Thyroid Foundation of Canada

thyrobulletin

La Fondation canadienne de la Thyroïde

Volume 23, No. 4 **Winter 2003**

Levothyroxine therapy

What you should do if you are on Levothyroxine therapy (taking Eltroxin or Synthroid tablets):

- Notify your physician if you are allergic to any foods or medicines, are pregnant or intend to become pregnant, are breast-feeding or are taking any other medications, including prescription and over-the-counter preparations.
- Notify your physician of any other medical conditions you may have, particularly heart disease, diabetes, clotting disorders, and adrenal or pituitary gland problems. Your dose of medications used to control these other conditions may need to be adjusted while you are taking Levothyroxine. If you have diabetes, monitor your blood and/or urinary glucose levels as directed by your physician and immediately report any changes to your physician. If you are taking anticoagulants (blood thinners), your clotting status should be checked frequently.
- Use Levothyroxine only as prescribed by your physician. Do not discontinue or change the amount you take or how often you take it, unless directed to do so by your physician.
- The Levothyroxine in your prescribed product is intended to replace a hormone that is normally produced by your thyroid gland. Generally, replacement therapy is to be taken for life, except in cases of transient hypothyroidism, which is usually associated with an inflammation of the thyroid gland (thyroiditis).
- Take Levothyroxine tablets in the morning on an empty stomach, at least one-half hour before eating any food.
- It may take several weeks before you notice an improvement in your symptoms.
- Notify your physician if you experience any of the following symptoms: rapid or irregular heartbeat, chest pain, shortness of breath, leg cramps, headache, nervousness, irritability, sleeplessness, tremors, change in appetite, weight gain or loss, vomiting, diarrhea, excessive sweating, heat intolerance, fever, changes in menstrual periods, hives or skin rash, or any other unusual medical event.
- Notify your physician if you become pregnant while taking Levothyroxine. It is likely that your dose of Levothyroxine will need to be increased while you are pregnant.
- Notify your physician or dentist that you are taking Levothyroxine prior to any surgery.
- Partial hair loss may occur rarely during the first few months of Levothyroxine therapy, but this is usually temporary.
- Levothyroxine should not be used as a primary or adjunctive therapy in a weight control program.
- Keep Levothyroxine out of the reach of children. Store Levothyroxine away from heat, moisture, and light.

October 31, 2002
Reprinted from Health Canada's fact sheet on Levothyroxine

Contents

Foundation's mail box

In the Autumn issue of *thyrobulletin* I read an article by Natalie Kotowycz about a research project being carried out at Sunnybrook Hospital in Toronto by Dr. J. Silverberg and Dr. A. Levitt to evaluate the most effective treatment for hypothyroidism. No doubt they were checking the report in the New England Journal of Medicine. I have been waiting to hear the results of this study, but have not found anything published. Being one of the +/- 10% of hypothyroid patients who does not respond to T4 only, I had been hoping to see what is certainly 100% true for me validated, so I could show the results to my doctor. What ever happened to this research?

Dawn Bryden

Dr. Silverberg replied:

Thank you for your interest in our study comparing T4 vs T4+T3 in the treatment of hypothyroidism. The results of the study were presented at the Canadian Society of Endocrinology meeting in Vancouver, September 2002, and the American Thyroid Association meeting in Los Angeles, October 2002.

In summary we found that compared to T4 alone subjects treated with a combination of T3+T4 had some modest improvement in symptoms. There was no difference between the groups with respect to quality of life, mood, and cognitive function (although one out of 5 tests of cognitive function was better with combination therapy [paced serial addition]).

Jay Silverberg, MD, FRCPC, FACP
Sunnybrook and Women's College
Health Sciences Centre, Toronto, ON

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The following were received in response to ***The torch has passed****, in our Autumn 2002 issue of thyrobulletin, by Rita and Dr. Roger Wales.*

I found the article submitted by Rita and Dr. Roger Wales in the autumn bulletin most interesting, such a great idea for a little extra fundraising.

Catherine Spurrell
St. John's, NF

*****

Fait accompli. Good luck with the rest of Canada.

Stephanie S. Knight
Leamington, ON

Enclosed is a donation to the Foundation in recognition of Star Case Canada, Inc, Mississauga, Ontario for the Customer Service provided to me in repairing my Samsonite luggage cart. I wish this donation to be directed toward publication of *thyrobulletin*. Hopefully this will initiate donations of a similar kind.

Sharon A. Lloyd
Hamilton, ON

*****

After receiving and reading the August 2002 issue of *thyrobulletin,* I am motivated to write you for several reasons. First I would like to compliment Ed Antosz and Rita and Dr. Roger Wales for two well written and effective articles. Both made an important statement in an intelligent and respectful way, and I am happy to enclose a small contribution to the Foundation's fundraising efforts.

I am not sure how long I have been receiving *thyrobulletin,* but I always read it completely and save each issue. I always find it well-written, very informative and well edited. I consider myself to be somewhat of a 'thyroid crusader' although my personal experience is not as complex or serious as those of the people profiled in your issues. At the same time, I believe it represents a typically scary example of how devastating thyroid disease can be, so I often share my story with others in the hopes of preventing the type of suffering I experienced.

Thank you for providing the important educational and support service that is the ***thyrobulletin.***

Heidi Lind
Godfrey, ON

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This is just a note to include with the enclosed cheque to be directed to the Education & Services Fund. This is in response to the article written by Rita and Dr. Roger Wales, and published in Volume 23, No. 3 in the Autumn 2002 *thyrobulletin.* Congratulations and thanks to Rita and Roger. Enclosed, as requested, is a stamped self-addressed envelope for my receipt.

Evelyn & Len Freeman
Kingston, ON

*****

Just reading my Autumn issue of *thyrobulletin* and saw *The torch has passed*. Please find enclosed a cheque for the Education & Services Fund. I too always thought the Research Fund was most important, sorry. Without Mrs. Diana Abramsky's article in *Reader's Digest* many years ago and the help of the Thyroid Chapter in Ottawa, I don't know what state my health would have been in.

Claire Jackson
Ottawa, ON

NOTICE TO ALL MEMBERS

Your membership in the Foundation expires on the date that is printed on the address label on your *thyrobulletin.*

Please use the **Membership/Donation Form** on page 15 or our secure payment system at www.thyroid.ca/english/membership.html.

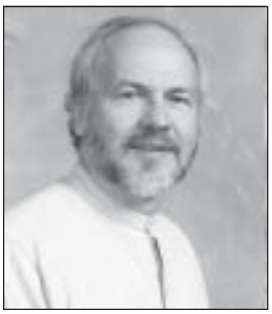
You may renew early – and for one or two years! You will be credited with renewal on the date that you are due to renew.

. . . Donations are always welcome.

