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### Editor's Note

Season's Greetings!

In this, our final issue of 2011, Rita Banach (TCC's President) explores the Thyroid Cancer Canada's Low Iodine Diet in detail. It's a terrific resource, especially for those recently diagnosed with thyroid cancer and who may require radioactive iodine treatment.

Best wishes for a happy and healthy holiday season from all of us at TCC!

Stephanie Wylie

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# The Thyroid Cancer Canada Low Iodine Diet

by Rita Banach

Recently I was met with frustration when a patient calling in to our help-line asked me if she could eat bananas while on the Low Iodine Diet (LID). It was as if time had stood still and it was 1999 all over again for me. I knew immediately that the patient was being seen at the same downtown Toronto hospital that I had had my thyroid cancer treatment at 13 years ago, when I too was handed a photocopied one-page sheet of a poorly written, badly researched, hard-to-understand diet. It was a copy of that very same piece of paper that prompted a small group of patient-members of Thyroid Cancer Canada to take on a research project about the LID in 2006.

Our small team first collected every version of the LID we could get our hands on. We did so by asking patient-members of our group to send us a copy of the diet they were asked to follow by their own clinician. We also collected American versions of the diet from various sources. In all, we collected about 15 versions from across North America and to our amazement, no two of them were exactly the same! Not only were the diets different, but the associated instructions varied a great deal as well. For example, although a literature review suggests that one to two weeks is a sufficient duration on the diet, and more days can be counterproductive<sup>1</sup>, we found that some doctors asked their patients to be on the diet for a month or more pre-treatment. Patients reported to us that some clinicians asked them to stay on the diet 24-48 hours post-treatment, whereas others asked their patients to stay on the LID until after their Whole Body Scan (WBS) which was usually at least seven days post-treatment, and sometimes up to three weeks later.





### The Reasoning Behind The LID

A low iodine diet is prescribed for patients who are about to undergo either radioactive iodine treatment (RAI), or a RAI scan (Whole Body Scan). Normally, only patients with a differentiated form of the disease (Papillary or Follicular), and whose disease has some degree of spread or aggressiveness, are asked to have this treatment which is distinctive to thyroid cancer.

The logic of the LID is that thyroid cells -- both normal and cancerous -- uniquely "crave" iodine. Conveniently, no other cells in the body have this chemical need. Therefore, if we deprive remnant thyroid tissue and/or thyroid metastases of dietary iodine, those cells will thirst for and easily uptake the introduced radioactive iodine (the isotope known as I-131). This in effect makes the RAI more successful in ablating (killing off) remaining thyroid cells.

As versions of the LID have been around since at least 1983<sup>2</sup>, we have often wondered why some Canadian clinicians do not mention the diet at all to their patients. It seems some purport that there is inadequate research evidence to prove its necessity, especially not in regards to the need for the diet associated with small dose WBS (scanning doses).

In recent years, a growing body of evidence makes for a convincing argument for utilization of the LID. Researchers have set about to examine one or more of the following questions in regards to a successful preparation for RAI treatment.

#### Does a Low Iodine Diet:

- a. have the desired effect, as evidenced by significantly reducing patients' urinary iodide measurements?
- b. increase the effectiveness of RAI treatment (I-131 uptake)?
- c. increase the chances of a positive long-term effect, that is, improve ablation or reduce the rate of recurrence?

#### Systematic Review Of All LID Studies

In 2010, *Sawka et al* examined and reported on more than 75 studies on the topic of the LID<sup>3</sup>. The findings of their systematic review of all the literature indicated that researchers have not taken a linear path in regards to this topic. That is, from study-to-study there has been great variation in the disease-state of the subjects, methodologies, restrictiveness of LIDs, diet durations, etc. However overall, there were some clear findings despite the limitations of some studies and the difficulty in comparing them. The authors report that the overall evidence indicates that a LID does reduce urinary iodine output and that two weeks on the diet is about twice as effective as one week. Albeit small studies, at

### "Iodine"

is actually a misnomer, as it is "iodide" which is present in bodily fluids.

least two research teams convincingly found that a LID increases uptake of I-131 and ablation of remnant tissue or tumours. Although *Sawka et al* state "unfortunately, there are still no studies examining long-term recurrence or mortality rates in patients treated with an LID compared to an unrestricted diet", they do conclude that there is compelling evidence that a LID should be utilized to aid a successful preparation for RAI treatment and scanning.

