

The Ottawa Regional Cancer Centre presents

Challenge

Spring/Summer
2002



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for treatment**

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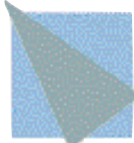
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Dr. Barbara Vanderhyden

Letter from the Editor

Missing from the masthead of this issue of *Challenge* is Dr. Barbara Vanderhyden, who has resigned after 10 issues to spend more time on organizing a national conference on ovarian cancer research as well as her own research program.

Barb has been a tremendous source of assistance since the magazine's inception, contributing freely of her time to meetings and reviewing draft articles. She will be truly missed. In true Barb style, she even showed up with her carefully chosen replacement, Dr. Doug Gray, at the *Challenge* editorial meeting where she announced her resignation.

"Barbara was a delight to work with and brought to the Editorial Board a wealth of technical expertise and enthusiasm," says Editorial Board co-chair Vince Westwick. "We relied heavily on her scientific knowledge and good judgement. We wish her well in her research and thank her for her most significant contribution."

Barb is a rare breed, a detail person with a sense of humour. When she showed up with test tubes of jelly beans on the Japanese Setsubun Bean-Scattering Festival, a tradition signaling the end of winter, Barb started our own tradition of celebrating the closest multicultural holiday to our meeting date.

The Setsubun tradition involves the scattering of dried beans with chants "out with the devil" and "in with good luck" to drive away bad fortune. We will miss Barb and wish her continued success and only good fortune in her research and her life.



*Louise
Rachlis*

– Valberg Imaging

. . . in the news . . .

Naomi Bulka Patient and Family Resource Centre designed to integrate patient care pathways

Throughout her own struggle with cancer, it was Naomi Bulka's mission to improve the lives of other cancer patients.

During her many visits to the Ottawa Regional Cancer Centre for treatment, Naomi suggested many services not provided by provincial government funding that would enhance patient care.

Over the past several months, Naomi's husband Rabbi Reuven Bulka has worked with Cancer Centre CEO Dr. Hartley Stern to design a unique facility that would honour Naomi's memory. Together they have created a vision for the Naomi Bulka Patient and Family Resource Centre to provide the type of patient and family support that Naomi knew was so badly needed.

The centralized Patient and Family Resource Centre will be located at the main entrance of the Cancer Centre and will provide a haven for non-medical support activities for all



cancer patients. It will provide the 'first encounter' for all new patients to the Cancer Centre and will introduce the patient and family to all informational and supportive care services available to them, complementing the existing Ninon Bourque Library.

The goal for this very special cause is \$500,000. To make a donation, please contact the Ottawa Regional Cancer Centre Foundation at 247-3527.



Cruise for the Cure departs February 9th, 2003

Taller than the Statue of Liberty and longer than three football fields, the 2,600-passenger Grand Princess cruise ship is now able to fight cancer as well.

The ship will be sailing February 9th, 2003 for a seven-day Western Caribbean cruise, and the proceeds from this cruise will be going to the Ottawa Regional Women's Breast Health Centre at the Ottawa Hospital and the Ottawa Regional Cancer Centre Foundation.

William Watt, co-owner and manager of Thomas Cook Travel in Stittsville, has organized the fundraising cruise which departs from Fort Lauderdale, Florida and visits

Princess Cays, Bahamas; Grand Cayman, Cayman Islands; Majahual, Mexico and Cozumel, Mexico.

"My mother, Elta Watt is a breast cancer survivor," says Mr. Watt. "After her bout with it eight years ago, she was well aware of a need for support to those women recently diagnosed with breast cancer, so she started up the Arnprior and District Breast Cancer Support Group. My mother also came up with the concept of doing a cruise."

For more information, please view www.cruiseforthecure.ca or call Mr. Watt at Thomas Cook Travel toll-free at 1-800-727-5699 or e-mail wwatt@thomascook.ca.

Volunteers needed for an Ottawa Hospital study of the Effects of Chemotherapy on Memory and Other Mental Functions

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

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

If you meet these criteria and are interested in finding out more about the study, please call: 798-5555, extension 1-3456.

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Guyasse Veevee, a patient in the Ottawa-Baffin Island program.

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Baffin Region patients
head south to Ottawa
for treatment

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LETTERS

The last issue of *Challenge*, Fall/Winter 2001, contained an article about recognizing the risks and symptoms of prostate cancer. Somehow the tests associated with colo-rectal cancer were in the last paragraph of this article. The last paragraph needs to be changed to read:

“In its early stages prostate cancer has no symptoms. Early detection is critical to catch the cancer before it has spread outside the prostate gland. Therefore it is important that men over the age of 50 have an annual check-up with their physician. If there is a family history of prostate cancer

or if an Afro-Canadian, the annual check should start at age 40.

The check for prostate cancer includes a digital rectal exam (DRE) and a PSA blood test. At present the cost of the PSA test (about \$20-\$30) is not covered by OHIP.”

Bill Campbell, Ottawa, Ont.



Baffin Region patients head south to Ottawa for treatment

By Louise Rachlis

It's a three-hour plane ride from Iqaluit to Ottawa, and many of the patients under the Ottawa-Baffin Island program come from destinations of up to three hours farther than that for treatment at the Ottawa Regional Cancer Centre.

"The parent program for the Ottawa-Baffin Island program is Ottawa Health Services Network Inc.," says Gael Anderson, manager of the Ottawa-Baffin Island program. "We're one of the OHSNI programs."

OHSNI is a not for profit organization established in 1997. The Ottawa Regional Cancer Centre, through the community oncology program, plays an important role in the coordination of cancer services for this patient population, helping the case managers navigate the cancer system for their patients.

"What the Ottawa-Baffin Island program does is coordinate specialist and tertiary health care in Ottawa and Iqaluit for the residents of the Baffin Region of Nunavut," she says. "The program was originally run through

McGill University in Montreal and the health board of the Baffin Region at that time opened up the contract to tender. The services moved here at that time."

Ottawa and Montreal are the closest air links to Iqaluit.

The program averages about 650 or 700 visits a year. Of the visits, about 70 are to the cancer clinic.

As manager, Ms. Anderson, who is a nurse, helps coordinate the medical care and serves as a liaison between the health care providers. "Given that



— Ottawa Citizen photo

Some patients come in for a day for a yearly check-up.

there is no specialist care in the north, it's good that they're able to use the Ottawa facilities. It has been a real help in cancer care."

Nursing case manager for the Baffin program is Louise Donnelly-Paniaq. Jaynee Champagne is support care coordinator. Interpreters providing language and cultural interpretation are Ida Davidee, Louise Kangok, Morti Iqqaqsaq and Kim Kangok. "We provide language support for many of our clients who are unilingual," says Ms. Anderson. "Even people who do speak English need help with medical terminology and explanations of disease and treatment."

Many of the Inuit are Anglican, she says. "They don't have the same kind of healing circles First Nations people do. They are very supportive of each other and find a sense of community being here, although the size of Ottawa can be overwhelming. They enjoy telling the nurses stories about back home."

Length of stay varies. Some come in for a day for a yearly check-up, while others on active treatment stay three or four months at a time. "That's hard, because often they don't have family here and so it's difficult. There is a lot of travel back and forth."

When they're here, the patients stay at Larga Baffin Home, a boarding house on Russell Road that is just for patients from the Baffin region.

Ms. Anderson says because her clients tend to get diagnosed late with their cancer, their illness can be quite advanced. "All of our patients have really appreciated the care they have received at the cancer clinic."



Interpreter Ida Davidee chats with cancer patient Guyasse Veevee from Pangnirtung in Baffin Region.

"Given that there is no specialist care in the north, it's good that they're able to use the Ottawa facilities. It has been a real help in cancer care."

**– Gael Anderson,
Manager, Ottawa-Baffin Island program**





— photos by Jean Levac, Ottawa Citizen

Round the table: Senior management meets regularly to keep the ORCC running smoothly.

A strong team keeps the Ottawa Regional Cancer Centre heading in the right direction

By Louise Rachlis

As he sails into The Perfect Storm, Dr. Hartley Stern, CEO of the Ottawa Regional Cancer Centre, intends to have more success than George Clooney as Captain Billy Tyne.

“I’m the captain of a ship,” says Dr. Stern, 52, who flies to Toronto often, advocating on the ORCC’s behalf, banging on doors of the Ministry to make sure partnerships are working well. “This is a very difficult time in health care because of the rapid increase in health care costs, and with this upheaval, the role of the CEO changes. What I’ve tried to do is take on the role of advocate and give strategic direction.”



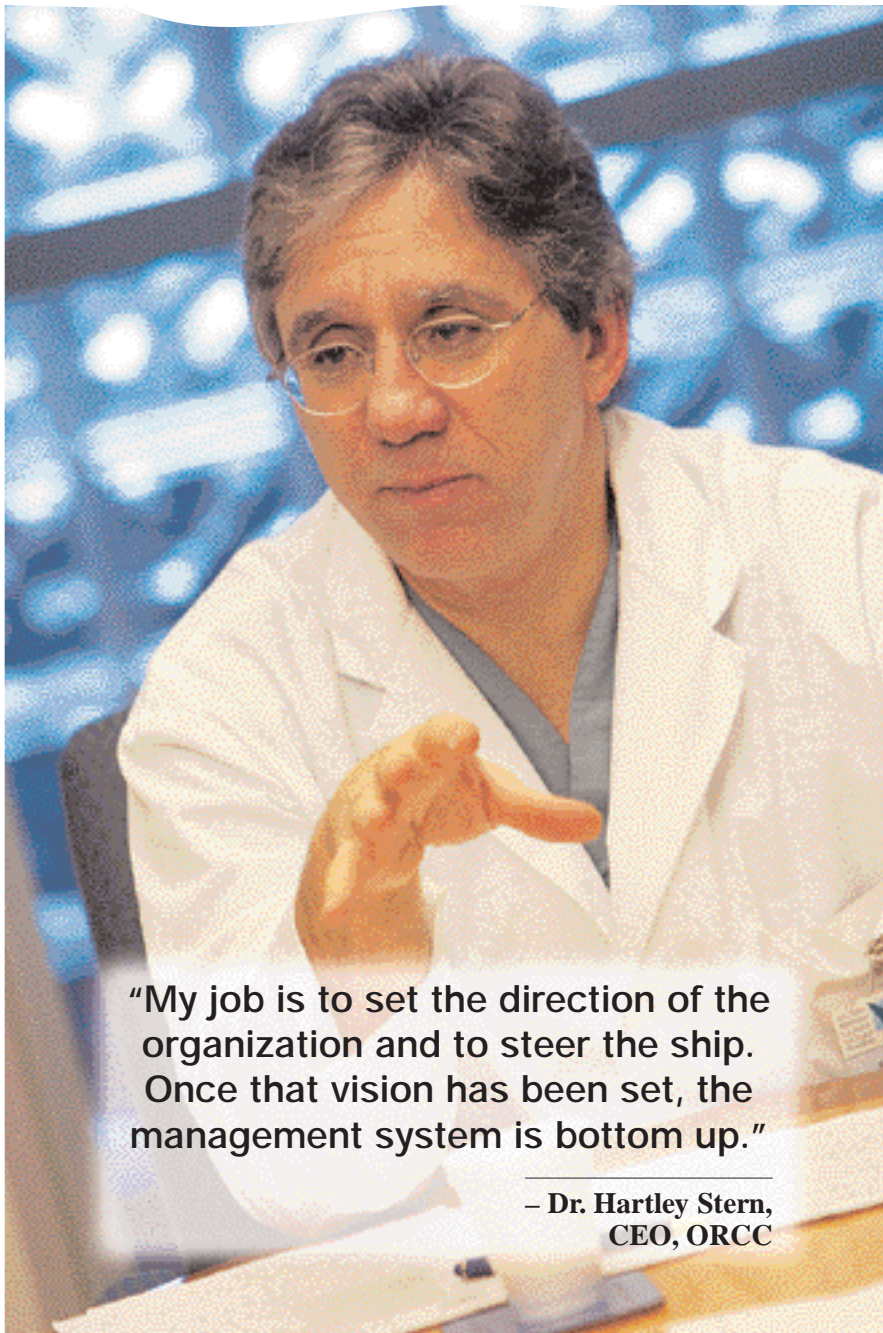
He sees his role as “leading this institution through enormous changes, stresses and pressures ... One in three Ottawans is going to get a cancer, and we’re it. If we haven’t put ourselves in our strongest position with strategic alliances, I haven’t done my job as a leader. We have to be in a strong position to weather the storms.”

