



Thyroid Cancer Canada  
Cancer de la thyroïde Canada

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## Average Iodine Consumption and the Low Iodine Diet

by Rita Banach

Recently, I had the pleasure of communicating with Dr. Sandy Dasgupta in regards to his study concerning iodine consumption. Ironically, Dasgupta et al's study was concerned with the lack of iodine in the average American's diet, whereas most thyroid cancer patients are concerned with eliminating iodine from their food supply during the period they are on a Low Iodine Diet to prepare for radioactive iodine treatment.

The resulting conversation was as follows:

**Q1:** Dr. Dasgupta, in regards to the study: *Dasgupta, P. K., Liu, Y., & Dyke, J. V. (2008). Iodine nutrition: iodine content of iodized salt in the United States. Environ Sci Technol, 42(4), 1315-1323*, what is the American average daily intake of iodine?

**A1:** I am not sure I can give you an unequivocal answer or a single number. It varies greatly from one age group to another. If you look at the FDA's total diet study, everything will seem to be very much in order. On the other hand our own limited study indicates that lactating mothers are taking far less iodine (recommended 290 mcg a day) as a group. CDC's study of the general US population also finds that a substantial fraction of women of child bearing age have urinary iodine that is not indicative of iodine sufficiency. A 2004 study of 100 pregnant women in Boston found 50% to be taking iodine below the adequate level.

**Q2:** The article purports that iodine consumption in North America is not at an optimum level for peoples' good health, due to a lack of supplementation of iodine into all salt products (in the USA, not all table salt is iodized) as well as diminished levels in other food products. Could you please outline the health benefits of daily supplement of iodine (for those who have a thyroid gland)?

This is the 27<sup>th</sup> in a series of seasonal newsletters, from *Thyroid Cancer Canada*. Your comments and suggestions are most welcome.

Please direct your comments to the Newsletter Committee at [newsletter@thyroidcancercanada.org](mailto:newsletter@thyroidcancercanada.org)

### Editor's Note:

This issue highlights information about iodine consumption and *Thyroid Cancer Canada's Low Iodine Diet*, now in its Fourth Issue and available for the first time in French as well.

Sarah Lyons, MA Editor

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**A2:** Iodine is an essential element. I hardly need tell this group that iodine is needed to make thyroid hormones. If you are getting enough iodine you do not have any need for iodine supplements. If you are not pregnant or lactating and your vitamins have a stated content of 150 mcg iodine (an amazingly high fraction say they have 150 mcg I but actually have 150 mcg of KI which is about 115 mcg I), you are doing ok. Sadly you cannot go to your doctor and get a urinary iodine analysis done; it is not a routine procedure. So there is no easy way for you to know if you are iodine deficient. As I said above, there are reasons to be concerned about the iodine nutrition of women of childbearing age. The suggested daily requirement for an expecting mother is 220 mcg whereas that for a lactating mother is 290 mcg and many are interested in getting these numbers higher. Many people (especially adult women) who show signs of hypothyroid conditions do so because they are not getting enough iodine, not because the thyroid is malfunctioning. Exclusively breastfed babies really need their iodine – thyroid hormones in the neonates govern brain development – this is why WHO and UNICEF go into all the developing countries with salt iodization programs. WHO has categorically stated: *Iodine deprivation is the single most preventable cause of mental retardation.* In the US and in Canada, even you begin to believe that you are iodine deficient, you cannot go to your corner drugstore and easily buy an iodine supplement as you can buy, e.g. Zinc, Iron, or Selenium supplements. Going to Health/Nutrition food suppliers and buying kelp capsules is not an acceptable solution, the content varies greatly and depending on how it has been harvested kelp may contain an unacceptable amount of toxic heavy metals. Many countries, for example, Germany, have adopted universal salt iodization (USI), where all food grade salt is iodized. I do not know if this is the case for Canada. However, the goal for USI is that at least 92% of households have easy access to iodized salt; this is certainly the case for US and Canada. Having access and using it are not of course the same. You have told me several times that all “Table Salt” in Canada is iodized. By far the large majority of “Table Salt”, e.g., bulk of what you can buy in grocery stores in the US is also iodized. But it is only 20% of the total salt we eat in the US. The salt that is in fast/pre-packaged/pre-prepared foods is not iodized; this goes from

McDonald’s to Campbell’s Soup. They may have iodized salt on the tables at McDonald’s to sprinkle even more salt on your fries but that is not what they are using back in the kitchen, at least in the US.

