



The Ottawa Regional Cancer Centre presents

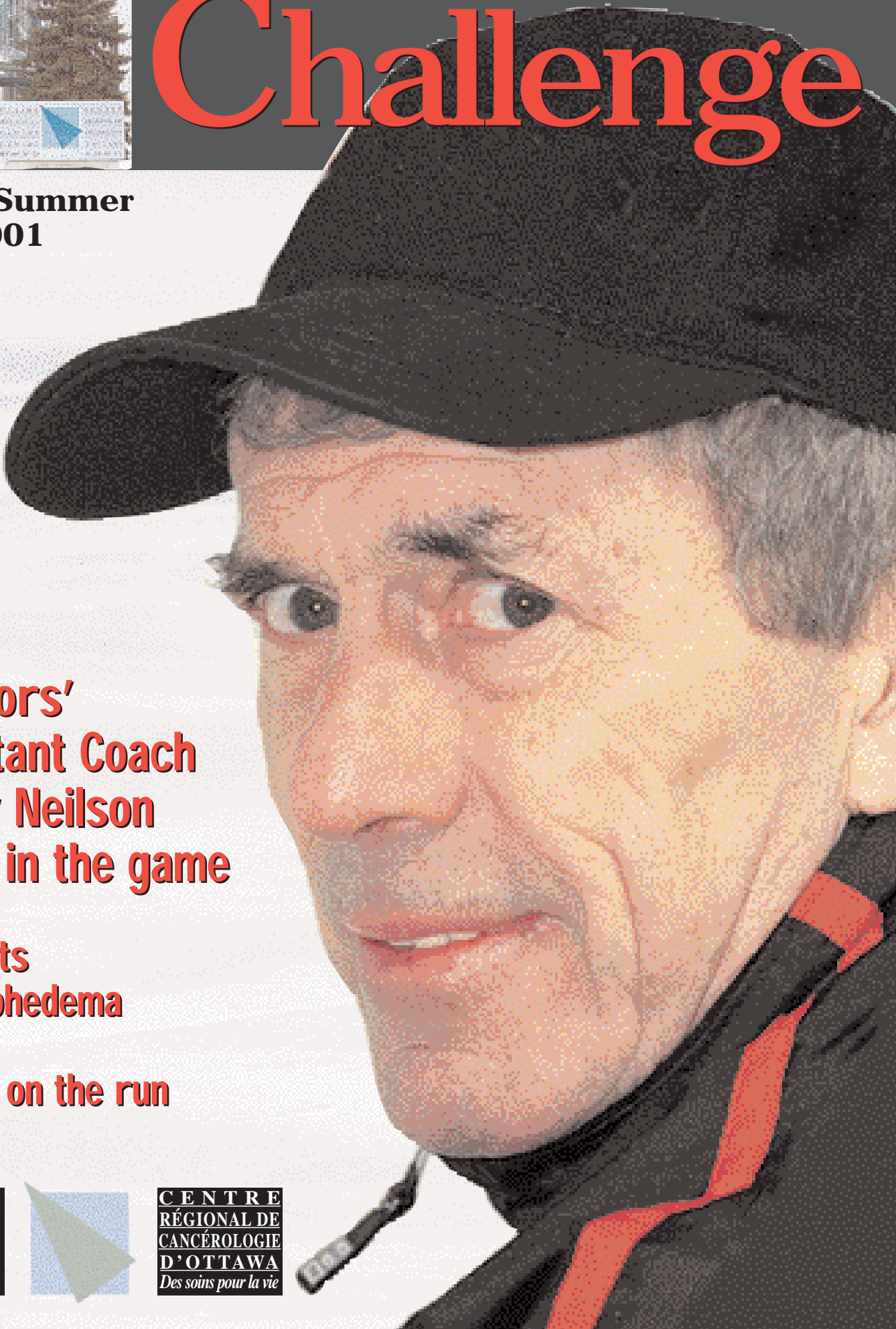
Challenge

**Spring/Summer
2001**

**Senators'
Assistant Coach
Roger Neilson
stays in the game**

**The facts
on lymphedema**

Cancer on the run



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Des soins pour la vie

Letter from the Editor

One snowy day in February, Challenge designer Chris Macknie and I were sitting in a breakfast restaurant with Editorial Board co-chairs Vince Westwick and Barbara Vanderhyden.

Over French toast, crepes and fruit salad, we were discussing where the magazine has been, and where it's going.

Vince described Challenge as "the Reader's Digest of Cancer," telling a variety of stories, many of them personal, but with a good mix of the latest research and programs for cancer patients.

I like that analogy. While we are always balancing the technical level of our editorial with our desire to make it easily readable, we never want to forget the human stories that inspire us.

When word got out this winter about Roger Neilson's battle with cancer, all of us on the Challenge Editorial Board agreed immediately that that was who we wanted for our spring cover. We are grateful to Roger Neilson for allowing us to tell his moving story, and to Citizen sports columnist Wayne Scanlan for his interesting and well written account.

The stories on lymphedema starting on page 20 resulted from a suggestion from reader Alice Farnsworth who felt the subject merited more public awareness. If there's a topic you'd like to see covered in the magazine, or you have comments about what you've read, please let us know.

The deadline for the next issue is August 1st and the magazine will be available just after the 5th Annual Cancer Centre Telethon, September 22-23.

*Louise
Rachlis*



– Alain Chan

Send us your thoughts: Challenge editor Louise Rachlis and art director Chris Macknie welcome your input on what you'd like to see on our menu. You can write to the magazine c/o the Ottawa Regional Cancer Foundation, 503 Smyth Road, Ottawa K1H 1C4 or e-mail foundation.ottawa@orcc.on.ca

Disability forgotten in the serenity and beauty of nature

By Robert Hursti

In 1987 I was diagnosed with cancer in my foot and lost part of it at that time, with tendons and muscles being held together with a large titanium staple. In 1991, pain returned to that area again and rejection of the staple was the suspected cause.

Unfortunately the cancer had returned with a vengeance, resulting in the amputation of my foot. This whole cancer thing was obviously traumatic and the fear of it having spread elsewhere in my body was beyond contemplation. I had hardly ever been away sick over my entire teaching career, and now this!

I went through the various phases of anger and denial, with no answer to the rhetorical question "Why me?" but with the encouragement of my wife and with the inner resolve of Finnish "sisu" to fight back and make the best of it, I persevered. I played the violin and I could still do that, even minus one foot!

My original prosthesis was ill-fitting and my back became a major problem. I was bedridden for months, with the bed set up in our living room. Through exercise and physiotherapy, as well as a well-fitting prosthesis I returned again to the land of the living.

I took up cross-country skiing again, although with a lack of ankle flexibility, I developed a new style of movement which relies on more upper body strength and a different shuffle. Now I can ski from three to five km at an outing and try to get out as many times in a week as I can. To be in the quiet woods with the glittering snow on the tree branches and the occasional chickadee visiting my ski pole gives me great solace and peace.

My disability and that dreadful term "cancer" are forgotten in the serenity and beauty of nature.

When I am unable to be on the ski trail my violin and music are a great comfort to me. To improvise on the violin enables me to take myself to an-

Keeping Spirits Up

Advice from our readers

other space, where life's tribulations don't exist. To share my gift of music with others is a blessing that makes my struggle with the disability worthwhile. I still have my hands and can play, and with my prosthesis I can ski!

A Time To Reflect

After leaving the hospital following my amputation, my wife and I went shopping at Canadian Tire. I was still



using crutches without a prosthesis and as I was hopping away from the car a one-legged seagull landed beside me and looked up at me. We were motionless for some time staring at each other. I never forgot that special moment.

During the summer, I fell from my bicycle because I came down too awkwardly on my prosthesis. I was on an island at a traffic light and bemoaned my disability, but was embarrassed to see a beautiful armless girl standing beside me. We looked at each other, the light changed, and she was gone. I never saw her again. I got the message!

During one of my ski outings I decided to time myself over the three km course since there didn't seem to be any other people on the trail. I was making average time but I knew that the hill at the end of the run would give me a personal best. As I flew down the hill, a couple appeared between the hedges ahead of me. They were coming the opposite way. I struggled to miss them as I was up on my good foot to squeeze between them! No luck! My other ski hit the snow at an angle and I was upside down in a small tree.

The ski on my prosthesis side was off and the other one dangling precariously over my head! The couple set upon rescuing me from my predicament but I was laughing and managed to free myself. They insisted that I wait for an ambulance but I managed to walk down the short distance to the car with my skis in hand. It was only when I began to get into the car that I realized why the couple was so concerned about my well-being. The foot, attached by a bolt to the prosthesis had twisted, and it was pointing 90 degrees to the left! They obviously assumed that the serious injury to my foot put me in shock, hence my laughter. I guess they must still talk about the incident at cocktail parties.

Robert Hursti is a retired teacher.

Please see another Keeping Spirits Up account on page 26

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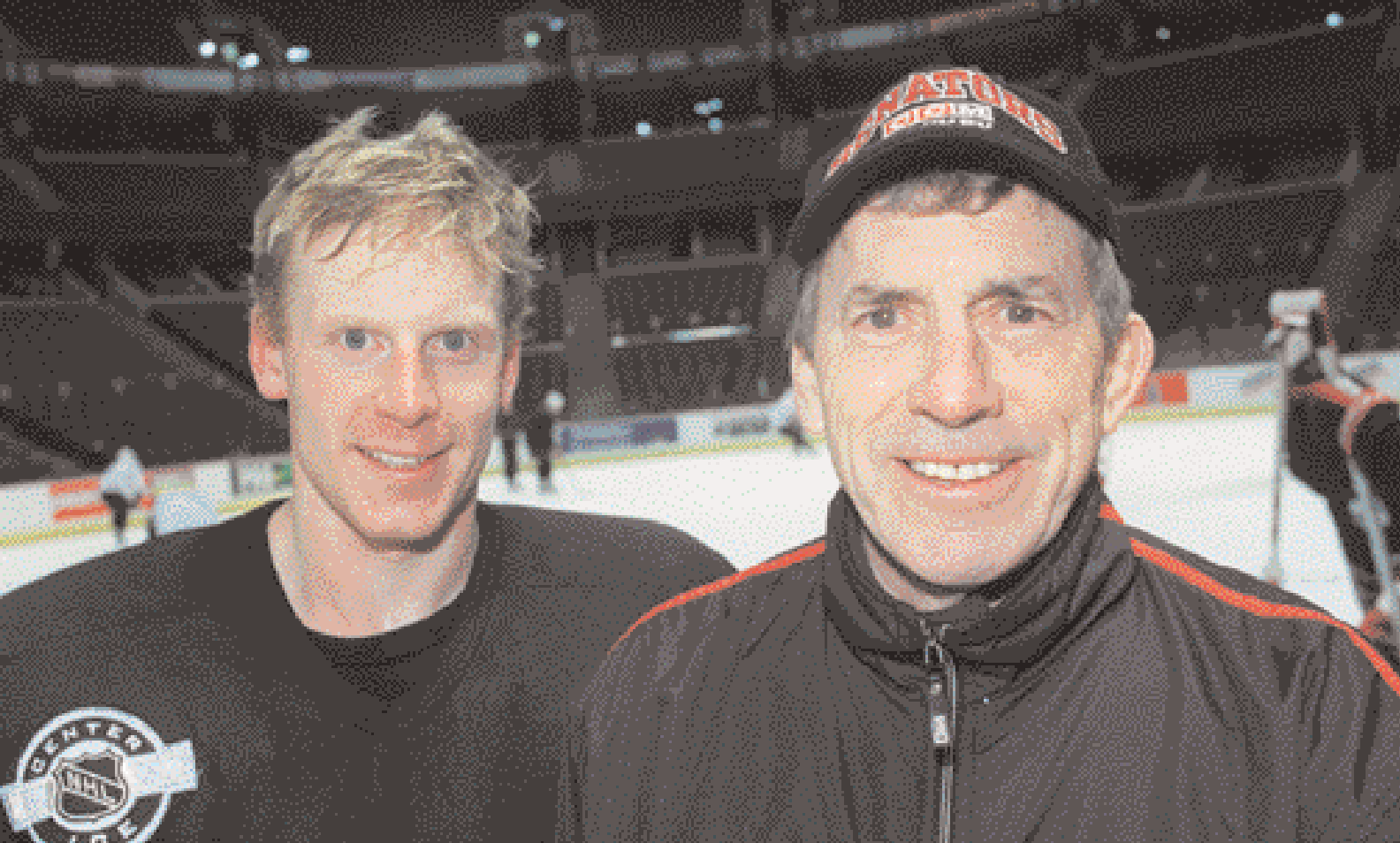


COVER STORY

ROGER NEILSON

Senators' assistant coach
is still in the game

6



— photos by Lynn Ball, Ottawa Citizen

Support of the team: Senators' Captain Daniel Alfredsson and Assistant Coach Roger Neilson at a Senators' practice.

