AN INDEPENDENT SUPPLEMENT FROM MEDIAPLANET TO THE NATIONAL POST

No.3/March 2011



OVERCOMING CANCER

CCAC President Barry Stein's story of recovery and advocacy R4

DEFYIN THE ODDS TIPS

How Jordyn Boucher overcame the harrowing ordeal of leukemia, chemo and a bone marrow transplant—with some friendly support

Get screened Stop colorectal cancer in its tracks with prevention

PICO-SALAX®



PICO-SALAX® SINGLES

Spreading the word Grassroots initiatives create awareness for prostate cancer



Gaining ground The decline of breast cancer since the 1990's



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AN INDEPENDENT SUPPLEMENT BY MEDIAPLANET TO THE NATIONAL POST

PLANET

Refusing to be powerless by prognosis CCAC President Barry Stein tells his story of overcomina colon cancer

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p. 7

CHALLENGES



In the past year, nearly **175,000 Canadians** were diagnosed with cancer. Through advocacy, research, and the daily struggle to improve quality of life, more are surviving this diagnosis than ever before.

A cause that affects all Canadians

n the past year, nearly 175,000 Canadians were diagnosed with cancer. But unlike decades ago, today more than 60 percent of them will survive, compared to just 25 percent in the 1940s.We've made great strides in research and prevention and our understanding of new treatment options, but we can do more.

In this supplement, you'll read several stories about individuals and organizations that are part of the cancer fight. It's a fight we all share because life and lives should be about living—not cancer.

Current research shows that about half of cancers can be prevented through healthy lifestyle choices and policies that protect the public. You can make a difference by learning how to reduce your risk, including tobacco use, nutrition and fitness, alcohol consumption, and sun and UV exposure.

Columbia:

■ Joint funding of the Occupational Cancer Research Centre in Ontario to identify, prevent and ultimately eliminate workplace exposures to cancer-causing substances.

One size doesn't fit all

But prevention remains only part of the story.

We're also making significant gains in the area of cancer genetics, leading to "smarter" treatments that help to pinpoint who will benefit from a treatment and who will not. It is leading to the development of targeted treatments, which ensure that the right treatments are given at the right time to the right patients. The newest, most promising treatments, however, are often costly and can lead to financial hardships for many. That is why the Society is lobbying the federal government to establish a national catastrophic drug insurance program. The Society believes that Canadians, no matter where they live, should have equal access to drug treatments. There's no doubt that the cancer experience is a difficult one. Months of treatment can take a physical, financial and psychological toll on patients and their families, and the Society is determined to make a difference



President and CEO, Canadian Cancer Society

MY BEST TIPS

Whatever it takes We do everything we can to prevent cancer, save lives and support people living with cancer.

in this journey. Our influence can be measured in the research we have funded, which has had a real impact on the health and lives of Canadians, our advocacy on cancer-related issues, and the critical work we do each day to ensure Canadians focus on the fight for life and against cancers.

What you can do

Across the country in April, individuals will join the Society to mark Daffodil Month, spending hours selling daffodils, knocking on doors and organizing events to raise essential funds which help us prevent cancer, research better ways to treat cancer and help individuals and their families who are affected by cancer. April is also a time to unite behind those individuals living with cancer. On April 27, we're asking Canadians to show their support to those on a cancer journey by wearing a daffodil pin.



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Catching it is half the battle

The Canadian Cancer Society is also helping Canadians to better prevent cancers through significant prevention research projects:

The Cancer Prevention Initiative, which is funding projects studying behavioural, biological or environmental risk factors;

■ Endowed prevention research chairs in Nova Scotia and British

What you can do

2 We offer the most meaningful opportunities for you to make the biggest difference.

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Visit fightback.ca to find out how you can help.

With the ongoing support of donors, volunteers, staff and partners, the Canadian Cancer Society will make the most impact, with Canadians, against cancers, for life.

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Visit fightback.ca to find out how you can help.

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DON'T MISS!

A Canadian-led initiative in prostate cancer prevention

Prostate cancer is the most common cancer to afflict Canadian men, affecting one in six.

Fortunately, more than 90 percent of prostate cancers are curable if detected and treated in their early stages. Prostate Cancer Canada (PCC) strongly recommends the merits of prostate specific antigen (PSA) blood testing starting at age 40 and advises men to have the discussion with their doctors.

