

The Ottawa Regional Cancer Centre presents

Challenge

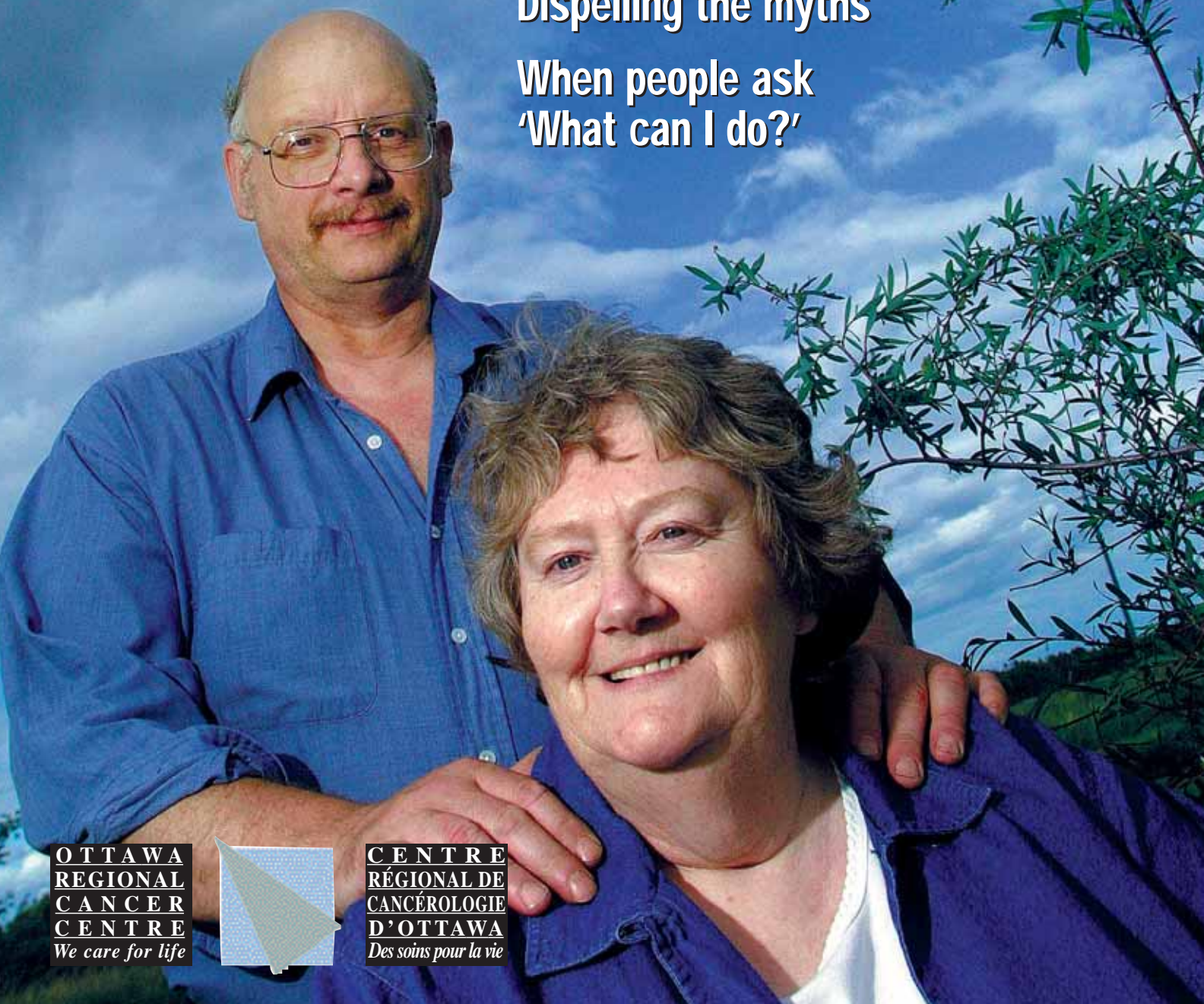
Fall/Winter
2001



Cancer and the family

Colorectal cancer:
Dispelling the myths

When people ask
'What can I do?'



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Life with Cancer 

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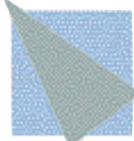
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Volume 5, Issue 2 – Fall/Winter 2001



Letter from the Editor

The cover story of this issue of *Challenge* magazine is cancer and the family, a topic singled out for this 10th issue, and yet a theme which has been running through all the magazines since our inception. The love of family is behind every story we write, and it is a motivation behind the members of the editorial board's devotion to their task. The pain and devastation wreaked by this disease strains families to the utmost, and brings out unimagined strengths.

If we have accomplished anything in our magazine's five-year history, I hope it is to have shown that families and individuals coping with cancer are not alone, and that the staff and volunteers of the Ottawa Regional Cancer Centre are doing as much as they can to inform and support cancer sufferers and their families, and to ultimately find a cure.

*Louise
Rachlis*

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INSIDE

Volume 5, Issue 2 – Fall/Winter 2001

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Cover photo by Jean Levac, Ottawa Citizen

COVER STORY

PRECIOUS TIME

Two families' stories:
Maureen Sheppard
and Karin Kirkham
organize their lives

6 and 8

FEATURES

- Remembering Naomi 10
Rabbi Reuven Bulka recounts the dignity and courage of his late wife
- Get the facts 12
Colorectal cancer can strike at any age
- A reason to hope 15
Peter Hyde set out to research cancer on his own
- Tough fight 20
'The Queen of Smiths Falls' surprises everyone
- After prostate cancer 24
Dennis Featherstone savours the joy of running

EACH ISSUE

- ORCC Foundation pages 16
Your dollars make a difference
- On the Frontier 18
Learning how to improve decision-making
- Ask Kate 23
When you want to help...
- A Helping Hand 29
Support when it's needed

LETTERS

I just wanted to reenforce how much I enjoy your *Challenge* magazine. I read my first copy when I was enrolled in oncology nursing at Loyalist College in Belleville a couple of years ago.

I recommended it to my instructor in fact because of the very informative and easy to read articles.

I have since often used the information when teaching my clients with the VON in Belleville. It is probably one of the best magazines around today.

When reading the Spring/Summer 2001 issue, I came across an article using Essiac tea which was later described as an immune building tea

with burdock root, Turkish rhubarb root, slippery elm bark. Could you please do an article regarding this, even as an alternate therapy, uses etc.

Keep up the good work.

Linda Buchanan
Registered Nurse



— photos by Jean Levac, Ottawa Citizen

Maureen Sheppard and her husband Jim try to focus on the positive.

‘Cancer-free days’ a solution to being overwhelmed by illness

By Louise Rachlis

Declaring Tuesdays and Thursdays her ‘cancer-free’ days has helped cancer patient Maureen Sheppard gain perspective on her situation.

“On those days, I’d shut it out and pretend it wasn’t there,” she explains. “If a friend called, I’d tell them to talk to me as they did before and I wouldn’t discuss the cancer. Otherwise it just took over my whole life; I thought I’d drown in it if I didn’t do something. I had to get away from it.”

As much as possible, she would arrange her medical appointments on days that weren’t cancer-free days. “It worked for me,” says Maureen, 56. “I had a lot of support from the people at St. Patrick’s Home on Riverside Drive, where I used to work, but I couldn’t handle all the phone calls from others.”

The nursing secretary at St. Pat’s would keep friends informed so that Maureen didn’t have to.

To compound the interest in her condition, there was difficulty getting a correct diagnosis. “They know I have breast cancer now, but they still

haven’t found the primary site ... There was all that, and it was bad enough being told you had cancer without that.”

Although she declares herself “not a groupie person,” she is now a strong advocate of the value of support groups. “There are so many groups available to you at different stages of your illness,” she says. “It has been a lifeline for me. There is so much help out there, including the ORCC gym, where I go to an exercise program three days a week. I’m really trying to put as much energy into getting well

as I used to put into work.”

The week after the interview for this article, Maureen and her husband Jim headed off to Europe for almost four weeks. She visited relatives in Ireland, and then joined her husband in France, and the two of them took a river cruise from Berlin to Prague, down the Elbe River. “I was born to travel; I used to work so I could travel,” she says.

“After she got sick, Maureen said ‘okay, we’re going to do some of the trips I’ve always wanted to do,’” says her husband. “We went to Norway last June after the end of her chemotherapy; at the end of radiation, her brother took her to South Africa to see the wildflowers, and this year we’re going on the trip to Europe,” says Jim, who is a microbiologist with the Canadian Food Inspection Agency, testing seeds for plant diseases.

They have three children: Sarah, 26; Alastair, 24, and Emily, 21, and a grandson, Owen, two, “who keeps me going.” They live on 90 acres in Kemptville, with a huge garden, which she now gets around using a walker.

“I can see the relief on a man’s face when I ask him if he’s afraid; when he or she realizes that they are not alone with their feelings. He learns it’s all right to feel that way.”

– Jim Sheppard

She and her husband are in the Family Matters group, which meets once a month at the ORCC. “I’ve been going for just over a year,” she says. “When you’re first diagnosed you feel so alone. It was the only place my husband and I could talk to each other about my having cancer. It was hard for him to say how he felt, because his mom died of breast cancer, as did several of his aunts. It was more than he could handle, it was more than I can handle.

“It was tough, because you have to admit you’ve got it before you can go. But we could say anything we liked in front of each other. When you’re diag-



nosed you feel a loss of control, and that was one way we could take some control back. From there other things developed.”

“From my perspective,” says Jim, “sometimes you don’t know what to say to your partner. It’s almost as if you’re afraid to confront it. At Family Matters, we learn to cope with this illness by sharing our experiences and feelings. I’ve seen other couples coming in to the group and the partner being unsure what to say as well. I can see the relief on a man’s face when I ask him if he’s afraid; when he or she realizes that they are not alone with their feelings. He learns it’s all right to feel that way.

“Family Matters is the only group out there for families – at one session our daughter and grandson came along. It gives everybody a chance to lay things out on the table. One couple brought several family members to the group. It lets everyone say how they feel, and gives insight into ways of coping with cancer in a family.”

Participants in the group can share as much as they are comfortable with, confident in the knowledge that what is said in the group stays within the group.

As part of Healthy Connections, Maureen attended a speech on Death and Dying, and was pleased she did. “It’s something that once it’s over, you tuck it away.

