

Thry'vors News

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This is the 19th in a series of seasonal newsletters, from the Canadian Thyroid Cancer Support Group (Thry'vors) Inc. Your comments and suggestions are most welcome.

Please direct your comments to Newsletter Committee at thryvors@sympatico.ca

Thry'vors: A Short History of a Small Group with a Big Heart

by Rita Banach

Some people know *Thry'vors* as an organization that provides great publications about thyroid cancer. Others communicate with us through our very popular internet listserv. And some of you know us because we have offered information and support via telephone or email. There are members of our group who know us in all these ways and more!

Perhaps you are interested in learning more about *Thry'vors* as an organization - how we got started, our history, projects and programs.

The *Canadian Thyroid Cancer Support Group (Thry'vors) Inc.* had humble beginnings when some women who were participating on the listserv of *ThyCa: Thyroid Cancer Survivor's Association* realized that a small group of Canadians were amongst the group posting messages on that American site. This first group of women included Kim McNally (Kingston), Patricia Sharkey (Guelph) and some Toronto area women -- Lynda Murtha, Ilana Klein, Nancy Bennett and myself, Rita Banach. We had a few conversations off-line, and those of us who lived in the Toronto area met a few times over coffee. Looking through my old notes, I think the first time we met was May 7, 2000. You could call that the first *Thry'vors* "con-neck-tions" meeting -- the word we currently use to refer to the casual get-togethers of our members.

In the fall of 2001, we were encouraged by Dr. Irving Rosen (surgeon and member of *Thry'vors* Medical

Advisory Panel) to join a meeting which included himself, Dr. Rick Volpé, members of the Thyroid Foundation of Canada, representatives from some pharmaceutical companies and others, at Mt. Sinai Hospital in Toronto. The main focus of the meeting was to look at ways of offering support to Canadian thyroid cancer patients. In attendance at that initial meeting from our group were Beth Rajnovich (now

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

Margaret Mead, 1964

Thry'vors' webmistress), Patricia Sharkey (now *Thry'vors* listserv chair), Kim McNally (member of our group and an active patient support volunteer with the Canadian Cancer Society, via their CancerConnection program), Dianne Dodd (our first president), and myself, Rita Banach (current president).

Mainly as a result of that Mt. Sinai meeting, we decided to meet again and formalize our own group.

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Our first meeting on our own occurred in Kingston on January 19, 2002. It was attended by Kim McNally, Patricia Sharkey, Theresa de Jeu, Dianne Dodd and I. Interestingly, on the agenda for that very first meeting were some items that have remained priorities throughout our history. We looked at providing credible information to thyroid cancer patients, including writing our own publications if need be to fill in gaps in available resources. Printed matter that we considered included: information about our own group, emotional aspects of thyroid cancer and information about the Low Iodine Diet (LID). We decided to look at starting a website and a listserv (the latter modeled after the American one where we had first met). We discussed advocacy issues and support of research. We also began to formulate a mission statement for our new organization and made the decision to formalize our group by registering with the provincial government as a corporation. As well, we decided to start the process of applying to become a Canadian charitable organization (we achieved that status in July 2003).

Last but not least, during that initial meeting, we decided on a name for our group. It was Patricia who said that a friend of hers had suggested that we not refer to ourselves “survivors”, but rather “thri-vers” - because we are thriving despite the cancer. We came up with the spelling “Thry’vors” as it is a combination of three words - thriving, thyroid and survivors.



Some attendees of 2002 AGM: Beth Rajnovich, Dianne Dodd, Theresa de Jeu, Rita Banach, Kim Schindel, Patricia Sharkey, and Kim McNally

Our next meeting took place in Toronto on May 25, 2002 and served as our first Annual General Meeting (AGM). By that time we had successfully incorporated as a non-

profit group, had a board of directors, and we had written the first edition of our By-Laws. We had developed a brochure, an active listserv, and we were planning more patient resources. We had a bank account with \$1,600 in it thanks to some small donations, and a ‘wish list’ that included such projects as: a website, a patients’ booklet, a post office box, a dedicated telephone line and fax, and strengthening our relationships with outside agencies and corporations. By the 2003 AGM we had begun or achieved most of these initiatives.



