



**In plain sight**  
Recognizing the risks  
of skin cancer



**Quality of life**  
Battling Anemia  
during chemotherapy

**MEDIA  
PLANET**

March 2012

# UNDERSTANDING CANCER

5  
TIPS

FEATURING OVER 10  
CANCER  
ASSOCIATIONS AND  
THEIR CAUSES



## SPEAKING UP AND OUT AGAINST CANCER

Finding the power in knowledge to **conquer** this complex disease

**Have you had your spots checked lately?**

***Do you know what to look for? We do, let us show you.***

The Canadian Dermatology Association will be holding free skin cancer screenings in a number of cities across Canada starting in May.

Come learn the ABCDEs of melanoma.

Visit [dermatology.ca](http://dermatology.ca) for a full list of events and steps on how to do a skin cancer self-examination.

Connect with us on Twitter and Facebook.

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Canadian  
Dermatology  
Association

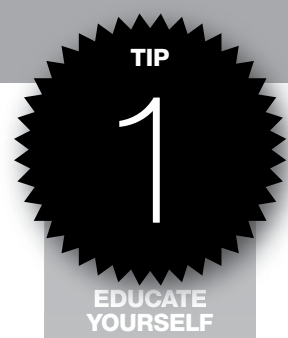


Association  
canadienne de  
dermatologie





# CHALLENGES



Every three minutes, another Canadian will hear the words “you have cancer” for the first time. **In the past year, nearly 178,000 Canadians were diagnosed with cancer.**

# Knowledge is power in the fight against cancer

Every three minutes another Canadian will hear the words “you have cancer” for the first time. In the past year, nearly 178,000 Canadians were diagnosed with cancer. But unlike decades ago, today more than 60 percent of them will survive at least five years after diagnosis, compared to about 25 percent in 1940.

While we celebrate this progress, cancer still strikes far too many of us. Fear, anxiety, helplessness, anger—these are some of the overwhelming feelings people experience when they or a loved one is told they have cancer. The Society strongly believes that no one should have to face this devastating disease alone. We understand that when a person is facing a cancer diagnosis, knowledge and support can make a vital difference.

**A helping hand makes a vital difference**

Each year, our volunteers give tangible, direct support to thousands of Canadians through our various programs including: Cancer Information Service (CIS), CancerConnection online community, Smokers Helpline, lodges, transportation services and so much more. I’m proud of the fact that since 1996 more than one million

Canadians have turned to the CIS to find cancer information and support critical to helping them manage their cancer experience. When combined with the more than four million visitors who use the Canadian Cancer Society website (cancer.ca) every year, we believe we are making a difference for cancer patients and those who love them.

**Reach out and connect**

Talking to a person who has been through a similar cancer experience can provide comfort. Each year, about 5,600 people are helped by the Society’s CancerConnection telephone-based peer support program. Specially-trained volunteers provide a listening ear and valuable suggestions for cancer patients and loved ones.

The Society’s online communities—CancerConnection.ca (English) and ParlonsCancer.ca (French)—help empower, inform and support people living with cancer. These active and growing communities provide a safe and welcoming place for cancer patients and caregivers to share their experiences and build relationships to support them in their cancer journey.

**Arm yourself with the facts**

Providing information and support are just two of many ways we work to help Canadians understand and fight

”

“While we celebrate this progress, cancer still strikes far too many of us. Fear, anxiety, helplessness, anger—these are some of the overwhelming feelings people experience...”

**Peter Goodhand**  
CEO and President,  
Canadian Cancer Society

cancer. We also:

- Do everything we can to prevent cancer. The Society encourages Canadians to make healthy choices and to find out what can be done to find cancer early (for example, screening tests and knowing your family medical history).
- Fund research to outsmart cancer. The Society is the largest national charitable funder of cancer research in Canada.
- Advocate for public policies to make healthy choices easy choices for Canadians (for example, smoke-free environments).

The Canadian Cancer Society is poised to launch its annual fundraising Daffodil Campaign in April. This is a time to unite behind those people living with cancer. We urge Canadians to wear our bright daffodil pin during Daffodil Month and especially on Daffodil Day to April 27. By wearing the pin you will be showing people living with cancer that they are not alone and that we won’t give up until all forms of the disease are defeated.

Whether it’s through family or friends, we all have a story about how cancer affects us. It’s these stories that tie Canadians together and motivate the Canadian Cancer Society as it carries out its important work across Canada.

# Technological advancements mean greater hope for all

**Human health is perhaps the single greatest concern of the modern generation: “Will I be well enough to continue to contribute to the future I see possible for my children and even all of civilization?”**

As we have mastered the seemingly simple requirements of nutrition and hygiene, other insidious and perhaps confounding ailments have come to the forefront. Perhaps the most vexing is cancer: literally, the unchecked “bad” behavior of cells within our own bodies.

Cancer is a complex disease—cells that proliferate to debilitate and ultimately destroy our livelihood. We are increasingly effective at noticing the onset of cancer, but given the cost of the associated treatments, biomarkers are needed to guide therapy or provide early measures of treat-

**Thomas J. Ruth**  
TRIUMF

ment efficacy. Thus, imaging (conventional and functional) plays an important role in cancer diagnosis and management.

It is not possible to biopsy every lesion, in every patient, before and after treatment. The technology of molecular imaging allows the characterization of cancers by the use of radiolabelled probes. Although other imaging methods can be used for molecular characterization of cancer, none has the sensitivity, translation potential, and low toxicity of radionuclide imaging. PET/CT imaging is the fastest growing imaging modal-

**Francois Benard**  
BC Cancer Agency

ity worldwide for a good reason. It allows physicians to develop a specific understanding of the onset, progress, and treatment-response of disease within each specific patient.

**Making innovation possible**

This is the tip of the iceberg—dozens of new imaging agents are in development that will allow us to understand the details of each person’s cancer, and progress in treating it. Instruments are improving—integrating PET and MRI—offering better images, faster and at lower cost. Canada needs to improve its technological base to

enable modern, personalized medicine. Canada also needs to develop its industrial base in medical imaging—except for Mo-99, it has long been a net importer of modalities and technologies.

The key to moving cancer diagnoses forward are more specific tracers to better characterize the cancer and follow the efficacy of treatment which in some cases can alter treatment much sooner than previously possible.

Canada’s long-term prosperity and economic diversity will come from the knowledge based economy, this includes healthcare but requires patience and long term vision. Public support for the basic research supported by discovery grants are effective and must be supported for Canada to succeed in this global effort.

We have the ability to lead the winning strategy. Let’s do what it takes.

WE RECOMMEND

**Nutrition while on chemotherapy**  
The unique challenges posed by this harrowing treatment.

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**Be proactive** **p. 7**  
Why men in particular need to put a focus on colorectal cancer.

**Have “the talk”** **p. 8**  
Why Generation Y needs to speak up to their parents about prevention and awareness.

MEDIA PLANET

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CHILDHOOD CANCERS

**Striking early**

1 Cancer is the leading disease-related cause of death among children after their first birthday; each year in Ontario over 400 are diagnosed and approximately 4,000 are on active treatment or in long-term follow-up care.