“I’d never thought about dying, but I felt I couldn’t really move on until I’d faced it. I love my garden and decided I want to be buried under a willow tree. We went out one Saturday and bought a weeping willow tree and I didn’t tell Jim why until he’d planted it that ‘that’s the tree I want my ashes under.’ I felt more at peace after I’d decided that.”

Once the tree was settled in her mind, she felt she could get on to many other things. “It may seem strange,” she says of her situation, “but it’s not all bad. Cancer is bad, but some of the things that have come out of it aren’t all bad. I’ve had to slow down. It has made me appreciate little things – I can go really goofy over sunsets or the snow on the ground. I have always appreciated nature, but I’m much more aware of it now. I think I’m a lot more relaxed about what’s going on with me ... I think I’ve found peacefulness from going through this whole thing. It’s a life threatening disease but it doesn’t have to be a killer right now. I fully expect to die from cancer some time, but it’s not a big thing any more. It’s just something that will happen. I feel I have a lot more control of my life by going through this. There are positives to it, and I try to focus on those. I’ve come through it really well.”

Karin's challenge:

When time is precious, stay strong and positive

By Linda Corsini

Since being diagnosed with cancer in July 1998, Karin Kirkham has always been frank and open with her family – her husband Kent Morrison, an employee of C&N Electric in Manotick, and their three children: Haley, seven, Shayla, five, and Brett, four.

In early May 2001, Karen, 38, learned that she only had months to live. She and her entire family met with her oncologist, Dr. Eva Tomiak, and with me, her social worker.

Karin dealt with the truth by being honest with those closest to her. She looked at her children and told them, “Mommy’s going to die.”

Understandably, the children started to cry and were upset but Karin, along with Kent, was able to comfort and hold them. By keeping it simple and direct, they established a vital bond to one another that would hopefully help over the difficult months and years ahead.

“They told me they didn’t want me to die, and I told them I didn’t want to die either, but the special medicine Mommy was taking no longer worked on my disease any more. I have no choice. The only problem was I didn’t know when. One of the children asked me ‘is it before the cold weather comes again?’ I said I didn’t know ... Everybody dies at some time.”

Karin reads books to her children from the ORCC Ninon Bourque Li-

brary and these provided further opportunity to discuss her death and dying with them. Life goes on and the household remains busy and active with the children’s play, family events such as picnics and friends visiting.

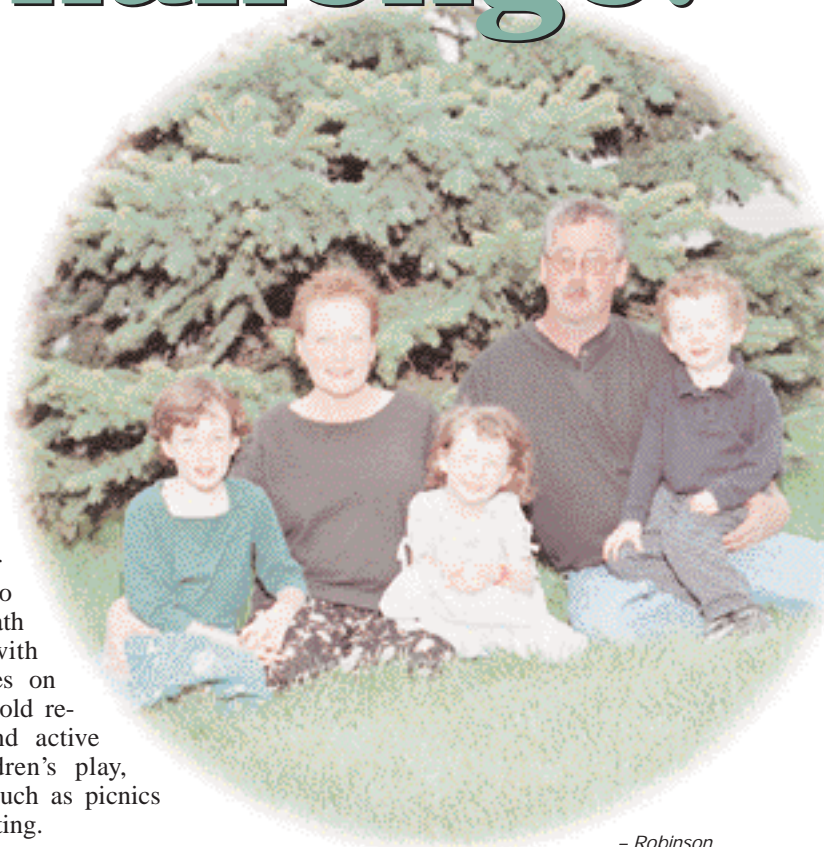
Karin wanted to be the one to tell her children. She believes that she is the best one to help prepare them for what lies ahead, even though the reality means that she will die before they are fully grown and that they will and can go on living into the future without her.

Since telling her children the truth, she has had opportunities to discuss her death with them and has been able to answer their questions and reassure them that her dying is not anyone’s fault or a measure of their love for one another but rather the cancer disease is beyond the control of medicine to cure.

By keeping it simple and honest, she has created a heart to heart bridge between them, their father and herself.

Karin does not want her children to be shocked and ill-prepared for her death when it happens. Her way of coping comforts her and her family. She says: “I will die in peace knowing that feelings and things are in place.”

She wants to make easier the healing, adjustment and acceptance afterwards. She does. Haley, Shayla and Brett know that she wants them to re-



– Robinson Galleries

Karin Kirkham and her family, husband Kent Morrison, and their children, Haley, Shayla, and Brett.

main with their father, Kent. She has confidence that they can forge a new path and grow up strong, capable and become the persons they are meant to be. She is guiding her children on how they can cope and “be” with her death.

Karin’s goal of living her life to the fullest until she can no longer, is what drives her forward. Her children borrow from this bank of courage and this gives her family the strength to grow stronger even when her life is on the line. She herself derives serenity in knowing she is doing all she can to help herself and her family live life rather than spend her precious time dying.

This is Karin’s way but she understands everyone facing life-threatening illness must each find their own path.

Karin’s goal from the time she knew she was dying was to live her life so that “you are where you want to be when you die.” This is her message of inspiration to all.

In practical, simple terms this means honestly helping her children and family prepare for her death. This motto of living also extends to taking care of many household matters such as setting up a will, arranging child care and sorting through closets and dresser drawers to weed out what is necessary and what needs discarding.

It means a great deal to Karin to have family albums up to date and to have her children's baby books in order. Kent is receiving valuable advice and many tips on household tasks. She is comforted by this activity so that her husband and family can better cope after she is gone.

Her sister Tammy recently gave Karen the gift of a family portrait that is now proudly displayed in her home (and here). This is a true treasure of special moments they have had together.

Karin does tole painting and she had pieces she wanted to finish, such as a letterbox for her niece Brittany's 13th birthday.


A dog-groomer by profession, she had her own business for 10 years in Richmond, in a shop adjoining her home which allowed her to be the devoted mother and home maker she has always wanted to be. A lover of life, her family and animals, she now has different priorities. She makes every moment and every day count such as moments in the back yard with her children just watching, hugging or chatting with them.

"We certainly had our bad days, of course," she says. "But I come from a very strong family. I'm definitely not a hero. I do have my days when I feel mad about what is happening. Everybody deals with things in their own way. My best advice to people is to keep fighting and to fight hard. Be true to yourself and the reality of what is happening."

There is no doubt Karin will be where she wants to be when her time comes.



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



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Naomi Bulka

(February 5, 1946 - May 18, 2001)

So gently spreading good

By Rabbi Reuven P. Bulka

Naomi Bulka, to whom I was so privileged to be married for 33 blissful years, avoided headlines all her life, with one exception. She allowed herself to appear on the front cover of this very *Challenge* magazine, a publication of the Ottawa Regional Cancer Centre.

This she did a number of years ago, for the Fall/Winter 1999 issue, after her first bout with breast cancer a few years earlier. She did it only after she was convinced by others that her story would inspire those who wrestle with illness, which it did, and continues to do.

Just a week after the happiest day of her life, the wedding day of our son who was born a year after the death of one of our sons at two months from SIDS, a test revealed that the cancer had come back. This time, it was breast cancer that metastasized in the liver. It was mid-November, 2000.

For six months she battled this cancer. She knew it was serious (what cancer is not?), but she took ownership of the situation just as she had done the first time. She kept all the records, monitored all the data, networked in cyberspace and in real space on every possible angle of approach. She went to acupuncture, did positive imaging therapy, listened to tranquil music, read inspirational books, and prayed hard.

In her first bout, she sailed through the chemotherapy without any major difficulty. There was the odd day or two of listlessness, but in general she willed her way through it.

This time, it was a different story. For openers, this was a more serious cancer, and the chemo was more potent. And perhaps most significant, this was not a "six treatments and you are done" type of situation. Barring a miracle, this was the beginning of chemo for the rest of her life.

With no target for the end of chemo, there is no countdown, no conclusion to eagerly anticipate. The stark reality that stares at you after one chemo treatment is the next one.

It is amazing how the absence of a target can take the starch out of you, how it puts the chemo into a dramatically changed context, and therefore makes it much harder to take.

Everyone who encountered Naomi throughout her ordeal, especially in the last six months, marvelled at her courage. What they did not know was how much she was devastated by the recurrence. At home, in the privacy of her own four walls, she would have really down moments.

This makes the courage that she showed all the more remarkable. It was the courage of a lady who knew what was happening, yet remained a tower of strength to everyone around her. She was not in denial. She knew, yet she soldiered on so bravely.

Naomi made a painful decision. We had become aware of a clinical trial at the National Institutes of Health involving the use of stem cells to fight metastatic cancer.

Her sister was a perfect match, and with that perfect match in hand she was accepted into this program. Why did she do this? Simply, and bluntly, the chemo was getting to her. It was eating away at her, and she could not see going on like this.

She had taken ownership of her illness, and decided that, as risky as this stem cell procedure may be, what with real prospect of graft vs. host problems, at least it offered the hope for a cure, and a life free of chemo. That the long range prognosis was not good effectively made her decision easier to reach.

I remember so vividly that when she took the last chemo prior to the stem cell transplant, we toasted the occasion with water (we had no wine in the room), as her last chemo treatment. Little did we know that we were right, but for the wrong reasons.