April is Volunteer Month

The Thyroid Foundation of Canada salutes its hundreds of volunteers who make it possible for us to operate. The Foundation was formed in 1980 by Diana Meltzer Abramsky, CM, BA, a life-long volunteer. The volunteers who follow try to make a difference in the lives of those suffering from thyroid disease.

Our thanks and gratitude to all who give their time and effort to make the world a better place and especially to those who volunteer for the Thyroid Foundation of Canada.



Ed Antosz
National president/
Président national

President's message/Message du président

The last quarter has been a busy one, at least in terms of progress and the development of new direction. You'll see on this page a photo of Ted Hawkins who just completed a great project for us.

Ted, a member in the early years of the Board of Directors of Thyroid Foundation of Canada (TFC) and recently retired from the pharmaceutical industry, immediately agreed to help the Foundation in arranging financing for ***thyrobulletin***. He approached several organizations on our behalf and received commitments for almost $40,000 over the next two years. The intent is to use these funds to keep ***thyrobulletin*** in press for the next eight issues without the recent worry of whether we can afford to publish. Thank you Ted.

Keeping in mind that awareness and education are an important part of the Foundation's mandate, we are in the process of launching two initiatives to further both aspects of TFC.

Ted Hawkins

Still in the planning stage is a scientific conference to be held the weekend of Friday, June 6 and Saturday, June 7 in Toronto, in conjunction with our annual general meeting. The proposal is for a two-day conference aimed at disseminating the latest information regarding research and development related to thyroid disease. We are hoping the conference will be well attended by our members, the medical community and the public. Featured will be presentations by researchers and keynote speakers who can address some of the political issues of providing effective medical care.

A second initiative is the development of an effective fundraising campaign. In March 2003, a team of four board members and one staff person will participate in a workshop "Reaching for New Heights in Fundraising Success". This workshop, funded by Health Canada, is being hosted by Lupus Canada and includes eight other national volunteer health organizations who are also looking at the issue of fundraising. It is anticipated that the outcome of the workshop will be a plan for the Foundation to raise significant funds in further support of its mandate.

I am told that in Canada there are over 88,000 charities, foundations, agencies and clubs asking for help from the public. Each year I personally donate to several of these. This year I will direct all my donations to the Foundation. To kick off this fundraising venture I am challenging all members of the board to do likewise. If you give through the United Way, you can designate that your donation be forwarded to the Thyroid Foundation of Canada. I am hoping that the board responds positively to this challenge.

In closing I would like to thank those of you who responded to Rita and Dr. Roger Wales' poignant appeal ***The torch has passed*** in our Autumn 2002 thyrobulletin. Your responses are most encouraging. The torch is passing across Canada (see Foundation's mailbox). Has it reached your province, city or town?

Le trimestre dernier fut très chargé en terme de progrès et d'aménagement dans de nouvelles directions. Sur cette page vous trouverez une photo de Ted Hawkins qui vient juste de réaliser un grand projet.

Ted, un des conseillés d'administration du début de La Fondation canadienne de la Thyroïde (FCT) et récemment en retraite de l'industrie pharmaceutique, a immédiatement pris la tâche d'aider la Fondation à organiser le financement du thyrobulletin. Il approcha plusieurs organisations à notre nom et captura des promesses de près de 40 000$ pour les prochains deux ans. Notre propos est de nous servir de ces fonds pour assurer la continuation du thyrobulletin pour les huit prochains numéros sans peur de ne pas avoir les moyens de le publié. Merci, Ted.

L'éclaircissement et l'éducation font une partie très importante du mandat de la Fondation et à cette fin, nous sommes en train de lancer deux initiatives afin d'encourager ces deux aspects de la FCT.

Une conférence scientifique est maintenant dans les premières étapes de planification. Elle aurait lieu en conjonction avec notre assemblée générale annuelle, provisoirement fixée pour le début de juin, 2003 à Toronto. Nous proposons tenir une conférence de deux jours dans le but de disséminer les derniers renseignements de recherche et de développement envers les affections thyroïdiennes. Nous espérons que cette conférence attirera beaucoup de nos membres, la communauté médicale et le public. Des séances par les chercheurs et les conférenciers d'honneur seront en vedette pour nous éduquer sur quelques-unes des questions politiques principales pour acquérir des soins médicaux efficaces.

La deuxième initiative est le développement d'un plan efficace pour l'amassement de fonds. Au mois de mars 2003, une équipe compris de quatre membres du conseil d'administration et un membre de notre personnel participeront dans un atelier intituler "Reaching for New Heights in Fundraising Success". Cet atelier, financer par Santé Canada sera animé par Lupus Canada et inclura huit autres organismes bénévoles nationaux de santé qui aussi cherchent de nouvelles méthodes pour l'amassement de fonds. Nous prévoyons que cet atelier nous donnera un bon plan pour amasser un montant significatif qui supportera de plus en plus le mandat de la Fondation.

On me dit qu'au Canada il y a plus de 88,000 charités, fondations, agences et clubs qui demandent l'aide du public. Chaque année je donne personnellement à plusieurs de ceux-ci. Cette année j'enverrai tous mes dons vers la Fondation. Pour faire commencer cette entreprise je lance un défi à tous les membres du conseil à faire pareillement. Si vous donnez à Centraide vous pouvez désigner que votre don soit expédier vers la Fondation. Je souhaite que le conseil réponde à ce défi.

En terminant, je voudrais remercier ceux et celles d'entre vous qui ont répond à l'appel émouvant de Rita et du Dr Roger Wales, ***The torch has passed***, apparaissant dans notre numéro du thyrobulletin automne 2002. Vos réponses furent très encourageantes. Le flambeau circule au Canada. A-t-il atteint votre province, ville ou village?

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde

Founded in/Fondée à Kingston, Ontario, in 1980

Founder

Diana Meltzer Abramsky, CM, BA
(1915 – 2000)

Board of Directors

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Ellen Garfield, Marvin Goodman, Rita Wales

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Legal Adviser – *Cunningham, Swan, Carty, Little & Bonham LLP*
Medical Adviser – *Robert Volpé, MD, FRCPC, MACP*

Thyroid Foundation of Canada is a registered charity
number 11926 4422 RR0001.

La Fondation canadienne de la Thyroïde est un organisme de
bienfaisance enregistré numéro 11926 4422 RR0001.

Thyroid Foundation of Canada

thyrobulletin

La Fondation canadienne de la Thyroïde

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Please note:

The information in *thyrobulletin* is for educational purposes only. It should not be relied upon for personal diagnosis, treatment, or any other medical purpose. For questions about individual treatment consult your personal physician.