He says one of the Centre’s biggest challenges is space. “We are in the process of fundraising for capital development. I’m helping Linda McGreevy, executive director of the

ORCC Foundation and its board of directors, to spearhead that campaign.”

As captain of the ship, he takes every opportunity to praise his crew – his managers. “My job is to set the direction of the organization and to steer the ship. Once that vision has been set, the management system is bottom up. The different departments have more authority.”

And no matter which direction is being determined, it all starts with “the patient in the middle.” It all comes down to what is good for the patient. And that in turn is driven by the new knowledge gained by “translational research;” the bridge between what scientists do in a lab and getting the results of that effort to the patients. “That’s what drives us.”



“My job is to set the direction of the organization and to steer the ship. Once that vision has been set, the management system is bottom up.”

**– Dr. Hartley Stern,
CEO, ORCC**

He highly values all the members of his team and the word “team” comes up all the time in his discussions:

“Our ‘business’ is to provide quality care to our patients. The medical leadership in radiation, chemotherapy and surgery of **André Girard, Gad Perry, Jean Maroun and Michael Fung Kee Fung** is essential. Each works tirelessly on behalf of our patients.”

• **Trudy Reid** joined the Cancer Centre as Chief Operating Officer (COO) in September. “Trudy is a seasoned health care professional,” says Dr. Stern. “She is a skilled

negotiator and team builder and her extensive experience in healthcare have made her a valuable asset to the Centre.”

Radiation and Surgical Treatment used to be under one program manager and Systemic Therapy and Community Treatment used to be under one program manager. There are now three program managers.

• **Wanda Assang**, Program Manager, Systemic Therapy, has developed a new pilot program which is a primary nursing model that helps patients to navigate the system.

- **Antonio Estable**, Program Manager, Radiation Oncology, has worked with a number of teams to ensure there is no waiting list to be seen by a radiation oncologist.
- **Tim Hutchinson**, Program Manager, Community and Surgical Oncology, is working at developing links within Community Oncology and Surgical Oncology and at reducing waiting times.
- “Working in close contact with **Linda McGreevy** of the ORCC Foundation, we’ve raised \$1.5 million directly to help us move forward,” he says. “Linda has been asked to help the province establish its own fundraising campaign, as has **Veronica Englebert**, chair of the board.”
- “**Margaret Lerhe**, Manager, Education, organizes professional development for our staff and also runs community education programs for family doctors and dentists in the community, which is recognized as one of the best in the province.”
- “**Sean O’Brien**, Manager, IS, has developed a knowledge management system helping our physicians to have the best techno tools. His knowledge management system is being looked at for use in the rest of the province.”
- “**Debbie Read**, Manager, Information Services, is leading the Quality Council for the province, to ensure standards are met.”
- “**Dr. Mike McBurney**, Director of Research, is running one of the best research departments in the province.”

Other key members who are also valuable assets to the ORCC and ensure smooth sailing are **Margaret Miller**, Manager, Finance; **Mandy Hanlon**, Manager, Human Resources, and **Allison Neill**, Manager, Communications.

“My job is therefore to find the tools to let these people work effectively.”

Continued on page 10

A strong team

Continued from page 9

Dr. Stern grew up in Toronto and moved to Ottawa with his family in 1994, when his salt and pepper hair was brown. Two years ago he replaced Dr. Bill Evans as CEO of the ORCC. Dr. Stern continues to chair the University of Ottawa Department of Surgery.

He still actively practices surgery one day a week, and does administration of the Centre three days a week. He makes rounds every day and has a clinic once a week.

A serious athlete when he was younger, he learned about team-building while playing football for the University of Toronto. These days, when he's hiring, he looks for broad backgrounds that can provide insight from many directions, including sports.

Even with his 14-hour days, the five-foot-eleven doctor still finds time to ski, golf, and play squash. "There was a time in my life when I was very fit," he apologizes. He also likes to read a lot. Up at 5:15 a.m., he spends a half hour on his stationary bike.

He tries to get home for supper – which he shares in the preparation. "We juggle our lives," he says of his wife Dorothy, who is co-ordinator of the Interior Design program at Algonquin College, and is as involved as her husband in bridging contacts with the community. They have two children, Daniel, 19, a student at McGill University, and Andrew, 15, who attends Lisgar Collegiate.

He then puts in an hour or so more of work. Then bed by 10. "I'm pretty boring."

As captain, Dr. Stern is confident of success. "It's tough times, but we are strong. Good management and good planning will keep us that way to effectively negotiate the bumps in the road."



Meeting the of a stem

By Pleasantine Drake Mill

In addition to the paramount health issues, as cancer patients we find our independence compromised, our abilities to do things for others diminished, our energy sapped, our appearances transformed, our careers disrupted, our financial situations eroded, and we can feel socially alienated.

Despite these challenges, we must find the resources to face our illness and treatment. No matter how independent we are, there are times when the best we can do is to just hang in there. Living on your own does not mean that you have to be alone during cancer treatment. The coping and support mechanisms which I have discovered during the past year while undergoing treatment for non-Hodgkin's lymphoma (NHL) with the Blood and Marrow Transplant team (BMT) have provided a bright silver lining to my experience.

There is considerable cancer education and awareness literature which documents coping and support strategies. Recent material includes inspirational support stories, such as the creation of a wonderful garden and of fanciful hair pieces, or the formation of a wellness team, led by a 'coach,' committed to providing and coordinating on-going support on a regular basis. Such efforts must be invaluable to patients lucky enough to receive them.

Nevertheless, such stories may be discouraging to those patients who do not have family and/or a network of friends who both live locally and have the time and energy to form a team or to provide such extensive support. Cancer can be a very isolating experience, and the reality is that increasing numbers of patients will never have someone forming a wellness team or providing extensive support. A substantial number of cancer patients are trying to cope with less.

Keeping Spirits Up

Advice from our readers

In 1998, I was diagnosed with non-Hodgkin's follicular lymphoma and underwent eight cycles of CHOP (Cyclophosphamide Adriamycin Oncovin Prednisone). I never thought much about support at that time. I tolerated CHOP relatively well and had an excellent response, enjoying an interval of two and a half years without further treatment. However in January 2001, a CT scan revealed serious tumour growth and my life changed abruptly. Over the year that followed, I discovered many types of support were available.

If you ask someone to accompany you to only one appointment, it should be the appointment at which your diagnosis will be explained and follow-up options discussed. This appointment can be overwhelming; you are probably still in shock, even if it is a recurrence. There is so much information and you will have so many questions; a second pair of ears will hear more clearly and then you will have someone to discuss it all with afterwards. I also found it very useful to keep in touch with my family doctor and my rheumatologist.

You should not feel rushed or pressured into treatment. I spent a number of appointments reviewing options with my doctor. You must feel that you can discuss things openly and fully. Prepare questions ahead of time and take notes during or immediately after your appointment. You should feel that you are working together with your doctor to develop a course of action which is part of a long term strategy. In my case, we knew there is

personal challenges cell transplant



— photos by Rebecca Stevenson, Ottawa Citizen

Pleasantine Drake Mill found coping and support mechanisms during treatment provided a silver lining.

no cure currently for my type and stage of NHL; we wanted a treatment which would give me the best result without precluding newly emerging options in the future.

Once you have a treatment plan, you need to develop a support strategy. A social worker is an integral part of the BMT team. Although my first

reaction was that I did not need a social worker, she was invaluable in helping me anticipate challenges and plan how to manage life during and post treatment, guiding me to the many support sources available. Social workers are also available through the Ottawa Regional Cancer Centre (ORCC).

You may want to get information about your cancer and treatment options from other sources as well. A great place to start is the Ninon Bourque Patient Resource Library at the General Division of the ORCC. The librarians are extremely helpful in identifying pertinent materials and will help you access the Internet if needed.

After discussing options, we decided to proceed with an autologous stem cell transplantation. Stem cells are available both in the bone marrow and the blood; in my case, stem cells from my blood were used (autologous). This treatment process has evolved over the past 10 years and has been used by the Ottawa Blood and Marrow Transplant team to treat about 200 patients for follicular lymphoma. Although originally it involved considerable hospitalization, it is now largely an outpatient process.

Multiple visits

The process involves multiple visits over several months; at some stages it may be on a daily basis. You need to be driven to most treatment appointments as you can be slightly unwell after some. Although the BMT team recommends having a responsible caregiver available to you 24 hours a day if needed, initially I was determined to manage my treatment while living on my own, as I have no relatives living in the region. The social worker helped me to develop a strategy to do so. In the end, one sister came from the U.S. for my first chemo treatment. My 21-year-old son insisted on coming from Halifax, providing stellar care for me during the final chemo, the transplant and the initial stage of my recovery.

I began to attend meetings of the Lymphoma Support Group, an impor-

Continued on page 12

tant component of my evolving support network. Other patients can be a valuable resource. The monthly meetings with guest speakers are interesting and informative. I also forged some new friendships, and formed an informal “buddy system” with two other patients with whom I keep in close contact, checking in with one another and providing mutual encouragement on a very regular basis.

There are two very distinct parts to recovery from BMT. The first is the immediate post-treatment recuperation during the engraftment phase when the infused stem cells are renewing the bone marrow and the body’s immune system is rebuilding. Some BMT patients never require any hospitalization; some require a few days post-transplant.

Following discharge from hospital, I began to spend one day a week at the Day Hospice program offered by the Hospice at May Court. My daughter was initially very upset to hear I was going to a hospice as she thought of a hospice as a place to die. Quite the opposite, the Hospice is very much about living life to the fullest and helps support patients through several programs.

Had I known about the many benefits of the Day Hospice sooner, it would have also provided valuable support during my treatment. It is a marvelous ‘day out’ where you don’t have to worry about your appearance or how you feel; you are completely distracted by lively company and quite an array of activities. In addition to great conversations and good laughs, I look forward to gentle yoga and massage therapy or reflexology to rehabilitate my weakened muscles and a good game of Scrabble to stimulate my sluggish brain. A staff nurse is always on hand for personal discussions of illness, treatment and side effects as well as to assist with simplifying the practicalities of daily life. The Day Hospice offers a unique haven, full of hope, strength and the joys of living, and has become a vital part of my support network, especially through the many ups and downs of recovery transition.