Diane Patching, Nancy Schwartz Williams and Debbie Langdon, 2003

Disaster struck in the coordination of the second AGM on May 31, 2003. Unfortunately, Toronto was in the middle of the SARS crisis at that time. Our venue had to be changed at the last minute and many people from outside the city were afraid to come to the meeting for fear of catching the disease. Despite these obstacles and an eerie, surrealistic feeling that permeated the city during that time, we held our meeting as well as our first patients’ forum with the help of lectures by Drs. Shereen Ezzat and David Greyson.

The highlight from the AGM 2003 meeting was the decision to create a Medical Advisory Panel (MAP). This MAP committee would consist of experts in the field of thyroid cancer including endocrinologists, surgeons, psychiatrists, nuclear medicine doctors, pharmacists, researchers, and others working in the field. Our first panel was formed in September 2003 and included Dr. AA Driedger, Dr. D. Drucker, Dr. S. Ezzat, Dr. G. Rodin, Dr. I. Rosen and Dr. R. Volpé. With the exception of Dr. Volpé (who has since passed away) all of these physicians continue to support us in this important way.

Currently we also benefit from the support of additional MAP members: Ian Adams, Dr. A. Cheng, Wendy Chui,



and George Gascoigne. The MAP members play a vital part in providing responses to our popular “Ask Thy’vors” project (which appears monthly on our listserv and in print in our newsletter), they vet our printed matter, and they provide expert opinion as need be. Our member, Lynda Murtha, served as the liaison to this committee for several years, and organized its projects.

By the 2004 AGM, *Thry’vors* had formed various committees to oversee functions such as the listserv, website, publications, distribution, fundraising, etc. The highlights of this meeting, held in Oakville, included the announcement that we had a successful grant application to the Ontario Trillium Foundation. The foundation supported us in the development and printing of the first issue of our publication “*A Patient’s Guide to Thyroid Cancer – for those diagnosed with Papillary or Follicular Cancers*” with a grant of \$14,000. This publication, written by a small group of our members and vetted by our MAP and other experts, went through a myriad of drafts and incarnations (over 30 in total!) before becoming the wonderful resource that it is today.

Our other big project that year was the development of our website (www.thryvors.org). Beth Rajnovich and her partner Chris took it upon themselves to learn the technical basis of building a website and created the *Thry’vors* site from scratch. Beth had a vision of what she wanted the site to look like and how it should function as an inviting place especially where newly diagnosed patients could find information about our disease, and gain the comfort and support of others who had been through the same thing.

In May of 2005, our AGM was held in Ottawa. By that year it had become a standard that the business meeting itself was paired with another event on the same day, such as patients’ forum, lectures, volunteer appreciation activities, etc. In this particular year, a group of Ottawa-area members created a mini conference with various activities and lectures available to attendees.

By the time of the 2005 AGM, the membership of *Thry’vors* had grown to about 500 people and about 4,000 copies of our publications had been distributed. We had started to hold “con-neck-tions” meetings, which are small informal meetings of *Thry’vors* in local communities. Our bank balance was at \$5,000 thanks mainly to small donations and keeping a tight reign on our spending.

During the 2006 AGM (which was held in Toronto) it was decided that we would open an account with CanadaHelps (www.canadahelps.org). Our Secretary-Treasurer, Grace Wright, made the suggestion to utilize this charitable foundation as it makes it possible for donors to use their credit cards to donate to us on-line. This has been well received by our members as a convenient way to make donations, including some that have been made in honour, or memory, of other people.

It was also in 2006 that our Low Iodine Diet project began with the help of Nancy Schwartz Williams PhD, FDC (patient member of our group) and Julie Lacasse MSc, RD (Julie resides in Medicine Hat, AB and is Nancy’s friend and expert in the field of nutrition). They started the process of developing a series of resources *Thry’vors* now offers to those going on this special two-week diet in preparation for radioactive iodine treatment. The first documents were: “*Frequently asked Questions about a Low Iodine Diet*” and “*A Brief Guide to Following a Low Iodine Diet (LID) In Canada*”. These documents, which still appear on our website, provided the background information for each subsequent document that we developed on this topic.