Notez bien:

Les renseignements contenus dans le ***thyrobulletin*** sont pour fins éducationelles seulement. On ne doit pas s'y fier pour des diagnostics personnels, traitements ou tout autre raison médicale. Pour questions touchant les traitements individuels, veuillez consulter votre médecin.

Letters to the doctor

Robert Volpé, MD, FRCPC, MACP, Medical Adviser to the Foundation

I would like to see more information about natural desiccated thyroid products in your newsletter. I think many people do not know about this option, or are told it is ineffective or unreliable. I do recall reading something to that effect in your newsletter (by the physician who answers questions sent in to him).

I have been hypothyroid for five years. For the first 4½ I took Synthroid. My endocrinologist kept increasing my dose because my clinical signs (fatigue primarily) improved only slightly. Even when blood tests and clinical signs suggested iatrogenic hyperthyroidism, I was still exhausted.

Then I tried desiccated thyroid and within two weeks I had 90% of my energy back. Five months later I still have that energy and I'm able to work full time again (it had been an enormous struggle to work two days a week before).

Why did desiccated thyroid work so well? I don't know for sure, but I suspect that it helps people who can't convert T4 to T3. Desiccated thyroid has both T4 and T3, Synthroid has T4 only. The active hormone that the body uses is primarily T3. There must be people who are sensitive to environmental toxins – or something else – that damage the enzyme necessary to convert T4 to T3. For these people, taking Synthroid is like taking water. Please print this so that it might help even one person. Thank you.

Regarding this question about desiccated thyroid it is certainly true that some people feel better on one preparation than another. However, it is hard to determine the reasons for this, since the suggestion that people cannot convert T4 to T3 is almost never the case. When one measures T3 in patients given T4, the values are almost always completely normal. It would have been of interest to find out what this patient's total T3 was when she was on Synthroid as opposed to what it is when she is on desiccated thyroid. Generally speaking, desiccated thyroid does not have as long a shelf life and cannot be monitored as readily as with synthetic thyroxine.

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My daughter had radioactive iodine last week for hyperthyroidism (10 millicuries). She was told to keep away from people, especially pregnant women and children, and to wash her clothing, bedding and dishes separately from the rest of the family. Since the radioactive iodine goes through the whole body it must be dangerous. Why don't they just do external radiation to the thyroid?

With respect to radioactive iodine, it does go throughout the whole body, but in the months after treatment is negligible, since it is concentrated in the thyroid. The warnings that people are given regarding washing their clothing, etc., is probably not necessary in light of the very small amount of radioactive iodine that is retained in the body. As for external radiation to the thyroid, it cannot be as accurately given as radioactive iodine. That is why it has never caught on.

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The following general questions were provided by thyroid cancer patients.

What are the most promising research findings about thyroid cancer diagnosis, treatment, and monitoring? How can the public support thyroid cancer research?

There are new findings with respect to gene markers, cooperative multi-centre studies of different treatment options, and monitoring which may prove to be useful in the near future. The public can support thyroid cancer research by donating to the appropriate agencies, such as the Thyroid Foundation of Canada, the Head & Neck Cancer Foundation, and other worthy funding agencies.

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How can Canadian patients learn about clinical trials and thyroid cancer research projects (nationally & internationally)?

Canadian patients can learn about clinical trials through the Internet, and through the above agencies.

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What are the mortality rates for the various types of thyroid cancer? Nobody wants to ask his or her doctor but everyone wants to know. How is thyroid cancer 'staged' and how is the patient prognosis determined? What does 'relatively well encapsulated' mean in terms of thyca staging and patient prognosis?

Mortality rates may be found in such publications as "The Thyroid" by Utiger and Braverman.

*****

What is anaplastic thyroid cancer and how does it develop? How is it treated?

Anaplastic thyroid cancer is a very rapidly progressive and aggressive form of thyroid cancer, usually occurring in older individuals and almost invariably fatal within a few months. It has been treated with radiation and chemotherapy, but this is almost invariably unsuccessful.

*****

Is ***Synthroid*** still a safe product to take? What should patients who are taking it do given the status of the product review in the USA? What should we be asking our doctors about?

Synthroid is certainly a perfectly safe product to take. The legal problem has nothing to do with the quality of the product, but rather is due to an administrative imbroglio.

*****

I seem unable to lose the 10 lbs. I gained while hypo for RAI, even though I am exercising and eating less. Could this be related to my thyroid hormone level?

Generally speaking, the weight gain described by this patient is usually not due to any relationship to thyroid function tests or thyroid hormone levels. More often it is due to a variety of other factors already alluded to above.

HEAD&NECK CANCER FOUNDATION

Thyroid Foundation of Canada gratefully acknowledges the support of the Head & Neck Cancer Foundation in sponsoring *Letters to the doctor.*

Remboursement de Thyrogen[MC] en vertu des régimes d'assurance médicaments

La plupart des Canadiens sont protégés par une forme ou une autre d'assurance médicaments qui garantit le paiement total ou partiel de leurs frais de médicaments. Les régimes d'assurance médicaments sont financés par l'État, l'employeur ou les particuliers. Ces régimes offrent des prestations non restrictives ou « gérées », ce qui, dans ce dernier cas, signifie que l'utilisation des médicaments est soumise à la surveillance d'un gestionnaire de régimes d'assurance médicaments.

Les employeurs choisissent le type de régime qu'ils veulent offrir à leurs employés. Ils peuvent ensuite personnaliser le régime en choisissant différents niveaux de franchise (part des frais couverts que l'assuré doit payer avant de commencer à toucher des prestations) et de coassurance (quote-part que l'assuré paie pour chaque ordonnance, représentant habituellement un pourcentage du coût total, des frais d'ordonnance acceptés, etc.). Bien que les assureurs vendent des régimes d'assurance standard, les employeurs peuvent comparer les produits offerts sur le marché avant d'acheter un régime ou de personnaliser le régime qu'ils achètent pour leurs employés. Les employés qui ont des préoccupations au sujet de leur assurance sont invités à en parler avec l'administrateur du régime d'assurance de leur employeur.

Remboursement de Thyrogen[MC] : la situation s'améliore

Les employeurs offrent habituellement à leurs employés des régimes d'assurance médicaments ouverts (non restrictifs). En temps normal, lorsqu'un nouveau médicament est approuvé par Santé Canada, il devient remboursable en vertu d'un régime d'assurance médicaments privé. Toutefois, dans le cas de Thyrogen[MC], la question de savoir s'il s'agit d'un médicament destiné à un usage thérapeutique ou d'un simple « agent diagnostique » soulève la controverse. La plupart des régimes d'assurance privés excluent les « agents diagnostiques », considérés comme étant la responsabilité du gouvernement ou des hôpitaux. Fort heureusement, dans une majorité de régimes d'assurance privés, la nécessité de ce médicament chez les personnes ayant survécu à un cancer de la thyroïde est reconnue, de sorte que Thyrogen[MC] a été inclus dans ces régimes à titre de « traitement adjuvant de l'hypothyroïdie durant les examens radiodiagnostiques de suivi ».

