

The Ottawa Regional Cancer Centre presents

Challenge



Fall/Winter 2003

Firefighting cancer:
Telethon co-host
Jim Andrews

Peggy's progress

Humour as stress release

OTTAWA
REGIONAL
CANCER
CENTRE
We care for life



CENTRE
RÉGIONAL DE
CANCÉROLOGIE
D'OTTAWA
Des soins pour la vie

Ottawa Regional Cancer Centre statistics

The Local Statistics

- One in three residents of Eastern Ontario will be diagnosed with cancer in their lifetime
- Over 650 patients use the services of the Ottawa Regional Cancer Centre on any given work day
- Between 250 and 290 patients are seen every day for radiation treatment
- Between 90 and 120 patients receive chemotherapy every day at the Cancer Centre
- 5,140 new patients were referred to the Cancer Centre in 2002 including:
 - 845 new patients diagnosed with breast cancer
 - 622 new patients diagnosed with prostate cancer
 - 642 new patients diagnosed with lung cancer
 - 594 new patients diagnosed with colorectal cancer
 - 2,437 new patients diagnosed with other forms of cancer
- 18,998 patients were seen for follow-up visits (totaling over 183,000 visits to the Centre)
- 4,418 patients came for chemotherapy (totaling over 28,934 visits)
- 3,516 patients came for radiation therapy (totaling more 62,139 fractions – a fraction is an actual radiation treatment)

The National Statistics

- 139,900 new cases of cancer will occur in Canada in 2003
- 67,400 deaths from cancer will occur in Canada in 2003
- Lung cancer remains the leading cause of death in both genders
- In 2003 the most frequently diagnosed cancer will be breast in women and prostate in men
- Colorectal cancer is the second leading cause of death from cancer
- One in nine men will be diagnosed with prostate cancer in their lifetime

The Ottawa Regional
Cancer Centre presents
Challenge
Life with Cancer 

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ART DIRECTOR

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Advertising, Production, Dis-
tribution
Robbi M. Hay

OTTAWA CITIZEN

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ORCC Web site:

www.orcc.on.ca

For more information call:

**The Ottawa Regional
Cancer Centre Foundation**
Telephone: (613) 247-3527
Fax: (613) 247-3526

E-mail: shannon.gorman@orcc.on.ca

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Ottawa Regional Cancer Centre

Civic Division • 190 Melrose Ave., Ottawa K1Y 4K7

General Division • 503 Smyth Rd., Ottawa K1H 1C4
(613) 737-7700

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Volume 7, Issue 2 – Fall/Winter 2003

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Letter from the Editor

Does poetry cause cancer?

No, it's more likely that cancer causes poetry.

There is certainly a connection.

Several of the cancer survivors profiled this issue are known for capturing their outpouring of feeling in poetry, and since this magazine's initial issue, poetry submissions have been a constant, but lack of space, unfortunately, a reality.

Traditionally, at a time of stress, supreme happiness or unhappiness, poetry bursts forth. Through the ages, poems have abounded on love and loss, so it is not surprising that cancer evokes the same emotions. An Internet search for "cancer poetry" produces far-flung beautiful, frank and touching pieces.

Another reason for the burst of poetry at a time of cancer is the heightened awareness of nature and the world that the shock of illness produces. Many cancer survivors have found the sunsets more magnificent, the mountains more breathtaking as they learn to appreciate every moment – and they want to chronicle that appreciation.

Upon hearing of a \$100 million bequest recently to *Poetry* magazine from an heir to the Eli Lilly pharmaceutical fortune, poet David Kirby wrote that the true value of a poem isn't monetary.

"People who question the value of poetry need to consider this: Why have there always been poets? Since the dawn of history, every culture has had poets ... Of poetry's many rewards, the greatest is freedom to say whatever you want."

So let us keep on turning our thoughts into poetry.

*Louise
Rachlis*



– Valberg Imaging

In keeping with our poetic focus, here are a couple of poems submitted by *Challenge* reader Maureen Glaude:

Hidden Gem

By Maureen Glaude

What a gem when you're not
expecting it
which is the trick, of course
when doom and gloom are what
you're used to counting on

now suddenly
"you're much improved"
the lymphologist winks

at you, who hasn't yet
felt the miracle
but senses it is true

Fun Side Effects

By Maureen Glaude

So ropes of hair are chemo's cost
but look, my legs
so sleek and suave!

and nothing has to be
blown-dry, or moussed or sprayed
so think of the money I'll save

No need for hair clips, dye jobs
for a while
and when I'm done the treatments,
some say
a thicker head or maybe curls
will be my reward
and the colour, a surprise?

ORCC will remain an integral part of the Integrated Cancer Program

*A Message
from
Dr. Hartley
Stern,
CEO, ORCC*



Dear Friends,

Over the last year there have been a number of exciting opportunities for the cancer system in Ontario and the Ottawa Regional Cancer Centre (ORCC) itself.

The Ministry of Health and Long Term Care (MOHLTC) recently announced that it will fund cancer research in Ontario with \$1 billion over the next 10 years. It's an exciting opportunity for our Cancer Centre because it will help attract the best physicians, nurses and researchers who will want to work in a progressive environment. To ensure local funding, Dr. Michael McBurney and Dr. Wolfgang Sauerwein are leading Ottawa's researchers in developing a regional

plan to determine how we will best apply for and utilize a portion of that money.

Also in the news was the Ministry's goal to build the best cancer system anywhere. One of the ways to do this is by integrating regional cancer centres across the province with their host hospitals. In our community, this means expanding the Cancer Centre's already strong relationship with The Ottawa Hospital (TOH) and maximizing each organization's commitment to excellence in patient care. The Cancer Centre has already made many adjustments and is reorganizing its management structure with TOH to align patient services. One of our first initiatives will be to develop a plan for an integrated cancer care system in Ottawa and Eastern Ontario. In the long term, integration will mean that basic services such as scheduling of appointments and diagnostic imaging, surgery and treatment will be centralized to ensure seamless care for patients and their families as they move through the cancer system in this region.

The ORCC will remain an integral part of the Integrated Cancer Program with a distinct budget from the Ministry of Health. It will maintain its own building for ambulatory activity and, for the majority of you, changes will not be obvious. However, any patients requiring surgery or diagnostic imaging such as CAT scans or MRIs at TOH will benefit from the integration of our information systems and patient registration technology. Although we will undoubtedly encounter some bumps along the way of technological change, ultimately patients will experience a smoother journey through all phases of their care.

Although integration will change some facets of care delivery, our corporate and community supporters will continue to work with the Ottawa Regional Cancer Centre Foundation to enhance the excellent work done here every day. Your generosity has helped build the Cancer Centre into the world-renowned treatment and research facility it is today and we continue to look for further opportunities to shine!

Ride to Survive still seeking national sponsor

The next big challenge for Ride to Survive is sponsorship, said Boomer Throop in an e-mail on his 58th birthday.

"After visiting Sudbury, we have now visited every major cancer centre in each of the 10 provinces – every provincial cancer foundation wants Ride to Survive to organize a ride this coming June 2nd, 2004 to raise money for community cancer prevention," he says. "We will leave 100 per cent of all the fundraising from these rides with the foundation and local cancer care centre for community cancer prevention.

"This is why we need a national sponsor and other national, provincial



Boomer Throop

and local sponsors to pay for the organization of the local fundraising rides."

He praises Mary Richardson, an Ottawa woman who responded to the Ottawa Citizen article on Boomer seeking a "Wagonmaster," for being "a huge help. The support vehicle has been wonderful."

The ride from the West exceeded expectations, he says.

"I found two more doctors working on cancer prevention, David McLean in British Columbia with a 130,000 student province-wide primary cancer prevention program – this is very important for both future BC generations but, as well, to set the example for other provinces – and Lynne Bail-

lie in Kelowna, who is privately funded by the Waddell family from Penticton. With their financial help, not that of the B.C. government, Lynne has been programming primary prevention throughout the Okanagan for five years – like Ride to Survive wants to do."

This brings the grand tally to only three doctors across all of Canada who are working on prevention, including Terry Sullivan in Ontario, he says. "Only three doctors across the whole land! If we put money into cancer prevention, more lives will be saved. We must change our cancer care from being reactive to becoming pro-active."

View the Ride to Survive Web site www.ridetosurvive.org or e-mail boomer@ridetosurvive.org.

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– Cover photo Patrick Doyle, Ottawa Citizen
Jim Andrews

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Firefighter fights
melanoma

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LETTERS

Cowmedias in the wrong pasture

Yesterday friends gave me a copy of the Spring/Summer 2003 edition of the Ottawa Regional Cancer Centre's publication *Challenge*. I was really interested in seeing it because of the cover picture and article on Paul Mussell. Paul and my oldest son were in school together. I enjoyed the entire

magazine but did find one error that rather irked me.

At the very beginning of the article on Paul you say he is "The Cowmedi-an of Russell".

Paul has lived a couple of miles from my home all his life and I live in the village of Osgoode! We like to take pride in our citizens so thought I'd just set you straight on this small thing.

Although I have no relatives, so far, suffering from cancer I can imagine this publication is a great source of information for patients and families alike. Keep up the good work!

Donna Manning

My apologies to the residents of Osgoode. The suggestion to do a story on Paul Mussell came from Martha Tanner, editor of the Russell Villager, and the rhyme stuck.

– Ed.



Outdoor togetherness: Jim and Cathy Andrews and their two children, Justin, 12, and Cam Lin, seven, enjoy recreation year-round.

Firefighter learns quick response saves the day

By Louise Rachlis

If his wife Cathy hadn't nagged him, firefighter and cancer survivor Jim Andrews would likely not have had as good a prognosis.

Three years ago he was diagnosed with malignant melanoma. "My wife noticed that a mole on my chest was kind of wonky, and she pestered me beyond belief to go in and have it checked."

The mole was removed and sent in for a biopsy and in the meantime he took a one-week ski holiday. He came back and the results were positive.

He was immediately scheduled for a procedure at the Civic Campus to basically remove about a two inch by two inch area around the original site, to make sure they'd gotten it all. "After that I was referred to the Ottawa Regional Cancer Centre for an oncology referral, the results of which were that no follow up treatments were required because they got it early enough."

While he was sitting in the dermatologist's office, he noticed a checklist on the wall for signs and symptoms of malignant melanoma. "I realized in hindsight that I had met all the signs and symptoms, such as phantom

itch in the general area where the mole was," he says. "It's important for people to know what to look for and to act on it."

His cancer was 0.17 mm deep. "If it had reached 0.4 mm, the prognosis would have been very different; that was probably the most startling thing," says Jim, 36, who works at Station 12, at 5th Avenue and O'Connor.

"That gets back to the information and the support that my family and I received from the Cancer Centre."

He has had no problems since.

In appreciation, this year for the first time he organized the Quest for a Cure adventure race in June which raised over \$25,000 for the Ottawa Regional Cancer Centre.

Teams completed a series of stages including mountain biking, hiking, swimming, canoeing, orienteering and an optional fixed rope section. The 240 km non-stop adventure race started in Low, Quebec and ended in Ottawa at Crystal Beach.



Quest for A Cure: Jim Andrews organized a June adventure race which raised over \$25,000 for the Ottawa Regional Cancer Centre.

“Five years ago, myself, two other firefighters and a police officer competed in an adventure race together,” he says. “Since then Mark Johnston, a firefighter, and I, had each been diagnosed with cancer. We came up with this event together as a means of giving back to the Cancer Centre.”

This year there were 18 mixed teams. Next year he is expecting up to 50 teams to register and hopes to raise between \$60,000 and \$70,000. Each team is expected to raise \$1,000 minimum donations. In the last race, Team CGI raised over \$5,000 by themselves.

