

the **B O T T O M** *line*

Colon Cancer Canada wants you to start talking about it, know your risks and speak to your doctor about screening. If caught early, colon cancer is 95% curable.

Ontario researchers play key role in identifying new colorectal cancer genes

Researchers from Ottawa and Toronto have played a key role in an international team that identified four new genes for colorectal cancer. The discovery, which included Canadian team members Drs. Brent Zanke, Tom Hudson and Steven Gallinger, was published online in *Nature Genetics* and examined 38,710 genetic markers in 13,315 individuals from four countries. The findings of the group concluded that a total of 10 genes have now been linked to colorectal cancer. Together these genes could predict up to a six-fold increase in the lifetime risk of developing colorectal cancer.

“The benefits of this research are immense,” said Dr. Zanke. “If people know they have an increased risk of developing colorectal cancer, they can make changes to their lifestyle and undergo physical screening tests more often and that may save lives.”

Funding for the team and their work was provided by Genome Canada, the Canadian Cancer Society, the Ontario Institute for Cancer Research (OICR) and Cancer Care Ontario.

An Ontario-based company called ArcticDx has licensed all 10 genes to develop a genetic test to determine if individuals are at high risk for colon cancer and may benefit from earlier and more intensive physical screening.

Dr. Brent Zanke is a scientist at the Ottawa Health Research Institute, oncologist at The Ottawa Hospital, associate professor of Medicine at the University of Ottawa and chief scientific officer of ArcticDx. Dr. Tom Hudson is the president and scientific director of OICR. Dr. Steven Gallinger is a senior investigator at the Samuel Lunenfeld Research Institute of Mount Sinai Hospital and is also affiliated with the University Health Network (UHN) as Head of Hepatobiliary Surgical Oncology.

According to the Canadian Cancer Society, in 2008, an estimated 21,500 Canadians will be diagnosed with colorectal cancer and 8,900 will die of it. Ontario has one of the highest rates of colorectal cancer in the world and it is the second-leading cause of cancer death in the province.

Source: Ontario Institute for Cancer Research

FOR FULL DETAILS ON THE STUDY PLEASE VISIT WWW.NATURE.COM/NG/INDEX.HTML OR WWW.NATURE.COM

our most recent successes



Dr. Richard Reznick and family



Pamela Wallin, Burnie Schwartz and Anne Murray

another successful gala in 2008

On October 23rd the medical profession, patients and supporters of Colon Cancer Canada joined together to honour Dr. Richard Reznick at the 7th Annual Gala of Hope. Over 450 guests took part in a lively evening of entertainment, heartfelt speeches and lots of fundraising. Over \$250,000 was raised to assist Colon Cancer Canada in their efforts to support ongoing research into colorectal cancer.

5th annual golf tournament shines in the rain

This year's golf tournament was a huge success despite rainy weather. Over \$90,000 was raised, another fundraising record. Colon Cancer Canada is grateful for its wonderful supporters and anticipates another exceptional day on the green in 2009. Details on next year coming soon.



2007 Walk/Run in Burlington, ON

12th annual walk/run outdoes itself!

On behalf of everyone who came out to support our 12th Annual Walk for Colon Cancer or supported the walk by pledging a participant, volunteering or making a donation, we would like to say thank you for helping us achieve a record year. Our goal for 2008 was to raise \$225,000 and together we raised almost \$350,000! The 13th Annual Walk is happening on Sunday, June 7th, 2009 and is gearing up to be even bigger with locations in Vancouver, Kamloops, Burlington, Durham and Toronto with more to come.

**INTERESTED IN HOSTING A WALK IN YOUR COMMUNITY?
CONTACT US TO GET INVOLVED!**

upcoming events and happenings

anne-ouncement

Anne Murray's Charity Classic Golf Tournament taking place in May 2009 in support of Colon Cancer Canada.

Colon Cancer Canada is honoured to announce that Anne Murray has recently joined CCC in the fight against colon cancer, having lost a dear friend this past year to this dreaded disease.

PLEASE GO TO WWW.COLONCANCERCANADA.CA FOR MORE DETAILS ON HOW TO REGISTER, SPONSORSHIP OPPORTUNITIES AND HOW TO VOLUNTEER.

colon cancer awareness month

is coming in March. Colon Cancer Canada will be launching a very high profile public awareness campaign so please stay tuned for further announcements. Better yet, get involved. Join us and others like Geddy Lee, Anne Murray, Darryl Sittler, Pamela Wallin and many other high profile Canadians as we fight this disease together. Call the office

today to find out more about what you can do during Colon Cancer Awareness Month. We hope you will do your part in making a difference.

