carbon-fibre bike. "It's the bike model that Lance Armstrong rode when he won the Tour de France in 1999," says Dr. Burns, 50. "Trek came out with a commemorative model."

Ottawa's Dr. Burns is a sports celebrity in his own right. Last August 25th he won his age category – for men 50 to 54 – at the 20th anniversary Ironman Canada, in Penticton, B.C., with over 2,000 competitors and 102 men in his own age group. That Ironman time of 9 hours, 36 minutes qualified him to compete in the prestigious Ironman Hawaii, but he passed on the opportunity. "Hawaii would be an anti-climax for me after Ironman Canada," says the six-foot tall, 160-pound athlete. "To get the third age group record was the really motivating thing for me in that race."

He currently holds the age-group records for men 40-44, 45-49, and now 50-54. That's for a 3.8 km swim, a 180 km bike ride and a 42 km run.

As a competitor, the talented doctor is much admired in the Ottawa triathlon community. "Obviously, aside from being extremely talented, he's beyond disciplined," says fellow triathlete and coach Rick Hellard. "He has an amazing work ethic. Whatever needs to get done gets done. No questions. Most of all, though, he absolutely loves training, and that makes it much easier to do."

"There are two types of athletes," says fellow triathlete Rudy Hollywood, "the gifted and the ones that have to work at it. Bruce is both ...



– Geoff Robins, *Ottawa Citizen*

Medal and microscope: Pathologist Bruce Burns is 'beyond disciplined.'

working with his gift gives him a BIG edge on some of his competitors."

Bruce Burns puts it all in perspective. "In the two previous Ironman times, my main competition was a fellow from Surrey, B.C., who last December I had challenged to try it again," he says. "He had qualified for Ironman Canada in late June, and then had a bicycling accident and is now a paraplegic. He came to watch the August race in his wheelchair. I

was very emotional when I saw him. I thought about that a lot all summer."

Dr. Burns has been a pathologist at the Civic Campus since 1981. About three years ago he became the chief of the anatomical pathology division, doing a mixture of administration and regular surgical pathology, including a lot of cancer diagnosis.

He chose a career in pathology because he really likes microscopy – as

well as a good night's sleep. "I discovered in medical school that sleep deprivation doesn't work well with me," he laughs, "and so I ruled out a life in surgery."

He describes pathology as the interface between the basic medical sciences and clinical medicine.

A specialist in lymphomas, most of the lymphomas in Eastern Ontario come through his office, where cancer diagnosis is made from biopsy materials.

Dr. Burns started competing in triathlons 20 years ago, after enjoying all the sports separately. He grew up in Edmonton and went to University of Alberta for medical school. He moved to Ottawa in 1976.

One of the ways he fits in his triathlon training is that he only gets a parking pass from the hospital for four or five months a year, riding his bike to work the rest of the time. He often incorporates going into the Gatineau Hills in the morning, as an add-on to his commute. He has a va-

riety of other hobbies, including ski mountaineering and hiking, which he enjoys with his wife Claudia and children, Ariel, 21 and Andrew, 19. "I try to incorporate a period in the morning before I get to work to do something – bicycling, swimming at Carleton University, or running," he says, "and I do that every day, all through the year. That's just how I get to work. It's a struggle for me sometimes to do that, but if I make it something for which I virtually don't have any choice, that I get into the habit of doing, it's easier."

He intends to keep on effectively combining work and pleasure. Next November, he hopes to be in Australia on a six-month sabbatical studying skin pathology, particularly melanoma because Australia is the world leader, at a couple of dif-

ferent institutions. "Melanoma is a very tricky diagnosis, both under-diagnosing it and over-diagnosing it, both false positive and false negative. It's a scary diagnosis to make. That's where pathologists lose sleep."

And all that exercise actually makes it easier to do his job. "I get to work after those long bike rides, and I'm just buzzing," he says. "It's the most delightful feeling to have that flush of physical fatigue with mental alertness. It's a delight to sit down at the microscope, tuck into a cinnamon raisin bagel and a cup of coffee. That's heaven."