#### What Makes A Good LID?

Studies strongly suggest that we need to be on a LID for good treatment outcome, but the question remains, "What is an effective LID?" Although the accepted standard is consumption of less than 50mcg dietary iodine per day, the advice for specific food inclusions/exclusions varies greatly. When we began our quest to write the most definitive list of "Avoid" and "Allowed" items that we were able to based on science and professional expertise, we found some questionable and odd exclusions on existing lists.

In addition to the aforementioned bananas, we also found lists that asked patients to avoid rhubarb, spinach, onions and potato peels. To make matters worse, TV programs such as *Dr. Oz* identified strawberries and watercress as high sources of iodine. Some American versions of the LID list every possible supposed source of iodine, without care to factual reference ("just in case" they told us). We had to use some detective skills to try to trace the source of these exclusions. In the example of rhubarb, we found that the source was one patient-member of an American group who was told "at a health food store" that rhubarb tea is a good source of iodine. Like a game of 'broken telephone' this item was added to one of the popular American versions of the LID.

The fact is that our own research findings were that all fruits and vegetables, including those named above, are relatively low sources of iodine. That includes rhubarb. As well, the peel of a vegetable is no more apt to contain iodine than any other part of it.

Another source of ill-advised information seems to be clinicians who take pity on us. For example, more than one Canadian version of the diet allowed up to half a cup of milk a day. When we asked why they allowed milk, one clinician said, "Well people want to have a little cream in their coffee, and patients are already so deprived on the diet." Another clinician said, "The cattle in our



province do not have iodine in their milk.” The fact is, according to one of the most respected and widely used food value counts<sup>4</sup>, eight fluid ounces of milk on average contains almost 50mcg of iodine (all the iodine allowed in one day on the LID)! Why would any milk/dairy be allowed on a LID if it could potentially wipe out all of a patient’s otherwise good efforts?

Yet another misconception perpetuated even by professionals who work with thyroid cancer patients, is that a low iodine diet is similar or the same as a low sodium diet. Unfortunately, these two restrictive diets have little similarity despite the fact that salt is a form of sodium. That is, one can easily go over a 50mcg per day limit of iodine while on a low sodium diet, as there are sources of iodine in our normal diet not related to salt.

### Working Backwards From The Data

One can understand why there is so much confusion about dietary iodine intake. We have not yet come across one official count of food ingredients that looks at iodine values or intake from the point of view of avoiding it. Existing food counts have the opposite viewpoint -- that is, their goal is to help consumers increase iodine consumption as it is an important element to our health (for those who have a thyroid gland). Therefore, we have to work backwards from existing food counts to draw conclusions. Only one set of online data (Finland) conveniently lets you choose “most” and “least” for each component.

Another problem is that food and mineral content data often uses “food basket” comparisons (Total Diet Studies). That is, they select a controlled group of food products easily purchased by the average consumer and then analyse their contents. The individual products in the “basket” are almost always made up of many ingredients. Those compiling the data are looking for iodine to be present in good quantity in products and are not concerned with which particular aspect(s) of the product contains iodine.

Bread is one common “food basket” food item. In most food counts bread is included and is measured as a high source of iodine. However, we know that there is nothing inherently iodine-saturated in regards to bread. Rather, it is just that bread usually contains some high-iodine ingredients such as milk, iodized salt, and egg yolks. A person on the LID can, in fact, consume bread as long as that bread was made without restricted ingredients. Authors of a Swiss study<sup>5</sup> recognized this problem in their data. In their count, bread measured 392 ng/g iodine. However the primary ingredient -- wheat -- when measured separately was only 37 ng/g iodine. They suggested that the bread in their sampling was largely affected by iodized salt.

