

The Ottawa Regional Cancer Centre presents

Challenge

Life with Cancer



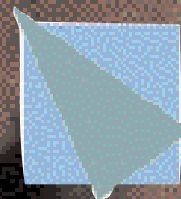
**Spring/Summer
2000**

**After
Melanoma
Ron Hodgins
is back on the farm**

**Around the World:
Terry Fox continues
to inspire**

**Beating the Odds:
Moe Sabourin survives
lung cancer**

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Letter from the Editor

Even as I write this letter, I have just received a phone call from “Dr. Bill” from his car phone checking on material for the magazine.

It is so typical of his involvement and his efficiency, that the energetic CEO of the Ottawa Regional Cancer Centre has never been too busy to meet all his obligations and more. Throughout *Challenge* magazine’s seven-issue history, as chair of the editorial board, Dr. Evans has written extensive research articles, provided contacts, offered opinions and assistance. He has always known the right thing to do, including starting the magazine in the first place.

We couldn’t have gotten this far without him, and we have appreciated his practical, humourous touch immensely. To his patients and his fellow workers in the cancer system, he is a role model for getting things done in the best way possible.

Kate Murton, who writes the Ask Kate column for *Challenge*, says she has “never known of anyone more committed to a cause, and more willing to give selflessly of himself in his pursuit – pretty remarkable!”

As he leaves Ottawa to his new position with Cancer Care Ontario, we wish Bill Evans well and we on the magazine will miss him.

You’ll find Dr. Evans’ farewell on page 5.

Also in this issue, as always, we’ve tried to give you inspiring stories and advice from cancer survivors, the latest research information and a guide to support groups. We welcome your letters, comments and suggestions.

Louise Rachlis



– Lynn Ball

Editor Louise Rachlis went out in the field to get our cover story.

I N S I D E

Volume 4, Issue 1 – Spring Summer 2000

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CHANGED PRIORITIES

Savouring each season
after a diagnosis
of melanoma

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A Farewell message from Dr. Bill Evans

After 12 years as the Chief Executive Officer of the Ottawa Regional Cancer Centre and Chair of the Interdepartmental Program at the University of Ottawa, I will be stepping down from these positions to take a new and challenging position as the vice-president responsible for the Systemic Therapy Program of Cancer Care Ontario.

I have also been given responsibility for developing a provincial cost evaluation unit and leading quality improvement initiatives for CCO.

These will be new and challenging portfolios that will provide me with an opportunity to simultaneously address the often conflicting issues of cost containment, efficient system operations and quality of patient care.

As the provincial Program Leader for Systemic Therapy, I will have the opportunity to implement the recommendations of the Systemic Therapy Task Force, which I have Chaired over the last six months. With the input of care providers and community representatives from across the province, we have developed a clear blueprint of what needs to be done to sustain high-quality care for patients requiring chemotherapy and other types of systemic treatment.

I will leave Ottawa with a mixture of sadness and pride. Sadness to leave behind many friends and colleagues at the Cancer Centre and in the wider community. This has been a wonderful community in which to live and raise a family.

I will look back with pride on the many accomplishments achieved at the Cancer Centre over the last dozen years. There has been tremendous expansion of the research activities, the introduction of many new treatment



programs, the recruitment of an extremely well trained and knowledgeable staff and the expansion of the Cancer Centre at the General site, with major renovations and upgrades to the Civic site.

I am especially grateful to the many individuals who have volunteered to support the work of the Cancer Centre. In particular, the members of the ORCC Foundation have been a highly-motivated group of community-minded individuals who have given enthusiastically of their time to raise the profile of the Cancer Centre and to raise funds for research, patient care and educational initiatives.

There are many other volunteers, including those of the Canadian Cancer Society, who have contributed faithfully to the care and support of our patients.

There are many other volunteers who are less frequently recognized, but who have made substantial contributions to the Centre through their involvement on committees or who have undertaken special projects with the aim of ensuring that the best possible cancer care in this country can be received in Ottawa.

I have greatly appreciated the opportunity to lead the ORCC and wish to extend my thanks to the Centre's physicians, staff, volunteers and all those who have made my 14 years here in Ottawa an enriching and rewarding personal and professional experience.

A handwritten signature in black ink that reads "Bill Evans". The signature is written in a cursive, slightly slanted style.

W.K. (Bill) Evans, MD., FRCPC



Herdsman Ron Hodgins works long days all year long.

— Lynn Ball

Back to basics

Melanoma patient lives each season with an appreciation of life

By Louise Rachlis

It's a frigid winter morning, and Shawville farmer Ron Hodgins is in the barn helping veterinarian Dr. Grant Rogers deliver a calf.

"You get to know the cows," says Hodgins, 35, "and I knew something wasn't right." After a difficult delivery, the calf is born dead. A big disappointment, but all part of life on the farm.

Born and bred in Shawville, Que., Hodgins, 35, is a herdsman for Coté

Charolais cattle farm. After treatment for melanoma, he is back at work managing the 80 head of cattle, and appreciating the value of life.

"I had a mole become very sore on my lower back a year ago November," says Hodgins, who lives in a red brick house on the farm, owned by Michel Coté of Aylmer. "The mole increased in size and became quite irritating. I went to the Shawville Hospital and they did a biopsy on it."

December 10th, a year ago, he received the verdict as he was helping put up his mother's Christmas tree.

"The results showed that it was melanoma. That basically led to the doctor transferring me to the Civic Campus of the Ottawa Hospital for further treatment."

He had another biopsy done and tests which showed the cancer had gone to the lymph nodes in the groin of his left leg. March 14th surgeons removed the first lymph node, plus a widened excision of the original mole site on his back. Results of that surgery showed his back was fine but the cancer had spread to lymph nodes in his leg and the node they had removed was affected.

On March 24th he had all the lymph nodes removed from that leg. "Like grapes on a vine, it's easier to take out the whole section rather than picking and choosing." He was in the hospital for six days, with a drain in his leg for three weeks afterward.

Other tests revealed the still existing lymph nodes were fine.

However, "because melanoma appears anywhere, it was recommended I take Interferon Alpha/2B." For five weeks, he drove every weekday to the Ottawa Regional Cancer Centre and was hooked up to an IV for 45 minutes.

He then did self-injections three times a week for the next five weeks at home. Then his system went "down-hill," because the drug mimics flu-like systems. "What I had was basically the flu for those 10 weeks. It really kind of gives your system a jolt." He was sore everywhere.

He found Mondays were the worst days for Interferon because "it hadn't been in my system for awhile."

He stopped treatment in August, but he has been going for CT scans every six weeks. "While the results have been good, you're never really done," he says. "But I feel really good now; it's so different from when I was going for treatment. I'd sit and wait with 15 others and wonder about them. I went through 'why me? why not somebody older?' for the longest time. And then I saw in treatment people of all ages. When you go to the Cancer Centre, you really get an eye opener – it's everybody."

A good part of what made the treatment bearable was the "really excellent" staff, he says. "Getting into the routine of going was the hard part, but it becomes like a job – you get into the car and go there in the morning. Neighbours and friends offered to drive me too. There were mornings when I didn't want to do it any more, but they landed on my doorstep and said 'let's go.' I knew they were coming, and it was an incentive to make you go. If it had been just me, I would have turned around, I'm sure."

As a farmer, his days are long even in winter. He's up checking the cows



"Getting into the routine of going (to treatment) was the hard part, but it becomes like a job – you get into the car and go there in the morning."

– Cancer patient Ron Hodgins

at 7:30 a.m., comes inside for a quick breakfast, and then goes back out to "try to start the tractor and warm it up." Then he cleans up the barn, feeds the herd and checks which cows should come into the 'maternity ward' in the barn to keep warm. Evenings he goes curling two nights a week, comes home and checks the cows, then goes to bed.

His illness has affected how he looks at the world – "All the little things that used to be important aren't important now. You look at people in a different light." He is anxious to help in any way he can.

One way is in his capacity as a director on the Shawville Fair Board, which holds charity auctions during the Fair.

Last September, Labour Day Weekend, the Shawville Fair charity auction raised \$6,155 from an impressive selection of handmade crafts and art work, many donated in memory of others. The Fair donated one-third of the money to the Civic campus of the Cancer Centre, one-third to the General campus and one-third to the Gatineau

General Hospital, all for cancer treatment or research.

"I was anxious to make the working conditions a bit better for the nurses in the chemo room at the Cancer Centre," he says. "I asked them for a list of things they thought they really needed. It was simple things like thermometers, IV poles, garbage cans, trays on wheels, that type of stuff. They treat 80 people a day and had only three thermometers. It makes sense to spend a bit of money and get a few more thermometers."

Skin cancer, the most frequent of all cancers, consists of three main varieties: basal cell carcinoma, squamous cell carcinoma, and malignant melanoma, Ron Hodgins' cancer, which accounts for only one or two per cent of all skin cancers, is the type most likely to be fatal. Most people can prevent skin cancer by simply not over-exposing themselves to the sun and to ultraviolet lamps. See Sun-Sense facts following on page 8.

Sun damage doesn't go away – It adds up!

Protect yourself by following the Canadian Cancer Society's SunSense Guidelines.



Reduce sun exposure between 11 a.m. and 4 p.m. The sun's rays are the strongest between these hours. If you can, plan your outdoor activities before or after this time. It's easy to remember this time – during these hours, your shadow is shorter than you are.



Seek shade or create your own shade. When you are outside, especially between 11 a.m. and 4 p.m., try to stay in the shade. Be prepared for places without any shade by taking along an umbrella. With an umbrella you can create shade wherever you need it.



SLIP! on clothing to cover your arms and legs. Covering your skin will protect it from the sun. Choose clothing that is loose fitting, tightly woven and light weight.



SLAP! on a wide-brimmed hat. Most skin cancers occur on the face and neck, so this area needs extra protection. Wear a hat with a wide brim that covers your head, face, ears and neck. Hats without a wide brim, like baseball caps, do not give you enough protection.



SLOP! on a sunscreen with SPF (Sun Protection Factor) #15 or higher. Look for "broad spectrum" on the label. This means that the sunscreen offers protection against two types of ultraviolet rays, UV-A and UV-B. Apply sunscreen generously, 20 minutes before outdoor

activities. Reapply frequently, at least every two hours, and after swimming or exercise that makes you perspire. No sunscreen can absorb all of the sun's rays. Use sun-screen along with shade, clothing and hats, not instead of them. Use sunscreen as a back-up in your sun protection plan.



Keep babies under one year out of the direct sun. Babies need extra protection because their skin is very sensitive. It is best to keep young babies out of direct sunlight. Keep your child's stroller, playpen or carriage in the shade.



No tan is a safe tan. A tan is evidence of sun damage. Just like the sun, tanning lights and sun lamps emit ultraviolet rays that can cause sunburn, aging skin and increase your risk of skin cancer. The strength of the ultraviolet rays, especially the UV-A types, may actually be higher in tanning beds than in sunlight.

Check your skin regularly. Most skin cancers can be cured, if caught early enough. Get to know your skin! See your doctor right away if you notice:

- a birthmark or mole that changes shape, colour, size or surface
- a sore that does not heal
- new growths on your skin
- patches of skin that bleed, ooze, swell, itch or become red or bumpy

For more information, call the Canadian Cancer Society's Cancer Information Service at 1-888-939-3333.



