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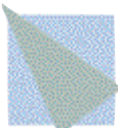
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Letter from the Editor

It's always interesting to travel and learn what's going on elsewhere. This summer I had the opportunity to spend three months in Stratford, Ont., and while there, I visited Deborah Barton, Unit Manager for the Huron-Perth Unit of the Canadian Cancer Society.

Deborah told me the closest regional cancer centres are in London, Ont. or Windsor, but in the next three or four years there should be a Regional Cancer Centre in the Kitchener-Waterloo area.

A proud project of the Stratford area is The Quilt, A Celebration of Survivors. It's a display of 134 quilts donated by quilters from across Canada, in support of breast cancer research and outreach support. It has been on display since May 1st at the Stratford-Perth Museum, opposite the Festival Theatre, and it will culminate with a Gala Quilt Auction Friday November 12th at The Church Restaurant in Stratford.

Project founder Carol Miller, a breast cancer survivor and a quilter, approached the Huron-Perth Unit in November 1997 looking to raise money for breast cancer research and to promote support and healing. "We planned on a goal of 30 to 50 quilts to be auctioned at the end of the show," says Deborah. "By February we had 134 entries. We doubled the fundraising goal and the scope of the project. The interesting part of The Quilt project is that the money goes back to the community of the donor of the quilt, who also chooses whether it's for research or programming."

The very first quilt entry was from Ottawa, "Julie's Path", by Betty Giffin, who named it for her best friend's 24-year-old daughter who had cervical cancer. Another Ottawa-area submission is "Garden of Hope" by Vivienne Wagner of Osgoode, Ont.

Discussions are already in the works for next year. For information, e-mail Deborah Barton at hurion@cc-sont.org or call her at (519) 271-4270. The Quilt website is at www.thequilt.com



*Louise
Rachlis*

Quilting celebrates survivors:

Challenge editor Louise Rachlis (white gloves to protect quilts) and The Quilt breast cancer survival project founder Carol Miller examine quilts "Julie's Path" from Betty Giffin of Ottawa, and "Garden of Hope" sent by Vivienne Wagner of Osgoode and the Osgoode Quilters.

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Information package and video help patients prepare for their first visit to the Cancer Centre

By Dawn Stacey, RN

Close to 4,500 new patients were referred to the Ottawa Regional Cancer Centre in 1998 for assessment and possible treatment with chemotherapy or radiation therapy. It is normal for patients who receive a diagnosis of cancer to worry and feel stressed. As one cancer survivor said, "There is nothing so frightening as the fear of the unknown." Patients can reduce stress and cope with the fears caused by uncertainty, by acquiring and using information. To help patients understand the services available, the Cancer Centre begins by providing patients with an information booklet about its services when they arrive for their first visit.

In a survey done in 1997, patients suggested that the care of patients at the Cancer Centre could be improved by providing more timely information about its services. A team of health care professionals and cancer survivors met to determine what information was needed at different points in the patients' care and treatment. Based on these results, we began two projects to assist patients in preparing for their first visit: the First Visit Information Package and the "Crossroads" orientation video.

First Visit Information Package

The First Visit Information package consists of an envelope of information that patients identified as necessary to get before their first visit. It includes:

- Cancer Centre Services Booklet
- First Visit Fact Sheet
- Support Groups and Cancer Information Services
- Sample Questions to ask about Cancer Treatments
- Emotional Reactions to a Diagnosis of Cancer
- Talking with Your Health Care Professionals

Patients complete the health history form and bring it to the first visit; otherwise they are asked to complete it when they arrive at the Cancer Centre (both divisions), before they see the doctor. This package is mailed out (time permitting) or is available to be picked up at the following locations:

- Cancer Centre
- Jean Coutu Pharmacy in Cornwall
- the Renfrew Victoria Hospital in Renfrew
- the Canadian Cancer Society unit office in Perth

Nurses at the Ottawa Regional Women's Breast Health Centre give the package to women who are referred to the Cancer Centre.

A recent study about the First Visit Information package found that only a third of patients (32%) had a copy of the package when they arrived for their first visit at the Cancer Centre. The majority of these patients went to one of the pick-up locations, with only a small number of patients (6%) receiving the package by mail. Most of the patients rated the information as very good, useful, and the right

amount. Those who received it prior to the first visit were able to use the information to prepare for their visit and all the patients said it should be received before the first visit. The nurses who met with the new patients on their first visit noticed that patients who had received the information ahead of time were less anxious. With less anxiety to deal with the nurses are better able to focus on the patient's primary areas of concern.

"Crossroads" Orientation Video

"Crossroads," an orientation video for cancer patients, is a 15-minute video, narrated by two cancer survivors. It outlines what to expect during the course of cancer treatment and recovery. Topics include basic information on cancer, the Cancer Centre with its treatment team, treatment options for cancer (surgery, chemotherapy, radiation therapy), and tips for dealing with feelings and emotions. The video provides answers to many of the questions patients have and allows time to stop the video to write down other questions that arise while watching the tape. The video is available to be picked up at the Cancer Centre.

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— photo: Ottawa Citizen

First visit: Sue Boudreau is shown interviewing a patient on her visit to the Ottawa Regional Cancer Centre

Caring friends and family mean so much when illness strikes



— photo by Richard B. Statham

Coping together: Rabbi Reuven Bulka and his wife Naomi who had breast cancer two years ago.

By Cynthia Nyman Engel

Her husband presented her with fresh roses after each chemotherapy session.

Her children rearranged their busy lives to be by her side.

Her parents and sisters called and visited regularly.

Extended family phoned, faxed and e-mailed.

Friends brought food and comfort.

Fellow employees were caring.

It took a little time for breast cancer patient Naomi Bulka to allow the wholesale support of family and friends and, once she did, she felt an awesome obligation. "I began to realize I had a responsibility to so many people to recover," she smiles. And recovering she is.

Naomi Bulka, then 51, told no one about the lump she felt in her breast

on that Sunday morning in September, 1997. "I discovered it in the shower on Labour Day weekend just days before we were to celebrate the Jewish New Year," she explains. "I thought it was probably nothing but that it needed to be checked. Besides, all the children and grandchildren were coming in for the holiday and I didn't want anything to spoil our time together."

Only when the holiday was over and the household had returned to normal did she reveal her fears to her husband, Rabbi Reuven Bulka. The Ottawa Jewish Community's respected senior rabbi and spiritual leader of Congregation Machzikei Hadas is very familiar with the dread which accompanies the diagnosis of cancer. "As Naomi told me the news I was already trepidating in the back of my mind," he recalls. Their first visit to a physician did nothing to allay those fears.

"The doctor sent us to a surgeon who examined me and immediately scheduled me for surgery which took

place four weeks later," says Naomi. "I was shocked and terrified when he said, 'I'm recommending a mastectomy rather than a lumpectomy because I know you'll be back here if I don't.' When he added, 'Don't worry, I'll cure you,' I remember thinking, 'Just who do you think you are?'" A telephone call to a physician cousin in Baltimore put things in perspective. "He assured me that, yes, in 1997, a doctor can say that," Naomi remembers.

For the first two weeks following her diagnosis, Naomi adopted the 'ostrich policy'. "In the beginning I didn't read anything. And then I started to read everything and anything I could get my hands on and I began listening to tapes," she says. "A lot of those tapes dwelt on guilt but I wasn't interested in guilt, I was interested in the 'why' of this cancer occurring. Although I never said, 'Why me?', I did say, 'I can't believe this is happening to me.'" And she cried herself home from work every day until the day of surgery.

As a clergyman's wife, Naomi Bulka frequently lives her life in a fishbowl. For this very private person, deciding whom to tell and when to tell them was a major consideration. "At first, Naomi said she preferred to keep it private," says Rabbi Bulka. "I respected her wish. Naomi and I have weathered other difficult situations. We lost a child to crib death. We had the sense that we'd been in the pits together before and somehow we'd be able to navigate through again."

But they did have to tell the children and the telling was difficult. Son Eliezer, 21, student at a Baltimore, Maryland, school was the first to hear

"Somehow prayer, which has always been important to me, took on even more meaning."

Naomi Bulka

the news. "I'd been visiting in Ottawa for a few days and was going back to Baltimore," he says. "In the car on the way to the airport, Dad said, 'By the way, next week Mummy is probably going to need surgery'. He was really very vague. At the airport I had a chance to ask my mother about it and she was very open." Fortunately for Eliezer, his mother's physician cousin lived nearby in Baltimore and was able to explain the procedure and recovery. "I wasn't able to get home again until December," he says. "And then Mom and I went skiing."

Binyamin, then 16, still lived at home. "They took me into a room," Binyamin remembers. "Dad talked, then Mom talked. I'd had no inkling that anything was happening and when I heard what they had to say I felt uncertain and fearful. I didn't talk very much about it, I kept my thoughts to myself but I picked up

some slack around the house." Naomi smiles remembering her youngest son's quiet, thoughtful support. "He would make supper on occasion," she says. "He would carry the laundry for me." Binyamin, who is now 18 and planning to study medicine, says, "Recovery takes a very big toll on the person. Whatever Mom asked me to do I was quick to say yes."

They reached their three married children by phone. "I'd been out for the evening but I knew something very good or very bad was up when I returned and my husband said my par-

ents had called together," says 29-year-old Rena Levy, who lives in Washington Heights, New York. "When we called back, my father had a hard time getting the words out."

Their conversations with daughter Yocheved Shonek, who lives in Far Rockaway, New York and son Shmuel, a lawyer in Staten Island, New York; followed a similar pattern. "My parents asked that my wife be on the phone with me," says Shmuel. "My father did most of the talking but the fact that he never said the 'C-word' during the whole conversation indicated just how scary the situation was."

Naomi preferred to wait until after surgery before informing parents and extended family. The evening before the procedure she delivered an address in Montreal at a dinner honouring her mother. "I left the dinner

right after I spoke on the excuse that I had to be out of the house very early the next day," says Naomi, who is employed at Nortel as a technical writer. The next morning, November 18, 1997, at six-thirty a.m., she checked into hospital to undergo a mastectomy.

"I travelled to Montreal with my mother that day," recalls Rena, 29. "She was terribly nervous on the drive in. But when she got up to speak she was in total control. She spoke with such courage. The strength she demonstrated that night was the same kind of strength and courage she used to get through her ordeal."

Like each of her siblings, at first Yocheved, 31, didn't process the alarming news but, once it sunk in, she says having a sister and sister-in-law close by helped immensely. Thirty-year-old Shmuel admits, "Initially I probably went about things the wrong way. At the beginning it was easier for me not to talk about it or think about it because I didn't know how to go about helping my mother. I just assumed it was something she wouldn't want to talk about. But a couple of weeks into it I had a conversation with Mom and realized that she did want to talk about it, so I started to call more often."