Similarly, in its original format, a popular American version of the

LID restricted chocolate. Upon confronting the author he admitted that dark chocolate and pure cocoa are not a problem but rather it is the salt and dairy ingredients in milk chocolate that create an issue. He has since clarified this in his listing, although we still wonder why he lists chocolate as an “Avoid” item at all since many foods may contain salt or milk as ingredients, and are not likewise specified in this way.

Definitive studies of foods, broken down into their individual components/ingredients as they relate to avoiding iodine, are almost non-existent. To make matters worse, one of the world’s leading sources of this data, Dr. Jean Pennington, acknowledges analytical problems with her method for iodine counts.

Sometimes major sources of data contradict each other. For example, the UK Nutrient Databank<sup>6</sup> identifies that strawberries have 90 mcg/kg of iodine, whereas the US Food & Drug Total Diet Study<sup>7</sup>, which is reported to be using the same data source, says strawberries have 5 mcg/kg of iodine. Additionally the Danish Food Composition Databank<sup>8</sup> and the Fineli Food Composition Database<sup>9</sup> (Finland) both indicate very low values for all fruits and vegetables, including strawberries. (The French Food Composition Table [CIQUAL 2008]<sup>10</sup> is another source of data, but currently you cannot search this database by component.)

Since no other food count table confirms the UK data in regards to strawberries, we are sticking with the evidence to support a belief that fruits and vegetables are a low source of iodine.

### Confidence In The Thyroid Cancer Canada LID

We feel confident in the Thyroid Cancer Canada version of the LID, as we consulted with more than 50 experts in writing it. Some of the most important experts turned out to be those who could answer specific questions in regards to some “LID myths.” For example, we now know from officials working within government agencies and manufacturing associations that there is nothing inherently wrong with consuming canned food items. There had been a belief that a solution containing iodine as a disinfectant, is used to wash cans during the filling process before the food contents are added. We were assured by official representatives of the canning industry that liquid solutions of any sort, but especially those containing iodine, would never be used in the pre-filling of cans as that would increase the likelihood of rust formation. Metal cans are created in a sterile environment not requiring pre-washing.

We do have to peruse ingredient lists on the labels of metal cans for salt content and exclude those products where “salt” is listed, as added salt may be iodized or be sea-salt. However, this issue is no more so important for canned goods than any other packaged good.



Likewise in regards to another myth, government officials have been consulted and assured us that municipal water supplies are not treated with iodine as a disinfectant. There is no need for patients to purchase distilled water or to filter their tap water.

There are several other reasons why all Canadian patients should make use of the Thyroid Cancer Canada version of the LID. Not only is the internet (and sadly, so too doctors' handouts) fraught with inaccuracies, many versions are based on American food items. For example, in the USA consumers have the choice between purchasing iodized or non-iodized table salt. In Canada, all table salt is iodized by regulation.

In the USA the labelling laws are such that each food colouring ingredient is identified by name or number on the package listing, but in Canada the current regulation allows the manufacturer to just list the word "colour" as an ingredient to cover almost all food colourings or dyes. This is not helpful to those avoiding Red Dye #3 (Erythrosine), which is a dye made almost completely of iodine. Thus Canadian patients on the LID must avoid any food item that is red, purple or pink, and also lists "colour" in the ingredient list. Fortunately, because of pressures put onto Health Canada by allergy associations, the regulations in this regard are in the process of being amended.