**Unique challenges**

2 Cancers in children differ from adult cancers—acute leukemias and primary brain tumours account for almost half of all kids’ cancers—and so a specialized pediatric system of care is needed.

**The cost of illness**

3 POGO studies show that out-of-pocket costs related to treatment add up to approximately one third of after-tax income annually.

**Fostering hope**

4 Today, survival rates exceed 80 percent. Still, about two-thirds of survivors face significant late effects of their disease and treatment such as neurocognitive impairments, infertility, obesity, growth delay and risk of subsequent cancers.  
Learn more at [www.pogo.ca](http://www.pogo.ca).

Courtesy of POGO



# INSPIRATION

A COMMUNITY OF SUPPORT



INSPIRATION

## Lighting a flame for the fight



Participants take part in a luminary ceremony to honour those facing the struggles of cancer, and the memory of lost loved ones.

PHOTO: CANADIAN CANCER SOCIETY

# IT'S TIME TO RAISE VOICES FOR PANCREATIC CANCER AWARENESS!

**Pancreatic cancer knows no bounds. It can strike anyone, at anytime.**

People are shocked to learn that it claims nearly as many lives each year as breast and prostate cancer, yet it remains somewhat of an “under-dog”—underfunded and misunderstood.

### The lesser-known killer

Pancreatic cancer is the fourth leading cause of cancer death in Canada. There is no known cause, no early detection and no known cure. Seventy five percent of all patients die within the first year, most within the first three to six months. It is highly aggressive and resistive to standard cancer treatments. Most recently, this disease has taken the lives of such well-known people as Steve Jobs, Patrick



Swayze, Luciano Pavarotti and Wallace McCain.

Despite the grim statistics of this

disease, pancreatic cancer is not a national priority. Only a handful of scientists concentrate solely

on this disease due to the lack of funding earmarked for research. As a result, the five year survival rate

has remained unchanged for decades; still in the single digits (six percent).

### Creating hope through investment

Pancreatic Cancer Canada is dedicated to improving pancreatic cancer survival through awareness, patient support, community outreach and advancing research. As Canada’s only foundation dedicated to this cause, we are proud to have invested more than a million dollars in research to discover new and better ways to diagnose and treat pancreatic cancer and improve the quality of life of people living with this disease.

We must make pancreatic cancer a national priority—your support will provide hope and save lives!

Courtesy of Pancreatic Cancer Canada





**STAYING IN RANGE**  
Normal haemoglobin levels range between 120 to 145 g/L for women and 140 to 160 g/L for men.

Patients battling cancer also must manage anaemia. Thankfully there are a **range of options to treat the condition.**

# Dealing with Anemia

## TREATMENT OPTIONS

**According to haematologist Dr. Janis Bormanis, anaemia is very common in patients with cancer. “It’s common across all types of cancers,” he says.**

About 60 to 90 percent of patients who undergo cancer treatments experience fatigue. The range is 80 to 90 percent in chemotherapy patients (<http://www.empowerthepatient.com/fatigue-and-anemia.htm>).

Cancer is a foreign cell which causes negative effects in the body. It does that by interfering with the immune system and activating the immune cells. The immune system releases cytokines, which stimulate the production of other inflammatory regulators, explains Dr. Bormanis. This causes a host of unwanted issues, including an imbalance of how the body uses iron and leading to a drop in the production of red blood cells.

The cytokines also restricts the body’s ability to produce erythropoietin, which is a natural hormone made in the kidneys. Erythropoietin is the main ingredient that controls the number of red blood cells made in the



“There’s a very direct relationship between quality of life, and your haemoglobin levels being above 100.”

**Dr. Janis Bormanis**  
Haematologist

bone marrow. All these factors combine to cause anaemia, explains Dr. Bormanis, who works at the Ottawa Hospital.

Normal haemoglobin levels range between 120 to 145 g/L for women and 140 to 160 g/L for men. The haemoglobin level drops to 80 to 100 g/L for patients with cancer. “There’s a very direct relationship between quality of life, and your haemoglobin levels being above 100.”

At those low levels, people get very tired, yet have difficulty sleeping, and they have trouble concentrating. “It also tends to increase the effect of pain in patients,” Dr. Bormanis observes.

If the haemoglobin levels falls further, to below 50 or 60 G/L, these symptoms become aggravated and is dangerous for patients with cardiac

disease.

Michael Fong (not his real name) knows what it is like to endure severe anaemia. He has myelodysplastic syndromes, (MDS) which is a collection of disorders in which the bone marrow does not produce enough blood cells.

“When my hemoglobin level drops below 60, it really affects the way I feel and think. It sometimes causes me to feel very depressed and despairing because I have no energy to do anything,” he reveals.

### How chemotherapy impacts anaemia

Chemotherapy eliminates cancer cells. However, chemotherapy can also attack healthy red blood cells (RBCs) and negatively impact your body’s ability to produce red blood

cells. A lack of red blood cells can cause anemia. Anemia is one of the most common and most lasting side effects of chemotherapy. Anemia places extra demands on your body and can cause excessive tiredness or fatigue.

As rule of thumb, in patients with blood cancers, for example, chemotherapies are delivered every three weeks for an average of six to eight cycles.

The reason behind this scheduling is that chemotherapy kills both normal cells and cancer cells. “It takes three weeks for the normal cells to recover. Despite what many people think, cancer cells grow more slowly than normal cells. The trouble is, these cells don’t die so easily either, and so tend to accumulate,” Dr. Bormanis says.

### Treatment options

When the patient’s haemoglobin level falls below 100, they are given blood transfusions. “The effect is quick, but transitory as the haemoglobin levels fall after one to two weeks,” Dr. Bormanis says.

When haemoglobin is low—and continually low—patients can be given an erythropoietin stimulating agent, or ESA. Erythropoietin

Alpha, one of the ESAs approved for use in Canada, is synthetic erythropoietin and is used to replace the erythropoietin in people who cannot make enough. Studies have shown that Erythropoietin Alpha is generally well-tolerated.

ESAs are injected subcutaneously and stimulate the bone marrow to produce more red blood cells. This corrects the anaemia. The dose is administered every one to three weeks. “The Canadian guidelines recommend ESA when the haemoglobin is 100 or below but the only drawback is that it takes up to three weeks to work in a patient’s body,” Dr. Bormanis explains.

It is important to remember that your treatment options are a shared decision between you and your healthcare provider. If you or a loved one is experiencing symptoms of anemia, it is important to speak up to your healthcare provider.

**INDRANI NADARAJAH**  
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# Childhood cancer research improves survivorship



**Only 40 years ago, less than 10 percent of children with cancer survived.**

Today, 82 percent of children diagnosed will be cured. According to Dr. David Malkin, medical director of the Pediatric Oncology Group of Ontario (POGO), research has been the primary reason for this remarkable improvement. But what will it take to cure 100 percent of children with cancer and help survivors thrive? Is this even possible? Malkin believes it is—but it won’t be easy.