Prior to her surgery, Naomi's physician/cousin had said, "You won't believe it now, but you'll feel better right after surgery," says Naomi. "I did. Immediately." And, feeling better, she slowly let the proverbial cat out of the bag. The response to her situation was immediate and overwhelming. Family, friends and her co-workers at Nortel used phone, fax, mail and e-mail to offer their support. "I was surprised at how much it meant that people did ask about me and cared,"

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confesses Naomi. "I had full support from my husband who always accompanied me to all my medical ap-

pointments and chemotherapy treatments. But to have so many other people calling from everywhere — England, Bosnia, Israel — for two minute 'how are you' conversations was wonderful. And I soon developed such a big e-mail circle! I used to send out 'I'm coming along,' messages to about 15 addresses after each chemotherapy treatment."

The Bulka children also organized the recitation of Tehillim (psalms), a Jewish custom used to invoke healing. They assigned the recitation of specific psalms to the various aunts, uncles and cousins who span the globe. "Every day the entire Book of Psalms was being recited for me throughout the world," says Naomi. "I cannot begin to tell you what that meant. Somehow prayer, which has always been important to me, took on even more meaning." Among themselves, the children also arranged to

spell each other off, taking turns flying home to be with their parents on the Sabbath and by their mother's side during the time of her chemotherapy treatments.

"My family and I will be eternally grateful to Dr. Norman Barwin, Dr. Douglas Mirsky and Dr. Jonathan Yau," says Naomi. "Not only for their superb medical skill but also for the sensitivity and compassion they demonstrated to all of us throughout the whole of this frightening ordeal."

Naomi also opened herself to less conventional forms of help. "I called Ottawa Cognitive Behaviour Therapist Dr. Martin Tatz and saw him for months on end," she says. "Martin is truly amazing. He gave me the feeling that I was not just a bystander in my disease but an active participant in it and that my attitude and my will-power were important." Nutritionist Katerina Pek introduced Naomi to *essiac*, a remedy Ojibway Indians had passed down to a nurse in Bracebridge, Ontario. She still drinks *essiac* tea daily.

"If there is one thing that fuels what Naomi is all about, it is her children and her grandchildren and that is what translated into her intensely strong will to live," says Rabbi Bulka. "And the bottom line in any crisis is that you appreciate your health more, you take care of it more, and you learn on a personal level not to take anyone or anything for granted."

With surgery and chemotherapy behind her, Naomi Bulka, 53, is back at her job and getting on with the business of living life to the full. "I am a very private person," she says. "But, after the fact, I can see that in some ways waiting as long as I did to allow other people into my life during a difficult time was a mistake.

"I realized, as soon as I had opened the way, that I couldn't do this alone," says Naomi Bulka. "I don't know how anyone can do this alone. I have been tremendously encouraged by the support I have had from everyone and sustained by my faith."

Humour, sensitivity, availability and love are vital for family members of those with cancer

By Louise Rachlis

A cancer diagnosis affects the whole family, and the greatest help for the cancer patient is a supportive family.

"The hardest situation is when a patient has to face the disease on their own, with a family not on side," says Dr. David Esdaile, an Ottawa general practitioner who has been treating cancer patients since 1975. "If there's a problem in the family, it makes it all that much harder."

Once diagnosed, cancer has fall-out and consequences for the whole family, he says. "Ultimately at any point in life, what's important is love and closeness and general support; being there."

As an extension of that, it's impor-

tant for family members to have "a certain sensitivity to the needs of the individual." "Sometimes they need to talk, and sometimes they need not to talk. You need to be available and just be there without feeling you have to say something or have to do something. There is always room to ask the family member with cancer if they want to talk."

Dr. Esdaile has found that most families are able to rise to the occasion. "To some extent, the smaller the family, the easier it is. Sometimes in a larger family, it's harder to get everyone on the same 'playing field' - in an ideal world you want an understanding and acceptance of the disease. People bring their own emotional issues with them, and if it's an older person there may be a certain amount of emotional baggage." He quotes the

book *"Don't Sweat the Small Stuff... It's all Small Stuff"*: "There's always something in your in-basket."

It's important for family members to be available, and to be open with their own emotions, realizing the patient's agenda takes precedence.

"Even though it's cancer and even if it's presumably terminal, humour is vital," says Dr. Esdaile. "Just last night, I was joking with a 90-year-old terminally ill man who was receiving palliative care. Humour, if it's genuine, helps life continue, and that's what the patient wants to do. The patient doesn't want to be isolated. It often surprises visitors in a hospital to hear laughter; then they realize 'the patient has come to grips with the problem, and now I have to'."

Volunteer finds first visit package has positive effect

By Sue Boudreau,
Cancer Survivor

I am a Canadian Cancer Society volunteer who welcomes new patients at the General Division of the Ottawa Regional Cancer Centre. In my role, I greet new patients at the front door, review the First Visit Information package, and provide a mini-tour of the facility. I have seen the benefit to patients who received their information package prior to their arrival; as I talk with them, the amount of information they retain is increased and there is no “glazed look” in their eyes!

As a former patient, I know first hand how overwhelming the first visit can be. You think you are listening and taking it all in...but in reality you miss a lot of what is said. Your mind is on what the doctor is going to tell you and on what you want to ask the doctor such as “How sick am I really?” and “What does the future hold?” Completing the Health History ahead of time takes some of the pressure off the patient at the first visit. Receiving the information package prior to the first visit allows the patient to read it at leisure and absorb more of the information. As a result, any information given by a volunteer, clerk, nurse, or physician at the first visit serves to reinforce what they have already read and is not just one more new piece of information they have to remember. As well, the information included in the First Visit Package helps patients come to grips with what they are feeling; it lets them know that they are not alone, and that there are people who understand and can help them and their family to cope with the diagnosis of cancer.

The Cancer Centre needs to continue to improve early access to the First Visit Information package. It is valuable in assisting patients in preparing for the first visit, by encouraging meaningful discussion with their health care team about treatment options, and by providing tips for learning how to care for themselves, both physically and emotionally. It does have a positive effect!

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Getting Back on Track

Keeping Spirits Up

Advice from our readers

By Paul Alexander

In early fall of last year I was diagnosed with cancer, and I will never forget the surgeon's diagnosis. It began with the following: "Paul you have a form of Cancer..."

I froze on the "big C" word and stopped registering the remaining portion of his diagnosis. I now understand that my feelings of shock and disbelief are quite a common occurrence among cancer patients at the Ottawa Regional Cancer Centre (ORCC).

Once the initial shock of receiving the diagnosis of cancer had waned, I realized that my life would be altered forever.

The purpose of this article is to discuss the key issues we face when fighting cancer. "Getting Back on Track" also covers issues of concern during the post-treatment period. I hope that my suggestions inspire those interested in playing an active part in their "healing process."

Personal Research

The first step is to conduct the research that will provide you with the opportunity to gather all the information you can about your form of cancer. Your personal cancer research has no bearing on your treatment or the services you receive from your medical team. After all, it is the responsibility of the medical team to plan the most effective treatment and provide therapy and support.

In addition, your research is not meant to replace the guidelines provided by your medical team. It will simply demonstrate to them that you are taking an active role in the decision-making process concerning your treatment. Your research will enable you to be aware of certain impacts of your treatment on your overall health, which will serve as valuable feedback to your medical team. A great deal of critical information concerning your health can be covered in 15-minute office visits. The research will enable you to make informed decisions concerning your treatment, while assisting your medical team in pinpointing your concerns. It's imperative to be open to your medical team concerning how much information you want, to establish your expectations with them, and to alert them to any changes in your needs. When researching, adopt a "holistic approach." That means gathering as much data from a variety of information sources and subject matters pertaining to your general health (body, soul, and mind) as you can.

Although my research is ongoing, it has already empowered me with new lifestyle skills that will lead me on a healthier path. It puts my mind at ease because I have a sense of control through knowledge gained.

Here are a few good references to use as a starting point for your own research: The ORCC Cancer Information Centre, the ORCC Wednesday patient information sessions, the Canadian Cancer Society (CCS), the CCS peer support programs in your area, your medical team, cancer sur-

vivors and friends. The internet is another good source of information, but caution and good judgement are advised when downloading information. It is strongly recommended that you verify the veracity of your internet information with your medical team.

Building the Support Network

At first, I knew nothing about cancer and felt overwhelmed by the disease. One thing that my research taught me is that support networks can increase the chance of survival for some cancer patients. In response, I built my own support network of friends and relatives. My selection criterion was based on the ease that I would have in sharing my fears regarding my battle with cancer. In building my network, one startling fact that came to the front was that I was not alone in the fight against cancer. Many other households have a member of the family and/or friends who also have cancer, or who have survived it. By opening up to them, I collected a wealth of information, while providing and receiving encouragement. What the support network has brought to me is practical advice, good news, fun, and a sense of family. It has resulted in some profound changes in my attitude towards others. I learned to value my friendships and how not take them for granted.

If you are unable to form your own support group, you can ask any member of your ORCC medical team who will connect you with an existing support network.

Once you have built your team, you must maintain it. When dealing with a support network, patience is required. The people close to you need time to adapt to the fluctuations in your general health during your treatments. It is not always easy but try to maintain open and effective lines of communication with your support net-

work on both your physical and emotional state.

Remember both you and your support network are trying to walk on the same path through the healing process.

Nutrition

Proper nutrition will reduce some of the negative side effects of cancer treatment. Consuming foods high in protein will help in developing new cells for your body. A well-balanced meal includes food from the following four food groups - milk; meat and alternatives; bread and cereals, and fruits and vegetables.

Recent research indicates that high intakes of animal products (for example: poultry skin, red meats, milk/cream, butter/lard...) and vegetable oils (for example: coconut oil, palm oil...) can cause cancer. Alternatives to these fats are yogurt, beans, soymilk, olive oil, and canola oil, to name but a few. Fruits, vegetables, legumes and grains contain chemicals that inhibit the growth of cancer cells. For example, the cruciferous vegetables (including broccoli, cauliflower, cabbage, brussels sprouts, and radishes) stop carcinogens from metabolizing into cancer causing agents, or can detoxify an activated carcinogen. Five to eight vegetables per day, raw or cooked, is suggested - the more colour and variety of vegetables, the better.

Because of high levels of pesticides used in farming, I recommend selecting organic

products. Organic food is presently expensive; nevertheless, consumer eating habits are changing and the demand for organic food will rise and prices will decrease.

The bottom-line is that cancer can be prevented by foods containing beta-carotene, (vitamin A), Vitamin C, and E, and selenium. These essential nutrients are antioxidants that lower the risk of cancer, heart disease, and other diseases by enhancing your body's immune function.