Next year the race will be held the third weekend in June. For information, got to www.questforacure.ca.

Mountain biking and hiking are his favoured pursuits, and he and his wife of 14 years love spending time at the

“It’s important for people to know what to look for and to act on it.”

— **Jim Andrews**

cottage with their two children, Justin, 12, and Cam Lin, seven.

In January, he will be co-hosting the Ottawa Regional Cancer Centre Telethon with Janie Randolph, a breast cancer survivor and ORCC Foundation Board member.

Before that, his experience has consisted of television interviews for his job or his adventure race. He’s looking forward to the new challenge.

“Having the cancer just confirmed how I felt already about things,” he

says. “You don’t fear the future and you certainly don’t waste any opportunities that come your way. Make the best of every day.”

The date for the 7th Annual Cancer Centre Telethon is Sunday, January 11, 2004 broadcast from St. Laurent Centre and aired live on The NewRO from 11 a.m. - 6 p.m.

Please turn to page 8 for an overview of melanoma risk factors and characteristics.



Melanoma: The most serious type of skin cancer

About 4,000 Canadians are diagnosed with melanoma every year.

Especially among Western countries, melanoma is becoming more common every year. In the United States, for example, the percentage of people who develop melanoma has more than doubled in the past 30 years.

One of the most common cancers, the chance of developing melanoma increases with age, but this disease affects people of all ages, and no one knows the exact cause.

However, studies have found the following risk factors for melanoma:

- **Dysplastic nevi:** Dysplastic nevi are more likely than ordinary moles to become cancerous. Dysplastic nevi are common, and many people have a few of these abnormal moles. The risk of melanoma is greatest for people who have a large number of dysplastic nevi. The risk is especially high for people with a family history of both dysplastic nevi and melanoma.
- **Many (more than 50) ordinary moles:** Having many moles increases the risk of developing melanoma.

• **Fair skin:** Melanoma occurs more frequently in people who have fair skin that burns or freckles easily.

• **Personal history of melanoma or skin cancer:** People who have been treated for melanoma have a high risk of a second melanoma.

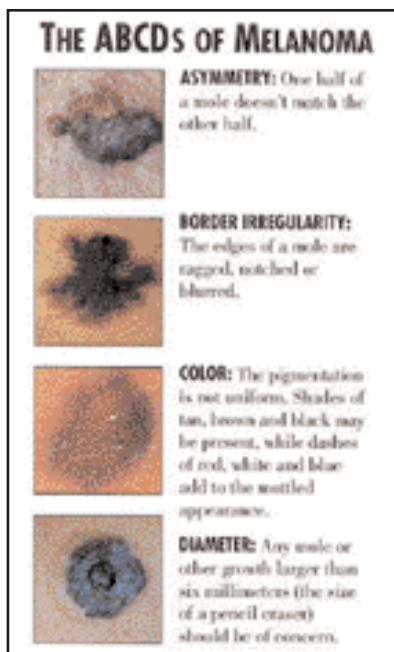
- **Family history of melanoma:** Melanoma sometimes runs in families. Having two or more close relatives who have had this disease is a risk factor.
- **Weakened immune system:** People whose immune system is weakened by certain cancers, by drugs given following organ transplantation, or by HIV are at increased risk of developing melanoma.
- **Severe, blistering sunburns:** People who have had at least one severe, blistering sunburn as a child or teenager are at increased risk of melanoma.
- **Ultraviolet (UV) radiation:** Experts believe that much of the worldwide increase in melanoma is related to an increase in the amount of time people spend in the sun.

Often, the first sign of melanoma is a change in the size, shape, colour, or feel of an existing mole. Most melanomas have a black or blue-black area. Melanoma also may appear as a new mole. It may be black, abnormal, or "ugly looking."

If you have a question or concern about something on your skin, see your doctor. Pictures are useful examples, but they cannot take the place of a doctor's examination.

For more information, please refer to:

- Canadian Cancer Society at www.cancer.ca
- Cancer Information Service 1-888-939-3333
- Or phone your Cancer Centre library at 737-7700 ext. 6984



Volunteers fundraising

Longtime ORCC volunteer Andy Lagassé is modest about talking about his own involvement in the CS CO-OP "Do It for Dad" Run and Family Walk and other projects, preferring instead to focus on the many volunteers who make such events possible.

"My view is that it would be more appropriate if either the ORCC Foundation or its Board acknowledged all volunteers who are paramount in organizing fundraising events," he says. "I would prefer not being singled out."

Each year various groups, individuals or organizations organize events to raise funds for programs and equipment at the ORCC. This includes treatment, equipment, research and education.

"Like many organizations who 'outsource' services required to contract persons, fundraising event sponsors outsource their requirements to 'volunteers,'" says Andy, 64. "The only difference is that volunteers are rewarded not through financial remuneration but by a sense of accomplishment of having given time, effort and in some cases financial or 'in kind' assistance. There is no greater reward to a volunteer than to know that someone somewhere has been helped by his or her volunteer activities."

Such events vary from "An Evening with Abigail" organized by Rochelle and David Greenberg, to the Lindsay Service Charity Golf Tournament in Aid of Brain Tumour Research to the



and sponsors make ing events a success



Andy Lagassé and friend at this year's Do It For Dad launch last April.

Volunteer Spotlight

Challenger's Softball Tournament organized by the Fathi family, the CS CO-OP "Do It For Dad" Run and Family Walk, the Today's Colonial Motorcycle Ride For Dad, and so many more.

To be successful, those events require two main ingredients, he says, volunteers and sponsors. "Without those two groups, the fundraising financial targets set at the outset of each event would fall well short. The pool of potential and actual volunteers is bottomless, in that regardless of the activity or event, somewhere there is someone who has expertise in that area or is willing to learn."

For the CS CO-OP "Do It For Dad" event alone, each year there are hun-

dreds of volunteers who collectively donate thousands of hours, he says, and so many businesses and individuals who donate in kind services, material, food and beverages to ensure the success of this major fundraising event.

"There are volunteers who are involved for 10 months prior to the event, while others provide their services on the day itself," he says. "There is a lot of flexibility in the need; you just have to have the desire to help."

Andy praises event manager Sharon Holzman of HCI (Holzman Consultants Inc.) for "looking after all the extra details well beyond her job expectation. She puts in so many extra hours. That woman is on the phone at 6 a.m. and at midnight."

He also mentions that Cynthia Little and Alan LeBourveau, both CS CO-OP employees, contributed numerous hours of volunteer time to assist in organizing the event.

"What Andy is saying about sponsorship and volunteering doesn't mention the importance of leadership," says Jamie Milner of the ORCC Foundation Board. "Without leadership, none of this happens, and Andy's leadership made 'Do It For Dad' happen, and a lot of events before that. He's a great example for others. Not a lot of people will take a lead because it's so much work; Andy does that."

Back in 1997, Andy was visiting the ORCC frequently because his late wife was receiving treatment. "I became interested in helping out, be-

cause I knew they needed a lot of volunteers to help in many ways." Originally, his plan was to help driving people to treatment, because there was a big need for that.

At the same time, he found out the ORCC was looking for board members. In 2000 he became a board member of the ORCC Foundation. "The reason for that was that I wanted to really be a part of the solution regarding the needs of the centre." In 1993 he had retired from the RCMP and had worked for St. John Ambulance for five years until 1998.

As a board member, Andy served on various committees including the *Challenge* magazine editorial committee. Andy also represented the Foundation at various fundraising functions.

A runner, he had entered the early "Do It For Dad" races, so when the Board needed someone to sit on the organizing committee, he volunteered for that. Last year he co-chaired the organizing committee with Randy Dudding, a prostate cancer survivor, who is with the Prostate Cancer Association of Ottawa. "That experience really opened my eyes about the intricacies of organizing such a big event. I found it most interesting dealing with volunteers at all levels."

His interest in the activity and the event grew and he volunteered again to help out in 2003, undertaking the challenge of organizing the team challenge portion of the event. He was impressed by all the people who found time to help in the off hours of their 'day jobs' to organize teams and collect pledges.

The law firm of Nelligan O'Brien Payne sponsors the team challenge activities in co-operation with Big Daddy's Crab Shack and Oyster Bar. The team challenge is the area of the event which is growing the most, he says. In three years, team challenge registration grew from four to 44 teams.

Andy is also a volunteer with St. Mary's Home and with the United Nations Association in Canada. "I feel a sense of accomplishment in helping people and causes," he says, "and in giving back to the community. It keeps me active, and it keeps me in contact with current issues and with people. It's my retirement 'job.' If I can help in any way to better the life of others – through the health care system or otherwise – it's my duty to do so."

Peggy Cumming going strong: A life savour, a 'thriver,' not just a survivor

*Multi-sport athlete
joyfully teaches
by example*

By Louise Rachlis

I first heard from Peggy Cumming regarding *Challenge* in April 1999.

She wrote, "Hi Louise ... Remember me? ... Peggy Cumming ... runner in the 50-54 age category and about to age up!"

Peggy had a poem to submit to the magazine about the dragonboat race. She wanted to honour Linda Warrysh, a dragonboat supporter who had died the previous year.

Peggy's poem was called "Linda's Boat" which began:

*The twenty-five women
had several things in common...
The words, "I'm sorry, it's
malignant" –
months of nightmare,
surgery that left us bare;
therapies –
turbans and tears..."*

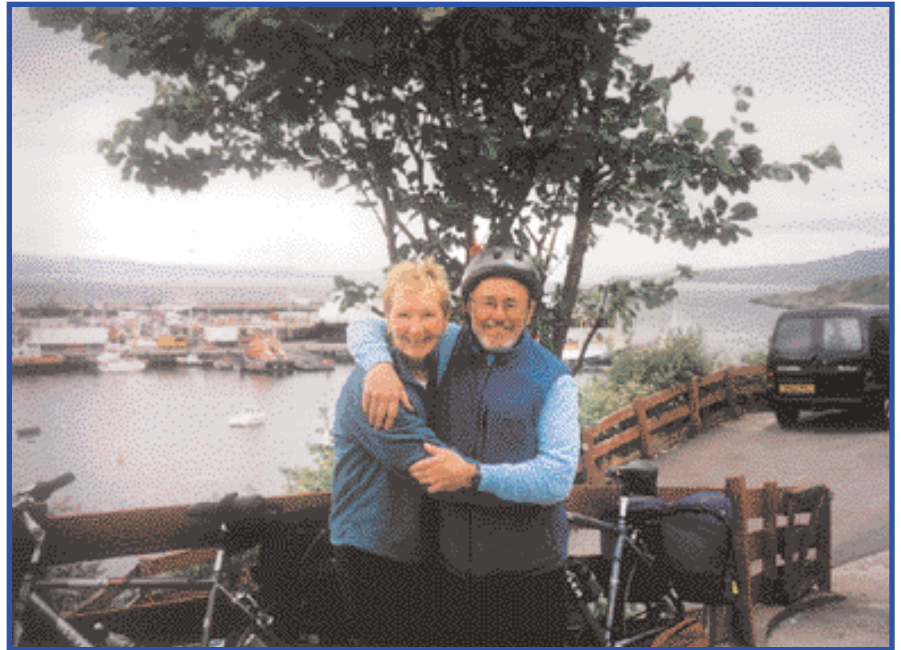
It ended:

*Paddlers docked
into a flurry of well-wishers.
An unknown gentleman
presented tender pink roses.
In the chaos; "Who are you?"
"I'm Linda's husband,"
...he smiled.*

Turning adversity into roses is Peggy's specialty.

A runner turned dragonboater herself, she has taken great pleasure in helping reverse the tide for other dragonboaters.

