



Psoriasis
A disorder affecting more than just your skin



Beating breast cancer
Giuliana Rancic's story of survival

MEDIA PLANET

March 2013

YOUR HEALTH

3

TIPS

ON TAKING AN ACTIVE ROLE IN YOUR HEALTH

EDUCATE YOURSELF AND BECOME AN ADVOCATE TO BETTER YOUR HEALTH

In this report we take an **in-depth look** at dermatological conditions and **NHL Hall of Fame inductee Darryl Sittler** speaks out on cancer awareness.

How to keep your skin healthy and reduce risks of cancer

Canada's distinct climate can make for dermatologic difficulties and dermatologists across the country are working to improve the quality of life for Canadians coping with some form of skin, hair or nail disorder.

In Canada, there are 670 dermatologists to care for almost 34 million people, which works out to a shocking ratio of about 50,700 patients per dermatologist. Extensive medical training and unique skills, put dermatologists in high demand because of their ability to identify the intricacies in the skin, hair and nails, and treat numerous conditions. On occasion these conditions can mimic one another, often making diagnosis difficult for those outside the dermatology specialty.

What is dermatology?

Dermatology is the division of medicine dealing with the skin, hair, nails,

and mucous membranes, i.e. the lining inside the mouth, nose, eyelids, and genitalia. It's a unique specialty that includes medical, surgical, and cosmetic components. A dermatologist, like myself, is a physician who specializes in the diagnosis and treatment of more than 3,000 different diseases and disorders. More simply put, dermatology is the area of medicine that cares for what people see first when they meet someone new.

Approximately 48.5 percent of Canadians are living with some form of the most common dermatologic conditions like acne, rosacea, eczema, hyperhidrosis (excessive sweating), and psoriasis. Dermatologic conditions affect our outward appearance and, although not often discussed, many tend to cause psychological side-effects or insecurities. Many common conditions, like those listed above, are not contagious but what they look like doesn't matter as much as how they make a person feel on the inside or the perceived burden they pose to daily life.

Often the degree of the psychological impact directly correlates with the severity of the condition. Some of the psychological effects associated with dermatologic conditions are social withdrawal, decreased self-esteem, low self-confidence, embar-



Dr. Gordon Searles
President,
Canadian Dermatology Association

rassment, depression, pre-occupation, and frustration.

Advocacy

The Canadian Dermatology Association

(CDA) is committed to educating the public about various dermatologic issues by providing information about treatment options and daily care, while the ultimate goal is to eliminate the social stigma. The latter is a task that cannot be

"Dermatology is a unique specialty that uses medical, surgical and cosmetic components to treat over 3,000 different diseases and disorders."

accomplished alone, which is why the CDA works with patient groups like the Canadian Skin Patient Alliance — a patient-lead organization that provides a supportive commun-

ity for those living with dermatologic conditions.

One of the most serious issues of concern to dermatologists is skin cancer. In 2012, estimates indicated there would be more cases of skin cancer diagnosed in Canada than breast, lung and prostate cancers combined (81,300:75,000). The increased prevalence can be attributed, in part, to the growing popularity of using indoor tanning equipment to get the "Hollywood glow" resulting in the diagnosis of malignant melanomas in patients still in their 20s.

The Canadian Dermatology Association strives to educate Canadians on how to develop life-long healthy habits like everyday sun protection, how to do regular skin cancer self-examinations and care for their hair and nails. Remember the largest organ you have is your skin, take care of it.

DR. GORDON SEARLES
editorial@mediaplanet.com



The anti-wrinkle solution for dry skin

Eucerin

SKIN SCIENCE THAT SHOWS

Ask your pharmacist

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CHALLENGES

The mental and social consequences of the leprosy effect

Sometimes when I awaken I cringe inwardly as I remember who I am...who I have become. I can feel my skin...feel the itch, the burn, the pain...the itch...the itch....

As I prepare for my day, carefully applying topical treatments to the areas of my body, I sigh. It's often messy and uncomfortable and it can take up to an hour some days, this care and tending, and yet often the results are slow to come. Then I don my great disguise — the one that will hopefully carry me though my day appearing 'normal.'

Living without hiding

Like the millions of other Canadians living with a dermatological condition that affects how our hair, skin or nails look and feel, I am an expert at camouflage. We're all great at hiding, or diverting attention away from our affected areas and expert at burying the complex feelings that come with living with a skin disease.

We learn quickly that if we don't cover up, people move away from us on the bus, or we get asked to leave a swimming pool, or athletic club, because the sight of us makes other patrons uncomfortable. People fear catching the hideous skin affliction. I call it the leprosy effect.

So most people with skin disease hide it, for most of us have the experience of being shunned, stared at, pitied, denied jobs or relationships, and we grapple with feelings of shame and periodic low self-esteem. Some skin patients literally become hermits. Some wear long clothes and hats in the heat of summer. If skin disease comes to us in youth, our social development can be affected. Even teens with 'just' acne have higher rates of suicidality.