“Individual cancer cells can grow and multiply into one of over 250 different types of cancer,” he explains. “So, there’s no single cancer, drug or cure. Still, year to year, and decade to decade, research has steadily led to ever-increasing numbers of survivors. Laboratory researchers, biologists and geneticists, surgeons, chemists and others are unraveling the mysteries of the cancer cell and inventing new therapies and medical procedures.”

Malkin, who is also a leading pediatric oncologist and researcher at the Hospital for Sick

Children in Toronto, believes POGO has an important role to play in what he sees as a bright future for childhood cancer research, patients and survivors.

### Decades of life saving initiatives

POGO has a near 30-year history of working with the childhood cancer community to ensure children with cancer and their families have equal access to state-of-the-art care—from diagnosis and treatment to survivorship—regardless of where in Ontario they live. And since 1996, POGO has managed and funded research that, similarly, addresses issues faced by the patient and family along the entire cancer journey.

“POGO’s research aims to develop better ways to spare children the many side effects of therapy, and to keep children nutritionally, psychologically and emotionally healthy, so that they may better tolerate their treatment and recover, and to do so more quickly,” he says. “POGO also works to lessen late effects of the disease and treatment by monitoring the health of survivors, 60 percent of

whom are at risk of cognitive challenges, infertility, obesity, growth delay and subsequent cancers.”

As Medical Director, Malkin aims to expand POGO’s provincial and national partnerships to grow the organization’s research capacity and reputation, and create new mechanisms to transform childhood cancer research initiatives.

“POGO,” he says, “is committed to research that ensures that children with cancer, who face and who overcome unimaginable challenges, get the best possible care, have the best prospects for survival and have the opportunity they are owed to live long, meaningful and happy lives. As a scientist, I believe that society should support and engage in the research that will ultimately improve all of our lives. While the challenges are great, the opportunities are far greater. Our reward will be in witnessing success.”

**JACQUI DEBIEQUE**  
Communications & Knowledge Transfer  
Manager Pediatric Oncology Group of Ontario  
editorial@mediaplanet.com

**STANDING STRONG**  
POGO’s research aims to develop ways to help children cope with the effects of treatment.  
PHOTO: POGO



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# MEDIA PLANET

## NEWS



### NEWS IN BRIEF

## Active prevention is in your power

**How bad is cancer? For those who have it or have had it, it's a rough ride. For those who don't have it, the odds of getting it are not low.**

#### Consider this:

- On a typical day in the Greater Toronto region, close to 80 people will be told by their doctor, "You have cancer." \*
- In 2011, some 75,000 people died from cancer in Canada while there were 177,000 new cases.\*
- Nearly half of all males will get cancer in their lifetimes, as will four in 10 females—one in four of us will die from cancer.\*
- Only 63 percent of those with cancer can expect to live more than five years.\*

Meanwhile, the search for the elusive cure for cancer continues without major breakthroughs, leaving those with cancer to face limited, often brutal treatment options with long lasting side effects and a compromised future.

Not a nice picture and not great odds you say?

#### But wait—there is some good news.

Cancer is not an inevitable disease nor is it just bad luck. We believe that up to 80 percent or more cancers are preventable. We can do a lot to improve our odds, stay healthier, and live longer in better health.

Eating more fresh fruits and vegetables and less processed food is a good start. Exercising regularly can certainly help. Choosing safer cleaners, consumer products, and cosmetics is worth doing. Cutting back on cell phone use is advised.

But there's more to do at the broader level.

We need to look at our communities and our living environment. For example, there are some 100,000 chemicals out there, many of them carcinogenic, and only a handful have been tested. There is a connection between our environment—everything that we are exposed to—and cancer. It's there and it may be doing a lot more harm than we previously thought. We need to change that.

Let's put a higher priority on stopping cancer before it starts. Only about two percent of the billions we spend on cancer in Canada is spent on prevention. Let's increase that! Where to begin? Let's institute a national effort to stop cancer. Let's research the best preventive actions we can take for ourselves and our children. Let's identify the toxic substances in our environment and eliminate them. Let's find out what causes cancer and deal with those causes, not keep searching for that ever-elusive cure.

As for cancer, Prevention is the cure.

Learn more about cancer and how to prevent it at [preventcancer.ca](http://preventcancer.ca).

\*Canadian Cancer Statistics 2011—Canadian Cancer Society, Statistics Canada, Public Health Agency of Canada



JAKE COLE  
Co-Chair,  
Prevent Cancer Now  
editorial@mediaplanet.com

Five-year survival rate  
= 63% Canadians

✚ Oral cancer is the 13th most common type of cancer. Estimates indicate that 3,400 new cases of oral cancer will present each year in Canadians 50 years of age and older. Smoking, chewing tobacco, snuff, or betel nut, drinking alcohol, sun exposure of the lips and infection with human papillomavirus are risk factors in developing oral cancer.

# oral cancer

your 1st defence in oral health

College of  
**Dental Hygienists**  
of Ontario

[www.cdho.org](http://www.cdho.org)



## Need to quit smoking? Don't do it alone – visit your pharmacist.

All pharmacists can support you in your efforts to stop smoking, and many pharmacists now have enhanced training in smoking cessation counseling and services. For example, graduates of the Canadian Pharmacists Association's Quit Using and Inhaling Tobacco (QUIT) program can assess your readiness to quit, help you understand and change your smoking behavior, develop and monitor your quit action plan, and guide you through every stage of the process.

Less than 7% of smokers can successfully quit without help from medication or a trained counsellor. Talk to your local pharmacist today, or use the QUIT pharmacy locator tool to find a QUIT-trained pharmacist in your area.



**QUIT**

[www.pharmacists.ca/quit](http://www.pharmacists.ca/quit)



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# INSPIRATION

Olivia Chow’s life has been touched by cancer in many ways. She views herself as an advocate, working to create change in the medical system to **provide patients with better care.**

TIP

3

ADVOCATE FOR THE CAUSE

## Gain knowledge—and the power to act

### CHANGE

**There is no cancer-fighting weapon quite as powerful as informed knowledge, says National Democratic Party MP Olivia Chow.**

“The word cancer is so scary, but it doesn’t always mean a death sentence. Get informed, instead of worrying about it,” she advises. “Knowledge is power. So, regular checkups, finding out what it is, what that growth may be, is important.” Chow knows what she’s talking about. Six years ago, she had thyroid cancer, but did not experience any unusual symptoms that might have rung warning bells.

#### Confronting the signs

“I did not know that I had cancer until after the thyroid was removed,” she says. However, checkups pinpointed that something was out of the ordinary—she was aware that there was a growth on her thyroid gland for about three years prior to the surgery. Biopsies were done, but these were inconclusive.

About 98 percent of all thyroid cancers are very slow-growing. The statistics show that far less than one percent of all thyroid nodules are malignant, she notes. **Speaking up for all**

Her brush with cancer in 2005, and more recently, losing her husband, NDP leader Jack Layton, to an unspecified cancer in August 2011, has given her campaign to improve the lives of cancer

patients, a greater urgency.