Prostate Cancer Canada is a national organization dedicated to the fight against prostate cancer. PCC funds the development of programs related to awareness, public education, advocacy, support of those affected, and research into the prevention, detection, treatment and cure of prostate cancer.

A Canadian-led initiative

Recently launched is a Canadian research project with The Interna-



Steve Jones, President and CEO, Prostate Cancer Canada

"Fortunately, more than 90 percent of prostate cancers are curable if detected and treated in their early stages."

tional Cancer Genome Consortium (ICGC) called The Canadian Prostate Cancer Genome Network (CPC GENE), which will map the genetic structure of prostate cancer. "Prostate Cancer

Canada is excited to be leading this important international study which will lead to collaboration and knowledge sharing. From a patient perspective, and the one in six Canadian men who will be diagnosed with prostate cancer in their lifetime, this should result in improved diagnostics and better treatment strategies" says Steve Jones, president and CEO of Prostate Cancer Canada.

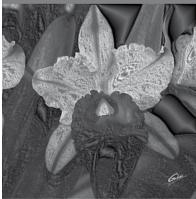
Support where it counts

In addition to working with research and medical communities, PCC is committed to working with men and their families affected by prostate cancer. Estimates suggest there are up to 250,000 prostate cancer survivors across Canada, yet support groups may only be reaching 10,000 of them. Through the Prostate Cancer Canada Network (PCCN), the Foundation is focused on establishing a nation-wide network of prostate cancer support groups. To date, 60 support groups have affiliated with PCC. PCCN aims

to reach every community to raise awareness of prostate cancer and to support patients and their families who are affected by the disease.

Prostate Cancer Canada holds many events throughout the year that allow Canadians to show their support for the cause. Movember is PCC's single biggest fundraising campaign whereby men grow and groom a moustache for the month of November to raise awareness and funds for prostate cancer. In addition to Movember, PCC also has a number of other fundraising events, the most widely recognized of which are the Safeway Fathers Day Walk/ Run (FDWR) in June, and the Wake Up Call Breakfast in April. These events, in addition to others, are a great way to encourage community involvement and have a significant impact in raising funds and awareness for prostate cancer.

For more information, visit prostatecancer,ca, like us on facebook. com/prostateacancercanada or follow us on Twitter at @prostatecancerc.



Blending art and healing

Passion for Life is an international program to fight cancer, launched by the internationally renowned Antoine Gaber, Canadian contemporary artist photographer and impressionist painter. The artist has married two spheres of his life-art and clinical researchthrough establishing this program to raise public awareness by raising funds for research through the sales of his original art and images of his work at prestigious art exhibitions around the world. The program has earned the support of many personalities from the arts, scientific communities, as well as many dignitaries from around the world. For further information, check out www.antoinegaber.com

Advertorial

Canadians Focus on Availability of Cancer Therapies: Survey

Growing concern about quality of life issues and treatment options

If you were diagnosed with terminal cancer and told you had weeks to live, how much would extending that time be worth?

Dr. Scot Dowden, a medical oncologist at the Tom Baker Cancer Centre in Calgary, says his patients answer that question with remarkable stories of perseverance.

He describes a 33-year-old man with colon cancer that spread to his liver. Thanks to one medication, he was able to buy a little more time – enough to move up his planned wedding, and gain a step-daughter in the process). Just four days after getting married, he passed away in his parents' home.

Another patient, a 78-year-old woman, couldn't even sit upright due to excruciating pain from her cancer. Dr. Dowden gave her a dose of a drug that had taken four years to get funded by the province, because it adds only four to eight weeks of life. Yet during those weeks, the woman responded enough to dance at her granddaughter's wedding: "They had to haul her off the floor," says Dr. Dowden.

Currently, he's treating a 51-year-old woman who has already been through all the lines of chemotherapy. She's open to at any therapy that would add a few more months, so she can see her daughter graduate from high school this spring.

Dr. Dowden relays the stories in the wake of a national survey released by the Colorectal Cancer Association of Canada (CCAC) called *"Weighing Quality of Life in Cancer"* (made possible through an educational grant from AMGEN Canada).

The survey found that given a diagnosis of terminal cancer, 44 percent of people would seek different treatment options in the hopes of survival, and 35 percent would look for options to prolong life.

