

# FORWARD

FALL/WINTER 2013

LIVING YOUR BEST LIFE AFTER CANCER

## Mind Your Stress

A conscious approach to enhancing well-being

## Silver Linings

Unexpected lessons from cancer

## Return to Intimacy

Supporting couples after prostate cancer

## Tamara Taggart

CTV's news co-anchor shares the challenges and triumphs of her journey through a rare form of cancer



**BC Cancer Agency**

CARE + RESEARCH

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# FORWARD

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COVER PHOTO BY KYRANI KANAVAROS; ABOVE PHOTO BY CHUCK RUSSELL

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# Welcome to *Forward*



**Welcome to the BC Cancer Agency's new magazine, *Forward*** — a title that symbolizes momentum, continuation and determination. The majority of

those diagnosed with cancer are living beyond cancer. That is good news, and the BC Cancer Agency continues to improve those odds through research in prevention, detection and treatment. But while many who have had cancer remain disease-free for the rest of their lives, some experience issues related to physical, emotional and financial well-being after their treatment.

The goal of the BC Cancer Agency's Provincial Survivorship Program is to improve the well-being of those who are living with and beyond cancer. With the generous support of the BC Cancer Foundation, *Forward* was created to empower those who have had cancer, and their families, by sharing information, resources and personal stories that can inform, support and inspire you. We will

also share information about current research advancements taking place at the BC Cancer Agency.

I hope that you enjoy the content within the pages of *Forward* and that you will consider subscribing to this new magazine. If you have feedback or story suggestions, please email us at [forward@bccancer.bc.ca](mailto:forward@bccancer.bc.ca). We want to hear from you. I wish you the best on your journey forward.

A handwritten signature in black ink, consisting of a large, stylized 'M' followed by a smaller 'C'.

Dr. Max Coppes  
President  
BC Cancer Agency



**On behalf of the BC Cancer Foundation, welcome to *Forward*.**

As the fundraising partner of the BC Cancer Agency, research is our foundation. We know that in supporting

the world-leading experts at the BC Cancer Agency in their efforts to better understand, treat and prevent cancers, we will find solutions that see fewer British Columbians facing a cancer journey, and for those who do, there is a long and healthy road ahead.

With research leading to improved methods of early detection and more refined and effective cancer treatments, we see more and more people surviving cancer. This is good news for British Columbians and has reinforced the importance of growing support for the thousands of men, women and children who survive cancer each year.

The BC Cancer Foundation is proud to fund *Forward* as a part of our commitment to enhancing cancer care across the province. We hope that you'll find great value in the rich content,

personal stories and expert Agency advice provided in the inaugural issue and those to come.

For more information on the BC Cancer Foundation's support of survivorship research, please turn to page 20. I also invite you to visit our website, [www.bccancerfoundation.com](http://www.bccancerfoundation.com).

Wishing you and your family a wonderful holiday season.

A handwritten signature in black ink, featuring a large, stylized 'D' followed by 'Nelson'.

Douglas Nelson  
President & CEO  
BC Cancer Foundation

# Holiday Cheer = Holiday Choices

*Tips on how to be smart about alcohol consumption*

The holidays will soon be here and with them the annual round of social gatherings with friends, family and colleagues. These times can be joyful, but they can also be times of stress or loneliness. It's an important time to pay special attention to drinking habits, because even light drinking is associated with a higher risk for some cancers such as breast cancer.

Cheri Van Patten, registered dietitian at the BC Cancer Agency, has some tips for enjoying the holidays while keeping sensible alcohol use in mind.

## Drink only if you want

Don't want to drink alcohol? Have a drink in your hand that resembles an alcoholic drink. It can save you turning down drinks from well-meaning hosts or party-goers.

- Don't feel pressured to drink if you don't want to.
- Find support in friends who are non-drinkers or light/moderate drinkers.
- Volunteer to be the designated driver.

## Know your limits and stay within them

Alcohol tolerance varies from person to person. Women, light drinkers and non-drinkers have the least tolerance, and the often-cited "one drink an hour" rule may be too much.

- Decide ahead how many drinks (if any) you will have.
- Keep to standard serving sizes – big glasses make it harder to judge how much you are drinking, and avoid 'topping up' a half-empty glass.
- There's no harm in asking the bartender to "keep mine light, please."

- Don't feel you must "keep up" if someone orders another round.

## Pace yourself

An easy way to consume in moderation is to just slow down! Sip your drinks, and alternate alcoholic drinks with non-alcoholic ones. Try club soda with lime, soft drinks, or tea, for example.

## Have a healthy plan

Exercise and rest during the holidays. Doing so will keep you balanced in the face of stress and frequent opportunities to drink. Plan social activities that are not centred on eating and drinking. You'll feel better and you won't miss those extra pounds in January! ■

## How much is too much?

Cancer prevention guidelines recommend limiting alcohol. Moderate use is considered less than one drink a day for women and less than two for men.

One drink is defined by its actual alcohol content:

- **BEER:** 341 ml (12 oz.) based on 5% alcohol content
- **WINE:** 142 ml (5 oz.) based on 12% alcohol content
- **SPIRITS:** 43 ml (1.5 oz.) based on 40% alcohol content

**REMEMBER:** Any alcohol can be too much if you take medications that interact with alcohol. Ask your health care practitioner.



# Watch Your Step!

## How to prevent falls at home

From our very first steps, our bodies work to keep us upright. Some of us succeed more than others, but falls are still the second-leading cause of injuries that require hospital admission. And if you are a senior, the risk is far greater. The Public Health Agency of Canada reports that falls account for 85% of injuries requiring hospital admission for seniors.

Almost half of seniors who fall will experience at least a minor injury, and up to 25% will sustain a serious injury such as a sprain or fracture. Falls cause more than 90% of all hip fractures, and 20% of hip fracture victims will die within a year.

“Persons most at risk of falling are the elderly and anyone with a history of falls. You are also at risk if you are visually impaired or have balance problems,” says Sue Fuller-Blamey, corporate director for quality and safety for the BC Cancer Agency.

People who have had cancer may also face a risk of falls because of the nature of their disease and treatment.

### How can you stay safe at home?

**LIGHTING:** Install good, bright lighting in your home. Use night lights in your bedroom, hall and bathroom.

**RUGS:** Ideally, floor coverings should be wall-to-wall carpet, or you should have no rugs whatsoever. If you do have rugs, make sure they are firmly fastened to the floor or use non-skid backing.