Chow views herself as a cancer advocate, working to bring changes in the medical system to enable cancer patients to receive better care.

“There are two things that I have been pushing for: cancer detection tests and affordable medication. It bothers me that there are double standards in this area,” she says.

Why, she asks, is breast cancer screening covered by the Ontario Health Insurance Plan (OHIP), yet the PSA (prostate specific antigen) tests to detect prostate cancer isn’t?

It’s an unfair lottery that Canadians shouldn’t be subjected to, she insists. “Everything—from tests, to treatments, if not supported by the medical system, will lead to patients falling through the cracks, causing them to experience different outcomes,” she says.

### THYROID CANCER: KNOW THE FACTS

#### A unique disease

■ **Thyroid cancer** usually leads to the loss of the thyroid gland—a major organ of the body—necessitating life-long hormone replacement and monitoring similar in effect to some chronic diseases.

■ **For the most part**, there are no early warning signs; no means of prevention of thyroid cancer.

■ **Neck exams** can find thyroid cancer at an early stage, but currently neck exams are an optional inclusion in most standard phys-

The last aspect of her campaign for better healthcare for Canadians is work-related. “Many cancer survivors continue to work because they are in remission. However, they have to have regular checkups which take time. Right now, there is no good policy which supports flexibility for people who are working and who need time off for scheduled tests,” she points out.

#### A work in progress

Working to advance the rights of cancer patients has been a long journey and it has been hard work, she says ruefully. “The Federal Government is completely missing in this—they are not willing to play a leadership role,” she says with some exasperation.

“If you look at the last few years, the amount of feet dragging that has gone on with the universal pharmacare pro-



**REACHING OUT**  
Chow and a participant at a cancer fundraiser in Liberty Village, Toronto, ON.  
PHOTO: PRIVATE

ject has been disgraceful. The provinces want the Federal Government to take the lead, because their larger purchasing power means economies of scale and by extension, lower drug costs for the taxpayer, but the Federal Gov-

ernment doesn’t appear to share this vision.”

#### Highs and Lows

Despite losing her husband to cancer, she still believes that, for anybody whose life has been touched by cancer, “hope is better than fear,” referencing the last letter Layton wrote.

It is the hope for a better future for Canadians that gives muscle to her campaign. Also, the inspiration provided by “the incredibly dedicated doctors, nurses and support staff” who helped her through an agonizing period in her life.

“Their dedication fills me with wonder,” she says simply.

“As Jack said, ‘Don’t let them tell you it cannot be done,’” she says. “There is always room for hope.”

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## Ask your doctor for a Neck Check



Thyroid Cancer Canada  
Cancer de la thyroïde Canada

- Thyroid cancer incidence is on the rise
- 80% of thyroid cancer patients are women
- Thyroid cancer is the #1 cancer in incidence in young women
- Thyroid cancer is very treatable if caught early



# www.thyroidcancercanada.org

Thyroid Cancer Canada is celebrating its 10th year! Contact us for more information about how you can support thyroid cancer patients.



# Colorectal cancer: The importance of early diagnosis

**It just doesn't make sense. Why, when colon cancer is 95 percent preventable, do 40 percent of those diagnosed still succumb to the disease every year?**

According to Colon Cancer Canada, there were 22,200 new cases in Canada last year, and 8,900 deaths.

Colon cancer affects both men and women equally, but there are significant differences in the way they approach the disease, says Dr. David Morgan, associate professor of gastroenterology at McMaster University.

"Men tend to not be as proactive as women are, in terms of having their disease diagnosed and treated," he observes.

## Symptoms of colorectal



“Men tend to not be as proactive as women are, in terms of having thier disease diagnosed and treated.”

**Dr. David Morgan**  
Associate Professor, Gastroenterology,  
McMaster University

**cancer**

Symptoms can include blood in or on the stool (either bright red or very dark in colour), stomach discomfort (bloating, fullness and/or cramps), frequent gas pains. However, many people with colorectal cancer have no symptoms or early warning signs.

Family history is definitely a risk factor, says Morgan, as is obes-

ity. It is thought that smoking and alcohol may be contributory factors.

Most patients in Morgan's practice are between 50 -and 75-years old.

**Colonoscopy: Once every 10 years**

Part of the problem with diagnosing colon cancer is the method of

diagnosis. There's no way anybody could love the invasive nature of the exam. Some patients, even though they might have blood in the stools, are very resistant to having investigations such as a colonoscopy done, and dismiss their condition as "haemorrhoids", says Morgan. A few may present to specialists a year later with advanced cancer. "It's really sad when that happens."

The colonoscope is a four foot long, flexible tube with a camera and a light source at its tip. Inserted into the anus, it is advanced slowly through the colon usually as far as the first part of the colon. A sigmoidoscopy only reaches into the last third of the colon, so it may give a less complete picture.

Current guidelines recom-

mend that patients of average risk undergo their first colonoscopy at 50. Ontario is the only province in Canada with a province-wide screening program for colorectal cancer.

The good news—because polyps take a long time to grow to one inch in length, where there's a 50 percents chance of them turning cancerous, the patient is “free” for the next 10 years, if the colonoscopy result is clear, according to Morgan.

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PHARMACEUTICALS

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**Purgatif oral**

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PHARMACEUTICALS

**Orange Flavour**  
Savour à l'orange

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NEWS



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TRIUMF scientists are involved in every step as Canada drives innovation in nuclear medicine.



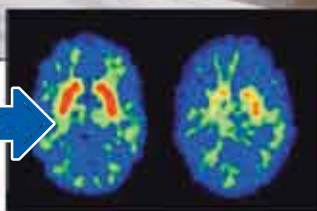
FROM PHYSICS...

TRIUMF develops the cyclotron technology that will mitigate shortages of medical isotopes in the future, as well as advanced detectors for PET and other medical imaging scanners.



...TO CHEMISTRY...

Canada's leading chemists are researching innovative methods to isolate, purify and combine isotopes to create the next generation of radiopharmaceuticals in TRIUMF's top facilities.



...TO BIOLOGY

Working with partners at the BC Cancer Agency and the UBC Brain Research Centre, TRIUMF contributes to breakthroughs in our greatest challenges in neurology and oncology.

.....

Together with its partners, TRIUMF is driving the revolution in personalized medicine with a suite of radiotracers for Parkinson's disease, Alzheimer's disease, and cancer. And TRIUMF is launching new initiatives to develop therapeutic agents based on medical isotopes.

Canada has a legacy of global excellence in nuclear medicine. It's time to take the next steps, from deploying new technologies to produce conventional medical isotopes to supporting nuclear medicine as a standard element of clinical cancer care across the country.

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AWARENESS

Having the "cancer talk"

■ A few years ago, my mother was diagnosed with breast cancer.

I vividly remember my mom's oncologist saying we were lucky because we had caught the cancer early—that 90 percent of cancers are curable if caught in stage one. I wondered, why aren't we teaching people to look for cancer when it is most curable? If we can make curing cancer active rather than passive, we just might stand a chance. To me, this is really positive news. It puts the power back in our hands. It gives us a call to action, which Generation Y thrives on. This is why I founded F--- Cancer.