The results don't surprise Dr. Dowden. Patients will go to great lengths to meet the next milestones and goals in their lives, he says.

"From a scientific and funding point of view, a drug that extends life just a few months is not a clinically significant outcome. But for people affected by a malignancy, that time can make a huge difference in their ability to have meaningful interactions with loved ones—and that is clinically significant."

Lack of confidence in access

The survey found that 82 percent of respondents believe it's difficult to get the most current quality of life treatments from their province. Seven out of 10 would be prepared to travel out of province or out of country to access treatments.

The numbers reflect a sense, says Dr. Dowden, that health care governing bodies often aren't funding "cutting edge therapies". Access can depend on your jurisdiction and type of cancer. He says that funding for cancer drugs tends to be more forthcoming for certain tumour sites (like breast and prostate) than for others (like lung and colorectal).

In addition to gauging views on drug availability and coverage, the "Weigh-



ing Quality of Life in Cancer" survey found that 82 percent of Canadians have been touched by cancer, i.e. they've had a close friend or family member battle cancer, or have done so themselves.

"If you did the same study just 10 years ago, the number would have been maybe 50 to 60 percent," says Dr. Dowden. "People are living longer, and surviving other diseases, so as time goes on more and more people will be affected by cancer, eventually 100 percent."

According to the Canadian Cancer Society, 40 percent of women

Advertorial

and 45 percent of men will develop cancer during their lifetimes, and an estimated one-in-four Canadians will die from cancer.

Call to action

Considering these rates and the attitude of Canadians, Barry Stein, president of the CCAC, calls the survey a "call to action" for health care authorities. They need to do more, he says, to meet the needs of patients and caregivers who are increasingly impacted by cancers, including access to treatments that can improve quality of life for patients with late-stage cancer. "The survey demonstrates that Canadians want additional treatment options, even after a terminal cancer diagnosis. When asked what they would spend their time doing if they only had a few more weeks to live, in addition to spending more time with family and friends, 35 per cent of respondents said they would spend that time seeking options that may prolong life and prevent the cancer from progressing." — Barry Stein



Retirement made possible by new myeloma treatment

"I'm going to get to retire after all!" says Kevin Connell very happily from his home in Fredericton, New Brunswick.

While many older Canadians may look forward to saying that, Mr. Connell does so with special feeling as his date of official retirement from a career as a Crown prosecutor in New Brunswick approaches at the end of April. For him, it wasn't a matter of finances or being able to tear himself away from his work. For the past six years, his concern has been surviving the blood cancer multiple myeloma.

He's still fighting, but he is a face for the promising future of treating this and other types of cancer – the face of someone who's been given his life back, thanks to new research and new treatments.

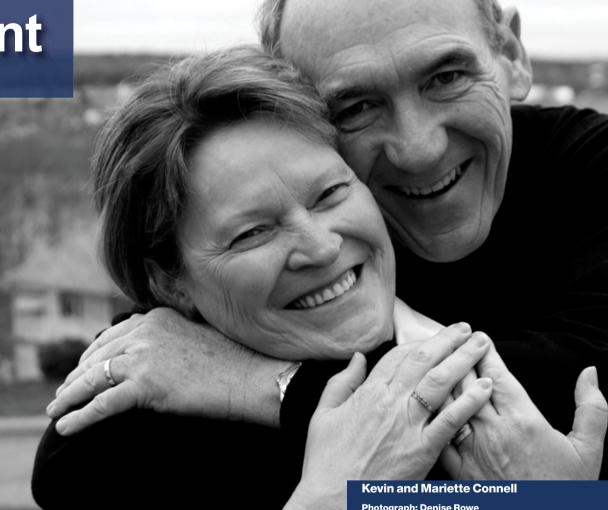
Mr. Connell spent a good part of 2005 trying to find out why he was feeling unwell. The diagnosis finally came in September – multiple myeloma, a cancer of the blood plasma cells that develop in the bone marrow. Historically, the prognosis was not good but recent treatment advances continue to improve, making this incurable disease now very treatable and allowing patients to live longer with a significantly improved quality of life.

In Mr. Connell's case, the best first option was a stem cell transplant, a procedure which allows the patient to survive high-dose chemotherapy by the re-infusion of their own previously collected stem cells. The procedure does not cure myeloma but offers the hope of prolonged remission. Mr. Connell had the transplant in January 2006 at the nearest location where it was possible – in Halifax under the care of Dr. Darrell White. It went well, and by October he was back at work.