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DU CANCER

The Canadian Cancer Society volunteers: 'We couldn't manage without them'

By Nadine Valk

We couldn't manage without them" effectively sums up how the patients and staff feel about the Canadian Cancer Society (CCS) volunteers who work at the Ottawa Regional Cancer Centre.

If you ask any one of the volunteers in the yellow smocks and jackets why they're there, you are likely to hear "because I want to help the patients."

Many of the volunteers are cancer survivors or have had an experience dealing with cancer. Nicole Demers has been volunteering at the General campus of the Cancer Centre for over four years. Nicole's best friend died of cancer and she made Nicole promise that she would help other patients at ORCC. Nicole wasn't sure at the time that she would be able to volunteer with cancer patients but now she's "hooked on it."

"It's very gratifying to help someone and not expect anything in return. Patients appreciate what we do to help them and it's worth it just to see someone smile and say thank you."

Nicole also adds that if the patients don't like something, "they're sure to tell you that too!"

Whether it is a concern about waiting times, parking or where to find something, the volunteers are there to help by providing information, keeping patients up-to-date about their appointment times or giving directions.

Nicole's husband, Jean Guy Paré, also volunteers at the Cancer Centre. Margaret Lerhe, manager of the Education Department explains that "Jean Guy is the behind-the-scenes guy. He's the one who ensures that all of our patient education materials are

Part of the Team



Husband and wife Nicole Demers and Jean Guy Paré are regular volunteers at the ORCC.

accessible. He makes a key contribution to the Centre."

Jean Guy comes in for 12 hours each week to update all of the bulletin boards, cancer education calendars, CCS pamphlet racks and to put together the First Visit Information Packages for new patients.

Whether they're front and centre or working quietly in the background, the volunteers are making a difference for patients and their families

who come to the ORCC. The Canadian Cancer Society is responsible for managing the volunteer program at the Ottawa Regional Cancer Centre and ensuring that the over 100 volunteers at the Cancer Centre are interviewed and trained for their roles. Volunteers assist new patients when they come for their first appointment at the Cancer Centre, help out at the outpatient clinic in the lab and in Radiation Therapy as well as providing companionship and a listening ear.

The volunteers are a very visible part of the ORCC team. Last year alone they contributed over 6,000 hours of their time. They attend a one day orientation session at the Cancer Centre (the same orientation given to all new staff) so that they can help direct patients to the resources and support available to them in the clinic and in the community. They also receive ongoing training on such topics as communication skills, medical aspects of cancer and self care.

Hélène Joanis Charbonneau works with the CCS volunteers every day. "We have the most amazing, dedicated, caring people volunteering here whose goal is to help wherever they can. The teamwork is excellent!"

April 9th to 15th is National Volunteer Week so please take some time to stop and thank a volunteer! If you are interested in volunteering yourself with the Canadian Cancer Society, please contact 737-7700 x6107 or 723-1744 for more information.

Nadine Valk is the Community Programs Consultant for the Canadian Cancer Society. She works on site at the Ottawa Regional Cancer Centre.



Working together: From the left, front row: Tim Hutchinson, Program Manager; Dr. Doug Mirsky; Dr. Michael Fung Kee Fung, Head, Surgical Oncology, ORCC; Dr. Paul Odell. Back Row: Dr. Wylam J. Faught; Dr. Chris Morash; Dr. Martin Corsten; Dr. Andre Lamothe; Dr. Donna Maziak; Ms. Chantal Lacasse, Web Site Developer. Absent: Dr. Hartley Stern, Chief of Surgery, The Ottawa Hospital; Dr. Audley Bodurtha; Dr. Guy Moreau and Dr. Mark Hardy.

Surgical Oncology

Key player in the creation of integrated cancer care

By Dr. Michael Fung
Kee Fung
and Tim Hutchinson

Surgery is the oldest form of cancer therapy and it remains as one of the most important treatment approaches for solid tumours. For many patients with localized disease, surgery is curative therapy.

What is Surgical Oncology?

Surgical Oncology is a distinct body of knowledge and technical skill within all surgical specialties. It encompasses a fundamental understanding of cancer cell biology, epidemiology and the integration of surgical exper-

tise as part of the multidisciplinary management of disease.

Why surgery?

Surgical procedures for cancer span a spectrum which includes diagnosis, staging, definitive or curative, preventive, reconstructive, palliative and supportive procedures. A diagnostic procedure removes a sample of tissue for analysis and guidance for the direction of future therapies. A staging procedure determines the extent of disease present. During this type of procedure, the regional lymph nodes or specific nodal groups may be sampled, such as sentinel nodes. Tissue samples may be taken from areas adjacent to the tumour that may be at risk for micrometastases.

Careful inspection and palpation of various areas at the time of surgery can be useful in documenting the extent of the disease.

Examples would be the placement of clips or markers around a tumour so as to facilitate the planning of radiotherapy or the documentation of disease within the abdomen in an ovarian cancer patient so as to identify those patients who would benefit from adjuvant chemotherapy.

Staging surgery can be combined with definitive or curative surgery. Here again the exact extent of the disease is documented and the tumour is removed, usually with a margin of normal tissue around it and the adjacent lymph nodes. The debulking of

extensive and accessible tumours can significantly improve the response to therapies and in most cases the overall survival. An example of this approach is frequently seen in the treatment of ovarian cancer and sarcomas. In addition, isolated metastases either to the lung, chest wall or brain can benefit from surgical resection resulting in great improvements in quality of life.

An important benefit of the removal of the bulk of diseased tissue is that it allows greater efficacy of other modalities such as radiotherapy and chemohormonal therapy.

Greater understanding and integration of molecular biology and the genetics of cancer has allowed for the integration of surgery into the preventive management of some forms of cancers. Patients determined to be at high risk genetically for colon, ovarian and breast cancer can have their risk reduced by the removal of the tissue most at risk. Prophylactic mastectomy or oophorectomy (surgical removal of one or both of the ovaries) are two examples. Careful counseling of the risk/benefits of this type of surgery is paramount before undertaking such procedures.

Quality of life and the importance of function are central to the recent advances in cancer surgery. Reconstruction of the breast following the removal of cancer and the reconstruction of the head and neck after radical surgery is now common. The use of artificial joints for limb sarcoma is another example.

Surgery can also be used in the management of symptoms such as pain, which is intractable and unresponsive to medication. Here the interruption of neurological pathways can provide instant relief. Surgery may also be used to temporarily relieve the discomfort of bowel, biliary tract and urinary obstructions.

New and emerging roles for Surgical Oncology in Ontario and Ottawa

The pivotal role of surgery in cancer care has recently been underscored with the reorganization of cancer services within the province. Initiating this reorganization, the Ministry of Health in 1995 noted:



Almost all cancer patients are referred by the family physician to a surgeon early in the investigation for a diagnosis and often treatment of the disease. Therefore, a surgeon is most frequently the first cancer specialist encountered by patients entering the cancer treatment system. Patients often have urgent concerns, especially at the time of initial diagnosis about how to find information about the disease, treatment options available given their illness, and what supportive care services exist in their community. A seamless cancer system is predicated in part on the extent to which surgeons are integrated within the cancer system.

The Cancer Action Plan has as its vision a network of surgeons who manage cancer patients from the community to the oncological surgeons in the academic setting, all patients to have access to timely and appropriate surgical care. Within this network of surgeons, a group has been identified with the following characteristics:

1. A sub-specialization in cancer surgery
2. Career commitment to the management of the cancer patient
3. Tumour site specific knowledge of the biology and the use of radiation and chemotherapy in cancer management
4. Participation in multidisciplinary teams within the Cancer Centre.

These surgeons have been identified as surgical oncologists. They will facilitate surgical care throughout the

region by serving as a resource to the network of cancer surgeon providers.

Fundamental to achieving these goals is the establishment of a surgical oncology network as a provincial resource.

What's happening in Ottawa?

Locally, a group of established surgical oncologists have been brought together through the creation of a Surgical Oncology program at the Ottawa Regional Cancer Centre. Surgical oncologists in each disease site group now work to develop partnerships within the community and with other oncological specialists in the institutions of our CCOR-East region.

The mission of the Surgical Oncology Program is to provide leadership with our colleagues in the multidisciplinary disease site groups to further promote the integration of cancer services in a seamless fashion from initial diagnosis to treatment and supportive care.

To date, progress has been made in many areas. Working within the disease site groups, surgical oncologists have set up clinical trials involving surgery and preventive strategies for many disease sites. The need to address the deficit of information for newly diagnosed patients about access to information about supportive care, their disease and to provide a smooth transition for referral for a multidisciplinary consultation has been a priority of the group. Prior to the establishment of the surgical oncology group,

Continued on page 12

as many as 50 per cent of patients with some tumour types were not able to avail themselves of such consultations encompassing surgical, radiation and medical oncologists. A major goal of the surgical oncologists is to work with their colleagues to facilitate a significant reduction in this percentage and to improve overall cancer care.

A priority in Ottawa is to develop or enhance the continuum of care between community/academic surgeons and the surgical oncologists. The overall goal is to provide the same standard of oncological treatment and access to cancer management protocols for all patients in our region, regardless of the point of entry into the health system.

Web site

To accomplish this goal, the Division of Surgical Oncology has established a Web site as a major reference tool for surgeons within our catchment area, in order to enhance the distribution of information on continuing medical education, conferences, medical literature and available protocols for patients. The Web site provides a vital link between oncologists, surgeons, and family doctors for referral information and patient resources. Also posted on this Web site are the provincial and local treatment guidelines that provide evidence-based reviews for surgeons on the best quality treatment choices. The surgical oncology Web site and the ORCC Web site at <http://www.orcc.on.ca> provide easy and instant access to information for various groups in the community.

Navigating the system...

Another goal will be to facilitate the "navigation" of the patient through all phases of the treatment process. A new role of Nurse Navigator has been established to provide the patient with as much supportive care and other information as needed. The nurse navigator will also help the family physician and surgeon in making appropriate referrals.

The Division of Surgical Oncology provides a significant resource for continuing oncology/medical education for the community of surgeons in the CCOR-East region. By providing a variety of Continuing Medical Education strategies for the dissemination

Did you know?

- www.ccore.com/surgonc
- That approximately 35 per cent of all new patient referrals to the ORCC came from surgeons in 1999.
- Surgical Oncologists saw 1298 new patients and completed 4371 follow-up visits at the ORCC in 1998/99.
- The Division of Surgical Oncology has established a committee to look at waiting times for cancer surgery.
- Surgical Oncology has taken a leadership role in the implementation of the Provincial Task Force on Pancreatic surgery.
- Ottawa Surgical Oncologists have lead the province in the development and implementation of a Surgical Oncology Web site.
- Dr. Hartley Stern is president of the Canadian Oncology Society.
- Education: 1,000 copies of *The Hundred Most Frequently Asked Questions in Cervical Dysplasia for Family Physicians* were distributed to Family Physicians in CCOR-EO as part of Surgical Oncology Continuing Medical Education.
- Research: Thoracic Surgical Oncology Group secured a \$300,000 grant from the Canadian Cancer Society for "Dietary and Genetic Factors in Esophageal Cancer."

of the latest and the most developed techniques in surgery, as well as promoting patient access to multidisciplinary consultation, the goals of the Surgical Oncology network both provincially and at the local level will be achieved.

In Ottawa, we are particularly fortunate to have highly trained specialists in all areas of surgical oncology who work in partnership with their medical and radiation oncology colleagues.