How much is too much? Most agree that as long as you do not change your iodine intake abruptly, amounts up to 1100 mcg a day are perfectly safe; many believe that the real safe limit is 2 to 5 times that much (similar to the average intake in northernmost Japan). There is thus little risk of overdosing yourself on iodine.

Iodine supplements in modest dosage amounts (200 mcg) are free to all expecting and new mothers in Spain, thanks to the efforts one valiant physician/researcher. While there is no country where thyroid disorders/ thyroid cancer is nonexistent, thyroid health (or for that matter general health) is the best in Japan, which also happens to have the highest iodine intake. While better health is not due to iodine nutrition alone, it certainly contributes. In the following, my remarks concern only the US because I am not sure if Canada has really adopted Universal Salt Iodization. Iodine nutrition, especially in young children, has social consequences. Consumption of pre-packaged or fast food is much greater among the less affluent, leading to, and perhaps even perpetuating, *the iodine gap*. The less advantaged are getting more salt and less iodine. I personally see it as a simple question:

Salt iodization remains one of the assured sources of iodine that is presently used only partially in the United States. Whether or not it will ever be an ample vector or is the best vector, this is the best we have been able to do. The ultimate question is simple: *if we have a right to have children, do children have a right to be born with their full potential and grow up with their full potential?*

**Q3:** Given that a Low Iodine Diet [LID] (a special diet for those who will receive radioactive iodine treatment) is one with 50mcg or less iodine intake per day, and that all table salt in Canada is iodated by regulation, how much table salt can a person on the LID consume per day?

**A3:** A teaspoon is 4.93 mL and bulk density of salt is 0.92 g/mL. One level tsp should contain 4.93 g salt that contains 204 mcg iodine. ¼ tsp is the limit for LID.

**Q4:** We were told that iodate-based conditioners are no longer used in breads produced in Canada. Is that reliably so?

**A4:** It is not used in the US; it's very unlikely that it is used in Canada.

**Q5:** The Thyroid Cancer Canada version of the Low Iodine Diet does not allow any dairy products. However, there are great variations in this recommendation in versions of the diet from various medical facilities. What is the range of iodine that may be found in a metric cup of milk? What conditions, in both the production of milk and in the measuring of iodine content, explain the variations?

**A5:** 20-200 mcg (depending on whose data you believe and where the milk comes from). The diet of the cattle and supplements they may or may not be getting varies greatly. In addition, many of the iodine values have been obtained by a very old digestion and colorimetric kinetic method that we believe produces values that are too high but those numbers dominate the literature.

**Q6:** In the Thyroid Cancer Canada LID, we emphasize the elimination of the following food items from one's diet: all sea-based foods/additives, dairy, egg yolks, iodized salt,

and food/medications using Red Dye #3 (Erythrosine). Do you agree that these are the priority items?

**A6:** Yes. Some medication such as Amidarone for cardiac arrhythmia contains a lot of iodine.

**Q7:** If a person was to concentrate on excluding the food products with the highest iodine content from their diet (all sea-based foods/additives, dairy, egg yolks, iodized salt, and food/medications using Red Dye #3 [Erythrosine] and/or Amidarone) would they realistically be able to maintain an under 50mcg of iodine level per day, eating other healthy food items?

**A7:** As long as one is not taking vitamin supplements that contain iodine, such a diet will cause a normal person to have serious iodine deficiency if followed over a prolonged period. I have no doubts that this will provide less than 50 mcg I a day.

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*Thyroid Cancer Canada thanks our guest responder for his insights and comments. We thank Purnendu K. (Sandy) Dasgupta, PhD, Analytical and Environmental Chemistry, Jenkins Garrett Professor and Department Chair, Department of Chemistry and Biochemistry, University of Texas at Arlington.*

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## New Thyroid Cancer Canada Website Now Available!

by Christine Hennelly

We are pleased to announce the launch of our much anticipated "new and improved" TCC website. The new website was a fundamental step in improving TCC's online presence and plans to increase awareness offering services and support across Canada and beyond. But that's not all ... as part of our initiatives we are also proud to announce the launch of a new French website. These efforts have been a direct result of the synchronized hard work done by our Website Committee in studying and designing the concept – fantastic job to all!