Second part of recovery can be more challenging

Once we have decided on a course of treatment, we climb on board a “treatment train” which takes off.

After the trauma of treatment, we must disembark from the “train” and we may not be prepared for dealing with the emotional turmoil of the aftermath. Friends and relatives may consider the crisis is past, and yet it is not uncommon for the patient to feel more vulnerable at this stage, especially if recovery does not occur within a “standard norm.” You may still not be ready to resume normal activities. As well, many patients go through an intensive period of personal reflection and reassessment. Although the BMT offers excellent prospects for several years free of progression from the follicular lymphoma, it is not yet a cure and there are no guarantees. The transition to surviving often involves coping with uncertainty and with changed priorities. The total healing process may take longer than the standard post-treatment recuperation and can be emotionally draining.

Post-treatment fatigue

In addition, some of us experience extended post-treatment fatigue, which saps energy and any sense of wellness. Part of my transition in-

cludes a program to restore physical strength and endurance. After an assessment at the Wellfit Centre in the basement of the ORCC facility at the General Campus, I have been following a customized fitness program which includes some work at my own pace and some classes for cancer patients led by a trainer. Working out amidst other recovering patients makes you feel less self-conscious about your own lack of fitness and you feel reassured having staff at hand to assist and guide you.

While support from family and old friends are important in coping with the many challenges of fighting cancer, the support from new friends has been invaluable and an unanticipated benefit. Being able to share the challenges of treatment and transition with others, as I have through the Day Hospice program at the Hospice at May Court, the Lymphoma Support Group, my two lymphoma “buddies” and working out in the Wellfit Centre, has become my lifeline in restoring a sense of wellness.

Plesantine Drake Mill is a self-employed research architect living in Ottawa. She has three children in their 20s. During her treatment, one was in Japan, one in Toronto and one in Halifax.

Your healing journey:

Relaxation and imagery resources at the Ninon Bourque Patient Resource Library

By Christine Penn

A recent article in the journal *Psycho-oncology** reviewed the effectiveness of relaxation training in reducing treatment-related symptoms in patients undergoing cancer therapy. Researchers looked at symptoms such as nausea and pain, and emotional adjustment (anxiety, tension, depression) and found that relaxation techniques have a significant effect in reducing these symptoms.

Relaxation, imagery and meditation can give you some control and help you participate in your healing. They are skills which you can practice at home and in your own time. (Please see the article by Diane Manii on page 26 in this issue of *Challenge*).

The Library has many relaxation/meditation resources, many of which deal specifically with coping with cancer. Most, but not all, are audiocassettes, which guide you through imagery/relaxation/meditation or



offer positive affirmations for dealing with cancer. Using these techniques helps you cope with cancer by relaxing, setting goals for healing, and creating positive, healing images.

Here are a few suggestions:

Helping Yourself: A Workbook for People Living with Cancer. By Alastair Cunningham. Two tapes and a workbook cover deep inner relaxation, deep muscle relaxation and imagery for healing. Though intended to be part of a group course, these techniques can also be practiced at home.

Health Journeys is a series of tapes by Belleruth Naparstek, which use the guided imagery technique to cope with various aspects of cancer therapy. We have the following from this series: "For People with Cancer,"

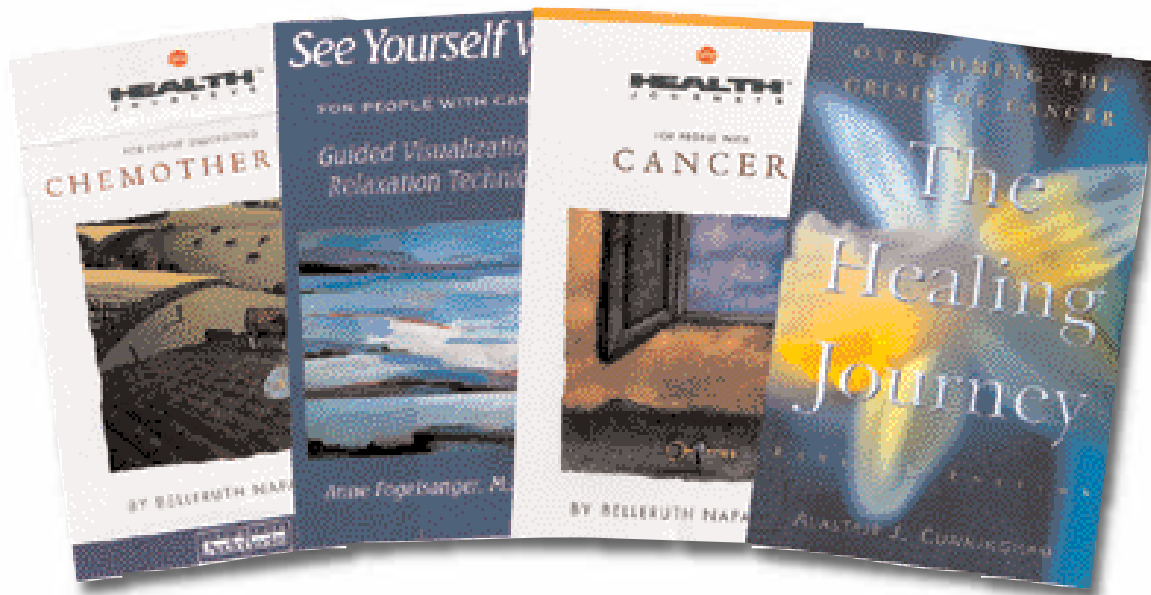
"Undergoing Chemotherapy," "Undergoing Radiation Therapy," and "Experiencing Stress."

Staying Well with Guided Imagery by Belleruth Naparstek is a step by step guide to creating images in the mind which help with the healing process and covers many topics such as pain, fatigue, high and low blood pressure.

If you don't wish to follow a guided mediation, we also have tapes and CDs of gentle relaxing music and nature sounds to create a peaceful mood.

For a list of our relaxation/meditation resources, visit our Web site at www.orcc.on.ca. Click "patients and families," then "patient library," "resources," "relaxation."

*Luebbert, K, Dahme, B, Hasenbring, M. 2001. *The effectiveness of relaxation training in reducing treatment-related symptoms and improving emotional adjustment in acute non-surgical cancer treatment: a meta-analytical review.* *Psycho-oncology*. 10: 490-502



Beautiful baby adds new chapter to life of breast cancer survivor

By Shelagh Needham

When Brigitte Davidson discovered she was pregnant she could hardly believe it. Doctors had told her she was unlikely to have a baby following chemotherapy and radiation treatment for breast cancer in 1997. Now six months old, Eric kicks and giggles in his mother's arms in their bright Orleans home. Brigitte, who has a beautiful smile, laughs with him.

Just 29 and newly married at the time of her diagnosis, Brigitte and her husband Bruce, then aged 25, were devastated. She discovered a lump in her breast the year before their wedding. After three mammograms and three ultrasounds, doctors concluded that although the lump was still growing, it was fibrous tissue. But following the wedding Brigitte decided she wanted the lump taken out. That was when they found out it was cancerous.

Her initial reaction was denial, followed moments later by anger at her doctors.

"I think my first words were, 'You guys could have killed me had I not persisted.' But you get over it and learn to accept it," she said.

It was an intensely black period. The young couple had debts from their wedding and were without a drug plan. Brigitte's sister-in-law was diagnosed with terminal breast cancer at the time of her own diagnosis.

Brigitte praised the staff at the Ottawa Hospital's Civic Campus, who she found caring and compassionate.

"It was scary because everyone I knew who had had it had died from it. But the doctors kept assuring me that there was a very good chance it would never come back."

Brigitte had a lumpectomy and underwent chemotherapy and radiation. She has no family history of cancer. Like many cancer patients, Brigitte found it hard to adjust once the treatment was all over.

"Everyone was saying, 'Good for you, you made it.' And I'm thinking I still don't have a baby or any hair. And I was torn up inside and wondering what the next two years had in store for me, while people were patting me on the back. And I'm thinking, 'It's not over yet,' but you can't say that."

She chose not to take the estrogen-blocking drug tamoxifen because of her age. Even though she had been told she would probably not get pregnant, she still hoped that one day a baby just might come along.

Brigitte joined Ottawa's survivor-run group, Breast Cancer Action, and began giving lectures to high school students, hoping to get the message out to young women.

"I was still quite angry about how young women are treated with breast cancer," she said. "If you want to catch it early you have to do your own examinations if you're young. I tell high school students they have to be persistent. Don't take 'No' for an answer if you're concerned. Ultimately you're in control of your own destiny."

In 1999 Brigitte joined Busting Out, BCA's dragonboat team. She finds paddling therapeutic and enjoys being part of a team and with women who have common goals.



A month short of their fifth anniversary, Brigitte discovered she was pregnant. The whole family was ecstatic. Initially Brigitte was worried about the effects of the hormonal changes on her body.

"But my oncologist said, 'You have a good prognosis, so don't worry about it. You're pregnant, enjoy it.'"

When Eric's old enough to understand, Brigitte will tell Eric about her cancer.

"It will have to come out," says Brigitte. "It was such a big part of my life. But having Eric in my life was like turning a page in a book and moving to a different chapter."

She's not planning on having another child; she doesn't want to stir up her hormones any more than necessary.

"But if it happened again by accident, I would be happy."

Freelance writer Shelagh Needham is a breast cancer survivor and member of the Breast Cancer Action dragonboat team. For information on B.C.A., please call 736-5921.

Cancer groups join together with common goal

By Louise Rachlis

In cancer advocacy as with everything else, there is strength in numbers.

That's why survivor/patient/advocate organizations created the Canadian Cancer Advocacy Network so that they could help ensure a national strategy for cancer control and have a legitimate voice in policy issues in this country.

The members of CCAN believe that it has the potential to bring about a sustained, coordinated, comprehensive and collaborative national approach to cancer control that is needed to meet the challenges we face.

"We came together at a consultation meeting in February 2001," says Liz Whamond, co-chair of the Canadian Cancer Advocacy Network. "As a result of that meeting, many of us realized that our voices, the voices of cancer patients and survivors, would be stronger if we were to support the strategy as a whole rather than as single organizations."

Her co-chair Jack Shapiro is a member of the Oncology Committee of the University Health Network in Toronto and a founding member of the Toronto Cancer Prevention Coalition.

He is former chair of the Toronto Board of Health; former chair of Cancer Care Ontario (then known as Ontario Cancer Treatment and Research Foundation), and former Trustee of the Princess Margaret Hospital in Toronto.

A breast cancer survivor diagnosed in 1993, Ms. Whamond has worked in advocacy since that time in the breast cancer realm. Based in Fredericton, New Brunswick, she is former president of the Canadian Breast Cancer Network. "I've dealt with governments and various stakeholders, and this seemed to be a natural progression for me. I became interested in cancers which are less in the public eye and have not received as much attention."

She hopes this new advocacy voice of these front line cancer groups will bring governments on side. "Our basic aim is to make a difference in the lives of Canadians present and future," she says. "I don't think governments and the general population really understand how important it is to get a handle on this now. Did you know that by the year 2015 the number of new cases could be 70 per cent greater than at present? That's turning the prevalence of cancer into epidemic proportions."

CCAN held their founding meeting in Toronto last June. "At that time, we had 10 groups. Since that time we've had other meetings to further define where we're going." The launch was held January 21st, and 13 organizations took part. They are listed in the accompanying box.