Roger Neilson's a model for a positive attitude

By Wayne Scanlan

Roger Neilson leads the NHL in well-wishers.

Messages arrive daily for the Ottawa Senators assistant coach. On cards. On lined paper. On a telephone answering machine. Via electronic mail.

It is practically a full-time job for Senators receptionist Lori-Ann Blackburn to help Roger process his messages.

'You've got mail' is an ongoing event in the Corel Centre offices.

The Senators have a system down pat. In response to each message, Neilson has a picture of himself which he autographs before Lori-Ann mails it back. If he knows the correspondent, Neilson will write a little note to go with it. Then, he can get back to his day job.

It has been like this since the legendary 66-year-old hockey coach joined the staff of the Senators last fall and was diagnosed a few months later with a second form of cancer. Malignant melanoma. The deadliest form of skin cancer.

Last season, while he was head coach of the Philadelphia Flyers, Neilson announced he was suffering from multiple myeloma, a cancer of the bone.

If it gets tiring, responding to the daily flood of good intentions, Neilson would never admit it.

"These are things you can't turn down," he says. "Many of these people have cancer or have a friend with it and they want to hear from me."

Some need advice or comfort. Others will suggest a treatment.

Former Maple Leafs captain Darryl

Sittler, who played for Neilson in Toronto during the late 1970s, recently sent Roger a note and a sample of essiac tea. Sittler's wife, Wendy, is suffering from colon cancer.

A medicinal tea favoured by some cancer patients, essiac is comprised of four main herbs: burdock root, Turkish rhubarb root, sheep sorrel and slippery elm bark.

Other famous athletes have been in touch with Neilson, including one he's never met.

American cyclist Lance Armstrong rebounded from testicular cancer to win the gruelling Tour de France in 1999 and 2000. When Armstrong heard about Neilson's latest diagnosis, the Texan mailed him an interesting package.

Along with a note encouraging Roger to remain active and positive was a sleek, aerodynamic helmet used

by cyclists to limit air resistance during time trial events.

"I'm not even sure how to put it on," Neilson laughs.

Perhaps Armstrong heard that Neilson loves to ride his bicycle to the Corel Centre when he can.

Armstrong didn't need to worry about Roger exercising and maintaining his work schedule during his treatments.

If anything, the Senators staff fret about trying to slow Neilson down. As often as he can, Roger is on the ice with the team, helping head coach Jacques Martin and fellow assistants Perry Pearn and Randy Lee work with the players.

Work has always been one of Roger Neilson's vital therapies. Considering his work life is also the closest thing he has to a family, it is nothing short of a labour of love.

In classic Neilson style, he returned in January from surgery in Philadelphia and caused everyone to laugh during a press conference to explain his condition. Doctors had just removed a lesion behind Neilson's knee and lymph nodes in his groin area because melanoma spreads through the body's lymph system.

Fluid was still draining from a tube following the lymph node procedure — and would for another 10 days — and yet Neilson talked his way out of hospital early in order to make a road trip west with the hockey team. Later, an infection set in.

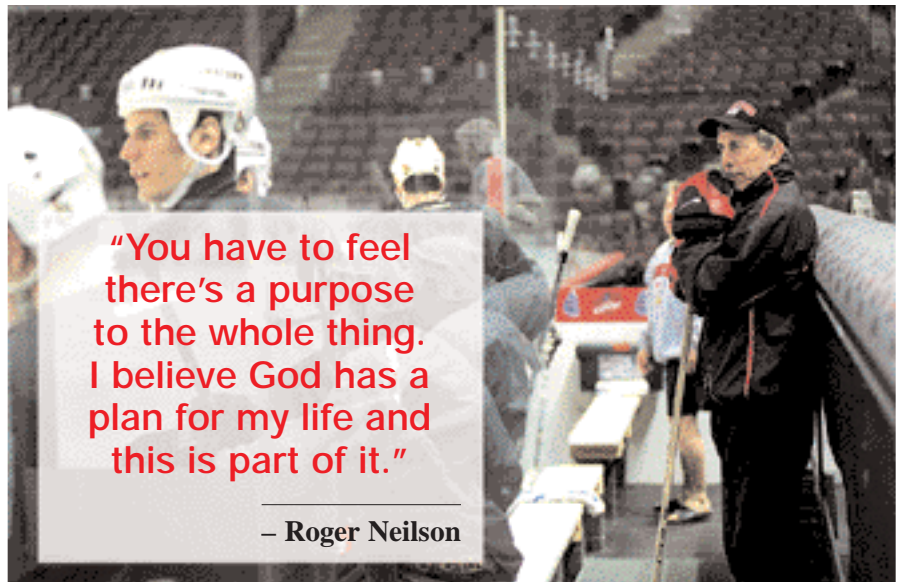
Incredibly, now suffering from two forms of cancer, this remarkable coach seemed to think it was an opportunity to be twice as funny.

As he explained that each of the cancers has a life expectancy in the five-year range, Neilson said he had done the math.

"I figure that's 10 years (combined)," said Roger. "That's pretty good."

Good humour and strong religious faith anchor Neilson's approach to living with cancer. Speaking at a Kiwanis Club luncheon earlier this year, Neilson told a good news/bad news joke about the priest informing an elderly hockey fan that he'd be able to play hockey in heaven.

What's the bad news? the elderly fan wanted to know.



"The bad news," said the priest, "is that your first game is next week."

When he was with the Flyers, Neilson got some mileage out of a new spin on an old W.C. Fields line.

As every fan of the late comedian knows, Fields' epitaph reads: "On the whole, I'd rather be in Philadelphia."

Neilson says he got himself into a bit of hot water when he declared after being diagnosed with multiple myeloma:

"With all due respect, heaven is a better place than Philadelphia."

Neilson is as famous for his sense of humour and eccentricities as he is for his innovative coaching. One of the first coaches to rely heavily on taped hockey games to prepare for the opposition, Neilson is also one of the coaches most likely to lose a car in a parking lot or get lost in an arena corridor.

And nobody laughs harder at his mishaps than the man himself.

Still, Roger was concerned when someone suggested to him that not all cancer patients might appreciate his light approach. Only one person ever said that, but it gave him pause for thought.

"I certainly don't want to upset anybody," he says. "I think my age helps me to have the attitude I do. It's different for younger people."

To nearly everyone, young or old, Roger Neilson is the model for a positive attitude in the most trying of circumstances.

He cites three main reasons for his outlook:

"First of all, I'm confident in the medical profession. The doctors in Philadelphia and here in Ottawa are top notch. I have the best possible medical help and that's important.

"Secondly, it's nice to have the support of family and friends."

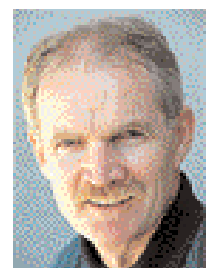
Roger doesn't have any immediate family. He has never been married and his sister, Joan, died of multiple myeloma at age 67 two years ago.

"For me," he says, "the hockey community is my family. Their support has been terrific."

"Thirdly and most importantly is my faith. I don't know how people get along without that.

"You have to feel there's a purpose to the whole thing. I believe God has a plan for my life and this is part of it."

When the NHL season is over, Roger will return to his home in Peterborough. He will operate one of the world's most famous and popular hockey camps. He will cycle, jog and he will keep the faith.



Wayne Scanlan is a sports columnist with the Ottawa Citizen.

Nutrition and cancer

The Ninon Bourque Patient Resource Library can help you find out more...

By Christine Penn

“Do you have anything on nutrition?” This is a question which we are asked almost every day in the Ninon Bourque Patient Resource Library, and so we have chosen to highlight some of our books and resources on diet and nutrition.

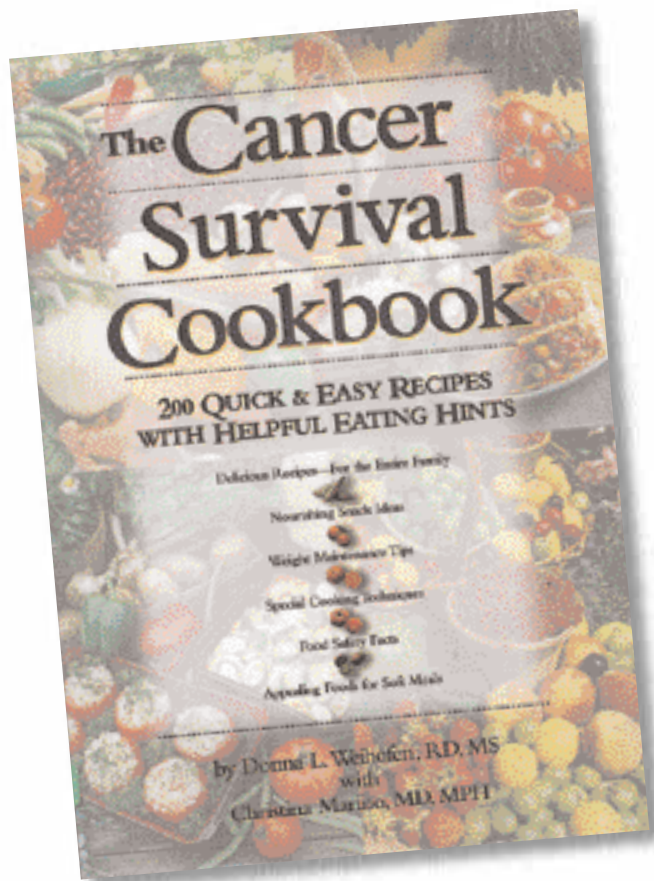
Check it Out

Sources of information on dealing with cancer in our lives

The questions about nutrition fall into two main categories: 1) What to eat when you have cancer? and 2) Which foods will help to reduce the risk of cancer? Here are some suggestions for both areas:

1) What to eat when you have cancer: recipes and eating hints

We have several recipe books which address the special needs of cancer patients, such as loss of appetite, nausea and mouth sores. *The Cancer Survival Cookbook: 200 Quick and Easy Recipes with Helpful Eating Hints*, by Donna Weihofen and Christine Marino (John Wiley, 1998) contains many low-fat recipes, many of which emphasize the use of fruits and vegetables. As well as recipes, there are suggestions on how to cope with the problems you might have during chemotherapy or radiation treatment, such as nausea and vomiting, fatigue, constipation and diarrhea. There is also a section on the safe handling of food for patients who are susceptible to infection because of low blood counts. “Cancer fighting foods and vegetables” and herbal remedies are also discussed. Patients



who have borrowed this book like the fact that most of the recipes are easy to prepare, using common ingredients.

The Cancer Recovery Eating Plan by Daniel W Nixon, M.D. (Random House, 1994) presents information on the role of nutrition in coping with cancer along with individualized eating plans for specific types of cancer. Over 100 recipes are included.

Some of our other recipe books are: *What to Eat When You Don't Feel Like Eating* by James Haller and *The Non-chew Cookbook* by J. Randy Wilson.

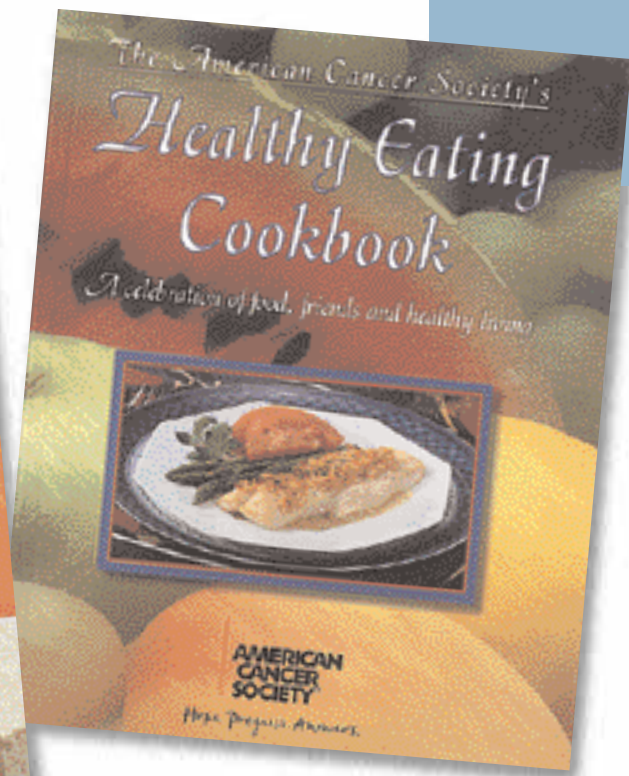
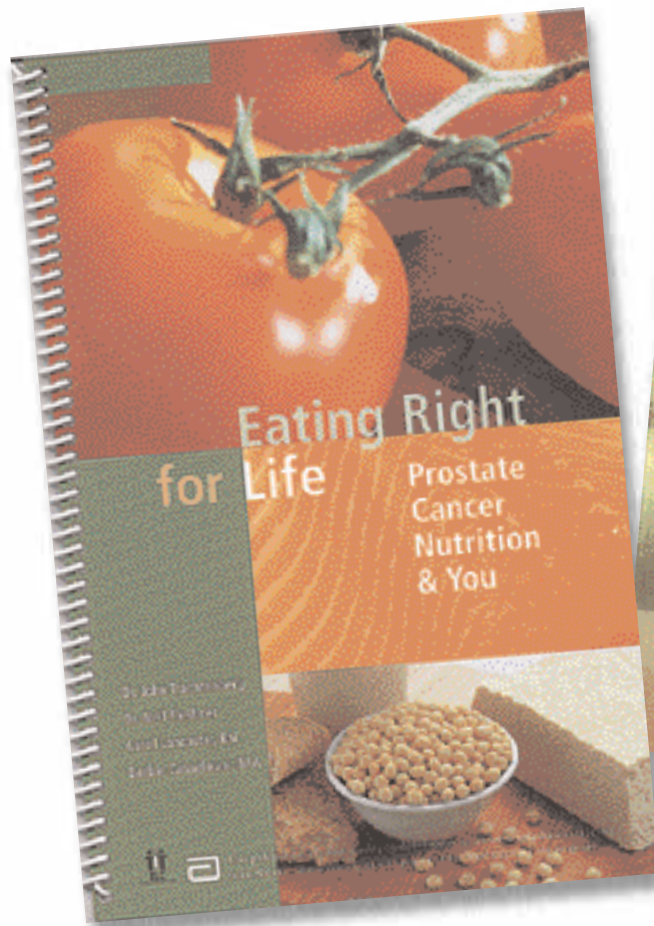
The Canadian Cancer Society has produced a booklet called *The Nutrition Guide for People Living with Cancer* and you can find this on the