**ELECTRICAL CORDS:** Move electrical cords so they are not on the floor where you walk.

**BATHROOM:** Put handrails in your



bathroom for bath, shower and toilet use.

**FOOTWEAR:** Wear shoes with firm non-skid, non-friction soles. Make sure footwear fits properly, and avoid wearing loose-fitting or backless slippers.

**STAIRS/STAIRWELLS:** Install extra handles and handrails around stairs. Always use the handrail for support. Be sure stairs are well lit.

**KITCHEN:** Store items within easy reach. Avoid using stools or stepladders.

Advice on preventing falls is available from falls prevention and community care clinics throughout BC. “You can contact the clinic and ask a consultant to come out to your home to conduct a falls risk assessment,” says Fuller-Blamey. “Consultants can also let you know where to buy items to help fall-proof your home.”

For more information go to [www.healthlinkbc.ca](http://www.healthlinkbc.ca), or call 8-1-1 or your local health authority to find out if there is a falls prevention clinic near you. ■



### Kale and Bean Mac & Cheese

Clinical dietitian Erica Kang says, “This is a great comfort food for chilly evenings. The pasta and cheese provide starch and dairy, and the kale and beans pack in the vitamins, protein and fibre. This recipe makes 10 servings and freezes perfectly.”

#### Ingredients

4 cups whole wheat dry pasta (macaroni, bow-ties, shells)  
2 bunches kale, chopped  
¼ cup butter

# Four Autumn Foods That Help Reduce Cancer Risk

How should we eat to reduce our chances of getting another cancer, and what should we be looking for at markets this autumn? To find out, *Forward* asked Erica Kang, a clinical dietitian at the BC Cancer Agency's Centre for the North, for her favourite tips.

Kang recommends limiting red meats and starchy vegetables, and notes that making meals from scratch is a good way to avoid processed foods. But most of all, she says, we should head straight for the produce section of the grocery store.

"The number-one tip is getting plenty of fruits and vegetables, whole grains and whole cereals," says Kang. "Any fruit or vegetable is going to be a good source of

fibre, which helps protect against colorectal cancer. And fruits and non-starchy vegetables may help prevent cancers of the mouth, pharynx, larynx, esophagus and stomach.

"Also, fruits and vegetables are good sources of antioxidants. Antioxidants neutralize free radicals that can cause cell damage."

Kang recommends four fall fruits and vegetables to reduce your cancer risk.

**KALE:** Packed with nutrients, this leafy green is a particularly rich source of vitamin K (1 cup of kale gives more than 1000% of your daily requirement) and a range of other vitamins and minerals. It's a good source of antioxidants.

**PUMPKIN:** Not just for holiday pies – use pumpkin for savoury soups and casseroles, too. Pumpkin is an excellent source of potassium, fibre and vitamins A and C.

**PEARS:** Pears have been cultivated since the Stone Age and are probably the longest-cultivated fruit in history. "Pears are the best source of fibre on the list," says Kang, "and they are loaded with antioxidants."

**APPLES:** The most popular fruit in the market and so versatile, apples are an excellent source of vitamins C and K, potassium and antioxidants. Kang notes the peel has the antioxidants and the vitamins, while the flesh has the fibre – so don't peel them! ■

1 large yellow onion, minced  
8 garlic cloves, minced  
1 tsp. salt  
3 ½ cups skim milk  
¼ cup unbleached all-purpose flour  
⅓ cup chopped fresh oregano  
(or 1½ Tbsp. dried), separated  
2 Tbsp. chopped fresh thyme  
(or 2 tsp. dried), separated  
½ cup chopped fresh Italian parsley  
(or 1 Tbsp. dried), separated  
4 cups grated aged white cheddar cheese  
(about 330g)  
3 Tbsp. olive oil  
4 cups fresh breadcrumbs  
1 cup grated Parmesan cheese  
½ cup pine nuts  
1 can (19 fl. oz.) Romano or  
white kidney beans  
Salt and pepper to taste

## Directions

Preheat oven to 350°F

**PASTA:** Cook pasta in salted water according to package instructions until al dente. During last 3 minutes, add kale.

Strain and toss with a light coating of olive oil.

**SAUCE:** Meanwhile, melt butter in a medium saucepan over medium heat. Add onion and cook until softened, about 6 minutes. Add half of the garlic, ¼ tsp. salt and sauté until the garlic turns golden. Sprinkle in flour and whisk constantly until flour and butter turn golden. Gradually add milk and whisk thoroughly. Heat the sauce until it thickens (about 10 minutes). Add ½ tsp. salt, ½ of the chopped herbs and grated cheese and stir until the cheese melts. Season to taste.

**TOPPING:** Combine breadcrumbs with the remaining garlic, herbs, Parmesan cheese, pine nuts, ¼ tsp. salt, cracked pepper and 3 Tbsp. olive oil. Mix thoroughly. Mix noodles, cheese sauce and beans in a 9-x13-inch baking dish. Sprinkle the topping over the entire surface. Bake uncovered for 45 minutes, or until golden and bubbly. Serve piping hot.

Recipe adapted by Erica Kang from *Rebar Modern Food Cookbook* by Audrey Alsterberg and Wanda Urbanowicz.





CANCER CENTRE  
For The  
SOUTHERN INTERIOR  
Campaign for Cancer

**Dr. Rasika Rajapakshe's cancer journey** changed the course of his research. Now he focuses on early detection – something that saved his own life.

Rajapakshe, a senior medical physicist for the BC Cancer Agency Sindi Ahluwalia Hawkins Centre for the Southern Interior, as well as the Physics Leader in the Screening Mammography Program, was only 40 when he learned that he had esophageal cancer.

The discovery came about after a friend in Holland phoned Rajapakshe because he'd been diagnosed with that disease. The Dutch man, who had reached the point where he could not swallow food, asked if any of Rajapakshe's colleagues might have advice for him. Sadly, the cancer had already progressed too far to be stopped.

After his friend had passed away, Rajapakshe wondered about the heartburn he had suffered all his life and decided to get tested to make sure there was nothing more serious going on. Tests revealed Barrett's Esophagus, a condition in which there is a problem with the cell lining of the esophagus, which is a serious risk factor for esophageal cancer. Two years later, during follow-up tests, doctors noticed that the cells had changed slightly, indicating cancer.