Managing your food intake during cancer treatment is also important, and you should make known to your medical team any changes in your eating habits. At any time during your treatment, the medical team can arrange to contact a dietitian for your benefit. Chemotherapy depletes certain nutrients and can cause stress requiring a daily dosage of vitamin supplements. Consult your medical team to find your own level of vitamins. Your medical team can make available for you special high protein recipes and food supplements.

Sediments build up in your joints after chemo, and you are required to drink at least one litre of water per day to wash your system of toxins. The quality of water is better if it is distilled, filtered, or treated by reverse osmosis; your choice of water depends on what suits your budget.

Physical Fitness

Many patients are maintaining regular exercise programs as a means of coping

with cancer. As for me, physical activity has made me feel more energetic during my treatment. Through regular physical activity I was able to reduce the negative effects of chemotherapy - such as an upset stomach - and it is helping me recover and maintain a positive outlook on my situation now that my treatments are over.

I have to thank the ORCC's Cancer Rehabilitation Program for helping me stay active. Consult your ORCC medical team to establish an effective physical fitness program. Your program will be based on your medical condition, the effects of treatment, and other effects of cancer. An advantage of designing your program in consultation with your medical team is that you will receive proper support and supervision of your physical activity during your cancer treatment.

Be aware of "too much too soon." Start off easy, and increase your exercise intensity, duration, and frequency gradually. The golden rule while doing physical activity is to listen to your body and back off when it seems like too much. Remember feeling pain while exercising is not good.

When venturing outside, always protect exposed skin by using sunscreen, and always protect yourself from the sun's rays and cold temperatures, since your cancer treatments will increase sensitivity.

Surviving Cancer

Through it all, I have found the inner strength to battle my disease. Early in my treatment, I assumed the responsibility for working on proper nutrition, proper physical exercise and the proper mental attitude. While nutrition and lifestyle are the easiest to change, they require time and effort. The jury is still out for me since it takes the body three months to adopt to a new lifestyle, and in my case it has only been one month. They say lifestyle changes cannot guarantee a cure, and that there is no magic formula; nevertheless, that fact hasn't stopped me from beating the odds, or from celebrating life with my friends and family.

Paul Alexander, 37, is a project management consultant who completed both chemo and radiation treatments for Hodgkin's disease in June of this year.



Letters

April 7, 1999

Challenge Magazine

I would like to take this opportunity to congratulate you and your colleagues on the best edition of the Challenge magazine I have read.

As an employee of the ORCC, I cried as I read about Scott Landreville's last hockey game and was happy when I read about the difference certain programs such as "Look good, Feel better" make to patients' lives.

The research articles were interesting to read, which is not always the case.

Every section of this edition was interesting and a joy to read.

I commend you on an excellent product that truly identifies all aspects of cancer care and their impact on patients and families.

Continued success of this magazine will only ensure better quality information to all in regards to cancer.

Sincerely,

*Deborah Gravelle
Nurse Manager, ORCC*

*Please send your letters and comments to:
foundation-ott@cancercare.on.ca*

The First Visit continued from page 5

A recent project compared patients who viewed the video before their first appointment with patients who received it after their first appointment. We found that the video was best viewed before the first visit. Those who viewed it after the first visit thought the information was too basic and wanted more specific information about radiation therapy, chemotherapy, or managing side effects of treatment. Overall, the format and quality of the video was rated as very good.

Making Improvements

Based on the results of the First Visit Information package project and the "Crossroads" video project, the Cancer Centre is moving ahead on new strategies to improve timely access to this information.

Starting in the summer of 1999, patients referred to the Cancer Centre will receive a telephone call to inform them about the First Visit Information package. They are told where they can pick up a package or, if time permits, it is mailed to them. If patients have access to a videocassette recorder, the "Crossroads" video is included in the package. The patients who are referred while they are still in the Ottawa Hospital are now given a copy of the package when visited by a Cancer Centre nurse. If you have suggestions or feedback about the First Visit Information package or the video, please contact the education department at the Cancer Centre – 737-7700 ext. 6865.



Helpful Hints For Your First Visit to the Cancer Centre

- Visit at the Cancer Centre will take 2 to 4 hours.
- Parking costs \$10 to \$12 in the parking lot.
- Bring your provincial health insurance card and medications
- Bring your completed Health History.
- Bring someone with you to take notes.
- Write down your questions prior to your visit.

First Visit Package Pick-up Locations

- General Division Cancer Centre, 501 Smyth Road, Ottawa
- Civic Division Cancer Centre, 190 Melrose Ave, Ottawa
- Renfrew Victoria Hospital, Renfrew
- Jean Coutu Pharmacy, 9th Street East, Cornwall
- Canadian Cancer Society unit Office, 83 Peter Street, Perth
- Women's Breast Health Centre, 200 Melrose Ave, Ottawa

First Visit Information Package

- Cancer Centre Services Booklet
- First Visit Fact Sheet
- Support Groups and Cancer Information Services
- Sample Questions to ask about Cancer Treatments
- Emotional Reactions to a Diagnosis of Cancer
- Talking with Your Health Care Professionals
- Health History Form

Cancer treatment comes home

You don't have to go to the big city to get the treatment you need

By Erin Scullion

When Mel McIndoe travels to Winchester District Memorial Hospital from his home in Russell for chemotherapy, he pays \$2 for parking and is usually in and out in about 15 minutes.

But when he travels to the Ottawa Regional Cancer Centre (ORCC) for appointments - which he still has to do sometimes - at least half a day is shot, not to mention the stress of the drive, the much higher price of parking, and a longer wait with a lot of unfamiliar faces.

"It's a lot more convenient for me to go to the Winchester hospital than to drive into Ottawa. And as far as the treatment goes, it's an injection. I get the identical treatment there that I would in Ottawa," says McIndoe, who has colon cancer.

The Winchester hospital recently opened a Community Chemotherapy Clinic in conjunction with the ORCC, and the Kemptville Hospital where the chemotherapy drugs are mixed.

Patients are usually first seen by ORCC oncologists, who determine their course of treatment. If appropriate, the patients have the option of receiving their chemotherapy at the Winchester hospital, after which their Kemptville or Winchester family doctor follows their progress and provides follow-up care.

"It's a godsend for a lot of people," says Linda Johnson RN, the clinic's coordinator.

"We have a very large catchment area, stretching from Cornwall in the east to Brockville in the west," Johnson explains. "While there are people who might still have to drive some distance to get here from either

of those two extremes, at least they're not fighting traffic or paying an arm and leg for parking."

Johnson says that people are also more comfortable in their own rural hospital. "They meet people they know, it's more friendly and it's a more comforting experience for them. For elderly patients, travelling to Ottawa is especially difficult, since they most often have to rely on someone else."

Five Winchester nurses, as well as a number of local family physicians from Winchester and Kemptville, have taken training at the ORCC in



"For elderly patients, travelling to Ottawa is especially difficult, since they most often have to rely on someone else."

**Linda Johnson, RN
Clinic Co-ordinator**

administering chemotherapy. All patient records are computerized and accessible from Winchester or the ORCC, another plus for the continuity of patient care.

"We're very proud of being able to provide these kinds of services to the area communities," says Joseline Sikorski, who was then Winchester hospital president and CEO.

Thanks to a recent donation from the Hough family in Finch, the hospital will soon open the Brian Hough Unit for chemotherapy and other medical treatments, which will accommodate four patients at a time. As well, the Winchester hospital will soon have the special equipment needed to mix the chemotherapy

drugs on site, rather than relying on the Kemptville hospital for that service.

Sikorski says that ORCC oncologist Dr. Diane Logan deserves a lot of credit for recognizing the need for such a service in the area and making it a reality. As for the future, Sikorski sees a carefully planned and managed process to slowly make more complex cancer treatments available in smaller rural hospitals like the one in Winchester.

"Sometimes people think that care is better in larger centres, but that's simply not the case," she says. Indeed,

chemotherapy services offered at the Winchester Hospital have to meet the same standards as services offered by the ORCC. "With the input of our community advisory committee and the support of the ORCC and our hospital staff, we have been successful in achieving those standards," Sikorski adds.

"And we're very pleased with the results. This is only the first step in working with the ORCC and our community to plan and coordinate the continuity of care and to provide access to additional services closer to home. It is an education process to let people know about the care and facilities that are available in their own backyard."



For the record:

It's a hectic job to keep the facts on track

Part of the Team

Debbie Read



By Louise Rachlis

The simple mission statement gets right to the point:

"To get the right information to the right person, at the right time."

"We strive to get the information where it's needed," says Debbie Read, Manager, Health Information Services and Quality Management for the Ottawa Regional Cancer Centre and a cancer survivor herself.

A graduate of Algonquin College and the Canadian Healthcare Association's Health Records Management Program, Debbie has been at the Ottawa Regional Cancer Centre since 1991, after working in health records at acute care hospitals.

Health Information Services at the Ottawa Regional Cancer Centre is responsible for the management and safeguarding of about 80,000 health records. Each of those health records is a compilation of the pertinent facts of a patient's life and health history, including past and present illnesses and treatments.

Written by health professionals who have contributed to that patient's care, a health record must be compiled in a timely manner, she says, and contain sufficient

information to identify the patient, support the diagnosis, justify the treatment and accurately document the result.

Debbie's job is to ensure there are approved policies and processes for the creation, completion, provision, storage and destruction of all health records and that all legislated requirements related to health information are followed.

Her staff follow the codes of practice from the Canadian Health Records Association related to patient confidentiality and release of patient information.

There are 42 staff members in her department, working between two sites, eight community oncology clinics, and two community chemotherapy clinics, to which they provide service.

"Co-ordinating the transfer of information to all those sites is quite a challenge," she says. "The right information must be provided in the right place and to the right person, so the

health care provider can provide the best possible care to the patient."

The centre is currently underway with plans to implement an electronic document management system and ultimately a fully computerized health record system. "This will put the right information at the fingertips of all health care providers in a timely fashion."

Another major challenge for Debbie and her staff is ensuring that quality information is collected by the Centre. Cancer information is used extensively for many purposes, including research, utilization and resource management and cancer statistics. The information must be correct if it is to be used properly and improve outcomes for patients.

In 1995, Debbie added to her portfolio the responsibility for quality improvement at the Centre. As Chair of the Quality Council, she has directed many of the Centre's quality improvement initiatives, such as redesigning the Centre's new patient referral and registration process and improving

"Co-ordinating the transfer of information to all those sites is quite a challenge."

**- Debbie Read,
Manager, Health Information
Services, ORCC**



new patient information packages.

"It was my own experience being a patient here in 1983 and 1985," she says, "that drove me to want to do this. I just really saw the need and the importance of doing the right things right."