1. Two Weeks of a Low-Iodine Diet Are Equivalent to 3 Weeks for Lowering Urinary Iodine and Increasing Thyroid Radioactive Iodine Uptake, EP Morsch, R Vanacor, T Weber Furlanetto, and H Schmid, THYROID, Volume 21, Number 1, 2011
2. Low Iodine Diet in I-131 Ablation of Thyroid Remnants, HR Maxon, SR Thomas, A Boehringer, J Drilling, MI Sperling, JC Sparks, IW Chen, CLINICAL NUCLEAR MEDICINE 1983;8(3):123
3. Dietary Iodine Restriction in Preparation for Radioactive Iodine Treatment or Scanning in Well-Differentiated Thyroid Cancer: A Systematic Review, AM Sawka, I Ibrahim-Zada, P Galacgac, RW Tsang, JD Brierley, S Ezzat, and DP Goldstein, THYROID, 2010 October; 20(10): 1129-1138

Most patients find that once they understand the logic behind the LID, it is not difficult to follow the TCC version of it. When problems do arise, they are usually due to confusing food labelling, contradictory information between sources, and patients who are not accustomed to food preparation.

Unfortunately "one wrong move" can easily undue all one's daily LID efforts -- and most often is associated with consuming one of the big five iodine-laden food items (ocean-derived products, dairy products, egg yolk, iodized salt and Red Dye #3). Other considerable sources of iodine are: radiographic contrasts such as those used in CT scans, and some medications.

We are pleased to say that more than 20,000 copies of the free TCC version of the LID have been distributed to patients since our first printing in 2006. Almost 300 Canadian clinicians now distribute our LID to their patients. As well, we include a copy of our LID pamphlet in our well-appreciated "Welcome Package" for new members.

For more information about the LID, order a hard copy of the diet, view a list of our references and reviewers, access 'Frequently Asked Questions' and more, view:

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

4. Bowes & Churches Food Values of Portions Commonly Used, J Pennington, J Douglass
5. Iodine Content of Food Groups, M Haldimann, A Alt, A Blanc, K Blondeau, Swiss Federal Office of Public Health, Division of Food Science, 3003 Bern, Switzerland, 2005
6. <http://www.nelfood.com/help/library/Composition-of-Foods.pdf>
7. <http://www.fda.gov/downloads/foodtotaldietstudy/ucm184301.pdf>
8. [http://www.foodcomp.dk/v7/fcdb\\_foodcomplist.asp?CompId=0066](http://www.foodcomp.dk/v7/fcdb_foodcomplist.asp?CompId=0066)
9. <http://www.finefi.fi/component.php?compid=2189&dang=en>
10. <http://www.afssa.fr/TableCIQUAL/index.htm>

## LID Fact or Fiction?

**Q: It is okay to order black coffee in a restaurant?**

**NO it is not:** *Restaurants often use an iodine-based disinfectant on countertops. As well some add salt to their coffee pot to reduce coffee bitterness.*

**Q: The "Nutritional Facts" listing on food packaging is helpful to those on the LID?**

**NO it is not:** *Items such as "sodium" may be listed, but not all sodium is a measure of salt. Instead, check the "Ingredients" list for salt and other LID-avoid ingredients.*

**Q: Red lipstick may be coloured with Red Dye #3; an iodine-based dye?**

**NO this is not true:** *Use of Red Dye #3 is not allowed in Canadian cosmetics.*

**Q: We can drink fruit juices?**

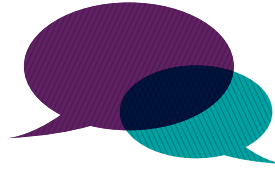
**YES most often we can:** *If a fruit or fruit juice is red or any other colour naturally (e.g. cranberry, blueberry) and does not have colouring added (is marked as 100% juice) it is LID-allowed.*

**Q: Kosher salt is LID-allowed?**

**NO not always:** *Not all coarse or Kosher-style salts are LID-allowed. Some may be iodized. As well some have natural iodine as they are sea-salts. See the TCC version of the LID for Canadian salt brands that are LID-allowed.*



# Ask Thry'vors



by Melanie Thomson

The members of TCC's Medical Advisory Panel are available to answer your general questions about every aspect of thyroid cancer. A list of our Medical Advisory Panel members appears on our website at : [www.thyroidcancer canada.org/medical-advisory-panel.php](http://www.thyroidcancer canada.org/medical-advisory-panel.php)  
All past Q&As are archived on our website. You are also welcome to post your question on our website.