GO TO WWW.COLONCANCERCANADA.CA FOR MORE DETAILS ON THE SPRING LAUNCH.

we are growing...

Colon Cancer Canada is proud to introduce the new team members who have joined us over the past year and reintroduce the team members who have been with us for some time. We've grown in leaps and bounds and are very excited for the growth that our full complement of staff will no doubt achieve. We couldn't do the work we do without their dedication and commitment to the cause.

The team is comprised of:

Bunnie Schwartz, Co-Founder and President, hmschwartz@rogers.com

Amy Lerman-Elmaleh, Co-Founder and Director of Advocacy, alelmaleh@coloncancercanada.ca

Leah Archambault, Executive Assistant to the President, leah@coloncancercanada.ca

Jessica Lee, Project Coordinator for Communications, jessica@coloncancercanada.ca

Nicole Fowler, Office Administrator, nfowler@coloncancercanada.ca

Michele Lenick, Event Coordinator, bashevents@sympatico.ca

The DC Group, Public Relations, Communications and Promotions Consultants, dawnmacdonald@cogeco.ca



From left: Nicole, Amy, Dawn (DC Group), Bunnie, Leah, Michele and Jessica. Absent: Lynda Keith (DC Group).

the power of hope and healing

In each issue of The Bottom Line we provide a story about a patient. We believe strongly that stakeholders and supporters of the organization need to know and understand how their support truly makes a difference to those living with cancer.



“Faith is to believe what you do not see; the reward of this faith is to see what you believe.”

St. Augustine

What struck me most about John Colacci the first time I met him was how gentle his eyes were. I instantly knew and felt his kindness. John is 44 years old, happily married to his beautiful wife Tina with whom he shares three wonderful children; Laura, Patrick, and Jessica. And in John's words, they are his gift in life.

In discussions with John he describes how each day he wakes up and feels blessed. Blessed to see his family every day and blessed to have them in his life. Hope resonates from John. As a devoted family man with wonderful parents, and four terrific sisters who absolutely adore him, John cherishes each day for the blessings he has and

also the blessings he was born with. John also has stage 4 colon cancer.

His cancer journey began four years ago in September of 2004. At the very young age of 40 he went to see his doctor for some observed symptoms of rectal bleeding. At that time, John's doctor assured him it was probably nothing more than a tear. However, just to make sure, he explained that he would run a few tests. Four uncertain months ensued before receiving the most horrific news of his life. John had been diagnosed with advanced colon cancer.

One month following his diagnosis a laparoscopic sigmoid resection procedure was performed followed by the surgical removal of his liver's right lobe. He was informed that his liver was riddled with plum-sized lesions. Nine months of intensive chemotherapy followed for John.

Before cancer, John was enjoying life, much like everyone else in his circle of friends and family. While working for a financial institution as a computer technical specialist, John's recreational interests were bringing his children to their sport practices and games (all three are into soccer and hockey), reading self-help books, and occasionally participating in a Texas Hold'em Poker game with office friends.

While making their home in Mississauga, John and Tina believed as a family that they had all the time in the world to fulfill their dreams and ambitions. They looked forward to a lifetime of enjoying their careers, their

home, raising a family and lots of the classic milestones along the way.

Unfortunately in March of last year, John was diagnosed with a recurrence of cancer in his lower back and underwent radiation therapy on a tumour that was four centimetres, and was lying directly beside his aorta.

Chemotherapy was started and four months later, John was informed that his cancer was still progressing with liver lesions and lung nodules. John now needed a new regiment of treatment. The treatment required weekly trips to Amherst, NY to access a drug which had been proven effective in saving and prolonging life in patients with advanced colorectal cancer. Things were progressing well for about nine months until John stopped responding to treatments in April of this year.

It appeared that time may have been running out for John and he wondered if it was maybe time to start focusing on “quality of life” and “precious time” with his family. It certainly seemed that this was his doctor's recommendation until the two had a candid discussion about John not being ready to call it a day.