The stem cell transplant was made, but by then her body was starting to deteriorate. It was too late for the stem cells to make a difference, and she died a few days later.

Did Naomi make a mistake in going for the stem cell transplant, a procedure with some promise but with a very minimal track record? For her, it was what she wanted to do. It was her way of fighting the cancer. Therefore, it was right.

Would I recommend this for others? No, but I also would not discourage it. I would recommend that anyone in a similar position as she approach it as she did. That is, to weigh the consequences carefully, and to do so in concert with one's oncologist.

The people at the Ottawa Regional Cancer Centre, her doctors and nurses, were all superb, fully understanding, fully supportive, fully cooperative.

The ORCC and NIH worked together, and showed that we are not in

competition. Instead, we are as one, united in our determination to find a cure. Will stem cells be part of that cure? I have no idea, but we gain much through the totality of the efforts, on all fronts.

After Naomi died, I found out from others who were fighting cancer how much of an inspiration she was to them. Hers was a very quiet manner, classy and dignified, never imposing, only modestly proposing, and never saying anything about the good that she spread so gently.

And, when I opened her prayer book of Psalms a few days after her death, I found an insert of a full page of names, names of people who were not well and for whom she was praying!

What transcending memories she leaves for us.



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Colorectal cancer can strike at any age

By Sandra Thompson-Bednarek

Chris Fedor is a member of a minority group. Of the 17,200 Canadians diagnosed with colorectal cancer every year, he's among the seven per cent who receive the devastating news before their 50th birthday. For Chris, like most busy people in that age group, colorectal cancer – cancer of the colon or rectum – wasn't even on the radar screen. Unfortunately, a general practitioner also didn't consider the possibility of colorectal cancer in a 40-year-old patient and diagnosed Chris with hidden hemorrhoids. By chance, Chris happened to peruse a *Reader's Digest* article on colorectal cancer and realized the symptoms listed matched his own. It wasn't until after his own diagnosis that Chris learned that his maternal grandfather had died of colorectal cancer while still in his fifties.

Chris is a corporal with the Royal Canadian Mounted Police, a 21-year veteran who was soon to appreciate the support the Force gives to one of its own. Suffering from constant fatigue and three bleeding episodes after lifting heavy objects, his next step was to go to the RCMP health service office and request a colonoscopy, the 'gold standard' in diagnostic tests of the bowel. He had first noticed symptoms in April 1999; almost three months later, on June 22, following the colonoscopy at the General Hospital, gastroenterologist Dr. Sylvie Gregoire delivered the news. Chris had a large tumour 6.5" up from his rectum – the only good news was that he would not need a colostomy. Much worse news followed. A pre-surgery ultrasound showed that the colon cancer had metastasized to his liver: there were two tumours on one lobe, comprising 20 per cent of the liver.



Battling a formidable foe: Chris Fedor, 40, recognized his symptoms in a magazine article.

Patients diagnosed with colorectal cancer are assigned to one of four stages, based on how deeply the cancer has penetrated into the bowel wall and whether it has spread to the lymph glands or to more distant organs such as the liver or lungs. Chris was rated a stage four, with a corresponding poor prognosis. Being action-oriented, he was determined to have his surgery as soon as possible. He also asked surgeon Dr. Robin Fairfull-Smith to remove both his colon and liver tumours during the same surgical procedure. On July 5, a scant two weeks after his diagnosis, Chris was in the recovery room, with 57 staples covering an incision from his chest to his pelvis. He spent six days in the Ottawa Hospital, General Campus and found out that seven of the 10 lymph nodes removed during the surgery had also been found to be cancerous.

By the next month Chris was at the Ottawa Regional Cancer Centre for treatment under the care of medical oncologist Dr. Christine Cripps. He began a conventional six-month chemotherapy regime for colorectal

cancer of intravenous 5-FU (Fluorouracil) and Leucovorin injections. While most patients do not experience major side effects on these drugs, Chris lost most of his hair and had painful peeling of the skin on his hands and feet. After the treatments ended in January 2000, he celebrated by taking a cruise with his girlfriend, followed by a trip to Florida with his two oldest children, Ashley, now 17 and Adam 15. Chris also has another daughter, four-year-old Sarah.

It was a brief respite from a formidable foe. In June, two weeks after an ultrasound, and a year after his initial diagnosis, he was informed that he now had six tumours on his liver. Because of the number, location and size of the tumours, surgery was not considered an option, even though surgical oncologists across Canada were consulted.

Chris decided to become "the director of his own health care" and went on-line in search of other options to save his life. Internet research took him first to a consultation in

Pittsburgh with four leading surgeons at the Thomas E. Starzl Transplantation Institute concerning the possibility of a liver transplant since he had an identical twin brother. Concerned about the possible impact on his brother's health and the slim likelihood of success, Chris decided against becoming the first colorectal cancer patient in the world to receive a liver transplant from an identical twin.

Further research led him to liver surgeon Dr. Mark Roh of Allegheny General Hospital, also in Pittsburgh, and surgery to remove the tumours was scheduled for August. Once again, a pre-operative test yielded additional bad news – Chris was diagnosed with acute lymphoblastic leukemia to further complicate an already serious health scenario. Memories of a four-year-old nephew who had died of leukemia came back to him. The operation was cancelled and Chris returned to the Ottawa Hospital where his leukemia was treated until his blood counts were sufficiently high for him to return to Pittsburgh for the surgery.

On October 25, the surgery went ahead but the tumours had continued to grow and Dr. Roh decided not to remove them at that time. Instead, a hockey puck shaped pump was inserted in the right side of Chris' abdomen to enable the drug FUDR (Floxuridine) to be administered directly into the hepatic artery through a catheter. During the 7.5 hour procedure, Dr. Roh also removed Chris' gall bladder because it was "in the way" and Chris says he's never missed it. Unfortunately, an additional tumour was found in the peritoneum. Nevertheless, to reduce costs, Chris checked out of the hospital after only three days to stay in a hotel, returning to the hospital when necessary on an out-patient basis.

Intra-arterial administration of FUDR exposes liver tumours to doses of

chemotherapy up to 400 times higher than systemic infusion. Continuous infusion is also effective against rapidly multiplying cancer cells because the cells are being hit at various stages of their growth. Although FUDR is not approved for use in Canada, Chris received permission to obtain the drug under Health Canada's compassionate release program. The ORCC then rallied its forces in order to be able to deliver the treatments to Chris: through a partnership with the Pittsburgh hospital, Dr. Cripps and the ORCC pharmacy made arrangements to obtain FUDR; the purchasing department ordered the necessary supplies and nurses were trained and certified to administer the highly toxic drug. One nurse in particular, Candace Quinn, became the mainstay of Chris' chemotherapy team, delivering alternating injections of FUDR and saline to him every two weeks. However, further tests showed that there were now 16 tumours on Chris' liver.

By spring 2001 though, the FUDR treatments had reduced those 16 tumours to six and even they were shrinking and calcifying. Meanwhile, to keep his leukemia under control and maintain his blood counts in preparation for liver surgery, Chris had been receiving two drugs, Prednisone and Vinchristine, through a catheter in his chest. A side effect of

the drugs has been osteoporosis, resulting in painful rib fractures which require him to sleep in a reclining chair.

Chris was again scheduled for a rendezvous in Dr. Roh's operating room in June and again his blood counts proved too low and he had to return to the General for further treatment under hematologist Dr. Harold Atkins. Despite a bad reaction to a blood transfusion, the trip was not a total loss for Chris because a bone marrow sample was taken. Surgery to remove two large tumours and several smaller ones by radiofrequency ablation was rescheduled for July 25. Although FUDR treatments are suspended for a month before and after surgery, the pump will be left in place for up to two years to facilitate treatment of any residual cancer cells.

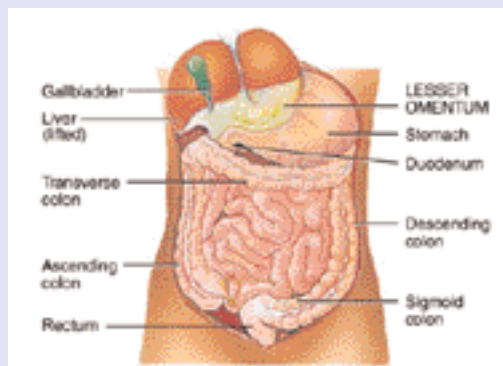
Once the liver tumours are removed, Chris will turn his attention to dealing with his leukemia. He is already planning to travel to Houston in September to consult with Dr. Michael Keating, a leukemia specialist at M.D. Anderson Cancer Center. Luckily an aunt lives only 20 minutes away and he'll be able to stay with her. Because he is fortunate to have an identical twin brother, his chances of a successful bone marrow transplant are increased. However, he's reluctant to take immunosuppressant drugs for fear of "awakening the sleeping giant" i.e. stimulating the growth of any microscopic cancer cells.

Chris has other plans for this fall – after over two years on sick leave he intends to head back to his position with the RCMP in October. Throughout his long ordeal, he's kept in touch with his former colleagues, particularly his partner, Al Clavet, and his two brothers who are also RCMP officers, by dropping in to the office several times a month. And they, in turn, have

Symptoms of Colorectal Cancer

- Change in bowel habits
- Diarrhea, constipation, vomiting
- Narrower than normal stools
- Unexplained weight loss
- Constant tiredness
- Blood in the stool
- Feeling that the bowel does not empty completely
- Abdominal discomfort – gas, bloating, fullness, cramps
- Unexplained anemia

For more information, support or to become a member, contact the Colorectal Cancer Association of Canada at 1-888-318-9442 or www.ccac-acc.ca.



Continued on page 14

honoured him by having a special pavilion built at the Force's Long Island Camp. The pavilion was dedicated to Chris and other cancer patients at a ceremony on October 20, 2000.

How has Chris Fedor come through all this with his optimism intact? Well, he's extroverted and assertive – a 'take charge' kind of person – character traits that have obviously served him well in navigating the cancer care system, both in Ottawa and south of the border. He's even managed to make several friends among the health care professionals who've cared for him. He still looks healthy, with his tan and husky build; no one would ever guess from looking at him what he's endured and the challenges that still lie ahead. Chris says he watches what he eats and stays physically active and perhaps most importantly, lives "three months at a time."