Au Canada, la couverture offerte aux patients qui ont besoin du médicament en vertu d'un régime d'assurance médicaments public ou provincial n'est pas la même partout. L'examen des dossiers de nouveaux médicaments par les organismes provinciaux responsables nécessite en moyenne plus de 11 mois. À l'heure actuelle, le remboursement par le régime public est le plus accessible pour les patients de la Colombie-Britannique (par le biais de la British Columbia Cancer Agency), du Manitoba (également par le biais de l'organisme de lutte contre le cancer de la province), du Québec (par l'entremise des listes de médicaments des hôpitaux) et de Terre-Neuve (par le biais du Health Sciences Centre), et pour les personnes admissibles au Programme des services de santé non assurés (Premières nations et Inuits). Dans les autres provinces, l'admissibilité sera probablement accordée au terme de l'examen du dossier, au cours des prochains mois.

Je me suis informé auprès de mon assureur et on m'a dit que ce médicament n'était pas remboursé. Que puis-je faire?

Poursuivez votre démarche. L'assureur (public ou privé) qui vous répond systématiquement que le médicament n'est pas remboursé n'a peut-être pas tous les renseignements dont il a besoin pour prendre une décision éclairée ou pour bien comprendre votre situation. Différentes avenues sont possibles. Par exemple, dans le cas d'une assurance privée, vous pouvez parler avec l'administrateur du régime de votre entreprise (habituellement, un employé des Ressources humaines). Expliquez-lui la situation et aidez-le à comprendre les conséquences du refus de rembourser ce médicament pour vous et pour la compagnie (p. ex., absentéisme, incapacité, baisse du rendement). Vous pouvez également communiquer de nouveau avec votre assureur et vous informer de la procédure d'appel. Il se peut que vous ou votre médecin ayez à fournir des documents justificatifs supplémentaires en vue d'obtenir une autorisation pour le remboursement de Thyrogen[MC]. Si le refus de l'assureur s'appuyait sur la conception erronée que Thyrogen[MC] est un agent diagnostique, le médicament pourrait être couvert en vertu de votre régime de soins médicaux complémentaire. Il s'agit d'une protection distincte de votre régime d'assurance médicaments. Certains patients ont obtenu le remboursement de Thyrogen[MC] en vertu de la garantie des services diagnostiques de leur régime de soins médicaux principal ou complémentaire.

Puis-je obtenir de l'aide dans mes démarches à ce sujet?

Oui, un nouveau **service d'assistance téléphonique** a été mis sur pied afin de vous aider à obtenir le remboursement de Thyrogen[MC] en vertu de votre régime d'assurance. Si vous avez des questions au sujet de votre admissibilité, faites appel au nouveau **service d'assistance téléphonique** sur le remboursement de Thyrogen[MC]. Des spécialistes seront en mesure de vous aider à vérifier quelles sont vos garanties et de répondre à toutes vos questions concernent le remboursement de Thyrogen[MC]. Ce **service d'assistance téléphonique** est offert du lundi au vendredi, de 8 h à 20 h (heure normale de l'Est). Vous n'avez qu'à composer le **1 866 401-8323** pour joindre un spécialiste, qui se fera un plaisir de vous répondre.

Nous comptons sur votre appui!

Nos programmes et matériaux éducatifs sont possibles grâce à la générosité des gens comme vous.

Please Help!

Our educational material and programs are made possible by donations and memberships from caring people.

Thyrogen™ drug coverage

Most Canadians have some form of drug insurance plan that pays for all or part of their medicines. Drug plans are paid for by the government, an employer, or by an individual. These plans offer open or 'managed' benefits, meaning that a drug benefit company monitors and tries to manage how and when drugs are used.

Employers choose the plan design that they want to offer their employees. The design is then customized by selecting levels of deductibles (amount a person must pay before the insurance starts), co-payments (amount a person pays for each prescription, usually a percentage of total cost, dispensing fee accepted, etc.). Although insurers sell standard 'drug plans', employers are open to shop around or customize the drug plan they purchase for their employees. Employees with concerns about their plan should speak with their employer's benefits person.

Coverage for Thyrogen™ is improving

Employers typically offer open drug plans as a benefit to their employees. Normally, all new drug products when approved by Health Canada become benefits of a private drug plan. In the case of Thyrogen™ however, there has been some debate whether Thyrogen™ is a drug used for a therapeutic purpose or simply a "diagnostic agent." Most private insurance plans exclude "diagnostic agents" as these are felt to be the responsibility of the government or hospitals. Fortunately a majority of private plans recognize the medical need of thyroid cancer survivors and have included Thyrogen™ on their plans as an "adjunctive treatment for hypothyroidism during radio-image diagnostic procedures."

Coverage for patients requiring support from public or provincial drug plans varies across Canada. Provincial reviews of new drugs usually take on average over 11 months. To date, the best access to public coverage is for those in British Columbia (under the cancer agency), Manitoba (under the cancer agency), Quebec (through hospital formularies), Newfoundland (through the health sciences centre), and for those eligible under the Non-Insured Health Benefits Program (Inuit and First Nation peoples). The remaining provinces will likely provide access as their reviews conclude over the next few months.

I called my insurer and they said no. What can I do?

Appeal. You can always appeal a quick response by an insurer (public or private). It is possible they did not have all the facts they required to make an informed decision or fully understand your situation. There are a couple of ways to act on this. For example, with private insurance you should talk with your company's benefits administrator (usually a human resources person). Tell them the situation and help them understand the effect on you and the company (e.g., absenteeism, disability, low productivity) by not allowing this product claim. You can also contact your insurer again and ask about the appeal procedure. You or your doctor may need to file additional documentation to obtain an authorization for reimbursement of Thyrogen™ costs. If the rejection was based on the "diagnostic agent" misconception, you may have coverage under your supplementary health plan. This is separate from your drug benefit coverage. Some patients have received reimbursement for Thyrogen™ under the diagnostic services section of their major medical or supplementary health insurance plan.

Can someone help me with this?

Yes, a new Reimbursement **Helpline** has been set up to help you get coverage for Thyrogen™ under your insurance plan. If you have questions about your coverage, you can call the new Thyrogen™ Reimbursement **Helpline**. Reimbursement specialists will be able to help you verify your benefits and answer any other questions you may have about Thyrogen™ reimbursement. The Thyrogen™ Reimbursement **Helpline** is open from 8:00 am until 8:00 pm EST Monday through Friday. Simply call **1-866-401-8323** and a specialist will be pleased to help you.