"We have what we call a core group," she says. "We hope that individuals and other organizations across Canada join us as affiliates. There is a big job to be done both federally and within the province to try to ensure our strategy is implemented." For information, please e-mail ccan@cancercontrol.org or call Elisabeth Ostiguy at (613) 565-2522 ext 303.



Liz Whamond, based in Fredericton, N.B., and Jack Shapiro, based in Toronto, are co-chairs of the Canadian Cancer Advocacy Network.

Organizations of the Canadian Cancer Advocacy Network

- Action Cancer Mon-térégie et Comité des patients du Centre Intégré de Lutte contre le cancer en Montérégie de l'Hôpital Charles-Lemoyne
- Brain Tumour Foundation of Canada
- Childhood Cancer Foundation – Candle-lighter's Canada
- Canadian Breast Cancer Network
- Canadian Cancer Society
- Canadian Prostate Cancer Network
- Colorectal Cancer Association of Canada
- Canadian Liver Foundation
- Canadian Lung Association
- Leukemia Research Fund of Canada
- National Ovarian Cancer Association
- Neutropenia Support Association Inc.
- The Joint Cancer Care Ontario – Aboriginal Cancer Committee

"I don't think governments and the general population really understand how important it is to get a handle on cancer control now."

— Liz Whamond,
Canadian Cancer Advocacy Network

Ottawa Regional Cancer Centre Foundation

Community's generosity results in successful Cancer Centre Telethon

The 5th Annual Cancer Centre Telethon, held on Sunday, January 13th, raised an amazing \$1,491,169 for cancer research, patient care and equipment in Ottawa. The amount raised exceeded last year's total of \$1.2 million.

"The generosity of this community never surprises me," says Cancer Centre CEO Dr. Hartley Stern. "People know that we provide excellent patient care and carry out cutting edge research and they know their gifts will be used wisely. I can't thank our donors and volunteers enough."

The Chair of the Ottawa Regional Cancer Centre Foundation Board, Veronica Engelberts, also expressed her appreciation. "The residents and companies of Eastern Ontario have shown how generous they can be – achieving complete cancer care in our community is so important, and again this year, they have answered our call for help," she says. "For this, the Cancer Centre and its Foundation are very grateful."

Over 500 volunteers took part in the Telethon held at St. Laurent Centre and broadcast on The NewRO (Cable 6) and CFRA to make it the most successful ever. Thanks to all who took part or made a donation to cancer care in Eastern Ontario.



Always hard work on camera ...



... and behind the scenes, countless volunteers work to make the Telethon a success.

Foundation Mission Statement:

The mission of the Ottawa Regional Cancer Centre Foundation is to heighten public awareness and increase fundraising support for the vital services of the Ottawa Regional Cancer Centre.

Ottawa Regional Cancer Centre Foundation 2002-2003 Fundraising Events

1st Annual "Celebration of Life" Spring Fashion Show

Tuesday, April 30, 2002
Lida Boutique, 112 Parent Avenue

Tickets are sure to sell out for this first annual event, featuring the latest in spring fashion wear, from leading German and European design houses. The NewRO's Caroline Redekopp will host this special evening honouring cancer survivors. Tickets are \$50 and include a cocktail reception, hors d'oeuvres and fantastic door prizes.

Children for Charity Silent Auction and Craft Sale

Saturday, May 4, 2002
St. Laurent Centre

Come down to St. Laurent Centre to bid on some fantastic items from the world of sports and entertainment. Join X FM's Rush and Mauler as they auction some incredible items such as an autographed Tiger Woods shirt and much more.

For more information, please visit
www.childrenforcharity.com.

Robert Bateman Walk

May 15, 2002

Robert Bateman Public School Staff and students of Robert Bateman Public School participate in this community walk to raise funds and awareness for the Ottawa Regional Cancer Centre. For more information, please contact 737-3169.

Colonial Furniture's Motorcycle Ride for Dad

Saturday, May 25, 2002
Colonial Furniture - Orleans

Join Celebrity Ride Marshall Wayne Rostad as he leads over 800 motorcycle riders in this annual event. The ride begins at Colonial Furniture in Orleans and winds its way through the Ottawa Valley. All proceeds from this event to prostate cancer research and

education. For more information, contact Garry Janz at 613-253-0818 or visit www.motorcycleridefordad.org.

Challengers Softball Tournament

Sunday, June 2, 2002
Hampton Park Baseball Diamonds

3rd Annual event featuring celebrity umpires, teams and much more. Join in the fun at Hampton Park and watch as the ORCC Challengers take on various teams in this 14-hour long softball tournament. For more information, please contact the Foundation office at 613-247-3527.

ORCCF Meadows Golf Classic

Monday, June 3, 2002
The Meadows Golf and Country Club

The 2nd Annual Ottawa Regional Cancer Centre Foundation Golf Classic takes place at the Meadows Golf & Country Club.

Cost is \$150 per person and includes lunch, dinner, green fees and cart, prizes and much more. Contact the Foundation for more information at 613-247-3527.

2nd Annual Lindsay Service Golf Tournament

Friday, June 7, 2002
Metcalfe Golf & Country Club

This tournament, to honour brain cancer survivor Lindsay Service takes place at the Metcalfe Golf & Country Club. Last year's event raised over \$18,000 for the Ottawa Regional Cancer Centre Foundation. Contact John Service at 761-3906 for more details.

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

Sunday, June 16, 2002
Anniversary Park - Carleton University

The 4th Annual Run/Walk in support of Prostate Cancer Treatment and Research.

Proceeds to the Ottawa Regional Cancer Centre and the Prostate Cancer Association of Ottawa. Join us at Carleton University in Anniversary Park this Father's Day. To register please call 737-7700 ext. 6993 or register on-line at <http://www.cscoop.ca>.

Rotary Club of Ottawa South Golf Tournament

Monday, June 17, 2002

Rotary Club of Ottawa South will be hosting their annual Golf Tournament for the ORCCF at the Ottawa Golf and Hunt Club. Since 1997 the Rotary Club has raised over \$50,000 on the Centre's behalf. Cost for this premiere event is \$250 per person and includes lunch, dinner, green fees, carts and a chance to win great prizes. Call the Foundation office at 613-247-3527 for more details.

Betty Tweedy Golf Classic

Thursday, July 12, 2002

Join us at the Meadows Golf and Country Club to raise funds for the Cancer Centre in support of research in the memory of tournament founder Betty Tweedy. Tickets \$80. For more information please call Bina Chohan at 834-8596.

Prostate Cancer Research Golf Tournament

Date to be determined
Brockville Highlands Golf Course

Check later for more details.

6th Annual Cancer Centre Telethon

Sunday, January 12, 2003

On The New RO live from St. Laurent Centre. For information on volunteer opportunities please call the Cancer Centre Foundation at 247-3527.

For additional information, volunteer opportunities or tickets please contact: the Foundation office at 613-247-3527

A special thanks to our corporate sponsors and partners who helped make the Telethon possible

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Stoneface Dolly's
Subway, St. Laurent Centre
The Boys of 3rd Stormont House
- Carleton University
The Cuckoo Clock Shoppe
The L3 Memorial Golf Tournament
The Place Next Door

Both holistic and reductionist approaches have their place in cancer research

By Dr. Doug Gray

Sir Paul Nurse, a newly minted Nobel laureate, was recently quoted in the *Ottawa Citizen* to the effect that improvements can be expected in cancer therapy, but cancer will always be with us.

This was considered by some to be an astonishing assertion to be coming from the head of Cancer Research UK, the largest cancer research agency outside of the United States.

Both parts of Nurse's assertion arise from the same fundamental truth: a cancer cell is an unimaginably complex entity, far more complicated than the most complex machines built by man. If we understood more about cancer cells we could devise better therapies, but a vastly complicated machine like the cell will always be at risk of occasionally going awry.

What then to do with all this complexity? How can we begin to understand the cancer cell?

One can attack the problem through a reductionist approach, which really means that the great bulk of the cell's complexity is temporarily put aside while one concentrates on the workings of a small subset of the cell's components. The idea is that it may not be necessary to understand all the bits that are working properly in the cancer cell, just the few that are malfunctioning.

Reductionism has borne great fruit in cancer research, and there are new and powerful cancer drugs that owe their very existence to reductionist thinking taken to its very extreme. Here I am referring to drugs like Gleevec, a compound tailor-made to



fit in a tiny cleft within a particular protein that stimulates the growth of certain types of cancer cells. Inactivating a specific protein in cancer cells using a highly specific substance will generally mean fewer side effects for the patient because the remaining complex machinery of healthy cells in the body will be oblivious to the presence of the drug.

A cancer cell is an unimaginably complex entity, far more complicated than the most complex machines built by man.

So reductionism is good, right? Not necessarily – there are times when it helps to approach a problem holistically. Scientists recognize that both types of thinking have their place.

In a heated scientific dispute one can be accused of being a reductionist, which for a scientist is rather like being called a racist, someone with a dangerously narrow worldview. What the scientific accuser is saying is that their opponent cares only for the details, and has not tried to integrate their findings into the larger picture.

Until recently, the larger picture was beyond reach, and one could hardly have been accused of going at

it the other way around. There was just too much complexity in the system to be considered all at once. Technology has changed that, and a revolution of sorts is in the works. That revolution, and what it will mean for cancer patients, is the subject of this short summary.

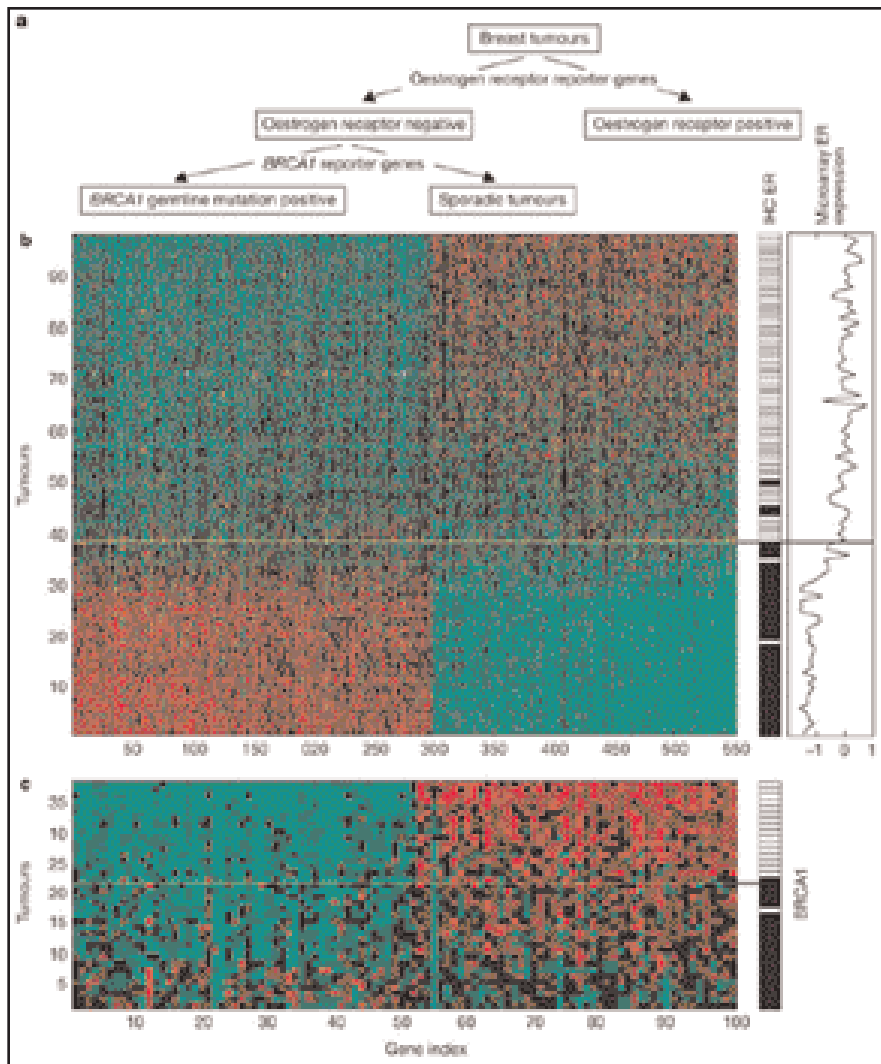
The technology that has so changed the equation is the DNA microarray, or gene chip. This technology exploits the windfall of information from the human genome project, that monumental undertaking which has given us a rough draft of the billions of bits of information to be found in the DNA of almost every human cell.