Maybe because he has a supportive informal network of family and friends, he says he has never felt the need to join a support group, either face-to-face or on-line, but realizes they are helpful for many patients.

He's also, as he puts it, "a busy man," who nevertheless is willing to share his experiences for the benefit of others. He's spoken at fundraisers, to his RCMP colleagues, and at an information session last March organized by the Colorectal Cancer Association of Canada. His main advice to other cancer patients is to take a proactive approach to your treatment, be open with your doctors about seeking a second opinion and obtain copies of your medical records. After all, it's your life that's at stake.

Postscript: At press-time, Chris' liver surgery had been postponed again, to early fall, and he was undergoing further chemotherapy to shrink his tumours and improve his blood counts. He was still, however, "feeling great."

Sandra Thompson-Bednarek is an Ottawa communications consultant who was diagnosed in 1996 with stage three colorectal cancer at age 48. She is a founding member of the Board of Directors of the Colorectal Cancer Association of Canada and a member of the National Committee on Colorectal Cancer Screening.



Dedication ceremony: More than 150 supporters attended the ceremony, including Fedor family members, close friends, Commr. Zaccardelli, Commr. Murray (ret.) and A/Commr. Dawson Hovey.

Keep up the fight and celebrate life

By Sgt. Marc Richer

It was August 30 when Cpl. Al Clavet told me he wanted to throw a party.

Inspired by his close friend, Cpl. Chris Fedor, Clavet felt a need to show support and encourage colleagues fighting challenging diseases, such as cancer.

Less than four days later, Cpl. Clavet tells me the party is set, and it's in three days. I admit I was sceptical that there was going to be a good turnout on such short notice, but Cpl. Clavet was gung-ho. Full steam ahead, he said.

There must have been at least 250 people in the Leomont Mess that Friday. I was amazed, not only because Cpl. Clavet was able to pull it off, but I was surprised by the mood of the party.

This was to be an evening to celebrate life. Even cancer pa-

tients – in the midst of the fight of their lives – were there.

Cancer survivors were there too. It was incredible to see how their words of encouragement were heeded by each and every person in attendance that night.

But you could have heard a pin drop once Cpl. Fedor took the microphone. This man's attitude dazzles me each and every time I listen to him speak. He had 200 people in the palm of his hand that night.

He clearly communicated to the captivated crowd how important it was for each and every one of us to get regular medical check-ups – as a preventative measure – rather than wait until it's too late. He kept emphasizing that no one should have to race against the clock of life, like he is now.

A beautiful cedar pavilion at Long Island Camp was dedicated in honour of Cpl. Fedor and to "all those facing the challenge of their lives."

A reason for hope

By Jean Seasons

There are many exciting and hopeful stories coming out of the present-day explosion of findings in cancer research, but some of the most inspiring are the stories of the people who battle the disease with a desire to find out as much as possible about it and then do something about it.

One of those seekers is Peter Hyde of Britannia. Cancer is no stranger to Peter. More than 30 years ago his wife, Anne, died of breast cancer, and Peter has had prostate and bladder cancer. Sixteen years ago when he learned that he had prostate cancer, he decided to do as much as he could for himself.

Comparatively little was known at that time about prostate cancer, and Peter set out to do research on his own. He was used to that. He had a scientific background and, after losing his wife, he gave up his job with the government and became a stay-at-

home father, making his living by translating Russian scientific texts into English. He was used to solving problems; he wanted to make sure that whatever decisions were made on his treatment were ones he could *live* with. For seven years, he was subject No. 720 in Laval University's program on the hormonal treatment of prostate cancer.

Nine years ago when he read about an experimental prostate treatment in New York, he figured he had nothing to lose. He took out a \$10,000 loan and took his chances in New York with an outpatient treatment called brachytherapy where radioactive seeds are implanted both in and next to the tumours, thereby killing them.

That treatment has now become standard practice and the Ottawa Regional Cancer Centre has a number of medical physicists researching all its many possibilities with encouraging results.

Peter is not one to stand still. He

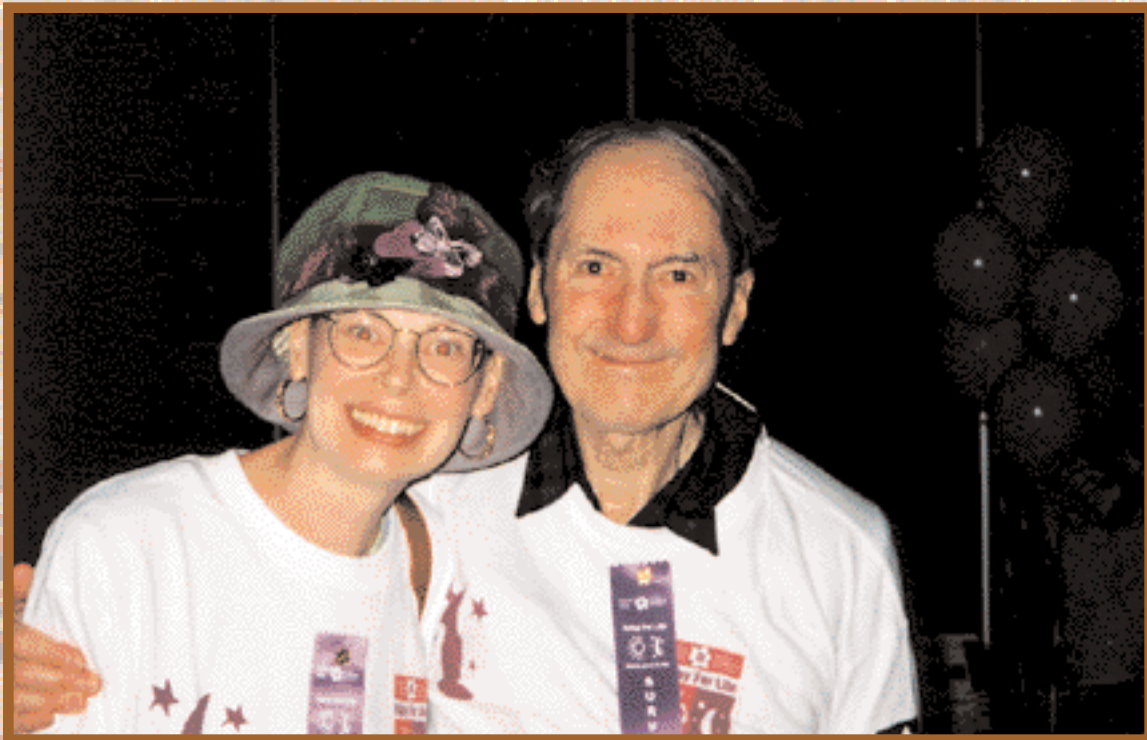
has written a book – and is in the process of having it published – on strategies for the prevention of the disease. He has spent thousands of hours researching and writing. He starts at noon every day and goes through to 5:30. You might catch a glimpse of him as he takes his nightly bike ride in the early summer evening. He is one of the original members of the Ottawa Prostate Cancer Association.

He is firmly convinced that everything must be done to strengthen the immune system; he feels that stress can affect the emotions and temporarily weaken the immune system.

For the past 20 years he has also been researching the studies on Vitamin D which seem most promising.

Above all, Peter Hyde feels that everyone must be proactive when it comes to protecting his or her own health.

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



Peter Hyde with his daughter, May, at last June's "Relay for Life" at Lansdowne Park.

Community counts *Your dollars making a difference*

The Ottawa Regional Cancer Centre is a special place, known for the exceptional care it provides for cancer patients in our community.

Helping people with cancer is a team effort. While the Centre's nurses, doctors, radiation therapists and other specialists provide care and support for today, scientists at the Centre for Cancer Therapeutics offer hope for tomorrow.

An important part of what makes the team extraordinary is the selfless generosity of the Eastern Ontario community that supports the Centre's mission to add value to the lives of those who have been touched by cancer.

The Ottawa Regional Cancer Centre has a long and proud relationship with the community of Ottawa and beyond. Forming a triangle from Cornwall to Deep River to Hawkesbury, this community is always ready to support the Centre's work with cancer patients and their families through special events and personal donations.

The corporate community shows its collaboration with donations and sponsorship of special events. These partnerships, big and small, individual and corporate, form the building blocks of the very place people turn to when cancer touches their lives.

Money raised by the Ottawa Regional Cancer Centre Foundation ensures that the Cancer Centre continues to provide the highest quality of cancer care and treatment in Eastern Ontario. Funds, used efficiently and wisely, are targeted to promising new research, essential equipment and to programs that have the greatest impact on direct patient care.



The Donor Wall at the Ottawa Regional Cancer Centre reflects the generosity and support of the community.

Patients and Families

Most families are affected by cancer in some way. Last year the Ottawa Regional Cancer Centre was able to provide support to almost 18,000 people with cancer and their families. Patients and families have access to a wide range of services including a patient library, counseling and links to support in the community.

Research

The Ottawa Regional Cancer Centre is committed to improving patient care and to finding a cure for all types of cancer through research. Some of the country's leading experts in the field of cancer research are working on basic research at the Centre while others are running clinical studies in the development of new drugs and treatments. The collaborative activity between the Centre's physicians and its career scientists in all types of research will undoubtedly bring them closer to a cure.

Equipment

Health care and medical technology are changing constantly. Keeping current with these changes is costly, yet essential. Although money raised by the Foundation is used to purchase some of the most basic pieces of health care equipment, cancer care is a highly specialized field.

Equipment required to improve patient care and enhance research at the Centre can run into the hundreds of thousands of dollars annually. Items which are only partially funded by government, if at all, must be obtained through contributions from the community.

The daily accomplishments of the Cancer Centre cannot be achieved without the generosity and support of the community. Thank you for continuing this Eastern Ontario tradition by supporting the Ottawa Regional Cancer Centre Telethon airing live on The NewRO from St. Laurent Centre.

Ottawa Regional Cancer Centre Alumni celebrate success

The Ottawa Regional Cancer Centre Alumni is an association of former and current cancer patients and their families. The program, though relatively new, already boasts more than 350 members whose goals include:

- Celebrating their success at surviving cancer
- Informing alumni members and their families of new advancements in cancer treatment and research
- Promoting communication between patients, former

patients, their families and friends, and the Ottawa Regional Cancer Centre

- Raising funds for our local Cancer Centre, particularly in the areas of patient care and services

All Cancer Centre patients, former patients, their relatives and friends are welcome to become members of the Alumni. For more information or to join the Alumni, please contact the Ottawa Regional Cancer Centre Foundation at 247-3527.