KUDOS *to our ORCC scientists ...*



Congratulations to
Dr. Barbara Vanderhyden
who received the Faculty of Medicine
Award of Excellence 2002 at the annual
awards presentation in December.



Congratulations to
Dr. Michael McBurney
who was presented with the Queen's
Golden Jubilee Medal. This commemorative
medal was created to celebrate the Queen's
Golden Jubilee as Queen of England and
the Commonwealth; "to provide an
opportunity to look back and recognize
those who made our country great."

*When it Comes to the
Fight Against Cancer ...*

... We've Joined The Fight



*Proud Partners of
The Ottawa Regional Cancer Centre's Research*

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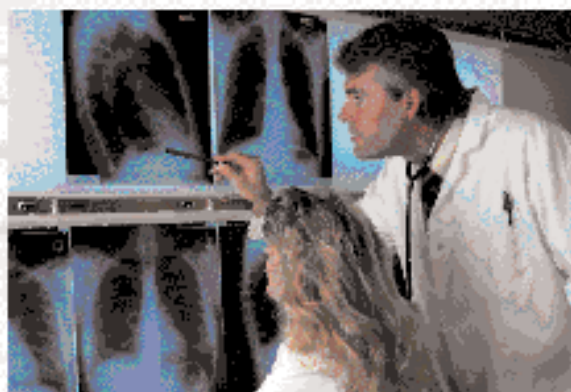
Where community matters... matter!

The measure of success for a local business is in direct proportion to the depth of its community service. This is the philosophy of Today's Colonial Furniture, locally owned and totally committed to leadership in worthwhile community causes.

Last year's Motorcycle Ride for Dad was officially sponsored by Today's Colonial, in conjunction with the Ottawa Citizen, the Ottawa Police Association and the Ottawa Regional Cancer Centre. This event attracted over 900 riders and raised more than \$169,000 in aid of prostate cancer research. Today's Colonial is proud to continue as the Ride for Dad's official sponsor for 2003.

Furthering efforts to cure breast cancer and juvenile diabetes are also important spokes in the wheel of good fortune spun by Colonial's generosity. So is "Dream of a Lifetime", a lottery that raises funds for the CHEO Foundation.

We look forward to many years of continuing to support worthwhile endeavours in the community.



Roar into Action



Ottawa Regional Cancer Centre Foundation representative Caroline Somers and Giant Tiger president Jeff York hold cheque of money raised at the Svend Pederson Memorial Golf Tournament, held September 8th, 2002 at the Cedarhill Golf and Country Club.

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The Lymphoma Support Group lets patients know they aren't alone

The Lymphoma Support Group (LSG) was established in September 2000 to provide lymphoma patients, families and friends in the Ottawa region with support, information, education and networking.

The lymphatic system is a fundamental part of the immune system, helping to protect the body from disease. Lymphomas are cancers of the lymphatic system, and include Hodgkin's disease and various types of Non-Hodgkin's lymphomas (NHL).

More than 7,000 Canadians are diagnosed with lymphomas each year, and lymphomas account for approximately six per cent of all Canadians with cancer.

Hodgkin's accounts for about 11 per cent of all lymphomas and is generally considered one of the more curable cancers. The incidence of the more prevalent forms of lymphomas, Non-Hodgkin's Lymphomas, has been steadily increasing over the past several decades and as of 2002, NHL

Support Group profile The Lymphoma Support Group

have the fifth highest incidence of all newly diagnosed cancers in Canada. Doing something for yourself in addition to undergoing treatment can bring positive changes.

Most cancer patients find enormous benefits from becoming more informed about their particular cancer, its diagnosis, and treatments. Becoming engaged as a member of your own health care team restores some sense of control and well-being.