Internet at: www.cancer.ca/info/pubs/nutrie1.htm

2) Which foods will help to reduce the risk of cancer

There is increasing scientific evidence that good nutrition has a role in cancer prevention. *Stopping Cancer Before it Starts* by the American Institute for Cancer Research (Golden Books, 1999) presents information based on research on the benefits of healthy diet and exercise and suggests steps you can take to reduce cancer risk. Recipes and meal plans are also included.

The American Institute for Cancer Research has been conducting cancer



research and education programs for almost 20 years. You can find out more about the organization and its services from its Web page at www.aicr.org.

Recently, The American Cancer Society published a cookbook called *The American Cancer Society's Healthy Eating Cookbook: A Celebration of Food, Friends and Healthy Living*. Here, you will find hundreds of recipes, based on the Society's Nutrition Guidelines. This book is another popular choice at our library.

Eating Right for Life: Prostate Cancer Nutrition and You will be of interest to anyone who is looking for information about the role of diet and supplements in the prevention and treatment of prostate cancer. The "prostate-healthy" recipes provide ways to incorporate more vegetables and soy products into your diet without sacrificing taste.

Scientific Studies

Soy, flax seed, broccoli, tomatoes are a few foods which had been in the news over recent years because of their perceived cancer-fighting properties. Although none of these has been proved to prevent cancer, research is ongoing into their role in cancer prevention. This research is reported in medical journals. If you are interested in finding out what has been published, ask the library staff, who will show you how to find reliable information in the journal literature.

Some Web sites for general information on nutrition

Here are two Canadian Web sites which have information about nutrition and healthy eating:

Health Canada has a nutrition Web site. The Canada Food Guide can be found here: www.hc-sc.gc.ca/hppb/nutrition

Dietitians of Canada: www.dietitians.ca

Nutrition is just one of the many cancer-related topics that you can find out about at the Ninon Bourque Patient Library, and we have prepared an information sheet, "Where to Start? – Sources of Information on Nutrition," as a starting point for resources.

Everyone is welcome to visit the Ninon Bourque Patient Resource Library, on the Main Floor at the General Division of the Ottawa Regional Cancer Centre. We are open Monday to Friday from 9:30 a.m. to 3 p.m., but it is a good idea to phone ahead to check the hours, as we sometimes have to make changes. You can reach us at (613) 737-7700 ext. 6980. or ext. 6984. You can also visit the Cancer Centre's Web site at www.orcc.on.ca.

Cancer on the run: Turning fears into hope

By Cheryl Kardish Levitan

My first passion in my life is my family, and my second passion is running.

I have been running for 21 years and have completed 20 marathons internationally and locally, as well as an equal number of half marathons. I love to run for fun, health, and to experience the runner's high.

I work out daily and recently challenged myself to cycle from Ottawa to Kennebunkport, Maine with my husband Brian in four days, averaging 160 kilometers a day. I didn't realize that I would soon be facing the greatest challenge of my life.

I was feeling great. I was on the right track. But on June 30th, my course had changed directions and I was heading for a crash.

I had just come back from my run when I received a call from my physician telling me to sit down. The core biopsy I had had two days earlier showed that my lump was a malignant tumour and that I had cancer.

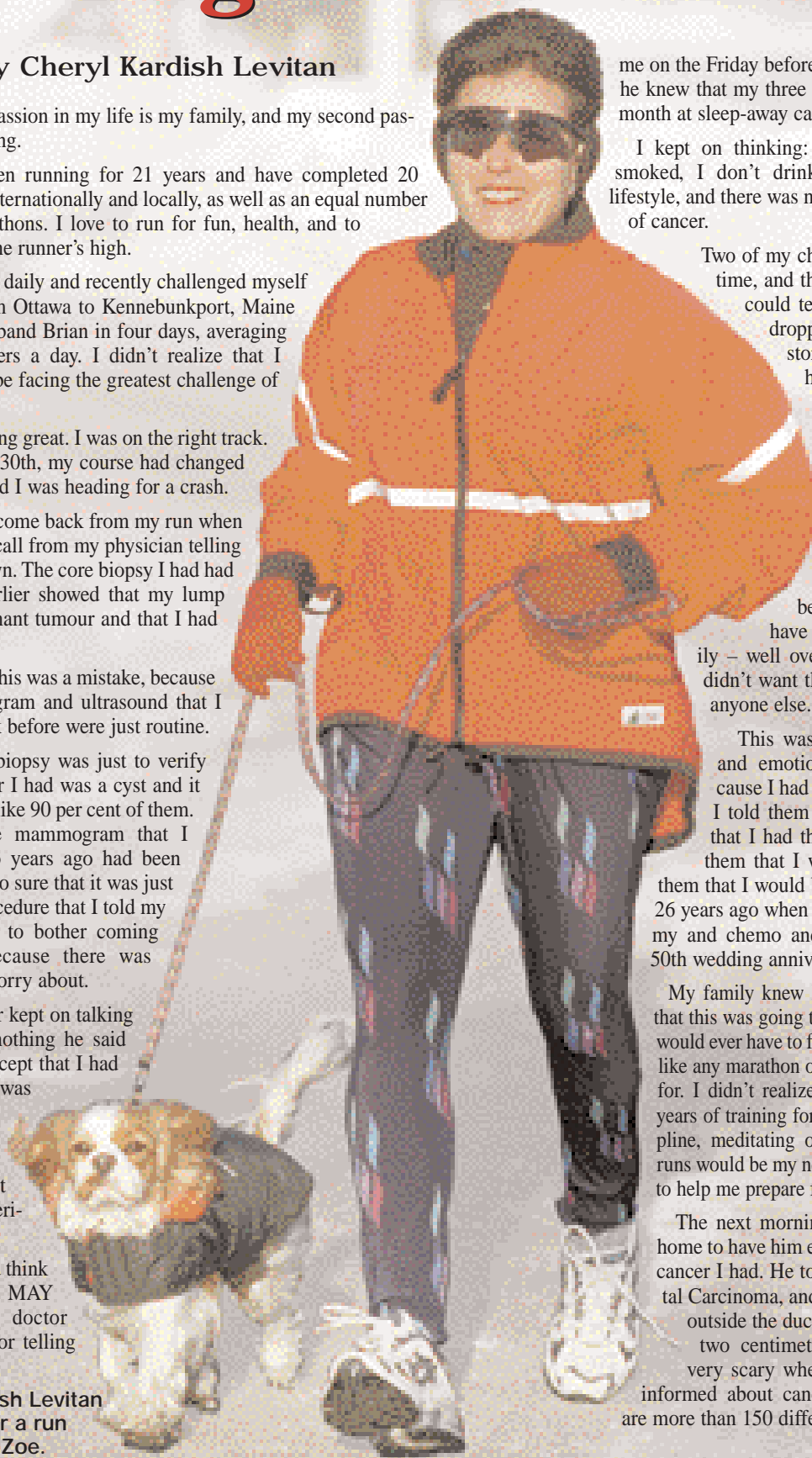
I thought this was a mistake, because the mammogram and ultrasound that I had the week before were just routine.

The core biopsy was just to verify that whatever I had was a cyst and it was benign, like 90 per cent of them. Anyway, the mammogram that I had had two years ago had been clear. I was so sure that it was just a simple procedure that I told my husband not to bother coming with me because there was nothing to worry about.

The doctor kept on talking to me, but nothing he said registered except that I had CANCER. I was in shock, paralyzed, as if I were having an out of body experience.

All I could think about was I MAY DIE! The doctor apologized for telling

Cheryl Kardish Levitan heads out for a run with spaniel Zoe.



me on the Friday before the long weekend because he knew that my three children were leaving for a month at sleep-away camp.

I kept on thinking: I'm too healthy, I never smoked, I don't drink, I lead a very healthy lifestyle, and there was no immediate family history of cancer.

Two of my children were with me at the time, and they are very perceptive and could tell something was wrong. I dropped them off at the video store and called Brian to tell him the devastating news. When I arrived home I ran upstairs to my bedroom and we just hugged each other and cried.

We realized we had to first tell our children, Elana, 15, Tyler, 13 and Ian, nine, each separately before they left for camp. We have a very large extended family – well over 100 members – and we didn't want them to hear the news from anyone else.

This was one of the most difficult and emotional moments for me because I had to put on a very brave face. I told them I had a small tumour, but that I had the best doctors. I promised them that I would be okay. I reassured them that I would beat this – like my aunt did 26 years ago when she had a radical mastectomy and chemo and yesterday celebrated her 50th wedding anniversary.

My family knew I was a fighter, and I knew that this was going to be the greatest challenge I would ever have to face. This was not going to be like any marathon or triathlon that I ever trained for. I didn't realize at the time that all of my years of training for long endurance runs, discipline, meditating on those two- to three-hour runs would be my new training and coping skills to help me prepare for the Run of My Life!

The next morning we called my doctor at home to have him explain exactly what kind of cancer I had. He told us I had Invasive Inductal Carcinoma, and that the cancer had spread outside the ducts. The tumour was close to two centimetres. The word invasive is very scary when you are not educated or informed about cancer, especially when there are more than 150 different kinds of tumours.

On Sunday we took our children to the camp buses and I hugged, and kissed them goodbye. What was going through my mind was, 'will I be around in the next few years to see them grow up and see them get married.' Not knowing what you are fighting is fearful.

When you find out that you have a life-threatening disease you immediately get a reality check. Nothing is more important than understanding your role and taking control of your own health. In training for a marathon no one can log those miles for you; you alone have to train and put in those long distance runs.

I knew that no matter how many people wanted to help me – and I had an amazing support network – I alone had to initiate my own healing journey.

I've been very fortunate to have one of the foremost breast surgeons as my longtime friend. When I phoned him and told him of my diagnosis, he met with me immediately and eased my fears. He also presented the various options open to me and showed me the tumour so I could feel it for the first time. I had to decide if I wanted a mastectomy or a lumpectomy with radiation and possible chemotherapy and tamoxifen, as adjuvant therapies if required. I read all of the medical information available.

I had a date set for my surgery, five weeks away, on August 2nd. Of course I wanted the treatment that was going to give me the best chance for survival. I was surprised to learn that both choices gave the same percentages.

After several weeks of reading and researching everything I could get my hands on, I opted for a lumpectomy with the additional removal of lymph nodes under my arm which meant I would definitely need radiation therapy and possibly chemotherapy.

I decided that from that moment on I was going to be in control of how I would respond to the ways in which cancer was

going to change my life forever.

When I decided to run my very first marathon there was a steep learning curve characterized by the usual mistakes, setbacks, frustrations, and hard-won rewards of any worthwhile experience. That was the exact same path that my journey with cancer would follow.

I decided to work until the day before my surgery. As soon as the news spread about my diagnosis the phone did not stop ringing. Emotionally drained, we decided to take a much-needed vacation to



The Levitan family, Cheryl and husband Brian, and their children, Tyler, Ian and Elana.

Cancun. It was the best decision we made, and turned out to be the most wonderful vacation.

I put my fear of cancer in a compartment and appreciated and cherished every moment we spent together. I came back 10 days before my surgery in a positive frame of mind.