Some of the ways your dollars count

- **Books, videos, audiocassettes, CD-ROMs** for the Ninon Bourque Patient Resource Library. Medical books and journals for the Beattie Library: \$6,000
- Purchase of a **cytospin 3 cytocentrifuge**: \$9,495
- Development and evaluation of a **patient decision aid** for men considering treatment for low-risk prostate cancer: \$18,900
- Purchase of a **fluorescent stereomicroscope**: \$25,000. This specialized microscope provides researchers with a rapid means of visualizing gene expression in live cancer cells.

The daily accomplishments of the Cancer Centre cannot be achieved without the generosity and support of the community. Thank you for continuing this Eastern Ontario tradition by supporting the Ottawa Regional Cancer Centre Telethon aired live on The NewRO from St. Laurent Centre, September 22-23. Your support offers hope for the future and means so much to so many.

Letter from the Chair

While I find every aspect of my involvement with the Ottawa Regional Cancer Centre rewarding, I must admit the fundraising events and activities are tops for their entertainment value and good plain fun. The Colonial Furniture Motorcycle Ride for Dad in June certainly attests to that – with over 450 motorcycles on the road we made quite an impression on the citizens of the region as we toured the Ottawa Valley!

Like every director who serves on the Foundation's Board, I love the special events for their diversity and the contact it affords us with our community. From the CS CO-OP "Do It for Dad" Run, to An Evening With Abigail, and the ORCC Charity Softball Tournament – these events are organized by cancer patients and their families and friends and enjoyed by all. It is our privilege to share their triumphs and success as they selflessly raise money and awareness for the excellent work of Dr. Stern and his dedicated team at the Cancer Centre.



Veronica Engelberts, Chair, Board of Directors, ORCC Foundation

We now turn our energies to hosting the Fifth Annual Cancer Centre Telethon on the NewRO. The Telethon requires enormous planning and coordination, which only intensifies as we head down the home stretch. Knowing that we have the support of an army of energetic volunteers makes the Telethon one of the premiere events of the year.

On behalf of the Board of Directors, I extend my thanks to all volunteers and supporters of the ORCC. You serve as an inspiration to us, and you continuously reinforce a fundamental lesson that we all learned early in life – it is better to give than to receive.

Thank you for giving so much of yourselves.

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Cancer-related decisions: Learning how to improve decision-making for patients

By Annette O'Connor
and Dawn Stacey

Decisions, decisions, decisions. Throughout our lives we are faced with many decisions about our health.

However, when diagnosed with cancer, patients and their families have more decisions to make that are often quite difficult. These decisions may be about preventing cancer in family members, screening to find cancer early, or the type of treatment for cancer ... Should I undergo genetic testing? Should I have surgery or radiation therapy? Should I take hormone therapy or chemotherapy? Should I return to work? Should I tell my co-workers that I have cancer?

The Ottawa Health Decision Centre, established in 1995, is a research program designed to improve the ways in which patients and health professionals make health decisions. The tools we have developed to improve the process of decision making are called patient decision aids. The Ottawa Health Decision Centre creates and tests quality decision aids to assist patients facing health care options. The purpose of this article is to share with you the research being done in Ottawa on patient decision aids. Examples will focus on cancer related decisions.

What are patient decision aids?

Decision aids are tools designed to help patients understand the options, consider the personal importance of possible benefits and harms, and participate in decision making. They are not simply general education resources or strategies aimed at promoting one option. Decision aids summarize the latest research studies on options and present the information in a balanced manner. By using decision aids, patients are better prepared to discuss the options with their health professional.



— photos by Jean Levac, Ottawa Citizen

Annette O'Connor, left, and Dawn Stacey, of the Ottawa Health Decision Centre, display some of the material available to help with health-related decision-making.



There are many formats but the format used most by the Ottawa group is a booklet guided by an audiocassette with a worksheet. The patient completes the worksheet after reviewing the information in the booklet and listening to the tape. The worksheet is then used to discuss the decision with his/her health care professional.

Quality decision aids

- Information is based on research studies.
 - Balanced in presentation of options, pros and cons.
 - Developed by team of experts.
 - Funded by a source with no conflict of interest.
 - Tests prove that the decision aid improves decision making.
- The patient feels like they knew the options and their related benefits and harms;
 - The patient says the decision fits well with what he/she values as important; and
 - The patient is satisfied with the way in which the decision was made.

What cancer-related decision aids exist?

Following a world-wide search, we found 88 patient decision aids and of these, 34 were available and created/updated within the last five years (13 of which are from Ottawa). The first decision aids were published in the research journals in 1983. However most work on decision aids has occurred within the last 10 years. The most common topics are breast cancer related decisions, menopause options, prostate cancer related decisions, and colon cancer screening. There are over 20 decision aids based on the Ottawa methods, several of which are available in the Ninon Bourque Patient Resource Library at the ORCC.

Decision aids available at the Ninon Bourque Patient Resource Library

- *Making Choices: Breast Cancer Surgery*
- *Making Choices: Options for Lowering My Risk of Breast Cancer.*
- *Making Choices: Chemotherapy for Stage IV Lung Cancer*
- *Making Choices: Hormone Replacement Therapy*
- *Becoming Involved in the Decisions You Face: A guide for people making health decisions*

Together with Dr. Gad Perry at the Cancer Centre, we are currently developing a decision aid focused on treatment options for men with early stage prostate cancer. Treatment options include watchful waiting, surgery, conformal radiation therapy or seed implant radiation therapy. Each option has different side effects and all except watchful waiting have similar chances of cure. With so many options, each with different side effects, it is not surprising that men would have difficulty deciding on a treatment option.

Should people be screened for cancer?

An area of recent focus is screening for cancer because of the potential of finding cancer early when there may be a higher chance of cure. However, with screening there can be false alarms (abnormal test result when there really is no cancer) requiring

extra tests or there can be false reassurance (report there is no cancer when it really is present).

Health Canada recently commissioned a decision aid about the decision to have mammography for women in the 70+ and 40 to 49 age groups. The guidelines for mammography in Canada recommend that women aged 50 to 69 have a mammogram every two years, as screening increases the chance of being cured of breast cancer. However, less is known about the benefits of mammograms in younger or older women and therefore, the decision to have mammograms is not straightforward and women are becoming involved in making the decision. A decision aid can help women prepare for making this decision. Another decision aid under discussion is one addressing the complex issue of screening for colon cancer.



Steps in decision making

1. What is the decision? What are the pros and cons of the options?
2. Who else is involved in making the decision?
3. Who should decide? (i.e. myself, doctor, partner, children)
4. When does the decision have to be made?
5. Where have you been looking for support from others to make this decision?
6. Why is the decision difficult for you and what can be done to help you make the decision?
 - Not enough information
 - Don't know what is important
 - Pressure from others
 - Not enough experience and/or support

If there is no decision aid for my situation, is there something else that I can use?

It is obviously impossible to have a decision aid tailored to each and every complex decision that we encounter in our lives. There is, however, a general decision aid available, *Making Choices... A guide for people facing decisions about health or social situations*, that describes six steps in the decision making process. Its use is further demonstrated through examples of how others have made health-related decisions.

What does the research show?

Our team coordinated a review of the international research trials of decision aids. Overall, the results showed that patients who used decision aids had improved knowledge, more realistic expectations of their benefits and harms, and took a more active role in making the decision. There was little impact on anxiety or satisfaction with the decision making process. Decision aids, developed and evaluated in Ottawa, improve decision making by helping undecided patients make choices and by increasing the chance that decisions are based on better knowledge, realistic chance of outcomes, and personal values.

Conclusions

With so many options to choose from, the complexity of decision making is increasing. At the same time, patients are more involved in making decisions about their health and are being asked to make an "informed choice" when they consent to treatment. Helping patients make such decisions is an important role for health care professionals and there are many opportunities for further research in this area.

Annette O'Connor RN, PhD is a professor at the University of Ottawa and senior scientist at the Ottawa Health Research Institute.

Dawn Stacey RN, MScN is a student in the Population Health PhD program at the University of Ottawa.

'The Queen of Smiths Falls' surprises everyone

By Carl Dow

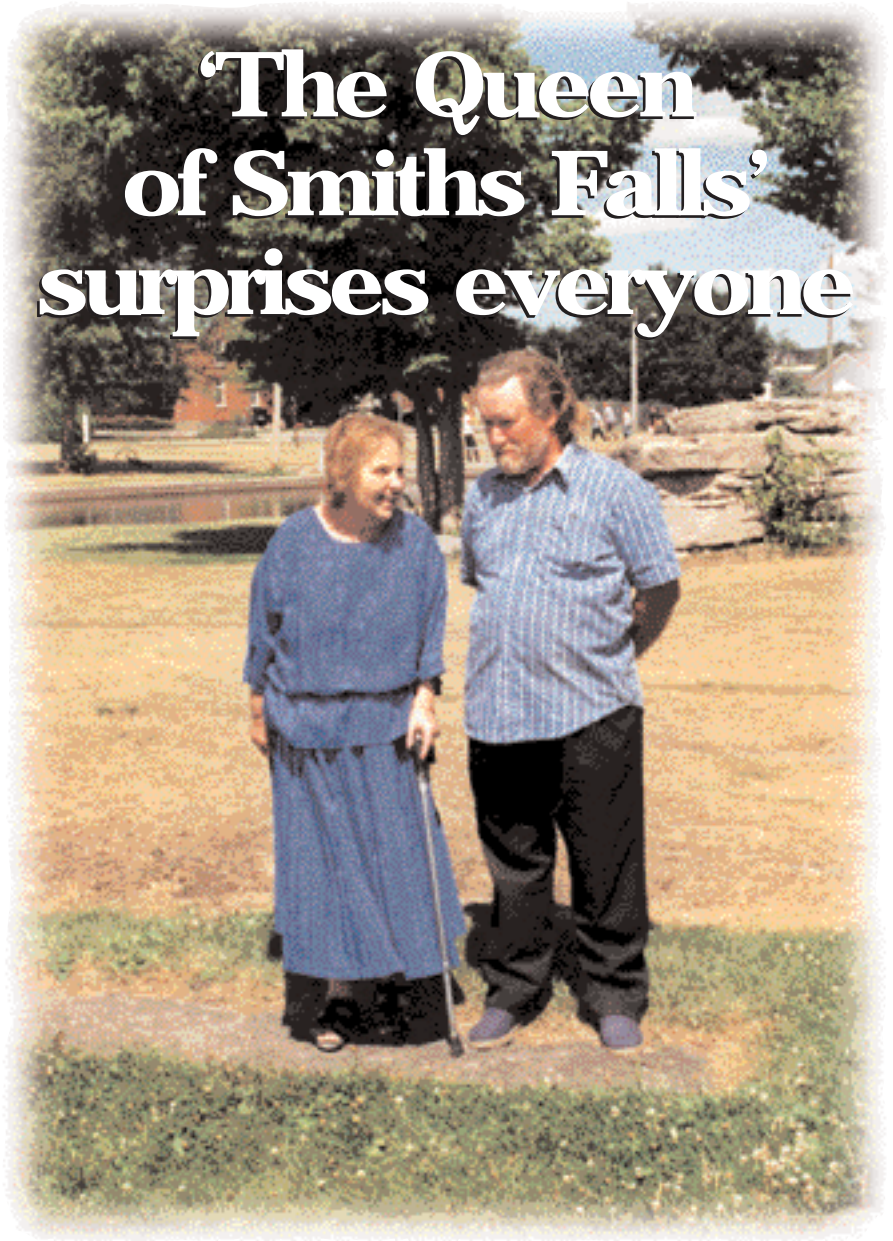
My sister, Linda Tardif, 54, has been having a running battle with Diffuse Large Cell Lymphoma since 1996. On her visits to the Kingston General Hospital, she has been treated by Dr. John Matthews, Chair, Division of Hematology, Department of Medicine, Queen's University.