## Q1: A male patient asks...

I had my thyroid removed five years ago and have experienced extreme fatigue throughout the day since then. I am on a dose of .175 Synthroid and my TSH is quite suppressed. Is it possible that too much Synthroid may be causing the extreme fatigue? I have had extensive blood work done and nothing else appears unusual. I have been clear for the past 5 years and my tumour was very small.

## A1: by Dr. M. Tamilia:

Indeed, it is possible that suppressive doses of levothyroxine and subclinical hyperthyroidism (low TSH and normal free t4 and free t3) may be associated with symptoms and long-term complications, namely arrhythmia (e.g. atrial fibrillation) and accelerated bone loss in post menopausal women.

For these reasons the latest ATA guidelines recommend reassessment of the need for levothyroxine suppression periodically. Basically, patient's risk profile and clinical status dictate the level of suppression.

**low risk profile ( stage 1 and stage 2, patient >45 yo), in remission ..... TSH = 0.3 to 2.0 mU/L**  
**high risk patient (stage 3 and stage 4, patient > 45 yo), in remission ..... TSH = 0.1 to 0.5 mU/L**  
**low and high risk patients with persistent disease ..... TSH <0.01 mU/L**

As such it would appear that this low-risk patient in remission can be treated with less levothyroxine and maintain a TSH level in the low/normal range.

With thanks to the member of TCC's Medical Advisory Panel:

Michael Tamilia, MD, FRCP, Endocrinologist; Chair, Thyroid Tumour Board; Assistant Professor, Jewish General Hospital; Montreal, Quebec.



## LID Recipe Box



### Potato and Pepper Soup

- |                              |   |
|------------------------------|---|
| 1 onion, chopped             | 1 red pepper, chopped                       |
| 4 garlic cloves, minced      | 2 fresh tomatoes, chopped                   |
| 3 tbsp. oil                  | 1 tsp. paprika                              |
| 2 stalks celery, chopped     | 1 tsp. cinnamon                             |
| 2 carrots, chopped           | 1/2 tsp. ground cloves                      |
| 2 potatoes, peeled and cubed | non-iodized salt and black pepper, to taste |
| 1 green pepper, chopped      | 8 cups vegetable stock or broth             |

### Procedure:

Sauté onion and garlic in the oil and add the celery, carrots, potatoes, tomatoes and spices. Cook for 5 minutes.  
Add stock and simmer until the vegetables are tender – about 20-25 minutes.

To view more than 300 LID-compatible recipes, see the TCC Low Iodine Diet Recipe Collection, 3rd Edition on our website at [www.thyroidcancer canada.org](http://www.thyroidcancer canada.org) (at this time, the recipes are available in English only).

**Thyroid Cancer Canada encourages research in thyroid cancer.**  
**Please watch your mail for any information that we may send you about any optional research studies, such as surveys.**



# Thriving Thry'vors

by Maria Di Stasio



This is one in a series of articles that honour our special volunteers.

This edition thanks Paula Smith, valued member of our Online Moderators Committee.

Paula Smith is a valued member of Thyroid Cancer Canada and one of the moderators for our online forum. She warmly shares her journey with thyroid cancer and provides encouragement, support and a sense of unity among all us readers who can understand and relate to her story.

Paula was diagnosed with multifocal papillary thyroid cancer with follicular variant at 62 years old. As an active member in the Praise and Worship Ministry of her church in the Yarmouth, Nova Scotia area, Paula first noticed some changes in her voice during practices for a huge church production called "The Living Tree" staged at Christmas. During her weekly practices, Paula noticed she was not able to hit high soprano notes and had the sensation of a pea stuck in her throat. Realizing that she was feeling especially tired, she decided to see her family doctor who referred her to an ENT. In November 2006, Paula saw the ENT who informed her that she would need a procedure called laryngoscopy. She was only able to get an appointment for this procedure months later in February 2007. Once she had the scope, she was told she needed a needle biopsy because something had shown up. The results of Paula's biopsy came back inconclusive and she was referred to a local surgeon. After consultation, it was decided that surgery was the best option to confirm whether her nodule was benign or cancerous but that she should not be alarmed.