The outpouring of emotional support from friends, family and business colleagues was overwhelming and hum-

bling. The day before my operation I opened up a spirit-boosting e-mail from one of my real estate clients:

Hi Cheryl,

I just learned that you will be having some surgery in the near future. This is one of those times when you need to reflect on your marathon training. Running a marathon is the ordinary person doing the extraordinary. Beating breast cancer is all about your mental toughness combined with the support of family, friends and quality medical care...Cheering you to the finish line in your race against breast cancer will be the loud voices of all of the team at the Running Room.

*John Stanton,
President and Founder,
Running Room
Canada Inc.
Monday, July 31, 2000*

John Stanton organizes the Run for Cure and donates \$10 of every piece of clothing that has the pink ribbon on it to breast cancer. Last year they contributed close to \$100,000. I am proud of what he does for this cause and was able to participate in this past year's Run for Cure and raise over \$2,000 myself.

•
My surgery was very successful; my tumour was only 1.3 centimetres and I had eight lymph nodes removed.

I had gotten through the first half of the marathon – my tumour was removed and now I had to prepare for the finish, getting through my treatments and dealing with the results of my pathology report.

Not knowing how bad the prognosis was, the eight days following my surgery were difficult. I decided I would face it head on. I tried on wigs, and did a lot of soul searching, visualization and positive self-talk. I took mega-doses of vitamins, minerals and immune-building teas like essiac. I said a prayer every morning and night. I made a list of superstar affirma-

Continued on page 12

Continued from page 11

tions that I repeated daily on my runs, at night and in my car.

My results were remarkably good. I had Stage I cancer and a very rare tumour that only two per cent of women yearly are diagnosed with. It was tubular. I had no cancer in any of my lymph nodes. My prognosis was fantastic. I had a 10 per cent chance that the cancer could return. Surgeons and oncologists always deal in percentages; chemo and tamoxifen for me would reduce that 10 per cent to seven per cent.

Overcome with gratitude and relief, I felt blessed with a second chance at life. The right decision for me, which I had thought about for weeks, was radiation therapy and my medical team supported it.

I started my radiation treatments in late September and went every day except on weekends. The first time I went to get marked was very emotional. You feel so vulnerable as they mark up your breast and surrounding area with magic marker and get your co-ordinates in the simulator radiation room.

Thank goodness they have patience and a sense of humour. My marks totally smeared after my first run and I had to go back to get re-marked. After I started, they figured they should put tape on top of my marks since they hadn't experienced any patients who continued running throughout their therapy.

I was totally honest and open about what was happening to me emotionally, mentally, and physically. I would show my scars and marks to anyone who wanted to see them. My surgeon performed not just a life saving operation in my mind but also did a work of art.

Support is a crucial part of your healing and recovery. My husband was amazing in the constant love, caring, nurturing and support he gave to me. My children picked up the slack and continued to shower me with hugs and kisses. Rabbi Bulka was there for me from the moment he heard of my diagnosis. I can't praise enough or express my gratitude to Dr. Mark Hardy, my surgeon, Dr. Norman Barwin my physician, Dr. Roanne Segal, my medical oncologist, Dr. Paul Genest, my radiation oncologist, Dr. Mary Ann

Mucha and the rest of the medical support team. We are very fortunate to have one of the best cancer clinics in the country.

My friends and family were my Rock of Gibraltar. My best pal, my dog Zoe, a King Charles Cavalier Spaniel, was my constant companion throughout my ordeal.

It's sort of like hitting the wall at mile 21 of a marathon. When you are just so tired and all your muscles are aching, you just want to stop and give up – but you know that the pain is worth it to reach your goal.

The strategy that worked for me was to continue to try to maintain my level of fitness by running, walking, and weight training for my arm as much as I could.

Not only the toughest challenge I've ever faced, cancer has been the best and most rewarding marathon I've ever finished. I have come through this journey with a new commitment to life and as a much stronger person.

Cheryl Kardish is a Commercial Associate Broker with Ventron Realty Corporation.

Structured exercise improves physical functioning in women with breast cancer



Cheryl Kardish's belief that exercise helped her feel better has been reinforced by a recent study carried out by Dr. Roanne Segal, medical director of the oncology rehabilitation program at the Ottawa Regional Cancer Centre.

The study of 123 women at the ORCC found that women who went on long walks while having chemotherapy, hormone treatments or radiation had healthier hearts, and better overall physical health, than women who rested.

Walking also made them feel better, a major factor in combating side-effects of chemotherapy and other treatments.

"We did something that was against the conventional wisdom," said Dr. Roanne Segal, the study's chief author. She compares her work to that of the cardiologists who, 25 years ago, began telling patients to exercise after a heart attack.

"We're just 25 years behind cardiac rehabilitation," she said.

"Physical exercise can blunt some of the negative side effects of breast cancer treatment, including reduced physical functioning," the study concludes. It helped them fight stress and keep "a sense of control over their lives."

Women who have had surgery and are receiving chemotherapy or other cancer treatment may feel lousy – tired, nauseous and depressed, the study notes. As well, "many women become fearful of overexertion and are uncertain of what they can do." Often they stop all physical activity.

This, however, makes them more tired and debilitated.

Dr. Segal says her findings prove exercise helps these women: "Even moderate physical activity was meaningful, resulting in an increased ability to function and feel independent."

The women with breast cancer "are willing, and quite capable, of participating in exercise," she says.

Ottawa could be smoke free by August 1

By Eppo Maertens

I can count the number of times I've been in a bar in Ottawa over the last year on one hand. It's not that I wouldn't want to go more often. In fact, there are few things I enjoy more than downing a pint after a long week or sipping one more slowly as I take in Ottawa's vibrant live music scene.

But unfortunately, my number one drinking buddy (a.k.a. my wife) is asthmatic. Stick her in a smoke-filled bar for even 15 minutes and she can barely breathe. After 30 minutes she'll be wheezing and she won't be quite back to normal for the next 24 hours.

In the past, she consented to go with me every now and then, but only to bars with a patio or well-segmented no smoking section, and even then her discomfort showed. Now she's pregnant and even the no-smoking section presents an unacceptable risk. As a friend once put it (quoting, I believe, a Toronto city councillor), "having a smoking and a no smoking section in the same room is like having peeing and no peeing sections in the same pool."

Only difference is, second-hand smoke is much more dangerous.

According to a report published by Cancer Care Ontario, environmental tobacco smoke (ETS) – which consists of mainstream smoke inhaled and exhaled by smokers and sidestream smoke emitted from the burning end of a cigarette – contains more than 4,000 chemicals, many of which are invisible and 50 per cent of which are known carcinogens.

As well as increasing the risk of cancer, ETS has been linked to pneumonia, bronchitis, frequent asthma attacks, middle ear infections, heart disease and other health problems.

Sidestream smoke contains the same compounds as mainstream smoke, but in different proportions. Some compounds are up to 39 times more concentrated in sidestream



Implementation of a 100 per cent no-smoking by-law would prevent smoking in all public places and work places.

smoke. "A person standing at a 50 cm distance from a burning cigarette may inhale 10 times more carboxylic compounds than the smoker himself," according to the CCO report.

The report goes on to say that, "The United States Environmental Protection Agency (EPA) estimates that non-smokers routinely exposed to second-hand smoke face increased lifetime risk of lung cancer roughly in 1-in-500 to 1-in-1000. By comparison, governments frequently take action when carcinogens in water or soil present increased risk of 1-in-1,000,000 to the general public."

It's statistics like these that have led Dr. Robert Cushman, the City of Ottawa's medical officer of health to recommend: "That the new City of Ottawa implement a 100 per cent no-smoking by-law which prevents smoking in all public places and work places with no allowances for designated smoking rooms."

"The recommendation is designed to protect non-smokers from the dangers of second-hand smoke," says Lisa Sullivan, manager, tobacco use and cancer prevention at the City of Ottawa. "We

want to protect people from second-hand smoke in all public places and workplaces. That includes bars, restaurants, bingo halls, bowling alleys and any other place open to the public."

The City of Ottawa has conducted several surveys to gauge popular support for the initiative. The most recent survey found 74 per cent of adults in the city were in favour of a 100 per cent smoking ban in all public places.

Following public consultations which took place in January and February, the proposed legislation goes to committee on April 6 and Ms. Sullivan says it will go to full council shortly after that. If all goes smoothly, implementation could come as early as August 1.

Ms. Sullivan says the biggest hurdle her office will face is to have the bylaw accepted as proposed. "Council may decide to include exemptions and different phase-in periods," says Ms. Sullivan. "Our experience shows it's best to do it all at once, otherwise it's a slippery slope and it can create an unlevel playing field. I believe a bylaw will go through, but we're pushing for 100 per cent."

As for my wife, she's due in late June and hasn't had a drink since last September. By late summer she'll be ready to leave the baby at home with grandpa while we enjoy a tall cold one. All the better if we can do it in the smoke-free environment of our favourite local watering hole.

For further information go to <http://smokefreeottawa.com> or call the Ottawa-Carleton Council on Smoking and Health at 724-4212.

Eppo Maertens is a member of the Ottawa Citizen advertorial department.



Photo exhibit raises \$10,000 for Prostate Cancer Research at the Ottawa Regional Cancer Centre

In his final years, former prime minister Pierre Trudeau suffered from prostate cancer and Parkinson's disease.

Recently, an exhibit of photos of his life has raised \$10,000 so far for the Prostate Cancer Research Fund of the Ottawa Regional Cancer Centre.

The exhibit will be appearing in other locations throughout the summer.

Public reaction to a photo of Pierre Trudeau playing baseball on Parli-

ment Hill was the inspiration for Almonte gallery owner Philip Wood to put on an exhibit of photojournalist Rod MacIvor's work.

The exhibit of images of the former prime minister were taken from the private collection of the Citizen photographer, who photographed Mr. Trudeau extensively.

The pictures, reproduced from strips of often-undated negatives stored in old shoeboxes, formed part of a 50-photo exhibit at the Philip K. Wood Gallery which saluted the former prime minister, who died in late

September. "Some of them I can't even date - I have to guess," says Mr. MacIvor, who followed Mr. Trudeau for more than a decade as an Ottawa-based photographer with United Press International in the 1970s and early '80s.

"They're the only negatives I've ever kept, just Trudeau...Even 30 years ago, I knew those negatives were going to be worth saving. I just knew it. He was that kind of man." The idea for the exhibit, which was sponsored by the Citizen, came from gallery owner Philip Wood. The day



000 for ch Fund er Centre

after Mr. Trudeau died, Mr. Wood placed in his gallery window a single red rose and a framed, black-and-white picture given to him by Mr. MacIvor. It showed Mr. Trudeau dressed in blue jeans, a jean jacket and running shoes, walking toward a Parliament Hill baseball game.

So many people commented on the picture that Mr. Wood decided to approach Mr. MacIvor about mounting a full show devoted to the former prime minister.

Mr. MacIvor had also enjoyed unusual access to the Trudeau family



through his long-standing friendship with Margaret Trudeau. The friendship formed after Margaret asked him for photography lessons while she was still the prime minister's wife. The 50 pictures chosen for the exhibit offer a glimpse of Mr. Trudeau's many moods and styles. "He (Mr. Trudeau) could get away with things the rest of us would be condemned for," said Mr. Wood. "He was the first prime minister to put a real human touch on the position, and I think that was a large part of what his appeal was."

Admission to the gallery on Mill Street in Almonte was free, but proceeds from sale of posters and framed prints of Mr. MacIvor's work has gone toward prostate cancer research. The exhibit opened in Toronto February 23 to March 24, and it is scheduled to appear in Almonte, Thunder Bay, Simcoe and West Vancouver through-

out the summer. The Vancouver exhibit will be at The Silk Purse Gallery, 1570 Argyle Ave., West Vancouver, from May 31st to June 24th.

For information, please e-mail Rod MacIvor at fotoman@canada.com or write to him at P.O. Box 1343, Almonte, Ont., K0A 1A0.



**Photos:
Rod MacIvor,
The Ottawa Citizen**

Thoughts from a new ORCC Foundation board member

By Walter Robinson

Cancer will affect one in three Canadians over the next decade: this is what the experts tell us. It is a sobering statistic. But I have no need to tell you this fact as chances are either you, or a family member or friend are fighting cancer at this moment.

Ottawa Regional Cancer Centre CEO Hartley Stern brings this fact home when he says if it's not you, then it's your father or perhaps your grandmother who will be diagnosed with some form of cancer during your lifetime. Allow me to share my experience. It was my father who suffered a minor stroke back in late-September 1996. A quick CT scan discovered a peach-sized tumour on the right side of his brain.

By early October, surgery at Toronto Western saw 95 per cent of the tumour successfully resected. But the other five per cent was too deep. The pathology a few days later was shattering: a grade four malignant astrocytoma. Mercifully, my father's last few months with radiation were quite good and then he quickly passed away over the space of about 48 hours leading to December 4th, 1996 at the too young age of 66.