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Deadline for contributions are:

March 15, 2003 (Spring)
June 15, 2003 (Summer)
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4th Annual Golf "Tournament of Excellence"

Tuesday

June 3, 2003

Deer Creek Golf Club, Ajax, Ontario

(about 25 minutes drive from the Toronto intersection of Bayview & Sheppard)

Sponsored by:

The Head & Neck Cancer Foundation fundraising for Head & Neck Cancer Scholarships and Thyroid Foundation of Canada Education Fund

Tee off time:

1:00 pm

Registration fee:

$275 per golfer

Includes:

- use of driving range all morning
- golfing with cart rental
- golfers bag of goodies and incentives
- scoring
- on-course prizes and contests
- dinner
- time to spend with some friends and colleagues
- doing something good and having fun too
- prizes, prizes, prizes

Information:

Mark Daniels, Executive Director
The Head & Neck Cancer Foundation
2345 Yonge Street, Suite 700
Toronto ON M4P 2E5
Tel: **1-416-324-8178** Ext. **228**
E-mail: **mdaniels@dancap.com**
www.headandneckcanada.com

Chapter news

Burlington/Hamilton

The new year is starting with our Thyroid Awareness Campaign 2003. Information on how to obtain thyroid educational literature is being placed in community newspapers, on television, as well as in displays in pharmacies. The Thyroid Cancer Information Package has been well received by doctors in the area. We now have a volunteer from CancerConnection and Thry'vors working with the chapter in support of people dealing with thyroid cancer. We would like to thank all our members, volunteers, corporate and community groups for their continuing support. New volunteers are needed. Please phone 905-577-2433 or write the chapter at 1235 Fairview Street, Suite 348, Burlington, ON, L7S 2K9.

Gander chapter Christmas Craft Fair, held on November 23, 2002

Gander

Gander chapter hosted a first: a most successful Christmas Craft Fair on November 23, 2002. We were more than delighted at the response we received. Twenty-six crafters purchased booths and over 350 people passed through the doors for the one-day event.

It was an excellent opportunity for us to raise our profile and capture some potential new members. The chapter displayed all of our literature, distributing pamphlets, especially Thyroid Disease... Know the Facts, and sold some products as well. In addition, we provided each person attending with a leaflet explaining who we are and our aims and objectives. A small admission charge, along with the sale of refreshments donated by members and friends of the Foundation, produced a nice addition to our finances. We are very thankful to one of our local radio stations who helped immensely in publicizing the event. All participants were excited about the day and indicated they would like to participate again next year if we decide to hold a similar event. At present, members and friends are participating in a small fundraiser through Dominion Stores (a local outlet of a supermarket chain). We plan to hold public education meetings in the near future. All information will be provided through the local media.

Kitchener/Waterloo

The Chapter's 20th Anniversary Celebration Dinner/Meeting was held Tuesday, October 15, 2002 at St. Andrew's Presbyterian Church in Kitchener. We were very fortunate in having as our guest speaker, Dr. Daniel J. Drucker, Endocrinologist, Toronto General Hospital, University Health Network and Director of the Banting and Best Institute. Dr. Drucker answered questions on thyroid disease. Everyone enjoyed meeting his mother, who attended with him. What a bonus for our chapter to have such a busy doctor travel to Kitchener to attend our special dinner.

We also benefitted from finding out that a large majority of our members are unable to attend our regular meetings but feel supporting the Foundation is important to them and future patients. In contacting our past and present members we learned how important ***thyrobulletin*** is to them. Our phone calls and advertising for this event resulted in the attendance of new members as well as former members renewing their memberships.

Dr. Margaret Evans, Founder at Kitchener-Waterloo's 20th Anniversary Dinner Meeting

Speaker, Dr. Daniel J. Drucker

Among the guests were Conn Letterio, Abbott Laboratories Inc., Area Manager, and Samantha Geen his Area Representative, from Burlington.

We also conducted a successful silent auction with donations from many businesses in the K-W Area and a special donation from our National President, Ed Antosz, of the signed original copy of a Christmas book by Truman Capote. Ed also sent special greetings and a poem for our special event as he was unable to attend. Everyone had a great time meeting new members and members they had not seen for a few years.

Dr. Margaret Evans, Founder of our Chapter, was presented with an annual gift membership by the Chapter to thank her for her dedicated service over the past 20 years. She answers all of the Help-Line calls and mails out our yearly program bulletins.

Montreal

On November 13, 2002, the chapter held a video and information night for our members in a support group setting. Lots of information was given out and experiences were shared. We have been busy selling entertainment books, which we use as a fundraiser.

Chapter coming events

Free admission – everyone welcome

Avalon/St. John's

Amelia Hodder and chapter volunteers are planning to hold a public education meeting in March 2003. Those interested in attending or willing to help, please contact Amelia at 709-726-5479 or by e-mail: ahodder@roadrunner.nf.net. Question and answer period – thyroid literature will be available.

Burlington/Hamilton

Location: **NEW!** St. Joseph's Ambulatory Healthcare Centre, Kemp Auditorium (front entrance), 2757 King Street East, Hamilton.

- Tuesday May 13, 2003, 7:00 pm. Speaker & topic TBA. Following the education meeting the chapter's Annual General Meeting will take place.

For information call: 905-577-2433.

- **3rd Annual Flower Sale**.

Location: **NEW!** 33 Alterra Blvd, Ancaster.

- Saturday May 24 & Sunday May 25, 2003, 9:00 am to 3:00 pm.

For information call: 905-577-2433.

Kingston

Location: Ongwanada Resource Centre, 191 Portsmouth Avenue, Kingston.

- Tuesday April 8 , 2003, 7:30 pm Speaker & topic TBA.
- Tuesday October 21, 2003, 7:30 pm. Speaker & topic TBA.

For information call 613-545-2327.

Kitchener/Waterloo

Location: Community Room, Albert McCormick Arena, 500 Parkside Drive, Waterloo.

- Tuesday April 8, 2003, 7:30 pm. Annual General Meeting. **Vickie Murray,** Pharmacist Grand River Hospital, Kitchener. Topic: *Clinical Pharmacist*.

London

Location**: NEW!** Central Library, Galleria, 251 Dundas Street, London. Two hours free parking for library patrons.

- Tuesday March 18, 2003, 7:30 pm. **Dr. Terri Paul**, Endocrinologist, St. Joseph's Health Centre. Topic: *The obesity epidemic: what you and your thyroid can do!*
- Tuesday May 20, 2003, 7:30 pm. **Dr. Cheryl Clarson**, Pediatric Endocrinologist, Children's Hospital, Western Ontario. Topic: *Thyroid problems from infancy to adolescence!*

For information call 519-649-1145.

- **Spring Fundraiser – 3rd Annual Fashion Show.**

Location: Hellenic Community Centre, Southdale Road West, London.