"It's not just me," she stresses. "To achieve these results, I had the help of many wonderful staff who work at the Centre. I've really seen the system grow and change for the better."

Just one example she cites - "In chemotherapy, for instance, they have made milestones in the area of antiemetic drugs. It has really improved the quality of life for people on chemotherapy treatment."

As well, Debbie draws on her personal experience to chair the Cancer Survivors' Party of the Regional Cancer Centre Foundation, which coincides with the annual ORCC telethon. Last year about 250 patients and their families attended the "Celebration of Life" party, including Debbie's husband Peter. They have two sons, Allan, 25, and Andrew, 21.

This year's Survivors' Party will be held Saturday October 16th at St. Laurent Centre, in the midst of the October 16th-17th telethon.



The following poem, with her comments, was submitted to Challenge by Peggy Cumming:

"This poem is about the first Dragon Boat race last July. The 'Linda' mentioned in the poem was Linda Warrysh, an active member and friend of many at Breast Cancer Action, and a supporter and enthusiast of the Dragon Boat, although unable to be a paddler. Linda died in the spring of 1998. She was an inspiration to all women with breast cancer and was fondly remembered at the boat's first race.

Linda's Boat

The twenty-five women
had several things in common...
The words, "I'm sorry, it's malignant" -
months of nightmare,
surgery that left us bare;
therapies -
turbans and tears...
When crocuses bloomed,
we traded disease for dreams.
HOPE, the Dragon Boat,
noddled her fiery head
and flashed her enchanting tail.
Once alone in fear -
women teamed to paddle...
Not all survived...
spirited leader, Linda,
slipped away.
Gloomy race day. High spirits.
Restless energy. Jitters. Silence!
Each paddler triumphant with history's

scars...
Together, one dragon.
Starting line... "Go!"
Dragon drum throbbed,
Steerer coaxed, "More Power!"
Dragon spread ruby wings, pulsed
valiently,
and surged...
to the finish!
Tears spilled for victories
and the dragon dream
...and Linda.
Voices faltered then rose in song.
Paddlers docked
into a flurry of well-wishers.
An unknown gentleman
presented tender pink roses.
In the chaos; "Who are you?"
"I'm Linda's husband,"
...he smiled.

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A graphic showing a target with a yellow center, an orange ring, and a blue ring. Several arrows are shown hitting the center. The target is placed on a white surface, possibly a piece of paper or a screen, which is resting on a wooden table. The background is a blurred image of a person's hands holding a device.

Targeted Cancer Therapy:

Will it be the answer
in the new millennium?

On the Frontier

Where pioneers forge new paths
in the battle against cancer

By Dr. Jean A. Maroun
and Dr. Chaim Birnboim

Cancer started to become a significant health problem earlier in this century as a by-product of our increasing life span and increasing use of tobacco. Over the last three decades, some forms of cancer (such as childhood leukemia, testicular cancer and lymphomas) became amenable to treatment as a result of an intense effort waged by medical researchers. Despite these gains, cancer still remains a major health concern. Cancer now surpasses heart disease as a cause of death. A reason for this is that most common forms (breast, lung and colorectal cancer) remain relatively resistant to current therapies.

Perhaps it is not surprising that the perception exists that we are not making sufficient headway in our fight against this disease. Is this pessimistic view justified as we enter the new millennium?

As clinicians and researchers, we say that the answer to this question is "NO". The reason is that we are buoyed by the remarkable pace of discovery into the cellular defects responsible for the abnormal behaviour

of cancerous cells. These new findings have been made possible by years of basic research using the tools of molecular and cellular biology. We believe we are on the threshold of a new generation of treatments based upon these findings.

Before the 1980's, medical researchers had little understanding of how cancer cells acquire their properties of uncontrolled growth.

Cancer now surpasses heart disease as a cause of death

Screening for new anticancer drugs was carried out by assessing whether cancer cells growing in Petri dishes were killed by a drug or whether a drug injected into animals with tumours caused the tumours to shrink. Although this was a hit-and-miss approach, it did produce many of the most effective drugs available today. Nevertheless, problems remain.

The defects that transform normal cells into cancerous ones are caused by genetic mutations. Defective genes lead to unregulated growth of cells and permit their spread throughout the body. Study of defective

genes has led to a better understanding of how the normal forms of the same genes restrain abnormal growth. It is this rapid pace of new knowledge into normal cellular controls that fuels our optimism about the future of cancer therapy.

We will present some examples about how this new insight into the workings of the cell and the development of new molecular biology tools are allowing pharmaceutical researchers to develop new drugs that will act more specifically and more effectively. We are entering the era of 'targeted cancer therapy', where drugs are being designed to act on cancer cell-specific gene products. The promise is that such drugs will restore normalcy to malignant cells or kill such cells without harming normal tissue. Targeted therapies against cancer may prove to be the ever-elusive "magic bullet" in cancer treatment.



Monoclonal antibodies

One example of a therapy that arose from basic research and that is now showing promise in the clinic is the "monoclonal antibody". This technique was developed in the mid-'70s by Milstein & Kohler (who eventually were awarded a Nobel Prize). Antibodies are parts of our immune system that can recognize specific targets such as viruses. Monoclonal antibodies (MoAb) are similar but they can be genetically engineered and made in large quantity in the test-tube. They have the potential to attach themselves specifically to proteins found in cancer cells but not normal cells.

If MoAbs could selectively find cancer cells, then they could be armed with toxic chemicals to selectively kill cancer cells. Another use of monoclonal antibodies would be for "imaging" tumours; by carrying a radioactive molecule to the site of tumours, they could help to locate the site of tumours. This would increase the accuracy of tumour staging and locate small tumours that could not be seen with other techniques.

In fact, some of the therapeutic promise of MoAbs is being fulfilled. An example is the MoAb Rituximab, which is presently being investigated as a treatment for lymphoma. MoAb Herceptin detects the HER2 receptor, a protein found on the cell surface of tumour cells in 20-30% of patients with breast cancer. The results of a large clinical trial have recently been released; they show that this MoAb can indeed increase the effectiveness of conventional chemotherapy in this subset of breast cancer patients. A third MoAb in clinical trial is Edrecolomab (Panorex). This MoAb reacts with a protein on the surface of various tumour cells; in some colon cancer patients undergoing adjuvant treatment together with the MoAb, improved survival has been reported.

Customizing therapies

Another approach to developing effective therapies is to customize drugs and drug combinations to the needs of



the individual patient. Colorectal cancer offers a good example of this targeted approach. Over the past 30 years, one drug, 5-FU, has been most effective; however, it has proven to be beneficial in only 25-30% of patients. Our research at the Ottawa Regional Cancer Centre has been attempting to identify those patients most likely to respond to 5-FU treatment. We have developed an antibody that detects Thymidylate Synthase (TS) (the enzyme targeted by 5-FU) and are testing levels in tumours taken at the time of surgery. We are working with a pharmaceutical company in an attempt to develop other tests. If successful, this information will allow us to tailor treatments to better suit the needs of the individual patient.

Gene Therapy

Perhaps the best example of a new treatment that promises to exploit the full power of modern cellular and molecular biology is gene therapy. The general concept is to introduce normal genes back into cancer cells to correct the defective genes. Many problems still remain, including how to target the gene into tumour cells and not normal cells. Perhaps an approach like that being used in MoAbs will be successful. Another approach to targeting is to exploit abnormal genes found in many cancer cells; in some cases, the presence of the abnormal gene can selectively activate the newly introduced gene.

To efficiently enter a cell, the gene must be enclosed in the right "package". One approach is to enclose the gene in an artificial fine fatty droplet. Another way is to use genetically

modified viruses, since viruses are themselves packages of genetic material with special "hooks" on their surfaces that allow them to enter cells. Viruses that cause colds and other diseases can be modified so they no longer cause the disease but are still able to enter cells.

Once inside the cell, the gene used for therapy begins to affect the cell. The particular effect depends upon the gene selected. For example, the new gene may cause the cell to activate a self-destruct mechanism (apoptosis) found in normal cells and absent in tumour cells. Alternatively, it may cause the cell to produce a self-destructing toxic product. Yet another approach is for the gene to work in concert with a conventional drug: the gene may cause the cell to produce an enzyme that makes the cell more sensitive to killing by that drug. The possibilities of gene therapy for cancer treatment are limitless. Which delivery system and which strategy will ultimately prove to be most useful is hard to predict, but we are confident in the ultimate success of this approach to the treatment of cancer. In the next 10-20 years, our present perception of cancer will be replaced with the view that it has become a readily manageable disease.

Dr. Jean A. Maroun is Head of Medical Oncology at the Ottawa Regional Cancer Centre and Professor of Medicine at the University of



Dr. H. Chaim Birnboim is a Senior Career Scientist at the Ottawa Regional Cancer Centre and Professor of Biochemistry, Microbiology and Immunology at the University of



Ottawa Regional Cancer Centre Foundation

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

Father's Day, June 20th, was a day of celebration for the Ottawa Regional Cancer Centre Foundation and the Prostate Cancer Association for Ottawa-Carleton. Just over \$65,000 was raised for prostate cancer research and treatment at this first annual event.

There were over 1,000 participants, including volunteers, who joined us in Anniversary Park at Carleton University for a fun and energetic morning. Also, an added touch was entertainment and a pancake breakfast.

The Organizing Committee for "Do It for Dad" is grateful to the CS Co-op for being the presenting sponsor. Also, a special thanks to race sponsors, Abbott Laboratories, The Ottawa Carleton Regional Police Association and The Bay. Our media sponsors, The Ottawa Citizen, the New RO and Majic 100 ensured that the event was well publicized and



Great start: The first annual "Do It For Dad" race.

maximized participation.

We are also very appreciative to other key sponsors: Corel Corporation, St. Laurent Centre, Ontario Health and Fitness, The Running Room, Culligan Water, Ikon

For information or to make a donation, please call or write:
Ottawa Regional Cancer Centre Foundation
501 Smyth Road
Ottawa, Ontario K1H 8L6
Tel: (613) 247-3527
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The Ottawa Regional Cancer Centre Foundation's Third Annual Telethon

*October 16, 8:00 p.m. - 11:00 p.m.
October 17, noon - 6:00 p.m.*

*Aired live from the St. Laurent Centre on the NewRO
Drop down and join us in person or be sure to watch!*

For more information or to volunteer, please call the Ottawa Regional Cancer Centre Foundation at:
247-3527



Jim Orban
Chair, Ottawa Regional Cancer Centre Foundation

Jim Orban is Chair of the ORCC Foundation Board, which was established by Dr. Bill Evans and Paul Hindo (inaugural Chair) in October 1995. He is Vice President of Sales and Marketing at The Ottawa Citizen, where some of his responsibilities include community relations and sponsorships.