Also in 2006, Melissa Pecile took on the role of Distribution and Representation volunteer. Not only has she represented us at events with the use of a display board that we purchased that year, but she also takes care of distributing all of our materials by mail to interested clinicians who order bulk copies. Since Melissa began this role, she has personally distributed nearly 23,000 individual copies of our publications!

As well in that busy year, our newsletter “*Thry’vors News*” improved its content and took on a more professional appearance once Tara Gallagher and Andrea Peca became the first co-editors. With the help of Tara’s sister Ursula Gallagher of Litmus Design (who volunteers her talents to us) our little seasonal newsletter has become a well-received resource.

In 2007, after a great deal of research, a collection of LIDs from across North America, consultation with experts, 19 draft copies, and some hair-pulling ... our own *Thry’vors Low Iodine Diet* pamphlet was printed. Since that time, there have been 3 issues and nearly 10,000 hard copies have been distributed across the

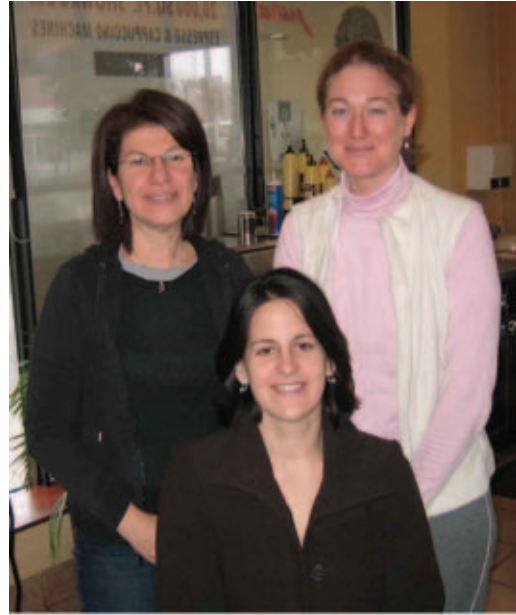
country (it is likely that at least as many have been downloaded from our website). Our booklet (A Patient's Guide to Thyroid Cancer) also went through a thorough review at that time with additional information added. We benefited from a grant from Genzyme Canada Inc. (manufacturer of Thyrogen®) to help us complete a redesign of our three principle publications (the third being our general brochure) as well as covering the costs of re-prints of the new issues.



Attendees arrive at the Patients' Forum, Toronto Botanical Gardens, March 2007

Our operating budget has remained relatively small. A fairly high percentage of funds raised in 2006 and 2007 came from an initiative by Grace Wright. She designed and personally created lovely beaded earrings and necklaces. The earrings sport a small butterfly bead. We continue to offer these for sale at a nominal price, and include them as a gift by request to any individual making a donation of more than \$50 to our group (along with a charitable donation receipt as well).

In 2007 we also began a partnership with Genzyme Canada Inc. to host Patients' Forums across the country. So far events have been held in Halifax, Montreal, Ottawa, Toronto, Burlington, Niagara Falls, Calgary and Edmonton. The format is fairly constant - usually the speakers are comprised of local thyroid cancer experts including an endocrinologist and a surgeon. In some cases a third speaker is added such as a nuclear medicine expert, or a patient-member of our group. Attendees greatly appreciate the opportunity to learn, to ask questions, to meet other thyroid cancer survivors, and to meet representatives from our group.



Thry'vors current executive committee: Rita Banach (President), Grace Wright (Secretary-Treasurer) and in the front Mia Guilló (Vice-President) at one of their monthly meetings

Over the past year, we have greatly benefited from the work of Mia Guilló who has been our acting vice-president, has been as our liaison to outside agencies, has taken on the role of MAP liaison, and has recently begun planning a large fundraising event for *Thry'vors*.

Rhonda McMahon has been the editor of *Thry'vors News* over the last year, and we have especially enjoyed the feature articles in the area of emotional health and physical wellbeing that she has contributed.

As I look to the future, I see *Thry'vors* providing more of the same wonderful information and support that it has in the past. In the coming weeks, for example, we will have a new LID resource available containing sample menu plans and a shopping list. We expect our membership to continue its steady growth (currently at about 1,000 members) and the resources on our listserv and website to keep progressively improving. I look forward to a Gala Fundraiser that we are planning for next year (mark February 12, 2009 in your calendar), and being able to use the funds donated there to continue our important work.