Defeating the stigma

Because no one talks about it, the

impact of skin diseases is hugely underestimated. Interestingly, a study showed that the impact on mental health of living with psoriasis, a systemic skin condition affecting a million Canadians, is emotionally worse than living with a diagnosis of arthritis, congestive heart failure, and even cancer.

Because its 'just skin', there isn't the same investment in research and so treatments and cures are hard to come by. So there is a feeling of hopelessness that we're saddled with a disease that won't get the same attention that goes to those with, say, breast cancer. Did you know that if you lose your hair to chemo, in Canada you qualify for a wig. If you lose your hair to alopecia, a hair loss disease where your hair is unlikely to grow back, it's not covered.

There are 3000+ dermatological diseases, most of which are non-communicable, and many of which are rare. Many have names that are unpronounceable. Many are chronic, meaning once diagnosed, they are with you for life.

In our society where our health and attractiveness as a human being is judged by the healthy glow of our skin and hair, skin with scales or pustules, burned, scarred skin and bald heads



or excess facial hair (especially on women) can be seen as repulsive and somehow scary.



BREAK THROUGH THE MOLD Challenging the notions around the leprosy effect.

To make things worse, when we are diagnosed, or are struggling with an outbreak and feel conspicuous, or we have a child who can't sleep because their skin feels on fire, and we want to grieve the loss of the 'normal' life

“People fear catching the hideous skin affliction. I call it the leprosy effect.”

Christine Janus
Executive Director,
Canadian Skin Patient Alliance (CSPA)

we had envisioned for ourselves, we're told to relax, "it's just skin — it's not cancer." The inference is that

perhaps we are being vain (really?), and that we should get on with life, and most of us ultimately do so, only occasionally feeling guilty for feelings of despair that creep through when we experience the leprosy effect.

It's time for us to come out of the closet and help erase the stigma associated with skin diseases by showing our skin and nails and hair issues to others, and gently explaining over and over, that unlike leprosy, which was thought to be contagious, most skin diseases simply aren't.

The Canadian Skin Patient Alliance members envision a world where all of us can walk without shame in shorts and t-shirts, just like everyone else.

CHRISTINE JANUS
editorial@mediaplanet.com

Taking control of your eczema and dry skin

Characterized by dry, flaky, inflamed and extremely itchy skin, eczema is a chronic condition that can vary in nature and severity.

Eczema affects between twenty and twenty five percent of Canadians at some point in their life, but its root causes remain unknown.

"Atopic eczema is the most common form of eczema and is closely linked with asthma and hay fever. Eczema can affect anyone," explained Amanda Cresswell-Melville, Executive Director, Eczema Society of Canada. "Many young people with eczema will outgrow the condition, but some people will have it for the rest of their lives. Doctors are not sure whether it's a rash that itches, or an itch that rashes."

Self treatment

For a sufferer of eczema, being proactive and following a self-treatment



regime is imperative. There are some simple processes that people can work into their daily routine to help manage their condition and reduce irritability. Cresswell-Melville said, "there's a lot of skincare involved with eczema. The general recommendation is to bathe at least once a day and apply a good quality, specially formulated moisturizer at least twice a day. Sticking to this routine is one of the most important things that you can do to keep your skin under control."

As well persevering with self-treatment, Cresswell-Melville believes that it's important for sufferers to have faith in their doctor and the treatments that they prescribe.

"We often hear from eczema sufferers who are afraid to use the topical treatments that their doctor has prescribed. We recommend they work with their doctor and not be afraid to use topical treatments," she said.

Dry skin

People suffering with dry skin can carry some of the more mild symptoms of eczema, but in many cases dry skin can be easily managed with moisturizing and avoiding harsh soaps and irritants. "People with eczema typically have dry skin, but not everyone with dry skin will have eczema," explained Cresswell-Melville.

The decreased level of humidity in the cold winter air is a common cause of dry skin. Installing a humidifier in your home and covering up sensitive areas of your skin when you go out is a good way of combatting this. Extremely hot showers may be a great way of washing away the stresses of a hard day, but they're ill advised; the

high temperatures can quickly dry out your skin's natural oils.

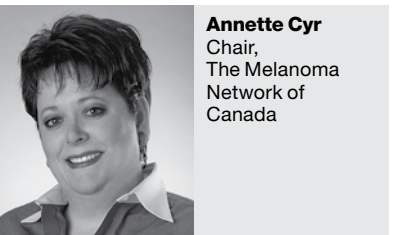
Dry skin is very common in elderly people. The decreased activity in the sweat and sebaceous glands reduces the production of moisturizing oils and this can lead to itchy, sore and cracked skin. Embracing a healthy lifestyle when young is a good way of reducing the risk of living with excessively dry skin when elderly: avoid smoking, over exposure to the sun and drink good amounts of water everyday.