Distributed along this staggering linear arrangement of DNA information (the smallest unit of which is called a base) are groupings of information called genes, and for the most part these genes specify the structure of proteins, the molecules that establish the structure of the cell and carry out most of its functions.

Information does not flow directly from DNA to proteins, but proceeds through an intermediate called mRNA (messenger RNA). From its complete set of DNA bases, a cell will select a subset of genes to be expressed at any given time, and those genes will be expressed as mRNA molecules, each specifying a protein.

If one knew which mRNAs were present in a cell, one would know which proteins the cell was trying to produce, and that might be useful information.

It would be very useful to know, for example, genes active in cancer cells that are not active in their normal counterparts. Among the products of those genes might be new drug targets. DNA microarrays provide us



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A microarray data field. Each pixel represents one gene in one tumour. Red means the gene is more active than normal, green means less active. Without knowing anything about the genes you can immediately see that the tumours fall into categories.

with this sort of information. If you are the sort who likes mechanistic detail, I encourage you to read on. Others can safely skip a few paragraphs without losing the narrative.

Almost everyone has seen a drawing of the DNA double helix, that icon of modern genetics with its familiar spiral staircase appearance. It is a double helix because DNA has two strands, each containing information complementary to the other.

Mix the two strands together, and if their information matches they will 'zip up' to form a double helix. Remarkably, matching strands can find each other in a sea of mismatched strands, and this property is the basis of the microarray.

A DNA strand is synthesized chem-

ically to have information specific for a gene (information obtained from the genome project). DNA molecules corresponding to every mRNA in the cell are generated using enzymes (specialized proteins) that meticulously copy each RNA molecule into a DNA counterpart (these copies are called cDNAs). The DNA strands of known sequence are attached to a glass slide. A solution containing the mixture of cDNA strands is applied, and when matching strands meet up they zip up into a DNA double helix. The presence of the double helix can be detected using sensitive instrumentation.

Advances in robotics and miniaturization have made it possible to attach thousands of different DNA strands in predetermined locations (the so-

called array) on a small glass slide (creating the so-called gene chip). It is generally believed that there are about 50,000 genes in the human genome, and it is currently possible to have several thousand DNA strands arrayed on a single chip, so a few such chips can represent most of the genes in the genome.

With the chips and the necessary instruments it is possible to survey which genes are active in a preparation of cells, measuring thousands of genes simultaneously.

Since their commercial introduction in 1996, DNA microarrays have shifted the questions cancer researchers ask from the reductionist to the holistic. They have given us an

Continued on page 20

embarrassment of riches. A true embarrassment, because we will know whether thousands of genes are switched on or off in cells, but we still don't know what the products of many of these genes do. (That sort of question will keep reductionists busy for many years to come.)

No matter. One can use DNA microarrays to answer big questions that were previously insurmountable. Here is a very simple example: How many kinds of lung cancer are there?

It's a very important issue, and you'd think we would know already, but the classification of lung cancers is a tricky business. When provided with a tissue biopsy an expert pathologist armed with a good microscope can easily sort lung cancers into two large categories, small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC).

An NSCLC tumour can usually be assigned to one of three subcategories, adenocarcinomas, squamous cell, or large cell cancer of the lung (the latter being a category for cancers that cannot be confidently assigned elsewhere). These are clinically important designations, because the various lung cancers respond very differently to therapy, and are accordingly treated very differently (SCLC is generally treated by chemotherapy, whereas NSCLC patients generally have surgery).

If there really were just four types of lung cancer, one might expect there to be four corresponding 'profiles' of gene expression, detectable by DNA microarrays. SCLC and squamous cancers arising in the central airways of the lung might express a different set of genes than peripherally located adenocarcinomas as a consequence of their geographic location. SCLC and squamous cells have notably different appearance, so they might express different sets of genes.

The power of DNA microarrays is that one need not fuss over the identity of these genes, nor even try to anticipate what sorts of cellular pathways they might be involved in. To borrow a slogan from the sneaker company, just do it! Two research groups have, analyzing patterns of

gene expression in large collections of lung cancer samples by DNA microarrays, relying on computers to find 'clusters' of genes that are expressed together in certain tumours, but not in others. Their results (reported in the November 20 issue of Proceedings of the National Academy of Sciences, USA) show that the microarray data would sort tumors into the same four categories as the pathologists had done, but that the adenocarcinomas group could be further divided into three new subgroups.

Remarkably, the prognosis for these three subgroups was very different. This work is just out, but one can imagine that in the future microarrays will be used routinely on lung cancer specimens, and will assist oncologists in choosing the best therapy for their patients, using a refined classification system.

It is generally believed that there are about 50,000 genes in the human genome.

A second example makes this point with perhaps even greater force. Many breast cancer patients who have their tumours surgically removed are eligible for adjuvant therapy, a course of chemotherapy that is designed to eradicate cancer cells that may have escaped to distant sites in the body. Even in the absence of adjuvant therapy most patients would not develop metastases at distant sites, but without the means of identifying which patients are at risk it is prudent to administer adjuvant therapy wherever possible, erring on the side of caution. Obviously if one could confidently identify patients who would not benefit from chemotherapy, they could be spared the potential side effects of the treatment. A secondary consideration would be the considerable cost savings to the health care system of avoiding unnecessary adjuvant therapy.

In a recent report in Nature (31 January, 2002), a group of 98 breast cancer samples was analyzed by DNA

microarrays. These tumour samples were obtained from patients where the outcome of the disease was already known: some remained disease free after five years, whereas others developed distant metastasis. The computer (which was not aware of clinical outcomes) was asked to analyze the results of microarray data from 25,000 different human genes, and look for patterns or clusters of gene activity. Patterns emerged that were characteristic for patients with good or bad prognosis with respect to metastasis.

When the authors of the study compared the hypothetical decisions made on the basis of the microarray analysis with the actual decisions made in the clinic, they found that both were effective in assigning adjuvant therapy to high-risk patients, but that the microarray data would have significantly reduced the number of patients receiving unnecessary treatment.

This is a remarkable validation of the clinical utility of microarrays, working at a very holistic level. The added benefit is a long list of potential drug targets, of interest to dedicated reductionists everywhere.

We are entering an age of molecular medicine, propelled by technological advances of the sort described here. Sir Paul Nurse is probably right in that we will always require vigilance against cancer. He is certainly right in asserting that great strides will be made in the diagnosis and treatment of cancer (which he correctly points out is not one disease, but many, each with inherent obstacles). Microarray analysis is still in its infancy. It has not yet become a standard clinical tool. I would be astonished if the same could be said a few years from now.

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



Imagine what is possible, and put hope into a plan of action

“Hope is an orientation of the spirit, an orientation of the heart. It is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out.”

Vaclav Havel

Hope is an essential element in coping with cancer. I learn this every day from the people I meet at the Ottawa Regional Cancer Centre. One can feel mad as hell or in the depth of sadness but still remain hopeful. Distress does not negate hope. I encourage every patient and their loved ones in coping with cancer to feel hopeful; however what is hoped for can change.

A very wise woman, who had lived with metastatic ovarian cancer for 15 years described hope in a very special way. She saw hope like a prism; the bottom of the prism is wide with lots of things to hope for. Hope for a cure, hope to continue working, hope that the lives of family members are not disrupted too much etc. Throughout treatment there is hope about test results, and the different treatments that could be offered. For this wise woman what she hoped for at the top of her prism was a good death, and to leave this world peacefully, loved, remembered and respected by those around her. She had thought about hope and its true meaning in her life.

Hope is sometimes confused with “positive attitude.” Many people living with cancer have read the popular self-help books on cancer. The message is that the only way to “fight” cancer is to smile all the time and remain upbeat.

If not, there is the risk of depressing their immune system and encouraging the progression of the disease. There is no scientific proof that supports this and at times it can be harmful.

To always remain “positive” is an impossible expectation, and can encourage the denial of true feelings and create barriers to open communi-



cation and the true meaning of healing. I learned this very early from one of my first patients at the Cancer Centre, and it has been continually reinforced.

Jane was extremely sad and upset as her family all constantly encouraged her to have a “positive attitude.” She cried for most of our hour-long session, telling me what a burden this was and how guilty she felt because she just could not feel “positive.” She had a long list of things that she was hopeful about, and was able to go home and talk to her family about this as well as the list of things that truly worried and frightened her.

Following this open family communication, her family stopped their “smile, be happy” message, that kept everyone trapped in a conspiracy of silence about how they truly felt. In turn, Jane’s mood changed and she became less anxious and much better able to cope with cancer.

In all the support groups at the Cancer Centre we try to engender hope throughout the group process. We do this in a variety of ways, such as inviting someone who had cancer a few years ago to describe their story.

We are all unique, but the struggles we cope with in life and how we overcome them have lots of commonalities. In our teaching of relaxation and imagery, we encourage people to imagine what is possible, and to put what they hope for into a plan of action. This in turn diminishes a sense of lack of control over life’s events.

We live in a very hopeful time concerning cancer treatment. People’s hope for a cure has challenged scientific minds to think differently about how to go about this, and we are at the beginning stages of seeing how viruses can combat cancer, what the human genome project is telling us about how the cells in the body work. This is very exciting and gives hope on many levels.

I want to leave you with a challenge today; list one thing you hope for each day. When we think about our hopes, this can lead to a belief. When we believe in something we are empowered to look for ways to achieve it.



Diane Manii, MSW, RSW, is a social worker with the Ottawa Regional Cancer Centre.

“When we hope, we can heal. Healing is an inner process through which a person becomes whole.”

Michael Lerner

Cryobanking of semen and ovarian tissue-planning offer hope for the future

By B. Norman Barwin CM

I first became involved with the freezing of semen when an anaesthetist classmate of mine was diagnosed with a testicular tumour (seminoma) and was to start radiotherapy (1970). He enquired as to whether I could store his semen prior to his treatment.

I had no idea of the technique and approached the Northern Ireland Animal Laboratories who had experience with the freezing of animal semen.

After experimenting with human semen using their basic techniques we arrived at a formulation for the cryopreservation of my friend's semen. Since the prognosis of seminomas is very good we subsequently used his frozen semen to inseminate his wife – and they subsequently had three healthy children.

Cryopreservation is that branch of cryobiology which is concerned with the indefinite prolongation of the potential life span of cells by reversible suspension of biochemical activity through ice formation at extremely low, sub-freezing temperatures.