The current faculty and clinical programs consists of:

Breast Site

Dr. Audley Bodurtha
Dr. Doug Mirsky
Dr. Mark Hardy

Gastrointestinal

Dr. Hartley S. Stern

Genitourinary

Dr. Chris Morash

Musculoskeletal

Dr. Guy Moreau

Otolaryngology

Dr. P. Odell
Dr. A. Lamothe
Dr. M. Corsten

Gyne/Oncology

Dr. Michael Fung Kee Fung
Dr. Wylam J. Faught

Thoracic

Dr. Donna Maziak

Dr. Michael Fung Kee Fung, MB, FRCFC, is Director, Gynecological Oncology and Head of Surgical Oncology, Ottawa Hospital and Ottawa Regional Cancer Centre, University of Ottawa.

The Ninon Bourque Patient Resource Library

Providing information to patients and their families

By Christine Penn

After a diagnosis of cancer, many people want to have clear, accurate and easily accessible information to help them cope with the decisions and challenges which lie ahead.

The Ninon Bourque Patient Resource Library at the General Division of the Ottawa Regional Cancer Centre helps to meet this need by bringing together, in one location, many resources on all aspects of the cancer experience.

The library is named in memory of Ninon Bourque, a patient at the Cancer Centre who died in October 1997 from breast cancer. Ms. Bourque was a dedicated breast cancer activist, who, in 1994, helped to establish the Canadian Breast Cancer Network and served as its first president.

Through her work on the Management Committee of the Canadian Breast Cancer Research Initiative, she was an advocate for the needs of cancer patients. She strongly believed that cancer patients should be able to find relevant, understandable and up-to-date information to help them take charge of their health.

The funds to build and equip the new library came from a \$48,000 donation from the family and friends of Ninon Bourque. Ms. Bourque's husband, James Ball, and her children officially opened the new library on December 16th, 1999.

The Ninon Bourque Patient Resource Library offers the following resources:

Lending Library

A collection of books, tapes and videos, in English and French, on treatment, prevention, coping skills, relaxation, nutrition and other topics,



Official opening: Left to right, Dr. Bill Evans, Mrs. Faye Bourque, mother of Ninon, Rebecca, Natasha, Jim Ball, husband of Ninon, and Christian.



for cancer patients and their families. Anyone can borrow from this collection at no charge.

Access to Computers

The library has two computer stations, where patients and family members can search the Internet for reliable cancer information. Library staff are there to help and can suggest useful Web sites. Cancer information is now available in CD-ROM format and the library has a small, but growing, selection of computer CD-ROMs, which can be borrowed, or viewed in the resource library.

VCR

If patients would like to watch one of our videos, the library has a TV and VCR with headphones.

Textbooks and Journals

Although the Ninon Bouque Patient Library has resources intended for the lay public, anyone wishing to consult medical journals and textbooks can still do so by visiting the Beattie Medical Library on the 3rd floor of the General Division. (for more information, please phone 737-7700 ext. 6984)

Looking ahead

The Ottawa Regional Cancer Centre, through its Education Department and Library Services, is continuously looking for ways to meet the information needs of patients and members of the public.

Continued on page 14

The Centre's own Web site, which was launched at the end of 1999, at <http://www.orcc.on.ca>, will be invaluable as a means of improving access to information. The library is currently working on a project to convert its catalogue of resources to an electronic format, so that it will be available on the Web site by the end of this year.

The establishment of the Ninon Bourque Patient Resource Library carries on Ms. Bourque's wish for cancer patients to be able to find the information they need to help them cope with the diagnosis of cancer. We are pleased to be able to provide this service, which is very well received by those who visit.

The Ninon Bourque Patient Resource Library is open Monday to Friday at the General Division, Main Floor. Please phone 737-7700 ext. 6980 for hours of operation and for more information.



Ninon Bourque

Here are some of the new additions to the library's collection:

Cancer Talk: Voices of Hope and Endurance from "The Group Room," The World's Largest Cancer Support Group. Selma R. Schimmel and Barry Fox. Broadway Books, 1999.

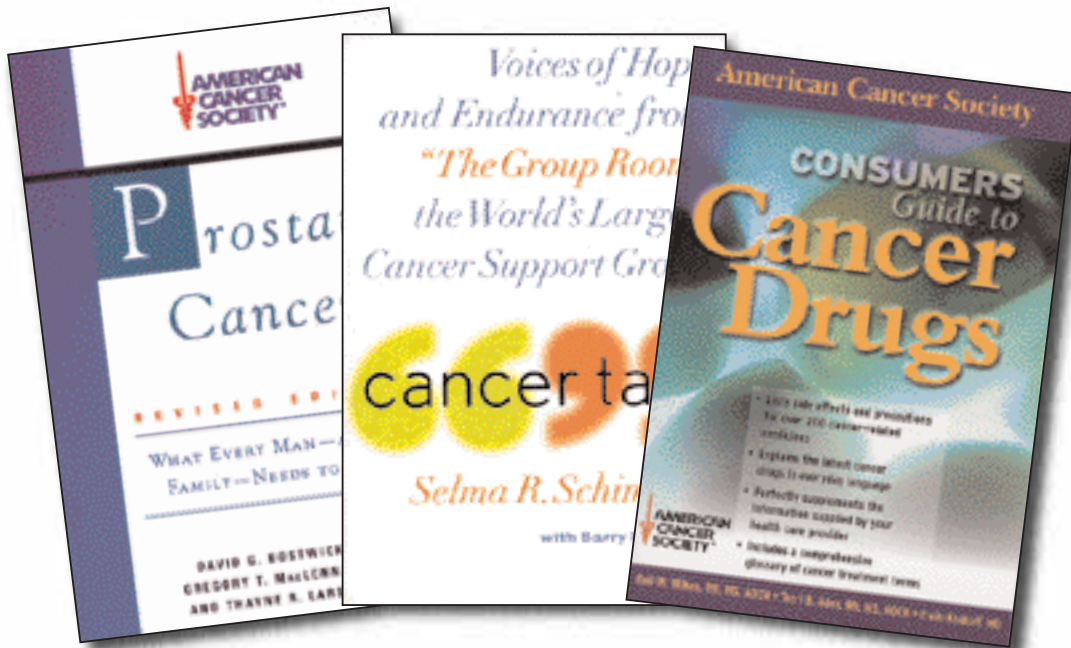
Colon and Rectal Cancer: A Complete Guide for Patients and Families. Lorraine Johnson. O'Reilly Patient-Centred Guides, 1999.

American Cancer Society: Prostate Cancer: What Every Man and his Family Needs to Know. David G. Boswick. Villard Books, 1999.

American Cancer Society: Consumer's Guide to Cancer Drugs. Gail M. Wilkes. Jones and Bartlett, 1999.



Christine Penn is a library technician at the Beattie Library.



Some of the new books available at the Ninon Bourque Patient Resource Library

Discrimination against the testicle

The body check that could save your life

By Brian Doan

“At least this won’t be too painful,” I thought as I lay there on the examining table. The last thing I want to do is WASTE the technician’s time. I mean it’s just a little bump; how serious could it be? After all, this isn’t just a regular ultrasound: it’s not on my chest or stomach ... it’s DOWN THERE!

As the technician starts the examination, the “text-book” idle chatter is broken by silence, followed by a blank stare and the dreaded “wait a minute, I’ll be right back.”

Following my instincts as an investigator, I sat up and looked to see what could be so bad on the little black and white monitor. A big gray sphere fills the screen, its perfect shape altered only by a solid black dot.

“UNKNOWN MASS” was typed in below the black dot. Having lost my mother to cancer two years previously, this phrase needed no further explanation as it still echoed clearly in my mind.

That appointment began a lifelong journey into the world of CANCER.

CANCER.

I don’t know if it ever gets easier to say. After all of the surgeries, x-rays, CT-scans and radiation at the Ottawa Regional Cancer Centre, one might think that you would gain a certain respect for the disease.

Not this guy!

I tell my seven-year-old daughter that HATE is not a word we use. I asked her if I could use it here just

this once. After seeing me go through my treatments, she thought it would be okay.

I HATE this disease.

H-A-T-E.

You know, it may not be for the same reasons as you may think. Most people hate it because of loved ones they’ve lost, their fear of getting it themselves or simply to support the fight against it. In my case, the HATE I have is all in a word.

Testicle. T-e-s-t-i-c-l-e.

Say it with me, testicle.

Now was that so bad? Lungs, breasts, colons, prostates and testicles. They are ALL parts of the body.

So what’s the problem with the testicles????

In defense of the poor word, it isn’t all that pleasant sounding, but neither is colon or prostate!

Is it not time that this word move from the “hush-hush” column to the “Okay, let’s put it on a billboard” column?

Let’s face it, all of the other cancers (with the exception of prostate) have had the luxury, for lack of a better word, of affecting MILLIONS, spawning huge media blitzes, campaigns and fundraising events. Testicular cancer is perceived as the new up-and-coming cancer that will affect many of the men in most of our lives. It’s also the one we shouldn’t talk about.

The more attention I can draw to the cause, the better.

I never pictured myself in the spotlight discussing testicles, but celebrity

spokespeople are a little hard to find in this category. Lance Armstrong (winner of the 1999 Tour de France) and I can’t do it all.

All of the attention I’m drawing to the subject does NOBODY any good unless you do just ONE thing.

CHECK.

Say it with me: Testicular Self Examination.

See, that wasn’t too hard was it?

YOU WILL NEVER KNOW IF YOU DON’T CHECK!

I frighten myself every time I think “What if I hadn’t checked that particular day. Would I have EVER found that tumour?”

Probably. Probably too late!

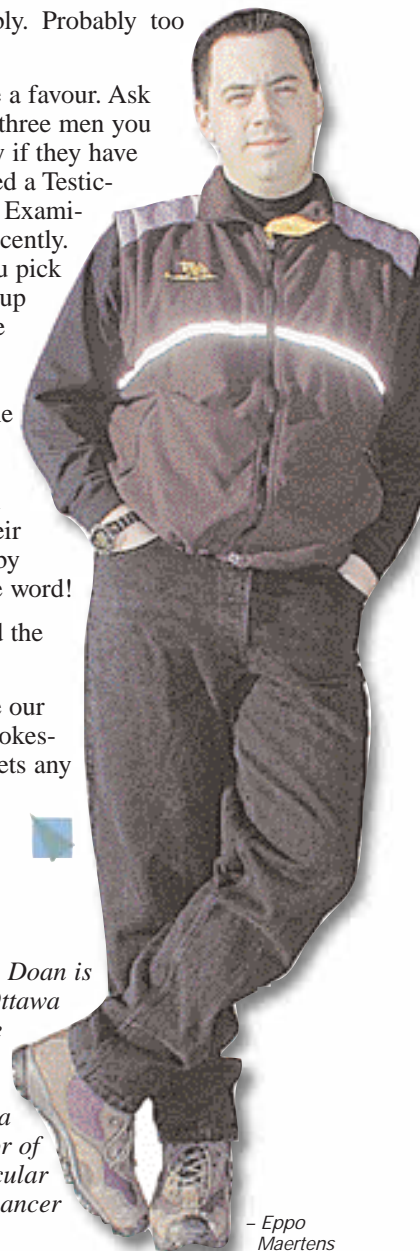
Do me a favour. Ask the next three men you see today if they have performed a Testicular Self Examination recently.

After you pick yourself up off of the sidewalk be content in the fact that you may have just saved their life just by using the word!

