

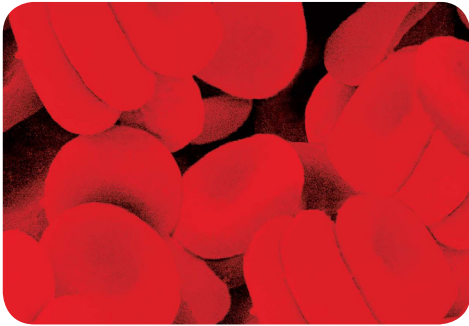
# CANCER SMART

May 2007 • Volume 1 Issue 1 • FREE



## Cancer and Anemia

By Durhane Wong-Rieger, PhD



Magnified red blood cells

If you have cancer and feel fatigued, you're not lazy. And you are certainly not alone. About 4 out of 5 patients with cancer experience fatigue, described as a "total lack of energy" or "extreme tiredness" that does not go away, even after rest or sleep. The problem of fatigue, and the number of patients it affects, is significant. Almost 9 out of 10 of cancer patients who have fatigue report that it keeps them from doing their everyday activities, such as shopping, showering, or cooking. For 3 out of 5 patients, fatigue is their single most difficult side effect, worse than nausea, pain, and depression.

### Anemia

Although fatigue in cancer has a variety of causes, a common one is anemia. Anemia is a condition in which your body does not have enough red blood cells. Red blood cells contain hemoglobin, which carries oxygen throughout your body. If you do not have enough red blood cells, your body may be oxygen deficient and you may therefore feel fatigued.

In addition to fatigue, anemia may also cause dizziness, shortness of breath, weakness, inability to concentrate, forgetfulness, and difficulty making decisions.

### What causes anemia?

Anemia in cancer has a number of causes. The most common cause of anemia in cancer is chemotherapy drugs. These are designed to kill rapidly-dividing cancer cells but also destroy other rapidly-dividing cells, including the bone marrow cells that produce red blood cells. As a result, many cancer patients receiving chemotherapy develop anemia.

Loss of red blood cells can also result if cancer causes bleeding, even in very small amounts.

### How is anemia diagnosed?

Anemia is diagnosed through blood tests that measure levels of hemoglobin, the oxygen-carrying protein in red blood cells. Because chemotherapy can reduce the number of red blood cells in your body, it is important that these be measured through blood tests prior to treatment. If you are anemic and your red blood cell count (or hemoglobin) falls too far [Cont'd on page 4](#)

**If you have cancer and feel fatigued, it does not necessarily mean you have anemia. To find out if you have anemia, talk to your doctor.**

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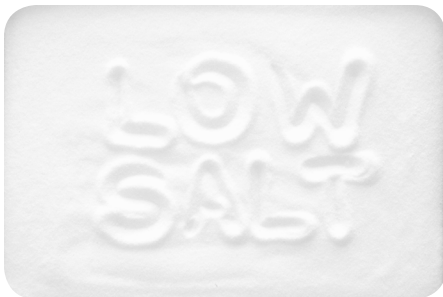
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# Low Iodine Diet for Thyroid Cancer Patients

By Grace Wright, Volunteer, *Thry'vors*



Thyroid cancer patients across Canada preparing for radioactive iodine treatment or scanning now have access to an easy-to-follow nutrition guide thanks to the efforts of the Canadian Thyroid Cancer Support Group, *Thry'vors*.

In November 2006, the *Thry'vors* Low Iodine Diet was launched, marking the first initiative to define a nationally-recognized standard for a Low Iodine Diet (LID) – a diet which must be strictly followed in preparation for the radioactive iodine treatment commonly prescribed for thyroid cancer patients.

The importance of complying with a LID is significant; non-compliance may affect the accuracy of scanning procedures and possibly reduce the effectiveness of treatment. This is because thyroid cells absorb iodine more than any other cell in the body. Scanning and treatment procedures require that the body be temporarily starved of iodine, meaning that patients must almost entirely avoid any foods

that contain iodine. In fact, the daily iodine intake must be less than the equivalent found in 1/8 teaspoon of table salt.