The concept of cryobanks for human semen was first proposed in 1866. It was the accidental discovery and subsequent use of the polyhydric alcohol, glycerol, as a cryoprotective agent which initiated the establishment of banks for frozen mammalian spermatozoa.

It was not until 1953-1954 that a successful, practical technique for the cryopreservation of human spermatozoa, after being frozen and stored in dry ice (-78° C) were capable of fertilization and the subsequent induced development of normal progeny.

In the following decade only about 25 births were reported in the United States and Japan, all but one from cryopreserved semen. The introduc-

The importance of counselling prior to storage in regards to the technique of freezing, the setting of realistic expectations, the process of insemination and timing is essential in the preparation of the utilization of this technology.

tion in 1963-64 of a method for freezing human semen in the vapour of liquid nitrogen and its storage at -196°C was accompanied by realization of normal births with its use. Later positive research findings were presented which supported the safety and efficacy of frozen storage of human spermatozoa.

The importance of counselling prior to storage in regards to the technique of freezing, the setting of realistic expectations, the process of insemination and timing is essential in the preparation of the utilization of this technology. The semen must be collected within one hour of ejaculation after two to three days of abstinence. All samples are examined for motility, numbers and morphology prior to freezing.

When the sample is good (and I encourage the patient to observe these features under the microscope) may be the only bright light and hope in what has been an often too sudden and painful journey from the initial diagnosis. The sample is prepared and stored in labeled straws with the patient's name, date of birth and partner's name. This labeling is checked by the patient prior to the process of going through a two-stage freeze technique. Consent forms are signed as well as an agreement detailing the legal aspects of the process. A one time fee of \$100 is charged.

Pre-therapy storage prior to radiotherapy and/or chemotherapy as well as certain surgical procedures should be offered to offset the possible dan-

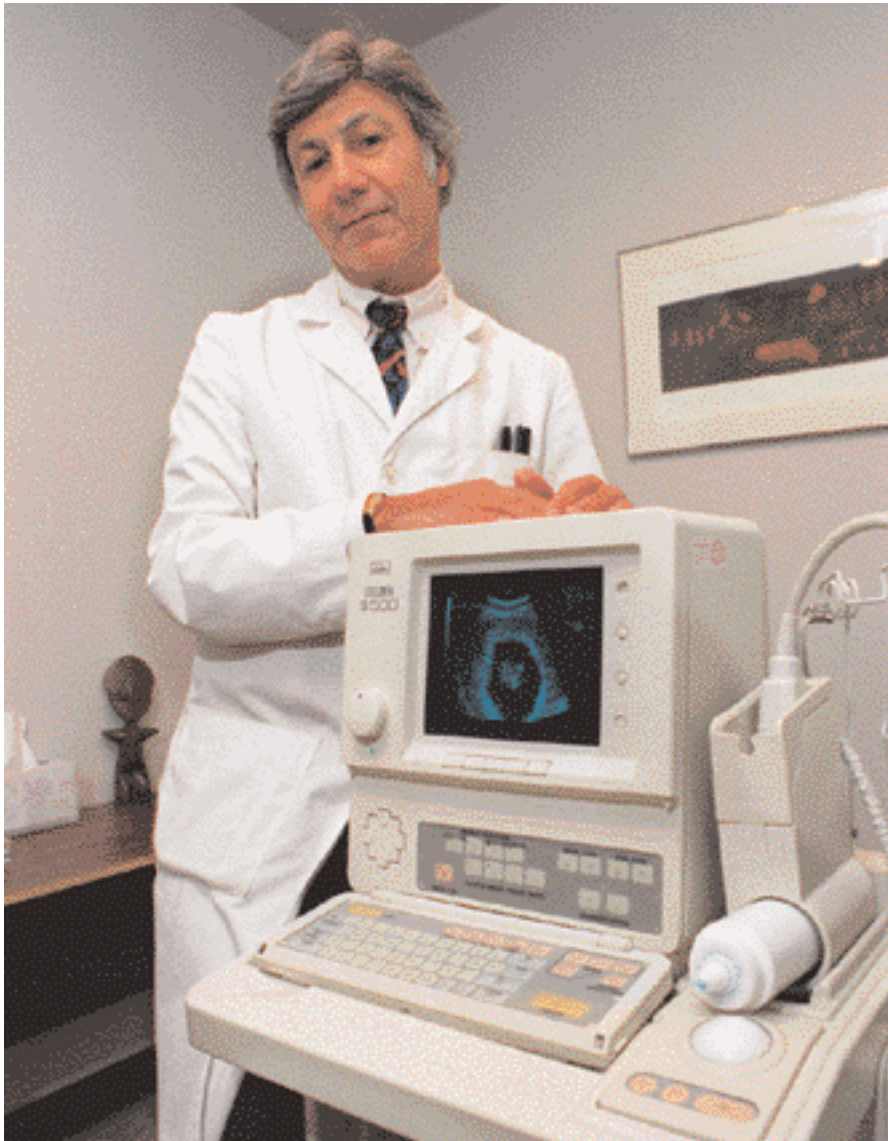
ger of these treatments causing sterility or possible mutagenic consequences in spermatogenesis or early fetal development.

Although not all treatments for cancer result in infertility and recovery of sperm production may be possible, this technique provides insurance for the future while at the same time giving a degree of hope that once recovered parenthood is still an option.

A limitation in application, at least in conditions of malignancy, may be the reduction of semen quality in the course of the disease itself. If initially recognized as a possibility, the advantage of cryopreservation of semen early on after the detection of disease is strongly recommended. It must also be appreciated that not all sperm recovers from the thawing process and that there is a five to 15 per cent loss of sperm motility.

Once treatment is completed a repeat semen analysis is carried out six months to a year later to assess whether there are any viable sperm. If not, the patient and his partner should be counselled about the process of fertilization, the technique of insemination and the importance of timing.

I encourage the patient to be present when an insemination is being carried out on his partner as well as offering him the opportunity to carry out the insemination once the catheter is in place. The partner rests for five to 10 minutes and they are then left alone for five to 10 minutes prior to leaving the examination room.



– Ottawa Citizen photo

Options to parenthood: Dr. Norm Barwin is a pioneer in the development of sperm banking.

Sperm has been preserved for over 10 to 15 years without any untoward effect and the success rate is dependent on many factors – the quality of sperm recovery after thawing, the timing, the age and fertility of the partner. The average live birth rate is 40 per cent to 60 per cent with no difference in abnormalities from that of the normal population.

It is important that three or four samples are collected as four to eight straws are prepared from each sample in order that there are sufficient straws for each ovulation – bearing in mind that the average number of cycles for success is three or four cycles. Furthermore, the additional samples also enable the patient to have additional babies.

If, tragically, the patient succumbs to the cancer, direction in writing must be given to the clinic to dispose of the sample. The complication as to whether the preserved sample is a part of the estate and should be available to the surviving spouse is still under legal contention and in some areas has been granted to the widower.

With women, however, the freezing of gametes (eggs) is not as successful – although in Australia there has been progress in this area. There have been reports of removing part of an ovary and cryopreservation of the section of the ovary.

Once treatment is completed and recovery is achieved, the frozen section is implanted in an area of the

body. Another option is the freezing of embryos prior to cancer treatment with implantation following completion of treatment, provided there has been good recovery from the cancer treatment.

North American scientists have, for the first time, successfully frozen, thawed and transplanted whole rat ovaries. The success, reported in a letter to Nature magazine, could mean that women undergoing chemotherapy or radiation treatment, which usually renders them sterile, can have their fertility restored after treatment.

The team, based at two hospitals in Montreal, transplanted ovaries from eight rats into rats who had had their ovaries removed. Normal ovarian function was restored in all of these animals.

In addition, seven ovaries were frozen, thawed and transplanted to recipients. Four rats had some ovarian function restored and one was pregnant with two healthy fetuses. This success has led scientists working in the area to think that whole ovary freezing – rather than strips of ovarian tissue – might be the best method of restoring ovarian function in humans.

Patients who initially responded well to transplants of ovarian tissue did not go on to get pregnant. By comparison, whole ovaries frozen using new and gentler methods, seem better able to restore function, although the technique has not yet been attempted in humans.

The purpose of this article has been to inform those undergoing cancer treatment that there are options to parenthood and that preservation of gametes (sperm, eggs, ovaries and embryos) are viable alternatives, offering positive hope for the future. Although there is still much research to be carried out in women, the future in this area looks rosy.



Dr Norm Barwin is the director of the Fertility Clinic at the Broadview Medical Centre. He is the president of the Infertility Awareness Association of Canada and a pioneer in the development of sperm banking. He was made a member of the Order of Canada for his contribution to reproductive rights.

Cancer diagnosis is a family matter

Q: How do I tell my children about my cancer diagnosis?

A: First, there is no one right way: you have to know your own children, what they will understand, how they respond to the information, and so on. It is important to remember the ORCC has counselling and social work services available to help work through these demanding situations. I recommend turning to them. When my husband and I were faced with this challenge, we weren't at all sure of how to go about it. I felt that rather than telling you what I did, it might be more useful to hear from our daughter Laura how she felt about what we told her and her siblings, and the effect our approach had on them. We certainly didn't do everything right, but it's difficult to give a peak performance under such terrible stress. On reading what Laura wrote, I was struck by how my cancer diagnosis was much more than something that affected me: it was very much a family matter. Here's how Laura felt about it:

Laura's Story by Laura Murton

I watched my parents struggle with how to best handle telling us about my mom's diagnosis 13 years ago. Our family's ordeal with cancer taught me that not only do we meager humans have little to no control over the big picture, but also that nothing under the stars is black and white: there is no right or wrong way to approach your diagnosis with your children ... but please note the key word "approach." If there is any advice I can give in retrospect to anyone agonizing over how to tell children about a cancer diagnosis, it is to take on the

Ask Kate

A cancer survivor shares her experience



brutal task of being as honest as you can with your children, and with yourself. Invite your children to fight with you – this way no one has to endure the daunting task of suffering alone.

When the doctors told my mom she had a malignant lump in her left breast, her first thoughts were, selflessly, about her children: my brother Andrew, 7, sister Erica, 12 and me, 10. "What would we think? How would we deal if she were to die? How could she protect us from this real-life nightmare," she worried. In an effort to save us from anticipated misery, my parents decided to keep the "C" word secret; they told us only mom had a lump; it would be removed; life would go on. No big deal. At the time, they thought that was true, and didn't share their fears of something larger looming. When the feared diagnosis and worrisome prognosis became clear, they struggled with how to tell us. Today, I can appreciate this sentiment wholly; though at 10 I saw only truth and lies.

It was in the winter, when the whole family sat around the kitchen table watching Mom display a number of head coverings she bought on a weekend with my Dad. It turns out they had taken a time out to figure out their "approach." As she pulled various wraps on and off her head, she explained they were all the rage in New York these days, but I couldn't help but feel skeptical. At 10, I was no fashion guru, but I had a nagging suspicion these head coverings were not part of Prada's Spring Collection. But, I said nothing, expecting there was more to the story than we were being told.