She watched fellow dragonboaters take a Running Room clinic for can-



On the road: Peggy and Bob Cumming share a love of the outdoors.

cer survivors and turn into runners themselves. "My eyes still mist with the memory of each of them crossing the finish line," she says, "not only a victory in a race but a victory in their lives. From non-athlete, to surviving breast cancer, to dragonboat paddler, to the personal power to run five kilometers, was empowering beyond words."

She taught Grade 7 and 8 English for the Ottawa Carleton District School Board for 19 years and then moved to Elmwood School where she still does occasional supply teaching. "They call me their 'outdoor' consultant," she says.

Now 59, she was diagnosed with breast cancer in 1985. "I had a lumpectomy and radiation for six weeks, and it has not re-occurred," she says. "My fear at that time was that I was going to leave my children without a mother. That's everybody's thrust."

She says that at that time there were

no support groups. "I dealt with it just myself. It wasn't until I heard about Breast Cancer Action seven years ago that I got involved with them and with dragonboat."

Initially, it was support she wanted; "just to talk through the emotions I hadn't been able to talk about at the time. And then it was dragonboat involvement."

She was on the BCA board of directors for a year and then evolved from a dragonboat paddler to dragonboat captain.

"I met Peggy through the dragonboat, but now carry on a friendship beyond that," says dragonboat paddler Jennifer Caldbick. "I feel that I can't hold a candle to Peggy, even though I am her junior. She is such a bundle of energy, a driving force, constant supporter to all, a natural leader and one who enjoys a challenge. Her varied interests that she so passionately tackles with such infectious enthusiasm constantly amaze and inspire me."



The mountains more breathtaking:

Cancer gives a heightened appreciation of everything that life has to offer.

Peggy started running at 35, after the birth of her second child, Megan, now 26, who has just returned from two years in Japan. Her son John, 30, is an agricultural statistician in Guelph. “My husband, Bob, was a runner and he left me at home to look after the kids all the time. I thought that wasn’t fair so I took up running to leave him home with the kids.”

She is still an active runner, winning her age category at many races. She has consistently been a gold medalist in her age group at the Winterlude Triathlon – skating, skiing, running – which she has done every February for over a dozen years.

Other sports in which she competes are swimming, cycling and cross-country skiing, and she also participates in hiking, canoeing, yoga and weight training at the Y.

“It’s very satisfying to have the energy and the strength and the skill to be with people who are younger,” she says. “I know it’s inspirational for them to look at my ability and hope that when they reach my age they will be able to do what I do. I am very flattered by the friendship they offer me.”

Ten years ago she was hit by a car on Bank Street and broke her leg. “The doctor said it would be highly unlikely I would ski, bike, hike or run again. I

was very determined I would.”

She worked hard in physio to get the range of motion back in her knee. “I went through a great deal of pain, but was able to achieve about 97 per cent rehabilitation of function.”



Active competitor:

Peggy Cumming is a cross-country ski enthusiast and consistent gold medalist in her age category at the Winterlude Triathlon.

About four years ago, a growth on her arm was found to be melanoma and she had it removed.

Last December she was diagnosed with osteo-arthritis. She takes glucosamine which acts as a lubricant in the joint.

“It hasn’t affected my activities yet, but I do worry about it. The same way I worry about cancer re-occurring. It could happen.”

But meanwhile, she believes “live each day to the fullest.” Among her summer adventures were the 360 kilometre Rideau Lakes Cycle Tour which she did on her birthday; a hike in the White Mountains where she led a group of 20 Elmwood students on a four-day expedition above tree line; competing in the Dragonboat Festival, followed by two weeks cycling in Scotland. She topped it all off with a canoe trip near Sharbot Lake, and then the excitement of awaiting the birth of her second grandchild to son John and his wife Karrie in Guelph.

She says that what impresses members of the dragonboat and other cancer survivors most is the number 18; that she has survived breast cancer for 18 years. That is more impressive than anything. “But I think my survival is closely connected to my lifestyle and activity level,” she says, “as well as my spirituality.”

In a way, she has found that having had breast cancer has given her a heightened appreciation of everything life has to offer. “The colours are brighter, the mountains more breathtaking, the power and bond of personal relationships more powerful and treasured.”

After her treatment she wanted to be pro-active in her life – “not to wait for things to happen to me.” “I made a deal with my higher powers that if I lived a life that was active and healthy, I would be able to live a longer life. It may not be rational, but it works for me.

“To be active, not passive, in my health is important to me. The benefit of that is that this has given me great friends and joy. I’ve been places and seen things I wouldn’t have if I hadn’t maintained fitness and energy. I think of myself as a thriver rather than a survivor.”



Cancer and the family:

Resources in the Ninon Bourque Patient Library

By Christine Penn

Cancer is often considered to be a “family disease” because it affects not only the person who has been diagnosed, but other family members as well.

The Ninon Bourque Patient Resource Library has excellent resources for family members, who often accompany patients on their visits to the Cancer Centre.

Information that family members are looking for can be divided into three main topics: 1) How to give practical and emotional support; 2) How to take care of their own needs as caregivers; and 3) How to help children cope when a parent or other family member has cancer.

Here are a few suggestions :

When Life Becomes Precious: A Guide for Loved Ones and Friends of Cancer Patients by Elise NeeDell Babcock. (New York: Bantam Books, 1997) covers all the above topics. The author, who provides counselling to cancer patients and their families, suggests ways in which family members and friends can give practical and emotional support (“From the goodness of your heart: 52 gifts you can give”), and emphasizes the importance of communication in this process. (“Why we stop talking when we need to start.”) A chapter titled “Giving without giving out: a primary caregiver’s guide to well-being” discusses the challenges of being a family caregiver (for example, dealing with exhaustion, anger, unwanted advice) and highlights the importance of being good to yourself by setting aside time to enjoy yourself, learning to relax and bringing humour into your life. There are also a couple of chapters about talking to and supporting children at the time of diagnosis and in the long term. Practical suggestions are interspersed with stories from family members to create a compassionate and very readable book.

Check it Out

Sources of information on dealing with cancer in our lives

Caregiving: A Step by Step Resource for Caring for the Person with Cancer at Home by Peter S. Houts and Julia A. Bucher. (American Cancer Society, 2000). This very practical guide is divided into five main sections: Understanding cancer treatments; Managing care; Emotional conditions; Physical conditions: Living with cancer and cancer treatments, and is written primarily from the point of view of the caregiver. Each section is presented in the same format: Understanding the situation; What you can do to help; When to get professional help; Possible obstacles and carrying out and adjusting your plan. The introduction includes a six-step approach to problem solving, which can be applied to the situations which caregivers are likely to have to deal with.

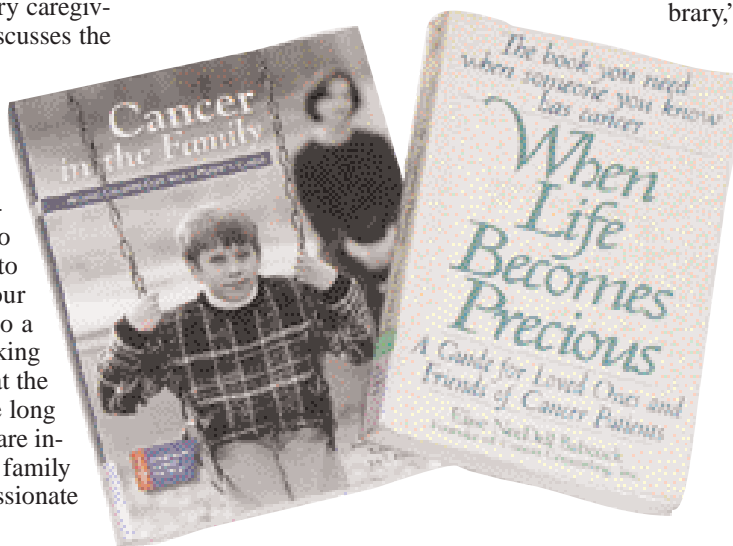
Also from the American Cancer Society is *Cancer in the Family: Helping Children Cope with a Parent’s Illness* by Sue P. Heiney (American Cancer Society, 2001). It emphasizes the importance of honesty when talking to children about a parent’s cancer. There are suggestions for talk-

ing to children from toddlers to teenagers, understanding children’s reactions, finding support services in your community, dealing with cancer recurrence and terminal illness. “Hands-on activities” throughout the book help children to express their feelings and cope, and a workbook is included for children to work through their own thoughts and feelings.

When a Parent is Sick: Helping Parents Explain Serious Illness to Children by Joan Hamilton. (Lawrencetown Beach, Nova Scotia. Pottersfield Press, 2002). Again the emphasis is on openness and honesty when talking to your children and helping them understand and cope in a way which is appropriate to their age. As well as suggestions for communicating, supporting and encouraging your children, there are examples of how to respond to various situations, such as a child’s anger, guilt or fear, what to avoid, what to encourage, etc. The book also has chapters on what to do when a parent is dying or when a parent dies. Each section is supported by a list of books and Web sites if you or your children wish to have more information.

These are just a few of the many books which the library has to support families and friends. You can find a list of our resources for caregivers and for talking to children on our Web site at www.orcc.on.ca. Click “For Patients and Families” then “Patient Library,” “Resources” and select “Resources for Caregivers” or “Talking to children about cancer.”

The Ninon Bourque Patient Resource Library is located on the main floor at the General Division. Please call 613-737-7700 ext. 56980 for more information.



Christine Penn is a librarian with the Beattie Library and Ninon Bourque Patient Resource Library of the Ottawa Regional Cancer Centre.

Darwin necessary to understand cancer

Book Review:

Cancer, the Evolutionary Legacy,

by Mel Greaves. Oxford University Press, 2000.

Review by Dr. Doug Gray

As just about everyone who has attempted it will attest, the biological basis of cancer is a difficult subject to render intelligible to the lay reader.

When one gets down to the cellular level (or further still to the molecular level) biology becomes staggeringly complex, and the trick is to identify which of life's components the reader really needs to know about in order to understand the issue under consideration.

Mel Greaves, a professor of cell biology at the Institute of Cancer Research in London, clearly believes that to understand cancer his readers need understand only one biological concept clearly: the Darwinian notion of selection acting on variation to provide direction to biological systems. The Darwinian paradigm has enormous

explanatory power. For example (as Greaves concisely explains) it provides the basis for an immune system that can mount a response to a substance that it has never seen before.

In *Cancer, the Evolutionary Legacy*, Greaves blends engaging snippets of social commentary and historical anecdote together with genetics and (it must be said) molecular biology in order to build his argument.

The argument boils down to this: cancer is the unfortunate contingency of a biology built around DNA and proliferating cells.

This condition has recently and regrettably been made common by our modern lifestyle (the amplifying effects of which he refers to as the 'social ratchet'). To provide just one example (and the book has many), one can understand why there has been an increase in reproductive cancers in women by examining the selective

forces that have shaped that system and the changes in reproductive behaviour in recent human history.

With earlier puberty, delayed childbirth, reduced breastfeeding, and longer lifespan (all features of affluent western society) the number of cycles a woman might experience may be tenfold that of an earlier era, and each cycle brings with it a peak of proliferative stress to breast, uterus, and ovary.

Greaves goes further, documenting how the social ratchet contributes to differences in the cancer rates of nuns and prostitutes through illuminating statistical and historical examples.

Once initiated, cancer cells must overcome a series of obstacles to their spread, a Darwinian struggle in miniature. The stages of this cellular evolution are described by the author in passages that some readers might find challenging, but there are rewards here for the more persistent. The concept is tremendously useful in understanding how resistance to anticancer drug therapies is likely to emerge.

Some might find it depressing to accept that our biology, the product of natural selection favouring nothing so highly as mere reproduction, might ineluctably feature sporadic cancers. From reading Greaves' book one should feel liberated in at least understanding why it is so.