However, table salt is not the only source of iodine in our diets, so compliance with a LID is a challenge for many patients. Most need access to specific nutritional information that pertains to iodine, and assistance in understanding how to alter food and eating habits.

To meet patients' needs and provide a standardized diet that would be applicable to patients country-wide, *Thry'vors* initiated an extensive research and consultation process with medical experts and representatives of government and industry. Drafts of the diet were reviewed by *Thry'vors* own Medical Advisory Panel, which represents experts in the fields of oncology, endocrinology, nuclear medicine, surgery and pharmacology.

The result is the first standardized LID that explains the purpose of the diet, the importance of sticking to it, and provides in detail a comprehensive list of foods that are allowed and those that must be avoided. Although most people connect iodine with salt, many are surprised at the range of other foods that contain iodine and therefore must be avoided, as shown in the diet on page 3.

*Thry'vors* is now receiving orders from physicians, specialists and nuclear medicine clinics across the country for copies of the *Thry'vors* Low Iodine Diet to distribute to their patients. ■

## Thry'vors Medical Advisory Panel 2006 -2007

**Ian Adam**  
Radiation Safety Officer  
The Institute of Cancer Research

**Dr. Alice Y.Y. Cheng**  
Endocrinology and Metabolism  
Assistant Professor (Adjunct)  
University of Toronto

**Dr. Wendy Chui**  
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University Health Network  
Professor of Psychiatry, University of Toronto

**Dr. Irving B. Rosen**  
Professor of Surgery  
University of Toronto, Faculty of Medicine  
Department of Surgery, Mount Sinai Hospital

## Ontario Announces a Colorectal Cancer Screening Program

In January 2007, Ontario's Ministry of Health and Long-Term Care (MHLTC) announced plans for the development of a provincially-funded colorectal cancer screening program. It is the first screening program of its kind in Canada.

This initiative aims to decrease mortality from colorectal cancer through early detection. Colorectal cancer is currently the second leading cause of cancer death in Canada. When

detected early, however, 90% of patients can be cured.

The screening procedure involves the use of a Fecal Occult Blood Test (FOBT), an easy-to-use, at-home kit, which looks for the presence of blood in the stool, one of the symptoms of colorectal cancer. A positive FOBT (meaning that blood was found in the stool) does not mean that the person has colorectal cancer because there are other reasons for a positive

test. People with a positive FOBT would then be referred for other testing to determine its cause.

For people with no additional risk factors for colorectal cancer, the MHLTC recommends regular screening using the FOBT beginning at age 50.

By next year, FOBT kits will be available through family doctors, primary care clinics, Telehealth Ontario and, eventually, local pharmacies. Kits will be available free of charge **Cont'd on page 4**

# Food Guide for a Low Iodine Diet

Start LID on \_\_\_\_\_ and Stop LID on \_\_\_\_\_.