The Foundation has grown rapidly because of the hard work of dedicated staff and the members of the Board of Directors.

The Board is comprised of 16 individuals who volunteer countless hours, and bring diverse expertise, that helps position the ORCC at the vanguard of cancer treatment research.

As the Chair of the Board of Directors of the Ottawa Regional Cancer Centre Foundation I am frequently asked the question: "What can I do to help the Cancer Centre Foundation?" It is surprising the number of people I encounter on a daily basis who have a family member or friend who has cancer or is a survivor. The stark reality is that one in three of us will be affected by cancer in our lifetime.

The Foundation actively raises money through various fundraising activities to help the Cancer Centre enhance patient care, treatment and research at the Cancer Centre. The need for additional funding is continually increasing with the growing number of patients who are treated at the Centre.

There are several ways you can help the Foundation provide vital funding to the Cancer Centre. One is to become a regular donor to the ORCC Foundation by making a contribution on a yearly basis. Another is through our in-memoriam program whereby the Foundation is named as

There are many ways to help the ORCC Foundation

An interview with Jim Orban, Chair of the Foundation Board at the Ottawa Regional Cancer Centre.

the recipient of donations in lieu of flowers. More people are making a donation to a charity of their choice when a loved one or a friend dies instead of sending flowers. Our Foundation will, in turn, notify the next of kin of the deceased that you have made a gift.

Over the last couple of months, The Foundation's Planned Giving Program has been strongly endorsed as a priority for the coming year. Although none of us wants to spend much time thinking about leaving a bequest in our will, more people are designating the Cancer Centre Foundation as a recipient of a gift.

I firmly believe, as do my colleagues on the Board of Directors, that the future stability of the Foundation is dependent on planned gifts. Our generation has been privileged to have excellence in health care available to us. The greatest legacy we can leave future generations is an investment in our health care system.

The Foundation's mission is to heighten awareness of the services provided by the Cancer Centre and to raise money for patient care and research. The generosity of the community is an inspiration to all of us who volunteer to help the Foundation. Thank you to everyone who has supported us - now and in the future.

Members of the ORCC Foundation Board of Directors

- *Jim Orban, Chair*
- *Veronica Engelberts, First Vice Chair*
- *Vincent Westwick, Second Vice Chair*
- *Paul Hindo, Inaugural Chair*
- *Thérèse McKellar, Past Chair*
- *Rabbi Reuven Bulka*
- *Dr. Kelly Butler*
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Points of contact at the Ottawa Regional Cancer Centre Foundation

247-3527

- * Planned Giving Officer
- * In-Memoriam Coordinator
- * General Donations and Information

Community representatives help cancer system use resources wisely



By Deanna Silverman

By definition, all 60 community representatives from across Ontario who sit on CCO committees have been “touched by cancer.” We may be patients, survivors, family members, advocates or members of a specific site cancer group. According to the Community Representatives Manual our job is to help maintain “a patient-focused orientation in the decision-making processes of Cancer Care Ontario.”

Who, then, are some of the other community representatives from this area? What committees are they on? What do they hope to achieve? Those were two of the many questions I asked when I spoke to three of them this summer. While all three were happy to discuss their work, one surprised me. “I don’t like to be referenced publicly about anything I do,” I was told. Therefore I’m delighted to introduce Dr. Eileen Donoghue, “Lee” – a pseudonym, and Dr. Kelly Butler.

A psychologist, Dr. Eileen Donoghue learned about lung cancer when she and her sisters cared for their mother at home in Alberta. As Eileen Donoghue put it, “it was up-close and personal. I was always looking for information. I’m a consumer of information and I’m comfortable with statistics.” Now Eileen Donoghue, one of two community representatives on the Lung Disease Site Group, routinely reads and assesses oodles of hot-off-the-press scientific research reports as she and the other members of the committee develop evidence-based practice guidelines for the treatment of lung cancer

When I spoke with Eileen

Donoghue she was preparing to attend her second committee meeting. Her attention was particularly focused on a draft of patient-oriented guidelines that had been presented at her first meeting. Both community representatives on the committee had been “upset” by that draft, she reported. In their opinion it was too confusing for the average reader. They convinced the committee to send it back for a rewrite. “I believe in evidence-based guidelines,” Eileen Donoghue said in a mild but firm voice. “The layperson’s version must be clear, intelligent and readily accessible.”

Lee echoes those sentiments in spades. A cancer survivor, Lee is also a member of a Disease Site Group. Lee has very specific concerns about the process, content and distribution strategies that were adopted for the development of patient-oriented practice guidelines. The first draft Lee saw was “very poorly written.” Lee blames that on the process used to develop a template for the writing of the “consumer guidelines.” “Patronizing,” “confusing,” and only meeting the needs of people from “major, well-developed urban areas” were among Lee’s comments. Lee’s most scathing criticism was directed at the distribution strategy. “Why doesn’t the doctor give the patient-oriented guidelines to the patient when treatment options are being discussed? Why must the patient access them on-line or wait eight days - I tested it - to receive them by mail from the Canadian Cancer Society?” Good questions. Definitely patient-focused and a matter of quality care.

Unfortunately Lee will soon be leaving the community representative program. To paraphrase Lee: I do feel I’ve had an impact. But I have major reservations about how community representatives are recruited and matched to committees. I don’t think enough attention is paid to the skills needed to enable community representatives on some committees to be more than tokens and I won’t be part of a token program.

After talking to veterinarian, runner

and cancer survivor Dr. Kelly Butler I can assure readers that nobody would ever consider her a token representative. According to Kelly Butler, the bottom line for every CCO committee is making decisions about allocating resources. “That is an ethical issue,” she said emphatically, defining it as “the wise use of resources in a way that reflects Canadian values for health care - fairness, accessibility and universality.” For Kelly Butler ethics has long been both a personal and professional interest. No surprise, then, that she is one of two community representatives on CCO’s Quality of Care and Ethics Committee. The committee’s agendas include such topics as the accreditation of Ontario’s cancer centres, their quality management, the cost to families of a member having cancer, the surgical management of cancer in different parts of the province, equity in the re-referral of cancer patients and similar high impact issues.

Kelly Butler also sits on the Task Force on Unconventional Therapies, a sub-committee of the Quality of Care and Ethics Committee. She describes the Task Force as having been established to take a broad look at alternate therapies because “some patients don’t believe in the scientific method. To help us be very open-minded, we are currently getting input from various practitioners of alternate therapies, everything from natural health products to homeopathy to aromatherapy massage and more.”

As to what community representatives hope to achieve, Kelly Butler summarized their answers: “Improved quality care in a cancer system that is well managed and uses its resources wisely.”

Deanna Silverman is a writer, consultant, educational advocate and volunteer. She is the author of the booklet Lymphedema: A Breast Cancer Legacy



Successful ORCC summer strategic planning session

By Ted Johnston

"You are the voice of the patient."

Thus was I instructed on my role at a summer strategic planning session of the Ottawa Regional Cancer Centre. I had joined the Do It For Dad organizing committee earlier in the year, and now I had been invited to join a day-long session that brought together all units of the Centre Centre for an assessment of the Cancer Care Ontario strategic plan and its application to the ORCC.

It was an eye-opening experience as doctors, nurses, social workers, pharmacists, radiation therapists, physicists and education specialists came together without name tags or trappings of office to work together.

We all shared a pre-meeting assignment of reading Cancer Care Ontario's 40-page document, and the professional staff had been 'tasked' to review their own operations against the Cancer Care Ontario paper.

Dr. Bill Evans, head of the Centre, and chair of the meeting, was given strong support by a facilitator whose job it was to drive the discussion. The facilitator's task was to make people think about their work in the context of all cancer care in the region, and to be mindful of such realities as funding. Sharing the role of 'patient' with me was Pat Heron, wife of the late Grant Heron, who had spearheaded the establishment of the Prostate Cancer Association.

At the outset, members were asked to review the ORCC Vision, Values and Mission Statement to assess whether they were being met or ought to be revised. Some felt that the Mission Statement "to add value to the lives of those people touched by cancer" lacked warmth. I argued that it was a succinct and accurate statement affecting not only patients and their families and friends, but all of the staff, who often exceeded their professional duties in adding value to patients' lives, and, in so doing, added

value to each other as members of a large and complex team. A change of words would not improve upon this concept.

As a patient who had been abruptly injected into the ORCC system by a hardened, cancerous prostate, I had little idea about the size or character of the Centre or of Cancer Care Ontario (CCO). I now know better, and have a finer appreciation of all the contributors to my welfare, many of whom work silently and effectively behind the scenes.

The ORCC group spent a very intensive day that had a successful conclusion. Several practical objectives were set for the full clinic to achieve over the next 12 to 18 months. These are in harmony with the CCO plan, and take into account not only regional needs and resources, but those of the seven other regional cancer centres across Ontario.

I went into the meeting thinking Cancer Care Ontario was probably just another layer of administration and bureaucracy, and came out of the meeting with no small amount of respect for an organization that is attempting the integration and coordination of all cancer services in the province and, in the process, to be the principal adviser on cancer issues to the Ministry of Health. Such a task makes one aware of all the services and programs that are devoted to cancer research and treatment. The thought of bringing them together into co-ordinated action is inspiring in both its possibilities and in the magnitude of the task.

Ted Johnston is a retired foreign service officer and patient of the ORCC



ORCC Mission

The mission of the ORCC is to add value to the lives of those people touched by cancer.

This mission is achieved through our contribution to Cancer Care Ontario's province-wide cancer control program of prevention and early detection, excellent patient care, research and education.

ORCC Vision Statement

"We Care for Life, and strive to maintain its quality: for our patients and their families; for our community and for ourselves."

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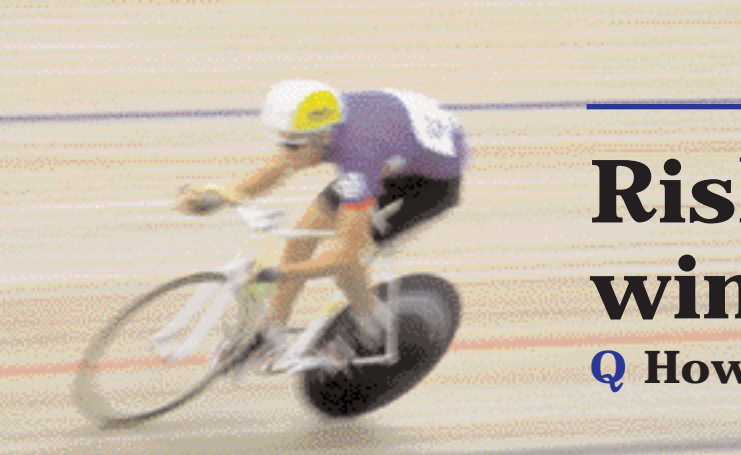
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Risking the hope of winning

Q How can I make plans for the future?