Spread the word.

Before our list of spokespeople gets any longer.

Brian Doan is an Ottawa private investigator and a survivor of testicular cancer



– Eppo Maertens

Many 'firsts' in five years for ORCC Foundation

My two-year term as Chair of the Foundation's Board of Directors will conclude in September 2000. Veronica Engelberts, a talented and respected businesswoman in our community and a partner in The Marketing Works will take the helm. Prior to the formation of the Foundation, Veronica volunteered to assist the Cancer Centre with communications initiatives.

I want to take this opportunity to highlight some key accomplishments of the Foundation and to thank some special people. If I had to pick one of the most exciting moments, it would have to be reaching a million dollars on the telethon last October. But it is not all about the money raised – it is about how the money can help so many cancer patients in our community.

In the last two years we have accomplished several "firsts" in a Foundation that has grown by leaps and bounds in only five years. Among the "firsts" was the Cancer Centre supplement distributed through the Ottawa Citizen on December 5, 1999 to over 150,000 residents. This was a unique vehicle that highlighted the care given to patients at the Centre and the advances being made in cancer treatment and research.

Last year, the Foundation joined in partnership with the Prostate Cancer Association of Ottawa-Carleton for the very successful CS CO-OP "Do It for Dad Run and Family Walk." This year's event is June 18th, and will provide awareness for prostate cancer

and fund research and treatment in the community.

There are a number of activities and initiatives that the Foundation brought to fruition, including the Planned Giving Program, the Foundation's first Christmas Card, an In-Memoriam Program, the "Care for Life" Newsletter, just to name a few.

Although the accomplishments are plenty, it was an incredible team that made it happen, starting with the support and leadership of Dr. Bill Evans, the Chief Executive Officer of the Cancer Centre. I have the greatest respect for Dr. Evans and I am personally going to miss him. Dr. Evans had a vision and was the driving force behind the formation of the Foundation in 1995. Thank you, Bill, for everything.

The prerequisite for these achievements is a collaborative and cohesive Board of Directors. To the individual, they have cooperated and offered un-

The Foundation's Allocation Committee invites applications on a yearly basis from staff who seek funding. All applications are peer-reviewed and funds are distributed to the areas where the needs are the greatest.

In the past two years, through this process alone, the Foundation has supported 20 patient care and education projects for a total of \$300,000



Jim Orban
**Chair, Ottawa Regional
Cancer Centre Foundation**

conditional support to me and the Ottawa Regional Cancer Centre. I have no qualms in saying that I had the best. I have lived and worked in this community most of my life and have rarely seen a more dedicated and talented group of professional volunteers.

I want to close by thanking you, the corporations and businesses, service clubs, staff of the ORCC and volunteers who have made it possible for the Cancer Centre Foundation to succeed. Thank you for helping us make the journey for our family, friends and neighbours just a little easier.

and 26 research projects for a total of \$436,750 for a grand total of \$736,750.

Additionally, in 1999, through all other Foundation fundraising activities, including the Cancer Centre Telethon, the Foundation has raised \$450,000 in support of a number of Centre projects.

Telethon '99 – Corporate Sponsors

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OTTAWA REGIONAL CANCER CENTRE FOUNDATION BOARD OF DIRECTORS

From left to right (back row): Kris Sherry, Director, Media Relations, Mitel Corporation; Bruce Walker, Director of Sales, Ottawa Athletic Club; Claude Norfolk, Vice President, The Bank of Nova Scotia; Michel de Champlain, Owner, The Meadows Golf Club; Richard Clayman, Regional Vice-President and General Manager, Eastern Canada, Manulife Financial; David Smith, Owner, The Place Next Door; Charles Hackland, Gowling, Strathy and

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From left to right (front row): Ron Vered, President, Ron Engineering and Construction (Eastern) Limited; Linda McGreevy, Executive Director, Cancer Centre Foundation; Dr. Bill Evans, Chief

Executive Officer, Ottawa Regional Cancer Centre; Jim Orban, Vice-President, Sales and Marketing and Assistant to the Publisher, The Ottawa Citizen; Veronica Engelberts, Partner, The Marketing Works; Janie Randolph, Director, Federal Accounts, Canada Post Corporation; Therese McKellar, Financial Consultant; (Absent: Dr. Kelly Butler, Health Canada).

Bone marrow stem cells: promising treatment

By Dr. Harold L. Atkins

If a little treatment cures a few patients with cancers, then a very intense treatment should result in more cures.

Like all good ideas, this one held the promise of improved cancer treatment outcomes.

But like most simple ideas, the devil is in the details. Unfortunately, while a little therapy results in few side effects, intense therapy results in severe life-threatening side effects. Intensive therapy kills the bone marrow, which is the source or factory of all the body's blood cells. These cells function to carry oxygen to the tissues (red cells), fight infection (white cells), and stop bleeding (platelets). Without blood cells, patients receiving the highest doses of cancer therapy risk bleeding to death or developing a fatal infection. Bone marrow transplantation was developed to overcome this barrier to high dose cancer therapy.

Pioneering physicians, including the Nobel Prize laureate E. Donnall Thomas, showed that it was possible for patients to make new blood cells if they received a transfusion of bone marrow. The new bone marrow is able to find its way into bone cavities and start growing. In a matter of a few weeks the new bone marrow is able to produce enough blood cells to replace those killed by the intense therapy. The bone marrow is able to do this because it contains special cells called "stem cells." These are the "seeds" or "mother cells" of all blood cells. They alone have the special ability to produce all types of blood cells as well as generate more stem cells. It is the transplanted stem cells that regenerate the bone marrow killed by intensive therapy.

On the Frontier

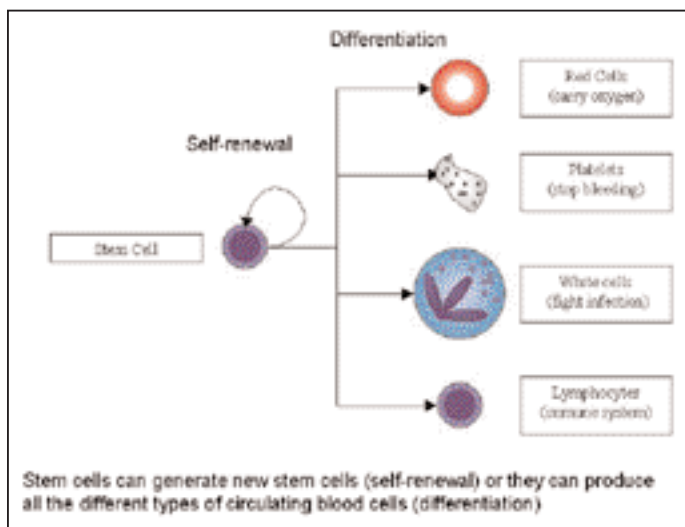
Where pioneers forge new paths in the battle against cancer

Obtaining stem cells for transplantation

There are many ways in which stem cells can be obtained for transplantation. Stem cells can be collected from another individual and are called "allografts." The patient's own stem cells can be collected and frozen prior to the intensive therapy. Following intensive therapy, the stem cells are thawed and injected back into the patient. This type of graft is called an "autograft." Originally stem cells were collected by sucking cells out of the pelvic bones. This is called a bone marrow graft. But stem cells also circulate through the blood stream and can be collected by passing blood through a special collection device called a leukopheresis machine. These stem cells are called a "peripheral blood stem cell" or PBSC graft. Stem cells can also be obtained from the placenta (afterbirth) following delivery of a healthy child. This is called an umbilical cord blood stem cell graft (UCB).

The grafts used for transplantation are complex mixtures of cells that include mature blood cells, immune cells, stem cells and a variety of other cells. The non-stem cells strongly influence the outcome of the transplant. For example, immune cells in an allograft may attack the patient's cancer cells improving chance of cure. However these same immune cells may attack the patient's healthy tissues resulting in serious illness. The choice of donor used and the manner in which the stem cells are collected are determined by the benefits and hazards associated with the non-stem cells in the graft.

The growth and development of stem cells into mature blood cells is well understood. Scientists and physicians have defined the genetic, molecular, and cellular actors involved in this process over the last four decades. This information has resulted in the development of new drugs and procedures for the production of better stem cell grafts. The new field of graft engineering studies modifications to the stem cell grafts in order to improve treatment outcomes. This field is having a profound impact on how bone marrow transplantation is done. Examples of the impact of scientific discoveries on improving patient care are given below.



Granulocyte colony stimulating factor (G-CSF) and stem cell factor (SCF) are two hormones that are naturally produced by the body. They communicate information between cells in order to regulate blood cell growth. Genetic engineering technology has made these hormones available as drugs for use in ways that nature hadn't anticipated. For instance, these drugs mobilize stem cells from the bone marrow into the blood for easier collection. These drugs also make bone marrow cells

grow more quickly. Their use reduces the time that a patient is at risk of a serious complication from low blood counts following bone marrow transplantation. A number of other cellular communication molecules (or cytokines) are currently being tested as drugs. They will have a far-reaching impact on a number of therapies including adjusting the activity of the immune system and altering the growth of specific cell populations in the body.

Matching donor and recipient

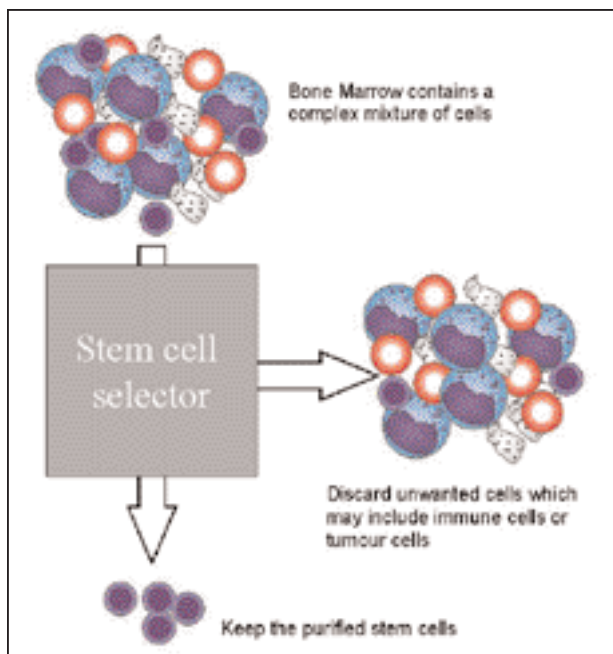
Allogeneic bone marrow transplants require that the donor and recipient be an exact "tissue type" match. The three most important genes in the human are called HLA-A, HLA-B and HLA-DR. Everybody gets one copy of each of these genes from their mother and father. There are as many as 80 variations of each of these genes. Because of this inheritance, only 25 per cent of patients will have a matched related donor. It is much more difficult to find a match between a patient and an unrelated individual. Now that a worldwide-unrelated donor bone marrow transplant registry exists and contains tissue type information on about five million volunteers, matched unrelated donors are found for 25-30 per cent of patients. However, 95 per cent of patients would have a donor if partially matched donors could be used. Using mismatched donors has not been possible because allografts contain immune cells from the donor. The immune cells transferred along with the stem cells react against the recipient and cause a severe and often fatal illness called graft-versus-host disease or GvHD.