"It was just so lucky," Rajapakshe says about the pathologist and gastroenterologist spotting the disease in its initial phase. He believes that his cancer was most likely caused by long-term inflammation and that he might have avoided it if he'd treated the heartburn with medicine early on. Instead, he needed surgery.

"They took the esophagus out completely and pulled part of the stomach up and connected it," says Rajapakshe, pointing to a scar on his neck. There was no need for follow-up chemotherapy or radiation, but an infection prolonged the physicist's recovery. Six months later, he returned to work.

How an unexpected experience with cancer inspired a medical physicist's research

# From Discovery to Early Detection

"Fortunately, in my case, it was diagnosed very early. That's why I created the Early Detection Research Group," says Rajapakshe. "We know cancers are going to happen all the time – we can't completely prevent that. But if we can find cancers for people at an early stage, then we can do something for them."

In 2007 and 2008, he applied for and received grants from the Canadian Breast Cancer Foundation and the BC Cancer Foundation.

"That's how I got started and now we're doing research on screening for early detection of breast cancer," says Rajapakshe. "We've started working with the thoracic surgery group in Kelowna for early detection of lung cancer, and then, of course, esophageal cancer in the future."

Rajapakshe's team has grown from two to 11, three of whom are headed to medical school this fall.

Screening Mammography Program operations manager Janette Sams first met Rajapakshe when he helped set up the Agency's first digital mammography unit in the BC Cancer Agency Vancouver Centre. His support of the new technology and understanding of how to use it impressed her.

Since that time, says Sam, Rajapakshe and his students have developed digital mammography quality-control tools and software, and they continue to work on breast-density estimates that will inform predictions of breast cancer risk: "They've done some exciting work around developing a micro-simulation model for breast cancer that would be useful for making projections for population health and the economic impacts of different early-detection methods for breast cancer."

Sams says Rajapakshe's enthusiasm, passion and quest for innovation have inspired his colleagues: "Not only does he make sure that the standards for quality are in place so that everything works well today," she says, "he is always looking for ways to make it work even better."

Rajapakshe is especially interested in discovering how to detect breast cancer early in young women because he has seen the kind of stress they endure, many of them mothers.

When Rajapakshe, who was born and raised a Buddhist in Sri Lanka, was contending with cancer himself, he was less frightened by the prospect of death for his own sake than he was deeply concerned about his then-young family and what it would mean for his children to lose their father.

Rajapakshe became more interested in Buddhism as a university student. At the time, he was considering a career in particle physics. When he heard about the field of medical physics, however, he thought, "Medicine is helping people, and physics, I love – let me figure it out."

He's now one of nine physicists working in Kelowna for the BC Cancer Agency, which employs about 50 staff province-wide. His group looks after the scientific side of radiation treatments, checking that they're right for each individual patient.

"Interaction of radiation with our body is all to do with physics," he explains. "The radiation oncologists know the area that needs to be treated in a patient, where the tumour is, and they mark it down and then hand it over to us. We make sure we bring in the radiation beams to the right location to minimize the damage to the surrounding normal tissue."

When it comes to screening mammography, the physicists not only make sure that the radiation dose is minimized (since radiation itself can cause cancer), but that the image quality is good enough so any existing small cancers can be detected.

Whether the arena is detection or treatment, there's always room for improvement.

"Just doing things the way they are is not good enough – you've got to try to improve things," says Rajapakshe. "That's where the researcher comes in." ■



CTV's news co-anchor reflects on the challenges and triumphs of her journey through a rare form of cancer

# Tamara Taggart

From upstairs, we hear sobbing; a tantrum ensues. It's Poppy, age three, and she is inconsolable. Later, her mommy will offer to wipe her sadness away and, with unblinking blue eyes and a furrowed toddler brow, Poppy will decline, preferring the drama of tear-streaked cheeks while enjoying the comfort of her mother's warm embrace.

Poppy's mother, Tamara Taggart, is fazed only for a moment, resuming her focus instantly, as one might expect from the popular six o'clock TV news anchor. She goes back to her story; one of triumph over possible tragedy.

Two years ago, Tamara began feeling a little more tired than the full-time working mother of three usually did, so her doctor ran some tests. Her hemoglobin levels were slightly low, and continued to decline over the next few months. A lunch with a friend, a former hematologist, put her on track to see a specialist. But more tests were inconclusive. She had a few iron infusions, and Christmas came and went. But she still had no answers and was more and more fatigued.

Taggart remembers January 3, 2012, clearly: It was the first anniversary of her start as co-anchor with Mike Killeen of CTV News at Six and the station had a small celebration planned. Nothing would have kept her from work that day, but the worst headache of her life had not responded to her usual "cure" – more coffee.

"Even with full TV makeup, they couldn't change how pale I looked that day," she recalls.

At the desk, about to go on air, Tamara told Mike she felt unwell, and excused herself. Mike handed Tamara her phone, a move she was grateful for minutes later, when she came to in the bathroom after blacking out while she vomited. "I phoned Mike, and before I

knew it, Dr. Rhonda [Low, CTV's former on-air medical specialist] was there, taking off my heels, and eventually getting me home to rest. I was convinced I had food poisoning."

A day later Tamara still hadn't left her bed in the East Vancouver home she shares with her husband of seven years, 54/40 lead guitarist Dave Genn and their children, Beckett, Zoë and Poppy.

She was so lightheaded she could barely sit up, let alone help with the children. Finally, on day two, she roused herself, hoping to participate in a school meeting for her middle daughter, Zoë, then three. Although she willed herself out of bed, it was clear something was gravely wrong when she passed out on her bathroom floor. Dave flew up the stairs, took one look, and knew it was time to call 9-1-1. This was no food poisoning.

Tamara agreed, but after days of feeling unwell, and in bed, the need to first be clean trumped everything. "I couldn't even stand up in the shower," she relays. "So I sat down and Dave stood beside me and made sure I was alright."

Her biggest worry of all was the potential trauma of three young children downstairs seeing their mommy leave the house on a stretcher. In particular, Tamara was sensitive to son Beckett, who has Down syndrome, and was four at the time, but she smiled, going out the door, to see him completely preoccupied with a street full of emergency vehicles. Mommy was not on the radar.

At the VGH Emergency Department, doctors described her as "the colour of the sheets," and insisted on an immediate blood transfusion. Tamara scoffed, pointing out she'd had her blood tested a few days before with hemoglobin levels a low but non-threatening 82. But the VGH tests told another story: 46.