A support group like the Lymphoma Support Group is part of a continuum of care. Everyone in the support group has coped with the devastation of diagnosis and is seeking to move on to becoming more in-

involved in the pursuit of living life to its fullest.

Participating in the Lymphoma Support Group assists in many ways, including letting newly diagnosed patients and their partners/families know that they are not alone. It helps provide critical perspectives on coping strategies to get through this difficult initial phase.

The group also helps by providing a safe and confidential place to vent and discuss individual issues, fears and concerns with people who are empathetic and understanding because they have faced similar challenges.

For more information on the Lymphoma Support Group, please call Evelyn (232-7795) or Miriam (234-8500), or attend the next meeting. The Lymphoma Support Group meets at The Hospice at May Court from 4 p.m. to 6 p.m. on the first Tuesday of each month from September through June.



Ottawa Colon Cancer Support Group has 'telephone buddies'

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

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

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

Since last May, a support group has been meeting the second Tuesday of every month at 7 p.m. at the Palisades Retirement Residence, 480 Metcalfe Street in the second floor Viewing Room.

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

Support Group profile Ottawa Colon Cancer Support Group

is also free parking or easy access on the #99 bus route.

The December meeting had a festive flavour with colon cancer-friendly treats to sample. In January, a radiologist explained the differences between various diagnostic tests. The March meeting will focus on the role of genetics in colorectal cancer.

The support group has itself benefited from support from ORCC social work and library staff and is included in the ORCC's monthly calendar.

The group has also reached out to the local prostate cancer and ostomy support groups to help publicize its existence.

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

Local gastroenterologists have been informed about the establishment of the support group and family doctors are encouraged to make their patients aware that support is now available.

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

The organizing committee currently consists of a small, dedicated group of survivors and family members who would welcome any assistance in expanding the group's activities or in raising awareness of a disease that is very common and yet little discussed.

For further information, please call 839-2075 or email msam@ca.inter.net.



Support Groups and Cancer Care 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."

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 because of patients' interest in receiving support and information, and also in giving support

and information to others.

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.

About Face

- Purpose: To give support to people with facial difference.
- No regularly scheduled meetings.
- Call Anne Charbonneau at (613) 837-7154 for more information.

Arnprior & District Breast Cancer Support Group

- Purpose: Support and encourage breast cancer patients in the Arnprior and surrounding area.
- Meets every third Tuesday, 7:00-9:00 p.m.
- Arnprior & District Hospital, John Street, Arnprior
- Call Elta Watt at (613) 623-7455 for more information

Barry's Bay Cancer Support Group

- Purpose: Support group for patients, families, caregivers and survivors
- Monthly group meetings, individual support and counselling
- Contact 613-756-2759

Bereaved Families of Ontario, Ottawa-Region

- Purpose: Mutual aid/self-help following a death. Also provides education in anticipatory grief situations.
- Meets the first Tuesday of each month, 7-9 p.m.
- St. Timothy's Presbyterian Church, 2400 Alta Vista Drive. (downstairs hall)
- Call (613) 567-4278 for more information.

Breast Cancer Action (BCA)

- Purpose: To inform, educate and support women and men living with breast cancer, their families, and the community. Provides one-on-one peer support.
- Support and Resource Centre at 739A Ridge-wood Ave., Riverside Mall, Ottawa. Open from 10:00 a.m. to 3:00 p.m. - 5 days a week.
- Call (613) 736-5921 for more information.



Brockville Breast Cancer Support Group

- Purpose: To support women diagnosed with breast cancer with occasional guest speaker.
- Meets the second Thursday of the month
- 7:00 p.m. - 9:00 p.m.
- Trinity Anglican Church, George Street (red door), Brockville
- Call Carole at (613) 923-5017 or Wendy at (613) 342-5078.