A Anyone who followed the Tour de France and the recent Pan AM Games knows that there is life after cancer and there can be huge success, accomplishment, and meaning.

When Lance Armstrong, winner of this year's grueling Tour de France bicycle endurance race was but 25, he was diagnosed with cancer. Not only that, but it had spread through his body; he was a bad stage-three case, and his physicians feared for his prognosis. In fact, the Globe and Mail reported on 28 July, 1999, that his cancer had "...spread extensively throughout his lungs, and there were traces of it in his brain that had begun to cause headaches."

But Armstrong endured surgery and chemotherapy to regain his health and win the Tour de France this year... a mind-boggling achievement for the most fittest of athletes! Right here at home, Canadian athlete Emma Robinson beat thyroid cancer to win a rowing gold at the Pan American games! How have these athletes survived their cancer and its treatment to achieve such stellar accomplishments?

Who can speculate as to the answer to a question that must be individual to some extent? At the same time, any stab I take at answering this million dollar question can only sound trite. You are, after all, asking a question that goes to the core of dealing with a cancer diagnosis and to the very heart of living a fulfilling life. Having acknowledged the difficulty in even attempting to consider how people rally from a cancer diagnosis to re-enter life and live fulfilled lives, I will share some of my thoughts, recognizing, of course, that there is no one answer, no right answer. All we can do is strive to understand the questions and look for possible solutions.

Ask Kate

A cancer survivor shares her experience



At first the idea of battling cancer, facing the risk of losing and risking the hope of winning seem impossible tasks. Most people to whom I have spoken about this very question, because everyone who has faced a cancer diagnosis has wrestled with it, say there is some unbidden, sometimes even unwanted drive to live. And if one is going to live, one should live well: fully and joyfully...but this is the challenge. In an odd way, my cancer diagnosis helped me learn how to live fully and joyfully, in spite of and perhaps because of the realization that there are no guarantees for anyone. Let me explain.

Although on an intellectual level I realized I was mortal, before my diagnosis, I had expected to live a long life. I put off my dreams, waiting for a day when I would have more time, more money, more freedom, fewer responsibilities. This approach to life is not unique, I'm sure: it can happen that people reach a ripe old age, and having waited for the opportunity to take a special trip, write the great novel, or buy a vacation property, find that their health is now the constraint that time and money once were...the opportunity is gone. My cancer diagnosis snapped this reality into clear focus. It had been easy to take today and tomorrow for granted, but as a cancer patient, I learned very quickly that I could not do this. But at the same time, this realization can be debilitating...why make plans we may not be able to fulfill?

When I asked my cousin Maureen, a breast cancer survivor, how to live, plan, look forward after a diagnosis of

cancer, she told me that while the disease might limit my future, I must never let it limit my present. But her answer posed a conundrum: it seemed to me that without a future, the present is inevitably limited: why should I bother doing something today, if I may not be here to enjoy it tomorrow? Finally, what I came to realize was that by predicating today's input on tomorrow's outcome, I was restricting the passion I was willing to put into life TODAY! Hence the old adage, I guess, that we must live every day as though it were our last, but at the same time, the trick seems to be to live as though we are going to live forever at the same time. So, while we should learn to live every day to the fullest, we must not do so to the extent that we compromise our ability to experience the same joy in the future.

This is the simplest of advice, almost trite as I warned it would be. Let me give you some examples of how I had to learn this simple wisdom. When I was first diagnosed, I decided to enjoy everything to the ultimate: so spend I did, thinking the credit card bill would never catch up with me in the great beyond. But to my surprise, Visa continued to find me every month, and every month I had to pay for the folly of my fatalistic thinking. It did not take me too long to figure out that...hmmm, perhaps I could have a great time, without subjecting myself to the subsequent, regular consequences. The same applied to my eating habits! I indulged in absolutely everything that took my fancy, wondering if that piece of zucchini or that cream sauce might be my last. Needless to say, that while the results of my self-indulgence were not so immediate as the credit card bill, they were nonetheless undeniable. Complete self-indulgence with no thought for tomorrow was not the answer to living well. There was a tomorrow; there were consequences.

Relay for life

A personal experience



Victory lap: The Survivors wait to start the relay with their Victory lap.

By Jean Seasons

Last June I was at the Canadian Cancer Society's first national "Relay for Life" at Ottawa's Lansdowne Park. Truthfully, I was not overly enthusiastic about the idea. I did not like being categorized as a "cancer survivor" and I thought anyone who would spend 17 hours walking, or worse running around a track – even for money for cancer research – was a bit of an idiot. However, I discovered a few truths I hope I never forget.

Anyone living around Lansdowne Park knew there was a new village forming in their midst on Friday when people started arriving with their tents, their coolers, their sleeping bags and lawn chairs. Within a few hours, everything was in place and everyone had established their particular portion of the turf with their distinctive brand. There was a tent called the "Shagadellics" with occupants liberally sprinkled with sparkles and festooned with black-rimmed glasses. There was an Ottawa U. group of Commerce students whose T-shirts declared "It concerns us too". The Pathfinders had their "Hundred Acre Wood". Two tents were surrounded by blinking construction lights that lit the night. The winning tent was covered with candy in case anyone needed more energy. The music was just right. The sun shone, the moon was full. A perfect day and night.

The relay teams were led on to the track with the "Survivors team" – a motley group of all ages. It was then that I began to realize what it was all about. The new villagers lined the track to cheer us on – and a couple of acquaintances reached out to hug me as I went around. They were acknowledging something that I kept well back in my mind. So far, I had beaten the disease. I was fully alive, happy – able to walk that track.

Later, as darkness fell, the thousand candles that lined the track were lit. They were luminaries bought by families and friends and on each holder was a name of some loved one who had not made it. No one could go around that track without feeling their quiet presence. A young woman who had survived excruciating surgery told her story and sang the song that meant hope for her. The bagpiper played "Amazing Grace" and in the crowd a woman with the tell-tale close-cropped hair sang sweetly along.

When I returned early on Saturday, the mood was quiet but festive. A group was learning line-dancing, an older couple was waltzing on the turf. A few were dozing in their tents or lawn chairs. Children were practising their golf swings in the specially set-up driving range. An idyllic holiday.

In the Survivors' tent I had a long talk with Christina Doyle, the "star" who had led the luminary ceremony the night before. We were joined by a woman who is in the midst of the battle with cancer now. She told us of her six-year-old neighbour who saw her when she wasn't wearing her wig. "Have you got cancer?" she said, "Are you going to die?" Later when her head began to regain a bit of fuzz, the same little girl said, "You've got your hair. You're not going to die". We held hands and laughed through our tears. "She's my angel," the cancer patient said quietly.

After I got home, a friend called. She was on an emotional high. She had stayed the course and won the prize for collecting the most money for research. But that wasn't why she called. "From now on, we're bonded," she said. And she's right.

Note: This relay brought in more than \$80,000 and participants who are eager to do it all over again next year. Modelled on the successful American Cancer Society's "Relay for Life" which takes place all over the United States, Ottawa was chosen for the pilot run/walk. It is planned that this will be an annual event in towns and cities right across the country. Given only four months to prepare for it, co-chairpersons Lee Near and Don Percy did a superlative job.

So, while I learned to constrain my urge for immediate gratification, for fear there would never be another opportunity, I realized slowly that there would probably be a tomorrow. It was for me to decide if I wanted that tomorrow to bring the consequences of frantic self-indulgence or the benefits of having finally set some goals and priorities. I knew, at last, what perhaps many smarter people know to begin with: there are no guarantees – for anyone. We all live in this state of ignorance – not being able to predict that one year from tomorrow we will still be here, still be well, still be living the lives we hope to live. For those of us with a diagnosis of cancer, there is a great gift of having to face this universal reality. We realize what many others do not – we have to make today and every day count, hoping, if not quite ever believing, that we will live to reap the benefits of a life well lived, and failing that, to have had the joy of living to the fullest every day.

For me, these simple notions have not been easy to come by. I have struggled to find a way to live a "normal" life in the wake of a cancer diagnosis and treatment, and then in those years after which there was no medication. In those times, I have often felt like a child learning to ride a two-wheeler without training wheels: the absence of the security of constant monitoring and vigilance frightened me. I wanted the guarantee that if I lost my balance I would not fall. But of course, no one has such a guarantee!! When I finally came to that understanding, I was able to focus on today, to hope in tomorrow without making it a pre-condition for today, and to experience again the kind of joy and satisfaction that come with setting and achieving goals.



Kate Murton has just graduated from the University of Ottawa Law School.

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



An aerial photograph of a city, likely Ottawa, showing a large, modern hospital complex in the foreground. The city is densely packed with buildings, and the hospital complex is a prominent feature. The image is oriented vertically on the left side of the page.

RESTRUCTURING THE CANCER CARE SYSTEM IN OTTAWA-CARLETON

Dr WK (Bill) Evans

The creation of the Ottawa Hospital from the former Civic, General and Riverside Hospitals was an opportunity to rethink how cancer services are organized in Ottawa-Carleton. Prior to the merger, most treatment services, including inpatient care, were duplicated at both the Civic and General Hospital sites.

The Ottawa Regional Cancer Centre is part of the provincial system of cancer centres operated by Cancer Care Ontario. It is the only cancer centre in the province which operates on two separate locations. This has added significantly to the cost of its operations and to the complexity of coordinating care. This arrangement served the community reasonably well for many years, in part because there were fewer patients, treatment approaches were less complex and there were substantial numbers of physicians in training who could provide support to the Cancer Centre's specialists in delivering care, particularly to patients requiring hospitalization.

Over the last five years, the number of new cancer patients has increased by over 30%. Care has become increasingly complex, necessitating increased sub-specialization. Oncologists now generally focus their energies and expertise on a few tumour types, rather than attempting to be knowledgeable of the whole field of oncology. In addition, the number of physicians available to provide care has dropped dramatically. This is the result of provincial governments acting on the recommendations of a national manpower study that predicted that Canada would be over-populated with doctors if medical schools were not downsized. The provincial governments, acted on this advice and the medical schools decreased their enrollment. As the decreasing numbers of students have passed through the

medical schools, fewer residents were available to train in specialized programs such as oncology. There is a growing manpower crisis in health care generally, and cancer care in particular. Governments are beginning to realize the adverse consequences of downsizing the medical schools just as the baby-boomers are entering their 50s.

The shortage of residents in training in specialties like internal medicine, medical and radiation oncology has meant that it became impossible to manage hospitalized patients on two campuses in Ottawa any longer. Consolidation of inpatient beds was necessary and was accomplished in late January of this year. Although there have been some problems in undertaking this consolidation, for the most part it has worked well.