The inevitable return of the illness started in the spring of 2008, leading to a six-month routine during which he and his wife, Mariette, commuted weekly to Dr. White in Halifax from Fredericton, a five-hour drive, to spend four days a week receiving a drug treatment, Velcade, intravenously. Difficult as that was, it bought more time.

Last winter, however, the toll on his immune system was growing and he was hospitalized twice for pneumonia while pain developed in his arms and shoulders from the difficulties in his bone marrow. There were two options, said Dr. White – radiation to treat the bone pain, or a new treatment provided by Celgene, Revlimid.

This time, the drug came to the Connells in Fredericton instead of them having to go to



it. He gets blood tests done regularly and still visits Dr. White every three months, but otherwise his treatment is all done at home.

The result? "It has completely changed our lives for the better," he says. "I now have total functional use of my arms and legs. My physical appearance has changed to the point where people assume I have achieved the impossible and beaten multiple myeloma. For the first time in five years, gaining weight has become a problem."

And, adds Mrs. Connell remembering all those trips to Halifax, "It doesn't interrupt our lives at all." The highlight? On August 7, 2010, Mr. Connell walked his daughter down the aisle and was able to enjoy the three days of wedding celebrations without many difficulties. "I know I wouldn't have been able to do it without the new treatment," he says. "I felt close to like the good old days."

Dr. White is also encouraged by the benefits he is seeing in many of his patients. "This is a disease that needed new treatment options and having patients respond well and regain quality of life is very rewarding." he said.

Mr. Connell considers himself fortunate in many ways. "We've

beaten the odds so far," he says.

For Mrs. Connell, every new treatment option is a step in the right direction. "We have to keep hoping they will find more new treatments and eventually get to a cure," she says. "We have no choice but to be optimistic."



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TIP

GET MOTIVATED

INSPIRATION

Question: How can a diagnosis of colorectal cancer transform your life's work? **Answer:** By turning you into a force for patient education, support and advocacy.

Refusing to be powerless by prognosis

CHANGE

Barry Stein will never forget the weakest point of his life— because it was also the most "empowering", says the Montreal lawyer.

Stein, now 56, was meeting his oncologist after colon surgery in 1996. Weeks earlier, Stein had been diagnosed with colon cancer. He was confident about the surgery, but the results were now in, and the cancer had spread to his liver. The oncologist was blunt.

"He said I had a 30 percent chance of surviving five years, if they got it out of the liver—at which point, I fainted," says Stein.

When he came to, he realized that those words made him weak, not the disease. Stein resolved to fight against cancer with all his energy, and a consistently positive attitude. "I never accepted the idea that I wouldn't be here," he says.

Association raises awareness and action

Stein faced many challenges along the way. He underwent four liver surgeries. A pump was implanted in his abdomen to deliver chemotherapy. A year after his last surgery, the cancer metastasized to his lungs. Three more surgeries ensued, along with additional chemo and the removal of a rib. However, he emerged from the ordeal cancer-free, and has remained so for the

last eight years.

Stein's battle against the disease continues in his role as president of the nonprofit Colorectal Cancer Association of Canada (www.colorectal-cancer.ca), which he co-founded in 1998. At the time, he says, people weren't talking much about colorectal cancer.

The reality is that it's the second-leading cause of cancer death in Canada. About 22,500 Canadians will be diagnosed with colorectal cancer this year (affecting men and women equally), and 9,100 will die of it. In their lifetimes, one-in-14 men and one-in-six women are expected to develop the disease.

The Colorectal Cancer Association of Canada has three main roles—awareness and education (prevention, screening and healthy lifestyles); support for patients; and advocacy (for screening programs, and equal and timely access to drugs and surgical techniques).

Survivor stories inspire

Screening is critical, says Stein. Colorectal cancer is preventable and highly treatable when caught early.

Colonoscopy screening is recommended for men and women beginning at age 50, unless other risk factors exist (e.g. family history, obesity, smoking, ulcerative colitis, or Chrohn's disease). Besides a colonoscopy, screening options include a fecal occult blood test (FOBT), fecal imunochemical test (FIT), sigmoidoscopy, and the PROFILE



Barry Stein Age: 56 Position: Attorney and president of the Colorectal Can-

cer Association of Canada Colon (stage 4), which metastasized to his liver and lungs

Age when first diagnosed: 41



double-contrast barium enema.