Canadian Thyroid Cancer Support Group

- Purpose: Small informal group providing on-line 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 Diane Dodd (613) 836-3996 or Dianne_Dodd@pch.gc.ca

Canadian VHL Family Alliance – Ottawa Area Branch

- Purpose: Dedicated to Improving Diagnosis, Treatment and Quality of Life for People with von Hippel-Lindau Disease (VHL)
- Toll free US Hot Line Support at 1-800-676-4VHL
- Call Tania Durand (613) 622-7976 (day) for more information (or email: tania@igs.net)

CancerConnection (Canadian Cancer Society Program)

- Purpose: A toll-free telephone support service that matches people with cancer and caregivers with trained volunteers who have had a similar experience.
- Support is provided within 48 hours
- Call 1-800-263-6750 for more information.

Cancer Information Service (Cancer Care Ontario and Canadian Cancer Society Program)

- Purpose: A toll-free information service to answer your questions and provide information on various aspects of cancer.
- Staffed by professionals and specially trained lay volunteers.
- Call 1-888-939-3333 for more information.

Candlelighters Childhood Cancer Trust of Eastern Ontario and Western Quebec

- Purpose: Provide support and comfort items to child patients and their families.
- Meets the first Tuesday of every month, except July and August.
- 7:00 p.m.
- Boardroom, MDU, 6 West, Children's Hospital of Eastern Ontario (CHEO).
- Call Jocelyn Lamont (613) 851-1979 for more information.

Colorectal Cancer Association of Canada – Ottawa Support Group

- To provide support and information for those living with colorectal cancer, families, friends & caregivers.
- Meets 2nd Tuesday of each month, 7:00 - 9:00 p.m.
- Viewing Room, 2nd Floor, The Palisades, 480 Metcalfe Street, Ottawa.
- Call (613) 839-2075 for more information. Also, Colorectal Cancer Association of Canada: 1-888-318-9442 (e-mail: info@ccac-acc.ca) (Web site: www.ccac-acc.ca)

Courage Canada – Ottawa Branch

- Purpose: Self-help group for people post-radiation treatment.
- Call Anne at (613) 737-7882 for more information.

Dundas County Hospice

- Purpose: Support to anyone with a life-threatening or terminal illness and their family/caregivers
- Bereavement support.
- Library material for loan.
- 4324 Villa Drive, Williamsburg, ON, K0C 2H0
- Call Reina DeJong (613) 535-2215

Cancer Information Services Ottawa Region of Eastern Ontario

(The) Hospice at May Court Caregiver Support Group:

- Relaxing environment for individuals caring for a loved one diagnosed with a life threatening illness.
- Opportunity to share experiences with other caregivers in discussion group or one-on-one.
- Individual support offered by staff and volunteers.
- Reiki, foot massage, art and resource centre available.
- Monthly information sessions presented on specific topics.
- A program geared towards children and youth is also available.
- Meet every Wednesday evening at the Hospice (114 Cameron Ave.) from 7-9 p.m.
- Call Anne at the Hospice for further details or to confirm your attendance to the evening, (613) 260-2906.

Living with Cancer Support Group of Brockville

- Purpose: 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.
- St. Lawrence Lodge, Prescott Road, Brockville (directly across Highway #2 from Brockville Psychiatric Hospital). Use main entrance and follow the signs.
- Call the Canadian Cancer Society (Unit Office in Perth) 1-800-367-2913 for more information.

Living with Cancer Support Group of Mississippi Mills and Carleton Place

- Purpose: Participants in this group will be supported and encouraged to work through issues while living with cancer. Sessions will include topics of interest to participants, videos, guest speakers, etc. Refreshments provided.
- Meets the fourth Tuesday of the month.
- 7:15 p.m. - 8:30 p.m.
- Almonte United Church Parlor, 106 Elgin Street, Almonte
- Call the Canadian Cancer Society (Unit Office in Lanark, Leeds and Grenville) 1-800-367-2913 or 267-1058 for more information. E-mail address: lanarklg@ccsont.org