- Thursday April 10, 2003. Dinner and Fashion Show. A wonderful evening, lots of fun, join us in supporting this worthwhile event.

For information call 519-649-1145.

Ottawa

Location: Bickell Room, Civic Campus, Ottawa Hospital.

- Tuesday February 18 2003, 7:00 pm. **Dr. Philip Barron**, Surgeon. Topic: *Thyroid cancer, the rise in its incidence and related topics*. Dr. Barron will be joined by Dianne Dodd, cancer survivor, founding member and president of The Canadian Thyroid Cancer Support Group (Thry'vors) and Maureen Murdoch, nurse clinician who will discuss post-operative care. Three viewpoints will thus be presented, making full coverage of the topic of thyroid cancer.
- Tuesday April 15, 2003. **Dr. Timothy Leary**, moderating the popular *Patient Panel*.

For information call Help-Line 613-729-9089.

Montreal

Location: Montreal General Hospital, Livingston Hall.

- Wednesday February 12, 2003, 7:30 pm. Speaker: **Dr. François Gilbert**, Endocrinologist We always look forward to an enlightening evening with Dr. Gilbert.
- Wednesday March 12, 2003. Speaker & topic TBA.

For information call: 514-482-5266.

- **7th Annual Art Exhibition and Sale**

Location: Montreal General Hospital, Livingston Room.

- Saturday April 5 to Friday April 11, 2003. Three paintings will be raffled at the end of the art show. Montreal members, please support this fundraising event.

For information call 514-482-5266.

Saint John

New! Education meeting

Location: H.E.L.P. Educational Services, 128 Lansdowne Ave, Saint John West.

- Tuesday February18, 2003, 7:00 pm. Speaker & topic TBA.

For information please call Christie Ruff: 506-849-4357.

Gary Winkelman
Vice President
Publicity & Fundraising

"Plus Two" Campaign

I am asking every member to sign up two new members within the next six months.

- **friends**
- **family**
- **your doctor**
- **anyone who has an interest**

Please use our Membership/Donation Form on page 15 or visit our website **www.thyroid.ca** if you wish to use a credit card on our secure payment system.

What you should know about memory loss

by
Angela M. Staab, RN, MN, CNP

Ever get flustered when you can't locate the car keys or remember someone's name? Or when you are heading to the refrigerator and can't remember why? Here's a reassuring thought: If you can at least remember when you drove the car last, recognized the face of the person whose name you are trying to remember, or recall that you wanted *something* from the refrigerator but just can't remember what it was, your memory is probably in good shape.

Different kinds of memory

Memory is made up of sensory memory, short-term memory, and long-term memory. Sensory memory is when the mind recognizes what the senses tell it, decides what details are important, and carries that information to short-term or long-term memory. For example, you touch a stone and it feels cold, and you remember that all stones feel cold.

Your short-term memory is sometimes called you consciousness. It only holds recent and limited memory, such as what you did an hour ago and what you had for breakfast. All of this will be forgotten quickly unless it is repeated and sent to your long-term memory.

Your long-term memory is the largest part of your brain. It holds information that you just learned as well as that from your childhood. It contains information like your home address, what happened yesterday and today, where you went on vacation, how to drive a car, how to shop for groceries and how to read. Long-term memory stores new information by associating it with other information that's already been placed in your long-term memory.

The patient with Alzheimer's disease loses short term memory first, then the disease attacks the long-term memory. In memory loss that is associated with normal aging, we tend to forget information that is not important to us, especially information stored in our short-term memory. But information in our long-term memory stays with us.

Normal aging versus dementia

In general, the worse you think your memory is, the less likely you are to have Alzheimer's disease or a mind-impairing disease (dementia). If your forgetfulness was serious, you would not remember that you forgot anything! For a list of differences between normal memory loss due to aging versus memory loss that comes from dementia, see Chart 1.

People with diseases of the memory are usually not aware that they are forgetting things. If they are caught forgetting something, they often will blame someone else for the slip-up. For example, a patient with Alzheimer's disease who forgets where he keeps his car keys will blame someone else for putting them in another place. Alzheimer's and other diseases of dementia cause a gradual loss of all knowledge, including memory. Older adults who have a dementing disease have problems in a least three of the following areas: memory, speaking, vision, solving abstract problems like puzzles and games, controlling emotions, and personality changes.

But dementia should not be confused with the normal memory loss that comes along with aging. Aging seems to increase the amount of time it takes to remember or understand information. As a result, many older people become absent-minded: concentration is easily upset, recalling a word, name, or thought may take longer; and learning new things takes more patience and effort.

But older adults who do not have Alzheimer's disease or dementia can do several things to improve or aid their memory; informal studies have shown that writing a biography or telling stories from your past can help your memory. Challenging yourself mentally can also keep your memory intact - try reading, knitting, traveling, or playing card or board games like bridge, mahjong, or chess. For some other ideas on how to improve or help your memory, see Chart 2 on page 11.

Memory loss from stress, medication, and disease

It is not normal to repeatedly forget tasks that have to be done for work, how to drive to a store where you have gone weekly in the past, the names of close family members, or safety precautions such as turning off the stove. If dementia is not the case, depression, grief, anxiety, and stress could create such memory lapses. Other conditions such as stroke,

continued on page 11

Chart 1
The difference between normal memory loss and dementia

Normal memory loss	Memory loss associated with dementia
• Names can be forgotten but remembered later.	• Names are permanently forgotten.
• If a car key is lost, the person can retrace his other steps.	• If a car key is lost, the person cannot even remember the last time he or she drove the car. The person may not even remember how to drive the car.
• Parts of a recent experience can be forgotten, but the general experience is remembered.	• A whole recent experience is forgotten.
• Person repeats the same story to another after a longer period of time.	• Person repeats a question to the same person over and over again within a short period of time.
• Person forgets to go to a business meeting.	• Person completely forgets job skills.
• Occurs in people 50 years or older.	• Can occur at any time in an adult's life.

Doctors develop hypothyroidism too!

by
Dr. M. Strachan
MB BS MRCGP

I don't believe it! I thought I was just turning into a grumpy, 46-year old Victor Meldrew look-alike – but there it was, on my results screen, my thyroid function – or rather lack of it, and a mild anaemia to go with it. I had felt pretty worn out and really struggled in my sport to keep up with the 'masters' training class but surely my body would not be letting me down - this happened to my patients but not to me. Fair enough there was something in the back of my mind, which made me think, "I wonder if there really is something wrong with me?" My mother and two sisters with their thyroid problems made me think that it may run in the family, hence getting myself tested.