Cancer is not punishment for some primal sin, nor the product of a vast industrial conspiracy (with the possible exception of the tobacco industry, treated to a scathing indictment by the author). Rather, cancer arises from the occasional lapse of a remarkably error-free biological system.

There should also be solace in appreciating that while cancer may never be completely avoidable, there are choices one can make to improve the odds, a number of which will emerge from reading this fine volume.

Cancer, the Evolutionary Legacy is available in the Ninon Bourque Patient Resource Library at the Ottawa Regional Cancer Centre.

Please also see a book review of The Doctor Will Not See You Now on page 14.

How we decide what to have in the Patient Library

Hundreds of new books and other resources about cancer are published every year. So, how do we decide what to put on our shelves? The library's mandate is to provide information on cancer and related topics (nutrition, relaxation, coping, personal stories, cancer and the family, etc.) which support the Cancer Centre's mission, are accurate and up to date.

Resources which could have an impact on a patient's treatment decisions, well-being and quality of life go through a review procedure before they are accepted. Each item is sent to at least one health-care professional (doctor, nurse, dietitian, social worker) for review. Material is rated on a five point scale from 1 (unacceptable) to 5 (excellent) for suitability in the following areas:

- Scope
- Relevance and content
- Accuracy and currency of information
- Organization
- Point of view
- Audience level and style
- Format
- Illustrations

Resources are given an overall rating and a recommendation that each resource be available in the library or not.

A similar form is used to rate audiovisual resources.

Books and other materials in the collection are reviewed annually and those which are out of date or no longer relevant are discarded. We also check if new editions are available.

Book Review:
**The Doctor Will
Not See You Now,
The Autobiography
of a Blind Physician**

by *Jane Poulson,*
Novalis

Review by Jean Seasons

Jane Poulson has been called “the blind physician with great insight.”

In this brilliant autobiography written in the remission time she had between her bout with aggressive breast cancer and her death in August, 2001, she gives us her life: Her struggles with diabetes which was diagnosed when she was 13, her efforts to complete her medical degree when she was blinded at 28, and then her triumphant career as a physician specializing in palliative care.

What shines through this harrowing tale is a life well lived. Her last words in the book are: “What I would like to say is this. Live fully every moment of your life. Do not wait for everything to be threatened before you realize the value of all you have.”

The importance of this book for the cancer community is that she was a physician who experienced everything a cancer patient does. She realized that “health care professionals must recognize that cancer-related fatigue is different from fatigue experienced by otherwise healthy persons ... Fatigue is a devastating symptom, deserving of a priority for research on its etiology and treatment.”

With this book she has left a profound legacy, both for cancer patients and the oncologists and researchers who are looking for answers.



Jean Seasons is Chair, Information Outreach, Ottawa Unit, Canadian Cancer Society.

After fighting cancer, poet Lois Laycock spreads the word about war

By Louise Rachlis

With Remembrance Day coming up, ‘war poet’ and cancer survivor Lois Daley Laycock, 79, is extremely busy.

Back in 1943, Lois was volunteering two nights a week and Saturdays as a hostess at Air Force House in Montreal.

Fast forward 60 years, and she is still an active volunteer, artist and nationally-read poet. Five books of her poetry are in the Canadian War Museum, National Library of Canada.

“Last year in the week preceding Remembrance Day, I had eight readings in seven days, three on Remembrance Day alone,” says Lois, who has been reading at the Cenotaph at the Ben Franklin Centre in Nepean for the last eight years. It was her legion in Bells Corners that raised the money for the west end Cenotaph.

She reads only her own writings about war at her presentations – “never anybody else’s.”

Over the years, Lois has volunteered for a wide range of organizations including the Royal Canadian Legion, the Royal Ottawa Hospital, Nepean Home Support, Regina Street School, the United Way, the Heart and Stroke Foundation, the Cancer Society, seniors’ residences, the Institute for the Blind, and many more.

All proceeds from her books go to the Royal Canadian Legion, of which she is a Life Member.



Unfailing commitment:
Lois Laycock has had a life of volunteerism.

In 2001, Lois’ work was honoured with the presentation of the Governor General’s Caring Canadian Award.

She writes poetry in the summer and oil paints in the winter, donating many paintings to charity.

Recently, Lois found out her neighbour had breast cancer. “I was able to help her by telling her how the radiation works and how to look after herself.”

“Being busy keeps you young,” she says. “There is always a bright side. My husband has a great sense of humour. We look on the positive side.”



Lois Laycock’s husband Ralph was diagnosed with lung cancer in 1990, and Lois was diagnosed with breast cancer in 1993. They are both still doing well.



Women living with cancer are looking good and feeling better

As an oncology nurse, Marg McKee experienced a common concern voiced by many nurses today.

She did not have enough time in her busy day to help her patients with some of the less obvious aspects of personal care, including some aspects of personal grooming.

A 1966 graduate of the Victoria General Hospital in Halifax, N.S., Marg McKee worked as a surgical and oncology nurse for the better part of 25 years including employment at the VGH and Kingston General Hospital.

A car accident and subsequent back injury prompted her to broaden her career plans to include self-employment with Mary Kay Cosmetics.

At the time, her involvement in the newly formed Look Good Feel Better (LGFB) program was a perfect fit for a seasoned care provider with an understanding of the potential impact of cosmetics on an individual's self-esteem.

Marg was a founding member of the 1994 LGFB program in Ottawa and has been involved ever since in a variety of roles including cosmetician, educator, team leader and site coordinator. The national LGFB program was founded 11 years ago and is supported by a strong corporate infrastructure.

"The Ottawa volunteers are very committed," she says. "Many of them volunteer on their own time, while others are supported by their employers."

"The LGFB program tries to give women back the control they seem to lose during cancer treatment."

— Marg McKee,
Look Good, Feel Better



— Jana Chytil, Ottawa Citizen

Impact of cosmetics: Volunteer cosmeticians boost patients' self-esteem.

Keeping Spirits Up

Advice from our readers

Each team consists of 10 volunteer cosmeticians assigned one on one to a woman living with cancer. The two-hour sessions include hands-on cosmetic application techniques, self-care tips and information from a wig specialist. Women are provided with an array of cosmetic products donated by cosmetic industry partners.

"Cancer treatment affects your skin, hair and often makes your face look puffy," she says. "This lowers a woman's self-esteem. The LGFB program tries to give women back the control they seem to lose during cancer treatment.

"Women are so busy looking after other people in their lives that some-

times it takes an illness for them to take time for themselves. Women attending the LGFB program often undergo a transformation from not feeling very good when they first arrive to feeling empowered when they leave."

The LGFB program is run twice a month, at the Civic and General Divisions of the Ottawa Regional Cancer Centre, with up to 10 participants per session.

The waiting list is approximately two months, so interested women are encouraged to register early.

To register in Ottawa call: 737-7700 ext. 6455.

For more information or to find out how you can volunteer with the LGFB program, please visit the Web site at www.lgfb.ca or call their toll free number, 1-800-914-5665.

Courage Campaign seeks donations for critical ORCC expansion

By Nadine Fowler

Campaign Co-Chairs Merle Nicholds and Rabbi Reuven Bulka, and a team of dedicated volunteers, have been moving forward with the first phase of the ORCC's \$20 million capital campaign to help fund the expansion of the Ottawa Regional Cancer Centre.

The campaign is seeking donations for improvements that will almost double the size of the Centre, significantly increasing space for cancer treatment and leading-edge research.

The ORCC is the only facility for radiation treatment in Eastern Ontario, serving outlying communities that include Renfrew, Pembroke, Hawkesbury, Cornwall, Perth, Kemptville, and others – and demand for its services is growing. The ORCC also manages a large percentage of the chemotherapy given in Eastern Ontario. Its corridors are always full with the nurses, doctors, technicians and volunteers who help the more than 650 patients treated at the Centre on any given workday.

With growth and aging of the pop-



Merle Nicholds
Co-chair,
ORCC Courage
Campaign



Rabbi Reuven Bulka
Co-chair,
ORCC Courage
Campaign

ulation, it is projected that the ORCC will have responsibility for the largest concentrated cancer patient volume in Ontario by 2008.

Expansion is critical if the ORCC is to maintain its commitment to excellent patient care. Larger facilities are needed to accommodate all aspects of the Centre's newly integrated cancer program – from prevention and detection, to diagnosis and treatment. "This will really improve the quality of the care experience for patients and their families, and for the staff at the Centre," says Ms. Nicholds.

New laboratory and clinical research

facilities will also help the ORCC's talented research team move forward with promising, innovative therapies using oncolytic viruses. By designing the new Centre with research and treatment spaces side-by-side, researchers will be able to work with oncologists to bring discoveries on the benchtop more quickly to the bedside.

"We've been talking to prospective donors and community leaders and they know how important expansion of the ORCC is for this region," she says. "One out of every three people in this community will be diagnosed with cancer during their lifetime. We all have friends and family who have been touched by cancer. Those we've approached – individuals, families, businesses and institutions – know what a difference they can make to the future of cancer care by contributing to this campaign. We're looking forward to their support."

If you would like to help with the campaign, or to make a donation, please call the campaign office at 247-3527.

Nadine Fowler is Campaign Director, Ottawa Regional Cancer Centre Foundation.

Your money at work for area patients

Allocations. It's the most wonderful time of the year for a Foundation organization. The time of the year when the Foundation distributes donated monies raised over the course of the year to the Ottawa Regional Cancer Centre. The ORCC Foundation continues to increase its level of support for both research and patient services at the Cancer Centre, with over \$1,000,000 being disbursed in 2003. Some examples of where donor money was spent include:

- \$200,000 for the installation of a new radiation treatment machine
- \$385,000 for cancer research
- \$490,000 for patient care and cancer awareness, including:
 - Equipment (i.e. blood pressure monitors, chemotherapy treat-

ment chairs, infusion pumps, stereo-tactic head set, thermometers)

- Supportive care programs (i.e. Kidz Time, Connexion 18-35, Patient Emergency Needs Fund)
- Nursing education
- Patient resource and education materials (i.e. *Challenge...Life with Cancer* magazine, new patient booklets, videos, books for the Ninon Bourque Patient Resource Library)

The goodwill and generosity of the community allows the Foundation to continue to fund the essential cancer services provided locally at the Ottawa Regional Cancer Centre.

Thank you for caring.

Upcoming Events

Cancer Centre Telethon

Sunday, January 11th, 2004
On The NewRO live from St. Laurent Centre. For information on volunteer opportunities please call the Cancer Centre Foundation at 247-3527.

Rhapsody in Gold "The Snowflake Ball"

Saturday, February 14th
(Valentine's Day) 2004
The event will be held at the Ottawa Congress Centre. For more information or to purchase tickets please call (613) 23-SNOW-04 (237-6690). Purchase tickets by November 14th, 2003 to be eligible for a special early prize draw.

Fay Bisailon Memorial Dinner

Friday, March 26th, 2004
The event will be held at the RA Centre, 2451 Riverside Drive. For more information or to purchase tickets please call Linda Laframboise at (613) 826-0906.

Families, friends and traditions

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



As the leaves begin to fall and we prepare for a busy season with our family, friends, and all the traditions that accompany the holidays, it's time to reflect on how fortunate we are to have access to a world-class Cancer Centre right here in our community.

For those patients requiring the services of the Cancer Centre, especially during the holiday season, the importance of being able to receive quality cancer care and treatment close to their loved ones is not only essential, but appreciated.

At the Cancer Centre Foundation we are grateful to our family of loyal supporters who answer our appeals throughout the year. As we

look ahead to a new year the Ottawa Regional Cancer Centre Foundation does so with the goal to "have a donor in every family."