More than half of the people diagnosed have no symptoms (e.g. a change in stools, rectal bleeding, abdominal pain, unexplained weight loss, or constant fatigue). The appearance of symptoms may signify a more advanced disease. (Stein's own cancer was detected after a colonoscopy; he thought he merely had a case of hemorrhoids.)

Though still a practicing lawyer, Stein spends "200 percent of my time" working to advance the goals of the Colorectal Cancer Association of Canada. What inspires him, he says, are the stories he hears every day of people who've been diagnosed with cancer, and their "intense desire to survive."

He feels fortunate not only to be a cancer survivor, but to have the chance to advocate for progress in the fight.

"Being able to change things for the betterment of others is what you'll be remembered for," says Stein. "I could have been the best lawyer in town, but that would hardly have made any difference at all. But encouraging people with cancer, changing policies and programs—that will have a long-lasting impact."

> STUART FOXMAN editorial@mediaplanet.com

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The Cochrane Library has over 300 reviews on cancer alone and has six groups dedicated to producing cancer prevention, treatment and rehabilitation reviews. The abstracts and plain language summaries of all reviews are available for public viewing on thecochranelibrary.com.

"As a woman living with a breast cancer diagnosis, *The Cochrane Library* has proven to be a wonderful resource in terms of finding the gold standard in evidence-based medicine. This is important to me. I often help others research diseases using *The Cochrane Library*."
Liz Whamond, Breast Cancer Survivor

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WE BELONG 2011

INSPIRATION

Defying the odds

When Brian Boucher and **Travey Sukdang faced a grim** panel of physicians in November of 2009, their daughter had already been fighting acute lymphoblastic leukemia (ALL) for over seven years.

Soon after Jordyn's first birthday, bruises appeared on her tiny body. The baby had become sluggish and had developed a persistent cough. Repeated trips to the pediatrician yielding nothing.

"They just thought I was a panicky mother because I was there every single week for a couple of months, saying, 'Something's wrong with my baby," Tracey recalls. "Jordyn became so lethargic that she would kind of pass out and then come to and pass out and come to again. Finally, I said, 'I'm not leaving until you do something."

The couple expected blood tests to reveal a minor problem.

"We never thought it would be can-

cer," Brian says.

By the time the disease was discovered, Jordyn was in high danger of heart failure. Although the disease went into remission after gruelling rounds of chemotherapy, Jordyn relapsed at age five. Only after a bone marrow transplant and additional treatment did the disease go into remission again, just in time for the holidays.

Holiday hope

As the holiday season approached, TV stations began airing spots for St. Jude Children's Research Hospital-one of which featured actress Jennifer Aniston with a young patient.

"I just bent over and cried," Tracey recalls. "I said, 'Why can't my daughter have that hope?' I didn't want to sit there anymore and just watch her slip away.I thought in my heart, 'There's one more thing to do."

Brian had learned about St. Jude through online research as well as through his company's longtime partnership with the hospital. He approached one of Jordyn's physicians and asked for a referral to St.Jude.Soon, he and Tracey were on a conference call with Wing Leung, MD, PhD, director of the hospital's Bone Marrow Transplant and Cellular Therapy program.

A parent's love

At St. Jude, Jordyn enrolled in a new transplant protocol designed for children who have relapsed after undergoing bone marrow transplants. The procedure is one-of-a-kind, as other treatment centres require the disease to be in remission.

"When Jordyn arrived at St. Jude, her bone marrow contained basically leukemic cells," explains Dr. Leung. "Most hospitals require less than five percent leukemic blasts in the bone marrow before they will consider a transplant." The procedure collects cells from a parent, processes them and infuses healthy natural killer (NK) cells into the patient. Brian's cells were optimal for the proce-



dure, and Jordyn's successful transplant occurred New Year's Day 2010. Jordyn's disease remains in remission and she her family know firsthand the value of hope—and the power of gratitude.

"I thank God for Dr. Leung, I thank God for St. Jude, and I thank God for this—every second of every day", Brian says.