To date, all of our projects and programs have been conceived of and delivered by patient members of our group. We have no paid staff, and we have achieved everything described here (and more) with a very limited budget and a core group of dedicated volunteers.

I thank all the members that make *Thry'vors* the wonderful organization that it is - many of whom I have not had the opportunity to name here. I invite you to contribute your talents to *Thry'vors* as well, joining our various activities including our Annual General Meeting -- usually held on the last weekend of May each year.

Please consider offering your help to *Thry'vors*. We especially need volunteers in the following areas: listserv, media, fundraising, newsletter and member support. To learn more, contact Thry'vors at thryvors@sympatico.ca or 416-487-8267

Please be a Voice for Thyroid Cancer

The media committee is looking for people who would be willing to speak to local media when they call upon us for interviews. Often radio, TV and print media want to create an article or tape an interview about our disease and it is their desire to speak with a person in their own community about the disease, to include their comments in the text or audio/video. You need not know a lot about thyroid cancer and *Thry'vors* (we can provide you with that information) and you need not be a pro with media interviews, but you do need to feel somewhat at ease speaking about your experience with thyroid cancer. If this sounds interesting to you and you are willing to be a media volunteer, please contact the Chair of the Media Committee, Christine Hennelly at mcohmcoh@yahoo.ca or phone Thry'vors at 416-487-8267



Offering information and support

Ask Thry'vors Q&A — All about Calcium IN THIS ISSUE:

We asked Wendy Chui, pharmacist, questions about Calcium supplements, including:

- different forms and the pros & cons of each
- Vitamin D and Calcium
- Low Iodine Diet and Calcium

Q1: What are the pros and cons to the different forms of calcium?

A: Of the different forms of calcium available, calcium carbonate and calcium citrate are the most popular. Others also exist e.g. calcium gluconate, calcium phosphate, calcium lactate, and calcium from dolomite and bone meal (although high in elemental calcium, calcium supplements made of dolomite and bone meal have been found to contain lead and other toxic metals and as such are not recommended).

When considering which form of calcium to take, the most important thing to look at is its elemental calcium content (the amount of calcium the body is able to absorb) and how it relates to the needs of the individual in question. Always check the label to see how much elemental calcium is supplied by each tablet. If the label doesn't state the amount of elemental calcium, you can figure it to be:

- 40 percent for calcium carbonate
- 21 percent for calcium citrate
- 13 percent for calcium lactate
- 9 percent for calcium gluconate

This means that if you take 1,000 mg of calcium carbonate, you will get 40 percent elemental calcium, or 400 mg.

Calcium citrate is the form of calcium most often recommended by doctors, chiefly because it is the most easily absorbed - it does not require extra stomach acid for absorption, so it can be taken on an empty or a full stomach. On the other hand, calcium citrate provides less calcium per pill than calcium carbonate, so you may need to take more pills than you would if you took calcium carbonate. In addition, in spite of its stomach-friendly reputation, it may cause stomach upset or diarrhea in certain individuals. Even they are better tolerated than Calcium Carbonate, Calcium Citrate may still cause constipation in some sensitive patients.

Calcium Carbonate is the other most widely used and least expensive form of calcium. It is not as easily absorbed as calcium citrate, but is the most concentrated form of calcium with elemental calcium and the most cost-effective calcium supplement. However, because it is alkaline-based, you need extra stomach acid to absorb it. As such, calcium carbonate is best taken right after meals. This form of calcium has also been known to cause constipation and bloating. If you take this, it is a good idea to drink more water than usual and take it in two or more doses, rather than all at one time. (Note: Calcium carbonate is also found in products like Tums and Rolaids, in the antacid section of the pharmacy. If you opt for this form of calcium, read the label carefully and make sure you don't get an antacid that includes aluminium because that can leach calcium from your system). Some patient may experience constipation with this form and taking it with Magnesium can help.

Calcium Lactate and Calcium Gluconate are less concentrated forms of calcium and are similar to calcium citrate in terms of absorbability and lack of side effects. However they usually cost more than calcium citrate - as much as three to ten times more, making them cost-prohibitive for the average consumer.

Tribasic Calcium Phosphate contains roughly 39% elemental calcium and is another easily digested form of calcium. It is also the type of calcium used to fortify many foods such as orange juice and soy milk. However, it is also among the most expensive forms of calcium.