One of our traditions, now in its 7th year, is our annual Cancer Centre Telethon. We have been celebrating the great work done at the Cancer Centre with patient, research and education stories being aired on The NewRO every Wednesday evening since August, during the 6 o'clock news. These stories will continue until the Telethon is aired on January 11, 2004.

Through the Telethon, the Foundation is able to recognize those individuals, corporations, event organizers and volunteers who have so willingly given of themselves throughout the year to ensure that all people diagnosed with cancer continue to receive the best possible care available. The annual Telethon allows us to educate our community on the benefits of having a world-class cancer treatment and research facility in our nation's capital. We are also afforded the opportunity to show you, our donors, how your money is being put to use, right here in Ottawa.

portunity to show you, our donors, how your money is being put to use, right here in Ottawa.

The Ottawa Regional Cancer Centre Foundation is also grateful to our family of media partners. Over the years, The NewRO and the Ottawa Citizen have provided exposure for the Cancer Centre and highlighted the great work our researchers, medical staff, nurses, therapists, social workers, and support staff provide each and every day.

Be a part of our tradition and join our patient co-hosts Janie Randolph and Jim Andrews and the growing numbers of area residents who want to have their money remain in our community. Tune in to the 7th annual Cancer Centre Telethon on Sunday, January 11, 2004 at St. Laurent Centre from 11:00 a.m. - 6:00 p.m. and aired live on The NewRO.

Wishing you, your family, and friends all the best of the season.

"Care for Life" Monthly Giving program

Giving hope all year is made easy through the Cancer Centre Foundation's Monthly Giving program. A monthly donation of \$10 or \$20 may seem like a small amount, but it adds up and helps local cancer patients in a big way.

What are the benefits of joining the "Care For Life" Monthly Giving program?

- It's convenient – spreading your donation over the entire year makes giving easy.
- Saves on administrative costs. The Foundation saves the administrative costs of donor mailings throughout the year.
- Simplifies your record keeping with one convenient annual receipt.
- A simple, yearly reminder.
- Makes planning easier – the Foundation can make commitments to projects that will have a long-term

"The Ottawa Regional Cancer Centre Foundation's 'Care for Life' Monthly Giving program is a convenient way for me to support my favourite charity.

I was diagnosed with prostate cancer in 1998 and have been determined to help any way I can in the pursuit of a cure. By giving monthly it allows me to give more as my gift is spread out over the entire year.

It makes me feel good to know that I'm helping the Foundation lower administrative costs.

The pride I have in knowing that my monthly donation provides a dependable source of income and helps fund long-term plans for patient care, treatment, research and education at the Ottawa Regional Cancer Centre, makes my contribution worthwhile."

– Mr. Murray Lunt, ORCC monthly giver and cancer survivor

impact because monthly giving provides an ongoing source of dependable income.

- Makes giving easier – Visa, MasterCard or electronic funds transfer (EFT), make giving easy.
- No obligation – You can cancel, change or increase your gift at any time.

- Keeps us in touch – the Cancer Centre's *Challenge...Life with Cancer* magazine and the Foundation's *Care for Life* newsletter will be mailed to your home bi-annually.

For more information on joining the "Care for Life" Monthly Giving program please call Shannon Gorman at 247-3527 ext. 6290 or donate on-line at www.orcc.on.ca.

Piloting through her illness, Eunice inspires others

By Louise Rachlis

Despite cancer which had spread to her liver and a bone, Eunice Carter, 61, spent her summer organizing a huge piloting contest, including the posters, the banquet for over 150 people, hotel accommodation and all the catering and other arrangements.

“This competition is the Webster Memorial Trophy Competition,” she explains. “Basically it’s an aviation competition that dates back to 1932. It takes my mind off my illness, and it’s a labour of love.”

Eunice was originally diagnosed with breast cancer in 1997 and she had a lumpectomy followed by six treatments of chemo, 30 treatments of radiation and then went on to tamoxifen.

About a year and a half later, she noticed similar symptoms recurring. She had an ultrasound on September 11th, and was in the doctor’s waiting room at the ORCC. While she was absorbing the shocking events she had just witnessed at home on her TV, a new doctor came in, asked her how she was doing, and said ‘it’s shocking isn’t it.’”

It turned out he was talking about her cancer metastizing, not about the planes crashing.

She found out the original cancer had been inside the mammary nodes and her breastbone was hiding it. “I’d had extreme pain there and it turned out it had actually eaten through the sternum.”

During that time, she also coped with the death of her mother, keeping the news of her illness from her to spare her the grief.

Since then she has been on many various oral cancer treatments, and was on Taxotere until she switched to 5FU in September.

She got involved in the Webster Memorial Trophy Competition in 1990 when her husband Bruce, who retired from Transport Canada, was asked to be a judge. “I took over the administration of the competition and received an award of merit from the Canadian Owners and Pilots Association recognizing the fact that I’ve put a lot of effort in, and brought competition up to a very high level.”

The competition itself is sponsored by Air Canada and its purpose is to name the top amateur pilot in Canada. “In January of each year I send out about 250 invitations to flight schools, colleges and flying clubs across Canada, encouraging all pilots in their association to participate.”

Applicants take a flight test to determine their ability, and the highest score allows them to become a regional finalist. This year the finals were held in Ottawa from August 20th to 23rd, in conjunction with the 100th anniversary of flight.

Although ill, Eunice continued to make sure it was smooth flying for the competition. “I love the contact with positive, professional, young people,” she says.

At the closing banquet, it was announced that she had been awarded the Paul Tissandier Award, a world recognition award for contribution to amateur aviation. Canada’s representative for the Federation Aeronautique International will be picking up the award on her behalf at their annual meeting in Krakow, Poland, in October.



Eunice Carter

Kind hearts, strong shoulders, at 'The Registry'

By Cynthia Nyman Engel

It wasn't that I ran out of steam. I'd been the primary care giver to my terminally ill spouse for 20 months and I had plenty of steam left. In fact, if the status quo had continued, I could have – would have – gone on caring for him forever, had forever been an option. No, what I ran out of was expertise. Skill. The know-how to provide Beloved with comfort and the drastically increased care that, without warning, he suddenly required.

Sunday dawned sunny and bright. After breakfast, Beloved and I were slated to drive to a golf club for a friend's birthday lunch. But Beloved was not quite himself that morning. He was consuming his cereal unusually slowly and, in fact, had to be gently prodded to eat at all. It was when he finally finished the meal and prepared to leave the table that it happened: Beloved couldn't raise his five foot 11 inch frame from the kitchen chair. Try as he might, he just couldn't. Not alone nor with my help. I later discovered that, in 'med-speak,' he had 'crashed.'

He was frustrated and confused; I was paralyzed with fear. A quickly dialed SOS brought our son, Josh, to the rescue. With Beloved as the 'filling' we three made our way, sandwich-style, step by agonizing step, to the bedroom where Beloved collapsed onto the bed. I immediately paged the Palliative Care Outreach Program's Dr. Margaret Farncombe, my indispensable port in storm that had become our lives.

"You need professional nursing help," was the instant response to my breathless explanation. "You need the Registry."

Yes, we certainly needed the Registry. Thank heaven for the Registry.

The 'Registry' – formally the Community Nursing Registry of Ottawa – has been an integral part of the area health scene since 1910. The Registry is an independent, non-profit association of registered nurses (RNs), registered practical nurses (RPNs) and personal support workers (PSWs) who provide 24/7 hands-on care in private homes, hospitals or long-term care facilities. The skills of these consummate professionals are equalled by their incredibly kind hearts, strong shoulders and the buckets of empathy they provide to patient, care giver and extended family.

The first nurse appeared Sunday at 3 p.m., gave me a huge smile, asked for my take on the situation then sailed into the bedroom where, with my blessing and that of her grateful patient, she took complete charge. Under her excellent care, by 3:30 p.m. Beloved was propped up in bed looking as contented and chipper as his condition would allow and I had calmed down considerably. Over the next five days, a series of Registry nurses did round the clock duty in our home until Beloved's condition dictated it was time to enter hospital. The emotions of that difficult day were eased by the gentleness, consideration and respect accorded patient and care giver by the Registry nurse on duty.

The Registry is the only independent, non-profit agency operating in Ottawa. Its rates are standardized; its nurses receive 90 per cent of the patient's payment. The remaining 10 per cent goes to administration and bricks and mortar. Many health plans cover their cost in full. Ours did.

"We are independent practitioners who take tremendous pride in what we do," says June McTaggart, RN and board member. "We provide a more personal focus and a degree of personal caring and commitment to our clients that is part and parcel of our package."

"We provide a more personal focus and a degree of personal caring and commitment to our clients that is part and parcel of our package."

**June McTaggart,
RN and board member**

"We encourage you to be involved in the patient's care because the patient knows and loves you best, and trusts you best," she says. "We can teach and assist you in how to look after your sick person, but those final days are so special that our objective is that you will have wonderful memories of those last days, not memories clouded by fear, pain, anxiety and a sense of total overwhelming 'care giver stress,' but that you can relax and feel confident that your family member is going to receive professional care to the very end."

My memories of our last days together are special, indeed.

The Community Nursing Registry of Ottawa can be reached at 236-3639.



*Cynthia Nyman
Engel is an
Ottawa writer.*

A loved one's partner, friends and children feel the pain too

How the ORCC helps families

By Linda Corsini

At the ORCC, social work counselling programs are committed to strengthening families, because families remain at the core of the healing process of anyone with cancer.

Even if only one family member's body is affected, cancer impacts on everyone in the family.

At the ORCC, medical attention is offered to the person who is ill, while family members support, comfort and care for the person they love.

The on-going demands of cancer treatment can also contribute to care giver stress, and those families require support, information and coping skills too.

Social workers at the ORCC are keenly aware of the needs of family members when someone close to them is ill with cancer.

There are two main ways we reach out to families – through family and couple counselling, and through group programs.

Family and couple counselling

Social workers are available to meet with patients and family members to discuss how each person in the family is feeling.

Counselling with a neutral third person can be helpful to shed light on relationship issues impacted by cancer and offer a perspective different from the support available from friends and extended family members.

Since on occasion a family member is ready to discuss some concerns



When cancer strikes: Family members also need support.

while the person who is ill prefers to handle matters privately, counselling is available for the whole or parts of a family.

Timing is important. Cancer patients as well as partners can benefit from exploring new ways of coping with changes in relationship and lifestyle caused by illness that may be acute, chronic and life threatening. A professionally trained counselor, being an 'outsider' from the family can offer insight, affirmation and support when it is much needed.

Family counselling is available to all cancer patients and their families. The ORCC staff can refer you or you can contact an individual social worker directly.

Practical issues such as access to medication coverage, transportation, financial support and work-related problems are also important matters for families when a loved one is ill with cancer. Social workers have ex-

pertise to help in these areas too.

Group programs

At the ORCC the following group programs are in place to help meet the needs of families living with cancer.

Family Matters

This group meets once a month at the ORCC and provides opportunities for information and wisdom sharing, for both the person with cancer and his or her loved one who may be a partner, friend or adult son or daughter. The focus in this group is on strengthening relationships and helping them remain strong and vital through the ups and downs of living with cancer.

In *Family Matters*, participants genuinely know that 'family matters' indeed.

Each group session has a theme of common interest to everyone and group members learn that fears like the threat of dying is a core issue af-

fecting cancer sufferers and loved ones alike.

“We don’t feel so alone, knowing that cancer affects both of us,” says the husband of a breast cancer patient. “The spotlight is always on the person with cancer, but my feelings as her partner count too.”

Please contact Linda Corsini if you are interested in joining *Family Matters* or in learning more about the power of groups. The time frame is 4:30 to 6 p.m., second Wednesday of each month, at the ORCC General Campus, 2nd floor, Conference Rooms A&B.