Ever since that day I have developed a great interest in cancer and cancer research that has led me to become involved with the Ottawa Regional Cancer Centre Foundation as a board member. While my father's story did not have a happy ending, I have found great encouragement in the work that the Centre and the Foundation are doing.

While I do not wish to belittle the struggles and battles that people fight



Walter Robinson

daily within the confines of the Cancer Centre and beyond, as a society we have moved forward leaps and bounds in many respects.

As a youngster I can remember my parents and other grown-ups talking about the big "C" that had stricken one of their friends or parents. In the context of children, leukemia was never discussed. Even our teachers at school were loathe to discuss the plight of a classmate stricken with leukemia. We were simply told little Johnny was sick and would be missing a lot of school, period.

Thankfully, we have come a long way. Cancer is a fact of life. But the good news is that early detection for a variety of cancers has exponentially increased survival and cure rates ... across all age groups. And the research advancements being made daily – some within our own Cancer Centre – are truly phenomenal in their potential to develop more potent and successful medical treatments.

Indeed, I just recently finished participating in an evaluation process of research grant applications. Board members are paired up with knowledgeable health care practitioners or researchers to analyse and appraise the merits of various applications for research funding. Talk about exciting research endeavours not to mention the passion that these individuals are bringing to their work. To say this was a humbling experience would be an understatement.

The other interesting facet of sitting as a new ORCCF board member is to witness the experience and ownership that many of my colleagues bring to the efforts of the Foundation. In five short years, many of these folks have built the ORCCF into one of Ottawa's premier charitable organizations. Revenues continue to be raised through a varying and growing list of events and accountability back to donors is definitely part of the organization's culture.

As someone who has been involved with several political and charitable organizations, executive director Linda McGreevy and her team are surely some of the best talent this city has to offer in managing and growing a charitable foundation.

In a few short months of involvement with the ORCCF I have been bitten by the commitment bug that seems to buzz around everyone and everything that the Foundation is involved with. In future issues of Challenge, I hope you will grow with me as we learn more about the Cancer Centre, the work of the Foundation and our collective desire to make life better for all of us, whether we are living with cancer or simply joining friends or family in their journey.

Ottawa Regional Cancer Centre Foundation **Upcoming 2001 Fundraising Events**

Saturday and Sunday, May 12 and 13, 12 p.m. - 5 p.m.

Craft Sale and Auction

Children for Charity, St. Laurent Centre

Tuesday, May 15

Evening With Abigail

Second very special auction at Parliament Hill, featuring "Abigail" the bear and her friends, paintings, and many more unique items.

Wednesday, May 16

Robert Bateman Public School Walk-a-thon

Grade 4, 5 and 6 students' walk to raise money for a fallen classmate.

Saturday, May 26

Motorcycle Ride for Dad

Second Annual Motorcycle Ride in support of Prostate Cancer Research. Tour around the Ottawa Region with local celebrities and help raise awareness of this disease that affects one in eight men.

Right, Ride kickoff at Colonial Furniture.



Sunday, June 3

ORCC "Challengers" Softball Tournament

Second Annual Softball tournament featuring "Mike Fathi's Challengers."

Monday, June 4

ORCCF Golf Classic

Golf Tournament in support of the Ottawa Regional Cancer Centre Foundation. Meadows Golf and Country Club, Hawthorne Road, Ottawa.

Friday, June 8

Metcalfe Golf Tournament

in support of Brain Cancer Research

Sunday, June 17

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

This Father's Day "Do It For Dad" and participate in the third annual run/walk in support of Prostate Cancer. Categories include the Quickie 2K Family Fun Walk, the Ottawa Police Association 5K timed run, Abbott Laboratories 10k timed run, and the Nelligan, O'Brien and Payne Corporate Team Challenge.

Monday, June 18

Rotary Club Golf Tournament

Rotary Club of Ottawa South - Hunt Club Golf and Country Club

Tuesday, August 14

Xerox Run for Cancer

10K Run in support of Patient Services at the Ottawa Regional Cancer Centre

September 22 and 23

5th Annual Cancer Centre Telethon

Aired on the NewRO live from St. Laurent Centre

For additional information please contact: Shannon Gorman, Special Events Coordinator at (613) 737-7700 ext. 6290, or e-mail: shannon.gorman@orcc.on.ca

Letter from the Chair

The Ottawa Regional Cancer Centre Foundation is proud of its magazine, *Challenge - Life with Cancer*, and of the people who take time to share their stories with us. We are confident that the messages of inspiration and courage will, in some way, have meaning for each of our readers.



Veronica Engelberts,
Chair,
Board of Directors
ORCC Foundation

The people responsible for writing and producing our magazine constantly strive for balance in its content. This ensures that the articles contain information that is useful to a variety of people including cancer patients and their families, friends, medical practitioners and the general public.

I want to take this opportunity to single out one individual who is, in large part, responsible for the continued success of *Challenge*. I extend a sincere thank you to Vince Westwick, Vice Chair of the Foundation Board of Directors. For the past four years Vince has worked hard to rally support for the magazine, and has nurtured its growth and success closely. This year, Vince will serve as Co-Chair of the *Challenge* Organizing Committee, along with Dr. Barbara Vanderhyden, a Career Scientist at the Ottawa Regional Cancer Centre.

We constantly seek to improve our magazine, and to this end, I invite your comments. We also encourage you to support the Cancer Centre Foundation through its many events and programs, some of which are publicized on this page.

Finally, I offer my appreciation to those of you who have supported us in the past. Your investment in cancer care and treatment in our community is a benefit to us all.

Ottawa Regional Cancer Centre welcomes Planned Giving Officer Paul Ebbs

A planned gift is a charitable donation you can make as part of your long-term financial planning, and which helps meet the needs of the Ottawa Regional Cancer Centre.

A gift can be made through a bequest in your will, life insurance, or stocks, among other options.

The Cancer Centre Foundation is pleased to announce that Paul Ebbs, a lawyer with many years of estate planning ex-

perience, will be joining the Centre as Planned Giving Officer, for two days a week.

Paul looks forward to discussing how a gift to the Foundation can make a tremendous difference in the lives of cancer patients in our community.

To arrange a meeting with Paul, please call the Foundation office at 247-3527.

Many implications to genetic testing for cancer

By Cathy Gilpin

Genetic testing for cancer. This phrase has a magic ring to it – like a fortune-teller offering information about the future, but many people are not aware of the implications of this testing on a clinical, laboratory or personal level.

It is estimated that one in three Canadians will be diagnosed with cancer in our lifetimes. Most people have a few relatives who have been diagnosed with various types of cancer, but most families do not carry an inherited gene mutation that increases their chance to develop their cancer.

All cancers have a genetic component to them, but hereditary cancers are quite rare. Non-hereditary cancers are due to an accumulation of changes, or mutations, in the genes we were born with, into forms which do not function properly. Some cancers are due to mutations in genes which determine rates of cell growth. A gene carrying a mutation may allow the cell to grow at an accelerated, uncontrolled rate, leading to eventual growth of a tumour. Various aspects of the environment play a role in most cancers by damaging the genes (sun exposure, smoking, radiation) or preventing the damage from being corrected (pollutants, bad luck, etc.). These types of cancer are not hereditary because the mutations happen to the genes within a person over their lifetime; they are not passed from parent to child.

A cancer that is “hereditary” occurs when someone inherits a specific cancer predisposition gene, a gene that already contains a mutation, from either of their parents. Everyone in the world carries two copies of each of these cancer predisposition genes, but most of us inherit copies without mutations. The mutation on its own does not cause cancer, but it significantly increases the chance that cancer will develop. While the copy of the gene with the mutation is not functioning properly, the other copy can carry out the work for both genes.



If the environment then interacts with the second gene, (the functioning one) to damage it, the cell containing these two genes with mutations may develop into a cancerous tumour. The inherited gene mutation is not cancer and does not cause cancer, but predisposes the person to developing certain types of cancer. (see Figure 1)

will be diagnosed with their cancer before age 50. The cancer will also usually be found in different generations, as the gene mutation is passed from one generation to the next. This pattern isn't always obvious in very small families or when many people in a family died at young ages.

Genetic testing can only provide helpful information for those people whose family history suggests that an inherited gene mutation may be present. Genetic testing always takes place along with genetic counselling. Someone whose doctor refers them for genetic counselling will be asked to gather family history information

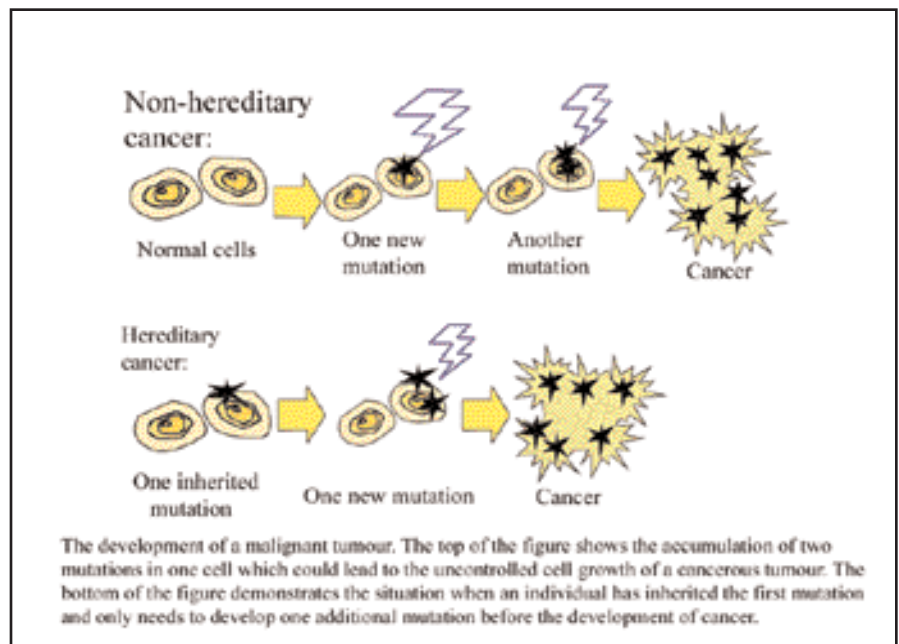


Figure 1

The most common of the hereditary forms of cancer are breast, ovarian and colon cancers and only five to 10 per cent of people diagnosed with these cancers will have an inherited form.

Families carrying a cancer predisposition gene mutation are recognizable by the large number of people diagnosed with the same type of cancer or cancers from the following list: breast, ovarian, colon, uterine, pancreatic, prostate. Most of these people

so a genetic family tree can be drawn with special attention paid to cancer and other hereditary conditions. Permission will be requested to obtain copies of pathology report(s) from relatives who have been diagnosed with cancer to determine exactly what type of cancer they had and where it started (i.e. Which type of breast cancer was it? Was ovarian cancer the primary site or a metastasis?). It is only with this information that a useful assessment of the family history can be done. (see Figure 2)

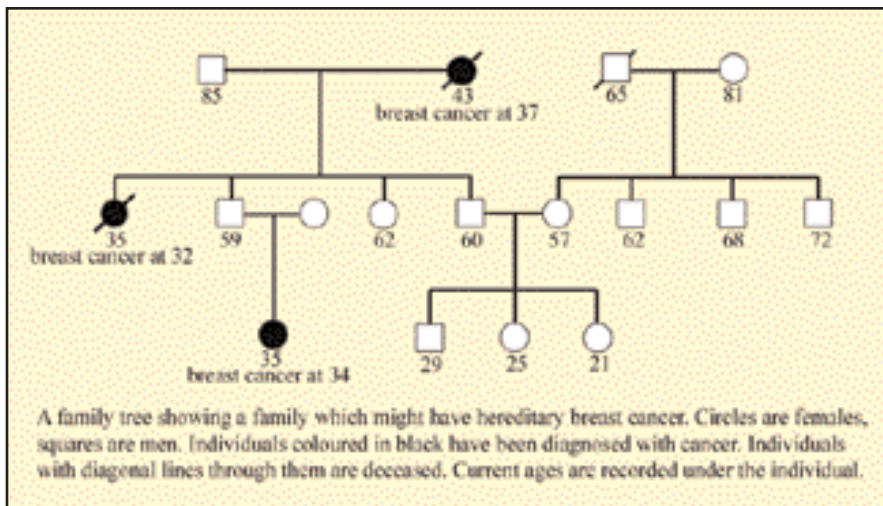


Figure 2

Genetic counselling is an appointment with a genetic counselor or geneticist to review the family history, learn about hereditary cancer, discuss the likelihood that a hereditary form of cancer is present in the family and discuss if genetic testing can be offered. If, and only if, it appears likely that a hereditary form of cancer might be present, will genetic testing be offered.

This offer is usually first made to a person in the family who has been diagnosed with cancer. The particular mutation in the gene in one family will be the same for any member of that family who inherits it, making it much simpler to test relatives once the mutation in a particular family member has been identified.

Although there are a few common mutations in some ethnic groups, most of the gene mutations discovered to date may have been found only once or twice in the world. This means that the initial testing in an individual can take two to three months, due to the amount of work that must be done.