They discussed the possibility of a drug called Avastin that is recommended for John's type of advanced cancer as a first-line treatment. Unfortunately the drug was not yet funded in Ontario and John had already received previous treatments making it unlikely to be

recommended. If a patient wanted to access Avastin (a drug that can prolong the life of a patient with advanced cancer by as much as two years) in Ontario they were expected to pay for the drug themselves at a personal cost of approximately \$5,000 a month.

Since his options were running out and he was no longer responding to his current drug treatment, he knew he needed to find a way to begin treatment with Avastin. So began the next leg of his journey when he paid for his first round of treatment on his credit card. John was fighting for his life and he had decided he was going to win.

So that brings me back to the importance of family and hope. Having been blessed with amazingly beautiful sisters, John's “angels” immediately began working on a way to get the money for what would be a life-saving treatment for their brother. After several weeks of planning, making arrangements, and event preparation, John's sisters hosted a gala fundraiser with the determination of raising enough money for John to receive Avastin. Not unlike John, they too were not ready to call it a day. John's sisters and his family knew that whatever it took to fight this cancer, they were going to do it.

That warm August evening, these amazing siblings were successful in raising the required funds and exceeded their expectations. This was achieved through the love and support of over 600 close family members and friends. This demonstration being a true testament to a man who embraced the importance of hope, compassion, caring and living life. The funds raised would now ensure that

John would have his treatment and would have one less worry while living with cancer.

John was doing extremely well on his new treatment until recently and he reflects on his life after cancer: “I believe cancer has raised me to a higher awareness and that we are given our life to live and are given a choice on how to spend our time. My family is now the most important thing in my life. Prior to my diagnosis I worked a lot of overtime at my office. I now wish to spend my time loving and learning more, and giving something back to the world we live in.”

A way in which John accomplishes this is through a program called the Healing Journey. The Healing Journey is a progressive, stepwise program for cancer patients interested in doing more to help themselves, as an addition to conventional medical treatment.

Recent research, both at the Princess Margaret Hospital and abroad shows that undertaking psychological self-help work of this kind almost always improves quality of life, and may in some cases help people with cancer live much longer, as well as better. The skills learned through the Healing Journey Program can improve communication with others, lessen anxiety and depression, and provide a welcome sense of control.

John has achieved all five levels of the program and serves as a support network for others living with cancer.

John also reflects on what he believes to be one of his greatest accomplishments in his life: “Drug access is often a difficult situation in Ontario and Canada. Advocacy must happen on a

continued on page 11



Healing is a progressive process which depends on a gradual increase in understanding and “connection” with all parts of ourselves. There are currently five successive steps in the Healing Journey Program. Sessions are held regularly, and the skills learned are enhanced by practice at home between group meetings. For patients and family members.

Level 1: Coping with Cancer Stress, includes stress management techniques such as deep relaxation, thought control, mental imaging, emotional expression and goal setting.

Level 2: Skills for Healing, includes self-help methods such as meditation, consulting an inner healer, spiritual aspects of healing, journal writing and small group discussion.

Level 3: Steps towards Spiritual Healing, a course in understanding and diminishing the common obstacles to spiritual experience.

Level 4: Becoming Authentic, designed to consolidate what has been learned in levels 1–3, and to foster the qualities we have found in people who have greatly outlived their prognoses: authenticity, autonomy and acceptance.

Level 5: Introduction to A Course in Miracles, a study of a profound spiritual text concerned with healing.

www.healingjourney.ca

FOR MORE DETAILS ON THE PROGRAM PLEASE CONTACT JAN FERGUSON AT PRINCESS MARGARET HOSPITAL: (416) 946.2062. OR CONTACT WELLSRING AT (416) 961.1928.

around the country

ALBERTA—NEW COLON CANCER SCREENING CENTRE

Calgary is the location of the Forzani and MacPhail Colon Cancer Screening Centre, the only non-hospital colon cancer screening facility in Canada. The Centre is operated by the University of Calgary's Faculty of Medicine in partnership with the Calgary Health Region. The Centre will offer comprehensive care, with a focus on screening and detection of colon cancer.

The Centre is a collaborative effort, involving the University of Calgary, the Calgary Health Region, the Division of Gastroenterology as well as the generous support of The Forzani Group Foundation, the MacPhail family and the community.