The redeveloped website provides more user friendly features offering the latest information and valuable resources for anyone whose life has been touched with thyroid cancer. On-line resources, helpful links, health issues including the LID diet and LID recipes are all available. Links to our

Online Forum and personal stories of thyroid cancer from some of our members will also be posted. Not to mention direct links to our Online Forum, Twitter and Facebook pages will be accessible and provide the latest content and info. Our new websites will be considered a one-stop shop for everything you need to know about thyroid cancer.

Other highlights of the site include:

- On-line videos, publications
- Personal stories of thyroid cancer from our members
- On-line forum
- On-line donation
- How to get involved with TCC and volunteer opportunities

For more information visit [www.thyroidcancercanada.org](http://www.thyroidcancercanada.org) or our French website at [www.cancerdelathyroidecanada.org](http://www.cancerdelathyroidecanada.org)

We welcome your ideas! Please let us know what you think about the new website at [info@thyroidcancercanada.org](mailto:info@thyroidcancercanada.org)

**LID Initiatives****Thyroid Cancer Canada's New Low Iodine Diet Initiatives**

*Thyroid Cancer Canada* has recently been working on three projects in regards to the Low Iodine Diet, to better support the thyroid cancer patient community:

1. As we completely depleted our supply of the Thyroid Cancer Canada Low Iodine Diet pamphlets (10,000 copies distributed patients to date) we recently updated the content for the printing of the fourth issue. Included in the updated version are some new inclusions and exclusions in the Shopping List, and the addition of 'Amidarone' (used to treat cardiac arrhythmia) as a noteworthy source of high iodine content (with thanks to Dr. Dasgupta). The 'Fourth Issue – June 2010' is now available by order to patients at [www.thyroidcancercanada.org/join.php](http://www.thyroidcancercanada.org/join.php) and in bulk by clinicians at [www.thyroidcancercanada.org/clinicians--order-form.php](http://www.thyroidcancercanada.org/clinicians--order-form.php)
2. Our Low Iodine Diet pamphlet is now available in French! We are pleased to announce that at last we can meet the demand for our diet from the francophone community. Our LID has been professionally translated and formatted in a wonderful colour poster-size pamphlet in the same way as our English version. It is available to order by individual patients at [www.thyroidcancercanada.org/join.php?lang=fr](http://www.thyroidcancercanada.org/join.php?lang=fr) and at [www.thyroidcancercanada.org/clinicians--order-form.php?lang=fr](http://www.thyroidcancercanada.org/clinicians--order-form.php?lang=fr) for clinicians who wish to order in bulk.
3. Health Canada is currently reviewing their policy in regards to food packaging labelling. The current regulations allow food manufacturers to use the word "colour" in the ingredient list to signify that **any** food dye or colorant has been used in the product (with a few exceptions). This lack of specificity has meant that *Thyroid Cancer Canada's Low Iodine Diet* states that patients on the LID are to avoid any food product that uses the word "colour" in the ingredient list (and is also red, pink or dark brown in colour) as there is a chance that the food colouring used was Red Dye #3 (Erythrosine). This primarily affects such things as maraschino cherries, fruit punch drinks, candies and coloured cereal products — but is generally unpredictable.

*Thyroid Cancer Canada* was invited to be a stakeholder in the current review process and as such wrote a letter of concern to illuminate the vital need to have Red Dye #3 clearly listed in the ingredient list of all food and health products. A copy of the letter is available by request at [info@thyroidcancercanada.org](mailto:info@thyroidcancercanada.org)

**Ask Thy'vors**

by Mia Guilló

**In This Issue:**

*We ask Wendy Chui, Pharmacist and member of Thyroid Cancer Canada's Medical Advisory Panel, questions about the filler ingredients in levothyroxine (thyroid hormone replacement pills).*

*Members of Thyroid Cancer Canada's Medical Advisory Panel kindly respond to questions posted by members. To ask a general question about thyroid cancer, visit Ask Thy'vors at [www.thyroidcancercanada.org](http://www.thyroidcancercanada.org)*