Genetic testing may be done directly from a blood sample, or start with a stored tumour sample, followed by a blood test. The details of genetic testing vary depending on what type of cancer is present in the family and which genes are going to be examined. For example, testing of the BRCA1 and BRCA2 genes, which predispose female mutation carriers to breast and ovarian cancer, includes sequencing specific exons as well as using PTT (protein truncation test which measures the protein product of these genes) for other regions of these genes.

Risks:

The field of cancer genetics is rapidly advancing and our ability to examine the cancer predisposition genes is continually improving. However, not all gene mutations can be detected in the genes we currently study. Also, it is very likely that new genes will be identified in the future which will be responsible for some forms of hereditary cancer. Genetic testing is not able to tell someone that their cancer, or the cancer in their family, is not due to a mutation, as it may be undetectable with our current methods. Alternatively, if a gene mutation is present this does not mean that cancer will develop – it is a warning that the risks are significantly higher in this individual.

Benefits:

Genetic testing allows people to learn about the types of cancer they are at high risk to develop – these risks can be as high as 85 to 90 per cent over a lifetime. Mutations cannot be changed or repaired. We discuss screening recommendations for the organs at risk to develop cancer, so that if cancer develops it can be detected as early as possible because we know that early detection is the best weapon we have against cancer. Lifestyle changes, medications and surgery may be options for those found to be at high risk. Others in a family may learn that they did not inherit the gene mutation found in the family, so their risk to develop cancer can be decreased to that of the general population, removing years of worry.

Families carrying a cancer predisposition gene mutation are recognizable by the large number of people diagnosed with the same type of cancer or cancers from the following list: breast, ovarian, colon, uterine, pancreatic, prostate. Most of these people will be diagnosed with their cancer before age 50.

The decision to undertake genetic testing, if it is available, is a difficult one for many people, encompassing many emotions: guilt that they may have passed a gene mutation to their children, even though there was no way they could have prevented it, guilt that they did not inherit what others in the family have, constant fear of a possible diagnosis, strength in knowing what they might be facing so they can take action towards prevention or early detection, hope among relatives that they did not inherit the family gene mutation and hope for a cure for these and all cancers.

If you are concerned about your family history of cancer, speak to your doctor to learn if a referral to your closest genetics clinic might be helpful.

Ms. Gilpin is a Canadian-certified Genetic Counselor working in the Genetics Department at the Children's Hospital of Eastern Ontario.



With proper care, breast cancer

By Drummond Robertson

In this article I will briefly introduce the lymphatic system and explain what lymphedema is. Then I will discuss the causes of arm lymphedema and treatment for it. Finally I will look at the issue of prevention.

The purpose is to provide some information for people who have undergone breast cancer treatment and let them know that there are ways to prevent or manage lymphedema.

Lymphatic System

The lymphatic system functions as a drainage and transport system removing waste material from the interstitium. It removes proteins, fat, water, chemical, organic and inorganic cellular products and foreign organisms like viruses and bacteria.

Simply put, it's the recycling system of the body, clearing the interstitial spaces of these materials. The lymphatic system is made up of lymph vessels and lymph nodes. The vessels bring the lymph fluid from the periphery (arms and legs) to the core (trunk). The nodes are where the lymph fluid is filtered and the waste products are excreted and the useful material is dumped back into the circulatory system (blood stream).

The body has areas that have high concentrations of these nodes, known as watersheds. They are located in the neck and along the collarbone, the armpit, the groin and the abdomen. These watersheds collect fluid from the body in quadrants.

Lymph from the head drains into the neck and collarbone nodes.

The majority of fluid from the left arm and left side of the trunk (from the belly button up) drains into left armpit and the same for the right side. The left leg and from the bellybutton down (and mid line left) drain to the left groin area. There is some cross over between the right and left side of the body. The lymphatic system can be further divided into superficial and deep lymphatics.

The superficial lymphatics are situated just below the skin and above mus-

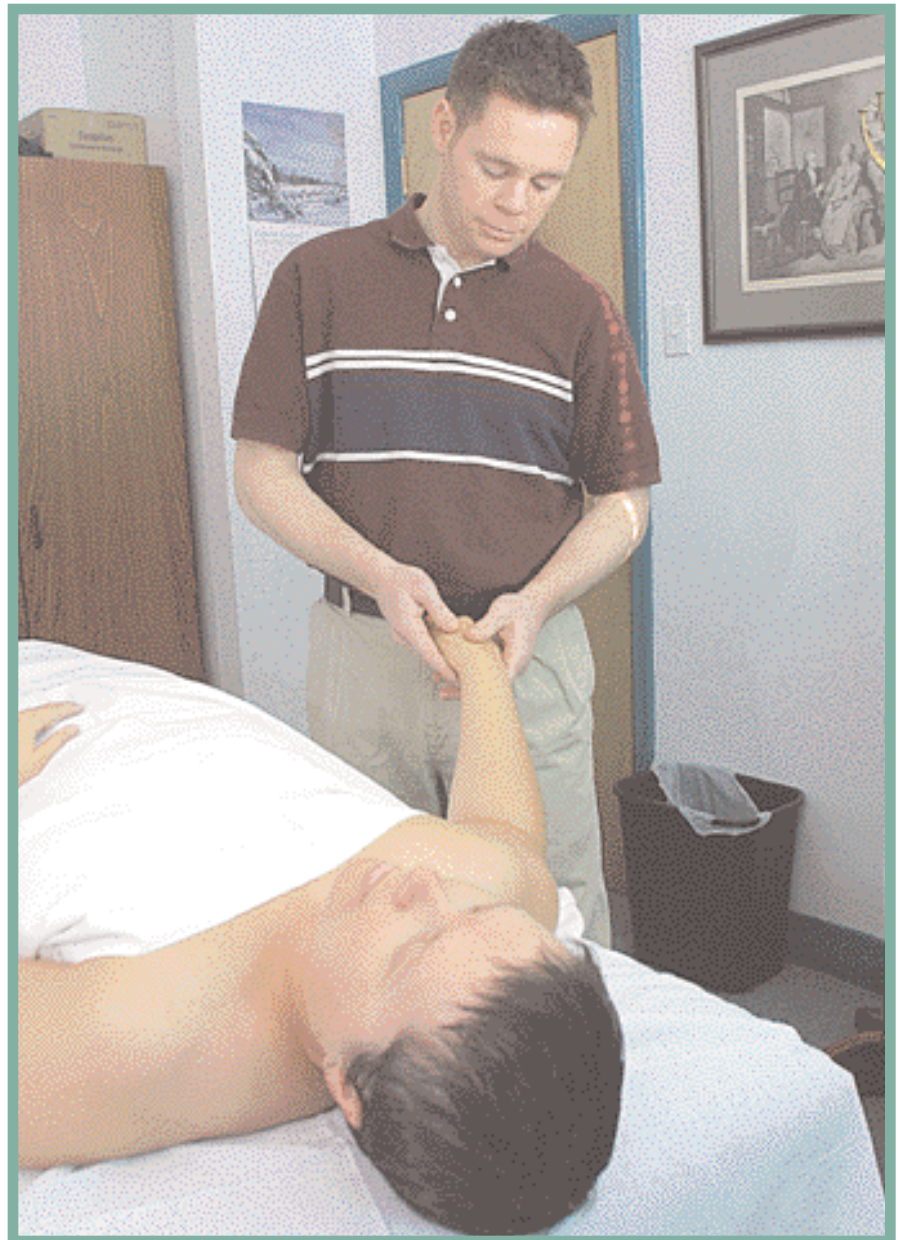
cles. The deep lymphatics are obviously deeper and located beside major veins and muscles. The fluid is moved along the vessels by small muscles in the lymphatics as well as the assistance of the surrounding structures such as venous flow and muscle contraction.

What is lymphedema?

Lymphedema is the subcutaneous build up of protein rich fluid, just below the skin and above the muscles. In the case of breast cancer, it is the

accumulation of fluid in the arm but can also include fluid build up in the chest wall. This occurs when there is an imbalance between the incoming and outgoing fluid.

There are two categories of lymphedema, primary and secondary. Primary lymphedema is something one is born with. Secondary lymphedema is a result of an outside stimulus like a disease or a trauma. This is the category under which breast cancer lymphedema falls.



– Patrick Doyle, Ottawa Citizen

Registered massage therapist Drummond Robertson treats a patient with lymphedema.

lymphedema can be controlled

It is important to note that this is a chronic condition for which there is no cure, but through proper care it can be controlled.

Causes of lymphedema

Breast cancer lymphedema is caused by damaged or blocked lymphatic vessels and or nodes. This can be the result of surgery, damage to the lymphatic pathway, by radiation or removal the lymph nodes.

Once there is a disruption in the pathway it will interrupt the normal flow of lymph fluid and a backlog of fluid can occur in the arm or even the chest wall. The fluid build-up can come and go depending on stress or overactivity.

Lymphedema can also appear 10 to 20 years after treatment. This, I believe, is because the nodes that are remaining have to handle the fluid that would normally pass through the damaged or removed nodes.

Over time these nodes begin to fail and can't remove the fluid and the result is a build-up in the arm. This is where Manual Lymphatic Drainage comes into play.

Treatment of lymphedema

It is important that prior to treatment the person checks with their doctor to ensure there are no tumours in the armpit, or infection in the arm and that there are no blood clots in the armpit. Treatment for lymphedema has a few different names: combined decongestive therapy, complex decongestive physiotherapy or complex physical therapy. No matter the name it involves a light massage called manual lymph drainage, compression garments, exercise and skin care.

Manual lymph drainage is a gentle massage technique that was developed in Europe in the 1930's. This very light massage directly effects the superficial lymphatics and helps to move the fluid along the pathways.

The massage begins with the neck, which is known as 'terminus;' this is where the lymph fluid returns to the bloodstream. We begin there to clear the pathway so it can accept more fluid.

Prevention

There are a number of things that can be done to manage lymphedema and avoid complications:

- Avoid heavy lifting with the affected arm.
- Avoid the use of hot tubs and saunas.
- Avoid any cuts or burns on the arm and treat them right away.
- Avoid needles and the taking of blood pressure from the affected arm.
- Maintain a healthy body weight.
- Ensure you exercise the arm.
- Wear the compression sleeve for any vigorous activity or air travel.
- Carry out self massage once a day, concentrating on very light pressure.(If the skin turns red it's too much pressure.)
- Ensure the strokes go up the arm to move the fluid out of the arm.
- Work from the body down the arm and back up again.
- Do not push fluid into the armpit.
- Spend more time on firm areas.

Then we move on to the unaffected side and work on the chest and armpit, once again it's to make room for the fluid from the other side.

Next we work on the affected side and we direct all the strokes away from the affected side armpit to the unaffected side. The reason for this is to develop the pathways that go to the other side so they can handle more fluid.

As I mentioned before, most of the fluid from the arm and trunk goes to the lymph nodes in the armpit on that side, but there are some pathways that

cross over to the opposite side. Next we move on to the shoulder and direct the fluid away from the armpit and over the top of the shoulder.

Once again this is done to develop the alternate pathways. We continue working on the arm, moving the fluid up the arm. The important thing to note is that we don't want to push any fluid into the armpit. The reason for this is that the nodes in the armpit are already overworked and we don't want to force any more fluid there.

Once the arm is done we work on the hand and fingers. The whole process is done again moving up the arm and across the chest. At this point the person is moved onto their side and we work on the back, moving fluid from the affected side to the unaffected side. If there are any areas that are congested or firm because of a build-up of fluid then we spend more time there.

After the massage treatment, it is important to put some compression on the arm. Ideally you want to wrap the arm in a layer of foam and bandages, but you can also use a compression sleeve.

The advantage of the bandages is that you can create more pressure and obtain better results. The downside is that they are cumbersome to wear, warm and quite a bit of work to put on. The compression sleeves are more convenient because they are easier to put on and more comfortable but not as effective.

You can also do a pre-bandage combined with exercise before treatment to get the fluid moving.

The third component to treatment is exercise. The muscles assist in the movement of lymph, therefore it is a key element in treatment. The exercises are not heavy at all and are more of a range of motion type exercise so there is no requirement for special equipment.

They should also be done within the person's pain-free range of motion and with compression on the arm. The arm should also be elevated

Continued on page 23

A breast cancer patient's perspective on lymphedema

By Anita Szlazak

The daily ongoing struggle to deal with my lymphedema is a continuing learning process. I am glad to share my experience with other lymphedema patients and with the health care system as it endeavours to meet our needs.

I was diagnosed with left breast cancer in April 1996. Following a lumpectomy and removal of the lymph nodes in my left armpit, I underwent a full year of treatment (chemotherapy and radiation, including brachytherapy) at the Ottawa Regional Cancer Centre.

During the radiation therapy, my oncologist referred me to a lymphedema specialist because of some problems with my right arm, secondary to post-chemo phlebitis.