Calcium Supplements Rules of Thumb

It is a good idea to take your calcium multiple times during the day, instead of in one dose, because your body can absorb only about 600 milligrams of elemental calcium at a time. Avoid taking calcium supplements at the same time as any medication that needs to be taken on an empty stomach. Also don't take them at the same time as tetracycline (an antibiotic), iron supplements, thyroid hormones, or corticosteroids, because calcium binds to these substances, interfering with their effectiveness and also its own absorption. Keep in mind that taking calcium with high-fibre meals or bulk laxatives can cut down on the amount of calcium you absorb.

Q2: Is there an advantage to taking an oyster-based calcium over a synthetic form, for example?

A: There is no difference between calcium products derived from natural or synthetic sources. It is more a matter of personal preference. Calcium derived from oyster shells is likely to be cheapest and you can get as much as 500 mg to 600 mg of elemental calcium in one tablet. However, there are concerns that the natural forms of calcium supplements may contain significant amounts of heavy metals such as lead. There are also coral based Calcium products, which are derived from fossilized coral reefs. Coral calcium is comprised of calcium carbonate and trace minerals. Coral Calcium are generally more expensive than oyster based products. It may also have the same contaminations due to the pollutants in the environment.

Coral Calcium is a salt of calcium derived from fossilized coral reefs. Coral calcium is comprised of calcium carbonate and trace minerals.

Q3: Is calcium citrate easier on the stomach than calcium carbonate and why is that?

A: As discussed above, Calcium is best absorbed in an acidic environment. Calcium Carbonate is alkaline based and so it requires extra stomach acid. It is best taken right after a meal as food stimulates the stomach to secrete more gastric acid. Calcium citrate, on the other hand, has good solubility at low pHs (acidic environment). This means it is more readily absorbed and utilized by the body and can be taken on an empty stomach.

Q4: As you age, is one form more easily digested than another?

A: For the reasons outlined above, calcium citrate may be a better choice for older individuals, especially those experiencing problems with digestion due to decreased stomach acid production when you age.

Q5: Does one always need to take Vitamin D and magnesium with calcium and why is that?

A: There are many calcium supplements that include magnesium and Vitamin D in their formulations. The most current research indicates that contrary to popular advertising, magnesium does not improve calcium absorption. However magnesium deficiencies are common, particularly in women. Magnesium improves bone mineral density and has been shown to be theoretically beneficial for osteo-



porosis. In addition, taking Magnesium together with Calcium will help to prevent constipation.

On the other hand, adequate Vitamin D intake is vital to ensure maximum calcium absorption. Vitamin D increases intestinal calcium absorption. Without vitamin D, the small intestine absorbs only about 10% to 15% of dietary calcium.

Q6: Why do thyroid cancer survivors who have lost parathyroid function take large doses of calcium and Vitamin D?

A: The parathyroid glands secrete PTH, a substance that helps maintain the correct balance of calcium and phosphorus in the body. PTH regulates the level of calcium in the blood, the release of calcium from bone, absorption of calcium in the intestine, and excretion of calcium in the urine. When the level of calcium in the blood falls too low, the parathyroid glands secrete just enough PTH to restore the blood calcium level.

Patients that have lost parathyroid function (such as patients who underwent Total Thyroidectomy and did not get a successful Parathyroid Re-implantation), they have no regulatory process to correct calcium deficits and develop chronic low calcium levels, therefore, require large dose of calcium and vitamin D supplementation.

Q7: Is there a form of calcium that is safe to take while on the Low Iodine Diet, that is free of dairy, sea products, red dye #3 and salt?

A: Most Calcium Carbonate and Citrate on the market are not oyster or coral based. Therefore, it is safe to be taken Low Iodine Diet. They are not dairy-based and most do not have other additives such as dye or sodium chloride. But it would be wise to read the label carefully before consuming any products if patients are on special diets.

Special thanks to Ms. Wendy Chui, Pharm. D. of Canadian Chemists, Toronto North Medical Arts Centre - member of Thry'vors Medical Advisory Panel, for her responses and participation in this edition of Ask Thry'vors.