There are a couple of reasons why those of us in Generation Y aren't talked to about cancer. We're not in the highest risk


demographic. We certainly aren't the large donors. But if you want to create a paradigm shift and really change how a generation (and society) thinks about cancer, from something they anticipate getting and pray there'll be a cure for to something they're actively looking for and finding when it is most curable, you have to go to the youth. We're the ones with the time, energy and tools to really make this change.

The inspiration for the cancer talk was that since day one, we've asked kids to talk to their parents about cancer. A few of them replied, "Oh, that's awkward. How do you even start that conversation?" We sat around our board room table and tried to think of the most

awkward conversation any of us had ever had. Pretty unanimously it was the sex talk. So, we built a campaign around it. The premise is simple: your parents sat you down for the sex talk because they love you and they care about you and they want to keep you safe, not because they particularly enjoy talking to you about sex. It's your turn to sit your parents down for the cancer talk. It's time to make sure that your parents are being safe about cancer—finding out about your family history, your risk factors, the earliest warning signs and making sure that at the very least, your parents are having the annual diagnostic tests run.

Yael Cohen

[editorial@mediaplanet.com](mailto:editorial@mediaplanet.com)



## This is Emma's story.


It begins with a tumour and a diagnosis of cancer. She is 3 years old. Her life is consumed by testing and treatment and struggling with illness. And just when it seems that she's finally healthy, another tumour is found and Emma's future looks dim. But Best Doctors sees it differently. Reviewing her tests and pathology, Best Doctors finds that the tumour isn't cancer; in fact it's not even a tumour. It's scar tissue and very treatable. Because of Best Doctors, Emma's story is a life story.

**EMMA'S STORY IS TRUE.** At Best Doctors we help our members to be sure of their diagnosis and treatment. To find out more, call 1 877 419-BEST or visit [bestdoctorscanada.com](http://bestdoctorscanada.com).

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I don't know **who I can talk to**.....How do I get **my life back**?  
....I feel so **alone** .....What do I say to **my kids**?  
**100% of Cancers Affect the Mind**  
We know how to help  
....What about **my family**? .....What's going to happen to me?



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Did you know there are several kinds of skin cancer?



You can protect yourself

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**Question:** What sources of support aided Wayne Harris in his fight against prostate cancer?

**Answer:** By looking to his community, and the strength of other survivors, he overcame his illness.

# BE YOUR OWN ADVOCATE

**For Wayne Harris, life was good—until, after applying to increase his life insurance, his request was inexplicably rejected. “Ask your doctor,” was the insurer’s ominous response.**

He did, and was told that his Prostate-Specific Antigen (PSA) levels were three times higher than his previous test results. In plain English—he had prostate cancer. Wayne Harris, then 39, was stunned—yet not totally surprised.

“My grandfather died from the disease at 55 and my father had it at 62, but recovered. It was way too soon for me to get this diagnosis,” he recalls.

Harris, now 45, knew that if he were to come out of this triumphant, he had to be his own advocate and no one, not even the best doctors or surgeons, would have his well-being at heart as much as he. “I have a wife and two children who were depending on me. I was depending on me to get well.”

He chose his own surgeon to per-

form the radical prostatectomy, eschewing the one recommended by his family physician.

“I did a lot of research on the internet, and a few surgeons’ names kept coming up, as being leaders in their field. I insisted my doctor refer me to the top two.” He ended up being operated on by Dr. Laurence Klotz a surgeon and urologist at Sunnybrook Hospital—and it was only due to sheer stubbornness on his part, he laughs.

“I’d sit in the doctor’s waiting room day in and day out, waiting to be allocated a time for surgery, even though the administrative assistant told me they were totally booked up,” he says. The perseverance paid off. “A cancellation came through and I was first in.”

## No room for fear

As anybody who’s grappled with serious illness knows, treatment involves a lot of waiting. Harris endured his fair share, particularly post surgery.

At the top of his mind was: would the surgery leave him impotent? There were a few nerve-wracking months while he waited to find out.

However, he refused to entertain fear.

“Once you make a decision that you’re going to tackle this disease head on, you have to guard your mind, especially your thoughts,” he says. “Faith cannot exist with fear. I had faith that I was going to survive intact, and I trained myself to think that way.”

He also credits his Oakville chapter of the Wellspring support group of prostate cancer survivors for also giving him the confidence that he would be OK, and that all physiological functions would return.

Why not his wife?

“I didn’t want to burden her with this particular anxiety of mine [of impotence] because there was nothing she could do, and it would only add to her troubles. I had to find alternative sources of support,” he says matter-of-factly.

## Paying it forward

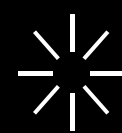
While not conventionally religious, Harris has a very spiritual perspective on his role in life. He believes that his battle with prostate cancer was not just

to triumph over the disease, but also to help educate other men—particularly black men.

“Forty percent of men diagnosed with prostate cancer in this country are black; that’s a huge over-representation given our demographic,” he says. Black men are highly resistant to the digital rectal examination required to check for prostate cancer. Most don’t want anyone examining them, especially in that area of their body, explains Harris. He understands this reticence, but his message is urgent: prostate cancer is a real threat, and men need to be educated about the unpleasant aspects of preventative testing, because a diagnosis doesn’t mean death. It is important to know the facts.

“We need to do for prostate cancer what women have done for breast cancer,” Harris says. “We need to organize ourselves to get the message out and keep repeating it until the message sinks in. Our lives, the lives of our fathers, sons and brothers, depend on us.”

INDRANI NADARAJAH  
editorial@mediaplanet.com



DON'T MISS!



## Finding the strength to challenge disease

**Survivorship begins the day you are diagnosed.**

Navigating the journey from diagnosis to post-treatment affects not just you but by all those around you: your spouse, children, parents, siblings, friends and even colleagues. Taking care of yourself and those relationships becomes critical. And you may be surprised by unexpected sources of support and assistance.

Once the shock of receiving the diagnosis wears off, it is important for you to take stock and find the right resources. Good medical care is essential. So is good psychological help to give you the tools and savvy to cope with the demands you are likely to face.

Most important is to keep in mind that the journey you are on is not just about healing cancer, but as Jack Layton reminded us, to live your life with hope and love and optimism. For many of us it can be difficult to feel hopeful, loving and optimistic when we’re faced with uncertain outcomes and exhausting treatments.

## Survivorship tips:

■ **The treatments and therapies have never been better to fight this disease:** You have every reason to feel hopeful and to be determined and focused on your future. Odds of surviving cancer are now three in five, up from one in five 40 to 50 years ago. This is due to advances in screening and treatment. Survival is a real option, so participate actively in your treatment. Make sure that you feel confident with your specialist(s) and treatment, and if not seek additional opinions about treatments until you are confident.

■ **Learn the best ways to help yourself:** Manage the fatiguing effects of treatment as well as the mental strain of the diagnosis. Activities such as breathing exercises, massage, tai chi, meditation or yoga that tap into your inner strengths and reduce both physical and emotional fatigue also help you with sleep—a fundamental element in recovery. Also indulge in pleasurable activities that make you feel alive and connected with others and nature.