**Q1:** Amongst the list of inactive filler ingredients listed on packaging for thyroid replacement pills (ie. Synthroid) is: "acacia, confectioner's sugar [contains corn starch], lactose monohydrate, magnesium stearate, povidone, and talc + colour additives by tablet strength". As there are plant-based ingredients and lactose, is it possible that a patient can be negatively affected by the filler ingredients in thyroid replacement pills due to allergies? This issue was described as a possible problem at:

<http://thyroid.about.com/od/synthroid/a/acacia-lactose.htm>

**A1:** I have reviewed the original article in About.Com.

1. There are two major brands of levothyroxine in Canada: Eltroxin and Synthroid. These two are readily available in all pharmacies. Synthroid is considered the original "brand" name and is generally higher in price. Synthroid has a total of 13 different strengths ranging from 0.025mg to 0.3mg; whereas Eltroxin is considered the "generic" brand, i.e. cheaper and has only 5 different strengths: 0.05, 0.1, 0.15, 0.2 and 0.3mg. All 5 doses of Eltroxin are considered interchangeable with Synthroid in equivalent strength. So most pharmacies will stock the 5 different doses of Eltroxin and the rest of the common doses of levothyroxine from Synthroid. Both of these 2 brands have lactose and acacia listed as part of their non-medicinal ingredients.

2. There is a 3rd brand called Euthyrox that should be available in Canada. But I think that is rarely stocked as a regular item in pharmacies. All of the 12 doses ranging from 0.025 to 0.3mg are not interchangeable or considered equivalent to another brand. So unless there is a specific prescription for this brand, then this particular pharmacy may have to order Euthyrox especially for that patient. According to CPS, Euthyrox has lactose but no acacia.

3. Considering the size of the Eltroxin/Synthroid tablets and their once-a-day dosing, the quantity of lactose and acacia among a list of many other non-medicinal ingredients ingested on a daily basis may be clinically insignificant in most patients even though they may be considered allergic to these items. In the odd patient where his/her allergy to acacia is very severe, then specially ordering Euthyrox may be warranted.

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*Special thanks to Wendy Chui, Pharm.D., pharmacist at Canada Chemists, Toronto North Medical Arts Centre, Markham. We thank Ms. Chui for her participation on the TCC Medical Advisory Panel and her help with this Ask Thyroid question.*

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**POEM**

## The Tale of Millie Currie

by: anonymous

This is the tale  
Of Millie Currie.  
Delivered by the doc  
In quite a hurry.

In a paper cup  
Did she arrive.  
He said swallow her  
Quick to survive.

Over the tongue  
To the tummy.  
She never claimed  
To be yummy.

Once you've met her  
Off you go.  
Into isolation so  
You can glow.

In a few days you  
Are free to leave.  
Remember to cough  
Into your sleeve.

As like a leper you are  
Compelled to hide.  
A few more days of the  
L.I.D. you tried.

Look out for Mille in  
Your Whole Body Scan.  
You didn't just lie there  
To get a nice tan!

In a few more weeks  
Millie will disappear.  
For her departure  
I do shed not one tear.

Any meeting with Millie,  
I do hope and pray,  
Won't happen in the future as  
Cancer stays away.

**TCC welcomes you to send your poetry to  
[www.thyroidcancer.ca](http://www.thyroidcancer.ca)**

## The impact on us when we're first told we have cancer

An article review by Charna Gord, BAsC, MEd, RD

*Charna Gord is a Registered Dietitian working as an Education Coordinator in an Ontario public health unit. She underwent a total thyroidectomy for thyroid cancer in December 2007. This is the ninth in a series of thyroid cancer related journal articles and other resource reviews that Charna has undertaken for Thyroid News.*

In this review, Charna summarizes the findings of the following journal article:

Thorne, S.T, Armstrong, E, Harris, S.R, Hislop, T. G, Kim-Sing, C, Oglov, V, Oliffe, J and Stajduhar, K.I, (2009) Patient Real-Time and 12-Month Retrospective Perceptions of Difficult Communications in the Cancer Diagnostic Period, *Qualitative Health Research*, 19 (10), 1383-1394.

**Main Message:** Initial communication between health professionals and patients diagnosed with cancer is acutely sensitive and has an immense impact on an individual patient's experience with cancer. Patients often remember in detail the initial diagnosis during which their worst fears are realized and they transition from being the person they were before getting cancer to becoming a cancer patient. Around the time of diagnosis, patients spend a lot of time waiting to get tests and further waiting for results. In the midst of this anguish and turmoil, patients must strive to understand complex medical concepts and make profound decisions that may affect the remainder of their lives. This early communication can set the stage for the relationships cancer patients will have with those who manage and support them through their cancer care.