Foods and ingredients to AVOID	Foods and ingredients that are ALLOWED
<b>Salt and Seasonings</b>	
<ul style="list-style-type: none"> <li>• iodized salt (all table salt in Canada)</li> <li>• sea salt</li> <li>• any foods prepared with iodized salt</li> </ul>	<ul style="list-style-type: none"> <li>• fresh or dried herbs</li> <li>• salt free spices and spice mixes</li> <li>vinegars</li> <li>• non-iodized salt (bought in the USA)</li> </ul>
<b>Fruits &amp; Vegetables (4 servings a day)</b>	
<ul style="list-style-type: none"> <li>• rhubarb</li> <li>• fruit or juice with red dye #3, such as maraschino cherries and red/pink</li> <li>• juice with artificial colour</li> <li>• potato peel or skin</li> </ul>	<ul style="list-style-type: none"> <li>• fruits and juices, except rhubarb and those coloured with red dye #3</li> <li>• unsalted vegetables</li> </ul>
<b>Fish &amp; Seafood</b>	
<ul style="list-style-type: none"> <li>• all fish and shellfish</li> <li>• all sea products such as nori, dulse, seaweed and kelp</li> <li>• foods made with fish or seafood, such as fish sticks, dips, sushi, maki</li> <li>• foods with ingredients such as alginate, algin, algae, agar, carrageenan</li> </ul>	<ul style="list-style-type: none"> <li>• none</li> </ul>
<b>Meat &amp; Alternatives (no more than 5 ounces or 150g cooked weight a day)</b>	
<ul style="list-style-type: none"> <li>• any meat or poultry prepared with salt or sea salt, such as those treated in brine</li> <li>• cured meats such as ham, bacon, corned beef, lox, wieners and luncheon meats</li> <li>• soybeans or soy protein products such as soy sauce, soy milk and tofu (the exception is soybean oil)</li> <li>• egg yolks</li> <li>• salted nuts</li> </ul>	<ul style="list-style-type: none"> <li>• fresh meats or poultry prepared without salt or brine (ask the butcher how the meat was prepared)</li> <li>• wild game</li> <li>• egg whites</li> <li>• unsalted nuts</li> <li>• lentils, beans and legumes</li> </ul>
<b>Grain Products (no more than 4 servings a day)</b>	
<ul style="list-style-type: none"> <li>• breads, cereals or crackers made with salt, egg yolks or dairy products</li> <li>• salted pasta, rice or popcorn</li> </ul>	<ul style="list-style-type: none"> <li>• breads, cereals and crackers without salt, egg yolks or dairy products</li> <li>• unsalted pasta, rice, rice cakes, matzo and popcorn</li> </ul>
<b>Dairy Products</b>	
<ul style="list-style-type: none"> <li>• all dairy products such as milk, cheese, butter, yogurt</li> <li>• foods that contain dairy products or ingredients such as whey, casein and caseinates</li> </ul>	<ul style="list-style-type: none"> <li>• none</li> </ul>

Foods and ingredients to AVOID	Foods and ingredients that are ALLOWED
<b>Oils &amp; Spreads</b>	
<ul style="list-style-type: none"> <li>• salted peanut butter or nut butters</li> </ul>	<ul style="list-style-type: none"> <li>• unsalted peanut butter or nut butters</li> <li>• vegetable oils including soy or soybean oil</li> <li>• unsalted, dairy-free margarine</li> </ul>
<b>Desserts &amp; Sweets</b>	
<ul style="list-style-type: none"> <li>• desserts or sweets made with salt, egg yolks, dairy products, soymilk, tofu, salted nuts, rhubarb or red dye #3</li> <li>• jams or jellies with red dye #3</li> <li>• milk chocolate</li> </ul>	<ul style="list-style-type: none"> <li>• white or brown sugar, honey, maple syrup</li> <li>• cocoa powder</li> <li>• plain gelatin</li> <li>• popsicles, jams and jellies without red dye #3</li> <li>• marshmallows, hard candy, dark chocolate</li> <li>• sorbet, unsalted meringues</li> <li>• raisins, sesame snaps</li> </ul>
<b>Drinks</b>	
<ul style="list-style-type: none"> <li>• milk, cream or drinks made with dairy products</li> <li>• soy milk</li> <li>• juice and drinks coloured with red dye #3</li> </ul>	<ul style="list-style-type: none"> <li>• soft drinks (pop) without red dye #3</li> <li>• coffee or tea without milk or cream</li> <li>• homemade nutmilk and rice milk</li> <li>• fruit juice without red dye #3</li> <li>• fruit smoothies made without dairy or soy products</li> <li>• beer, wine and spirits if allowed by your doctor</li> </ul>
<b>Supplements &amp; Other</b>	
<ul style="list-style-type: none"> <li>• all restaurant and take-out food</li> <li>• red dye #3 or erythrosine, used in red/pink foods, drinks and medications (e.g. some cough medicine)</li> <li>• medications or vitamins that contain salt or milk</li> <li>• supplements with iodine or ingredients from the sea, such as glucosamine, chondroitin, coral or oyster shell calcium</li> <li>• skin creams or disinfectants made with iodine such as betadine</li> </ul>	<ul style="list-style-type: none"> <li>• medications, vitamins and supplements without salt, milk, sea ingredients, iodine or red dye #3 (check with your pharmacist)</li> <li>• Do not stop taking any medications without talking to your doctor</li> </ul>
<p>All radiographic contrast media contains iodine. Thus, if you have had a CT/CAT scan with contrast, it may delay having a RAI scan or treatment by at least six months, due to the iodine content of the contrast.</p>	