In 2008 and 2009, the Centre will see approximately 10,000 people a year and that number will increase to 20,000 people per year by 2010. Additionally, the Centre will be actively engaged in clinical research and education. Research activities include the evaluation of all current and potential techniques for colon cancer screening such as virtual colonography (www.medisys.ca/medical-imaging/virtual-colonoscopy.htm), fecal genetic testing, blood markers and pill cameras. Population health research will help to better understand the risk factors that contribute to colon cancer and to develop promising new screening techniques and treatments.

The Centre is funded by the Calgary Health Region and is part of Alberta's publicly funded health care system. The Centre is also supported by the Alberta Cancer Board, which has provided funding to develop the information technology system that will be used to enhance patient care, improve reporting and complete clinic research. The Centre is very grateful for the generous support of its founding donors, The Forzani Group Foundation and the MacPhail family, as well as other supporters in the community.

GO TO WWW.CANCERBOARD.AB.CA TO LEARN MORE INFORMATION ON WHAT IS HAPPENING IN ALBERTA.

Source: 2008 Forzani & MacPhail Colon Cancer Screening Centre
www.ucalgary.ca/colonscreening/

clinical trials

interested in available trials in ontario?

All new treatments must be tested in a clinical trial before they are approved by Health Canada. Patients may wish to consider taking part in a clinical trial when they are offered treatment for their cancer.

This site was created by the Ontario Institute for Cancer Research to help you learn about clinical trials for cancer. It will tell you where they are taking place and whether you are eligible to take part.

YOU CAN START YOUR SEARCH FOR A CLINICAL TRIAL ON THIS PAGE:
WWW.ONTARIOCANCERTRIALS.CA.

LOOKING OUTSIDE OF ONTARIO FOR CLINICAL TRIALS? VISIT THE NATIONAL CANCER INSTITUTE OF CANADA AT
WWW.CTG.QUEENSU.CA.

Cancer Clinical Trials Division
Cancer Research Institute
Queen's University



excerpt from neil crone's journals

Neil Crone is an actor and writer and a spokesperson for Colon Cancer Canada. A Second City veteran, host and stand-up comic, Neil can be seen on the run-away National hit comedy "Little Mosque on the Prairie." Neil is an advocate for early screening and detection and speaks openly about his own experience with colon cancer. While experiencing colon cancer in 2003, Neil shared his journey with family and friends through a witty, heartfelt and often irreverent journal. Following is an excerpt from his Journal.

We will feature an excerpt in each issue of *The Bottom Line*.

handing in my "man card"

Dear Friends:

I think I am dangerously close to having to hand in my "Man Card." I'll admit that I've never exactly been the poster boy for testosterone. I don't like fighting, I don't drink hard and in all of my relationships, try as I might, I always had the feeling it was me who was being de-flowered. To top it all off I became an actor. Not exactly Papa Hemmingway.

But in spite of all that, I think I've managed to hang onto my maleness, if only tenuously. Lately though, with the advent of my adventures in Cancer-ville, I'm afraid I'm really treading on thin man-ice.

"Lately I've even started lighting candles. That, I know, is in direct contravention of Article 14 Subsection 12 of the Man Code."

For starters I hug everybody now. I just do. Like the newly re-born Ebenezer Scrooge I simply can't help myself. If I liked you before, I love you now. Male friends of mine have started wearing extra layers of clothing as a buffer to my affections. But it won't stop me.

I've also developed a fondness for bath crystals and long soaks in the tub. This might not be so offensive to the members of the Man Guild if there was a person of the opposite gender in said tub with me. But I assure you, I'm in there alone. I like it that way. It's quiet, relaxing and it helps me sleep. Lately I've even started lighting candles. That, I know, is in direct contravention of Article 14 Subsection 12 of the Man Code, which specifically states that "no man shall light candles, perfumed or otherwise, in a room of bathing unless the aforementioned candles are to be used solely for either a) establishment and proof of a "blue angel" or b) the transparent but effective pandering to a female partner/spouse with the aim of getting lucky. The book is very clear on that.

I've also been doing Yoga for over a year now and I admit to knowing the lyrics to at least a couple of Barry Manilow songs by heart and when I get stressed, I don't kick-box or work on my car, I bake. It's true. If you happen to drop in some time and the house smells deliciously of cookies, chances are I'm having a bad day.

Anyway I know they're onto me. I'm on their "To be watched" list. I've seen the non-descript black SUV parked near my house. I know it's full of surveillance equipment and guys named Chuck who smoke Marlboros and make it a point not to sit too close to each other. I'm on the bubble.