**What was the research question?** This group of researchers from British Columbia, wanted to understand the "dynamics of communications surrounding diagnosis to ensure that clinicians who encounter patients in and around the diagnostic phase are informed about and sensitive to its impact, and possess

the appropriate skills to ensure that patients begin their cancer journey with optimal support and guidance."

**How was the research conducted?** This was a longitudinal study of 60 newly diagnosed Canadian cancer patients, representing a range of disease and demographic variables, interviewed at intervals over two years to determine how their communication needs and preferences changed over time.

**For more information about the psychological effects of dealing with cancer,** visit the website of the Canadian Association of Psychosocial Oncology (CAPO). You can download a copy of *The Emotional Facts of Life with Cancer: A Guide to Counselling and Support for Patients, Families and Friends* or order a hardcopy of this booklet. Visit [www.capo.ca/eng/more\\_information.asp](http://www.capo.ca/eng/more_information.asp) or call 416-968-0207

**What were some research findings?** Out of the 60 people interviewed, 25 or 42% reported receiving negative communication during the time they were first diagnosed. By this, they meant being spoken to in a disrespectful manner, receiving unintended indirect messages, or a failure to receive individualized messages or mismatches between the nature and quantity of information that was received in contrast with what they felt was required. When a year later these same patients reflected back, their accounts were remarkably similar.

The most prevalent context in which patients experienced the communication by the clinician as negative was when spoken to in a disrespectful or unprofessional manner. Patients reported feeling like they were just seen as a 'number' or a 'case' to the person telling them their diagnosis, and that they did not feel any compassion from, or a human connection with, the health professional as they would have liked.

Receiving indirect messages occurred when patients reported that they "knew" they had cancer because of signals they received from, or words they overheard spoken by nurses, technicians and receptionists prior to actually being formally told their diagnosis. For others, it was the

visible discomfort or anxiety of the clinician delivering the diagnosis to them. This compromised their understanding of what was said to them by the clinician about their disease.

Failure to receive individualized information refers to patients wanting to be spoken to in a way that suggests the clinician is aware of and sensitive to their distinctive needs and circumstances.

Receiving an inappropriate quantity or quality of information occurred to patients who reported not receiving the type and amount of information they required at the time, or receiving badly timed or inappropriate information. For example, one patient reported being told that he ought to be pleased about his particular kind of cancer as it was easier to treat than some of the other cancers.

The most serious violation inherent in poor cancer communication was identified as the denial of hope. Hope stands out as the single most challenging dimension for the cancer patients in this research study; more critical than receiving information, decisional guidance, compassion and support. Patients reported needing to feel a sense of hopefulness, stemming from a positive spin communicated by the doctor, in order to help them face the diagnosis and treatment.

Interviewed a year later, by that time some of the research patients had learned how to take “active control” of communication with their doctors. So for example, some patients switched doctors while others advocated for the type of communication they wanted from their same doctor (more light hearted or hopeful for example). Others made use of patient support services, Internet chat sites, and their own social networks to improve their communication experiences.

**What were the final recommendations?** A coordinated cancer care system with effective and engaged interprofessional cancer care teams, working collaboratively with patient networks, can best serve both the population level at the same time as being attentive to the individual needs of each and every patient.

## In the Spotlight

*Thyroid Cancer Canada* specially thanks the volunteers who contributed to projects mentioned in this issue of *Thyroid News*.

We thank **Debra Graham** for the hours of work she contributed to formatting all 300+ of our existing Low Iodine Diet recipes which had been collected from patient members of TCC over the past eight years. The resulting new listing of recipes is sure to be a big hit with members looking for some menu ideas leading up to radioactive iodine treatment.

We thank **Sergio Folino** who has been working on Thyroid Cancer Canada’s Red Dye awareness project for the past several years. Serge’s efforts resulted in TCC being included in the regulation update process by Health Canada.