Don't forget to ask YOUR questions by email:
 askthryvors@sympatico.ca or mail
 (see front cover for mailing address)



RECIPE BOX – LID-Friendly, Healthy Drink

Going Green

With spring upon us, it's time to think green. Researchers credit green veggies with promoting colon and heart health. And guess what? Greens in the kale family also contain as much calcium as milk. Leafy green vegetables and fruits are loaded with antioxidants, minerals, folate, and flavonoids.

- 2 cups Kale (substitute) spinach, romaine or leafy green)
- 1/2 cucumber (I use English)
- 2 stalks of celery
- 1/2 inch or teaspoon ginger root
- 1 bunch parsley (fist full)
- 1/2 cup water
- Juice of 1 lime
- Juice of 1/2 lemon
- for sweetness I add any one of the following - apple, pear, pineapple, mango, strawberries)

After everything is combined in a blender, this recipe makes 28 to 30 ounces. Drink will keep up to two days.

Editor's Note: I have one of these every morning and I cannot believe how my energy level has increased.

Recipe Credit - Mark Handy www.livingnutrition.ca



Thriving Thry'vors

This issue features: Grace Wright and Jonathan Wright

by Rhonda McMahon

Since the word "Thry'vors" is a contraction of three words – "thriving", "thyroid" and "survivors" – it is only fitting that we honour some of our own "thriving survivors".

This is the second in a series of articles about our own exciting and thriving members.

They say lightning doesn't strike twice in the same place - but it did in the Wright family and to two siblings at roughly the same youthful age.

Grace Wright was first. At 19 years of age and in her first year at University of Guelph, Grace found herself ill with a strep throat infection that was very slow to clear up. Grace kept getting sick and constantly felt exhausted – attending classes less and less frequently. A doctor in an after-hours clinic was the first to notice a lump in her neck. Perhaps because it is common for young university students away from home for the first time to get illnesses, or perhaps because of her young age, it wasn't until Grace met with a progression of eight different doctors along the way "before someone took me seriously and decided to biopsy the lump". Eventually Grace had a partial thyroidectomy in May of 1993 and completion surgery in July. Grace had multi-foci papillary thyroid cancer and metastases to two lymph nodes.

When Grace had her surgery and treatment, there were no support groups for thyroid cancer patients, nor the internet for on-line research. Grace did not feel well-informed about radioactive iodine (RAI) treatment and was ill prepared for what was in store for her. She felt she was not forewarned as to the adverse effects of the period of hypothyroidism and had no idea in advance of its impact physically and emotionally.

"Being hypo for the weeks before the RAI in September was more difficult than I had been warned. It was so bad, in fact, that I put off any follow-up for 10 years, fearing having to go hypo again. Thankfully, knowing what to expect made it much easier when I finally did go hypo again a few years ago. Now I just have my bloodwork done once or twice a year and the only concerns so far have been low calcium levels, which I find really hard to keep at an adequate level."

Jonathan Wright is Grace's younger brother. His thryca journey began in 2002 when he too was diagnosed with papillary variant. He was 23 years old. Jonathan says "It was only by chance that we found out I had cancer. I was at an appointment with a rheumatoid arthritis specialist for some pains in my feet, when the doctor decided to look over my whole body, and thought that he felt something in my neck. He referred me to get an ultrasound, and sure enough, there was a tiny tumour. So small in fact that my endocrinologist couldn't feel it, even knowing it was there! A FNAB turned up malignancy."

Since Jonathan only had one small nodule (less than 1cm in size) he opted to find a surgeon who was willing to perform a partial thyroidectomy. "I'm a little stubborn, and I wanted to hold on to my thyroid as long as possible... Something about being totally dependent on that little blue pill for the rest of my life urged me to (have a partial)."

Jonathan's surgery went well and he is currently followed with regular blood tests and ultrasounds - and yes, he did eventually have to start taking thyroid replacement anyways to suppress his TSH.

Grace and Jonathan, who grew up in Toronto, had the knowledge that their grandfather also had a thyroid nodule and a partial thyroidectomy several decades ago. The siblings both wonder if he too had thyroid cancer that went undiagnosed because the pathology methods were not as sophisticated at that time.