The transfusion stabilized her so the head-to-toe problem-solving could begin. An endoscopy showed nothing, but a colonoscopy and a CT scan revealed a blockage and fresh bleeding.

*continued on page 12 ►*

Tamara Taggart (far right) with (left to right) her husband Dave Genn and children Zoe, Beckett and Poppy.

Still drowsy from those procedures, Tamara returned to her hospital room, assuming she and Dave could rest and await the results together. But urgency intervened as doctors and nurses arrived in a flurry to prep her for immediate, unscheduled surgery.

Four-and-a-half fighting hours later, Tamara emerged, a 10-centimetre tumour having been removed from her small intestine. She spent nine days in that darkened room, waiting and worrying; no contact, except with a few close friends and immediate family; not even with her children, whose birthday parties she laid there planning, to keep her hopeful.

The mass turned out to be a gastrointestinal stromal tumour, or GIST, a relatively rare form of cancer. Afflicting only 15 in a million people, usually seniors, this rare cancer does not respond to radiation or chemotherapy. Worse, GIST has the added twist of dropping “seeds” through the body that can grow into new tumours.

Although she had avoided “Dr. Google” until then, she joined her own GP and hematologist in learning about GIST. She found one of the top GIST researchers in the world, who happened to be with the BC Cancer Agency. Dr. Charles Blanke told her that 14 years earlier, she would have died. But Blanke had helped discover a medication that effectively treats the condition.

“Is this going to be what kills me?” Tamara asked.

“In the short term, no,” he replied. “In the long term, not if I can help it.”

Now 18 months into a three-year course of treatment, Tamara, grateful for BC’s public medical coverage, takes a costly medication that halves her chances of recurrence to about 26% after three years. She has CT scans, as well as X-rays and blood tests on a regular basis, to monitor for seed-cancer cells that may have dropped from the tumour before it was removed.

Her doctor’s perspective, combined with the sobering cycle of experiences many cancer patients go through, has changed Tamara’s outlook on life, as one might expect. She tries to fit in a little more exercise when she can, no longer drinks alcohol, and says she feels better for having gone off red meat and wheat, but – most of all – she values every moment of every day with inside knowledge that defies the cliché.

She recalls a friend describing an experience like this as a loss of innocence. “We go about our lives and we feel untouchable. But I know something now. I know something that somebody who hasn’t almost died doesn’t know. And so everything I do is affected by it: The way I treat people, my priorities in a day, my priorities in a month, my priorities for my life. Everything is affected by the way

this experience has made me feel. I would be lying if I said I didn’t have fear, probably the same fear that anybody that is going through this has. I don’t want it to come back.”

As with most parents, her children help keep things clear, too. “When it’s bedtime, and I’m reading with Poppy and she begs for another story, normally I would have said ‘no, we’ve got to get to bed.’ Now, I mostly say ‘sure, we can have one more book. We’re not going to have this day back again, so we can have one more story.’”

GIST is a rare form of cancer, so – as Tamara says – “there’s no pink ribbon, no walk, no gala.” She has found two similar-aged women whom she calls her GISTer Sisters, and the power and strength she has always felt being connected to others has magnified: “It’s true, I seem to collect people now who have experienced cancer. It’s not that I need to be friends with every single person, but you want to encourage somebody and have somebody do the same for you someday.”

She emphasizes that every person’s experience with cancer is different; however, she acknowledges there is strength and power in recognizing that it’s hard for everyone.

After taking time off this summer to spend time with her children, swimming, visiting relatives and friends, and painting the living room (“All white,” says the woman whose lovely home out-Martha-Stewarts the queen of white herself.) Tamara has continued to sparkle, both on-air and off, collecting stories and people in her magnetic way.

She loves her work, but knows it does not define her as a person. “When I die, I want people to say ‘she was an amazing mother. She was a great friend. She was a good daughter. She was funny as hell, and she was a kind person.’ That is what I focus on. And if at the end of that list you say, ‘she was pretty good on TV, too,’ that would be okay.”

When asked if she thinks of herself as a survivor yet, she says it’s too soon. “I’m new on the path.”

For this moment, the path leads back upstairs to where three children need their mommy to have dinner with them, and a grateful husband wants to check if the walls are just the right white. ■



# Optimizing Quality of Life



Mary McBride, distinguished scientist within the Department of Cancer Control Research at the BC Cancer Agency, is focused on research about the experience of those who have had breast cancer. She hopes to uncover the physical, social and psychological issues people face as they return to 'normal' life.

"With more advanced treatments and care, the percentage of people who live five years beyond a cancer diagnosis is now more than 60%," she says. "Quality of life after treatment is becoming increasingly important."

The research project McBride leads looks at some of the potential long-term or late-occurring effects of treatment. By 2020, there will be nearly 250,000 people in BC with a previous diagnosis of cancer, and the number of

survivors is increasing by 3% annually. The largest group is women with breast cancer, who are projected to be nearly 50,000.

While the BC Cancer Agency team has access to records dating back more than 40 years, McBride's research is focused on people who have been diagnosed with breast cancer at the age of 40 or older since 1986, and who have survived at least three years.

The results so far have been surprising. McBride rattles off the numbers.

"Survivors in this group have more than twice the risk of getting a recurrence of breast cancer or another type of cancer. They have a 50% increased risk of a skin disorder (such as a rash), often related to radiotherapy, and a 12% increased risk of heart

## Research looks at life after breast cancer

problems. There is an increased risk in many other body systems, including a 16% risk of chest or lung issues, a 30% jump in digestive system problems, a 50% rise in genitourinary system (reproductive and urinary) concerns, an 18% increase in musculoskeletal problems such as fractures, and a 14% elevated risk of hormone problems."

The analysis done to date shows that risks increase along with age; however, there is a decline in risk in comparison to those without cancer as time goes on after the initial breast cancer diagnosis.

The work being done by McBride and her team represents the first long-term comprehensive assessment of later problems after a breast cancer diagnosis. Their findings could have an impact on how patients are treated in the future, as well as inform follow-up care and screening required for current breast cancer survivors.

By illustrating that long-term medical issues need to be dealt with more broadly, McBride is hoping to empower family physicians and breast cancer survivors to make informed decisions about the best courses of care for them. Raising awareness about elevated risks for certain problems could also better target future care to avoid other long-term side-effects. "And, of course, regular check-ins with your family doctor will help you stay proactive about all aspects of your health," says McBride.