> Courtesy of St. Jude Children's Hospital editorial@mediaplanet.com





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During his lifetime, 1 in 6 Canadian men will be diagnosed with prostate cancer – the most common cancer to afflict men. If you're over 40, talk to your doctor about the benefits of a PSA blood test. For more information, visit **prostatecancer.ca**





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ΓΙΡ

NEWS



NEWS IN BRIEF



The Children's Wish Foundation of Canada recently granted Alex Mann's wish to go to Hawaii with his family. Pictured (left to right) are: Haleigh, Adele, Alex, Courtney, **Richard and Nichola** Photo: Children's Wish Foundation of Canada

Granting wishes for the past 27 years

They're the "wish kids": Canadian children, ages three to 17, facing lifethreatening illnesses.

Over the past 27 years, the Children's Wish Foundation of Canada has granted close to 17,000 special wishes for these valiant kids, says Communications Director Paul St. Germain.

Pacey McIsaac, diagnosed with Acute Lymphoblastic Leukemia, explored Disney World with his parents and brother Brandon.

Craig Williams, diagnosed with brain cancer, realized his wish to meet NHL stars Brad Richards and Todd Bertuzzi.

Darcy Lee wanted to be close to his grandparents. "My wish was for my Grammy and Grampa to move from way out west in Edmonton to where we are on the East Coast so they could be near me," says Lee.

"We provide wish kids with oncein-a-lifetime unique experiences. It gives them something positive to focus on, giving them the drive to get through the really tough periods," says St.Germain.

Cancer impacts the entire family. Parents are stressed; siblings often feel neglected. Craig's mom, Susan Williams, says, "When you have a child who is fighting cancer, your whole life changes. The Children's Wish Foundation is amazing. It really gave us a chance to become a family again, outside of the sickness."

"We're very proud to say that the Children's Wish Foundation has never refused an eligible child in 27 years. We have no waiting lists," says St.Germain.

"The demand for wishes has never been higher. Over the past four months, a record number of referrals have come into the foundation. We're focusing on fund-raising and strategic development to ensure that tradition will continue."

> JEANNIE ARMSTRONG editorial@mediaplanet.com

Get active and involved for colorectal cancer prevention

Colon cancer is the second leading cause of both male and female cancerrelated deaths in Canada. In 2010 over 22,000 Canadians were diagnosed with colon cancer.

Although this is a startling statistic, more startling is the fact that almost half of those diagnosed died. Surprisingly, colon cancer is one of the most preventable forms of cancer. If caught early, over 90 percent of these cases could and should result in a full recovery.

"One of the issues surrounding colon cancer and the reason so many people don't get the help they need is the fear of talking about it," says Amy Elmaleh, co-founder of Colon Cancer Canada. "There seems to be a stigma attached to the disease that we need to dispel, and quickly. We are hoping that between our celebrity-driven PSA campaign and our events, we will get the word out that knowing the signs of colon cancer and talking about it with your family and your doctor will result in prevention and an effective cure. People need to "talk about it."

Colon Cancer Canada was started in 1996 with a mission to help fight this deadly disease. To date, with the help of hundreds of committed volunteers across the country, Colon Cancer Canada has raised more than \$6.6 million. Colon Cancer Canada is making a significant impact on this disease by financially assisting research efforts to find a cure and by offering a network of support for patients and families.

There are a number of activities tak-



ing place in 2011 to help raise awareness of colon cancer:

The Anne Murray Charity Golf Classic, presented by PENTAX

The 2011 Anne Murray Charity Golf Classic will be held on Tuesday, May 17th, 2011 at Angus Glen Golf Course, in Markham, Ontario, with all proceeds going to Colon Cancer Canada. Personalities joining Anne this year are: host of Olympic Prime Time on CTV, Brian Williams, as the emcee, CTV's Canada AM co-host, Seamus O'Regan, CTV's Canada AM Sports and Weather anchor, Jeff Hutcheson and hockey legend, Bobby Orr.

Colon Cancer Canada's Push for your Tush

The 15th annual walk/run will take

place across the country in Toronto Burlington, Durham Region, London, Tri-Cities-Cambridge/Kitchener/ Waterloo, Vancouver, Grande Prairie, and Aurora/Newmarket. Hockey Legend Darryl Sittler will be in attendance in Toronto to lend his support. This popular and successful fundraising event is an excellent opportunity to bring together patients, family members and friends and help make a difference for this important cause. To date, the walk has raised over \$2,500,000 for Colon Cancer Canada.