"For the elderly population it can be a difficult and frustrating condition to manage," said Cresswell-Melville. "Anyone with dry skin can benefit from the use of a good quality, rich moisturizer. If you have dry skin it's important to keep it hydrated because well hydrated skin is less likely to be itchy, and reducing itchiness can reduce flare ups."

JOE ROSENGARTEN
editorial@mediaplanet.com

INSPIRATION

Their journeys



Annette Cyr
Chair,
The Melanoma
Network of
Canada

When Annette Cyr was growing up in the 60s and 70, spending hours under the sun's rays was a regular occurrence; she didn't give it a second thought.

"I remember in my teenage years, trying to keep up with my girlfriends," said Cyr, now Chair of the Melanoma Network of Canada. "We would go to the beach or the pool to do our tanning. I was always burning; it was a constant. There was not the level of awareness back in those days."

There was no way for Cyr to envision the repercussions of her tanning. In 2001 she was diagnosed with a low-level melanoma: she had a relatively simple surgical procedure and that, she thought, was the end of it. Relapses in

Annette Cyr and Kathy Barnard are intent on improving the quality of life for every Canadian affected by melanoma.

2007, and recently in 2012, were not so easy to treat. She had to have a series of major surgeries and skin grafts.

"In 2007 I was off of my feet for 6 months and, being self-employed at the time, it was quite frightening. I was so stressed, my heart rate went up; I was terribly afraid," said Cyr. "I was being told by the doctors that the outlook didn't look good. It's hard for a person to process that kind of information."

Since starting the Melanoma Network of Canada in 2009, Cyr has worked tirelessly to educate Canadians about the importance of UV protection. "Your skin never forgets," she said. "You carry with you whatever UV exposure you've had. People don't seem to put it into their minds that it's radiation."

Cyr will continue to raise awareness of the dangers of UV rays, and she's not likely to surrender in her personal battle with melanoma either. "It keeps reminding me that this is not an easy disease to tackle, but, little does it know: I'm as relentless as it is."



Kathy Barnard
Founder,
Save Your Skin
Foundation

It was after returning from a baseball trip to Australia in 2002 that Kathy Barnard, founder of The Save Your Skin Foundation, found two lumps on her elbow. When one of them turned purple a plastic surgeon recommended an immediate ultrasound. The lumps were removed, both thought to be benign.

Spring 2003: Barnard gets a phone call from her general practitioner. "I went in, expecting to hear that everything was fine. My GP told me that I had to go home and get my affairs in order: I had metastasis melanoma."

That phone call was the start of Barnard's journey. After her first bout was treated, she went back to work; she thought she was recovered. In 2005, doctors discovered that the malignant

melanoma had spread to her kidney, liver, lung and adrenal gland. "My whole family got on a plane and flew to Britain," she said. "We had what we thought was going to be my last ever family reunion."

Since recovering from that Barnard, has suffered further relapses. She's fought her way onto a series of clinical trials that have provided her with life saving treatments. "The last drug that I was given is an immunotherapy treatment, it boosts your immune system to fight the disease by itself," she said.

Barnard hasn't been satisfied to simply fight her own melanoma, to think of only her own recovery. Since 2005, she's been campaigning to ensure that sufferers of melanoma receive the financial and emotional support that they need.

"Having my family around me, being positive, was so important. That's why the foundation is now so important. We need to educate people about skin care, to raise awareness. I need to let people know that melanoma is not the death sentence that they may think it is. We can survive this," she said.

JOE ROSENGARTEN
editorial@mediaplanet.com

WE RECOMMEND

ABCDE's of early detection
5 keys to self-examination

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Responsible for this issue:
Publisher: Leah Frazer
leah.frazer@mediaplanet.com
Publisher: Michael Goldsmith
michael.goldsmith@mediaplanet.com
Designer: Laura Shaw
laura.shaw@mediaplanet.com
Contributors: Canadian Cancer Society, Canadian Skin Cancer Foundation, Canadian Pemphigus and Pemphigoid Foundation, Ellen Choe, Julian Dobranowski, Eric Marsden, Indrani Nadarajah, Christine Janus, Joe Rosengarten, Dr. Gordan Searles, Gladys Wasylenchuk, Jeff Wrana

Photo Credit: All images are from iStock.com unless otherwise accredited.

Managing Director: Joshua Nagel
joshua.nagel@mediaplanet.com
Editorial Manager: Maggie Ritchie
maggie.ritchie@mediaplanet.com
Business Developer: Jessica Bowman
jessica.bowman@mediaplanet.com

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DID YOU KNOW?

Pemphigus and pemphigoid

Pemphigus and pemphigoid are rare, blistering diseases of the skin and mucous membranes (eyes, throat, genitals, mouth). In pemphigus, antibodies attack desmoglein — the "glue" of the upper layers of the skin (epidermis). The skin cells detach leading to burn-like lesions or blisters that do not heal.