Purifying stem cells

Antibodies have been developed that recognize stem cells. When linked to small magnetic beads they can form a bridge between the beads and the stem cells. The stem cells are then separated from other cells in the graft using a magnet. Sophisticated "stem cell selector" machines automate this procedure. Using new stem cell selector technology the immune cells can be separated from the stem

cells resulting in grafts of purified stem cells. This innovative new procedure has allowed the successful use of stem cell grafts from mismatched donors in the treatment of a small number of patients with leukemia.

A similar strategy can be used to remove other types of unwanted cells from stem cell grafts. Some patients who receive autografts following intensive therapy for their cancer still relapse. In part, this is due to the carry over of cancer cells in the graft product. Stem cell selectors can actively select the stem cells away from the tumour cells by using antibodies that recognize the stem cells. The role of selection technology is currently being explored as a way of reducing the relapse rate after autologous stem cell transplantation.



Defective immune cells can react against a patient causing illness. Examples of autoimmune diseases include rheumatoid arthritis, where the immune cells react and destroy joint tissue, and multiple sclerosis, where the immune cells react and destroy brain tissue. Most autoimmune diseases are treated with low doses of immune-suppressing drugs. Intensive therapy can be used to kill immune cells, potentially resulting in the cure of these autoimmune diseases. This type of treatment would also result in the death of the normal immune system, leaving the patient unprotected and unable to fight infections. A bone marrow transplant could be used to regenerate the immune system but

this type of graft contains "memory" immune cells that remember the targets of the immune attack. A bone marrow transplant would not erase the autoimmune attack. Fortunately, stem cells are the seeds of the immune system but do not carry the memory of immune targets. Stem cell selector machines can separate immune cells from stem cells. Purified stem cells can be transplanted back into the patient after wiping out the diseased immune system. The stem cells will grow back into a fully functioning immune system. However, the memory of the autoimmune attack would be erased, hopefully curing the patient. The role this new therapy will play in the treatment of these diseases is currently being studied. Clinical trials using highly purified autologous stem cells in rheumatoid arthritis, multiple sclerosis and other autoimmune diseases are underway.

This article has discussed new treatments using bone marrow stem cells. Stem cells exist in other organs and tissues. In the future, organ specific stem cells will be used in the treatment of a large number of illnesses. For instance, advances have been made in the isolation and production of brain stem cells. These cells will likely contribute to the cure of disorders such as Parkinson's Disease, spinal cord injury, stroke and others. The field of stem cell transplantation is developing beyond its original use, which is providing a new source of blood cells following cancer therapy. New scientific understanding of stem cells coupled with technological advances in their manipulation is a promising source of new medical therapies.

Dr. Harold L. Atkins MD BMedSc FRCPC is with the Cancer Research Group – ORCC and Ottawa



Hospital Blood and Marrow Transplant Program.

New resource targets 'smokers who don't want to quit'

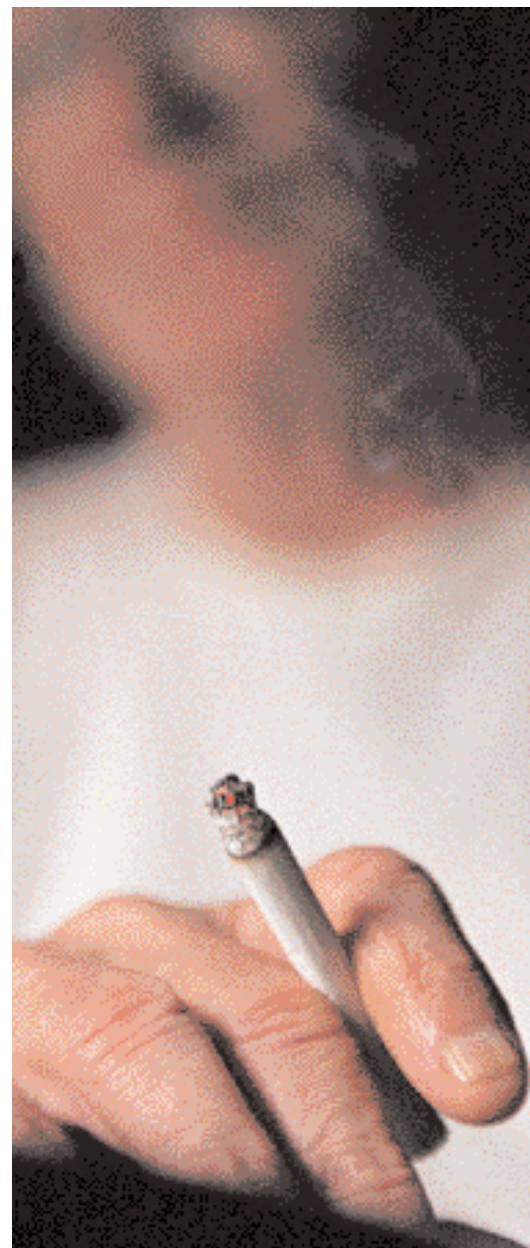
By Nadine Valk

The Canadian Cancer Society recently announced two exciting new initiatives to help people who want to quit smoking.

One Step at a Time resources are available in both French and English. There is a booklet "for smokers who want to quit" with information about the costs and benefits, withdrawal, understanding why you smoke and how to stay smoke free for good! There is a pamphlet with tips on how to be a supportive friend for someone who wants to quit and an additional resource "for smokers who don't want to quit."

Why would the Canadian Cancer Society produce a booklet for people who don't want to quit smoking? The Canadian Cancer Society does not support smoking. Because smoking is so closely connected to cancers, part of what we do is help people quit. You may not want to quit today, or have plans to quit in the future. That's okay. But, we wouldn't be doing our job if we missed the chance to share some information that may some day get a person thinking about quitting. That is our goal – to give you something to think about.

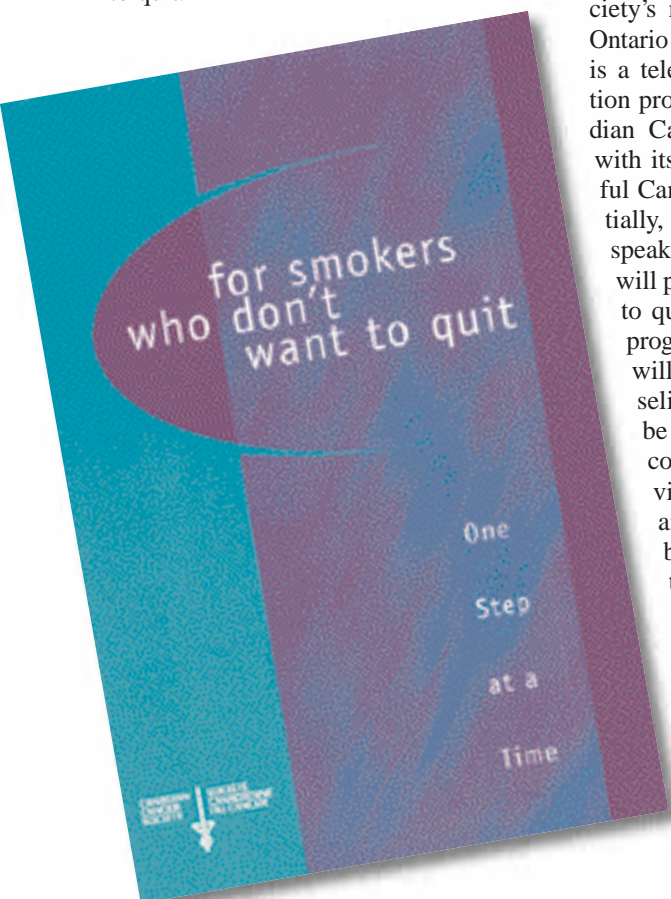
The Provincial Health Minister Elizabeth Witmer recently announced funding for the Canadian Cancer Society's new Quitline as part of the Ontario Tobacco Strategy. The Quitline is a telephone-based smoking cessation program developed by the Canadian Cancer Society in conjunction with its existing and highly successful Cancer Information Service. Initially, callers to the Quitline will speak with a trained advisor who will provide information about how to quit smoking through self-help programs. Over time, the Quitline will also offer a one-on-one counseling program. All callers will be received in a supportive and confidential manner. The service will be available toll-free and province-wide and will be built upon the knowledge and the experiences of other successful smoking cessation helplines in Canada, the U.S. and Australia. These services have been found to be effective,



Butt out: Something to think about.

Cost efficient, highly accessible and acceptable to smokers and to those who are trying to help a smoker quit. The Quitline will be launched in April 2000.

If you would like more information about the Quitline or you would like to order any of the One Step at a Time resources, please call the Cancer Information Service, toll free at 1-888-939-3333.



Listening to Your Body

Q: What should you do when your gut feeling differs from your doctor's diagnosis?

Well, the question suggests the answer: DO LISTEN TO YOUR BODY! Only you know how you are feeling. You are an important member of your health care team, so it's important that you provide them with as much information as you can. So, when your body is telling you something other than what your doctor is saying, I would suggest several things:

1. Listen to your body
 2. Record what it's telling you
 3. Report what you've learned
 4. Search for an explanation
 5. Respond
- ... Repeat as required

1. LISTEN

Be attuned to how you are feeling – eating, sleeping, functioning, but try not to focus too much energy and attention on every ache and pain. I know from experience that after a cancer diagnosis, it is easy to become aware of previously unnoticed complaints and to conjure each and every one into a life-threatening metastasis of the original problem. For me, it was important to learn to put things into perspective – a headache could be just that ... a headache; digestive upsets could be just the flu! So listen, but try to avoid being deafened by a post-diagnosis heightened sensitivity to your own body messages. Remember, you had off days and benign illnesses before your cancer diagnosis.

At the same time, while you don't want to be consumed with self-examination, you must be attentive and responsive to persistent symptoms that cause discomfort or concern. That's where Step 2 comes in.

2. RECORD

Keep a daily journal – nothing elaborate. At the end of each day, make a brief note of how you've felt, what you've eaten, how your symptoms presented.

Ask Kate

A cancer survivor shares her experience



This will not only help you to determine the frequency and extent of your discomfort, but it will provide a useful starting place for your doctor. For you, it can help put a spate of bad days into context; it can feel like the whole week has been bad, when it's ended with a difficult couple of days. Also, the specific, documented information you record in your journal will be much more useful to your doctor than sketchily recalled descriptions. Remember, you see your doctor for short appointments, during which you may appear to be fine. Only you know how you've been the rest of the week or month.

3. REPORT

Take a copy of your journal to your appointment with your doctor. Tell him/her how you are feeling and share the contents of your journal. Emphasize that you have taken time and expended effort to prepare the journal because you are concerned that something undetected may be brewing and you want to get to the source of the problem. I know appointments can be rushed, but ask your doctor to hear you out, to consider your situation, and then to suggest a course of action that will help you determine the cause of your symptoms. In my experience, most physicians, when faced with a patient who has an obvious concern that is not transient, will take steps to address the problem: that may involve ordering tests, prescribing medication, or referring you to another physician for a consultation.

If your physician does not suggest some method of addressing your concerns, it is up to you to suggest a course of action. Don't forget that in the end, you are your own best advo-

cate! You know how you feel 24 hours a day; your physician sees you for only a few minutes once a week or once a month. Use your journal to allow your physician a broader appreciation of how you're doing; make your notes focal in your discussion during your appointment.