"Our ultimate goal is to enable those who have had cancer to enjoy an optimal quality of overall life." ■

# prostate cancer

## Return to Intimacy

**New programs are helping couples recover their connection after prostate cancer.**

She reaches to flick out the light, a-flutter after a romantic dinner and intimate walk, hands entwined. But instead of turning back to open arms, she sees his back, and hears heavy breathing that suggests sleep, not something else. She sighs, feels rejected, and lies staring at the ceiling, wondering, “why?”

For the partners of men who have undergone treatment for prostate cancer, this is not an unusual scenario, but it's one a new program can help address. The Prostate Cancer Supportive Care program, based in the Vancouver Prostate Centre at Vancouver General Hospital, is designed to help the newly diagnosed navigate various treatment paths, as well as to help survivors and their partners live with the effects of treatment.

“Almost all treatments for prostate cancer can leave survivors with problems of sexual function,” says Richard J. Wassersug, PhD, co-leader of the program, and himself a survivor.

“I am proud of our program for recognizing this, and trying to offer support as much to the partner as to the patient,” he says. “Our commitment to this is novel in the health care system.”

Everyone involved recognizes that the treatment options for prostate cancer bring with them significant sexual side-effects. “This often burdens the partner as much as the patient,” says Wassersug.



This appears especially true when the prostate cancer patient is treated with androgen deprivation therapy (ADT), also known as hormonal therapy, which is part of the treatment path for about half of all prostate cancer patients.

“The guy may lose his erection from the surgery, and about half may eventually have erectile dysfunction from radiation,” says Wassersug. “But when he goes on hormonal therapy and loses his libido, he may no longer touch [his partner], and not even notice the change. He may not even think about it. But the partner doesn't know why he no longer cares, and those in this situation are hurt. They can be deeply hurt. Now his problem has become her problem.”

Wassersug even goes so far as to call prostate cancer “psychologically communicable.”

“There are studies going back 20 years that show that when men are

on androgen deprivation therapy, the incidence of depression is higher among partners than the patients,” says Wassersug.

While Wassersug says further content is being developed, these three current modules at the Prostate Cancer Supportive Care program at Vancouver General Hospital may be of interest to those who have had prostate cancer:

- Managing the Impact of Prostate Cancer Treatments on Sexual Function
- Lifestyle Management
- Adapting to Androgen Deprivation Therapy

The Prostate Cancer Supportive Care program was launched in January 2013, with an ultimate goal of rolling out the program across the province once additional funding is secured. Anyone who has had prostate cancer can contact the program at 604-875-4111 (ext. 62338), or by email at [PCSC@vch.ca](mailto:PCSC@vch.ca). ■

# After Cancer Treatment – What Comes Next?

**Dr. Winson Cheung,**  
*medical oncologist  
 with the  
 BC Cancer Agency,  
 answers some of the  
 most-asked questions  
 about post-cancer  
 treatment.*

While being treated for cancer, an individual's sole focus is often their treatment and how best to deal with side-effects. But as treatment ends, thoughts turn to, "What comes next?"

Dr. Winson Cheung has researched the follow-up care expectations of cancer survivors. Here are his answers to some of patients' most common concerns after treatment.

**Q:** Which doctor will I continue to see?

**A:** Patients often feel a little lost after their treatment ends. There can be confusion about which physician will follow them. The oncologist? The family physician? In some cases all of the physicians must be involved, but in many cases you

**Q:** How often should I see my doctor or other specialists?

**A:** It depends on the type of cancer you have had. Some cancers have very specific guidelines. For example, colon cancer survivors are recommended to see a physician every six months for a check-up to start, although that might change to every 12 months after the first several years. At the five-year mark, if there haven't been any problems, there may not be a need for more frequent follow-up unless there are symptoms or other concerns. Your oncologist/family physician would share with you what your recommended follow-up should be.

**Q:** What if I'm not feeling well, but I'm not scheduled to see my doctor for awhile?

**A:** You should pay close attention to how you feel and keep your physicians informed. If you feel unwell, seek medical attention.

**Q:** What about the side-effects of treatment?

**A:** Side-effects depend on the type of cancer as well as the type of chemotherapy and radiation patients have been given. But there are some commonalities. People often expect their energy levels to recover rather quickly, while the reality is that fatigue typically takes months to improve, or longer. Appetite also takes time to return. Time is key to getting back to your new normal.

**Q:** How do I stay healthy to help prevent cancer from coming back?

**A:** Studies looking at environmental and dietary factors and the recurrence of cancer are inconclusive, although some emerging data indicates that staying physically active and exercising may reduce the chance of recurrence. We can't be specific as to 'you should eat this' or 'do that,' but we do stress a balanced diet with lots of fruits and vegetables, and encourage exercise. Healthlink BC (8-1-1) and the Physical Activity line (1-877-725-1149) are great provincial resources that you can access for guidance on how to introduce healthier habits into your lifestyle. ■



will be followed by your family doctor. We provide the family doctor with guidelines for follow-up, and always remain available for questions and concerns. I discuss this near the end of treatment, so my patients are clear about whom they should approach for which concerns: It is a question of clarifying a division of work. For some things, you need to see your family physician. For other things, my patients need to call me.



“I’m growing into  
a different person.  
Each day brings  
new changes, new  
awareness and  
new awakenings.”

– Sunaina Sharma

# Silver Linings

When life's not a bowl of cherries, you may still find some joy in the pits

Nancy Payeur is the last person who'd suggest to someone who's had cancer that he or she try to see the sunny side of the disease.

"Some people will find that there's an upside, and others won't find any upside," says Vancouver Island's Regional Professional Practice Leader for the BC Cancer Agency's Patient and Family Counselling program.

"This is serious, this is difficult, this is an interruption to your regular life, and so you're going to have ups and downs. But having said that, sometimes people do tell me, 'You know, I took so much for granted, and I no longer take so much for granted, including my health.'"

Payeur, a longtime social worker who joined the Agency six years ago, meets with patients, survivors and their families. Typically, she sees patients at transitional points in their cancer experience, when they're feeling overwhelmed.

"People often go through a reassessment of their life, and their life choices, as well as their friendships and their relationships with family members," says Payeur. "They get very pragmatic and clear-eyed, because they're in this crisis – and if they're not in a crisis, we can call it a very difficult challenge – and they find out what other people are made of."