Large areas of the body can be affected and need treatment at a Burn Centre. Pemphigus can be fatal if left untreated and blisters spread and become infected. Early diagnosis is important. Aggressive treatment strategies are needed. There are several different types of pemphigus. Pemphigus Vulgaris is most common.

Two major forms

There are two major forms of pemphigoid — Bullous Pemphigoid and Cicatricial Pemphigoid. The type depends on which antibodies are produced and in which layer of the skin blisters occur. Bullous Pemphigoid patients have itching that may be painful with blisters appearing on the trunk, back, arms and legs. Cicatricial Pemphigoid occurs on mucous membranes. Gums are commonly affected. And if left untreated it can be fatal.

No single medication or combination of medications guarantees remission. Patients need to know options and work with their dermatologist and other healthcare professionals to determine an optimal strategy.

The number of Canadians diagnosed with these diseases is unknown. To support patients and their families to deal with these diseases, the Canadian Pemphigus and Pemphigoid Foundation was established.

SOURCE: CANADIAN PEMPHIGUS AND PEMPHIGOID FOUNDATION
editorial@mediaplanet.com

SkinTherapy

Relief for all that assaults your skin

Dry. Itchy. Red. Cracked. These are only a few of the skin issues many people deal with on a daily basis. If you have a skin condition such as eczema or psoriasis, if you are dehydrated or undergoing certain medical treatments, these symptoms can be even more extreme.

Whether you have mildly dry or extremely dry skin, moisturizing is key. The use of a regular moisturizer can help make the skin softer, smoother and less likely to crack. It soothes, replenishes and protects your skin.

Glaxal Base is a highly restorative family of moisturizers that work for all skin types, especially severe dry skin. Formulated

to nurture even the most sensitive skin, it reinforces and strengthens skin and prevents damage caused by dryness.

Recommended for over 40 years by pharmacists and physicians, **Glaxal Base** helps alleviate the symptoms of dryness, redness, itching and cracking associated with acute conditions like psoriasis, rosacea, eczema and radiation dermatitis. **Glaxal Base** is perfume-free, lanolin-free, hypoallergenic and non-greasy.

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Eczema

When you suffer from eczema your skin becomes swollen, irritated and itchy. Certain products can make these skin reactions worse. **Glaxal Base Moisturizing Cream** is proud to carry the Seal of Acceptance from the Eczema Society of Canada (ESC), which recognizes that **Glaxal Base Moisturizing Cream** is free of ingredients that are known to be irritating to patients with eczema.



Radiation Dermatitis

Undergoing radiation therapy can yield unpleasant side effects including reddening of the skin that is painful to touch. **Glaxal Base Moisturizing Cream** has been recommended by Oncology centres across Canada for many years for use in soothing the afflicted areas.



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SKIN SCIENCE THAT SHOWS
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NEWS

ACNE: NOT JUST YOUR CHILD'S CONDITION

SPOT SOLUTIONS

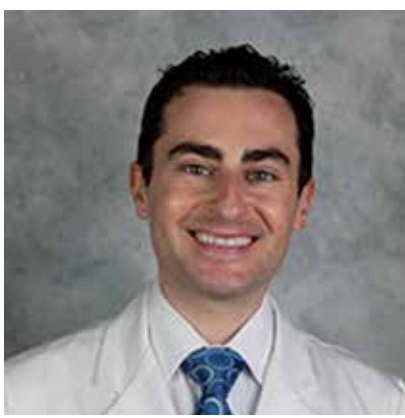
Suffered by between eighty five and ninety percent of teenagers, acne is a hormonal skin disease that can affect the face, chest, back, and shoulders. Although adult acne is fairly common, especially in women, in most cases the condition is completely cleared up by the age of twenty. In certain instances acne can leave scarring and marks on the skin.

“It’s generally related to the secretion of testosterone, which revs up when puberty begins,” said Dr. Benjamin Barankin, Medical Director and Founder of Toronto Dermatology Centre. “As a result of this increase, you start to produce more

oil, or sebum. A bacteria on the skin called P.acnes can then start to overgrow on all of this excessive oil; your body then develops an immunologic reaction to the bacteria and acne inflammation ensues.”

Treatment options

There are various types of treatment that can be used to treat acne. For mild cases, topical treatments, such as creams and gels are used, “the topical therapies include antibiotics, benzoyl peroxide and vitamin A, otherwise known as tretinoin. You can also have combinations of any of those three. If somebody has deep acne you’re generally going to think about adding a pill to work alongside topical therapy,” said Dr. Barankin.



“There are increased rates of anxiety, depression and suicidality in patients who have acne.”

Dr. Ben Barankin
Medical Director and Founder,
Toronto Dermatology Centre

Sticking with treatment

Sufferers may see positive results quickly, but it’s important that they stick to their treatment to get the best possible results. It’s also helpful to find a treatment that

doesn’t cause irritation or side effects, because, as Dr. Barankin explained, “if treatment is tolerated well, the compliance will be higher and the results will be better.”