If I so much as set foot in a Body Shop or watch a Judy Garland movie they're gonna bust my chops. I'll be out. And I don't want to be out. I like being a man. So far I think I've been able to buy myself a little time by watching some Steven Segal movies and swearing at the Leafs, but I don't know if it's going to be enough. And frankly, I'm tired of running.

Tired of buying my shampoo in a brown paper bag, tired of sending the kids to the store to pick up some incense sticks and a tub of Avocado facial scrub for the old man. Surely there have to be other men like me out there. If there are, we need to band together, to talk and share our feelings. We could meet at my place. I've just bought the most fantastic ginseng tea...Oh God.

Neil

patient-centred care

In our previous issue of *The Bottom Line* we featured an excerpt from Dale Shaller's report on Patient-Centred Care. The focus of the article was attributes and factors of a patient-centred care system of treatment. This issue of *The Bottom Line* will focus on the strategies required to achieve change towards this approach as listed in the *Shaller Report*.

The findings from the *Shaller Report* indicate that, while there are many promising examples of organizations achieving excellence in patient-centred care, they are not yet the norm. The challenge lies in elevating the norm through strategies at both the organization and system level that leverage the experience of these innovators to motivate large-scale implementation of patient-centred care.

strategies for leveraging change

Multiple factors contribute to patient-centred care, and there are a growing number of examples demonstrating how these factors can be integrated into successful programs. Yet, as noted earlier, the evidence suggests that most organizations are far from achieving what is possible. The key strategies will work to overcome barriers and help leverage widespread implementation of patient-centred care.

These strategies are divided into two groups:

1. those designed primarily to strengthen the capacity to achieve patient-centred care at the organization level, and
2. those aimed at changing external incentives in the health-care system as a whole, to positively influence and reward organizations striving to achieve high levels of patient-centred care.

organization-level strategies

LEADERSHIP DEVELOPMENT AND TRAINING Senior leadership at the level of the CEO and board of directors is essential to achieving patient-centred care. The importance of leadership suggests the need to focus substantial resources on the development of capable, committed individuals to fill these critical roles. To be successful, an overall strategy for leadership education and development must encompass the entire pipeline of health-care leaders, from graduate education and entry level to mid-career, and finally to the senior level. It must also cross disciplines, from administration to nursing to medicine, and span multiple sectors, including health-care delivery organizations, suppliers, and insurers.

INTERNAL REWARDS AND INCENTIVES

As capable, committed leaders are trained and recruited, an equally important strategy will be to assure that they are retained and rewarded for desired levels of performance. Hospital executives turn over far too frequently, sometimes as often as every two or three years. Executive compensation is oriented primarily to achieving bottom-line financial results based on quarterly earnings and market share. Compensation and incentives for CEOs and senior management must shift to focus on measurements of patient-centred care as part of an overall performance scorecard. Such a shift will require new levels of engagement and support by boards of directors. Similar shifts in compensation and rewards must take place at all levels of the organization, from the medical staff to frontline employees.

TRAINING IN QUALITY IMPROVEMENT

Despite all of the emphasis on various quality improvement approaches in recent years, experts interviewed expressed concern that there is still not a widespread, ingrained capacity for process improvement in most health-care organizations. Staff members at multiple levels in the organization need training in quality-improvement concepts and methods that will enable them to effectively make, measure, and manage change. Physicians may be the ones most in need of such training, since most do not receive such instruction in medical school. Historically, physicians have been trained largely to succeed as individuals but not as members of a team.

Yet team approaches are central to quality improvement, since almost everything needed to achieve patient-centred care is dependent on successful relationships among staff as well as among patients and their families.



PRACTICAL TOOLS DERIVED FROM AN EXPANDED EVIDENCE BASE

For change to occur, evidence regarding specific interventions that work to improve patient-centred care must be documented and made available to managers and change leaders. Important progress has been made in this direction, but more is needed, particularly in a form that is readily accessible to staff in busy office practices and other care settings. For example, the Picker Institute Europe makes available a set of improvement guides on various topics, aimed at supporting managers responsible for interpreting and using patient survey results to improve scores. Through its Quality-Enhancing Interventions (QEI) project,

researchers at Picker Europe also have compiled evidence on the effectiveness of a broad spectrum of patient-centred interventions. A similar effort is under way in the U.S. to update *The CAHPS* (Consumer Assessment of Health Care Providers

and Systems) *Improvement Guide* and to make it accessible to health plans and ambulatory care practices as a web-based tool.