Payeur frequently hears from people with cancer that they're disappointed by awkward or mysteriously absent friends and relatives, and impressed by acquaintances who step up to provide support. Many people who have cancer must learn to admit to vulnerability and to graciously accept help.

Someone's re-evaluation of his or her priorities can also mean getting rid of what's not working. Payeur recalls a woman with ovarian cancer who had been in an unhappy long-term relationship. When she realized

that her remaining time was limited, she removed herself from that connection and "did good things for herself, like meditation. She was on a real discovery journey."

Some also tend to examine and re-shape their approach to their work, says Payeur. That was certainly the case for Vancouver's Sunaina Sharma. Sharma followed in the footsteps of her high-achieving family, getting a PhD in chemistry from Simon Fraser University, a post-doctorate from Stanford University, a law degree from the University of British Columbia and a Masters in Law from the University of California at Berkley, where she was recruited by the federal government to be a Senior Manager with Health Canada in Ottawa. Most of these achievements occurred while her husband and son remained in Vancouver, with Sharma constantly in pursuit of the next goal: "I was just a workaholic and nothing else."

In March 2004, Sharma discovered she had stage four medullary type breast cancer. She was treated in Ottawa.

"I was in complete denial mode," she says. "I headed back to work and did everything I'd done before. It was that fighting spirit that got me through this ordeal."

Six years later, still working for Health Canada, Sharma was managing a Secretariat of the Community of Federal Regulators with 17 departments and over 60,000 employees. She was losing weight and her hair was falling out, but it was only when she began experiencing blackouts while driving that she started to pay attention. Her family doctor told her, "Your head is in the sand. When will you wake up?"

She returned to Vancouver suffering from severe depression and sought help from the BC Cancer Agency for possible further treatment and counselling.

"I didn't know who I really was," says Sharma, who had defined herself and her status in society by her jobs and degrees.

In July 2012, in her quest to bring normalcy to her life, Sharma enrolled in Erickson College's The Art and Science of Coaching – a program that taught her "how to visualize something and manifest it in reality."

As she sees it now, it was her "action-driven" lifestyle that led to her diagnosis of cancer. She had been living an "egotistical" life with no physical activity, poor eating habits, away from her family, and ultimately, she lost her health.

"The floodgates opened," she says. "I'm sure I had cancer because I didn't know how to stop and breathe."

These days Sharma focuses on empowering those who have cancer, survivors and their caregivers to reach their ideal self through visualization and self-awareness. She still contends with the after-effects of her cancer treatment, which include fibrosis in her lungs and recurrent depressive episodes, but she also enjoys her dogs, tends an organic garden and takes Zumba.

"I'm not embarrassed to admit that I've grown more in this last one-and-a-half years than I did in the 50 years previous to that," says Sharma. "I'm growing into a different person. Each day brings new changes, new awareness and new awakenings."

After cancer, she acknowledges, "nothing remains the same." She compares the disease to the pit in a cherry: While the pit might appear to get in the way of the delicious fruit, if you plant it, it may produce more cherries.

"I'm peaceful," says Sharma, who believes she needed cancer's unwelcome wake-up call. "I'm an educator, a trainer, a lawyer, an executive and a coach – but more importantly, I'm becoming a great human being." ■

# Mind

## LEARN HOW TO REDUCE YOUR STRESS – ONE RAISIN AT A TIME

We all know how it feels. Your breath grows shallow. Your heart beats faster. Your muscles tighten. Your jaw clenches. Your gut wrenches. You fumble decisions. You cannot concentrate. You are stressed.

Stress is natural and even essential, says David Greenshields, who leads the Mindfulness-Based Stress Reduction (MBSR) program for the BC Cancer Agency in Kelowna. But when we have too much stress, we suffer and our health is threatened.

“We are hard-wired for stress, that’s how our bodies deal with threats,” says Greenshields. “If you suddenly confront a cougar while hiking, you want a stress reaction. Stress helps us deal with threats and either fight or flee. And it kicks in before we can even think about it.”

Problems arise when we stay in a state of stress. Stress disconnects the frontal part of the brain, the part we use to make decisions, concentrate and be creative.

“You are literally less intelligent when you are under a lot of stress,” says Greenshields, who says long-term stress also harms our immune, cardiovascular, endocrine and other systems.

### Cancer diagnosis, treatment and survival are enormous stressors

We all face stress in our daily lives: financial problems, family issues, job worries, even multi-tasking, all contribute. Add cancer diagnosis and treatment to the mix and the stress can easily overwhelm us.

“Cancer is one of the most stressful things that will ever happen to you,” says Michele Morris, stand-up comedian, cancer survivor and MBSR program participant. “Yet, at the same time, all the medical

professionals are telling you to relax. The irony is almost cruel. It is almost impossible to think you will get to a place of coping with the fear and unknowns.”

### MBSR teaches how to reduce stress through mindfulness

Helping people reduce stress to manageable levels is the aim of Mindfulness-Based Stress Reduction (MBSR), a program devised at the University of Massachusetts Medical Center in 1979, which is now taught worldwide. Recent research has also shown MBSR to be superior for improving a range of psychological outcomes for survivors of breast cancer when compared to other supportive group therapy. The BC Cancer Agency currently offers this program in Vancouver and Kelowna. Greenshields describes one of the exercises he teaches participants.

“I start by giving participants a few raisins and asking them to eat them. So they gobble them down whole. It doesn’t take very long.

“Then I ask them to hold a raisin in their palm. I have them look at it, consider its colour and shape. I ask them to squeeze it, learn its texture. I even have them place the raisin to their ear and listen while squeezing it so they realize it has a sound.”

Greenshields asks the participants to consider how the raisin arrived in their palm – from seed to fruit, from farmer to grocer – before he invites them to place the raisin on their tongue to taste and feel it. Only then, having fully considered the raisin for many minutes, do the participants eat it.

“I ask them ‘so what’s the difference between those two raisins?’ Almost all say things like ‘it was so much sweeter, it was so much richer, I got so much pleasure from it,

“Mindfulness-Based Stress Reduction helps me stop and be in the moment with whatever is going on.” – Michele Morris





# Your Stress

I was so connected to it,” says Greenshields.

According to Greenshields, participants realize that while the raisins are the same, the quality of their attention to the raisins is very different. And that is something the participant alone controls.