In early June 2007, Paula had a hemi-thyroidectomy and her diagnosis of thyroid cancer was confirmed. There were some complications that resulted from the surgery. She had an allergic reaction to the sutures within hours of the surgery and had to have them all removed. In good humour, Paula says "the surgeon had to remove all of the sutures and put me together with surgical tape. My poor husband was terrified that my head would fall off. He was afraid to take me for a drive in case we hit a bump." In spite of being glued together, Paula was sent home two days after her surgery with very little discomfort.

As a matter of fact, one week post surgery she drove to Cape Breton because her mom was very ill. Humorously, Paula explains "I drove myself seven hours to be with her. I was unable to turn my head, but thank Heavens after years of hauling horses

I know how to use side mirrors."

Four months later in October 2007, Paula had a completion thyroidectomy with modified neck dissection. She had very little pain associated with the surgery; however she experienced some issues with her calcium levels which eventually were under control.

"I was 62 years young when I was diagnosed with multifocal papillary thyroid cancer with follicular variant." -- Paula Smith



Norene Gilletz and Paula Smith at the 2010 Lunch 'n Learn

Four months after the surgery, she got RAI treatment. Many who have undergone this treatment would most likely relate to Paula's feelings associated with the process for the RAI treatment. Paula says, "It was very scary in the beginning as you walk down the hospital corridor with radioactive area caution signs everywhere."

Although RAI can be a rather lonely and isolating experience, having friends and family touch base with you by phone can be a great source of comfort. Paula's girlfriends gave her a gift bag which included a small gift for each day she spent in the hospital. Every day at the same time she opened a gift. "I found



this very comforting along with reading letters from loved ones which helped me during this time alone and in isolation.”

Once home, Paula was very fortunate to spend some time in the family cottage that was all prepped for what she calls her “deglowing” time. There is a short time after treatment that patients are still radioactive and must avoid contact with other people. Paula did experience some post RAI side-effects with her salivary glands and some taste issues, but for the most part it went well. The first “normal” foods that Paula ate after weeks of being on a LID were chicken wings and a Greek salad. Every patient who has undergone the LID knows how you long for that moment when you are able to eat regular food again. Although Paula portrays enthusiasm about the diet and states that it was a time to be creative and innovative with cooking and food, she also says “I thought I was in Heaven, it (referring to chicken wings and Greek salad) tasted so good.” Paula saw a radiation oncologist and her endocrinologist who gave her information regarding the RAI treatment. However, it was through TCC and its online forum that she found information, advice and sympathy. She also found an indispensable support system with people who cared, made her feel accepted and, most of all, safe.

Hearing the word cancer may be physically and mentally paralyzing. A person may feel like nobody really understands what they are going through. Even loved ones may find it confusing and challenging to deal with the diagnosis, or make sense of the person’s behaviour. Paula volunteered for TCC and it was through the TCC forum that she gained strength and a new-found hope for the future. Paula continues to volunteer as a moderator on the TCC forum. “Now I get to pay it forward. I can truly feel what people write on the forum because I remember what it was like. When people say ‘I just want my old life back,’ I get it.” Her role with TCC brings her great feelings of satisfaction seeing other patients get well and themselves

paying it forward. She states that although we are all separated by many miles and may never meet, we are a family and are all connected by this experience, “we love and accept each other, we root for each other, we laugh and cry with each other, I say we are all con-neck-ted.”

It is undeniable that cancer has instilled a lot of fear in human beings. I believe we need to rewire our thinking and learn to embrace the cancer. Let’s remove the negative connotation of the word and try to be enlightened by it. There are many things to learn from your journey with cancer. Paula reiterates that each day is a gift from God and one should make the best of it. “I am thankful and I have learned to see my blessings, I learned to hug and kiss at every opportunity, I learned to be forgiving, and say the words ‘I love you’ everyday.”