SYSTEM-LEVEL STRATEGIES

Consumers are the single most important drivers of change in health care organizations. Strategies for educating and engaging patients to take a more active role in the care process will provide an important complement to the efforts of health care organizations to become more patient-centred.

Recent national polls indicate that most patients want to become more involved in their care and be active partners with their health-care providers in making decisions.

Information and tools to support patients in this expanded decision-making role are becoming increasingly available through the Internet and other media.

The evidence suggests that decision-making approaches shared between patients and providers can lead to improved patient knowledge, more realistic perceptions of potential benefits and harms, and greater ease in reaching decisions that reflect patient values and preferences. Yet the availability of these tools is still quite limited in the population as a whole. Strategies for promoting awareness of tools are needed to stimulate their demand and use. Involving patients and families at the various levels described earlier will also lead to increased pressure for organizational responsiveness to the need for patient-centred care.

PUBLIC REPORTING OF STANDARDIZED MEASURE

The importance of systematic measurement and feedback to achieving patient-centred care was noted earlier. Such measures are useful not only for monitoring and guiding improvement within organizations, but for holding organizations accountable for their results through public reporting. Ideally, such measurement and reporting should be based on the best available scientific evidence and standardized to enable fair and accurate comparisons within and across organizations and practitioners.

Source: Dale Shaller Report

VISIT
WWW.COLONCANCERCANADA.CA
FOR THE FULL REPORT.

you've been diagnosed with cancer. what next?

For most, once you've received a diagnosis of cancer the questions you have are overwhelming. What do I do? Who do I turn to? What about treatments? What does it all mean? In order to make the most of your appointment with your doctor(s), after your diagnosis, it is strongly suggested that the best way to be prepared is to prepare. Beginning with a check-list or a list of questions can help guide you through those early appointments when a great deal of information is going to be provided to you. In creating a list it allows you to focus clearly on the information received as opposed to worrying if you have asked all the questions necessary to be an informed patient/consumer. This is generally a good practice at any time you visit your doctor or if you are an advocate or navigator for a family member, or a friend, experiencing a health issue.

To follow are a series of questions for both your family physician and your oncologist that may assist you with your decisions around treatment and care while living with cancer.

1. Please explain to me the type of cancer I have.
2. What are my options for treatment?
3. Are any of the options NOT going to be covered by provincial health coverage? (This may not be your initial thought but at some point this may come into consideration)

4. If so, what are my options from there?
5. Once in treatment, what can I expect? Will I need to take work off? Will I be well enough to continue my regular daily routines? How will I feel? How long will treatment be? What is my prognosis for recovery?

6. Will I need to travel to a major cancer centre for my treatments or is it possible to receive them at my own medical facility?

7. Will I have a regular point of contact during my treatment? If this is not my doctor, who might this be?

8. What are the side-effects of my treatment options?

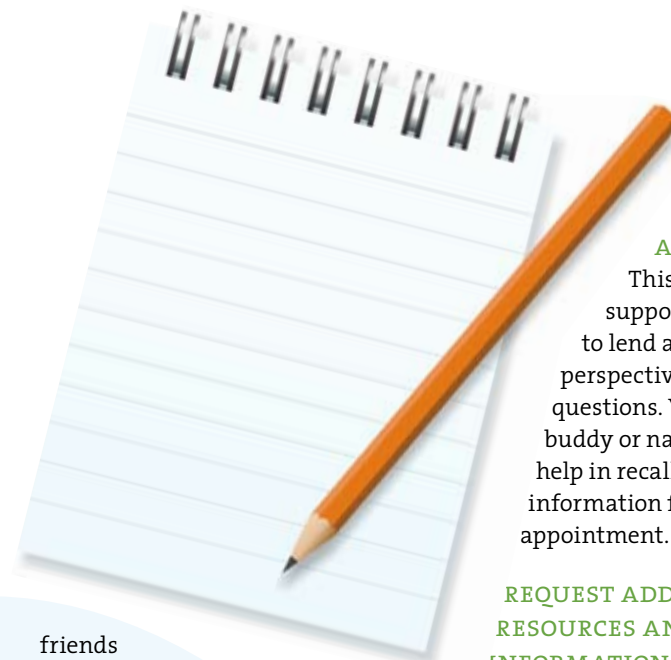
9. Will there be any complications I need to be aware of?