At that time, I had no apparent swelling of the left arm or the chest wall. Indeed, given my struggle to survive "high risk" breast cancer, lymphedema did not seem to be an issue at all. I was blissfully unaware of the extent of this common and troublesome problem that can develop following the treatment of breast cancer and other cancers.

In due course, I gradually returned to work and to the various sporting activities that always had been an important part of my life. In January 1998, I celebrated my 55th birthday with a trip to a favourite skiing haunt, Lake Louise, Alberta. The following month, I flew to the Caribbean and it was there that I noticed mild swelling in the left arm, which seemed to im-

prove when I slept with my arm elevated, but returned the next day.

Upon my return to Ottawa, the lymphedema specialist prescribed manual lymphatic drainage, bandaging and a compression sleeve. I began regular treatments with a couple of therapists trained in the Vodder method of lymphatic drainage.

I learned to do my own daily massages and to apply special lymphedema bandages – the wearing, washing and winding of which I loathed! (Over a year later, I discovered



Anita Szlazak on "Top of the World," a well-known lift/high mountain spot at Lake Louise, Alberta. Anita liked the connotation because that's the way she felt, after surviving cancer treatments and returning to the Rockies to ski.

through another therapist that one could order a simple plastic device to wind the bandages more quickly.)

I spent several frustrating months with a variety of sleeve and glove combinations and sizes, trying to find a solution that would fit properly and provide some benefit to a constantly changing arm and hand.

Despite the caring efforts, professionalism and patience of the many people trying to help, my main impression of this time-consuming and arduous process was one of unnecessarily compartmentalized operations.

At the beginning of July 1999, for no apparent reason, I suddenly developed considerable swelling in my left hand. I could not discern even my knuckles.

In retrospect, I realized that at the time I had been under more stress than usual and probably had been overactive as well.

Since I was planning to spend the summer in Nova Scotia, I used the Internet to find a Vodder therapist in Halifax. During my stay there, I suffered a potentially serious infection in my left hand, from a mere prick that I hardly had noticed while eating a lobster. The infection was brought under control with an antibiotic, but it was another gentle reminder that my immune system no longer functioned the way it once had.

The ritual of frequent treatments, twice daily self-massage and nightly bandaging went on for ten months. The swelling and the aches seemed to be quite erratic, without any particular patterns or

causes that either my therapists or I could determine – except that gardening invariably produced swelling no matter how careful I thought I had been, presumably from having one's hand placed downwards. Then, following another lengthy plane trip abroad during which I wore multi-layer low-stretch bandages, for no obvious reason, the condition of my hand improved considerably for a while – an inexplicable experience shared by two other women known to my massage therapist!

Over this period, I did quite a lot of

reading on the subject of lymphedema and spoke to a number of persons with some knowledge of the condition, including Breast Cancer Action and library staff at the Ottawa Regional Cancer Centre. I got sound, helpful information from a book by Joan Swirsky and Diane Sackett Nannery entitled *Coping with Lymphedema*. The book, published in 1998, provided me with some practical guidance on understanding, treating and living with this chronic disorder and helped to put it in perspective.

As well, I read all of the medical papers presented at the American Cancer Society's three-day Workshop on Breast Cancer Treatment-Related Lymphedema, held in New York in February 1998 (published as a Cancer Supplement in December 1998).

From this material, I have learned that approximately 15 to 20 per cent of breast cancer patients develop lymphedema following treatment. All of the factors that contribute to the condition and the nature of their interaction have not yet been identified.

To compound the problem, methods of assessing the degree of arm and hand swelling vary and are not agreed upon, and reliable methods of assessing the functional impact of lymphedema have not yet been developed. As with other quality-of-life and non-lethal conditions, lymphedema receives less research funding and attention than do many other areas of study.

In the absence of a "cure" for lymphedema, precautions and prevention are emphasised.

Lymphedema can begin insidiously at variable periods after axillary treatment and progress from a barely noticeable condition to one involving a seriously impaired limb. The appearance of the skin also may be affected. It is no wonder that lymphedema is among the most dreaded sequelae of breast cancer treatment. How many Canadians have to cope on a daily basis with the disfigurement, discomfort and disability associated with arm and hand swelling? Just try to get dressed in "normal" clothes with a

hugely swollen limb that will not fit into a sleeve or glove, especially in the winter.

Lymphedema not only is debilitating for patients, but also is a daily reminder for them of the challenges to the health care system to educate them appropriately and to respond effectively to their condition. My experience has shown how little is known about lymphedema and the best treatment strategies to manage it with a holistic approach. As we continue to deal with this condition, I believe that there should be a "Lymphedema Clinic" as a central point to serve the needs of all lymphedema patients.

Anita Szlazak
is a former senior
executive in the
Canadian public
service.



Breast cancer lymphedema can be controlled

Continued from page 21

whenever possible to allow gravity to work on the fluid as well. The exercises should start with the hand and work the muscles up the arm to the shoulder.

It is important not to overdo it with respect to exercise. The concern is that if the person overdoes it with respect to exercise there would be an increase in blood flow into the arm, which could lead to more swelling. Having said that, a person can work on their exercise program and gradually increase it, but one shouldn't start out too aggressively.

The final component to the treatment is skin care. This is done to avoid any breaks in the skin that could lead to infection. It is recommended to moisturize the arm with a water-soluble, fragrance-free moisturizer, to avoid any irritation. The person should also check their arm on a regular basis to ensure there are no breaks in the skin because there may be altered sensation in the arm and the patient may not be able to feel breaks. If

there is a break in the skin treat it right away with antibacterial cream.

Early signs

There are a number of signs that a person may feel that could warn them they were getting lymphedema. The person may feel a tense feeling in the armpit or heaviness in the arm. They could also feel numbness, weakness, pain or congestion in the arm.

There is a simple test that they can do called 'Stemmer sign.' Try pinching the skin on the arm or hand and compare with the other arm. When swelling accumulates the skin seems thicker and it will be more difficult to pinch the skin.

Using a measuring tape the arm can also be measured and compared with the other side; more than a 2.5 cm difference indicates lymphedema. Often the first place that swelling is noticed is in the hand or around the inside of the elbow.

If lymphedema goes untreated it could lead to a worsening of the initial symptoms and make it more diffi-

cult to treat later on. The fluid in the arm could get very firm and difficult to move. The heaviness of the arm could lead to shoulder problems such as dislocations and muscle pain.

It is a good idea for anyone who has undergone breast cancer treatment to follow these guidelines even if they haven't got lymphedema. I am not recommending that people stop doing the things they enjoy, but they should be aware and look for the symptoms.

Drummond Robertson is a registered massage therapist who specializes in the Dr. Vodder method of manual lymphatic drainage.

For more information: Drummond Robertson BA RMT, Palliative Care Outreach Program, 1455 Woodroffe Ave S., Nepean, Ont. K2G 1W1. Phone: (613) 723-1184 Fax: (613) 723-6803.

To read more: Ninon Bourque Patient Library at the General division of the Ottawa Regional Cancer Centre, 503 Smyth Rd., Ottawa K1H 1C4. (613) 737-7700 ext. 6980.

Resuming intimacy after illness: Trust your partner to be there for you

Q: After the fright of cancer and treatment, how can we get our relationship back to normal?

A: This is a challenging question. I am no Dr. Ruth, and possess no special knowledge or skill in this area. I can speak only to common sense, in terms of making efforts to get on with a full and rewarding intimate life after a cancer diagnosis, so that's what I'll do.

It goes without saying that intimacy, being close to someone in every respect, requires trust, honesty, and communication. A cancer diagnosis is inevitably destabilizing in that one's self-image may be altered by surgery; one's sense of place in the world, and the order of things in general, is bound to be turned upside down for a time.

Self-esteem may be threatened by these changes, and sexual function and desire may be affected by attendant physical and emotional challenges. Naturally, these sorts of situations can test the fibre of a relationship, and may affect the way in which a couple relates.

Trust

The first important step toward retaining or regaining intimacy after your cancer diagnosis and surgery is to trust your partner to be there for you. Trust him or her to understand your fears about your prognosis, treatment, outcome and appearance. Trust him or her to understand how your fears and concerns may affect your capacity to be unselfish and other-oriented; you may be caught up in tending to your own turmoil for awhile. Trust his or her reaction to a physically altered you.

Honesty

Be honest with yourself and with your partner: Your ability to be intimate may be negatively affected because you are distracted, worried, or disengaged – concerned about what your diagnosis may mean to your life.



Let your partner know how you are feeling.

Ask Kate

A cancer survivor shares her experience



Fatigue or a general lack of vitality related to treatment can drain you and divert your attention from your partner's or your relationship's needs. You may be consumed with abstract implications of your diagnosis, or with the practicalities of managing in your daily life.

It would be easy for your partner to confuse your lack of engagement with disinterest, so it is important that you examine and understand how and what you are feeling, so you can explain your feelings to your partner.

Communication

From my perspective, communication is crucial to enabling trust. If your partner has no idea how your diagnosis is affecting you, he or she cannot hope to be supportive or understanding. Let your partner know how you are feeling and how these feelings are affecting you. Make it clear that while your feelings for him or her and your relationship remain unchanged, your feelings about yourself, and perhaps

your ability to cope with these feelings, are in a state of flux.

Do your best to explain how your cancer diagnosis and surgery have affected the landscape of your life: you must both learn to live with new realities and reorganized priorities.

Allow him or her to be intimate with you. Intimacy begins with sharing, understanding, caring deeply, and respecting each other ... it is so much more than physical intimacy. True intimacy encompasses the spiritual, the emotional, and the physical. These intertwined elements form the foundation of a deep relationship, which is impossible to achieve without fearlessly sharing the good, the bad, and the ugly.

Being open, honest, and communicative about intensely personal issues requires courage, but there is precious little about dealing with cancer that does not. Be brave. Give your partner the opportunity to show you your diagnosis has not changed you or your relationship. If you are unable to keep or get your relationship back on track, seek professional guidance and counselling. Don't let your disease take an even greater toll than it otherwise might.

Kate Murton is an Ottawa lawyer and a cancer survivor.

Transportation unit contributes key services to cancer patients

By Chris Van Wingerden

Call it a drive to do good. The St. Francis and Osiris Masonic Lodge transportation unit has celebrated some significant milestones.

The unit, which offers free transportation to and from treatment sessions for cancer patients in the Smiths Falls area, has rolled past its fourth anniversary, and also surpassed the 100-patient mark.

It's an impressive track record for a project that started out as a mere idea a little more than four years ago. Unit organizer Jack Robinson explains a group of lodge members thought up the unit as a sort of retirement project.

"It appeared we had a number of good years left to contribute a service to the community," Robinson says of the members who started the unit, most of whom were retired. "It was just an idea that was formed amongst us."

It's an idea which has grown tremendously. In the past four years the unit has made more than 700 trips to the cancer treatment centres in Ottawa and Kingston. And it has gone from using members' own vehicles to now using two unit-owned vehicles, the most recent purchased last fall.

Having both cars means the unit – which has seven drivers and eight executive members in all – can now be in two places at once. Robinson says the unit was finding it difficult to meet the demand for trips to the two cities, so the second vehicle became a necessity.

"It's a full-time deal for us," Robinson says of the driving, adding the unit's drivers hit the road "every day we're needed." Fund-raising through raffles has allowed the unit to purchase the two cars and keep them on the road – helped in a big way this year by a grant of \$5,000 per year for three years from the province's Trillium Foundation.

All of the drivers in the unit are volunteers, freely giving their time to the project. The unit works with the



– Chris Van Wingerden, *The Record News*

St. Francis and Osiris Masonic Lodge transportation unit drivers and executive members from left: George Patterson, Austin Tetley, George Drew, Don Bennett, Jack Robinson, Al MacCallum, Eric Leach, Ron VanMeer, Harold Hollister and George Loney. Absent from the photo is Allan McFadden.

Part of the Team

Canadian Cancer Society's Lanark, Leeds and Grenville office in Perth, which registers patients in need of a ride to treatment sessions.

Cancer Society unit manager Marleen Gomes says the Masonic transportation unit provides an "invaluable service" for local cancer patients. "There are a lot of cancer patients – especially in the rural areas – who do not have the support of friends or family to drive them to treatments."

The society has a network of volunteer drivers in communities throughout the three counties, and the Masonic transportation unit plays a key role in the Smiths Falls area. Robinson notes the unit has helped patients from Montague Township, the Jasper and Toledo areas, from the South Elmsley area and even from Rideau Ferry on occasion.

And although the patients all face a serious challenge in dealing with their

individual cancers and treatments, Robinson says the job of driving the patients is made easy by the positive attitude all patients seem to have. "They're the most wonderful people to deal with," Robinson says.

And many of the patients being driven to treatment make an even greater impression on the drivers. "We become quite close friends with most of them," Robinson says.

"Believe me, it's a life-saver," says prostate cancer patient George Karpinsky.