In her hometown of Smiths Falls, she has been under the care of Dr. A.L. Kerr, the dean of doctors in the area.

During a working holiday I took last September through to Vancouver Island, I received an urgent e-mail from Lillian Chojnacki, a sister living in Montreal. Lillian reported that cancer had overwhelmed Linda and she was now under palliative care at the Smiths Falls campus of the Perth and District Hospital. Linda was dying with only a few weeks to live.

I knew there was nothing medical I could do to save Linda but we've always been a close, if boisterous, family. I wanted Linda to know that she would have all our support for as long as it mattered. I set projects aside and turned my car east, cutting short my planned absence from Ottawa by about 10 days.

On my return, I called Dr. Kerr and he agreed to meet me at the hospital



— photo by Carl Dow

Linda and husband Dan Tardif share a joyful, quiet moment at Victoria Park, Smiths Falls.

between operations. Dr. Kerr said that the cancer had spread to Linda's pancreas and liver and to behind her intestines. Linda has adult-onset diabetes and as a result, gangrene had set in on her lower right leg just above the ankle. A gaping, worsening wound was so deep you could see the ligaments. Beside it, a second wound was opening up.

Linda lay weak and gasping when I stood by her bed, but after a light-hearted exchange, which we've always practiced, I could see that her sense of humour had not failed her.

Dr. Kerr said that Linda's immune system was so low that to cut off her leg above the festering sore, (the only treatment possible), would probably kill her, so the best advice was to let nature take its course, keeping Linda as pain-free as possible. When I asked, Dr. Kerr said he expected that Linda would live for another few weeks, perhaps two or three months. But, he added, these things are hard to predict.

In Central Saanich, 15 kilometres north of Victoria on Vancouver Island, a concerned sister, Vivian, was in

daily communication regarding Linda's health. She and her husband Walter Kotorynski, who teaches Pure and Applied Mathematics at the University of Victoria, had just returned from a conference in Spain. Walter dropped a research project and they headed east on the first flight they could book.

Lillian, a creative manager with Readers Digest, and her husband Marcel Chojnacki, a classical dancer and choreographer, reorganized their lives and also headed for Smiths Falls, along with other members of the family from Montreal and Ottawa.

This family gathering of support had a positive affect on both Linda and the overworked hospital staff and the latter contributed more than their share for Linda's comfort. Kay Webb in emergency reception and her colleagues gave Linda a cart basket filled with a variety of bathing articles complete with small candles.

"Linda was always cheerful," Kay recalls. "I used to tease her and she used to take it and give some back."

However, Linda found the hospital frustrating. With her appetite gone, growing weaker, she even refused to touch choice dishes lovingly prepared and brought to her each day by her grief-stricken husband, Dan. She wanted to go home. Fearing that her death was imminent, we tried to urge her to stay where she was, receiving the best of hospital care. But Linda went home.

Dr. Kerr arranged for a nurse to come in the morning to change the bandage on her foot, a homecare worker at noon to help her bathe and change clothes, and another nurse in the afternoon to change the bandage again. Once a week a palliative care worker came to visit. Even Dr. Kerr, in his 70s, made time, from a schedule that would render a far younger man exhausted, to visit Linda at home.

Vivian and Walter stayed for two weeks and sadly returned to their lives convinced that Linda would soon leave us. The last to come and the first to go, we all grieved. However, regular telephone calls of support from Vancouver Island and visits from Montreal continued.

**"I didn't do it Linda ...
You did it ... You're a
real fighter ..."**

**— Dr. A.L. Kerr,
Linda Tardif's doctor**

But Linda had no intention of going anywhere but home. I watched in joyful fascination during my daily visits as her strength and energy began to seep back. Present at most of my visits was my friend Yvette Pigeon, a registered nurse, whose practiced eye confirmed during bandage changes that the impossible was happening. The smaller gangrenous wound was vanishing; the larger one was slowly closing.

Our family celebrated Christmas at Linda's home. She was still in pain, kept at bay by high doses of morphine and other medicines, administered around the clock by husband Dan, but it was clear that something good was happening. Through January and February, I was making hard-to-believe reports to Linda's long-distance sisters. This sibling on her deathbed

in October was now sitting up and easily swinging her legs over the edge. It wasn't long before she was making her way to the bathroom or kitchen aided only by a cane. She moved slowly and with great effort but she was moving.

By May the gangrene was gone and the cancer in remission. Linda now moves freely about town cheerfully greeting residents and being greeted in like manner. In the spirit of The King of Kensington, I call her The Queen of Smiths Falls.

At one recent session with Dr. Kerr he said of her remarkable recovery, "I didn't do it Linda ... You did it ... You're a real fighter."

"I'm glad it's over," says Linda. "It was a tough fight and I fought it. I'm a tough old bird like Daddy and Grandpa, I was fighting for my life, and I won. Dan was there for me. You were all there for me. Dan cared for me. He's a good person, he's a good cook, a good nurse, a good doctor. Dr. Dan I call him."

Carl Dow is an Ottawa writer.

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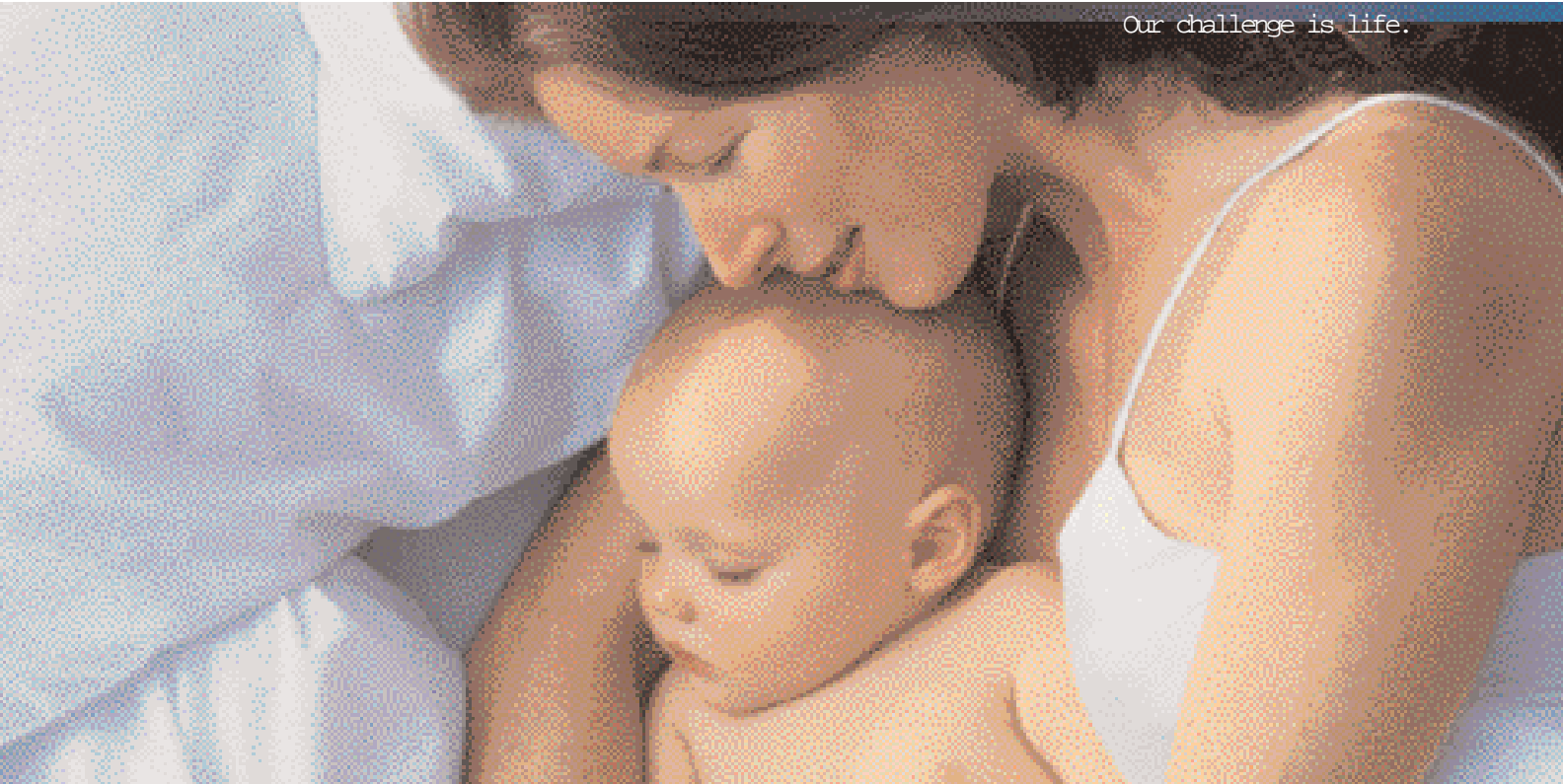
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Think about what would lighten a load or lift someone's spirits

Q: What can I do to help a friend or family member with cancer?