Once I knew I had low thyroid I began to check out the symptoms, most of which were already familiar to me in the textbooks, but now, suddenly, of great relevance. Maybe this is why my hands go numb at night (Carpel tunnel syndrome) and why I fall asleep in the afternoon? I wonder if my wife and children will forgive me for being grumpy and bad-tempered? I had previously attributed my low mood to the stress of work and a growing family.

In retrospect I can see that I have been through a process of adjustment thus:

- This can't be happening to me
- It is happening to me (better keep it to myself)
- I'll just chat with my wife
- I'll talk to my own family physician
- Then a gradual sharing with others and acceptance of myself

I think the British Thyroid Foundation (BTF) has helped me to know there are others like me who have been through this, and reading about my illness from those who have experienced it has made me feel supported and less alone - it's OK to have hypothyroidism.

Now I know I will have to live with this. Taking thyroxine will not solve all my problems (as I have read in the *BTF News*), but I am already feeling better on 75 mcg of thyroxine and I am hoping that having a personal experience of hypothyroidism will now help me to help my patients better.

Dr. M. Strachan is a General Practitioner (GP)

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. . . memory loss . . . con't from page 10

kidney and lung diseases, thyroid disease, diabetes, Parkinson's disease, anaemia and alcoholism can also contribute to memory loss. In most cases, when these conditions are treated with drugs, problems with memory improve as well.

But certain medications can affect your memory, too. For example, too much insulin can cause low blood sugar, which will affect memory or cause confusion. Medications for anxiety, high blood pressure, stomach problems or Parkinson's disease may also cause you to be forgetful. If forgetfulness seems to be interfering with your daily life or if other people think your memory lapses are serious, make an appointment to see your health care provider.

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Originally published in the March 2002 issue of Clinician News and reprinted with permission of Clinicians News, Clinicians Group.

Chart 2

Here are some things you can do to improve your memory

- Exercise. Building your heart and lung endurance can improve your mental abilities because they affect blood flow to the brain. Try a brisk 10 to 20 minute walk several times a week.
- Keep routines. If you constantly lose your glasses or keys, decide on a specific place to keep them. Keep a spare in a drawer to cut down on your frustration until you can find the misplaced items.
- Organize. You will remember best if you plan in advance, make a 'to do' list, and link what you want to do with another task.
- Use a memory aid. Don't be embarrassed to use a pocket notepad and calendar, watch alarm, voice recorder, or other aid to help you keep track of information.
- Go easy on yourself. Depression, losses, stress, grief, and anxiety make it difficult to concentrate at any age. Forgetfulness in the face of such emotions is nearly always temporary.
- Avoid excessive alcohol consumption. Drink no more than the equivalent of one glass of wine per day. Like dementia, alcohol can permanently damage brain cells.
- Don't use medications excessively. To avoid toxicity and drug interactions, be certain your health care provider knows all the medications you are taking.
- Prioritize. Determine what you really need to remember and discard the rest. Focus on what you want to remember.
- Use cues and mind games. Make what you want to remember more interesting, more connected, more meaningful. For example, if you want to remember a name, connect it to another name, or a song.
- Repeat information aloud. Your chance of remembering is better if you repeat a name, address, or bit of information aloud just after you hear it.
- Stop or decrease smoking. Smoking reduces the blood flow to the brain.
- Don't worry. Be happy. Studies show that older adults who feel in charge of their life and happiness and have satisfying relationships remain mentally sharp later in life, possibly because they are able to better control their stress hormone.

Our research dollars at work

Growth inhibition of thyroid cancer by Vitamin D

Wei Liu, MD, PhD

by
Wei Liu, MD, PhD

Although most subtypes of papillary- follicular thyroid cancer can be successfully treated by initial aggressive surgery and radioactive iodine adjunctive therapy, it has been well recognized that approximately 10% of thyroid cancer patients may become unresponsive to such therapeutic approaches. Unfortunately, once patients are resistant to these treatment measures, there are very few effective therapeutic approaches available to control their disease. After obtaining a PhD degree in Sweden where I studied the actions of Vitamin D on cultured parathyroid cells, I was recruited by Professor Dr. Paul G. Walfish to his laboratory in 1998 as a Post-Doctoral Scientist in the Samuel Lunenfeld Research Institute of Mount Sinai Hospital to study the potential growth inhibitory effects of Vitamin D and its non-serum calcium elevating analogs on cultured thyroid carcinoma cell lines.

It has been well-established that (1), 25 dihydroxycholecaliferol (Vitamin D3) can exert not only potent biological effects on calcium and bone metabolism but may also play a role in immune regulation and cell growth. There have been a number of studies on its efficacy alone or in combination with several observed therapeutic agents in a treatment of cancers. Since preliminary reports had suggested that Vitamin D3 exerts favourable effects on breast, prostate and other cancers, we wished to determine whether Vitamin D3 could exert similar effects on several types of papillary-follicular cancers. To avoid the calcium elevating effects of large doses of Vitamin D3 which could be hazardous to humans, we also studied the potential utility of a Vitamin D analog devoid of such properties called EB1089 (Leo Pharmaceuticals).

Supervised by Dr. Paul Walfish and in collaboration with Drs. Sylvia Asa and Shereen Ezzat in the Endocrine Oncology Program and Division of Endocrinology at Mount Sinai Hospital, tissue cultures of several human thyroid carcinoma cell lines with different degrees of aggressiveness were established. We then wished to determine whether Vitamin D3 and one of its analogs called "EB1089" could affect cell proliferation and/or programmed cell death (apoptosis) in these cultured human thyroid cancer cell lines. The anti-proliferative effects of Vitamin D3 and its analogs were monitored using [3 H] thymidine incorporation as well as by changes in cell cycle phases. We observed that both EB1089 and Vitamin D3 exerted a parallel dose-responsive effect at concentrations 10-10 to 10-6 results and an approximate 50% inhibition of cell growth in both differentiated and undifferentiated thyroid cancer cell lines. These observations indicated that the inhibition of cell growth in a G1-phase cell cycle arrest that was due to either programmed cell death (apoptosis) or impaired cell proliferation. However, specific analyses by several different methods to determine whether the observed growth inhibition by Vitamin D and EB1089 was mediated by programmed cell death (apoptosis) were negative and thereby supported an anti-proliferative action on thyroid cancer cells.

From further studies, we discovered that both Vitamin D3 and EB1089 induced increases in the expression of the cyclin-dependent kinase inhibitor, p27. To further determine the mechanism of regulating this enhanced p27 expression several possible pathways of either degradation or phosphorylation were examined. Through such studies, we have identified a novel mechanism of Vitamin D and EB1089-induced inhibition of thyroid carcinoma cell growth mediated by an increase in intracellular p27 accumulation resulting from both its impaired degradation and reduced phosphorylation.