“People get to see that they can control the richness of their lives. They can have pleasure and joy from basic, simple things, without having to do much more than be mindful,” says Greenshields, “And that is enormously empowering at a time when they are often feeling quite the opposite.”

Michele Morris agrees, describing how MBSR has helped her reduce the stress of her cancer journey.

“Once you get on the train of ‘yay, I’ve got cancer,’ everything revolves around fighting it. It comes with massive doses of stress,” says Morris. “But MBSR can have such a profound and long-lasting effect on someone. To slow down, to be mindful, whether it is eating a raisin or any other experience in life.

“MBSR helps me stop and be in the moment with whatever is going on,” says Morris. “If I am waiting to see my oncologist, rather than panicking about what may or may not occur in the next 10 minutes, I look around the room, take it in. I notice the other people. I let myself just be aware and in that moment, rather than thinking ahead.”■

For more information on mindfulness, visit the Center for Mindfulness in Medicine, Health Care, and Society, University of Massachusetts Medical School, [umassmed.edu/cfm/stress/index.aspx](http://umassmed.edu/cfm/stress/index.aspx)

STUDY CITATION: “Randomized Controlled Trial of Mindfulness Based Cancer Recovery Versus Supportive Expressive Group Therapy for Distressed Survivors of Breast Cancer (MINDSET),” *Journal of Clinical Oncology*, August 5, 2013, Carlson, Doll et al.



# A Brighter Future

The BC Cancer Foundation is committed to continuing to improve the health of those impacted by cancer.

**With a serious vision of a World Free from Cancer**, the BC Cancer Foundation takes every aspect of advancing prevention, early detection, treatment and post-cancer care to heart.

As the fundraising partner of the BC Cancer Agency, the BC Cancer Foundation is embedded at the core of each new step taken to better understand this complicated disease. And, investing in research and enhancements to care at the BC Cancer Agency, in areas with the greatest potential to improve cancer care, is proving worthwhile.

“The good news is that more and more people are surviving cancer each day,” says Douglas Nelson, President & CEO of the BC Cancer Foundation. Approximately 1,000 British Columbians each month start new-normal lives as ‘cancer survivors.’

Yet, as Nelson and hundreds of thousands of others in the province who have supported a family member through a cancer journey knows, the after-effects of surviving cancer are only beginning to be looked at.

Research has led to significant strides in the way cancer is detected and treated, enabling patients to live longer after treatment. Survivorship research has emerged because of these improvements.

## Zeroing In

To address the growing need to enhance transitions, support and care after cancer treatment, the Foundation partnered with the BC Cancer Agency and Simon Fraser University to establish a new role in the province. A research chair was established that symbolizes a concentrated effort to dial in on the entire patient journey, from diagnosis to end of life and all of the challenges one may face along that path.

With the ability to research what survivorship entails, as well as shape and inform clinical practice around the phases that follow active treatment, the Leslie Diamond Research Chair in Cancer Survivorship will be poised to become a provincial, national and international expert.

## The Road to Improvement

By leading research, the person who holds the Chair will better understand how the needs, concerns and challenges of hundreds of thousands of cancer survivors can be best addressed.

“Who best to learn from than those who have already faced a cancer journey in BC?” says Nelson of the efforts to gain insights first-hand from British Columbian cancer patients in terms of the challenges they face as they complete treatment.

“Too many of us have been in a room, holding a loved-one’s hand, hoping not only for successful treatments, but for a long and healthy future,” says Nelson.

“The teams at the BC Cancer Agency give me confidence that we are on the right path to ensure there’s a bright future for all of those who close a chapter on cancer treatment,” he explains. ■

*The BC Cancer Foundation is the fundraising partner of the BC Cancer Agency and the largest funder of cancer research in this province. By connecting philanthropy and research, we support the revolutionary advances that will help us achieve our vision of a world free from cancer. To learn more, visit: [www.bccancerfoundation.com](http://www.bccancerfoundation.com)*



## Honouring a Long-Time Cancer Survivor

The Leslie Diamond Research Chair in Cancer Survivorship will mobilize research to improve the lives of cancer survivors and their families. Named in honour of his wife, Gordon Diamond generously donated \$1 million to the BC Cancer Foundation to establish the Chair.

Gordon and Leslie have reached many significant milestones over the years since she survived cancer, including raising their now-adult children.

“My gift to the BC Cancer Foundation is in honour of Leslie and all the wonderful things in life we’ve been able to do over the last 35 years since she’s survived cancer. For many, life after cancer presents challenges, and it is my hope that all families on a cancer journey will have the chance at a long and healthy life after treatment. And that is why I have supported this Chair,” says Gordon Diamond.

### BC Cancer Agency Memory Attention Training Program

**DATE:** January 14 – March 4

**TIME:** 9:30 am – 11:00 am

**LOCATION:** BC Cancer Agency Vancouver Centre,  
600 West 10th Avenue, Vancouver

**DESCRIPTION:** A training program to help improve problems with short-term memory, concentration or multi-tasking after cancer treatment.

**REGISTRATION IS REQUIRED:** Call 604-877-6000 ext 672194

### The Children's Group

(Two locations)

**DATE:** Saturday, February 22

(Abbotsford Centre)  
and

Saturday, March 1

(Vancouver Centre)

**TIME:** 1:00 pm – 4:30 pm

**LOCATIONS:** BC Cancer Agency Abbotsford Centre, 32900 Marshall Road, Abbotsford;  
BC Cancer Agency Vancouver Centre,  
600 West 10th Avenue, Vancouver

**DESCRIPTION:** A support group program with art activities to help school-aged children 5-12 years old who have a parent or family member living with cancer. Concurrent session for parents.

**TO REGISTER:** Please register at least two weeks before the group meets. Call 604-877-6000 ext 672194



### BC Cancer Foundation's Workout to Conquer Cancer

**DATE:** Saturday, March 8

**TIME:** Full day

**LOCATION:** Richmond Olympic Oval

**DESCRIPTION:** Workout to Conquer Cancer is a fun fitness challenge featuring a full day of upbeat group exercise classes. It is that big exhale that harnesses the power of hundreds of people who are ready to lunge, stretch and sweat their way toward a world free from cancer.

**FOR MORE INFORMATION:**

Visit [www.workouttoconquercancer.ca](http://www.workouttoconquercancer.ca) and prepare for the workout of your life.