He says he didn't realize how much the transportation unit did for the community until he started going for treatments and meeting other patients at the treatment centre. "It was just startling that Smiths Falls had a very large number of people going for cancer treatments."

Karpinsky says he also appreciated the moral support the drivers offered along the route. "All the drivers are a terrific bunch of people."

Chris Van Wingerden is a staff writer for The Record News, Smiths Falls, where a longer version of this story first appeared.

My Story:

All we have is this minute, right here, right now.

By Chris Lynds

It has been almost two years since I found a lump in my breast. Two years since my life was changed forever.

Two years of learning about cancer treatments; two years of getting an education that I never signed up for. Two years of finding my own strength, while learning to lean on others. Two years of crying every tear my tired eyes could produce; two years of discovering that some of the humour that makes me laugh the hardest is the stuff that comes from a dark place. Two years of appreciating things I overlooked before ... and two years of letting go of what is not important.

I probably don't look much different to the world. I have a new, shorter hairstyle. My prosthesis gives the illusion that all of my body parts are intact. Artificially induced menopause and daily doses of tamoxifen have made my skin a bit drier, my waist a bit thicker and my temper a bit shorter. No one except the person living inside this body really knows how much I've changed.

I was one of the lucky ones – I had a lot of support from family and friends. But not all of the people who started on this journey with me were able to hang in for the long haul. And some of the people who helped me the most were an unexpected surprise.

My cancer was treated by a team of capable and experienced doctors; my soul was treated by a group of women who had one scary but bonding thing in common — we all had cancer. Joining a support group was probably the most beneficial and important step I took towards healing. My Bosom Buddies (as we call ourselves)

Keeping Spirits Up

Advice from our readers

are the only people who I feel really understand what I've been through. My participation in a dragonboat team of breast cancer thrivers makes me feel safe; that there is life after breast cancer.

My life has changed so much, yet so many things are the same, that sometimes it feels surreal. I still go to work every day, I still forget to take out the garbage, I still spend too much time in front of the TV. Yet always in the back of my head is the anxious feeling that I should be doing something important, that somehow on this wild roller coaster ride that I've been on these last two years, I should have discovered the "true purpose" of my life.

I have not.

What I have discovered is that everything is temporary. Happiness, grief, joy and heartache — it's all temporary. I always knew that even life itself is temporary, but now I really KNOW it.

Whether you've been diagnosed with cancer, or have never been sick a day in your life, we're all in the same boat headed in the same direction. To the business person who boards a plane with a faulty engine; to the lonely old man sitting on the porch of an old-age home; to the active young woman who has an appointment today for a mammogram; to those of us living everyday with the hope that our cancer will never return — statistics don't matter. However bad your prognosis is, there are many seemingly healthy people that you will outlive.

Cancer or no cancer – expensive cars, grand houses, and huge bank accounts can't save us from the inevitable. All we have is this minute, right here, right now.

I wish I could say that I'm living this minute to the fullest. For now, it's enough that I'm living this minute. I'm still working on the "fullest."

Footnote: Since writing this, I signed up for an all-woman trek to Nepal. Four of the women I'm traveling with have also had breast cancer. We left for our most excellent adventure in March. Namaste!

This article was originally written for the Personal Breast Cancer Information Binder of the Women's Breast Assessment Centre as a testimonial of someone who is getting on with life after breast cancer.



Chris Lynds in her dragonboat vest, second from the right, is surrounded by supportive 'Bosom Buddies' friends.

Governments must take leadership role in funding Strategy for Cancer Control

It used to be spoken of in whispers, “Shhh, don’t tell anyone. Dave has c-a-n-c-e-r.”

Now it’s practically shouted from the rooftops, “Everyone I know has cancer or knows someone with cancer.”

That dreaded disease so linked with death that even those of us living with cancer pinch ourselves regularly, is fast becoming the most prevalent chronic condition in Canada.

According to the Canadian Cancer Society, in a little less than 15 years the rate of newly diagnosed cases will increase by a mind-boggling 70 per cent.

The good news in that statistic is that our population base is growing and more Canadians are living longer. Hence, more incidence of cancer. The other piece of good news is thanks to screening programs, early detection, and new and better treatments, more newly diagnosed cancer patients will also be living longer. But only if they can access timely, top quality care.

That “only if” is the rub. How will provincial cancer control systems, already severely under-staffed, under-equipped, under-funded and over-worked, cope? How long will new patients wait for definitive diagnosis and treatment? How many more will be sent to the United States for radiation or chemotherapy? As for those of us already living with cancer, how



long will we wait for care if our cancers recur or metastasize? Overall, how many will die because of system delays?

According to the Canadian Cancer Society, in a little less than 15 years the rate of newly diagnosed cases will increase by a mind-boggling 70 per cent.

For the past two years, as part of a national planning process called the Canadian Strategy for Cancer Control, over 265 individuals from across Canada – oncologists, other health care and allied professionals, representatives of cancer agencies, survivors and advocates, including yours truly – have met in small working groups to address these concerns and oodles more across the entire cancer control continuum. Our objective is to make Canada’s cancer control system the best in the world.

That process reached a milestone this past February with the convening of the Canadian Strategy for Cancer Control Consultation Conference. A Draft Synthesis Report highlighting the Canadian Strategy for Cancer Control had previously been circulated for feedback. Now many oldtimers in the process and many newcomers, especially from volunteer and advocacy groups, met to focus on two tasks. First, to critique the report’s handling of nine over-arching themes:

- structures
- rebalancing focus especially regarding prevention, supportive care/ rehabilitation, and palliative care
- seamless, integrated care
- standards
- accountability and reporting
- education
- human resources
- research
- advocacy

Second, to recommend action priorities, for presentation by the strategy’s Steering Committee, to the upcoming June Conference of Federal, Provincial and Territorial Deputy-Ministers of Health.

The strategy’s top priority – indeed,

Continued on page 28

Time for action: Write letters demanding national leadership in cancer control to the Prime Minister, the Premier of Ontario, the federal and provincial Ministers of Health, your MP and MPP.



Continued from page 27

the assumption underlying all our efforts – is acceptance of the need for national leadership in cancer control that will be permanent, comprehensive, collaborative, coordinated, and supported by stable funding. We expect governments to take a leadership role in funding and supporting the strategy.

In return, the strategy's vision statement promises it "will reduce the expected number of Canadians being diagnosed with cancer, reduce the severity of the illness and enhance the quality of life of those with cancer, and reduce the likelihood of dying from the disease, through consistent and effective application of existing knowledge, and through generation of new knowledge by research, across the cancer control spectrum."

Time lines for improvement in the short, medium and longer term are spelled out along with the promise that "the relentless increasing economic and personal burden of cancer will be alleviated as decreasing incidence and morbidity reduce direct and indirect costs to individuals and society."

To paraphrase a Jewish saying, from the strategy's vision to God's ear! Meanwhile, the onus is on us to move it forward. Participants at the conference promised to further the strategy "in our areas."

My area includes informing you and requesting your help. Encourage the support and/or advocacy groups you are involved with to collaborate with each other and with the strategy.

Before June, write letters demanding national leadership in cancer control, acceptance of the strategy, and a commitment of sufficient, stable funding to the Prime Minister, the Premier of Ontario, the federal and provincial Ministers of Health, your MP and MPP. The time for action is now!

Deanna Silverman is a writer, consultant, educational advocate and volunteer. She is a community representative on CCO's New Drug Program Policy Advisory Committee and a member of the Systemic Therapy Task Force.



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– Kevin Lynch

Education and support: Surrounded by members of the Nu-Voice Club of Ottawa are Pam Maser, acting chief, Speech-Language Pathology, fourth from the right at the back; and Agathe Rheame, speech language pathologist, third from right at the back.

Nu-Voice Club of Ottawa supports those with laryngectomies

By Louise Rachlis

The Nu-Voice Club of Ottawa is a place where those with laryngectomies can feel at home.

A laryngectomy is an operation to remove the larynx, or voice box. This is the organ which produces the sound that allows people to speak and prevents food from entering the air passage. A laryngectomy is most often performed when a tumour forms within the larynx. A permanent opening or stoma at the base of the neck is created during surgery.

“Dealing with a change in the basic way in which humans communicate is a remarkably stressful event to which to adjust,” says Pam Maser, acting chief, Speech-Language Pathology at the Ottawa Hospital. “The support and encouragement they receive from Nu-Voice members really helps them reintegrate into their regular lifestyle.”

Family members are encouraged to come to meetings as well.

“No matter how many times a professional gives out information in a clinical setting, it means so much more in a social milieu,” she says. “It’s just like new information when it comes from a fellow laryngectomy.”

Support Group profile **Nu-Voice Club of Ottawa**

The Nu-Voice Club of Ottawa meets on the fourth Wednesday afternoon of each month at the Civic Campus, reception room, Civic Parkdale Clinic. “The group has been going on for many years,” says Ms. Maser, “and we get on average about a dozen members in the group.”

There is a core of people who come on a regular basis, she says. “New members are pulled into the group very quickly and quickly integrate,” she says. “This year we began to meet throughout the year instead of taking time off, because of member requests.”

Nu-Voice Club is an educational and support group, discussing issues related to laryngectomy such as communication and care. “It’s a sharing of ideas between members. New members are introduced to the group and receive encouragement and support from the existing members.”

For information on the group, please call 798-5555 ext. 13416.

Cancer Centre purchases new intravenous pumps, thanks to generous donation

By Wanda Assang

A very generous individual recently donated \$35,000 to the ORCC Foundation. The anonymous donor’s specific request was that the funds be used to purchase 13 new intravenous pumps for the Ottawa Regional Cancer Centre.

Eleven of the pumps will allow nurses to administer fluids and anti-cancer medications to patients in a more efficient and accurate manner.

This is especially important for medications, which must be administered very precisely as part of an experimental drug protocol. Two of the pumps will allow two sets of fluids or medications to run at the same time.

These pumps will significantly impact upon the care provided to the patients who come for chemotherapy treatments in the Center and are being used at both the General and Civic sites in the Chemotherapy Treatment Areas.

Sincere thanks from the patients and staff for this generous gift that will make an incredible difference for cancer patients and the staff who care for them.

*Wanda Assang is
Program Manager – Systemic Therapy,
Ottawa Regional Cancer Centre.*

Ottawa Regional Cancer Centre Foundation

503 Smyth Rd.,
Ottawa, Ont. K1H 1C4

Tel: (613) 247-3527
Fax: (613) 247-3526

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at www.orcc.on.ca

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. - 8:30 p.m.
- Ottawa Citizen Building, 1101 Baxter Road
- Call Diane Ford (613) 737-7700 ext. 6292, Susan Ruyter (613) 823-0162 or the hot-line 1-800-265-5106 for more information.

Arnprior & District Breast Cancer Support Group:

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

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 Ridgewood Ave., Riverside Mall, Ottawa. Open from 10:00 a.m. to 3:00 p.m. - 5 days a week.
- Call (613) 736-5921 for more information.

Brockville Breast Cancer Support Group

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

Canadian 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: ccac_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.

(The) Hospice at May Court Care-giver 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.

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. 6585

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.

Mind Over Cancer:

- Purpose: A small group for people with cancer, providing a supportive environment to enhance healing, to feel more in charge and to improve the quality of life. Our activities include sharing experiences and knowledge, relaxation, meditation, visualization and other subjects to nurture wellness. Occasional guest speakers are invited.
- Meets every Thursday (except July and August), 7:00 p.m. - 9:00 p.m.
- For more information call: Fran Ollerhead (613) 829-8012 or Klaas Korver (613) 828-0753.

Nu-Voice Club of Ottawa:

- Purpose: To meet with fellow laryngectomies to discuss issues of concern and share information.
- Meets the fourth Sunday 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) 761-4404 or (613) 798-5555 ext. 13416 for more information.

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

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 info. 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
- Phone: (613) 737-7700 ext. 6984
- Hours: Monday - Friday, 8:30 a.m. - 12:00, 1:00 - 4:30 p.m.

Ottawa Regional Cancer Centre Ninon Bourque Patient Resource Library

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

Ottawa Regional Cancer Centre Social Work Support Groups

- Purpose: ongoing support groups offered by ORCC Social Workers:
- 1. 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 those close to them; partners, children, friends)
 - 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 Diane Manii (613) 798-5555, ext. 16563.
- 6. Kidz Time (a monthly support group for kids, age 6 to 16, who love someone close with cancer, like a parent, grand-parent or aunt).
 - Focus on:
 - Understanding cancer and the changes in your family
 - Learning what to do, how to be and where to go to get help
 - Meeting other kids like you
 - Getting a chance to ask a doctor questions.
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.

Pink Ribbon Voices Support Group

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

Prostate Cancer Association

- 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.
- 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.

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 - 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
- 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 St., Cornwall
- Call Sheila Airey, VON office (613) 932-3451

Willow

- Ontario Breast Cancer Support & Resource Centre
- 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

*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.



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