For more information about Colon Cancer Canada, our events and how you can help, visit www.coloncancercanada.ca.

> Courtesy of Colon Cancer Canada editorial@mediaplanet.com





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INSIGHT



With cancer, one size doesn't fit all

Question: Why are treatments and outcomes for breast cancer so different for each patient? Answer: Breast cancer is not one kind of cancer. Research has identified multiple subtypes of breast cancer. Each subtype has a different genetic signature and requires individualized treatment.

No two breast cancer patients have an identical disease, says Dr. Tak Mak, director of **The Campbell Family Institute** for Breast Cancer Research at **Toronto's Princess Margaret** Hospital.

"There are perhaps six, seven or eight different subtypes of breast cancers. No longer can we treat breast cancers as if they are one type. One-size-fitsall is no longer possible." Mak says.



The sobering reality is that a new drug takes about 20 years and \$1.5 billion to develop.

"With cancer affecting one out of two men and one out of three women, we have no choice but to push on, looking for new leads, new ideas. The battle will go on."

Family ties

Breast cancer hit Terry Becker's fam- Breast Cancer Foundation. ily with a vengeance. The Vancouver Becker now urges friends and colresident, her mother, two aunts and leagues to be "breast aware" and sister were all diagnosed with breast cancer within five years.

"No longer can we treat breast cancers as if they are one type."

Dr. Tak Mak

The Campbell Family Institute for Breast Cancer Research, Princess Margaret Hospital

cancer-free. We're all survivors," says Becker.

At first, Becker could not even talk about her disease, let alone ask questions. "It was like a monster living under the bed. I was afraid to look."

Surgery brought her out of denial. She became an internet expert, devouring information from the B.C. Cancer Agency and the Canadian

Hospital.

Research matters

MJ DeCoteau was 22 when her mother passed away from breast cancer. While researching her own risk factors, she discovered a lack of programs for younger women.

In 2001, DeCoteau established Rethink Breast Cancer, an organization dedicated to women in their 20s, 30s and 40s.

"Our goal is to pioneer cutting edge breast cancer research, support and education that really speak to young women," says DeCoteau.

"We are funding the next generation of brilliant young breast cancer researchers who are showing creativity and productivity very early in their careers."

Since its founding 20 years ago.



DON'T MISS!



Do you know your colorectal screening types?

The FOBT (Fecal Occult Blood Test) checks for blood in your stool. It can be done in the privacy of your home, taking samples from three consecutive bowel movements, smearing stool samples on a chemically treated card, and sending it to a lab for analysis.

Many provinces have initiated population-based screening for colorectal cancer, using the FOBT, for people 50 and over. Doctors and pharmacists can give you a FOBT kit and if the lab finds blood in your stool, you will be counseled to have a colonoscopy.

The FOBT is widely available, inexpensive, non-surgical and there is no complicated prep. But it is not fail-proof. Not all cancers bleed. And sometimes, blood in the stool can be caused by something other than a cancer. The FOBT is able to detect some cancers but it can miss others.

Get FIT

A hybrid of the FOBT, called the FIT or iFOBT (Immunochemical Fecal Occult Blood Test) uses antibodies to detect human hemoglobin protein in stool. Much like the standard FOBT, immunochemical based testing detects the presence of blood in the stool, but the main difference is that the FIT/ iFOBT uses a different technology to detect the presence of gastrointestinal bleeding. For this reason, it may be a more accurate way to screen for blood in the stools than the traditional FOBT.

Scope it out

The second type of screening for colorectal cancer is the flexible sigmoidoscopy. A finger-thin, flexible, lighted tube (the sigmoidoscope) with a tiny camera at its tip, is inserted into your rectum and up the bottom half of your colon to check for polyps in the lower bowel. It is a good test but not perfect because it misses about 35-40 percent of polyps, the ones that are higher up in your colon. The barium enema screening test involves introducing a liquid containing barium up into your bowel and then taking x-rays. This test is widely available and when combined with a flexible sigmoidoscopy, it offers an excellent view of your colon. However, it can miss smaller polyps and cancers, and biopsies cannot be done during the procedure. If abnormalities are seen, a colonscopy is ordered.

His research focuses on identifying new genetic targets for breast cancer. "The human body contains 22,000 genes. Cancer can mutate in as many as 18,000 of them, making the disease very complex," Mak says.