Look Good ... Feel Better Program

- Purpose: For women on cancer treatment wanting to know more about facial skin care, makeovers and options for hair loss. Free workshop.
 - Meets the fourth Tuesday of each month, 2-4 p.m.
 - Maurice Grimes Lodge, 3rd. Floor, Ottawa Regional Cancer Centre, 200 Melrose Avenue.
- OR
- Meets the second Tuesday of each month, 2-4 p.m.
 - Ottawa Regional Cancer Centre, 503 Smyth Road
 - Pre-registration required at (613) 737-7700 ext. 6455



Lymphoma Support Group (LSG)

- Purpose: For lymphoma patients, their families and friends. Share your experiences and learn from others
- Meets the first Tuesday of each month
- For more information, call: Miriam at (613) 224-8509 or Evelyn at (613) 232-7795.

Nu-Voice Club of Ottawa

- Purpose: To meet with fellow laryngectomies to discuss issues of concern and share information.
- Meets the fourth Wednesday of each month (Mar.-June/Sept.-Dec.)
- 2:00 p.m. - 3:30 p.m.
- Ottawa Civic Hospital, Civic Parkdale Clinic, 1st. Floor, 737 Parkdale Avenue, Ottawa
- Call (613) 798-5555 ext. 13416 for more information.

Ottawa Hospital – General Campus

Gynaecologic-Oncology Program – “Time for Ourselves”

- Purpose: Learn some relaxation strategies and share your concerns/feelings with others.
- Meets every Thursday
- 10:30-12:00 noon
- 8 West Lounge, Ottawa Hospital, General Campus
- Call Pat O’Manique (613) 737-8600 for more information or to sign up

Ottawa Regional Cancer Centre Beattie Library

- Purpose: Although primarily intended for Cancer Centre staff, the Beattie Library is open to patients, healthcare workers in the community, or to anyone who is looking for cancer information.
- Beattie Library, 503 Smyth Road, Ottawa, ON K1H 1C4
- Phone: (613) 737-7700 ext. 6984
- Hours: Monday - Friday, 8:30 a.m. - 12:00 noon, 1:00 p.m. - 4:30 p.m.

Ottawa Regional Cancer Centre Ninon Bourque Patient Resource Library

- Purpose: Provides up-to-date cancer information for cancer patients and their families, and members of the general public.
- Main Level, 503 Smyth Road, Ottawa
- Phone: (613) 737-7700 ext. 6980
- Hours: Monday - Friday, 9:30 a.m. - 3:00 p.m.
- Please call to confirm.

Ottawa Regional Cancer Centre Social Work Support Groups

- Purpose: ongoing support groups offered by ORCC Social Workers:
- 1. Coping with Cancer Stress** (a 4-week classroom style course for men and women with cancer, and their loved ones)
 - 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.
 - For information and registration, call Diane Manii at (613) 737-7700, ext. 6852.
 - 2. Healing Circles** (a support group for patients undergoing treatment for cancer)
 - who wish to learn about the mind-body connection
 - relaxation and imagery techniques
 - Must pre-register; space is limited. To register and for information, please call Liane Murphy at (613) 737-7700 ext. 6858.
 - 3. Healthy Living for Breast Cancer Patients** (a support group for any breast cancer patient who has been treated at the Ottawa Regional Cancer Centre within the past 12 months)
 - To provide breast cancer patients with support
 - Decision making skills
 - Behavior change strategies
 - To help maintain a healthy lifestyle
 - Must pre-register; contact Michele Holwell (613) 737-7700, ext. 6855
 - 4. Family Matters** (a monthly support group for all persons with cancer and the adults close to them)
 - Impact of cancer on you and those around you
 - Learn coping skills
 - Meet other families like yours
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.
 - 5. “What about my kids?”** (a monthly workshop for parents living with cancer), both ill and well parent, support person are all encouraged to attend. A helpful workshop to consider before children and youth attend Kidz Time workshop program. (see listing for Kidz Time). Focus on:
 - Understand how cancer affects your children and you
 - Communicating with your sons and daughters (little and big)
 - Resources, when and where to go to get help
 - Meet, share wisdom and concerns with other parents
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.