I've always been a sensitive person, and eventually my mom's stress began to affect me. As Mom waited for pathology results after her surgery, which would dictate the treatment and stage of her cancer, I felt her distress as my own, only, I had no clue what it was about. The sense of uneasiness and the lack of communication was consuming me. I was no longer enjoying the things kids are supposed to love doing; I wished my mom would tell me whatever it was that was bothering her, so I could stop imagining the worst possible scenarios. Mom thought a child couldn't possibly imagine something worse than a parent's death, and in a way, she was right. But, in another way, I can still say honestly that I would have felt better at least coming to terms with her illness, and then busying myself taking positive action to help her.

Eventually, when they knew exactly what the pathology results meant, my parents told us about the cancer. I have no recollection of how exactly they did it, except that they had finally decided to be honest. The time they waited to get the full story, the certain details, was a time in which they had not shared information with us. They had no concrete information to share, I guess, only their fears. But we had felt that fear, and I know that upon hearing the truth, frightening as it was, I immediately felt a strange peace wash over me. My over-active imagination no longer clouded my mind with a hundred terrifying dilemmas; now it was filled with only one. I also felt angry and hurt that my parents hadn't felt they could be open with us sooner.



The Murton family: Writer Laura Murton is on the right, with her parents Jim and Kate on the left, sister Erica, middle, and brother Andrew.

The diagnosis meant little to me other than Mom was very sick, and after her surgery now had to undergo a drug treatment called chemotherapy that would make her lose her hair (finally, an explanation for those bizarre head wraps!) and after that she would undergo what was called radiation therapy. I know now that my parents were not completely honest with us; the cancer was not only in Mom's breast, but had also reached the lymph-nodes under her arm. To children of our age, these details were not necessary; we understood the situation was serious and that both Mom and Dad were worried.

Once we all knew what was going on (more or less), it was much easier for us to work at accepting it and at feeling brave enough to maneuver the bumpy road ahead. Being frightened alone is infinitely worse than being frightened together. After I learned my parents and siblings all had similar worries about my mom, I felt stronger and better equipped to fight.

As with anything, practice makes perfect, and eventually my parents were fantastic at involving us in their

battle. Facing something head on seemed much better than having it sneak up behind us, I'd say. When my mom started losing her hair she sat herself down in the bathroom, handed us each a pair of scissors, and instructed us to have a go at her hair. At first we felt weird and uncomfortable, but eventually, with Mom's help we were all a bit giddy watching her curls fall to the floor and rubbing our fingers in awe over Mom's smooth bald scalp.

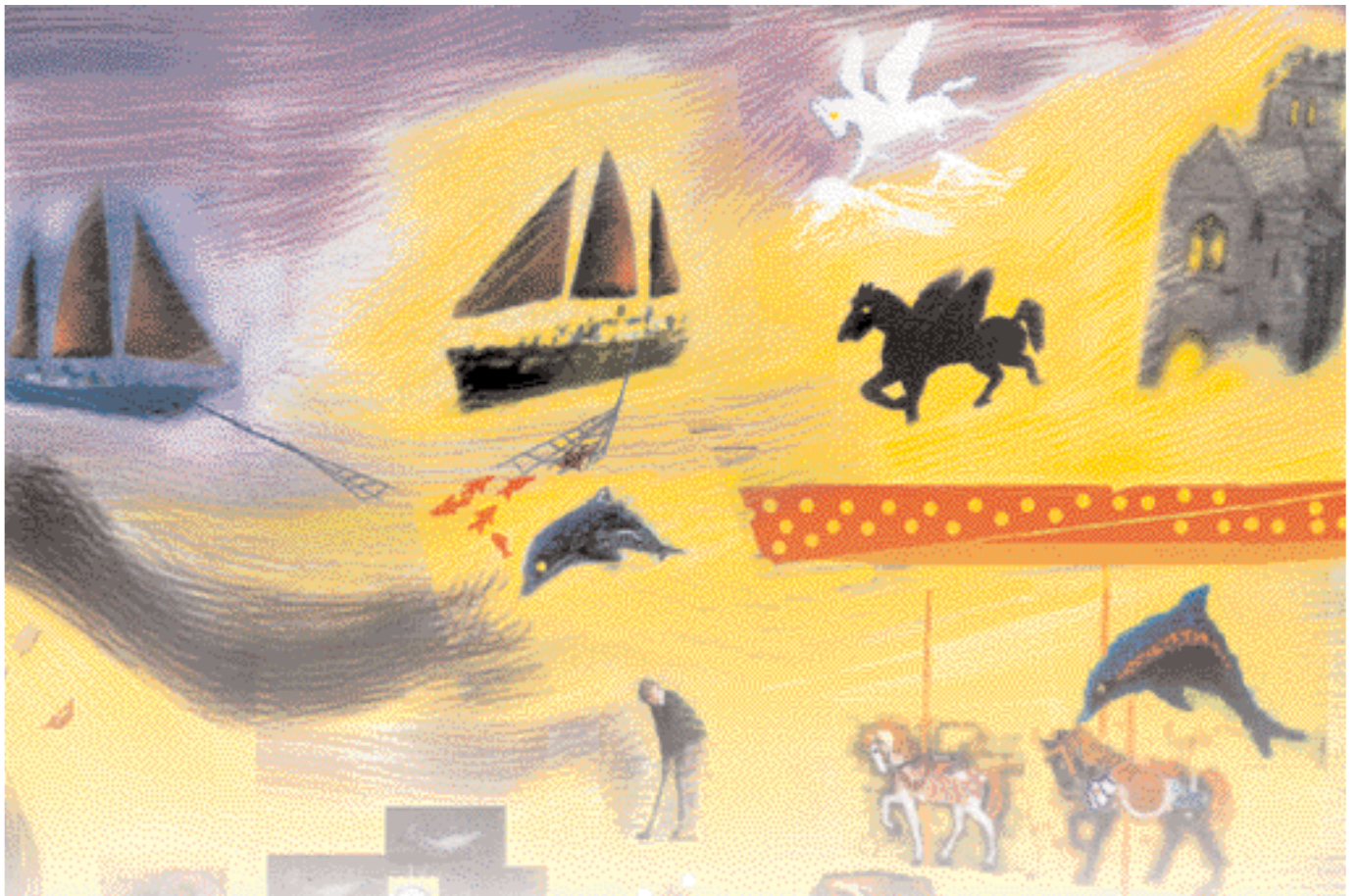
My parents' decision to include us kids in their plight was healing for all of us. My mom gave me responsibilities and these small tasks made me feel closer to her as though I was making a significant difference in the healing process. After her chemotherapy was finished, Mom began four weeks of daily radiation treatments. I didn't know that she had been bolted down to a table and left alone in a sterile treatment room; I knew only that when she returned home she looked defeated and drained. When she climbed into bed, I would rub lotion onto her inflamed skin. As she fell asleep, I would watch a more

serene look wash over her face. What I hoped most as I sat by her as she slept and held her hand tightly was that she didn't feel like she was going through the ordeal alone. Time after time we would go through this ritual and I soon began to realize that she didn't feel alone at all. In knowing this, I felt better too.

All parents want to do what's best for their children, to protect them from feeling pain or suffering needlessly through difficult circumstances. I don't have children of my own, so I can understand only a fraction of the blinding desire to save them from pain. I admire my parents without end for being strong enough to stifle those desires and choosing to do what was best for us – to be honest, and to empower us by allowing us to learn that we were capable of contributing in a positive way.



*Kate Murton
is an Ottawa lawyer
and a cancer survivor.*



Imagery: An aid to coping

By Diane Manii

Imagery can be a very useful tool in helping those with cancer develop important coping mechanisms.

Some form of imagery is the most widely used complementary therapy used by all cancer patients. It is not intended to replace recommended medical treatment.

The use of imagery is basic to human nature. It is something we do every day, such as thinking about the evening meal, seeing what is in the refrigerator, smelling the meal as it arrives on the table, almost tasting what that meal will be like. Imagery is the use of all the senses, sight, smell, touch, sound and movement. However, for most people, the ability to visualize is the easiest sense to use. Imagery is used most successfully when a person is fully relaxed and practices daily.

Some may think, oh no, not another thing I have to learn or do! I want you to sit back in the chair you are sit-

ting in and simply think about your breath for a few minutes. If you were able to do this, congratulations, you have just experienced a relaxation technique.

Just by thinking about your breath, you have deepened your breath, it has become less shallow. Your breath is part of your autonomic nervous system, this means that it runs on “automatic” unless you choose to override it. When you learn to relax, you bring involuntary body responses like heart rate, blood pressure, respiration and muscle tension under voluntary control. This allows for an increased sense of control and inner calm.

When you no longer feel powerless and fearful, you preserve your energy and have the ability to focus on your own way of helping yourself.

Carl O. Simonton, a radiologist, and his wife, Stephanie Simonton, in their book *The Healing Journey* made the use of imagery popular for cancer patients. In their technique they describe images that are powerful and

warlike and replicate the immune system. However, each person has a unique memory and a personal way of internalizing life’s experiences and this should be reflected in the imagery practiced.

One of the common themes in imagery is the presence of light; light being the universal symbol of life. The image of light as healing is put to good use for patients going through radiation treatment. Another common theme is water, another essential element of life. Chemotherapy like water flushes through the body, sweeping away dead cancer cells through the kidneys, bladder and skin. Whatever images are chosen must be meaningful and definite.

Lesley, a woman in her late forties, had been looking for ways to help her with her diagnosis of metastatic cancer. Through the use of the imagery techniques developed in a support group, she created the very powerful image pictured above. She first drew her image and developed it further

using computer technology. Lesley saw herself as a beach, since she always thought of a beach as a happy place. All of Lesley's support system and medical care came to the beach. The metastatic tumour is the crab. The crab's shell is broken down by the horses' hooves on the carousel. One of the horses represents her husband, the dolphin is her son ... powerful allies.

Her father loved golf; he is hitting T cells at the crab. Her mother and aunts were strong women; she remembers them singing from the Mikado together. They are represented as three women in Japanese costume.

Lesley takes the medication tamoxifen; this is represented by sandpipers running along the beach picking up and digesting any cancer cells and estrogen.

The church represents Lesley's spirituality and sense of stability. The white horse with wings is Lesley's spirit soaring. All of the most important elements in Lesley's life and healing are represented in her imagery. Lesley created her imagery five years ago. She leads an active and interesting life, and her disease is stable.

Imagery is a coping tool that costs no money but it does require commitment and time. Try to practice every day. Start for a few minutes a day and build up to 30 minutes. Create a place of comfort in your home that you can retreat to undisturbed. Plan for this. Try and draw what you see or feel. If it is a movement, act the movement out. Create your own relaxation/imagery audiotape.

If you want more information, the Ninon Bourque Library has a wide variety of books and tapes.

Also check the Ottawa Regional Cancer Centre patient calendar for the next groups or workshops. If you need a little inspiration, please look at the University of Pennsylvania's Web site www.oncolink.upenn for patient images and art.



*Diane Manii, MSW, RSW,
is a social worker with the
Ottawa Regional Cancer Centre.*

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Stimulating and exhausting review process gets research money where it counts

A report on the NCIC Panel Review, January, 2002

By Jean Seasons

Every year we are asked to contribute more and more money to many worthy causes, and there are times when we wonder how our contributions can help – and where the money is spent. We hear about how much has been raised (in the Canadian Cancer Society's case) in relay rallies, fund-raising events, and lotteries. But what happens to those vast sums?

In January, I was fortunate to be selected as a lay member on a panel of the National Cancer Institute of Canada and the Canadian Breast Cancer Research Initiative which addressed that question.