We thank all those members who have acted as writers or editors on one or more of our new publications. **Rita Banach, Isaiah Banach, Mel Gellner, Alice Gellner, Ginette Herald, Sarah Lyons** and **Nina Moritsugu** were editors on the text of our new website. **Charna Gord, Nina Moritsugu** and **Perry Monaco** edited the new version of our booklet, *A Patients Guide to Thyroid Cancer*.

We also thank the professionals who have also contributed their time and talents to us. They have offered their services to us at no cost, or at a highly discounted rate, or have made a tax deductible donation to us. These service providers include:

**Chris Bruce** of *Idextrus*. Thyroid Cancer Canada’s new website was developed with thanks to Idextrus.  
[www.idextrus.com/](http://www.idextrus.com/)

**Sonia Leblanc C. Tran**. C. Term. of *Concordance Translation*, who skilfully translated our new website and all of our new publications.  
<http://concordancetrans.ca/home/>

**Rosemarie Perfetti** of *Dialabookkeeper*. Rose has very generously just started donating her bookkeeping services to Thyroid Cancer Canada. [www.dialabookkeeper.ca](http://www.dialabookkeeper.ca)

**Ursula Gallagher** of *Litmus Design*, who has very graciously donated her services to design all our seasonal newsletters since 2006. [www.litmusdesign.ca](http://www.litmusdesign.ca)

**LID RECIPE BOX**

**MOCHACHINO ICED COFFEE - Serves 2**

1 cup cold brewed coffee  
 1 cup Yu Rice Beverage or LID-friendly milk of choice (\*)  
 2 tbsp cocoa powder  
 1 tbsp sugar  
 1 tsp vanilla (optional)  
 1/4 - 1/2 tsp cinnamon  
 pinch of fresh ground nutmeg  
 2 glasses - 1/2 full of ice

Blender all the ingredients except the ice and process for 1-2 minutes or until frothy. Fill 2 tall glasses half-full with ice and then pour the coffee mixture over the ice, dividing it evenly between the glasses. Serve immediately.

(\*) there are recipes for homemade nut milk and rice milk in the Thyroid Cancer Canada's LID Recipes File at [www.thyroidcancer canada.org/low-iodine-diet.php](http://www.thyroidcancer canada.org/low-iodine-diet.php)



Thyroid Cancer Canada has recently assembled all recipes that have been shared with us by patients, in a new document on our website. View the Low Iodine Diet section of the website at [www.thyroidcancer canada.org](http://www.thyroidcancer canada.org).

**ANNOUNCING**

Thyroid Cancer Alliance (International) has declared September as international Thyroid Cancer Awareness Month. *Thyroid Cancer Canada* is planning activities for September 2010 to draw awareness to our disease. To get involved in our activities as a volunteer, please contact us at [info@thyroidcancer canada.org](mailto:info@thyroidcancer canada.org)

**Community Event**

The following event is sponsored by the group mentioned below. To register or for more information please contact them directly

**Thyroid Cancer: A PATIENT'S JOURNEY**

If you are an interested patient or a family member, you are invited to attend a Patients Forum in Montreal to learn about aspects of thyroid cancer of concern to you.

The English language presentation will be on Wednesday, September 15, 2010

En français,  
 Jeudi, le 23 septembre 2010

Jewish General Hospital/ Hôpital général juif  
 Block Amphitheatre, Room B-106

3755 Côte-Ste-Catherine  
 (corner of Côte-des-Neiges)  
 5:30 - 6:15 p.m. A Patient's Journey  
 6:15 - 6:20 p.m. Health Break  
 6:20 - 7:00 p.m. Question Period

Informative literature will be available free of charge  
 Free registration/ Inscription gratuite : 514-340-8255

Speakers include:  
 Dr. Martin Black  
 Dr. Michael Tamilia  
 Dr. Michael Hier  
 Dr. Jerome Laufer  
 Ms. Sonia Boccardi, BScN (A Patient's Perspective)

The event is sponsored in partnership with Genzyme Canada, Hope & Cope and the Departments of Endocrinology and Head and Neck Surgery, JGH.

**Like you, we have been touched by thyroid cancer. We are a non-profit organization and we are all volunteers. If you would like to donate or to become a volunteer please visit [www.thyroidcancer canada.org](http://www.thyroidcancer canada.org).**

**Donation cheques may be made payable to:** Thyroid Cancer Canada

**Mail to:** Thyroid Cancer Canada  
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