4. SEARCH

Be tenacious! If you are not comfortable that you are being heard – suggest a next step. In the unlikely event that your physician dismisses your concerns, or fails to address them to your satisfaction, seek out your family physician. Ask his or her advice, or ask for a referral to another cancer centre specialist. Don't be shy or embarrassed about asking for a second, or even a third opinion. You know how you feel.

5. RESPOND

Try what your physician suggests might work to alleviate your concern, but as I indicated earlier, don't stop there. Repeat Steps 1-4 ... listen to your body's response to what you're doing; record how this approach is working or not working; report to your physician; search for another solution if necessary, and respond by applying it. Stay tuned to listen for the impact of whatever steps you've taken.

My own experience taught me how powerfully state of mind could influence not only how I was feeling, but how I responded to an off day. On a bleak day, a persistent headache could force me to the worst possible conclusions. Let your journal be your key to good listening to your body's messages. A concise record of your state of being can make your limited time with your physician more productive and it can guide your decision making with respect to future steps on the road to recovery.


A recent law school graduate, Kate Murton is currently completing her articles with BURKE-ROBERTSON in Ottawa.

All over the world, Terry

Terry Fox Runs are now a tradition in over 50 countries around the world.

Nothing could better illustrate the spirit of co-operation with which people in every land are responding to the challenge of cancer and the need for research.

And to the inspiration of Terry Fox, who died 19 years ago a month short of his 23rd birthday, but whose story continues to inspire people everywhere.

One recent example was in Guyana where a Terry Fox Run was a major event last June 27. All funds raised go to cancer research in Guyana.

“Coverage with pictures filled virtually the entire front page of both papers,” says Alan Bowker, former Canadian High Commissioner in Guyana. “The Terry Fox Run has been one of the most successful events we can remember in Guyana.”

The weather co-operated, drawing out 2,000 to 3,000 extremely enthusiastic people.

Reported the *Stabroek News* on June 28th:

“Yesterday’s Run saw Guyanese from all walks of life participating, young and old, men, women and children. While some of the approximately 3,000 persons ran the entire 5 km course, others walked, roller-skated, or were assisted in wheel chairs. There were even babies in strollers being pushed along by their parents.

President Jagan walked part of the course, while Prime Minister Hinds, Minister of Health Dr. Henry Jeffrey and President of the Cancer Society Dr. Walter Chin, among others completed the course.

A contingent from the Guyanae Defence Force decked out in their sportswear set off from the Canadian High Commission at a terrific pace chanting and singing. The National Park regulars were also among the persons commemorating Terry Fox’s historic ‘Marathon of Hope’.

After completing the course, Cana-



A Canadian flag waves at Guyana’s Terry Fox Run for cancer research.

da’s High Commissioner Dr. Alan Bowker said the persons responsible for organizing yesterday’s walk had done an excellent job.”

One of Mr. Bowker’s best memories of the Run was that everyone seemed to have a good time.

The Run was a team effort bringing together Canadians and Guyanese from many walks of life. Mrs. Janet Jagan, 79, then President of Guyana, turned out at 6 a.m., walked the first half mile, and lent the Run her wholehearted support.

In addition the Prime Minister and his wife, the Minister of Health, the Mayor of Georgetown, the Chairman of the Cancer Board, William France, an amputee who runs in marathons and takes his inspiration from Terry Fox, and many other prominent people, took part.

There were 1,200 t-shirts sold, raising about \$5,000 Canadian, and many more could have been sold if the supply hadn’t run out.

The Run attracted a large number of volunteers and was very well organized. A 4’ x 8’ dedication board was completely filled with names, and all refreshments were donated. A number of businesses assisted and sponsored runners.

All major TV stations showed “The Life and Times of Terry Fox” at least once; the radio did interviews and featured the Run on newscasts all day the day before. One local advertising man made up a one-minute promo using excerpts from the tapes with time and place for the run, which was widely used.

But Mr. Bowker believes that it was the spirit, example, and ideals of Terry Fox that were really responsible for the success of the run.

Once people heard the story they were inspired to participate, and to make their own lives count. The Run started as a Canadian event but Guyanese have now made Terry Fox their own.

Fox continues to inspire

Terry Fox Run a major Canadian export

By Eppo Maertens

Ask Canadians to list their country's major cultural exports and chances are you'll hear a lot about hockey, beer and Céline Dion. Few would add the Terry Fox Run to that list.

It may come as a surprise, then, to hear the Terry Fox Run is held in 52 countries around the world and that it raised over \$5 million outside of Canada last year.

"The first international Terry Fox Runs were organized by Department of National Defence personnel stationed overseas, mostly in German cities such as Lahr, Heidelberg and Bonn," explains Breed McClew, International Director for the Terry Fox Foundation.

In 1991, the Terry Fox Foundation started promoting the run in earnest around the world. In 1999, runs were held through Europe, the Americas, Asia, Africa and Australia.

Andrea Maertens, a native of Ottawa who spent nine years in Europe, has participated in Terry Fox Runs in Mons, Belgium and Bern, and Geilenkirchen, Germany. Since 1986, she hasn't missed a single year.

"I found out about the very first run I did in Europe through NATO (which is headquartered near Brussels, Belgium), where my dad was working," explains Andrea, now 19. "Once I was hooked I actively bugged my dad around that time of year to find out the exact date."

"I think Terry Fox is a great cause," she says. "Not only does it contribute to cancer research, but I think we should remember what Terry Fox did, how much he suffered and how unselfish his actions were."

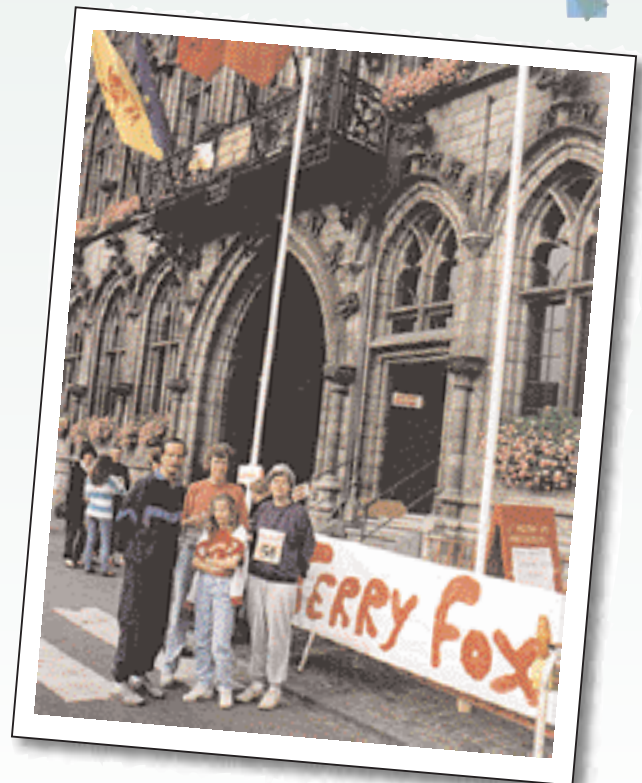
Today, international Terry Fox runs are organized by expatriates, embassies and consulates, Department of National Defense staff, local cancer societies and Four Seasons Hotel staff.

Four Seasons' involvement with the run dates back to 1980 when their CEO and chairman Isadore Sharp met Terry Fox. Mr. Sharp had lost his 17-year-old son to cancer and he kept in touch with Mr. Fox during his run. When it became clear Mr. Fox would not survive to finish his run, he and Mr. Sharp discussed the possibility of organizing an event to commemorate the Marathon of Hope. "Mr. Sharp encourages Four Seasons hotels worldwide to organize the runs," says Ms. McClew.

She says the money raised at these events goes to local cancer institutes approved by the Terry Fox Foundation. If no institute is approved but the organizers want to go ahead anyway, the money is returned to Canada to be distributed to domestic cancer charities.

Ms. Maertens says it's definitely very important for Canada to promote the Terry Fox Run internationally. "For one, there are many Canadians abroad who, like me, feel it is an important cause and would like to participate in it. It's a way to bring Canadians abroad together for a good cause.

"But I also think that it's important to promote it to non-Canadians. Terry Fox is an important part of Canadian history. It would be great to see his message spread internationally to make people more aware of cancer, and encourage them to take even a small part in finding a cure."



Andrea Maertens, (front, centre) pictured at the Terry Fox Run in Brussels, Belgium with uncle Theo, aunt Wil and mother Aimée, hasn't missed a Terry Fox Run since 1986.

Beating the odds: Life after lung cancer

By Moe Sabourin

I believe that the desire and determination to live is one of the most important factors in surviving a serious illness.

As a long term lung cancer survivor, I credit three factors for my cure – medical treatments, God, and my will to live.

I, Moe Sabourin, am living proof that cancer victims can beat the odds.

In June 1983, I was experiencing swelling around the eyes and throat, but I thought it might just be an allergy.

However, when breathing became difficult, on a warm afternoon, I headed to the Emergency department of the Cornwall General Hospital. There, I was examined and told to come back the next morning to see a specialist. By the next afternoon, they admitted me to the Ottawa Civic Hospital for extensive tests.

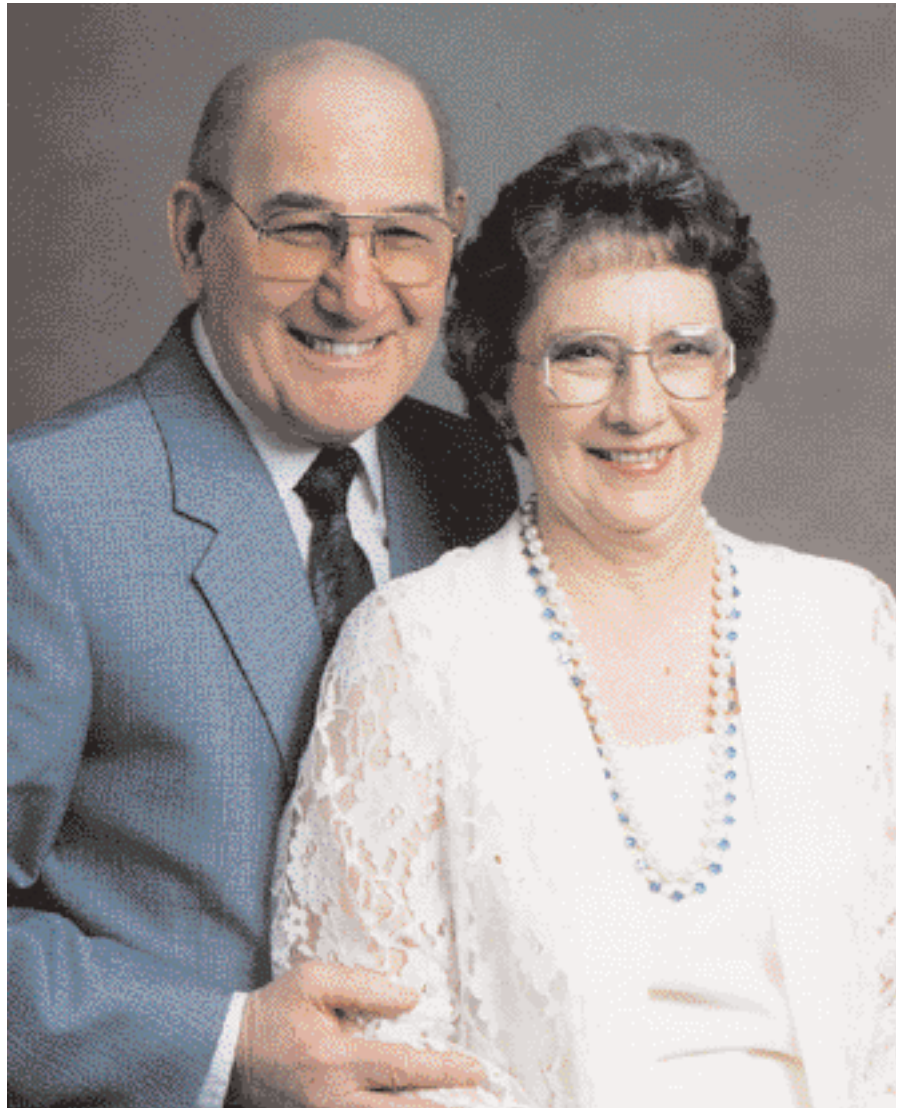
Unfortunately, I was diagnosed as having cancer on the right lung, and doctors at the Ottawa Civic Hospital told me, my wife Dorothy, and our five children that I might not live more than two weeks to possibly a month. I was only 51 years old.