Cancer does not define a person but it does teach you to reflect on life and be kind to yourself and your loved ones. Paula’s story can help others realize that tough times bring new strengths and insight for the “new” you.

In Paula’s case, she feels very fortunate with the doctors involved in her treatment at the thyroid cancer clinic in Halifax, NS because they truly work as a team. Nonetheless, she does have a message for all doctors treating patients with thyroid cancer. “Blood work does not always tell the tale. The blood count may be right on but that does not mean the patient feels well.” She encourages doctors to demonstrate patience and listen more carefully to what patients are saying. It is not a list of complaints rather an opportunity to learn from the patient and move forward with the hopes of better understanding the illness. Some final words from Paula: “I want to wish everyone on their personal journey with thyroid cancer all the best and I consider it a privilege to be able to contribute in some way (as a Moderator of the Online Forum) to making someone’s day better. If I have done that, then I have done my job and I love it.”



## Poem - Postal Code Medicine

by anonymous

For your cancer care  
Roll the dice.  
And if you’re lucky  
They’ll be nice.

They’ll give the care  
That you need  
To kill your cancer  
And succeed.

Can you get your drug  
Without need to lie?  
Or live in a province  
That makes you cry.

One postal code yes,  
Another no.  
Let’s fix this system  
And make it grow.



## Events

### Community Events

The following events are offered for your information. Please contact the organizers directly for more information.

#### Thyroid Foundation of Canada Public Education Meeting Kitchener

**Date:** Wednesday, January 25, 2012

**Time:** 6:30 pm - 9:00 pm

**Location:** Kitchener Public Library,  
Forest Heights Branch,  
251 Fischer-Hallman Rd., Kitchener  
Wheelchair Accessible

**Topic:** Evolving Strategies for  
Management of Thyroid Cancer

**Speaker:** Dr. Luciana Parlea, BSc, MD,  
FRCPC.

**Please register by calling:**  
519.743.0644

#### Wellspring Programs -- Toronto (on-going)

Wellspring's successful new program for young adults between 18 and 39 who have been diagnosed with cancer now takes place in two locations!

##### You Can Connect - Uptown

**Date:** Last Thursday of each month

**Time:** 6:00 pm - 8:00 pm

**Location:** WELLSPRING WESTERKIRK HOUSE AT  
SUNNYBROOK (Alli's Journey Comfort Room).  
2075 Bayview Avenue, Toronto, ON M4N 3M5

##### You Can Connect - Downtown

**Date:** First Wednesday each month,

**Time:** 6:30 pm - 8:30 pm

**Location:** WELLSPRING ODETTIE HOUSE & THE  
COACH HOUSE  
81 Wellesley Street East, Toronto, ON M4Y 1H6

This program provides space for conversation, networking and education in a relaxed environment. Young adults can connect on any aspect of life or cancer. On occasion, guest speakers will present topics of specific interest to young adults with cancer. A light dinner will be served, and childcare is available at the Uptown location only.

**TO REGISTER or for more information, please call:** You Can Connect - Uptown: 416.480.4440

You Can Connect - Downtown: 416.961.1928

#### Congratulations to Donna Millington and the group in Calgary who did a fantastic job with organizing a run/walk to draw recognition to Neck Checks for Thyroid Cancer Awareness.

Her event involved more than 70 participants, and donations from more than 100 people!

In all, they raised about \$7,000 for Thyroid Cancer Canada.



Thyroid Cancer Canada thanks Brightworks Interactive Marketing for newsletter-design services. Brightworks is a digital communications agency with a strong focus on healthcare, who are proud to support TCC in this way. For more information on their services, see [www.brightworks.ca](http://www.brightworks.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 [www.thyroidcancer.ca](http://www.thyroidcancer.ca).

#### Donation cheques may be made payable to:

Thyroid Cancer Canada  
**Mail to:** Thyroid Cancer Canada  
PO Box 23007, 550 Eglinton Ave. West  
Toronto, ON M5N 3A8