What About my Kids?

When a parent is diagnosed with cancer, the first questions often asked are: “Am I going to die?” followed closely by: “What about my kids?”

It is natural to be concerned about your children. Cancer affects you, as a parent, your children and your loved ones. It changes life for everyone in the family. Living with cancer presents the special challenge for parents of balancing your own needs with the needs of parenting your children. Facing this challenge and finding ways to cope can be very difficult.

“Parenting cannot be put on hold until I feel better,” says a father with colon cancer, taking about his two children, eight and 10.

This monthly workshop at the ORCC is open to all parents who have cancer. Parents who attend can see that they are not alone and in fact can learn from one another. A resource kit of information is distributed which includes items like:

- Questions commonly asked by children and youth who have a parent with cancer.
- An up-to-date listing of books and video resources available in the Ninon Bourque Patient Resource Library.

The workshop cannot take away the family pain experienced when a parent has cancer but it can make it less overwhelming.

Contact Linda Corsini if you are interested in joining *What About my Kids?* Meetings are 4:30 to 6 p.m., first Wednesday of each month at the

ORCC General Campus, 2nd floor, Conference Rooms A&B.

Youth and Family Circles

This is a monthly support group for youth (eight to 18 years of age) and their parents who have cancer.

The whole family is invited to attend as a family unit, so that they can better understand cancer and the changes it causes in the family.

Here families can meet other families to share and learn from one another.

The format usually involves a question and answer period in which youth have the chance to meet one of our ORCC staff physicians so that they can have their own questions answered.

A tour of the ORCC is also included because for many this may be their first exposure to the Centre and a chance to see where their mother or father comes for treatment.

This process helps to reduce the unknown factor of the Cancer Centre and to help youth understand that there is a disease process happening that is beyond their parents’ control. This program helps to demystify cancer and hopefully reduce the isolation that many sons and daughters feel when their mom or dad has cancer. Cancer is discussed openly.

“I didn’t know there were other kids out there with parents like mine who have cancer too,” says the 15-year-old daughter of a mother with breast cancer. “It’s easier for me to ‘hear’ and understand how other mothers feel after chemotherapy ... and what I can do to help her.”

“I really liked being able to have the doctor answer some of my questions,” says the son, 18, of a father with lung cancer. “I feel less afraid.”

Contact Linda Corsini if you are interested in joining *Youth and Family Circles*. The group meets 4:30 to 6 p.m., third Wednesday of each month, at the ORCC General Campus, 2nd floor, Conference Rooms A&B.

Coping with Cancer Stress

This is a classroom-style course offered to men and women with cancer, as well as their loved ones, and it is of particular interest to those who are recently diagnosed.

In this program, participants will learn methods of coping with the emotional aspect of cancer as well stress-management techniques.

When a person is first diagnosed it is difficult to know where to start; people may have heard different coping techniques can be helpful. This program provides a supportive environment where participants will learn methods of coping with the emotional aspect of cancer as well stress management techniques.

“I have gained important skills that have improved my ability to cope,” says a patient. “I also found the connection among participants very helpful.”

The course is based on a program by Alastair Cunningham whose audio tapes, books and videos are available at the Ninon Bourque Library.

This program is offered several times a year and is led by social worker Diane Manii, 737-7700 ext. 6858.

Adult Brain Tumour Group

This is a monthly support group offered to those with primary brain tumours and their loved ones.

Even if the person with a brain tumour does not wish to join the support group, family members are welcome.

Living with a brain tumour presents unique challenges. Because our brains are at the core of our identity – allowing us to think, speak, act, laugh, cry and interact with others – having a brain tumour threatens who we are, sometimes even our very lives. This is an opportunity to share with others who understand and to learn from guest speakers.

“The support group is my lifeline,” says the partner of a man with a brain tumour.

Contact Diane Ford at 737-7700 ext. 6855 for more information.

These five unique group programs offer patients and their families a range of options. Families can choose to attend one or several. They can attend regularly or come a few times as needed to receive support and encouragement from one another.



Linda Corsini MSW RSW is a social worker with the ORCC.



– Nikki Corrigan photos

The power of laughter: Paddy Stewart brings smiles to the faces of (l-r) Shirley Leblanc, Mary Goddard, Claire King, and Eva Renwick at a recent Grimes Lodge workshop at the Ottawa Hospital, Civic Campus.

Keep on the sunny side: How to bring more humour into your life

By Paddy Stewart

I have been laughing and singing with folks in health care and hospitals for 20 years. I believe in the therapeutic value of music and laughter in restoring and maintaining wellness. I've seen it.

Here are some simple, fun steps to help you “tune” into the healthy humour in your life.

Step 1

List 10 people, places, things that bring a smile to your face – your Aunt Harriet, a wild camping trip, or your

favourite dance tune. Chuckling about these items helps “keep your sunny side up!”

Step 2

Go on a Pleasure Hunt through your storage in the attic or basement to find fun mementos. Do you still have the first 45 rpm record you ever bought? (Your first 78 rpm record??)

Go through your old photo albums and take out a few fun shots. How about a picture of your funny dog?

Unpack some of these fun reminders, dust them off, and put them out in the sunshine. They will help

you “pack up your troubles, and smile, smile, smile.”

Step 3

To get some “Blue Skies, Smilin’ at You” put up some other fun reminders around the house.

Here are some funny signs. Copy one and put it on the fridge:

- *Of all the things I've lost, I miss my mind the most.*
- *I love deadlines – especially the whooshing sound they make as they fly by.*
- *Out of my mind. Back in five minutes.*

Mistakes Hapen

My brother, who has a serious and difficult on-going health condition, has a big sign up on his bathroom mirror that says "ATTITUDE." He likes the reminder first thing in the morning. You can put a big picture of yourself smiling or laughing on your bathroom mirror.

Of course you can put these reminders on the kitchen counter and the coffee table. How about putting them in fun places? Why not tape a cartoon to the back of the TV remote control. Stick a funny saying on the ceiling over your bed! If the inside of the raised toilet seat lid is a spot that tickles your fancy to put a joke or happy face – then why not? Spontaneity is the spice of life.

What a great way to "Keep your sunny side up!"

Step 4

We have First Aid kits for the body. Some people develop their own "Mirthed Aid kits" for the mind and spirit. I got this idea from Vera, an elderly woman I met while performing at the Rehab Centre. She keeps jokes, sayings, poems, funny pictures and tapes in her "Tickle Bag." She said the humorous items keep her smiling at low times or when she knows she'll have a long wait to see the doctor.

Here are a couple of Vera's favourite jokes:

- Why do crows sit on telephone wires?

To make long distance caws.

- What did Snow White say when she took her film to be developed?

Some day my prints will come.

The Mirthed Aid kit is a wonderful way to be "Just singin' in the rain."

Step 5

If you can laugh at yourself, you have an endless source of humour.

Most of the laughter and joy in our lives comes from everyday experiences – slips of the tongue and booboos. When we learn to laugh at our own little foibles, we open a Treasure Jest of fun! For example, I often walk upstairs to the bedroom to get something and then realize I've forgotten what I came up for. (Ever happened to you?) I have a sign up in the bedroom that reads,

"What did I come up here for?"

Years ago, my wife showed me this simple way to have fun with a little error. She used to type my essays for me with an old IBM Selectric Typewriter. When she made a typing error, before she whited out the error, she would read aloud the botched word. (Like "weirf" instead of "weird") I now read my own typing errors on the computer aloud. Since I make lots of them, I have lots to lauhj about!

It's fun to be able to laugh

about my mistakes and "put on a happy face."

Step 6

We love to share a laugh. Share your fun with your spouse, relative or friend. Victor Borge, the musical comedian, said that "Laughter is the closest distance between two people." Look up an old high school pal that you used to laugh with. Include a joke in your next email. Let others join with you to "ring out a song of good cheer."

Laughter is indeed the 'Best Medicine.' Not only is it free but you can take it anytime you feel like it without a prescription.

These fun steps show simple ways to bring some healthy harmony into your life. When we get busy and "roll out the barrel, then we'll have a barrel of fun."

Paddy Stewart is a retired high school teacher who has taken his love of music and humour and turned them into a stress release program for residents at the Maurice Grimes Lodge.

Paddy has been a volunteer at the Lodge for over two years. "His monthly Monday night visit is hugely popular with the Lodge residents," says Tom Sparling, Canadian Cancer Society Volunteer Resources Coordinator at the ORCC. "When he is not doing his thing at the Lodge he does consulting work with various health care facilities and agencies across the province."

Paddy Stewart Ha Ha Ha!

(Okay, he's not the subject of Roddy Doyle's Booker Prize-winning novel Paddy Clarke Ha Ha Ha but it was too good to resist, and the subject of this article is humour.

- Ed.)



Cancer and aging

*Cancer is the price paid
by multicellular organisms with
the capacity for cellular renewal*

By Dr. Douglas Gray

Why is cancer a disease of aging? There are childhood cancers, cruel and wholly undeserved, but for the most part cancer wreaks its havoc on the elderly.

If one examines the statistics in graphical form (Figure 1) there is evident a steadily increasing likelihood of succumbing to cancer from middle age onward, with the curve becoming alarmingly steep beyond the seventh decade of life.

Why should this be? Is it the consequence of a lifetime of exposure to environmental contaminants, as many seem to believe, or is cancer inextricably associated with the biology of aging? If we were to somehow eradicate cancer would we necessarily live longer? How much longer?

Conversely, were we to somehow artificially extend the human lifespan would the penalty be that everyone eventually developed cancer? There is at present no definitive answer to any of these questions, but there is some interesting (and rather surprising) speculation. What follows is an at-

The word aging has two simultaneous meanings: the process of growing older, and the decline in many of the body's systems as the years pass.



tempt to distill current thinking about the biology of aging so that the association of cancer with aging can be understood.

It may surprise the reader to be informed that a commonly used word like aging has no formal definition in biology, at least no universal definition upon which biologists can agree. The problem is that as generally used, the word aging has two simultaneous meanings: the process of growing older, and the decline in many of the body's systems as the years pass. In humans there is such an absolute concordance of the two meanings that one word will suffice.

If one goes beyond the human condition and broadens one's scope to biology in general a single word just won't do, for the simple reason that some species do not seem to deteriorate with increasing age.

A famous example is the bristlecone pine, known to live for at least 5,000 years. Obviously no one has had the privilege of observing an ancient bristlecone pine throughout its unhurried life, but we do have some younger examples with which to compare, and if there is a decline in function it is not obvious in this species.

Some species get larger with age, but without an indication of scale a picture of a 100-year-old lake sturgeon will look very much like a 20-year-old lake sturgeon. The same could not be said even for George

Burns, who in later years made every effort to give the appearance of having defeated aging.

Other species decline precipitously at the very end of their lifespan (the pattern in many insects, for example). The decline in physiological function with age is referred to as senescence. When humans age they often show clear signs of senescence in their fifth decade, when the ability to accommodate the visual system to close range declines substantially.

Senescence in humans is gradual, as it is in dogs, birds and some fish. Senescence is negligible in Bristlecone pines, tortoises, and quahogs (a type of clam), but is rapid in bamboo, nematodes, and moths.

My point is that senescence is not a necessary consequence of aging, nor does it follow along any fixed schedule. Why should there be senescence at all? What purpose does it serve? Is there an evolutionary explanation for senescence that could also account for the increase in cancer rates among the elderly?

The facile explanation for the phenomenon of senescence is that it clears away the older individuals to provide resources for the new. This, it has been posited, is good for the species, directing resources towards individuals whose fresh combinations of genes are the hope for the future.

Your body needs a reserve of 'stem cells' with the ability to proliferate and take the place of cells lost to damage or normal wear and tear, but the ability to proliferate is one of several key attributes of cancer cells.