10. Will I need to take any additional medications? If so, what are they? And will they be covered by provincial health coverage?

11. Are there alternative forms of treatment that I can investigate such as holistic medicine, naturopathic medicine, etc.?

12. Is there anything I can do from a lifestyle perspective to assist me during my cancer treatments? Should I be considering my dietary options? Should I visit a nutritionist? What about exercise? Should I consult someone?

Being informed about your cancer diagnosis and treatment allows you to feel more in control of your situation, better able to advocate on your own behalf, and better able to manage the process. Being knowledgeable also assists the patient in better communicating to family and



BRING SOMEONE ALONG TO YOUR APPOINTMENT

This can be for moral support but it can also be to lend a different perspective when asking questions. Your appointment buddy or navigator may also help in recalling critical information following the appointment.

REQUEST ADDITIONAL RESOURCES AND INFORMATION

The doctor may have additional information in print format, support networks available or have key websites that you can refer to once you are at home. Make sure you ask if there is any additional support material you can review.

CREATE A JOURNAL

Journalling is not only therapeutic it also helps to keep all the details of treatment and medications in a chronological order and helps in referring back to key information that your doctor may need such as any observed side effects, changes in mood, increase in weight, etc.

friends about their situation and what they can expect during treatment.

Self-efficacy is important during a major health crisis and knowledge is essential to achieve this. Other tips for doctor's appointments are:

TAKE NOTES You will be surprised at how much you will NOT remember following an appointment. Patients find taking notes helps them to focus on key information and also gives them the ability to review details following the appointment.

continued from page 5

daily basis to ensure that those in most need are able to access life-saving drugs and treatments." John's work and the work of many others led directly to the Ontario Government announcing, this past spring, that Avastin would be funded for "first line" treatment in advanced colorectal cancer. An announcement that John himself will not benefit from directly but thousands of others after him will.

None of us know for sure how long we have to live; but we always have a choice on how we spend our time in the present moment. We have a choice as to how we will live our lives. John is here today as a result of the generosity of people and the kindness of the human spirit. His personal story has moved individuals and governments to do something to make a difference. He has moved all of us at Colon Cancer Canada and we are in a better place with people like John in the world.

The difference that each and every one of us makes each day has allowed him precious time with his family and for this he is eternally grateful. On November 3rd, John was informed that his treatments are no longer working, and his last Avastin treatment was on October 20th, 2008. He is now taking Mitomycin C and Xeloda which he began on November 10th, 2008.

"Change is fast in the cancer world, but I remain optimistic."

"Life is a gift which needs to be lived out fully and never to be taken for granted."
—John Colacci



how you can help...

the new 2009 Wendy Bear makes its ACC appearance



The 2009 Wendy Bear will make its debut on Tuesday, March 24th at the Air Canada Centre with Canadian hockey icon Darryl Sittler to promote Colon Cancer Awareness Month. The Wendy Bear is named after Darryl's late

wife Wendy Sittler who passed away in 2001 from colon cancer. Colon Cancer Canada honours her memory through the Wendy Bear, directing all proceeds from sale of the bear to support palliative patients.

FOR MORE INFORMATION ON THE WENDY BEAR ACC NIGHT OR TO PURCHASE ONE, PLEASE VISIT WWW.COLONCANCERCANADA.CA OR CALL 1-888-571-8547.

tribute cards for any occasion

Do you want to offer sympathy, congratulations or best wishes to friends, family or colleagues? Are you looking for an alternative to a gift? Colon Cancer Canada offers

you the option to make a donation in tribute to someone. Simply provide the recipient's name and address and we'll send a card acknowledging that a donation

has been made followed by your personalized message.

JUST VISIT THE "HOW CAN I HELP?" SECTION OF OUR WEBSITE OR CALL US AT 1-888-571-8547.

patient journal coming in 2009

In 2009, Colon Cancer Canada will be developing a Patient Journal which will be available to all newly diagnosed colon cancer patients across the country. In order to create the most effective tool for patients, we are seeking

interested parties to become involved in various capacities. The project will include an advisory committee, a writing team, and a review team which will be led by CCC.

If you are a patient, a medical practitioner, a writer or are involved in the social services field and would be interested in being part of this exciting project please contact Colon Cancer Canada for more details at info@coloncancercanada.ca.

Let's talk
about it
Parlons-en!