They gave me only about one chance in 100 for long-term survival.

The doctors said they would try to make me well enough to go home and take care of final business matters.

My wife Dorothy steadfastly refused to accept this, rejecting what the doctors had said. My family decided not to tell anyone else just how bad my condition was.

So, instead of making funeral arrangements, they set about looking forward to the day when I'd be well again. A positive attitude is important. Without it you are lost.



Moe Sabourin and his wife Dorothy steadfastly maintain a positive attitude in the face of illness.

The days and weeks that followed were difficult for everyone, but particularly for me. I underwent a battery of treatments, including chemotherapy and radiation treatment at the Ottawa Regional Cancer Centre. There were also tests including spinal taps and biopsies, many of which were more painful than the illness. I couldn't help but wonder how small children could stand it. The fluids and poisons in my system caused me to

swell up like a balloon.

But despite the daily pain and discomfort, I did not give up hope. In our family album, there's a picture of me holding my two grandchildren on my lap and laughing.

I also refused to be restricted to my bed. I would take short walks around the hospital halls on my floor, gradually increasing my strength until I could make a full circle. Some of the

nurses bought me a ball cap with the Roadrunner on it, and that is what they called me.

Three weeks later, on July 11th, I received what I call my "miracle."

It was after visiting hours, and I was in the small kitchen on my floor making a cup of coffee when I suddenly fell to the floor. I thought nothing of it at first, because my illness frequently caused "pass-out spells."

But when I got up from the floor, I noticed a change. I felt better. Even the coffee, which up to then had been difficult to drink, went down easily. I credit this sudden reversal in my condition to a literal miracle. I had talked to some friends in California earlier in the evening and they were going to a prayer meeting to pray for me that night.

Gradually, after many more tests, the doctors became convinced that I was indeed better. Soon I was permitted to go home, but the doctors asked me to continue treatments as an out-patient at the Cancer Centre. Realiz-



Moe Sabourin in July '83, shortly after lung cancer diagnosis.

ing that the medical treatments as well as the "miracle" were responsible for my improved condition, I agreed.

I commuted back and forth from Cornwall to Ottawa and continued, along with Dorothy, to run our business, The Village Cobbler.

Finally, in the fall of 1984, I decided, enough is enough. The doctors could no longer find any sign of the cancer, so I discontinued treatment, continuing to go every three months for a checkup.

Today, 17 years later, and age 68, I have retired, but continue to live a normal life. One year ago I had a heart attack, but I'm recovering from that too, doing exercises at the Heart Institute, and feeling much better.

I credit my amazing recovery to God, my medical care team and a positive attitude.

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in the continued
fight against cancer*



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Pumping iron and feeling good at the ORCC Rehab Centre

By Ted Johnston

Who would have thought cancer would make you healthier?

Well, in a relative sense.

Now, four years after diagnosis and treatment of a tumour in the prostate, I have to admit that I am in better physical condition that I ever was and I eat much healthier than I was prepared to do BD (before diagnosis).

Among the advice proffered or discovered was the obvious that a strong system will withstand treatment better than a weak one and your recovery from surgery, radiation, chemotherapy or any other treatment will be aided immeasurably. After reading in an ORCC newsletter about the Fitness Centre, I walked down for some friendly advice, then signed up with the RA-run centre at my office and began – of all things – pumping iron. Supplementing this were regular walks in my neighbourhood, all the while having my regular Lupron injection and daily bicalutamide pill.

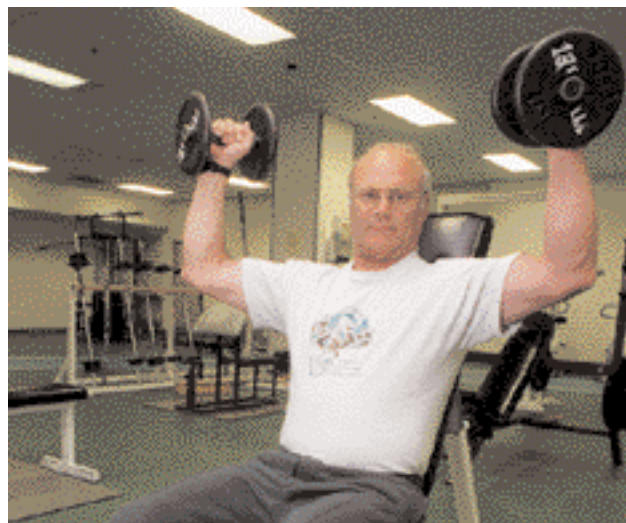
Of course I was anxious at being cancerous, and the more I read about my condition the less happy I was. That's until one day I decided that, on the basis of knowledge acquired through reading, asking doctors (my GP was a great help here) and the Prostate Cancer Association, I was getting 'as good as it gets' and I should get on with the life I have.

The importance of a balanced diet became much more relevant and, with no children at home to provide excuses for stocking snacks and such, it became easier to accept some of the changes that ought to have been made years ago. Exploration of vitamins, herbals and other "alternative" measures became part of the learning experience. Among the delights were eating more fish which both my wife and I have always liked – and enjoying a variety of garden vegetables and fruits.

I did keep working through the hormone therapy but, when the radiation commenced, I took the doctor's advice and went on sick leave (at last a chance to use some of those hundreds of stored-up days!). Through the early stages of radiation, I continued with physical workouts and especially walking, but by the mid-point it was pretty well eliminated partly because of weather and partly because of the radiation. However, I resumed the program about two months after completion of radiation and have kept at it since; and that includes another lengthy round of hormone therapy to deal with a tumour at the lymph glands.

As a result of working out and good dietary habits, I am sometimes embarrassed to admit I have cancer. Why? Well, it would appear people seem to expect a more frail person than I appear to be.

The bottom line for prostate cancer still seems to be there is no cure, no panacea to make it all go away. But there are no guarantees in life anyway,



Benefits of exercise: A patient works out at the ORCC rehab facility.

so why not make it as enjoyable as possible. For my money, that means making the effort to keep everything else healthy and in good working order through regular exercise and sensible eating habits.

Ted Johnston is a retired foreign service officer, patient of the ORCC and a dedicated volunteer.



Gladys Kerr had copied this poem out of a book years ago and had saved the handwritten copy. She used to use the poem in her Reminiscences class for seniors at Bearbrook Court in Blackburn Hamlet.

1859 Anonymous poem

To Preserve Love

Of Love

First take two glowing fruits
Remove the rind of Doubt;
And all the seeds of Discontent
and Jealousy take out.
Next, add the spice of Thoughtfulness,
the salt of Consistency,
The essence of Devotion,
and the oil of Harmony.

Pour in the quart of Merriment
and the spirit of Good Cheer,
then add two teaspoonsful of Wit,
and mix till they Adhere.
Carefully strain all troubles out.
With Courage, Tact and Art
and serve it up for evermore,
Warm, simmering in the Heart.

Keeping Spirits Up

Advice from our readers

A Legacy of Love

If I could follow to the end of a
rainbow

Or wish upon a star,
Wish I would, and strongly,
To be back again in his arms.

If I could kiss the photographed
memories
And make them come to life,
My kisses would fall like raindrops
And bring him back tonight.

If I could capture the meaning
of love,
Strong and purely true
I would understand his driving
force
And know him through and
through.

Father, Husband and Friend
he was
But titles blow carelessly
in the wind
He loved, cherished, sang
and danced
And laughed right up 'til
the end.

In time the thoughts will not hurt
so much
And it will not be so hard
to breathe.
But the love, the laughter and the
happiness
Those, will never leave.

So much will fade with the power
of time
And less intense will be our grief,
But the love, the laughter and the
happiness
Will never, ever leave.

— Lysa Lapointe
October 22, 1999
Written shortly after
the death of her father.

Inspirational Sayings from Carol Harkness

Sometimes not a Miracle, but just believing, takes the greatest faith of all.

•

To hope is to fly. To fly is to dream. To dream is to believe. To believe is to do. To do is to give hope. To give hope is to fight the fight of angels.

•

Your suffering may make an angel weep into her wings,
but it will never make her walk away.

•

The past is history, tomorrow a mystery but today is a gift
and that is why they call it The Present.

•

When fear comes knocking at the door send faith to answer it
and no one will be there.

*Carol Harkness is a mother of two daughters,
a nurse at the Ottawa Heart Institute and
a six-year survivor of Breast Cancer.
She is also a community representative on
Cancer Care Ontario's Eastern Ontario Council.*

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Factual evidence confirms looming crisis in systemic therapy



The elastic is about to snap.

No, that's not a secret code from a James Bond movie. It's my translation of Cancer Care Ontario's (CCO's) recent Systemic Therapy Task Force Report. Systemic therapy (also known as chemotherapy) refers to any cancer-related drug or agent that travels through the body. Mostly they are administered intravenously though some are taken orally. Unless serious and aggressive action is taken immediately, the report warns, there will be a crisis in systemic therapy every bit as hard on patients as the crisis that has existed in radiation therapy since 1998.

Dr. Bill Evans, medical oncologist and Ottawa Regional Cancer Centre's CEO, sounded the alarm in May 1999 when he presented a position paper to CCO's Board titled "On the Brink: The Looming Crisis in Systemic Therapy." Ever increasing numbers of new cases as well as more demanding workloads are swamping systemic therapy, Dr. Evans noted. Patient waiting times have not yet become as long as those for radiation therapy only because the systemic therapy program is more elastic. Its workforce, however, have stretched themselves to the breaking point.

CCO responded by asking Dr. Evans to chair a Systemic Therapy Task Force whose mandate was:

- (1) to identify immediate and long-term human resource needs;
- (2) to review the scope of the New and Emerging Drug Program;
- (3) to determine the adequacy of activity-level reporting and system-wide data capture; and
- (4) to investigate the feasibility of developing a cost per case funding model.

Over the next six months almost everyone working in Ontario's systemic

therapy program was caught up in a whirlwind of activity. A 22 member Task Force, including myself and Raylene Godel as community representatives, was supported by professional subcommittees focusing on the needs of medical oncologists, clinical associates, nurses and pharmacists. Ad hoc committees were formed to investigate activity level reporting and case funding issues. A one-day workshop was held to share information on innovative practices in systemic therapy and to explore the potential of a new treatment delivery model. Dr. Eva Grunfeld and the Supportive Care Research Unit at McMaster University launched and completed a study, using a questionnaire and focus groups, on the psychological health and burn-out of systemic therapy personnel.