First, some background information. The National Cancer Institute of Canada was formed in 1947 on the joint initiative of the Department of National Health and Welfare and the Canadian Cancer Society. The goal was to coordinate and correlate efforts to reduce the frightening aspects of the disease – and, particularly, the death rate.

In those days, we thought of cancer as an unmentionable illness, one that was certain to lead to an agonizing death. Through the years, we have seen advances in medicine and declining mortality rates. Mortality rates for Hodgkin's disease and stomach cancer have been dropping steadily. We are not as frightened to talk about the word "cancer" and how deeply it affects all of us in one way or another.

These changes in medicine and in our attitudes can be attributable in part to the NCIC mandate to initiate and support cancer research through grants and other mechanisms in con-

junction with its partners, the Canadian Cancer Society and the Terry Fox Foundation.

The Canadian Breast Cancer Research Initiative has also enlisted the support of the NCIC to ensure that its grant applications maintain the highest standards of research excellence through the scientific review process that are expected at the partner agencies.

Now, how does the money collected by these agencies get into the hands of the most able researchers in the country? There are four basic steps in the adjudication and funding process.

First, of course, is the application itself. The researcher outlines the aims and objectives of his/her research, the cancer significance of the work, the proposed design and methods, available resources, and his/her own background and credentials.

This application then goes to a review panel which consists of scientific peers and two lay people. This year there were 12 panels converging on Novotel in Toronto over four weeks in January and February. The panel that I was on was made up of 10 scientists from different backgrounds such as the cancer research laboratories at Queen's University, the Hospital for Sick Children, Sunnybrook and Women's College Health Sciences.

All of these scientists have been through the process themselves and have served on this particular panel in other years. They brought objectivity, knowledge and diversity. The purpose of having two lay people on each panel is to provide a means of public accountability or, perhaps, give a sense of urgency to a particular application. Many of them have had cancer.

The review process is both stimulating and exhausting. In our case, the first day went from 8:30 a.m. to 6:30 p.m. with breaks for coffee and lunch. Each scientist is responsible for a comprehensive review of three specific applications.

Then there is a secondary reviewer, also with a written report and a third "reader" who weighs in with another viewpoint. Each applicant receives an exhaustive examination of his/her proposal and budget, often lasting for three quarters of an hour. They are then given a rating on a 0 - 5 formula (with 5 as the highest). The lay people have no part in the ranking but are always consulted for their views at the end of the discussions.

The third step in the process is the report from the review panel to the NCIC's Advisory Committee on Research which is composed of senior experienced scientists with a broad range of expertise. One of their tasks is to balance the assessments of the panels evenly across all grant panels and to assign the available funds.

The fourth and final step is the approval of the Board of Directors of the National Cancer Institute of Canada. The successful candidates are informed. The important work of cancer research in this country goes ahead.

From my point of view, the two days I spent in such a heady atmosphere gave me a look at the overall scope of the research being done. My background is in the humanities, and there were many times when I wished I'd paid more attention in chemistry class although I don't think "molecules," "genes," "proteins" and so on were ever part of my high school experience.

The lay people are part of the selection process along with the scientists.

We are nominated (in my case, by the Ottawa Unit of the Canadian Cancer Society) and usually have some affiliation with a Canadian cancer related organization. We are there, according to the NCIC, "to provide objectivity and integrity to the review process."

In November we received a large box containing all 26 applications that were to be reviewed by our panel. We

were not expected to understand the implications of the science, but we did read through all of them before going to Toronto to get some idea of their content and relevance to cancer. We all agreed to a confidentiality statement. My lay partner was there for a second year, and that is the idea behind these appointments: an experienced person is always with someone who is there for the first time.

I hope to be part of this review again next year. Before we left Toronto, we were asked to assess the impact we had on the panel. I have no idea. One thing I am sure of: the research is essential.



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

CCS Grants currently receiving funding in Ottawa

Grant Year: 2000/2001

Principal Investigator	Institution	Title	\$ Awarded
Douglas Gray	Ottawa Regional Cancer Centre	The role of novel polyubiquitin chains in DNA repair and cancer	\$153,491
John Bell	Ottawa Regional Cancer Centre	The Clk kinase family and the regulation of splicing	\$121,450
Barbara Vanderhyden	Ottawa Regional Cancer Centre	Role of the c-kit protooncogene in ovarian tumorigenesis	\$111,303
Roanne Segal	Ottawa Regional Cancer Centre	Randomized trial of progressive resistance exercise training in men with prostate cancer	\$111,173
Douglas Gray	Ottawa Regional Cancer Centre	Functional analysis of Unp	\$105,255
G. Peter Raaphorst	Ottawa Regional Cancer Centre	Evaluation of thermoradiosensitization and inhibition of DNA and cellular repair and repair enzymes in human normal and tumour cells	\$92,758
Ian Lorimer	Ottawa Regional Cancer Centre	Cancer therapeutics targeting a mutant oncogenic EGF receptor	\$76,929
Cheng Ng	Ottawa Regional Cancer Centre	Topotecan and X-radiation response of human tumour and normal cells	\$43,007
Brian Lichty	Ottawa Regional Cancer Centre	The development of vesicular stomatitisvirus as an anti-cancer agent	\$37,100
Robert Korneluk	Children's Hospital of Eastern Ontario	XAF1: A novel candidate tumour suppressor that regulates apoptosis	\$108,638
Johne Liu	Ottawa Health Research Institute	Progesterone-induced Xenopus oocyte maturation	\$144,323
Valerie Wallace	Ottawa Health Research Institute	The role of sonic hedgehog in retinal proliferation	\$94,298
James Watters	Ottawa Hospital	The influence of age on the functional consequences of adjuvant chemotherapy for breast cancer	\$17,373
Alexander Fallis	University of Ottawa	Synthesis and development of taxoid mimics and analogues for breast cancer chemotherapy	\$115,808
Paul Albert	University of Ottawa	Regulation of cell proliferation by inhibitory G proteins	\$107,751
Nancy Edwards	University of Ottawa	The impacts of multiple interventions for smoking cessation versus multiple health risk behaviours on young adults' smoking behaviours	\$24,647
TOTAL			\$1,465,304

Support Groups and Cancer Information Services for the Cancer Care Ontario Region of Eastern Ontario

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.

Adult Brain Tumour Support Group

- Purpose: Support group for people with brain tumours, and their family/friends.
- Meets the first Tuesday of each month
- 7:00 p.m. – 9:00 p.m.
- Ottawa Citizen Building, 1101 Baxter Road, Ottawa
- Call Diane Ford (613) 737-7700 ext. 6292, Kathleen Greene (613) 798-5555 x 18740 or the hotline 1-800-265-5106

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 info

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.

Brain Tumour Foundation of Canada

- Hotline number 1-800-265-5106.

Breast Cancer Action (BCA)

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

Brockville Breast Cancer Support Group

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

Canadian Thyroid Cancer Support Group

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

Canadian VHL Family Alliance – Ottawa Area Branch

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

CancerConnection (Canadian Cancer Society Program)

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



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

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

Candlelighters Childhood Cancer Trust of Eastern Ontario and Western Quebec

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

Colorectal Cancer Association of Canada

- Purpose: Non-profit organization bringing support to those affected by colorectal cancer.
- Provides up-to-date information, advocacy campaigns and public awareness and education activities to patients and caregivers.
- Call 1-888-318-9442 (e-mail: ccaac_acc@hotmail.com)

Courage Canada - Ottawa Branch

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

Dundas County Hospice

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

(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
- 2:00 p.m. - 4:00 p.m.
- Maurice Grimes Lodge, 3rd. Floor, Ottawa Regional Cancer Centre, 200 Melrose Avenue. OR
- Meets the second Tuesday of each month
- 2:00 p.m. - 4:00 p.m.
- Ottawa Regional Cancer Centre, 503 Smyth Road
- Pre-registration required at (613) 737-7700 ext. 6455

Lymphoma Support Group (LSG)

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

Nu-Voice Club of Ottawa

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

Ottawa Hospital – General Campus

Gynaecologic-Oncology Program - "Time for Ourselves"

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

Ottawa Regional Cancer Centre

Beattie Library

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

Support Groups and Cancer Information Services for the Cancer Care Ontario Region of Eastern Ontario

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

Ottawa Regional Cancer Centre (ORCC) Social Work Support Groups

- Purpose: ongoing support groups offered by ORCC Social Workers
1. Healing Circles (a support group for patients undergoing treatment for cancer)
 - who wish to learn about the mind-body connection
 - relaxation and imagery techniques
 - Must pre-register; space is limited. To register and for information please call Liane Murphy at (613) 737-7700 ext. 6858.
 2. Healthy Connections (a monthly support meeting for all ORCC cancer survivors)
 - Learn about health related topics
 - Meet new and old acquaintances
 - New topic each month
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.
 3. 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.
 4. Healthy Living for Breast Cancer Patients (a support group for any breast cancer patient who has been treated at the Ottawa Regional Cancer Centre within the past 12 months)
 - To provide breast cancer patients with support
 - Decision making skills
 - Behavior change strategies
 - To help maintain a healthy lifestyle
 - Must pre-register; contact Michele Holwell (613) 737-7700, ext. 6855
 5. Stepping Stones - a 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.
 6. Kidz Time (a monthly support group for kids, age 8 to 18, who love someone close with cancer, like a parent, grandparent or aunt).
 - Understanding cancer and the changes in your family
 - Learning what to do, how to be and where to go to get help
 - Meeting other kids like you
 - Learning about cancer at ORCC
 - Meeting the staff
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.
 7. Living for Today (a weekly support group for men and women living with metastatic or recurrent cancer)
 - Share thoughts, emotions, information and experience.
 - Develop coping strategies for getting the most out of each day.
 - Must pre-register, contact Diane Manii (613) 737-7700 ext. 6852

Pink Ribbon Voices Support Group

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

Prostate Cancer Association of Ottawa

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

Reach to Recovery (Canadian Cancer Society Program)

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

Regional Palliative Care Consortium

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

Renfrew County Prostate Cancer Support Group

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

Renfrew Victoria Hospital Cancer Support Service

- Purpose: Supportive care assessment for all newly diagnosed cancer patients
- Support and teaching given in regards to diagnosis and treatment
- Assistance and referrals for other community services
- Counselling and support re: living with cancer and associated fears related to treatment, recurrence and survivorship
- Contact: Renfrew Victoria Hospital Oncology Clinic, Renfrew Victoria Hospital, 499 Raglan St. N. 613-432-4851 fax: 613-432-8649

Renfrew Victoria Hospital Palliative Care Services

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

Sylvia House Hospice Program

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

United Ostomy Association

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

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

- Purpose: Supportive Cancer Care Program enables individuals and their families to access the care and support which they require at all stages of their illness.
- St. Laurent Shopping Centre, South Court, Lower Level, 1200 St. Laurent, Ottawa, ON.
- Call (613) 749-7557 e-mail: von@vonottawa.on.ca

VON Breast Cancer Network (Cornwall)

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

Willow Breast Cancer Support and Resource Services

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

HOCKEY FIGHTS CANCER™

Unfortunately, none of us need to look far to be touched by cancer and our hockey family is no exception. Through **Hockey Fights Cancer**, the National Hockey League® and the NHL® Players' Association are committed to raising money and visibility for local cancer efforts and supporting the **American Cancer Society** and the **Canadian Cancer Society** national organizations.

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