The Low Iodine Diet and other educational materials about thyroid cancer can be downloaded from the Thy'vors website at [www.thyrvors.org](http://www.thyrvors.org) or by calling 416.487.8267.

## Colorectal Cancer Screening

Cont'd from page 2 and, once completed, they can then be mailed at no cost to a selected laboratory.

Part of this initiative also involves increasing access to diagnostic procedures for colorectal cancer, such as colonoscopy, for those with a positive FOBT or other risk factors. ■

### Sources:

*Fact Sheet on Colorectal Cancer (Colorectal Cancer Association of Canada); Ontario's Colorectal Cancer Screening Program (Ministry of Health and Long-Term Care); Ontario's Colorectal Cancer Screening Program, Evidence Highlights (Ministry of Health and Long-Term Care)*

**In 2006, an estimated 7,500 Ontarians were diagnosed with colorectal cancer; about 3,100 died from the disease.**

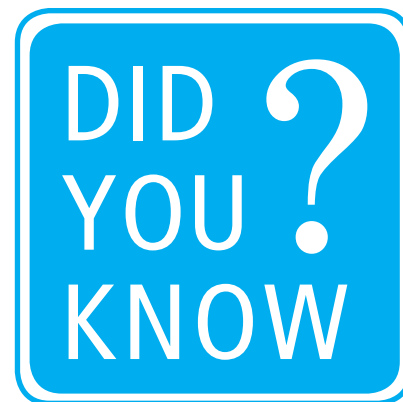
**Colorectal cancer is the second leading cause of cancer death in Canada.**

**Men and women are at about the same risk of being diagnosed with colorectal cancer (10,800 men and 9,100 women, Canada-wide).**

**One of the major risk factors for colorectal cancer is having a family member with the disease.**

### Sources:

*Ontario's Colorectal Cancer Screening Program (Ministry of Health and Long-Term Care); Canadian Cancer Society*



## Cancer and Anemia

Cont'd from page 1 below normal, you may not receive your full dosage of chemotherapy on schedule. To prevent this from occurring, your doctor may suggest several options to avoid or treat anemia.

If you are interested in knowing your hemoglobin count and whether you are anemic or not, ask your oncologist or family doctor. You may also ask for copies of your blood tests so you can keep track of the changes in your blood counts yourself.

Normal hemoglobin levels are:

120 – 160 g/L for women

140 – 180 g/L for men

A diagnosis of anemia depends on hemoglobin levels.

### Treating Anemia

#### Option 1: Iron and other Nutritional Supplements

To fully develop and carry oxygen effectively, red blood cells need iron and other nutrients (B12 and folate). If your anemia is due to lack of iron, your doctor may prescribe iron supplements. These are usually taken orally but can also be in the form of intravenous injections. Likewise, B12 may be taken orally or by injection. However, before supplements

are taken, it is important that your doctor tests and confirms that these nutrient levels are low. It is also important that the levels are monitored to be sure the supplements are working. It is not recommended that you take these supplements without instruction from your doctor.

#### Option 2: Medication to Increase Red Blood Cell Production

Your body regularly produces red blood cells. Normally, when the red blood cell count drops, the kidneys produce a hormone called erythropoietin, which travels to the bone marrow to start the production of new red blood cells. Cancer and chemotherapy may disrupt this cycle, and your body may not make enough red blood cells.

If your red blood cell count begins to fall during chemotherapy, your doctor may prescribe a medication to increase the production of red blood cells. This erythropoiesis stimulating agent works just like the naturally occurring erythropoietin to stimulate red blood cell production. It is effective for moderate to severe anemia but is most effective when prescribed before red blood cell counts have fallen too low.