Another commonality between them is that both Grace and Jonathan are very multi-talented individuals. Jonathan studied both engineering and architecture. He also studied Illustration. While taking his courses at Sheridan College, he met his current partner Althea. He now lives with her and her family in Iqualuit, Nunavut (Iqualuit with a population of 6,200, is the capital of the territory and is located at the southern end of Baffin Island). Jonathan is a part-time carpenter and animator and is working on a short film for the NFB and IBC (Inuit Broadcasting Corporation). He plans to finish the film by the end of the year. He's also done illustrations for book covers, some magazines, and the Toronto Star. As well, he has "a passion for building energy efficient homes, and all that encompasses". Jonathan says "life in the Arctic is surprisingly like down south. Except there's no traffic, no stress, great views everywhere, and everything costs like it was made from gold." He visits Toronto about twice a year.



Jonathan's 'claim to fame' as far as *Thry'vors* goes is the wonderful gift of our logo which he designed for us in 2002. Take a look at it again on the front cover of this newsletter. Notice the clever use of the butterfly (as the thyroid is a butterfly-shaped organ) and the profiles within it of two faces each with might be thought of as a hole where their thyroids would be. I don't know if Jonathan meant for the two people to represent him and his sister, but they are intentionally drawn in a gender-neutral way.

When Grace started her undergraduate work, it was with the long term goal of becoming a doctor. After she took a semester off school to deal with her thyroid cancer, she switched her course of study away from sciences and into the area of the humanities. She said "I didn't want anything to do with the medical profession at that point!" Studying at University of Toronto, she received her MA, and is currently completing her PhD in the area of Italian Studies. Her thesis work finds a "perfect synthesis of the arts and medicine by analyzing the issues involved in translating pain expressions from Italian to English." Simultaneously, she works part time at Wellspring Cancer Support Centre as a fundraiser, as well as on a part-time basis as an interpreter for Italian-speaking patients at Toronto Western Hospital. She, her boyfriend Jason, and their dog 'Elvis' live in downtown Toronto.

If all that were not enough, Grace has a very active volunteer position with *Thry'vors*. She is a member of our board of directors and is our Secretary-Treasurer. In that position she processes the donations and funds raised, and keeps our books. She issues tax receipts to donors accompanied with a lovely note or letter of thanks. As well, she represents us by sending both cheerful notes of congratulations for the happy events of our members, as well as sad condolences that we have to send from time-to-time too. Grace has an enormously good heart and has for example, taken the time to travel great distances to attend funerals for those we have lost in our group.

Why does Grace volunteer with *Thry'vors*? She says "I volunteer because I believe in being a part of something that is making it easier for others to cope with thyroid cancer - people can turn to *Thry'vors* for reliable and well-researched information and for an understanding and support that comes from others who have been through a similar experience. I still remember the first phone call I made to *Thry'vors*.... It's the memory of the feeling of relief and encouragement during that call that inspires me to continue to try to help *Thry'vors* doing the work that it does."

We congratulate Grace and Jonathan and thank them most sincerely for touching so many lives this way.

ARTICLE REVIEW

Can and May I Drive While Hypothyroid?

by Charna Gord, BASc, MEd, RD

Determining Medical Fitness to Drive

Motor vehicle crashes kill about 3000 people in Canada each year and injure another 250,000. The Canadian Medical Association distributes a comprehensive guide to help physicians determine whether their patients are medically fit to drive a motor vehicle safely. Section 17 discusses Endocrine and Metabolic Disorders and reviews any disturbances in the functioning of the endocrine glands that might interfere with driving safety. Thyroid disease is specifically mentioned. Section 17.5.2 states, "Patients with symptomatic hypothyroidism that impairs judgment or motor skills should not drive any type of motor vehicle until the condition has been brought under satisfactory control." The effects of going hypothyroid to prepare for scans and RAI after thyroid cancer surgery would fit in this section.

Going Hypothyroid

Being hypothyroid can produce a range of clinical effects that range from mild to severe. The most common hypothyroid symptoms include: cardiovascular changes (slow pulse, low or high blood pressure), cold intolerance (feeling cold), depression (empty mood, loss of interest in activities you used to enjoy, loss of appetite), digestive changes and weight gain (constipation, bloating and poor appetite), fatigue and sleepiness (lethargy, sluggishness), menstrual cycle changes (heavier more frequent cycles), muscular aches (cramps), poor memory and concentration (feeling 'spacey'), skin changes (dry) and voice hoarseness. Not everyone feels equally affected when severely hypothyroid. Some severely hypothyroid people may not feel impaired, although they may be significantly dysfunctional. Some people feel severe symptoms when mildly hypothyroid.