This might be true if evolution really worked this way, but it does not. Evolution cannot anticipate the future, but only rewards the winners (in terms of reproductive success) of the current generation. Selection, the sifting of the best suited genetic combinations for current conditions, occurs much more strongly at the level of the individual than it does at the level of the species, so whatever possible benefit there may be in senescence it must act through the reproductive success of the individual.

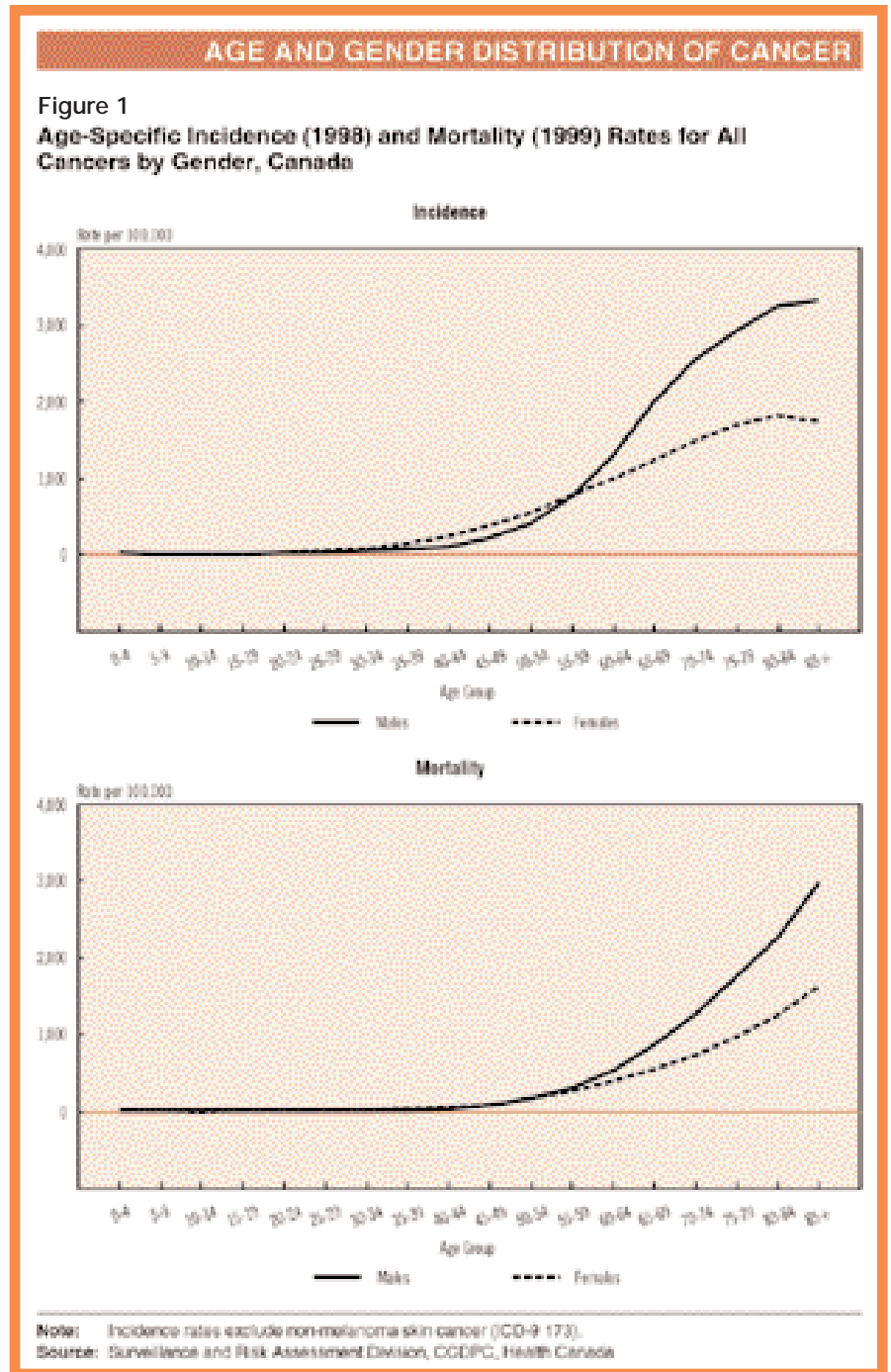
From such a framework have emerged several plausible hypotheses for the phenomenon of senescence that have in common the concept of a tradeoff of youthful vigor at the cost of subsequent infirmity.

This tradeoff works as follows: Humans, particularly females, do not reproduce beyond a certain age. Any gene that gives a boost early in life will provide a selective advantage, even if it has a deleterious effect later in life. This is so because natural selection cannot evaluate the beneficial or deleterious effect of the gene in post-reproductive individuals; contribution to the subsequent generation defines success.

Further, available evidence indicates that for most of human history very few individuals made it to what would now be considered middle age. Most women who have ever walked on the earth did not live long enough to experience menopause. It is very unlikely that the deleterious effects now manifest in elderly humans were even observed until very recently. The creeping infirmity of old age is a special privilege reserved for affluent humans (and their housepets) born within fairly recent history.

One cannot test the tradeoff hypothesis in humans, but with a little patience (actually rather a lot of patience) one can do so in other species. In fruit flies, for example, one can breed only the longer living individuals from each generation, and do so for successive generations until significantly longer living flies are obtained.

Several researchers have artificially selected longer living flies, and the increase in lifespan has always been accompanied by reduced reproductive potential. Similar results have been



— Source: Canadian Cancer Society, Canadian Cancer Statistics 2003

obtained in nematode worms (another model system favoured by geneticists).

Biological systems are built on this sort of compromise, but it is nowhere more evident than with regard to the regulation of cell proliferation.

Your body needs a reserve of ‘stem cells’ with the ability to proliferate and take the place of cells lost to damage or normal wear and tear, but the ability to proliferate is one of several key attributes of cancer cells. The

ability to repair tissues comes at a cost, which is the increased risk of cancer, a risk apparently borne by all organisms with the capacity for repair.

If you had unlimited numbers of progenitor cells you might be able to replace worn out tissues indefinitely (an oft-repeated selling point of ‘stem cell therapy’) but the likely cost would be increased cancer frequency.

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How much repair potential should a human being have? If you accept the argument that beyond reproductive age selection has little impact, the answer is that there should be enough repair capacity to ensure function just beyond reproductive age.

Jay Olshansky, who has written extensively on the demographics of aging, uses the analogy of engineering a car to win the Indianapolis 500. Such a car must be sufficiently robust to travel 500 miles at speed without failure if it is to finish at all.

A prudent racing team would 'overbuild' the car, perhaps with the capacity to race for 1,000 miles, but a car engineered to travel 50,000 miles without replacement parts would be heavy and slow and surely lose the race.

By analogy, selection should ensure that humans have enough repair capacity to ensure survival to reproductive age. In the pitiless accountancy of natural selection it would be folly to 'overbuild' the human body with repair capacity beyond middle age; to do so would be to expose the young to needless cancer risk from all the additional stem cells.

Dramatic evidence of the matrix of connections between repair, aging, stem cells and cancer comes from experimental manipulation of p53, a pivotal regulatory protein in the cell. p53 is a tumour suppressor protein with the ability to suspend the growth and division of cells that have incurred damage to their DNA genomes until the damage is repaired.

If potential DNA mutations cannot be repaired p53 can direct the suicide of the cell to preclude its escape from normal regulatory checks and balances (hence its transformation into a cancer cell). Genetic deficiency in p53 results in Li-Fraumeni syndrome, an inherited predisposition to cancer, and as one would expect mice genetically engineered to be deficient in p53 are cancer-prone.

Mice in which p53 is removed from normal regulatory constraints and is therefore hyperactive were found to display enhanced cancer resistance,

Senescence is not a necessary consequence of aging, nor does it follow along any fixed schedule.

which would be a good thing were it not accompanied by accelerated aging (reduced longevity, age-associated osteoporosis, and a variety of other defects).

At an upcoming gerontology conference the research group that created this mouse strain will report a reduction in stem cell function in the mice, arguing that enhanced cancer resistance at a young age comes at the cost of reduced ability to repair tissues later. Once again it is a rough bargain, and as always it favours the young.

If cancer cells emerge through loss of growth constraint, and if such loss of growth constraint can result from DNA mutations, it is reasonable to assume that removing the source of the mutations should improve the situation. Fair enough, but what is that source? It seems an irresistible human trait to attribute blame to without, which in this case means environmental sources.

Many is the cancer patient who will search through personal history to identify some exposure to a possible carcinogen, and in the world in which we live there is unfortunately no shortage of suspects. There is no question that cancers can have environmental sources, lung cancers and cigarette smoke being a case in point.

The fallacy is in thinking that with sufficient information most cancers,

"I feel like a young man who's got something very bad wrong with him."

– Michael Straight, a former editor of *The New Republic*, on what it felt like to be an old man of 80.

or even all cancers, could be traced back to an environmental source. As I have stated previously cancer is the price paid by multicellular organisms with the capacity for cellular renewal.

This is so because even in the absence of environmental sources of mutation the genomes of all those cells must be replicated with each division, and the copying process is not perfect. There is a 'background' mutation frequency. In evolutionary terms this is not a bad thing, indeed it is necessary to generate the variation upon which selection can act. There is evidence that the fidelity of the DNA replication machinery diminished with age, which is not at all surprising given that the resulting mutations would exist in the 'selection shadow' of postreproductive age.

In a recent review of the prospects for human immortality Michael Straight, a former editor of *The New Republic*, was quoted as to what it felt like to be an old man of 80: "I feel like a young man who's got something very bad wrong with him." Evolutionary theory can adequately explain the somatic decline that constitutes this 'very bad' thing.

Why the massively complex neuronal dance that underlies personality should be preserved and allow Mr. Straight to mentally feel like the younger version of himself while he physically declines is still a mystery, for human personality is the very last function to decline with age. This, in my opinion, is something to be thankful for.

Douglas A. Gray, PhD, is Senior Scientist, Centre for Cancer Therapeutics at the Ottawa Regional Cancer Centre.



Cancer rehabilitation research uses metabolic analysis

By Shannon Gorman

When Gilbert Molloy was diagnosed with prostate cancer in November 2002, he had no idea that his journey through diagnosis and treatment would be quite so “aerobic.”