The psychological effects of acne cannot be underestimated. For some teenagers, going through a period of life that is stressful enough already, it can be hard to handle. “I’ve had many patients who skipped school, or didn’t date because they were embarrassed. There are increased rates of anxiety, depression, and suicidality in patients who have acne. But, there are studies that show that aggressive treatment of acne significantly improves the way that people feel about themselves,” said Dr. Barankin.

JOE ROSENGARTEN
editorial@mediaplanet.com


Psoriasis: more common than you think

Psoriasis, an auto-immune disorder, can be so severe that it can cause severe depression, and even shorten a person’s life.

One thing that really troubles Christine Janus, executive director of the Canadian Skin Patient Alliance (CSPA) is that some people still dismiss psoriasis as a skin problem, and sufferers should “just get over it”.

“This over-simplification couldn’t be further from the truth,” she stresses. Psoriasis is a complex auto-immune disorder, which can ravage the body if it is not treated.

About 2-3 percent of Canadians suffer from psoriasis. “We know there’s a lot of association with other disorders,



Dr. Charles Lynde
Associate Professor of Medicine,
University of Toronto

says Dr Charles Lynde, associate professor of medicine at the University of Toronto. People with more severe psoriasis have an increased incidence of other diseases like psoriatic arthritis, cardiovascular disease, hypertension, diabetes, and Crohn’s disease.

Psoriasis can also affect the fingernails and toenails, causing pitting, thickening, and irregular nail contours. In people who have skin psoriasis, between 10-55 percent have

psoriatic nail disease.

People with severe psoriasis will die four to five years earlier, says Dr Lynde. While diet does not seem to be a factor, “we do know is that alcohol makes it worse.” There’s also a link between being overweight and getting the disease in the first place, or being overweight and exacerbating the disease, he says.

You can often spot a person with psoriasis — they’re the ones wearing long sleeves and long pants in the summer, says Janus. The emotional toll can be crippling — many patients feel shame about their condition, and up to 60 percent will develop depression.

Treatment options

Thankfully, coal tar is rarely used today. Instead, topical steroids are more widely used. Phototherapy is also beneficial but it’s not so widely used here because it’s not well reimbursed, explains Dr Lynde.

Cyclosporine, usually prescribed

for transplant patients, is considered one of the most effective treatments for psoriasis. However, long-term use of cyclosporine carries a risk of kidney, liver and other problems. Consequently, cyclosporine is usually limited to short courses.

Methotrexate has been used to treat moderate to severe psoriasis for over 50 years. It suppresses the immune system to prevent skin inflammation.

For people with nail psoriasis, topical treatments containing equisetum arvense (horsetail) plant extract have been shown to effectively smooth nail surfaces. Products including ingredients like Methylsulfonylmethane, which acts as a sulfur donor to the nails, can be seen to harden and even promote proper nail growth. These combined with Hydroxypropyl-Chitosan to act as the carrier of the active ingredients have proven to be an effective combination for psoriatic nail disease.

Biologics

Biological response modifiers are an effective option for patients with moderate to severe psoriasis. Biologics block interactions between certain immune-system cells. Most are injected under the skin. Another biologic, infliximab, is administered intravenously.

Some, like adalimumab, etanercept and infliximab, block the action of tumour necrosis factor (TNF) made by the immune system, an excess of which can cause skin inflammation. Interleukin inhibitors, such as ustekinumab, can prevent proteins (interleukins) from causing the body’s immune system to attack the skin and nails.

Better education required

Given the progress in treatment, the CSPA is working hard to educate all people with psoriasis to see a doctor, says Janus. “This is a shame they do not have to live with.”

INDRANI NADARAJAH
editorial@mediaplanet.com



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SUN SAFETY TIPS

Melanoma is a potentially deadly form of skin cancer. Protect yourself in five ways from melanoma and skin cancer:

-  Seek shade between 10:00am and 3:00pm
-  Wear sun protective clothing that covers as much of your body as possible
-  Put on a broad-brimmed hat that shades your face, neck and ears
-  Wear wrap-around sunglasses
-  Apply SPF30+ broad spectrum sunscreen liberally to clean, dry skin, at least 20 minutes before being exposed to the sun, and reapply at least every two hours when outdoors



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We are a national organization dedicated to the prevention and awareness of melanoma and skin cancer. We provide support and resources for patients and their families.

THAT SUNTAN CAN BE DEADLY



Melanoma Network of Canada
Sun Safe. Sun Aware.

INSIGHT

Detecting skin cancer early is critical

Skin cancer is preventable! That's the message of the Canadian Skin Cancer Foundation and its founder, Dr. Barry Lycka, Dermatologist. "Sun safety is the first line of defence: seek shade or wear long sleeves, pants and hats during peak hours and wear sun screen any time you are out of doors during daylight hours, no matter the season."

He also advises avoiding the use of tanning beds as the ultra violet radiation emitted by them can be up to four times that of the sun.