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- 6. Kidz Time** (a monthly workshop for children and youth, age 8 to 18, who love someone with cancer. Focus on:
- Understanding cancer and the changes in your family
 - Learning what to do, how to be and where to go to get help
 - Meeting others like you
 - Learning about cancer at ORCC
 - Meet ORCC staff and tour the centre.
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.
- 7. Healthy Connections** (a monthly support meeting for all ORCC cancer survivors)
- Learn about health related topics
 - Meet new and old acquaintances
 - New topic each month
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.
- 8. Adult Brain Tumour Support Group** (a support group for people with brain tumours, and their family/friends)
- Meets the first Tuesday of each month
 - 7:00 p.m. – 9:00 p.m.
 - Ottawa Citizen Building, 1101 Baxter Road, Ottawa
 - Call Diane Ford (613) 737-7700 ext. 6292, Kathleen Greene (613) 820-4289, Linda Durocher 737-8899, ext. 78053.
- 9. Living for Today** (a weekly support group for men and women living with metastatic or recurrent cancer)
- Share thoughts, emotions, information & experience.
 - Develop coping strategies for getting the most out of each day.
 - Must pre-register, contact Diane Manii (613) 737-7700 ext. 6852

Pink Ribbon Voices Support Group

- Purpose: Support to individuals with cancer; fundraising activities for cancer research; specialized programs for survivors
- Call 230-7702 for more information.

Prostate Cancer Association of Ottawa

- Purpose: Provides support and information, interacts with health community, co-operates with groups having similar interests and promotes awareness of prostate cancer.
- Meets the third Thursday of each month, 7:00- 9:00 p.m.
- New members start time: 6:30 p.m.
- St. Stephens Anglican Church Hall, 930 Watson, Ottawa
- Call (613) 828-0762 for more information.

Reach to Recovery (Canadian Cancer Society Program)

- Purpose: Provides emotional and practical information to women undergoing treatment for breast cancer.
- One-to-one peer support with a trained breast cancer survivor
- Call (613) 723-1744 for more information.

Regional Palliative Care Consortium

- Purpose: To improve the quality of care provided to patients, their families, and friends affected by terminal illness.
- Call (613) 562-6363 for more information.

Renfrew County Prostate Cancer Support Group

- Purpose: Support group to assist all men with prostate cancer and their families, to increase their ability to cope with this disease
- Meetings first Wednesday of the month at 7:00 p.m. in the cafeteria of the Renfrew Victoria Hospital
- Contact 613-432-6471 or 613-432-6911

Renfrew Victoria Hospital Cancer Support Service

- Purpose: Supportive care assessment for all newly diagnosed cancer patients
- Support and teaching given in 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 fax: 613-432-8649

Renfrew Victoria Hospital Palliative Care Services

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

Stepping Stones

- Weekly support group for women newly diagnosed with breast cancer (six weeks in duration).
- Become a partner in your health care
- Develop new coping skills
- Find out about community resources
- Learn methods of relaxation/imagery
- Offered at The Ottawa Regional Women's Breast Health Centre. For more information call Sabrina Goan (613) 798-5555, ext. 16563.

Sylvia House Hospice Program

- Purpose: Provides in-home volunteer support, caregiver support and bereavement follow-up.
- Day Hospice: Meets each Tuesday at Bells Corners United Church in Nepean
- 10:00 a.m. - 3:00 p.m. No charge for this service.
- Call (613) 599-9272 for more information.

United Ostomy Association

- Purpose: Provides support and education to people with ostomies, and the public.
- Meets the third Thursday of every month, except July and August.
- 8:00 p.m. - 10:00 p.m.
- Westminster Presbyterian Church, Lower Level, 470 Roosevelt Avenue.
- Call (613) 722-7944 for more information.