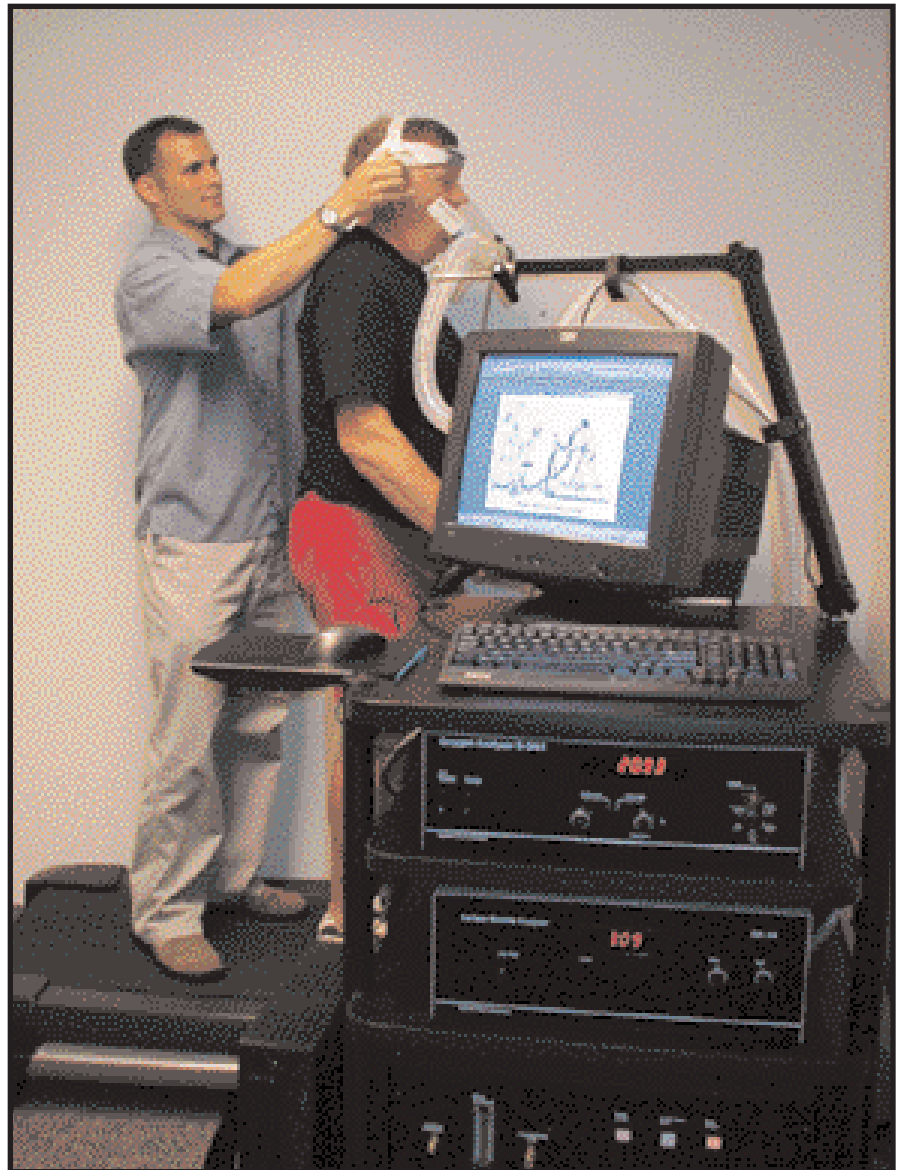
At the suggestion of his radiation oncologist, Dr. Shawn Malone, Mr. Molloy agreed to participate in a clinical trial that would have him exercising on a treadmill three times a week for a 24-week period.

A National Cancer Institute of Canada grant funds the study, which will be completed in three to four years. The Cancer Centre’s “Rehabilitation Program,” directed by medical oncologist Dr. Roanne Segal, hopes to enlist 210 participants in the next two and a half years.

The study, “Prostate Cancer Radiotherapy and Exercise versus Normal Treatment” (PREVENT) measures the impact exercise has on the side effects of radiation treatment for prostate cancer. The patient’s level of fatigue, body composition, muscular fitness, cardio respiratory fitness, and overall quality of life are measured before and after a 24-week intervention period during which they would receive their radiation treatment. The study randomizes patients to one of the following three exercise regimes.

- 1) Cardiovascular exercise (aerobic training – Mr. Molloy’s)
- 2) Resistance exercise (weight training)
- 3) Wait list (patient would maintain their current daily activity level with no increase in physical activity)

The metabolic cart was purchased through funds raised at “An Evening with Abigail” auction, and measures the patient’s metabolic rate. This in-



Former hockey player Gilbert Molloy has journeyed over 200 kilometers on the treadmill as part of an ORCC study using the metabolic cart purchased through funds raised at “An Evening with Abigail” auction.

formation gives an indication of the patient’s cardiovascular fitness level throughout the course of the study.

Patients must be referred to the program by their oncologist, and are monitored closely by one of the instructors in the Centre at all times.

A former hockey player who played as often as four times per week, Mr. Molloy, 63, is no stranger to exercise. Through his journey, which has taken

him over 200 kilometers on the treadmill, Mr. Molloy has met great friends, increased his cardiovascular fitness and has lost body fat. Once the study is completed Mr. Molloy hopes to be back on the rink, surely skating circles around the opposing team.

Shannon Gorman is Manager, Resource Development, Ottawa Regional Cancer Centre Foundation.

Prostate cancer most frequently diagnosed cancer in men

By Gordon Seabrook

In the Spring/Summer 1999 issue of *Challenge* prostate cancer was likened to a sleeping giant because of the size of the problem and the general lack of awareness and response to it. This update summarizes the situation nearly five years later.

Statistically, the problem is unchanged. In 2002, an estimated 18,200 men were diagnosed with prostate cancer and 4,300 died of it. On average, 350 Canadian men were diagnosed with prostate cancer every week.

On average, 83 Canadian men died of prostate cancer every week. One in eight men will develop prostate cancer during his lifetime, mostly after age 70. One in 28 will die of it.

Prostate cancer is the most frequently diagnosed cancer (excluding non-melanoma skin cancer) in Canadian men. It accounts for almost one in four cancer diagnoses among Canadian men.

Awareness has significantly increased, locally and nationally. The Prostate Cancer Association of Ottawa (PCAO) celebrated its tenth anniversary this year, while the Canadian Prostate Cancer Network (CPCN) has grown to 130 associated groups coast to coast. PCAO is primarily a support group for newly-diagnosed patients and those undergoing treatment, as well as a considerable help for the survivors. It also reaches out into the community to advocate early diagnosis of the cancer among the primary susceptible age groups.

National Prostate Cancer Awareness Week, now in its sixth year, is marked in September and PCAO, in collaboration with CPCN and the CCS, helps to ensure local men are informed of the risk to their health – and the ease and benefits of early diagnosis.

PCAO this year teamed up with the South East Ottawa Centre for a Healthy Community and the City of Ottawa's Health Department to present a conference exploring men's health issues. The conference was built around the six major health issues for men (prostate, testicular and colorectal cancer, heart and stroke, diabetes, and depression) and attracted health care and social service professionals and representatives of support groups to identify ways in which men can be encouraged to take better personal care of themselves.

The CS CO-OP "Do it for Dad" (DIFD) Run and Family Walk in support of prostate cancer has been held in Ottawa every June on Father's Day since 1999. It results from a partnership between the PCAO, the ORCCF and CS CO-OP Community Financial Services as title sponsor. There are several keys to the success of DIFD over the years.

Firstly, the partnership among the PCAO, the ORCCF, and CS CO-OP has worked extraordinarily well. The on-going commitment from CS CO-OP has been first class. The continuing involvement of other sponsors such as the Ottawa Police Association, Enbridge Gas Distribution, Bridgewater Systems, the Ottawa Citizen, and the law firm of Nelligan O'Brien Payne has ensured a financial stability for DIFD. Offering a wide variety of activities including timed 5km and 10km runs, a 2km family walk, a pancake breakfast, and entertainment for children and adults has broadened the appeal of the event. The Corporate (now Team) Challenge was started in 2001 and is growing as well. Finally we tap into a pool of dedicated organizers and volunteers from the three partner organizations. DIFD in Ottawa has been a success story and we certainly see that continuing.

The Ottawa Hospital Prostate Assessment Centre that was expected to be operational in 2000 was finally given government approval this year and is expected to be operational in 2004.

The Canadian Prostate Cancer Research Initiative (CPCRI) was created in 1997 to stimulate new efforts in prostate cancer research and to strengthen existing activity. The CPCRI is an alliance of representatives from Health Canada, National Cancer Institute of Canada (NCIC), Canadian Cancer Society (CCS) and the CPCN. Funds were committed by the partners for a period of 5 years, which has almost expired. Efforts to maintain this valuable resource are being made.

In 1999, the conclusion was that the Sleeping Giant was not awake but that there were indications he was stirring. In 2003, it's fair to say he's awake, but he isn't moving very fast!

The PCAO can be reached at (613) 828-0762, P.O. Box 23122, Ottawa, Ontario, K2A 4E2, or e-mail: pca@ncf.ca.

The monthly newsletter and other information can be seen on the Web site at www.ncf.ca/pca.

Meetings are held on the third Thursday of each month at St. Stephen's Anglican Church, 930 Watson Street, Ottawa (north on Pinecrest from the Queensway and west on St. Stephen's Street. Enter church from parking lot off St. Stephen's Street.)



Gordon Seabrook is a member of the Prostate Cancer Association Ottawa.

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.

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 p.m. - 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.
- 7:00 p.m. - 9:00 p.m.
- St. Timothy's Presbyterian Church, 2400 Alta Vista Drive. (downstairs hall)
- Call (613) 567-4278 for more information.

Bereaved Families of Ontario, Cornwall & Area

- Purpose: Provide support, information and education for families following a death and/or terminal illness of a loved one.
- Bereavement support, groups, telephone help line, library
- Children/Youth programs also available
- Bereavement Support and Resource Centre
- Located: 144 Pitt Street, Cornwall, Ontario



- Open 9:00 a.m. to 4:00 p.m. - 5 days a week
- Call (613) 936-1455 (email) bfconwall@on.aibn.com 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 Ridgewood 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 (Thry'vors)

- Purpose: 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 Diane Dodd at (613) 836-3996 or (416) 487-8267 or by e-mail at Dianne_Dodd@pch.gc.ca
- On-line support: <http://groups.yahoo.com/group/thryvors>

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, 7-9 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) (website: 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.
- Call Reina DeJong (613) 535-2215, 4324 Villa Drive, Williamsburg, ON, K0C 2H0

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(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 7:00 p.m. - 9:00 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 Rd.
- 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.

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
- Room 8230, Ottawa Hospital, General Campus
- Call Hilary Graham (613) 737-8899 ext. 72128 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
- Hours: Monday - Friday, 8:30 a.m. - 12:00 noon, 1:00 p.m. - 4:30 p.m.
- Phone: (613) 737-7700 ext. 6984

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, ON, K1H 1C4
- Hours: Monday - Friday, 9:30 a.m. - 3:00 p.m.
- Please call to confirm. (613) 737-7700 ext. 6980

Ottawa Regional Cancer Centre Social Work Support Groups

- Purpose: 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 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. 6685, Kathleen Greene (613) 820-4289, Linda Durocher 737-8899, ext. 78053.

2. CHEO to CHEO to ORCC Bridge Program

- (a monthly orientation workshop for young adult survivors of childhood cancer) who are in transition from their paediatric team to their new adult program.
- This program offers a chance to meet ORCC staff, understand long-term effects of cancer treatments, and meet other young adult survivors. Family members welcome.
- Meets first Friday of each month
- 12 noon to 1:00 p.m.
- Supportive Care conference room, First floor (behind Module A), General Division, ORCC, 503 Smyth Road, Ottawa, ON K1C 1C4
- For further information, please contact Linda Corsini (613) 737-7700, ext. 6856.

3. 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.

4. Connexions 18-35

- (a monthly support group for cancer patients age 18 to 35 years of age) who must 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.
- For information and registration, call Diane Manii at (613) 737-7700, ext. 6852.

5. 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.

6. 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, or for information, please call Liane Murphy at (613) 737-7700 ext. 6858.

7. 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
- Must pre-register; contact Michele Holwell (613) 737-7700, ext. 6292

8. 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.
- Must pre-register, contact Diane Manii (613) 737-7700, ext. 6852

9. "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 Youth and Family Circles). 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.

10. Youth and Family Circles

(a monthly workshop for children and youth, age 8 to 18, who love someone close who has 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.

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. K1K 3B8
- 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

West Quebec Cancer Support Group

- Purpose: An English-speaking cancer support group, which provides support and encouragement to adults in West Quebec, who have experienced cancer, as well as to provide a forum for discussion.
- Meets on the first Tuesday of the month
- 7:00 p.m. to 9:00 p.m.
- Aylmer United Church (in the parlour), 164 Principale, Aylmer, Quebec.
- Call 819-682-4453 for more information.

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 website: 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.

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.