Having consolidated the inpatient services, the outpatient clinics were reorganized so that new patients could be seen in consultation at one of the two divisions of the Cancer Centre. The General site was chosen because of the availability of space to accommodate the expansion of ambulatory activities. However, the intent is to continue to operate both the Civic and General facilities for radiotherapy treatment and chemotherapy delivery. New patient consultations and high acuity treatments will be concentrated at the General site, while lower intensity chemotherapy and well-follow-up will be provided at the Civic site to the extent possible. The consolidation of the physicians' offices is also intended to facilitate greater interaction between those specializing in particular tumor types. This interaction through multidisciplinary clinics, tumor boards and other activities will improve the teaching activities which are important to the University of Ottawa. Research productivity is also anticipated to be enhanced.

The consolidation of the Ottawa Hospital has also provided an opportunity to use the facilities of the Riverside in new and creative ways. The Woman's Breast Health Centre at the Civic site has been an exemplary model of regionalized care for women who have a breast abnormality which may be due to cancer. This Centre provides access to all the diagnostic procedures required to make a quick and accurate diagnosis as to whether a woman does or does not have breast cancer. In addition, a nurse navigator provides information and psychosocial support, as necessary. If a diagnosis of cancer is made, the nurse navigator assists the patient in gaining access to other aspects of the health care system.

Recognizing the benefits of this new model of cancer care organization and delivery, physicians from the Cancer Centre and hospital proposed additional assessment units for other common cancers, namely lung, colon and prostate cancer. These diagnostic assessment units are now being planned by multidisciplinary teams consisting of physicians, nurses, administrators and, most importantly, consumers.

The community has already shown its interest in support of these units by undertaking fundraising initiatives to see that these units become a reality. Like the Woman's Breast Health Centre, each unit will be, to the extent possible, self-contained, with ready access to those diagnostic procedures necessary to make a quick and reliable diagnoses. When a referral for surgery, radiotherapy or chemotherapy is necessary, then a nurse navigator will ensure that the patient knows where to go when, and what to expect. The assessment units will provide information about each particular cancer and its management, as well as facilitated access to the various supportive care services that are available to assist patients who are newly diagnosed with cancer. The colon and prostate units are likely to be located at the Riverside site which is easily accessible by public transportation and has ample parking. Not only will these units provide efficient high-quality care, they will be cost effective. Studies of the cost of diagnostic assessment for lung and breast cancer have revealed that a large component of the total life time cost of managing

patients with these malignancies relates to the initial diagnostic work-up, which, in the past, was commonly undertaken in hospital. With well-organized ambulatory units, such hospitalization will be unnecessary and the work-up will be conducted more quickly and with lesser cost.

Although the restructuring process has been time consuming, frustrating and often politically charged, it has provided a unique opportunity to remedy problems of the past and to create innovative solutions for the future. For the cancer system, the establishment of assessment units for the four common cancers is very likely to be the model for future care delivery in Canada. This innovation is occurring first in Ottawa and it is one in which the community should take pride.



Dr. W.K. (Bill) Evans is Chief Executive Officer, Ottawa Regional Cancer Centre, Chair, Interdepartmental Program of Oncology,

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**We are proud to support
the dedicated work of
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EFFECTIVE CERVICAL SCREENING: Overcoming the Barriers

By Dr. Michael Fung Kee Fung

Cancer of the cervix is a preventable cancer. Its natural history is well known and there are well-recognized abnormalities of the cervix, which precede the development of cervical cancer.

There is also an inexpensive and non-invasive screening test, namely the Papanicolaou or Pap test. Early detection of cervical cancer can result in a complete cure. Screening for cervical cancer has been going on in Canada for over 50 years and this has resulted in a fall in the number of women diagnosed with cervical cancer and death from cervical cancer. However, the rate of decline in the incidence and mortality from cervical cancer slowed in the early '70s and appears now to have plateaued. Unfortunately, there are still 1,300 new cases of cervical cancer in Canada each year, with 390 deaths per year.

Failure to achieve a continuous further decrease in the incidence and mortality of cervical cancer is due largely to the fact that cervical screening is currently undertaken on an "opportunistic" rather than systematic basis. As well, there has been a small but definite increase in the incidence

of adenocarcinoma, a type of cervical cancer which is less easily detected by Pap tests. Adenocarcinoma has been increasing at the rate of about 3-4 per cent per year. The most common type of cervical cancer is squamous carcinoma which represents about 80 per cent of all cervical cancers. The barriers to achieve further reduction in cervical cancer mortality are of an organizational, educational and informatic nature.

In Canada, the rate of cancer of the cervix is six times greater in native and immigrant populations. For women with cancer of the cervix:

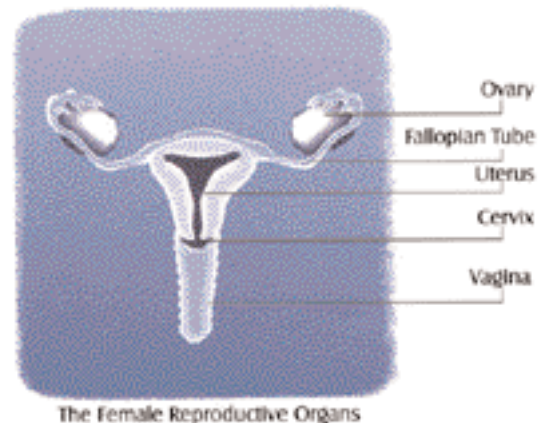
- approximately 50 per cent have never had a Pap test;
- 15 per cent were not screened within three years prior to diagnosis;
- and 17 per cent of smears were either not predictive of cancer or had abnormalities which were not followed up on by appropriate interventions.

In addition, never-screened women had the highest mortality rate as the disease in this group was more likely to be advanced at the time of presentation. The problem is further complicated by the fact that women at low risk of cervical cancer tend to be over-screened, thereby consuming scarce health care resources in an inappropriate fashion. The strategies to achieve further reduction in this potentially preventable disease fall into two broad categories: (1) recruitment strategies and (2) quality improvement initiatives. Both of these strategies could be facilitated by public education and greater use of medical informatics.

Reaching women for prevention

In Ontario, a woman is screened only if she presents herself to a physician and requests a Pap test or the physician thinks that she is someone who should be offered a Pap test.

This is called opportunistic screening. Guidelines for screening recommend that women, who have ever had sex, be screened once per year. After three normal Pap tests, screening should continue at least every two years to age 69. Women with abnormal smears need to be referred for further testing which could include a repeat smear or a diagnostic test called colposcopy. This procedure is very similar to the Pap test, but includes examination of the cervix using a magnifying lens. One obstacle to recruiting those women who have never been screened or who are under-screened is using the same standard approach for all women. There is good evidence that women can be motivated to attend for screening if a multifaceted recruitment approach is used. This approach might include recall letters, information pamphlets documenting the appropriate frequency, etc. The development of a multi-pronged approach requires a multidisciplinary health care team which is culturally sensitive. Of the women who are screened, a number will need to have a repeat smear; as many as 30 per cent will default or not attend for the second screening test. The importance of follow up and attendance for further diagnostic tests needs to be better presented with the knowledge that early diagnosis and treatment of precursor abnormalities is generally quick and for the most part minimally uncomfortable. Importantly, early di-



agnosis and treatment results in a complete cure. One obstacle to preventing cervical cancer in women is the increasing frequency of smoking among women. Smoking is a risk factor for cervical cancer. As more women smoke, cervical dysplasia and cervical cancer have both increased in frequency. In fact, the risk of cervical dysplasia is three times higher in smokers compared with non-smokers.

A common problem among informed women is that they feel that they do not have the risk factors commonly known to be associated with cervical cancer, such as multiple partners or low socioeconomic status. For these reasons, they do not see themselves to be at risk and, therefore, do not attend for screening at all. Such complacency is dangerous. The primary risk factor remains ever having had sex. This is because it is not only the woman's previous partners, but the number of partners her partner has ever had. To further reduce the mortality rate from cervical cancer the health care team must be aware of these issues. Physicians need to have access to relevant information and strategies need to be developed to reach women entering the health care system for other reasons, such as a visit for breast screening.

Quality assurance of the PAP test

The Pap test is an imperfect test. Continuous efforts need to be made to improve the test procedure as well as the reading and reporting of the Pap test. In fact, falsely negative tests can occur in from 10-40 per cent. Screening at regular intervals addresses some of the inherent limitations of the test itself. Efforts to reduce the variation in the factors involved in taking a Pap test and in assessing it are ongoing. For a Pap smear sample to be adequate, it must include cells from the squamo-columnar junction of the cervix. The use of a cytobrush for sampling greatly increases the likelihood of an accurate diagnosis being made. The abnormalities seen on the smear must be reported in a standardized way using standard terminology that is understood by the medical community. In addition, there is a need for clear guidelines as to which patients re-

quire specific actions to deal with Pap smear abnormalities.

Linking the issue of quality assurance with the issue of recruitment is the need for adequate reliable data which can be used to identify areas of improvement and formulate strategies to further reduce the incidence of this disease. Successful screening programs have Pap smear registries to provide population coverage and a reminder or recall system in place which ensures that women are informed of the need to attend for follow up or repeat tests. In addition, the development of a colposcopy registry would provide further data for contin-

Continuous efforts need to be made to improve the test procedure as well as the reading and reporting of the Pap test

uous quality improvement and the recall of women undergoing this diagnostic test.

There is much to be done locally and provincially to ensure that existing barriers are overcome in order to ensure that all women at risk are appropriately screened. Cancer Care Ontario has set a target of a 50 per cent reduction in cervical cancer by the year 2005. The Ontario Cervical Cancer Collaborative Group, which includes a broad representation from medical disciplines, laboratory services, nursing, consumer groups, as well as government, has been working diligently to address the issues identified above and to coordinate a provincial strategy. Some achievements to date include standardization of reporting, a common statement about cervical screening intervals, patient and education materials and the infrastructure for the collection of Pap tests data. Locally, a cervical cancer prevention group has been set up at the Ottawa-Carleton Health Unit to address the same issues. Recent achievements of this group include the characterization of the barriers

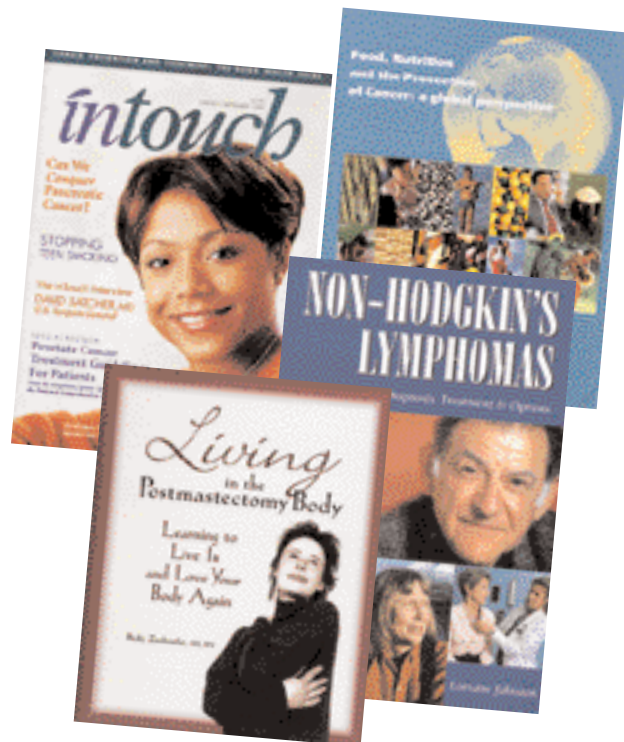
facing multicultural women in accessing information and participation in screening. Strategies to achieve these issues are presently being devised.