"And early detection will help ensure that skin cancers that are relatively easy do not become life threatening," he goes on to say.

Self examination
Examining your skin on a regular basis could lead to early detection, treatment and in most cases,

positive outcomes.
The Canadian Skin Cancer Foundation recommends self examinations at least monthly, checking your whole body as skin cancer can show up on areas that rarely see the sun.

- Examine your body front and back as well as left and right sides — ask for someone's help or use a mirror
- Check forearms, underarms, armpits and the palms of your hands
- Look at the back of your legs (right up to your buttocks), soles of your feet and between your toes
- Examine the back of your neck and, using a mirror or someone's help, check your scalp (parting your hair to get a better look)

Early detection is key
Dr. Lycka explains that skin cancers take many forms, "if you are concerned about any changes to existing moles or any new spots or lesions on your skin, contact your doctor immediately.
Early detection can mean successful treatment with a minimum of invasion and scarring and may, in some cases, prevent death."

?

DO YOU KNOW WHAT TO LOOK FOR?

The ABCDEs of early detection of melanoma

- **Asymmetry:** two sides of a mole look different when you draw a line across the middle
- **Border:** irregular, wavy or jagged edges
- **Colour:** multiple shades of brown
- **Diameter:** larger than an eraser on the end of an HB pencil (which is about 6mm); however, some skin cancers can be smaller, so check for other signs as well
- **Evolution:** changes in the size, colour or shape over time, or itching, tenderness or bleeding

SOURCE: CANADIAN SKIN CANCER FOUNDATION
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www.saskcancer.ca

↓

SKIN RADIATION

Is your skin ready for treatment?

Although painless when administered, the high-energy rays that radiation therapy uses to kill cancer cells can cause damage and irritation to skin.

"The radiation harms the ability of cells to reproduce, they can't replicate as usual," explained Dr. Michael Lock, Chair, Division of Radiation Oncology, London Regional Cancer

Your skin changes

Skin problems are most likely to occur in areas where friction is most common: underneath the arms, between the legs and underneath the breasts. Patients are advised to use a cream to maintain moisture in their skin and to pat themselves down gently with a towel after washing.

Although in some cases there may be long-term dryness or changes in the colour of the skin, most patients

Dr. Michael Lock
Chair, Division of Radiation Oncology, Associate Professor, Western University

"Even when skin problems appear minor, they can still have a major impact on psychological well being."

Program. Dr. Lock continued, "the skin breaks down quicker because it is not reproducing like it usually does."

Radiation can cause the skin to become irritable and itchy in the area where the treatment is being given. The skin may develop a red pallor and become sensitive, swollen and prone to peeling.

"There is a continuum in the effects experienced," said Dr. Lock. "In the first week there will usually just be a dryness to the skin. By the fourth, fifth and sixth week of treatment the skin may start to breakdown and, in the worst-case scenario, ulcers may develop."

will notice their skin returning to normal around five weeks after radiation therapy has finished.

Improvements being made in radiation therapy that aim to minimize skin damage have the potential to make the treatment process much easier to manage for patients.

Dr. Lock said, "patients and physicians can sometimes dismiss skin problems as minor, but they can have a significant psychosocial effect: a major impact on a patient's quality of life. Even when skin problems appear minor, they can still have a major impact on psychological well being."

JOE ROSENGARTEN
editorial@mediaplanet.com

INSPIRATION



THE FUTURE OF ONCOLOGY

Turning a vision into a reality: eradicating cancer in Canada

For 75 years the Canadian Cancer Society has supported Canadians in the fight for life. We've been relentless in our commitment to prevent cancer, fund research and help Canadians touched by cancer.

In the 1940s, only about one in four people diagnosed with cancer survived at least five years. Today, thanks in part to the work of the Society, that number is closer to two out of three. The rate of new cases for most types of cancer is stabilizing or declining. And with the exception of lung cancer in women, death rates for most major cancers have declined over the past decade.

Research has contributed answers to many of the pieces of the cancer puzzle, and we're constantly learning more about what causes cancer, how to prevent it, how it spreads, how best to treat it and how to improve the quality of life of people living with and beyond cancer. Since cancer is more than 200 different diseases, it is unlikely there will be one single, universal treatment or cure. It remains critical that research continues so we can find more ways to prevent, detect and treat all types of cancer.

We know that about half of all cancers can be prevented through healthy living and policies that protect the health of Canadians. That's why the Canadian Cancer Society

is investing in cancer prevention research, as well as working with communities across Canada to make sure the healthy choice is the easy choice — at work, at home and at play. We must continue to fight for public policies that make healthy living possible and protect Canadians from cancer-causing substances.

Understanding diagnosis

For people diagnosed with cancer and their loved ones, we provide a wide variety of information and support services to reduce anxiety, inspire hope and offer comfort. Our top-notch programs and services are offered from coast to coast. With these programs and through our leading-edge research and significant public policy achievements, the Society continues to make a meaningful difference to Canadians.