A: Perhaps the better question would be “What does my friend/family member need?”

When considering the answer, take some of the following factors into account: the person's personality, health and family circumstances, your relationship with the person, the support system he/she has in place, and the type and degree of support he/she feels they need or would feel comfortable accepting.

While someone may need some sort of assistance, you may not be the appropriate person to provide it. Knowing what you want your “help” to achieve will assist you in devising your plan.

Consider whether you want to provide emotional support, practical support, a diversion, a spirit lifter, reassurance? Once you know what you are trying to achieve, coming up with the means of arriving at that goal will be clearer.

Rabbi Reuven Bulka spoke eloquently to the question of help and support on the sad occasion of his wife Naomi's funeral, earlier this summer. He expressed his and his family's gratitude to everyone who had found a way of helping out, without needing to ask what was needed, and without expecting any kind of acknowledgment. I am paraphrasing his words inadequately, but his comment struck me as just the right way to provide help: do what you can, without intruding, and do it altruistically: selflessly, in a way that truly benefits the person and his or her family.

People who want to help should take it upon themselves to think about what would lighten the person's load or lift his or her spirits. If the person has young children, they might appre-

Ask Kate

A cancer survivor shares her experience

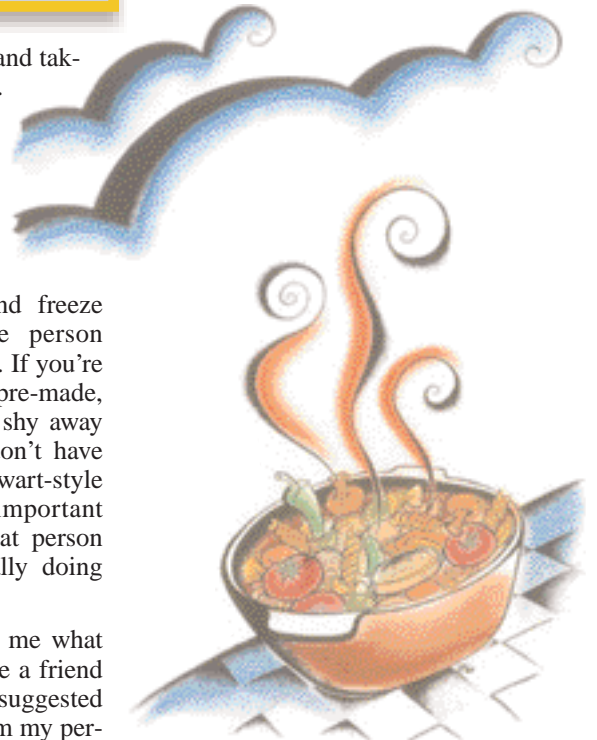


ciate your picking them up and taking them out for an outing. If they don't take you up on it, they will certainly appreciate the offer nonetheless.

Sometimes, it is difficult to find time and energy to prepare meals during treatment; why not prepare and freeze something you know the person would enjoy, and drop it off. If you're busy, pick up something pre-made, and a loaf of bread. Don't shy away from this support if you don't have time to create a Martha Stewart-style food basket. The most important thing you can do is let that person know you care, and actually doing something to help.

Many people have asked me what kind of gift they should take a friend with cancer, and they have suggested things like teddy bears. From my perspective, gifts of that nature can be patronizing. I had cancer, I was not regressing to childhood. There is a respect involved in helping; a sensitivity required. So try to come up with a personal, creative, caring, and thoughtful gesture or gift that will suit the person you are trying to help: a book of coupons your friend can “cash in” for favours such as your retrieving a fresh load of library books; a visit to watch a movie and chat; a drive to the hospital. Sometimes just letting people know they are in your thoughts is enough – pop a card into the mail.

Consider the circumstances: sometimes it is considerate to leave treats at the door, rather than disturbing a friend who may not be up to company. On the other hand, perhaps a visit would be just the ticket. Ask your friend, but ask yourself too: “What does my friend need?”



– Dallyn Lynde, Ottawa Citizen

Sometimes, it is difficult to find time and energy to prepare meals during treatment.

Rabbi Bulka said it did their souls good to hear messages from caring friends and family on their answering machine saying, “There's no need for you to return my call; I just wanted you to know you are in our thoughts. Please call if we can do anything.” There are many meaningful ways to show you care.

Kate Murton is an Ottawa lawyer and a cancer survivor.

Prostate cancer survivor savours the joy of running



The 11th place finisher (39:30) and winner of the 59+ age group category in the 2001 Do-It-For-Dad 10 km race on June 17 of this year can readily identify with prostate cancer. In November of 1998, he had surgery to remove a cancerous prostate. But six months after surgery, he ran the Nordion 10 km in 41 minutes to finish first in the 50-59 age group. His experience indicates that you can resume high-intensity physical fitness activities after prostate cancer. The following is his story.

By Dennis Featherstone

What pre-surgery running experience enabled me to build a base for running winning race times?

I began to run in my early 40s, following a lengthy period of playing fastball. Each week I ran 30 to 35 miles. I began light weight workouts to strengthen my range of motion.

At the same time, my wife and I switched our diet towards low fat with more chicken and fish than red meat and lots of vegetables and fruit.

We also began to take Vitamins C and E as well as selenium. Some beer and wine were included. The combination of fitness and diet yielded dividends. My body fat fell to 11 per cent and my resting pulse rate was in the low 50s. On stress tests, my results were "off the map" for my age group.

I entered races from Los Angeles to Boston and from Sudbury to Ft. Lauderdale. In many of these races, I won or finished in the top three in my age group. My focus shifted among the various distances, going as short as 800 meters and as long as the marathon. Particular achievements included third in the 45-49 age group in the World Masters Marathon in 1987 in two hours and 51 minutes and third in the Fifth Avenue Mile in New York City in both 1991 and 1992 (50+ age group). For most of the 1990s, my focus shifted to races up to 15 km with special interest in the mile.

In 1998, I experienced a roller-coaster year. The year began on a high note in January with a first place finish in the Ontario Invitational Mile for 50+ and then a first place finish in the Hartshorne Masters Mile at Cornell University. In the latter event, my time was 5:13 which turned out to be the second fastest indoor track mile in

North American that year for the 55-59 age group. The low point for the year was the diagnosis of prostate cancer and surgery in November.

During my regular physical examination in the spring of 1998, my doctor indicated that the Digital Rectal Exam (DRE) suggested there may be a problem

and that I should have a PSA test again this year. The reading came back 4.1, compared with 3.3 the previous year. I was sent for an ultrasound. Then I waited to see an urologist and then waited for a biopsy.

The waiting period was difficult for me, mainly because I was torn between optimism based on my high level of fitness and my sense that the ultrasound and PSA tests did suggest a serious problem. I still did not have any recognizable external symptoms of prostate problems, although the drinking of large quantities of water after running and the subsequent need to get rid of some of the water may have masked one possible sign. On

October 4 (10 days after my biopsy), I ran a 5 km race in 17:52. Surely that was evidence that I must be healthy.

A few days after the 5 km race the biopsy results indicated prostate cancer. Dr. Morash, my urologist, told me that the results indicated I would be able to choose among all the options to address the prostate cancer. I told him that I preferred surgery because it seemed the “cleanest and quickest” although it came with a couple of life-altering risks. He said the earliest possible surgery date was January 21. But he wanted me to think about, and discuss with other doctors, the other options over the following month. I told him I would like to be put on a cancellation list for surgery.

In order to increase my knowledge of prostate cancer and the implications of the various approaches used to treat it, I bought some books and searched the Internet for articles and information. My wife and I discussed the various options. My preference continued to be for surgery. Together we focused on this approach and the possible side effects. She fully supported the final decision to continue along the road to surgery.

At our next appointment with Dr. Morash in early November, we communicated our decision. He then told us he had a cancellation and could operate on me on November 19. I quickly said yes.

Through the difficult waiting and decision period, I maintained my fitness program. While I did not know it at the time, keeping fit would pay dividends during surgery and subsequent recovery period. Two days before surgery, I ran eight miles and there was a spring of joy in every step – joy at feeling so positive before surgery and joy at feeling so fit.

When I was released from the hospital, I walked outdoors until the snow came and then moved indoors onto a treadmill. I heeded the surgeon’s advice to avoid exercise, and in particular running for six weeks. Once cleared to resume exercise, I jogged a quarter of a mile the next day. Surprisingly, my body felt better with a reasonably fast jog than with a slow jog. While I felt very positive with my initial jog, I decided the key part of my approach to rebuilding endurance should be to listen to my body. If I felt tired, I should reduce or skip a run. If I felt great, I should keep to my program to avoid doing too much.

What lessons do my recent experience with prostate cancer suggest for men over 40?

- A healthy diet and a high level of physical fitness do not guarantee protection against some health problems.
- Prostate cancer may not generate clear external symptoms. An annual physical examination, a DRE and a PSA test at appropriate intervals are recommended for men over 50, but for men over 40 if there is a family history of prostate cancer at an early age.
- When prostate cancer strikes, do not give up. Acknowledge the problem, make the necessary decisions, and adjust your life accordingly.
- Be sure to increase your level of fitness. Cardio-vascular fitness provides benefits in health and in sickness. The benefits in health are obvious. But the resulting strength in your heart, lungs and legs that you bring to the operating table and to the recovery process are very important benefits.
- Be willing to talk about your problem and your experience. Offer support and encouragement to others with prostate cancer.

I began to jog every other day and gradually increased the distance, without concern for the pace at which I was jogging. I worked at increasing the distance without stopping and then introduced a brief pause between segments in order to increase the total distance. I also resumed my light weight workouts twice a week.

In March 1999, my wife and I spent two weeks in South Carolina. At the end of the vacation I was able to jog three miles, rest two minutes and then jog another three miles. With this success, I began to think about entering the Nordion 10 km race in early May. The race in 1999 was to be the first year when the proceeds were to be split between research for breast cancer and prostate cancer. I wanted to run this one.