The Ottawa Regional Cancer Centre and the Gynecological Program, University of Ottawa have spearheaded the development of number of unique and innovative tools to address some of these barriers. GOCIS™ (Gynecological Oncology Clinical Information System) is the first fully-integrated, dynamic, multi-user database for colposcopy. It was launched in 1995 at the General Campus of the Ottawa Hospital. This program provides computerized-patient tracking, record-keeping, quality assurance and a recall system for both physicians and patients. The system facilitates the diagnosis and evaluation of women with abnormal Pap tests. With this system, a woman and her caregiver can view the images of the cervix over time and watch the evolution of any abnormalities. The system is the basis for the development of a full colposcopy registry in the province. The Gynecological Program also has produced a booklet for family physicians which provides answers to the most frequently asked questions around cervical cancer and its precursor lesions. Finally, the program has piloted the use of infrared spectroscopy as an experimental tool to assess samples of cells from the cervix with Dr. Patrick T. T. Wong. This test may make it possible to improve on the accuracy of the Pap test and decrease the number of false-negative tests. There is no doubt that the organizational and informatic challenges remain large in a diverse and multicultural society. Nonetheless, the foundational elements of an effective cervical screening program have now been laid. However, it is important to underscore the fact that the numerous efforts of health care professionals will not prove fruitful if women themselves do not adopt preventive health habits.

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

The Beattie Library

Meeting the information needs
of patients and their families



By Christine Penn

The Beattie Library at the Ottawa Regional Cancer Centre continues to improve its collection of books and tapes in the Patient and Family section of the library.

One recent addition is *Stopping Cancer Before it Starts* by the American Institute of Cancer Research. New York. Golden Books, 1999. This book deals with lifestyle factors, such as diet, smoking, physical activity and weight control, which have been linked to cancer risk, and offers practical and concrete ways to reduce this risk. A cookbook section includes over 100 recipes for healthy meals. There are also tips for incorporating exercise into every day activities. The book acknowledges that there are no guarantees against getting cancer; however, it does offer suggestions for small, positive changes in lifestyle which not only lower the risk of getting cancer, but generally improve fitness and health. Most importantly, instead of proposing radical diet plans and strenuous exercise regimes, the suggestions are

achievable, and empower the reader to make positive lifestyle changes.

Stopping Cancer Before it Starts is derived from another new title added to our professional collection, *Food, Nutrition and the Prevention of Cancer: a Global Perspective* by the World Cancer Research Fund and the American Institute for Cancer Research, Washington, 1997. Produced by a panel of the world's leading researchers in diet, nutrition and cancer, this book provides an excellent review of the research, discusses dietary prevention from an international perspective, and offers nutrition guidelines.

The American Institute for Cancer Research has a website at <http://www.aicr.org> which is worth a visit if you would like to find out more about nutrition and cancer, tips and recipes for healthy meals and links to other sites on nutrition.

Some of our other new additions include:

Non-Hodgkin's Lymphomas: Making Sense of Diagnosis, Treatment and Option by Lorraine Johnson. O'Reilly & Associates, Sebastool, CA, 1999.

Living in the Postmastectomy Body: Learning to Live in and Love your Body Again by Becky Zuckweiler. Hartley & Marks, Point Roberts, WA, 1998.

Melanoma Prevention, Detection and Treatment by Catherine Poole. Yale University Press, New Haven, 1998.

No Time to Die: Living with Ovarian Cancer by Liz Tilberis. Avon Books, New York, 1999.

In Touch. This is a magazine about cancer prevention and treatment, which is published every two months.

Come visit the Beattie Library at our new location at the General Division of the Ottawa Regional Cancer Centre, on the third floor, or phone 737-7700 ext. 6984. We are open Monday to Friday from 8:30 to 4:30.

Plans are under way to open libraries for patients on the main floor of both the Civic and General Divisions later this year.

Christine Penn is a library technician at the Beattie Library.

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.

Adult Brain Tumour Support Group:

- 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.

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.

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.

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

Cansurmount (Canadian Cancer Society Program):

- Purpose: To provide one-on-one peer support for patients and/or families. Trained volunteers are matched with clients.
- Canadian Cancer Society - Carleton Unit, 1745 Woodward Drive, Ottawa. K2C 0P9
- Call (613) 723-1744 for more information.

(The) Hospice at Maycourt Caregiver Support Group:

- Purpose: for family/friends of people with a diagnosis of cancer, A.I.D.S. or A.L.S.
- Meets Wednesday evenings (weekly) 7:30-9:30 p.m.
- Hospice of All Saints, 114 Cameron Avenue, Ottawa. K1S 0X1
- Call (613) 260-2906 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 Severn Blades at (613) 837-3119 for more information.

COU-RAGE Canada

- Ottawa Branch:

- Purpose: Self-help group for people post-radiation treatment.
- Call Anne at (613) 737-7882 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 except July and August.
- 2:00 p.m. - 4:00 p.m.
- Maurice Grimes Lodge, 3rd. Floor, Ottawa Regional Cancer Centre, 200 Melrose Avenue, Ottawa.
- or
- Meets the second Tuesday of each month 2:00 p.m. - 4:00 p.m.
- Ottawa Regional Cancer Centre, 501 Smyth Road, Ottawa.
- 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 information or to sign up

Ottawa Regional Cancer Centre Beattie Library

- Provides up-to-date cancer information for staff, cancer patients and their families, and members of the general public.
- Beattie Library, 501 Smyth Road, Ottawa, ON K1H 8L6
- Phone: 613-737-7700 ext. 6984
- Hours: Monday - Friday, 8:30 a.m. - 4:30 p.m.

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) 737-7700 ext. 6330 for more information.
- 2. Healing Circles (a group for newly diagnosed men and women - learn relaxation techniques)
 - eight week group
 - Call Diane Manii (613) 737-7700 ext. 6330 for more information.
- 3. Cancer is a Family Affair (a group for persons living with cancer, their families and children)
 - Mondays 4:30 - 6:00 p.m.
 - Ottawa Regional Cancer Centre, General Division, 501 Smyth Road, Ottawa, ON
 - Call Michele Holwell (613) 737-7700 ext. for more information.
- 4. Healthy Connections (for individuals who have received cancer treatment in the past or are presently receiving treatment who would like to meet up with old and new acquaintances, and learn about a variety of health related topics). Various topics.
 - fourth Tuesday of every month 1:30-3:00 p.m.
 - 1st. Floor, Maurice Grimes Lodge
 - Call Diane Manii (613) 737-7700 ext. 6330 for more information

Ottawa-Carleton Regional Palliative Care Association

- 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.

Pink Ribbon Voices Support Group

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

Prostate Cancer Association

- Purpose: Provides support and information, interacts with health community, co-operates with groups having similar interests and promotes awareness of prostate cancer.
- Meets the third Thursday of each month, 7:00- 9:00 p.m. 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 p.m.
- Ottawa Regional Cancer Centre, General Division, 501 Smyth Road, Ottawa.
- Call (613) 723-1744 for more information.

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

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 Cancer Support Network (Cornwall)

- Victorian Order of Nurses (VON) Cancer Support Network
- Information and discussion for cancer patients, newly diagnosed, and their loved ones. Come ASK QUESTIONS AND BE LISTENED TO!
- 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)

- Victorian Order of Nurses (VON) Prostate Support Group
- Information and discussion for prostate cancer patients, newly diagnosed, and their loved ones. Come ASK QUESTIONS AND BE LISTENED TO!
- 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.

Pink Ribbon Voices

Together - We are meeting the challenge!

By Alexandra Kruchka

Pink Ribbon Voices - Women Living With Cancer is a survivor-led organization raising funds for breast cancer research.

The organization is recognized as contributing associates of the Canadian Breast Cancer Research Initiative (a division of the National Cancer Institute), as well as contributing supporters of the Ottawa Regional Cancer Centre, and the Hamilton Regional Cancer Centre.

Recently Pink Ribbon Voices entered into a unique partnership with the Canadian Association of Medical Radiation Technologists. In June, 1999, at the CAMRT Conference, a special pin available only to graduates of the Certificate in Breast Imaging program was launched as a symbol of this initiative which joins a survivor-led organization with the technologists on the front line in the detection of this life-threatening disease.

In addition to these breast health partnerships and fundraising efforts, Pink Ribbon Voices provides support in various ways. Last year, PRV introduced two new innovative programs - fly-fishing and golf, geared to breast cancer survivors. In February, 1999, Art Therapy for breast cancer survivors was added. Registration is now underway for additional workshops including Writing/Journal Writing; Photography; Meditation/Spirituality; Imagery Therapy and more.

Pink Ribbon Voices is all-volunteer and a registered national charity. Although most members are breast cancer survivors, survivors of other cancers, and all who have been affected indirectly by cancer are welcome. Pink Ribbon Voices believes if someone you care about has cancer, you are living with the disease too.

Although still a fledgling organiza-



tion, Pink Ribbon Voices has already accomplished a great deal in both its support and fundraising efforts. PRV receives no government funding or grants. Revenue is generated through donations and sale of items such as the pins made exclusively for Pink Ribbon Voices and which are available at The Bay and other locations including the Shopping Channel.


This fall, the second annual Service of Remembrance and Procession of Hope will be held. Open meetings in the coming season will include speakers such as Dr. Marilyn Schneider, Director, Canadian Breast Cancer Research Initiative. The public is also invited to participate in the Quilt for a Cure, a project to generate awareness and raise funds for research. For further information, phone (613) 230-7702.

Alexandra Kruchka, BA, MA, and PhD candidate, is president of Pink Ribbon Voices and a survivor of breast and ovarian cancers.



- photo Ottawa Citizen

Fly-fishing among innovative programs for survivors.



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