Understanding the genetic signature of each breast cancer subtype is the first step in developing targeted drug therapies.

Herceptin, a targeted drug developed by UCLA's Dr. Dennis Slamon, has boosted survival rates for HER2 positive breast cancer patients.

"Now we have found a genetic link between basal or triple negative breast cancer and ovarian cancer," says Mak. This discovery could lead to a new drug capable of treating both devastating diseases.

The cancer subtype and treatment varied with each woman. "We're all

FACTS

■ Since the the mid-1990s, breast cancer death rates have declined in all age categories, and in all ages combined.

■ Basal breast cancer is often referred to as "triple negative" because it lacks estrogen and progesterone receptors and has normal amounts of HER2 protein. Triple negative represents 10 and 20 per cent of breast cancers, most often striking young, premenopausal women and black women.

be screened regularly. She reaches out to other breast cancer patients, funding a breast cancer walking club at Vancouver's Ridge Meadows

When young women get breast cancer, it often spreads more aggressively, leading to tougher treatments and lower survivor rates. The good news is, when caught in its earliest stages, the five-year survival rate for women ages 20 to 39 is almost 90 percent.

Courtesy of Breast Cancer Society of Canada, The Princess Margaret Hospital Foundation, Rethink Breast Cancer

the Breast Cancer Society of Canada (BCSC) has raised over \$10 million for breast cancer research.

BCSC funds transitional research, promoting interaction between scientists and physicians. "Researchers work hand-in-hand with the diagnostic and treatment physicians, so they can adjust the research to meet the current needs of the patient," says BCSC Director Marsha Davidson.

"Research is making the difference. The chance of surviving this disease is close to 90 percent, especially if caught early."

JEANNIE ARMSTRONG

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Screen out your colorectal cancer risks-but know what to expect

One of the keys to eradicating colorectal cancer is awareness. Understanding your risk factors, symptoms, family history and screening options will not only help in avoiding the disease, but could mean the difference between life and death.

Colon cancer is the second leading cause of cancer death and the third most commonly diagnosed cancer in the world. Each year, it's the cause of more than 500,000 deaths worldwide. A lot of work has gone into bringing awareness to this disease, but because it deals with part of the body that the general public is uncomfortable talking about, many needlessly suffer.

However colon cancer can be prevented through screening! A screening test, such as a colonoscopy, is a preventative measure that works. When you turn 50, get screened. If you



have risk factors such as a family history of the disease, talk to your doctor because you may need to be screened earlier. Screening can reduce your risk of developing colon cancer by 80 percent or more.

Prior to getting screened, it's important for you to be armed with knowledge of what you will experience. In an effort to prepare you for your test, the Colon Cancer Alliance (www. ccalliance.org) has developed a list of important questions to ask your

"Prior to getting screened, it's important for you to be armed with knowledge about what you will experience.

Andrew Spiegel Colon Cancer Alliance

doctor:

Questions to ask before a colonoscopy:

- How many colonoscopies have you performed?
- Should I stop taking any of my current medications?
- What kind of anesthesia will be used? Will I need someone to drive me home?

■ How do I prepare for the procedure? Do I have options for the cleansing

prep?

■ What are the complications and risks?

Questions to ask after a colonoscopy:

■ Were you able to view my entire colon? If not, how far did you get?

■ Do I need any follow up care or further testing?

What did you find during my colonoscopy? Were any biopsies done? If so, how and when will I get the results?

When should I return for my next colonoscopy?

Contact the Colon Cancer Alliance for more information on colon cancer, and to learn more about its numerous local and national programs available to help raise awareness of this disease. Our efforts are getting people to talk ... and that's a first step to making colon cancer a thing of the past.

Get thorough

The colonoscopy is the most thorough screening test for CRC. It catches polyps and colorectal cancers in the earliest and most treatable stages. A colonoscope (much like a sigmoidoscope, but longer) allows the doctor to see the lining of the entire large bowel and remove polyps. They are sent to the lab and tested for cancerous cells. The prep for a colonoscopy involves a total cleansing of the bowel, which means you have to fast for a day and take a laxative. Perhaps not the most pleasant experience, but it proves effective-if no polyps are found, another colonoscopy will likely not be needed for five to 10 years. If cancerous polyps are found, it's more probable they have been caught early, when CRC is most treatable.

DEBORAH COTTON

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