Training in April was positive and so I entered the race. Martin Cleary wrote an article in the Ottawa Citizen about my surgery, recovery and resumption of running. My son Mark decided to enter the race as well in order to “keep tabs” on my effort and speed. We ran together and finished in 41 minutes. This was fast enough to win the 50-59 age group that year. A few weeks later, I ran the inaugural Do-It-For-Dad 10 km race in June of 1999 and lowered my time to 39:47 (first in the 50-59 age group).

The focus on racing in the post-surgery period has had two phases. In the first phase, the focus was on 5 km races with the occasional 10 km race that was supporting a vital cause such as research into cancer. In the second

phase, I resumed track training and shorter races. I continue to be competitive in my age group. In March of this year, I won my age group for 1500 meters (5:13) in the Ontario Indoor Masters’ Championship.

In April, I won my age group in a 10 km race in North Carolina.

Then, in early July I just missed the Canadian record for the 60-64 age group for a one mile road race. The ability to recover my competitiveness at several distances and in races in both Canada and the United States continues to be a source of satisfaction and joy.

While running 20 to 25 miles per week and entering races are very important to me, there is much more to my life. In addition to full time work, other interests include volunteer church work and travel. I also attend the monthly meetings of the Prostate Cancer Association support group. During the past 18 months, I was able to provide support to a good friend and to a work colleague who were both diagnosed with prostate cancer.

In June, I began my retirement. This should now provide more time for volunteer work and travel with my wife. It will allow me the option to increase my mileage closer to 30 miles per week. It will also provide scope for alternative fitness activities such as golfing and bicycling.

*Please see
‘Risks and symptoms’ on page 26*

Recognize the risks and early symptoms of prostate cancer

For Canadian men, prostate cancer is the most frequently diagnosed cancer, and is the second leading cause of cancer deaths.

One in eight Canadian men will be diagnosed with prostate cancer in his lifetime. One in 26 will die from it.

There are 17,800 new cases being diagnosed annually in Canada, and 4,300 deaths occur each year from this dreaded disease.

Detection and treatment of prostate cancer in its earliest stage provides the best chance for a cure and control.

The causes of prostate cancer are not known. Diet and genetics may be factors. More research is needed on causes, early detection strategies, and more effective treatments with fewer side effects.

Symptoms of prostate trouble include: Frequent, difficult or painful urination; dribbling urine; blood or pus in the urine; pain in the lower back, pelvic area or upper thighs, and painful ejaculation.

After hearing about your symptoms, your doctor will check them out with one or more of these tests – a digital rectal exam, a faecal occult blood test, a sigmoidoscopy to see if there are any polyps or tumours, a colonoscopy, a biopsy or a barium enema.

The Prostate Cancer Association of Ottawa is a member of the Canadian Prostate Cancer Network. They are a volunteer organization of prostate cancer survivors and caregivers.

They can provide telephone contact, information kits, a monthly newsletter, and monthly meetings on the third Thursday of each month at St. Stephen's Anglican Church, 930 Watson Street, Ottawa.

To contact them, mail to P.O. Box 23122, Ottawa, K2A 4E2 or call (613) 828-0762; fax: (613) 828-6192; e-mail: pca@ncf.ca or view their Web site at www.ncf.ca/pca

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Proud to support the Ride for Dad that raised more than \$82,000 for prostate cancer research at the Ottawa Regional Cancer Centre

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

The Motorcycle Ride for Dad on May 26th was officially sponsored by Today's Colonial in conjunction with the Ottawa Citizen, the Ottawa Police Association and the Ottawa Regional Cancer Centre. This event attracted 500 riders and raised over \$90,000 in aid of prostate cancer research. Today's Colonial is proud to continue as the Ride for Dad's official sponsor for the next two years.

Furthering efforts to cure breast cancer and juvenile diabetes are also important spokes in the wheel of good fortune spun by Colonial's generosity. So is 'Dream of a Lifetime', a lottery that raises funds for the CHEO Foundation. Each year Colonial supplies all furniture for the grand prizes - two new homes - plus a number of valuable secondary prizes.

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



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Canada Trust

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, Kathleen Greene (613) 798-5555 x18740 or the hotline 1-800-265-5106

Arnprior & District Breast Cancer Support Group:

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

Barry's Bay Cancer Support Group

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

Bereaved Families of Ontario, Ottawa-Region:

- Purpose: Mutual aid/self-help following a death. Also provides education in anticipatory grief situations.
- Meets the first Tuesday of each month.
- 7:00 p.m. - 9:00 p.m.
- St. Timothy's Presbyterian Church, 2400 Alta Vista Drive. (downstairs hall)
- Call (613) 567-4278 for more information.

Brain Tumour Foundation of Canada:

- Hotline number 1-800-265-5106.

Breast Cancer Action (BCA):

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

Brockville Breast Cancer Support Group

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

Canadian 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 Caregiver Support Group:

- Relaxing environment for individuals caring for a loved one diagnosed with a life threatening illness.
- Opportunity to share experiences with other caregivers in discussion group or one-on-one.
- Individual support offered by staff and volunteers.
- Reiki, foot massage, art and resource centre available.
- Monthly information sessions presented on specific topics.
- A program geared towards children and youth is also available.
- Meet every Wednesday evening at the Hospice (114 Cameron Ave.) from 7:00 p.m. - 9:00 p.m.
- Call Anne at the Hospice for further details or to confirm your attendance to the evening, (613) 260-2906.

Living with Cancer Support Group of Brockville:

- Purpose: Self-help group for people living with cancer, their families and friends.
- Meets the first Tuesday of the month.
- 7:00 p.m. - 9:00 p.m.
- St. Lawrence Lodge, Prescott Road, Brockville (directly across Highway #2 from Brockville Psychiatric Hospital). Use main entrance and follow the signs.
- Call the Canadian Cancer Society (Unit Office in Perth) 1-800-367-2913 for more information.

Living with Cancer Support Group of Mississippi Mills and Carleton Place:

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

Look Good ... Feel Better Program:

- Purpose: For women on cancer treatment wanting to know more about facial skin care, makeovers and options for hair loss. Free workshop.
- Meets the fourth Tuesday of each month
- 2:00 p.m. - 4:00 p.m.
- Maurice Grimes Lodge, 3rd. Floor, Ottawa Regional Cancer Centre, 200 Melrose Avenue. OR
- Meets the second Tuesday of each month
- 2:00 p.m. - 4:00 p.m.
- Ottawa Regional Cancer Centre, 503 Smyth Road
- Pre-registration required at (613) 737-7700 ext. 6455

Lymphoma Support Group (LSG):

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

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 Wednesday of each month (Mar.-June/Sept.-Dec.). 2:00 p.m. - 3:30 p.m.
- Ottawa Civic Hospital, Civic Parkdale Clinic, 1st. Floor, 737 Parkdale Avenue, Ottawa
- Call (613) 798-5555 ext. 13416 for more information.

Ottawa Hospital - General Campus

Gynaecologic-Oncology Program - "Time for Ourselves"

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

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

Ottawa Regional Cancer Centre Ninon Bourque Patient Resource Library

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

Ottawa Regional Cancer Centre (ORCC) Social Work Support Groups

- Purpose: ongoing support groups offered by ORCC Social Workers:
- 1. Healing Circles (a support group for patients undergoing treatment for cancer) who wish to learn about the mind-body connection relaxation and imagery techniques
 - Must pre-register; space is limited. To register and for information please
 - call Liane Murphy at (613) 737-7700 ext. 6858.
- 2. Healthy Connections (a monthly support meeting for all ORCC cancer survivors)
 - Learn about health related topics
 - Meet new and old acquaintances
 - New topic each month
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.
- 3. Family Matters (a monthly support group for all persons with cancer and the adults close to them)
 - Impact of cancer on you and those around you
 - Learn coping skills
 - Meet other families like yours
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.
- 4. Healthy Living for Breast Cancer Patients (a support group for any breast cancer patient who has been treated at the Ottawa Regional Cancer Centre within the past 12 months)
 - To provide breast cancer patients with support
 - Decision making skills
 - Behavior change strategies
 - To help maintain a healthy lifestyle
 - Must pre-register; contact Michele Holwell (613) 737-7700, ext. 6855
- 5. Stepping Stones - a weekly support group for women newly diagnosed with breast cancer (six weeks in duration).
 - Become a partner in your health care
 - Develop new coping skills
 - Find out about community resources
 - Learn methods of relaxation/imagery
 - Offered at The Ottawa Regional Women's Breast Health Centre.
 - For more information call Diane Manii (613) 798-5555, ext. 16563.
- 6. Kidz Time (a monthly support group for kids, age 8 to 18, who love someone close with cancer, like a parent, grandparent or aunt). 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
 - Learning about cancer at ORCC
 - Meeting the staff
 - Must pre-register; contact Linda Corsini (613) 737-7700, ext. 6856.

Pink Ribbon Voices Support Group

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

Prostate Cancer Association of Ottawa

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

Reach to Recovery (Canadian Cancer Society Program)

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

Regional Palliative Care Consortium

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

Renfrew County Prostate Cancer Support Group

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

Renfrew Victoria Hospital Cancer Support Service

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

Renfrew Victoria Hospital Palliative Care Services

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

Sylvia House Hospice Program

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

United Ostomy Association

- Purpose: Provides support and education to people with ostomies, and the public.
- Meets the third Thursday of every month, except July and August.
- 8:00 p.m. - 10:00 p.m.
- Westminster Presbyterian Church, Lower Level,

- 470 Roosevelt Avenue.
- Call (613) 722-7944 for more information.

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

- Purpose: Supportive Cancer Care Program enables individuals and their families to access the care and support which they require at all stages of their illness.
- St. Laurent Shopping Centre, South Court, Lower Level, 1200 St. Laurent, Ottawa
- 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 Breast Cancer Support and Resource Services

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

Youth/Pelvic Pouch Group

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

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

Cancer Information Service

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



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When it Comes to the Fight Against Cancer



As NHL Players gear up for the 2002 Olympic Winter Games, the NHL and the NHLPA will continue their commitment to raising funds and awareness for Hockey Fights Cancer. To date, more than \$4 million has been raised for this important cause. For more information, log on to www.hockeyfightscancer.com and



www.hockeyfightscancer.com
1-800-540-6500