■ **Practice living in the moment and cherishing every moment with those you love:** They too are affected by your illness and are potentially your greatest resource beyond your own mind-set. Rally your team and involving family, friends, colleagues, and cancer survivors (via internet and support groups) as well as mental health professionals such as psychologists and counselors to help you. Then you’ll have the knowledge, instrumental assistance and the emotional support that can best help you. Ask for what you need and be open to what they can provide.



DR. ANDREW MATTHEW,  
DR. DOUG SAUNDERS

Directors, Health Psychology Clinic  
editorial@mediaplanet.com

# Oral cancer: Look out for your mouth

**We think of our mouth as an orifice rather than an organ. However the mouth, like the stomach and intestines, is an organ of the digestive system.**

According to the College of Dental Hygienists of Ontario (CDHO), we should be alert to the role of oral health in our overall wellness. Good oral health is important to our ability to speak, smile, taste, touch, chew, swallow and express emotions through facial expression. The College launched a public awareness

campaign to let us know that the “Mouth Tells Your Health’s Story.” Part of the story is the increase in oral cancers.

## Rely on more than word of mouth

According to Brian Hill, an oral cancer survivor who volunteers as a spokesperson with the Oral Cancer Foundation, 2011 was

increases in oral cancers. Hill claims that while some may think oral cancer is rare, mouth cancer will actually be diagnosed in about 100 new individuals every day in the United States.

Canadian oral pathologist, Dr. Samson Ng, says, “Oral cancers are increasing and a new etiology is changing the paradigm for the disease.” In addition to the traditional risk factors of alcohol and tobacco, cancers associated with the human papilloma virus—HPV16—seem to be on the rise. Ng adds it is important to alert and inform, not alarm, the public of the increased incidence in oral cancers. He is a strong proponent of a national screening program because oral cancers usually go undetected in early stages. Most cankers or sores in the mouth should heal within two weeks. Anything that persists should be checked, according to Ng.

## Your cancer awareness team

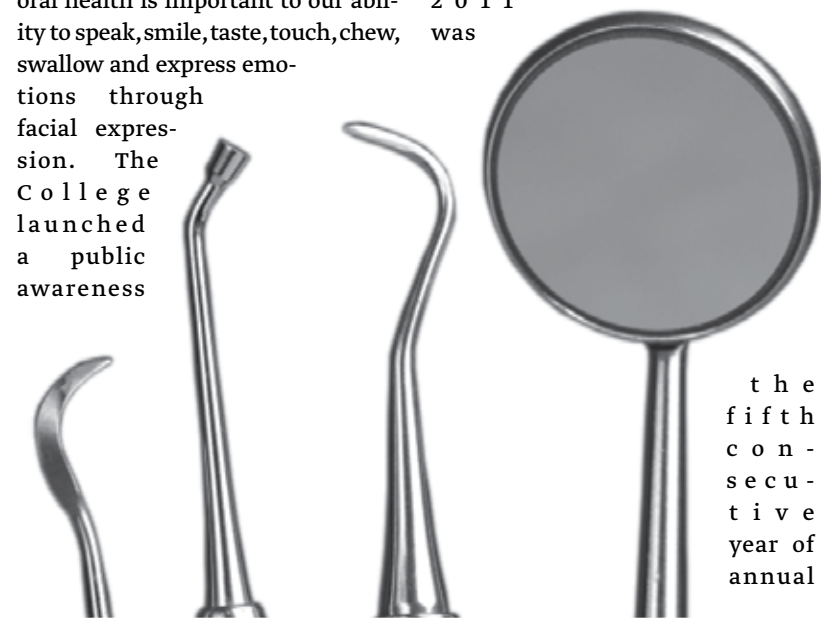
Linda Jamieson, president of the CDHO, says Ontario dental hygienists

are well trained to provide the oral cancer examination and states, “Ontario’s dental hygienists are taught the fundamentals of oral screening in school and upon graduation and registration with the CDHO are required to maintain competence in the practice.”

Jo-Anne Jones, a dental hygienist and advocate for oral cancer screening and greater public awareness about the disease, says the public should know to ask their dental hygienist for tips on doing a regular self-assessment. Jones warns that people should not dismiss the risk of oral cancer if they are a non-smoker or not a regular drinker. She says, “No one is immune and that we should all be watchful of white or red patches anywhere in the mouth, a mouth sore that bleeds easily and/or won’t heal, difficulty swallowing or speaking, swelling or lumps in the mouth or neck.”

The World Health Organization (WHO) and other prestigious health research institutes are predicting an “epidemic” level of incidents of oral cancer by 2020. You have a duty to be alert.

Courtesy of the CDHO





# INSIGHT



## Daniela Fierini

**Position:**Leader/Registered Dietitian  
**Company:** PMH Clinical Nutrition Practice



### INSIGHT

Proper nutrition is vital to maintaining patient strength, especially during the devastating physical demands of chemotherapy. However, determining a patient’s unique nutritional needs—and the successful intake of food—**can be very challenging during this harrowing treatment.**

# Facing the nutritional challenges of chemotherapy

### Why is paying attention to nutrition so important for people diagnosed with cancer? Especially while undergoing chemotherapy?

■ Good (proper) nutrition is important for people diagnosed with cancer because it can help lessen side effects of cancer and treatment, support the immune system and help maintain energy and body weight. It can also help with healing and recovery after treatment is completed. Eating the right kinds of food before, during and after cancer treatment can help people feel better and stay stronger. Chemotherapy is a systemic treatment that is toxic to the malignant cells and also rapidly reproducing normal cells. Because the lining of our gastrointestinal tract is made up of rapidly reproducing cells, it can be damaged by the chemotherapy. This may cause difficulty with chewing and swallowing and/or improper digestion and absorption of nutrients. Good nutrition can help with healing and repair of the damaged tissue. Good nutrition can be defined as eat-

ing and drinking enough of the foods and liquids that have the important nutrient that the body needs such as protein, vitamins, minerals, carbohydrates, fat and water.

### How can proper nutrition help someone fight cancer?

■ Proper nutrition can help someone fight cancer by helping to keep up their strength to get through treatment, to fight infection if it occurs and to recover more quickly. Nutrition during cancer treatment can be very challenging, especially when any part of the digestive tract is involved. ■ Good quality protein is necessary for healing. Protein supply amino acids that are the building-blocks that build, repair and maintain body tissues and muscle. ■ Adequate calorie intake is necessary to sustain energy and strength. ■ Enough fluid intake helps avoid dehydration. ■ Management of side effects can help lessen the impact of the side effect and improve nutritional status.