#### Option 3: Blood Transfusion

If your hemoglobin falls very low, you may require a blood transfusion. A blood transfusion is the most effective way of raising your red blood cell count rapidly. While all transfusions carry some risk, current methods of screening and testing are highly effective and today donated blood in Canada is among the safest in the world.

Talk to your doctor to decide the most appropriate treatment for you. ■

*Durhane Wong-Rieger, PhD, Psychologist  
President and CEO, Anemia Institute for Research and Education, Past president of the Canadian Hemophilia Society, past-director of Canadian Blood Services, consumer advocate for blood safety and alternatives.*



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## Ontario Trillium Drug Program: The Dollars and Cents

By Pamela Bowes



The Ontario Trillium Drug Program is an important resource for people who do not have prescription medication coverage, or whose private insurance does not cover all of their prescription drug costs. For those who lack adequate coverage, the out-of-pocket expenses can be substantial, and add to the existing emotional and practical burdens of the disease.

The Ontario Trillium Drug Program provides subsidies to more than 200,000 Ontarians who do not have full prescription medication coverage.

This program is applicable to residents of Ontario who have a valid OHIP card, provided that coverage for the medication is not available through other sources, such as the Ontario Drug Benefit Program. It covers more than 3,400 medications, and 450 products.

The deductible is based on family income, in accordance with Revenue Canada documenta-

tion, so the percentage of total expenses reimbursed is determined individually. If income changes significantly, which is often the case for people with cancer, income amendments can be submitted and the deductible adjusted accordingly. Also, applicants choose the start date of coverage to maximize the refund for periods of significant medication use.

Over the last year, the Trillium Drug Program has seen significant changes.

The program privatized its daily operations in July 2006. Prior to the privatization, several health charities in Toronto met with staff from the Ministry of Health and Long Term Care to bring forward concerns about how privatization might impact the program. The main concerns about privatization were to ensure:

- Applicant confidentiality
- A seamless transition process and training for new staff
- Resources to solve applicant difficulties in a timely manner
- Adequate resources to answer telephone calls in a timely manner
- Quick processing of new applicants.

Since the privatization, the following results have been achieved:

- Calls to the Trillium information line are answered on average in 2.1 minutes, with 90% of calls answered in less than 3 minutes
- The majority of applications are processed within 5 days (previously 2 weeks)
- 23,000 calls were answered in the month of July 2006
- The abandon rate (the rate at which people

hang up) was 7%, down from 34% prior to privatization. With the hiring of new staff recently, the abandon rate is now at 3%.

The above statistics, provided by the Ministry of Health and Long Term Care, indicate the level of service has enhanced since the time of transition and privatization.

The Trillium Drug Program staff have continued to consult with health charities and other organizations who represent patients' interests (such as the MS Society – Ontario Division, Huntington Society, Kidney Foundation, Lupus Canada, Princess Margaret Hospital) to ensure continued improvement of service and resources. The results have included significant revision to the application form and guide book. Recommendations for ways to improve the written communication between the Ontario Trillium Drug Program and its applicants are currently being considered.

For information about the Ontario Trillium Drug Program, call 416-642-3038 or 1-800-575-5386, or visit [www.health.gov.on.ca](http://www.health.gov.on.ca). Applications can be picked up from most pharmacies (look for the white and purple envelope). ■

*Pamela Bowes is an expert on government programs, and is both a volunteer and program leader at Wellspring. Pamela leads information sessions on "Money Concerns" and meets individually with people to address their personal financial circumstances.*

Wellspring offers a free service for cancer patients who wish an explanation about the Ontario Trillium Drug Program or assistance in completing the application form. To schedule an appointment, call Wellspring at 416-961-1928.



CANCERSMART invites readers to submit questions they have about cancer. Selected questions will be researched and answers published in future editions.

You are invited to submit a question to [cancersmart@wellspring.ca](mailto:cancersmart@wellspring.ca).



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## CANCERSMART

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