The Systemic Therapy Task Force Report confirms "On the Brink," with hard, factual evidence. It found 54 per cent of medical oncologists and 36 per cent of nurses have high levels of emotional exhaustion while 51 per cent of medical oncologists and 60 per cent of nurses experience low levels of personal accomplishment. Moreover, all levels of staff, including non-professionals, at five regional cancer centres and Toronto's Princess Margaret Hospital felt that patient care was suffering in a variety of ways.

The report's major feature, on which most of its recommendations are based, is its vision of a new systemic therapy delivery model. The goal of this new model is to provide the timely, high quality medical and supportive care today's more knowledgeable, more demanding patients require, while keeping a realistic eye on cost containment. In essence, the report proves the desperate need for more medical oncologists while simultaneously downloading responsibilities from medical oncologists to other professionals. That's okay as long as adequate numbers of those other professionals are in place and fully trained in oncology. Currently they, too, are in short supply.

To summarize, the model proposes a team approach to patient care with new roles for each of the professionals in the systemic therapy workforce. Medical oncologists would take on more of a consultative and supervisory role with clinical associates, oncology primary care nurses, nurse practitioners, advanced practise nurses and oncology pharmacists assuming responsibility for the more routine procedures and follow-ups in both clinic and hospital settings. The new model encourages family physicians to play a larger role in cancer care, especially in follow-up, supportive and palliative care. More family physicians in rural settings would also be encouraged to partner with a cancer facility in the management of closer-to-home, community-based chemotherapy.

Realistically this new delivery model, with its recommended workload standards, increases in professional staff, etc., cannot be put in place immediately. Rather the report sets goals for incremental improvement over three years. Other recommendations include competitive compensation for all professional staff, the adoption of an oncology primary care nursing role, the development of different levels of specialist oncology certification for nurses as well as oncology certification and direct patient contact for pharmacist, additional duties for pharmacy technicians, and more oncology-related educational activities aimed at medical students and family physicians.

I support the Task Force report. It deserves to be implemented fully and promptly. That is the only way to prevent the already over-extended elastic from snapping.

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.



Hopeful time for cancer patients as researchers make progress

By Jean Seasons

This is the time of year when we start to think of daffodils – the ones in our garden that will surely start to show their yellow heads soon – and the symbol that the Canadian Cancer Society has adopted for their spring campaign every year. When the army of volunteers go from door to door collecting for the Society, they assure us all that more than 50 per cent of our contribution goes to cancer research, the rest to programs to help alleviate the fear and confusion people feel when they or family members are diagnosed as having cancer.

That term “research” is a vague one to most of us. It makes us feel good that it is going on. We read in the daily paper about new methods of treatment in different parts of the world. Breakthroughs, they say. But what really does go on in these laboratories where the research scientists work all day?

A few weeks ago I visited Dr. Michael McBurney, the Director of Research at the Ottawa Regional Cancer Centre. Two years ago he had shown me through his domain where people in white coats were toiling away and I did get the general idea that they were conducting fundamental research into the building blocks of cancer to understand how drugs work and how cancer begins at the genetic and molecular levels. Good stuff, but I was not much wiser. This time I asked him, “Do any of the researchers ever come leaping out of their labs shouting ‘Eureka! I’ve got it!’” His reply, “The noise is deafening – let me tell you about one example.”

Last year, Dr. John Bell made a chance observation that has had a major impact on how we might fight cancer. Viruses grow in cells and kill them. Dr. Bell found that the virus he was working with had a strong preference for growing in cancer cells and grew poorly in normal cells.



“Canadian and United Kingdom researchers are more efficient per dollar than those in the rest of the world.”

**– Dr. Michael McBurney,
Director of Research,
Ottawa Regional Cancer Centre**

This, of course, is the “holy grail” (Dr. McBurney’s enthusiastic term) of cancer treatment – to kill only cancer cells but spare the normal tissues. Viruses may be the “smart bombs” for the new cancer therapies.

I asked him when we can expect to see some of the effects of this find on real cancer patients. Was it way in the future? “No,” he said. “There could be action very soon. We are negotiating with a company in Maryland that has a similar virus that is further along in the trial phase. We expect to be involved in their work in a clinical setting and will likely be the first centre in Canada to use these kinds of viruses in experimental cancer treatment.”

There is a down side to this potentially successful story. Money. The people in Maryland have the backing of a financial company willing to invest in the venture. “They fund our research but they acquire the commercial potential of our findings.”

There just isn’t that much money backing science in Canada, which has led to a real brain drain to the United States. “Researchers go from rags to riches when they move to the U.S.,” said Dr. McBurney. “They are able to realize the fruits of their research. At the same time,” he added, “Canadian and United Kingdom researchers are more efficient per dollar than those in the rest of the world. And most Canadians prefer to work in Canada.”

When Dr. McBurney took over as the director of the Cancer Research Centre in 1989, there were only a few isolated cancer researchers working in Ottawa. Now he heads 11 teams of researchers doing important work in different fields, aware of what is going on in the rest of the world through the world wide net. He cited the fact that some of the research in the cancer field can be translated into other diseases. A recent newspaper story on the remission of arthritis in a patient who had been cruelly handicapped is a success story for a protocol (bone marrow transplantation) that originally was developed as a cancer treatment.

It is an exciting time for Dr. McBurney and his teams. It is a hopeful time for cancer patients. It is a time for us to do our part to contribute to the April cancer campaign of the Canadian Cancer Society. They – through the National Cancer Institute of Canada – are the single largest contributor to cancer research in Canada. It is something to remember when a volunteer calls at the door.

Jean Seasons is a Carleton Unit Chair of Information Outreach at the Canadian Cancer Society

Support Groups and Cancer Information Services for the Ottawa-Carleton Region

About Face:

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

Arnprior & District Breast Cancer Support Group:

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

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:

- Purpose: Support group for people with brain tumours, and their family/friends.
- Meets the first Monday of each month
- 7:00 p.m. - 8:30 p.m.
- Ottawa Citizen Building, 1101 Baxter Road
- Hotline number 1-800-265-5106
- Call Susan Ruyter at (613) 825-5936 for more information.

Breast Cancer Action (BCA):

- Purpose: To inform, educate and support women and men living with breast cancer, their families, and the community. Provides one-on-one peer support.
- Support and Resource Centre at Billings Bridge Plaza, 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

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 (<http://www.ccac-acc.ca/>)

Courage Canada - Ottawa Branch:

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

(The) Hospice at Maycourt Caregiver Support Group:

- Purpose: for family members and friends who are caring for someone with a life threatening illness
- These services are also available to children whose parent or sibling is ill
- The Hospice at May Court, 114 Cameron Avenue, Ottawa. K1S 0X1
- Call (613) 260-2906 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, 501 Smyth Road
- Pre-registration required at (613) 737-7700 ext. 6865

Mind Over Cancer:

- Purpose: A small group for men and women who have now, or have had in the past, any type of cancer. Focus is on sharing information and on the application of relaxation, visualization and meditation to improve wellness. Occasional guest speakers add to the contributions of long term survivors in this group.
- Meets every Thursday
- 7:00 p.m. - 9:00 p.m. (except July and August)
- Bell United Church (caretaker's home) on 384 Arlington Avenue, Ottawa, ON
- Call Fran Ollerhead (613) 829-8012 or Klaas Korver (613) 828-0753 for information and summer program

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, ON
- Call 761-4404 or 798-5555 ext. 3416 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, starting Feb. 4, 1999, 10:30-12:00 noon
- Location: 8 West Lounge, Ottawa Hospital, General Campus
- Call Pat O'Manique 737-8600 for more info. or to sign up

Support Groups and Cancer Information Services for the Ottawa-Carleton Region

Ottawa Regional Cancer Centre Beattie Library

- Provides up-to-date cancer information for healthcare professionals
- Beattie Library, 501 Smyth Road, Ottawa, ON K1H 8L6
- 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

- Provides up-to-date cancer information for cancer patients and their families, and members of the general public.
- Main Level, 501 Smyth Road, Ottawa, ON K1H 8L6
- Phone: 613-737-7700 ext. 6980
- Hours: Monday - Friday, 9:30 - 3:00 p.m. Please call to confirm.

Ottawa Regional Cancer Centre Patient Education Sessions

- A monthly calendar of education sessions being offered to cancer patients and their families.
- Call (613) 737-7700 ext. 6788 for more information.

Ottawa Regional Cancer Centre (ORCC) Social Work Support Groups

- Purpose: ongoing support groups offered by ORCC Social Workers:
 1. Living for Today (for men and women with metastatic or recurrent cancer)
 - ongoing group
 - Wednesdays 10:30 - 12:00 noon
 - Solarium, 1st. Floor, Maurice Grimes Lodge
 - Call Karen Nelson (613) 798-5555 ext. 6793 for more information.
 2. Healing Circles (a support group for patients undergoing treatment for cancer who wish to learn about stress reduction techniques such as relaxation, as well as the mind-body connection and how to use imagery in healing)
 - Wednesdays beginning November 10, 1999 and ending December 15, 1999
 - 1:30 p.m. to 3:30 p.m.
 - For more information or to register, please contact Brenda Morris at 737-7700 ext. 6330
 3. Healthy Connections (a monthly support meeting for all ORCC cancer survivors)
 - First Wednesday of each month (April 5, May 3 & June 7, 2000)
 - 4:30 p.m. - 6:00 p.m.
 - ORCC General Division, 3rd Floor Conf. Room
 - For more information or to register, contact Linda Corsini 737-7700, ext. 6856.
 4. Cancer is a Family Matter (a monthly

support group for all persons with cancer and those close to them; partners, children, friends)

- Last Wednesday of each month (March 29, April 26, May 31, and June 28)
- 4:30 p.m. - 6:00 p.m.
- ORCC General Division, 3rd Floor Conf. Room
- For more information or to register, contact Linda Corsini 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, cooperates with groups having similar interests and promotes awareness of prostate cancer.
- Meets the third Thursday of each month, 7:00- 9:00 p.m. Sept.-June
- St. Stephens Anglican Church Hall, 930 Watson, Ottawa, ON
- Call (613) 798-5555 ext. 8236 for more information.

Reach to Recovery (Canadian Cancer Society Program)

- Purpose: Provides emotional and practical information to women undergoing treatment for breast cancer.
- Meets every Tuesday morning
- 9:00-12:00 noon.
- Ottawa Regional Cancer Centre, Civic Division, Solarium, Maurice Grimes Lodge, 200 Melrose Avenue, Ottawa or
- Meets second and fourth Tuesday of the month
- 9:00 a.m. - 12:00 noon
- Ottawa Regional Cancer Centre, General Division, 501 Smyth Road, Ottawa.
- 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.

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.

VON Breast Cancer Support Network (Cornwall)

- Purpose: Information and discussion for cancer patients, newly diagnosed, and their loved ones.
- Meets every third Thursday of the month

- 7:00 p.m.
- VON Office, 2nd floor, 205 Second St., 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 Second 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

VHL 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) 599-7205 (day) for more information (or email: tania@renc.igs.net)

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. 6788.

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

1.800.540.6500

www.hockeyfightscancer.com



- ▲ PAUL STEWART, CANCER SURVIVOR, is an NHL Referee
- ▲ JOHN CULLEN, CANCER SURVIVOR, is a former player and current assistant coach of the Tampa Bay Lightning