### Do diets differ from individual to individual?

■ Good question! A healthy diet during cancer therapy is defined differently for each person. It depends on the person’s individual make-up, the type of cancer, the treatment plan and a number of other factors. Some people continue to enjoy eating and their appetite stays strong, while some people don’t feel like eating. Side effects, either from the cancer or the treatment can make eating challenging. Emotions like fear and anxiety can also have an affect on how we eat. Good nutrition during cancer therapy may also be quite different than good nutrition to prevent cancer. “Not only do eating habits and behaviours change when a person has cancer but the way the body uses nutrients changes as well.” (American Institute for Cancer Research, 2007) ■ Learning what proper nutrition looks like for you and knowing what you can and cannot eat can provide

a sense of confidence and control. Choosing foods that can maximize energy and lessen the side effects of treatment will not only improve intake but also provide you with your best chance for survival. Nutrition plays an important supportive role in cancer care whether the aim of therapy is cure or palliation.

### Where can people go for further information?

■ Most cancer centres have a registered dietitian as part of the health care team. People with cancer and/or undergoing cancer treatment can request a referral to a registered dietitian at their centre from their doctor.

### Recommended Resources

“Goes Down Easy: Recipes to help you cope with the challenge of eating during cancer treatment” is a great resource for anyone who is undergoing cancer treatment or knows someone who has cancer. Goes Down Easy focuses on the most common eating challenges: loss of appetite, nausea, taste changes, swallowing problems and diarrhea.



### WHAT YOU CAN DO



### A brilliant and bald initiative

**Childhood Cancer Canada is proud to partner with the St. Baldrick’s Foundation—the world’s largest volunteer-driven fundraising effort for childhood cancer research.**

St. Baldrick’s participants collect pledges to shave their heads in solidarity with kids with cancer, raising money to fund childhood cancer research. St. Baldrick’s has had participation in 28 countries around the world, and Childhood Cancer Canada is proud to be the official Canadian partner.

From 2000 to 2011, over 189,000 shaves—including over 17,200 women—have shaved their heads at more than 4,200 St. Baldrick’s events worldwide. Celebrity supporters and shaves include Michael Douglas, Jackie Chan, Jay Leno, Molly Ringwald and recently Justin Tuck of the 2012 Super Bowl Champions (The Giants).

“Experience the brilliance of getting bald knowing your fundraising efforts will support life-saving childhood cancer research. Stand in solidarity with kids ...most of whom don’t get to choose how to style their hair.”

### Taking it off for the cause

Through a partnership with Childhood Cancer Canada, proceeds from St. Baldrick’s head-shaving events throughout Canada are distributed to Canadian institutions through the C17 Research Network. The C17 council represents the pediatric oncology leaders from all of Canada’s 17 children’s hospitals and cancer centres. They act as the authoritative Canadian voice representing the interests of children and adolescents with cancer and set the nationwide agenda for multi-centre Pan-Canadian research.

Cancer is the number one disease-killer of children in the U.S. and Canada and Childhood Cancer Canada’s goal is to ultimately raise \$2.5 million to fund critical childhood cancer research in Canada, through Canadian St. Baldrick’s events. In 2012 our goal is to raise \$250,000 through Canadian St. Baldrick’s events and make Canada the #1 International St. Baldrick’s Partner! St. Baldrick’s events are organized by a variety of different people including businesses, medical schools, clubs, and moms!

### Standing in solidarity

Experience the brilliance of getting bald knowing your fundraising efforts will support life-saving childhood cancer research. Stand in solidarity with kids, who have cancer, most of whom don’t get to choose how to style their hair.

For more information on planning a St. Baldrick’s event in Canada please visit [www.childhoodcancer.ca](http://www.childhoodcancer.ca) or call 1-800-363-1062. For more information on St. Baldrick’s please visit [www.stbaldricks.org](http://www.stbaldricks.org)



# INSIGHT

RELAY FOR LIFE



## INSPIRATION

### Running for a cure

 The first Canadian Cancer Society Relay For Life event in Canada raised \$85,000 in 1999. Since then, the number of Relay events and participants have steadfastly increased to reach its eleven-year milestone in Canada- raising over \$54 million at 485 events across Canada.

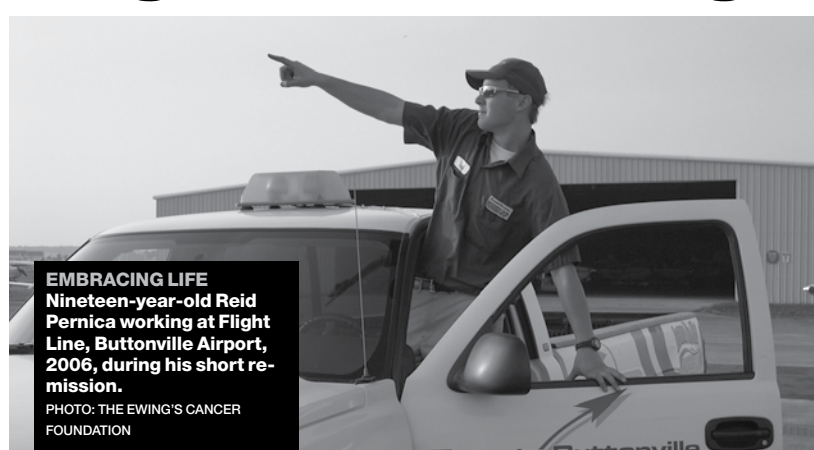
PHOTO: CANADIAN CANCER SOCIETY

When Reid Pernica knew his short life would be taken by an obscure bone cancer, he entrusted his parents with a parting wish: **strive to discover a cure for this devastating and rare disease.**

## The fight against Ewing's Sarcoma

**In 2007 a 19-year-old pilot named Reid Pernica lost his life to a deadly, obscure bone cancer called Ewing's Sarcoma.**

It was his wish that his parents find a way to discover an early detection and eventually a cure for this heinous cancer that robs young people of their lives. Driven by loss his parents decided with the help of friends, family and oncologists to establish The Ewing's Cancer Foundation of Canada. The Foundation's mandate is to fundraise, and raise awareness of this little known cancer. It was soon



**EMBRACING LIFE**  
Nineteen-year-old Reid Pernica working at Flight Line, Buttonville Airport, 2006, during his short remission.  
PHOTO: THE EWING'S CANCER FOUNDATION

discovered as families and individuals found the website for Ewing's, that

this was anything but a rare cancer as letters and donations started to come

in from those who were battling the disease or who had lost loved ones.

The Foundation was established in 2009 and went ahead with plans for a huge fundraiser in 2010 called Rally for the Cure, an air rally, car rally, barbeque, silent auction and concert at Buttonville Airport where Reid worked and got his flying license. It was a huge success and along with car washes, concerts, garage sales and pub nights continues to raise the much needed funds for research to save young lives. We are pleased to announce our recent partnership with C 17 Research Council which gives the Foundation the first grant

ever to be awarded specifically for Ewing's Sarcoma research.

This summer on June 23rd The Foundation will be having their annual car wash at Bayview Secondary School and on August 26th they will be hosting the third annual Rally for the Cure at Buttonville. For information about this event, to sign up or give a donation you can go on the website at [www.rallyforthecure.ca](http://www.rallyforthecure.ca). For information about Ewing's Sarcoma you can go to [www.ewingscancer.ca](http://www.ewingscancer.ca).