All Canadians should feel proud of, and optimistic about, the progress that has been made against cancer. During April — the Canadian Cancer Society's Daffodil Month — we will be working hard, as always, to raise funds and awareness so that progress can continue. Working with Canadians, the Society envisions a world where no one fears cancer. And with your continued support, we believe this vision will become a reality.

SOURCE: CANADIAN CANCER SOCIETY
editorial@mediaplanet.com

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HOW I MADE IT

The decision of a lifetime

Paul Riome had a choice to make when he heard the words "you have cancer." You can do one of two things: you can throw your hands up and say that's it, or you can fight for your life. Paul made the heroic choice to have a Colostomy and shares his journey after surgery. His life has just begun.

It was a good trade. I had ignored daily rectal bleeding for 2 years, assuming only hemorrhoids, and refusing all medical examinations and procedures. I did eventually succumb to a colonoscopy, and was diagnosed with Invasive Adenocarcinoma (Rectal Cancer), with prescribed treatment of Abdomino-Perineal Resection (surgery including a permanent colostomy). At the age of 59, I had cancer and my life-expectancy was uncertain.

Very early in my adventure, I resolved that "I will live. After surgery I will do everything that I could do before surgery." I was inspired by Rob Hill of IDEAS, who showed tremendous determination to recover from daunting medical challenges, climbed real mountains, and now works tirelessly giving-back by inspiring others to face their own challenges and move their own mountains. Exactly 4

months after surgery, I was back playing hockey with the same tenacious grit as before.

My accomplishments

This gave me the freedom and attitude-adjustment to actually live and experience adventures that had been dormant on my bucket-list. I hiked the West Coast Trail on Vancouver Island and Lake O'Hara in the Canadian Rockies. I surfed and snorkeled in Mexico and Costa Rica. I trekked 60 days in rugged Nepal and summited Island Peak in Nepal (6189m or 20,306ft).

My journey was certainly life-changing and in a good way. I appreciate life more than before. I have simplified life to do more of what I want to do, and less of what others think I am obligated to do. When embarking on new life-experiences, or again experiencing treasured places or activities, I am humbled and thankful for the opportunity given to me. A colostomy is not as good as the original equipment, but I get to live. Living is everything.

Three years ago my doctor told me I could have a perfectly normal life with a colostomy.

I didn't believe him then. I do believe him now.

PAUL RIOME
editorial@mediaplanet.com

Darryl Sittler believes in a positive future for colon cancer

Colon Cancer is the most common cause of death from cancer amongst Canadians, but, if discovered in its early stages, it is preventable in ninety per cent of cases.

NHL Hall of Famer and former Toronto Maple Leaf, Darryl Sittler, has experienced the pain and tragedy of losing a loved one to cancer. His wife, Wendy, was aged just fifty-three when she lost her battle with colon cancer in 2001.

When Wendy was first diagnosed with colon cancer in 1998, she and Darryl researched the disease and all of the possible treatments. They got involved with awareness campaigns and Wendy was an inspiration to everyone around her, including Darryl.

"People loved her, she had a big smile and she was full of life. She was a real battler and fighter



COLON CANCER CANADA'S PUSH FOR YOUR TUSH
ABOVE: Co-Founder of CCC Amy Elmaleh, Darryl, Darryl's wife Luba and Hugh Burrill from City TV. LEFT: Darryl and Wendy Bear. PHOTOS: COLON CANCER CANADA

through the whole thing. She always believed that she would be the one to have a miracle and be cured, but she never got there," said Sittler.

High spirits

Although ill, and suffering from the effects of treatment, Wendy continued to raise awareness of colon cancer. "At a national campaign that was being launched Wendy got up to talk, she wasn't comfortable in the limelight and didn't like public speaking, but she got up and she said, quite emotionally, that if she could make a difference to one person's life, then this whole campaign would be worth it. The emotion of that speech has always stuck with me."

Wendy is never far from the thoughts of Darryl and his three children. She has inspired him to continue the quest of educating people about colon cancer and the importance of CRC screening. "Helping others has certainly made a difference to our family. It was my idea to get my daughter, Ashley, involved in an advertising campaign, the idea being to get the younger generation to instill in their parents the importance

of being proactive in getting screened and tested."

The family has also created the Wendy Bear; a cuddly toy that is sold to raise money for sufferers of colon cancer. "It provides money for families who have a loved one who wants to die at home, but don't have the finances to do so. The bear also keeps Wendy's name, and the message, out there," said Sittler.

Sittler now spends his time reiterating the importance of early detection, encouraging people to be aware of the early signs of colon cancer. "When your family has a history of colon cancer you have definitely got to get screened at an early age. Don't be afraid to talk about it, and always be proactive. People don't like the idea of having a colonoscopy but I'd rather have the colonoscopy than deal with the effects of chemotherapy."