Don't Drive While Hypothyroid

From a public safety perspective severely hypothyroid patients are considered functionally impaired and therefore should not drive, operate machinery or work in critical occupations, such as air traffic control, as they may unintentionally cause harm to themselves, their families or third parties if they continue to drive or work while impaired. Your doctor may not explain to you that driving while severely hypothyroid is very much like driving while

under the influence of drugs or alcohol. Your doctor may or may not advise you that you are not to drive while hypothyroid. So remember - A hypothyroid person cannot accurately judge their own driving abilities and should refrain from driving under any circumstances.

Driving While Hypothyroid comment by Dr. Kenneth Ain from <http://health.groups.yahoo.com/group/thyroidcancerhelp>

The Canadian Medical Association: Determining Medical Fitness to Operate Motor Vehicles CMA Driver's Guide 7th Edition - Section 17: Endocrine and metabolic disorders http://www.cma.ca/index.cfm/ci_id/18223/la_id/1.htm

The Impaired Hypothyroid Patient: Ethical Considerations. M. Sara Rosenthal. Thyroid. 2007. 17(12): 1-8.

The Thyroid Cancer Book. M. Sara Rosenthal. Your Health Press, 2002

Eat, Schmooze and Donate to a Worthy Cause

by Marsha Solnicki

When my friend Charna Gord sent out an email in early March bringing her friends up to date about her health and recovery from a thyroidectomy, she also mentioned her thankfulness to the *Thry'vors* support group. Her many friends who received this email were happy to hear that her healing was so well supported by this group through their caring and compassion as well as their knowledge about the disease.

As I read the *Thry'vors* newsletter online, I came to the article on "Kitchen Party Fundraisers". Charna is a part of a historic summer cottage camp community called Camp Naivelt ('New World') located near Brampton. The women of this community regularly have events during the winter months where we can meet and socialize. Since a Pot Luck Dinner was definitely overdue, I thought it would be the perfect opportunity to combine this and a Fundraiser for *Thry'vors* in honour of Charna's recovery. We sent a modest goal of raising money in some multiple of 'Chai', which is the Hebrew word for life and is represented by the number 18.

On April 12, fourteen women met to eat, schmooze and donate to this worthy cause. We raised \$234 (13 X Chai). We were happy with the knowledge that in our small way we helped support others in the same way our friend Charna had been helped through this difficult time.

Our thanks go to Marsha Solnicki and the women of Camp Naivelt for their generous donations. Each donation of \$5 helps provide all of our printed matter to one newly diagnosed patient. Thus, the thoughtful donation from this group has provided for 47 new members of *Thry'vors*.

UPCOMING EVENTS

Edmonton Patients Forum

Topic: An Overview of the Treatment and Management of the Thyroid Cancer Patient: Addressing Your Questions & Concerns

Date & Time: Tuesday June 24, 5:30 to 9:00pm

Place: The Maple Leaf Room at the Lister Conference Centre, University of Alberta, 116th Street and 87th Ave. Edmonton. Parking Lot M.

Speakers: **Dr. Donald W. Morrish**, MD, PhD, FRCPC, Endocrinologist, Cross Cancer Institute

Dr. Diane Severin, MD, FRCPC, Radiation Oncologist, Cross Cancer Institute

Lori House, R.T.N.M., dept of Nuc Med, Cross Cancer Institute

Sponsored by: Canadian Thyroid Cancer Support Group (Thry'vors) Inc. and Genzyme Canada Inc.

For more information: email info@thyroidupdate.ca or call 780-989-4315. Advanced registration requested by Wednesday June 18, 2008

Your comments and suggestions are welcome.

Editor: Rhonda McMahan

Graphic Design and layout provided by www.litmusdesign.ca (ursula@litmusdesign.ca).



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 Thryvors.org.

Donation cheques can be made payable to: Canadian Thyroid Cancer Support Group (Thry'vors) Inc.

Mail to: Canadian Thyroid Cancer Support Group (Thry'vors) Inc.
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