# INSIGHT



TIP  
5  
HAVE BODY AWARENESS

NEWS IN BRIEF

**Kathy Barnard**  
Founder, Save Your Skin Foundation

**As we begin to see encouraging glimpses of spring, lovely visions of summer and sun fill our heads. But let's also remember the importance of protecting our skin from those potentially harmful rays.**

Thousands of Canadians are diagnosed with skin cancer every year. Melanoma the deadliest form of skin cancer and is one of the fastest growing cancers in Canada. It is one of the few cancers to affect young adults and is the second most common cancer among those aged 15 to 34.

The good news is that melanomas and other skin cancers can be prevented, and the best way to do that is by “Knowing the Skin You’re In” and being sun smart.

Save Your Skin Foundation has great prevention information on their site, but it’s always good to get a reminder of the basics: avoid direct contact with the sun between peak hours when the UV rays are the strongest; sport a sun hat and UV clothing whenever possible; and above all, use sunscreen! It’s best to use sunscreen has an SPF of at least 30 or higher, and offers broad-spectrum protection from both UVA and UVB rays. Sunscreen should be applied 20 minutes before UV exposure and reapplied every two hours.

### Keeping an eye on your epidermis

Because our skin is our largest organ and it resides on the exterior of our bodies, we can easily monitor it ourselves. Early detection and prevention are key methodologies to win the war against skin cancer.

Kathy Barnard, founder of the Save Your Skin foundation knows this all too well. A baseball player and admitted “sun worshipper,” Kathy spent a great deal of time outdoors. In 2003 she noticed a small lump on her left arm, a biopsy was done and her battle with Melanoma began. She underwent surgery, radiation and a full year of chemotherapy. It was a tough year for Kathy and her family. They were getting back into life as they know it, when the cancer returned in 2005 to her lung, kidney, liver, bone and adrenal gland. Prognosis was poor—six to nine months at best—but Kathy simply didn’t believe them. Nine

# DON'T WEAR RISK ON YOUR SLEEVE

As a dermatologist, I see many people who are looking to reverse the damage from excessive sun exposure like wrinkles and brown spots. Sadly, I also see a lot of people with skin cancer.

### Hiding in plain sight

Skin cancer is one of the leading forms of cancer in Canada, with an estimated 79,000 new cases diagnosed in 2011. Of those cases an estimated 5,500 would be malignant melanoma. Melanoma is a serious form of skin cancer, which if not detected and treated early could be fatal.

Yet with a few simple precautions skin cancer can be highly preventable. Plan your outdoor activities before or after peak hours when the sun’s ultraviolet (UV) radiation is at its strongest (11 a.m. to 4 p.m.).



“Studies show older, fair-skinned men are more likely to die of melanoma than any other group.”

**Dr. Denise Wexler**  
Dermatologist,  
President, Canadian Dermatology Association

Wear wide-brimmed hats, 100 percent UV protective sunglasses and loose-fitting, tightly-woven clothing to protect your skin from harmful UV rays. Use a broad-spectrum sunscreen with an SPF of at least 30 and remember to reapply every two hours or after swimming or perspiring heavily. Developing good sun safety habits is important for all Canadians.

### Recognizing the risks

In general, men have been found to

be least likely to use sunscreen and take steps to protect themselves while working outside. As a result skin cancer usually appears on their face, shoulders and/or back. The mortality rate for men with melanoma continues to rise (0.5 percent per year). Studies show older, fair-skinned men are more likely to die of melanoma than any other group. This is most likely attributable to a lack of awareness of this disease and its common location in a hard-to-see area—the back. In Canada,

the lifetime risk of developing melanoma for men is now one in 74. For women, it is one in 90.

In an effort to protect the health and well-being of all Canadians, the Canadian Dermatology Association offers free public skin cancer screenings across the country throughout the summer months. From Kamloops, BC to Thunder Bay, Ontario to Halifax, Nova Scotia, dermatologists will be checking moles and teaching Canadians how to spot skin cancer.

To find out if the Canadian Dermatology Association will be holding a free public skin cancer screening in your area visit [www.dermatology.ca](http://www.dermatology.ca) for a list of events. You can also connect with the CDA on Facebook at [www.facebook.com/CdnDermatology](http://www.facebook.com/CdnDermatology) and on Twitter at [www.twitter.com/CdnDermatology](http://www.twitter.com/CdnDermatology).

**DR. DENISE WEXLER**  
[editorial@mediaplanet.com](mailto:editorial@mediaplanet.com)

# Understanding the various types of skin cancers

### There are two main categories of skin cancers: non-melanoma skin cancers and melanoma.

Doctors are also now on the lookout for pre-cancers, which are becoming more common. Melanoma is the least common but most serious skin cancer. The condition is more likely to be fatal than other skin cancers and may return, even after intensive treatments such as surgery, chemotherapy and radiation. Melanoma can progress quickly and quietly, so it is vital that it is diagnosed early.

### Non-melanoma skin cancers

Basal cell carcinoma (BCC) is the most common form of non-melanoma skin cancer. It usually appears on sun-exposed areas, such as the head, neck and upper shoulders. However, 20 percent of people with basal cell carcinoma develop it in areas not exposed to the sun. It grows slowly and rarely

spreads to other parts of the body, but if left untreated may ultimately invade the bone or other tissues beneath the skin. Basal cell carcinoma is usually treated successfully as an outpatient procedure. It can recur in the same or other places on the skin; within five years of diagnosis, 35 to 50 percent of patients develop a new skin cancer.

Squamous cell carcinoma (SCC) usually appears on the head, neck and back of the hands, but may also appear elsewhere on the body. About 95 percent of tumours can be cured if treated early, particularly if they occur in areas of sun-damaged skin. Rarely, squamous cell carcinomas can grow quickly and spread to the lymph nodes.

Actinic keratosis (AK) is also related to sun-exposed skin. It is one of the most common forms of pre-cancerous skin conditions treated by dermatologists, but few Canadians are aware of it.

It presents as thick, scaly, some-

times crusty patches of skin that feel like sandpaper, as well as matching skin discolorations that may be darker, lighter, pink, red or bruised-looking. If left untreated, some of these areas can turn into squamous cell carcinomas. AK is strongly associated with UV exposure and sun damage, and literally means “sun-induced rough spots”.

### Prevention is best

Reducing exposure to sunlight is important in preventing skin damage and potential skin cancers. Wearing a hat and long-sleeved clothes will reduce the amount of UV radiation reaching the skin, and sunscreens have been shown to reduce the incidence of some types of skin cancer. Dermatologists recommend broad-spectrum sunscreens (blocking both UVB and UVA) with an SPF of 30 or

more. For the CDA sunscreen product New spots or developing on the after the age of 40 don’t go away on own after a few weeks should be examined by physician. Check online at [www.canadianskin.ca](http://www.canadianskin.ca) for what to look for as you check your skin and the skin of those you love. You will also find the latest research news and Skinergy an online community where you can get answers to your questions and chat with people who have real life experience living with skin issues.

Look label on u c t s . bumps s k i n t h a t their a

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