Victorian Order of Nurses (VON) – Ottawa-Carleton Branch – Supportive Cancer Care

- Purpose: Supportive Cancer Care Program enables individuals and their families to access the care and support which they require

at all stages of their illness.

- St. Laurent Shopping Centre, South Court, Lower Level, 1200 St. Laurent, Ottawa, ON
- Call (613) 749-7557 e-mail: von@vonottawa.on.ca

VON Breast Cancer Network (Cornwall)

- Purpose: Information and discussion 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
- Call Stephanie Ruckstuhl, VON office (613) 932-3451

VON Prostate Cancer Support (Cornwall)

- Purpose: Information and discussion for prostate cancer patients, newly diagnosed, and their loved ones.
- Meets every second Thursday of the month
- 7:00 p.m.
- VON Office, 2nd floor, 205 Amelia Street, Cornwall
- Call Stephanie Ruckstuhl, VON office (613) 932-3451

Willow Breast Cancer Support and Resource Services

- Purpose: To provide information, support and networking for women with breast cancer.
- Trained volunteers who have experienced breast cancer.
- Call 1-888-778-3100 for more information or visit the Web site: www.willow.org

Youth/Pelvic Pouch Group

- Purpose: Education and emotional support of those who have had pelvic pouch or ileostomy surgery, with particular emphasis on the problems of the young.
- Call Jennifer Bisson: 839-7427 or Rachel Seed: 832-3522.

If you would like your Support or Information Group mentioned in the next edition of Challenge...Life with Cancer contact Lynn Crosbie, Education Department, Ottawa Regional Cancer Centre at 613-737-7700 ext. 6588.

Cancer Information Service

The Canadian Cancer Society's trained and motivated professionals and volunteers at the Cancer Information Service (CIS) are waiting for your call today. They can give you information on: causes of cancer, treatments, rehabilitation, home care, and more. Phone **1-888-939-3333**. If you are on the Web, you can access information relevant to your situation and geographical area on 44 different topics by simply using the site: www.ontario.cancer.ca and your area postal code.

The St. Laurent Centre
and its merchants are
proud supporters of the
Ottawa Regional Cancer Centre.



Committed to
the fight against cancer
and to the tremendous
work of the ORCC.

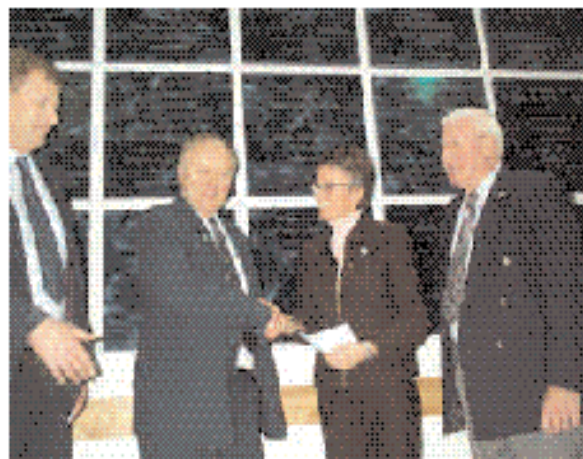
GIVING

The Rotary Club of Ottawa South proudly supports the Ottawa Regional Cancer Centre.

In the past five years, the Club has donated \$100,000 through its fundraising activities in the community. We have also spearheaded efforts to build the Rotel Motel, the bedroom accommodation facility located near the health complexes on Smyth Road.

Would you care to join the global network of 1.2 million members who contribute their time and efforts in their respective communities around the world?

Call: Jim Stubinsky, President, Rotary Club of Ottawa South: 820-1741



(From left to right) Club member **Bernie Ingimundson**, Club President **Jim Stubinsky** presented a \$34,000 donation on Oct. 9, 2002 to **Veronica Engleberts**, chairperson of the Ottawa Regional Cancer Foundation while former club president **Al Hyndman** looks on.