**WORKOUT  
TO CONQUER  
CANCER**  
A fun fitness challenge

**BC CANCER  
FOUNDATION**  
partners in discovery

### BC Cancer Agency Lymphoid Cancer Education Forum

**DATE:** Friday, April 4

**TIME:** 9:00 am – 3:00 pm

**LOCATION:** Jewish Community Centre,  
950 West 41st Avenue, Vancouver

**DESCRIPTION:** The latest in research and care for Non-Hodgkin Lymphoma, Hodgkin Lymphoma, Multiple Myeloma and Chronic Lymphocytic Leukemia for patients, families and their supporters.

**COST:** \$20 per person\* (includes refreshments & lunch). Payable by cash or cheque. Make cheques payable to the BC Cancer Foundation and mail to: BC Cancer Agency Patient & Family Counselling, 600 West 10th Avenue, Vancouver, BC V5Z 4E6

**TO REGISTER:** Seating is limited so registration is required by March 21. Call 604-877-6000 ext 672196 or 1-800-663-3333 ext 672196

### Ride to Conquer Cancer presented by Silver Wheaton

**DATE:** Saturday, June 14 – Sunday, June 15

**TIME:** Two-day cycling journey

**LOCATION:** Vancouver start

**DESCRIPTION:** The Ride to Conquer Cancer is a unique two-day cycling event for anyone who wants to challenge themselves for a great cause. During this bold cycling journey, you will ride through the scenic Pacific Northwest toward a world free from cancer.

**FOR MORE INFORMATION:** Visit [www.conquercancer.ca](http://www.conquercancer.ca).

For a current listing of events go to [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and click on Coming Events under About BCCA.

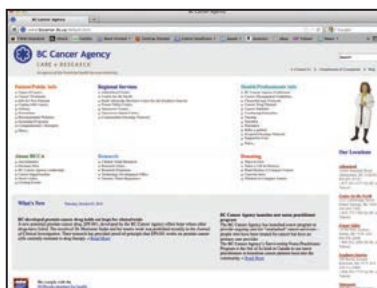


## Top 5 Websites

The World Wide Web is packed full of information, so much so that it can be hard to know where to go! Here are the BC Cancer Agency's top five recommended online resources for information and support during and post-cancer treatment.

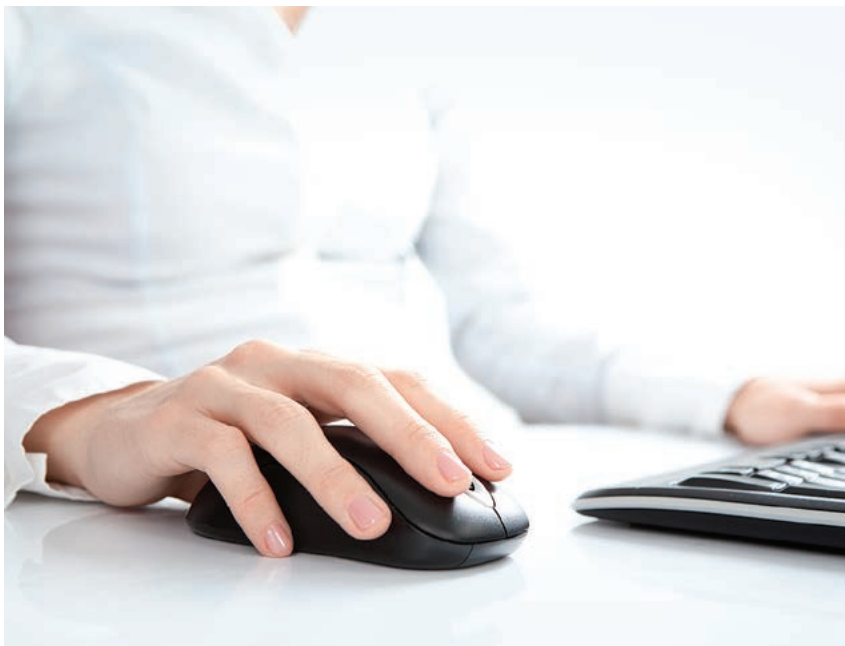
### ***www.bccancer.bc.ca*** **Coping with Cancer**

The BC Cancer Agency's website offers information, resources and support on topics ranging from treatment, to financial planning, to coping with cancer, including a list of recommended external websites related to cancer survivorship. Individuals can order library materials for delivery by mail through the online catalogue to anywhere in BC and the Yukon.



### ***www.cancer.ca*** **Cancer Information; Cancer Journey; Life After Cancer; Support & Services; Talk to Someone Who Has Been There**

The Canadian Cancer Society's (CCS) Life After Cancer Treatment website provides information on cancer care and support services for Canadians. Each page includes an online form to request in-person assistance. As



well, the CCS offers a free Cancer Connection service, which connects people living with cancer with others who have experienced a similar journey.

### ***cancercontrol.cancer.gov*** **Survivorship Research; Information for Survivors/ Caregivers/Advocates**

The US National Cancer Institute's Survivorship: Living With and Beyond Cancer website is a goldmine of information for survivors and caregivers on various topics, including possible late effects of cancer treatment, follow-up guidelines, health and well-being after cancer treatment and other useful information.

### ***cancerchatcanada.ca*** **CancerChatCanada**

This site offers professionally led online support groups for Canadians

affected by cancer, including patients in treatment, family members or friends caring for someone with cancer, and survivors of breast cancer. The groups meet once a week for up to 90 minutes in a live online "chat" room over 10 to 12 weeks. Registration is required to match participants to the most relevant group.

### ***medlineplus.gov***

A great starting point for any health topic, US National Institutes of Health's Medline Plus provides overviews of more than 900 medical conditions from the world's largest medical library – the National Library of Medicine. Available information includes a medical dictionary, interactive tutorials, online videos, links to trusted external sites, as well as extensive information on prescription drugs, herbs and supplements in multiple languages. ■



# JOIN THE CONQUEST

## REGISTER TO RIDE

Join The Ride to Conquer Cancer® presented by Silver Wheaton benefiting the BC Cancer Foundation, a fully supported 2-day cycling adventure through the Pacific Northwest's most picturesque landscapes.

Thousands of Riders of all abilities will unite to conquer cancer – a disease that 1 in 3 British Columbians will face in their lifetime.

Think of it as a history-making opportunity for you to do something big about cancer, something epic.

All you need is motivation, a bike, and a helmet. The rest is history. Be part of it.

**CONQUERCANCER.CA**  
**888.771.BIKE** 2453



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