JOE ROSENGARTEN
editorial@mediaplanet.com

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NEWS

CANCER IMAGING:
ITS PRESENT AND FUTURE PROMISE

MEDICAL IMAGING


Medical imaging allows physicians to look inside the human body without a scalpel and without tissue destruction. With modern techniques, imaging has the power to reproduce the human body virtually pixel by pixel.

This technology, when utilized by specifically-trained physicians and healthcare experts, plays an important role in all phases of the cancer patient's journey.

Managing cancer

Medical imaging provides a wide range of information that drives cancer management. Magnetic resonance imaging (MRI), computed tomography (CT or CAT scanning), ultrasound (US) and positron emission tomography (PET) are some of the technologies used in cancer imaging. Each imaging technology has its benefits and its limitations. Sometimes combining technologies (referred to as hybrid imaging) provides information that can improve the ability to determine the stage of a cancer and therapy planning. We are already reaping the benefits of combining PET with CT, and initial research shows similar promise for combining PET and MRI.

We already understand the benefits of breast screening mammography for early breast cancer detection, and colonoscopy for early colorectal cancer detection. Evidence is emerging suggesting that low dose CT scanning may play an important future role in early lung cancer detection in patients at high risk.



Dr. Julian Dobranowski
Chair, Access and Benchmarks Working Group, Canadian Association of Radiologists
Staff Radiologist, St. Joseph's Healthcare

"Earlier cancer detection opens the opportunity for earlier treatments that have the potential to restore health"

Earlier cancer detection opens the opportunity for earlier treatments that have the potential to restore health. Interventional oncology looks promising as it includes procedures that can destroy tumours without surgery. Image-guided destruction of tumours, called tumour ablation, is being clinically tested and may play an increasing role in the future of cancer management.

Future of imaging

Over the last decade medical imaging has transitioned to digital, enabling the handling of the vast amount of data that modern technologies produce. Computers are essential to existing and developing imaging technologies but are also essential in how imaging departments deliver patient care.

The emergence of electronic patient records and appointment booking provide the additional opportunity to electronically guide physicians in ordering the most appropriate examinations, helping to ensure patients only receive imaging tests when the results may benefit their care. We now also have the ability to accurately measure radiation doses, improving patient safety through monitoring lifetime radiation doses.

The future of cancer imaging is about hope and about quality. It is about doing the right test on the right person at the right time to get the best possible outcomes.

DR. JULIAN DOBRANOWSKI
editorial@mediaplanet.com

Stopping the spread of cancer

Contrary to conditions like HIV/ AIDS and influenza infection, cancer is not an invasion from the outside — it's an internal threat.

When normal processes in our bodies go awry, the cancerous cells are essentially wearing the 'same clothes' as perfectly normal cells. This makes cancer hard to identify, and even more difficult to target with drug therapies which can successfully prevent recurrence.

Yet, we've become very good at treating the primary tumour. We now understand, better than ever before, how these tumour cells manipulate the body's normal physiological processes to support the primary tumour's growth. We know that tumour cells are deranged normal body cells, so to speak, that do not follow the rules of normal cell growth and behaviour, such as multiplying into more cells.

Prevention on various levels

The issue we're tackling now in cancer research is how to prevent the cancer from coming back and spreading to other places in the body. The spread of cancer — called metastasis — causes more than 90 per cent of cancer-related deaths, which results from complications due to growth of cancer in secondary locations. Until recently, it was thought that tumour cells act quite independently from the rest of the body tissues to drive this deranged spread, called malignancy.

We have now uncovered further evidence that there is an extensive and complex language that carries information back and forth between tumour cells and normal body cells, including the immune system cells, cells of the vascular system, fat cells and fibroblasts (which help the body heal wounds and are very abundant in the tissue surrounding tumours). This is where exosomes, a relatively new area of focus in cancer research, come in.

Exosomes are tiny fragments of cells containing genetic material and proteins that interact with neighbouring cells and move throughout the body. When exosomes from cancer cells meet up with normal cells, they transfer genetic information and proteins to the normal cells, which then support the cancer. In a sense, the normal cells are tricked and given instructions to help the cancer cell survive, divide faster, and spread in the body.

Recent studies

At Mount Sinai Hospital's Samuel Lunenfeld Research Institute, we recently published a groundbreaking discovery in this area, in the leading scientific journal Cell. We found that normal cells surrounding the tumour send out whole paragraphs (exosomes) rich in information to stimulate the spreading of breast cancer cells.

In addition, we discovered a protein signal, called Cd81, which helps this process along. Next, our goals are to develop a tool (such as a blood test) that will detect this signal and target this protein with specific drugs.

Essentially, if we can stop cancer cells from communicating with normal cells, we can one day stop the spread of cancer. We'll be better able to target the imposter cancerous cells from 'normal' cells in our bodies.

DR. JEFF WRANA,
SENIOR INVESTIGATOR,
MOUNT SINAI'S SAMUEL LUNENFELD
RESEARCH INSTITUTE
editorial@mediaplanet.com

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