Our observations were submitted for editorial review and were recently published as a journal publication entitled: **Liu W, Asa SL, Fantus IG, Walfish PG and Ezzat S. "Vitamin D arrests thyroid carcinoma cell growth and induces p27 dephosphorylation and accumulation through PTEN/Akt-dependent and independent pathways". American Journal of Pathology 2002; 160: 511-519**.

These experimental findings support the potential utility of the EM1089 Vitamin D analog in the treatment of those aggressive human thyroid cancers refractory to traditional measures and provide the rationale for EB1089 or any other Vitamin D analogs that do not have serum calcium elevating properties in being considered in future clinical trials for such patients either alone or in combination with other chemotherapeutic approaches.

I would like to express sincere appreciation to the Thyroid Foundation of Canada for the Diana Abramsky Research Fellowship. This award has given me the opportunity to have an invaluable educational experience and develop the future direction of my scientific career. I would also like to acknowledge the advice and encouragement throughout this project of Drs. Paul Walfish, Sylvia Asa and Shereen Ezzat. Their generous assistance has permitted the completion of the research proposed and its recent publication in the American Journal of Pathology.

This research was supported by the Thyroid Foundation of Canada Diana Abramsky Research Fellowship Awards for 1999/2000 and 2000/2001.

Call for nominations 2003-2004

Nominations are invited for the election of the officers and members-at-large on the Foundation's 2003-2004 national board of directors.

The nominating committee shall propose a nominee for the position of each officer and member-at-large to be elected (By-Law No. 1, clause 53). The slate of the nominating committee will be circulated to the members of the Foundation in the next issue of ***thyrobulletin***. Additional nominations may be made from the floor at the time of the election which shall occur at the annual meeting of the members (AGM) on Saturday June 7, 2003.

The Board of Directors is comprised of:

1) officers who shall be elected annually by the members at the annual meeting;

2) the president of each chapter or a representative appointed by the chapter president, who shall be elected or appointed annually at the chapter level;

3) six (6) members-at-large who shall be elected by the members annually at the annual meeting;

4) the past president.

Officers of the organization are elected **annually** and shall hold the same office for no more than **three** (3) consecutive years (By-Law No.1, clauses 29 & 38). In June 2003, Lottie Garfield will have served three consecutive years as Vice-President Education & Research.

Chapter presidents and members-at-large are elected annually for a term of **one year** and shall hold office until their successors are elected or appointed (By-Law No.1, clauses 18 & 20).

Officers of the Foundation

- President
- V-P Publicity & Fundraising
- V-P Chapter Organization & Development
- V-P Education & Research
- V-P Operations
- Secretary
- Treasurer

National members-at-large (6)

three of whom shall be:

- Editor, *thyrobulletin*
- Liaison, Medical Research
- Archivist

2002-2003 Nominating Committee:

Mabel Miller, Chair, Gander NF
Irene Britton, Riverview NB
Marlene Depledge, Calgary AB
Ellen Garfield, Toronto ON
Donald McKelvie, Saint John NB

Please contact the Chair at the address below if you are interested in serving as an officer of the Foundation, as a member-at-large, assisting on a national committee or nominating another member. Nomination forms are available from your chapter, nominating committee members or the national office.

Please forward completed forms to:

Mabel Miller

Nominating Committee Chair
47 Rickenbacker Road
Gander NF A1V 2B7

Tel: 709-256-3073
Fax: 709-256-3083
Email: srmemiller@nf.sympatico.ca

Deadline: Saturday March 15, 2003

Monthly Draw

Renew your Membership now and become eligible for our Monthly Draw

Every month one lucky renewing member will receive a book on thyroid disease

Our September 2002 winner was:
Ms. Margaret McDonald
Ottawa, Ontario
who received
"The Thyroid Gland
A Book for Thyroid Patients"
by Joel I. Hamburger, MD, FACP

Our October 2002 winner was:
Ms. Addie Tokarchuk
Saskatoon, Saskatchewan
who received
"Thyroid Problems
A guide for patients"
by Ivy Fettes, PhD, MD, FRCPC

Our November 2002 winner was:
Mrs. Gertrude Smith
Port Hope, Ontario
who received
"Thyroid Problems
A guide for patients"
by Ivy Fettes, PhD, MD, FRCPC

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde

23rd AGM
Annual General Meeting

Saturday

June 7, 2003

2:00 pm
Toronto, Ontario

Members of the Foundation and the general public are welcome to attend.

Joan DeVille,
National Secretary

What should you expect when you have thyroid surgery?

by
Wendy R. Sackett MD

There are many reasons to have thyroid surgery. Every person is different. This information should not replace information from your doctors.

What is the thyroid?

The thyroid gland is in the neck, in front of the windpipe (trachea). The right and left sides of the thyroid are shaped like the wings of the butterfly. The middle part, the isthmus, has no special function and is just a piece of tissue holding the two bigger sides together. The thyroid makes hormones that help your whole body work properly. The word 'goitre' means enlargement of the thyroid gland for any reason.

Do I need my thyroid?

You can live a normal life without your thyroid, as long as you take a thyroid supplement called 'thyroxine'.

What should I do before surgery?

You may need blood tests or scans of the thyroid in order to find the problem with your thyroid. Some patients need a biopsy of the thyroid done with a small needle. Your doctor will order any tests needed.

If your thyroid is overactive you may need medications to control the thyroid gland and decrease problems at the time of surgery. It is important to take all the medications that your doctor gives you. The timing of your medication may also be important – ask your doctor.

Usually, you should not eat or drink anything after midnight on the night before your surgery. This avoids vomiting when you have the anaesthetic.

Skip your morning coffee! Ask your doctor which of your medications you should take with a sip of water the morning of surgery.

If you normally take medications containing aspirin, arthritis medicines or any blood thinners, these should be stopped before surgery, but ask your doctor just when you should stop your medicines. Bring any x-rays, scans, or ultrasounds you have, and also bring a list of your medicines and doses to the hospital with you. Leave your valuables at home.

What happens in the operating room?

The anaesthetist is the doctor in charge of putting you to sleep for your operation. He or she will start an intravenous drip to give you fluids and medicines through your vein. You will wear a hospital gown and have a paper hat over your hair. You will be taken into the operating room and asked to move onto a narrow operating table. You may hear lots of activity as the operating team gets ready for your operation.

The anaesthetist and nurses will hook up your heart and oxygen monitors, which are taped to your body, and ask you to breathe oxygen through a mask. Then they put you to sleep by putting medicine into your vein. After you are asleep you will have a breathing tube in your throat. You will not be aware of this.

Your head will be tipped back to give your surgeon the best view of your throat. The surgeon may have help from one or more assistants, including an operating room nurse who takes care of the instruments. Sterile drapes will be placed over you, leaving just your neck uncovered. The surgery is performed and your incision is stitched closed. The breathing tube is removed, the anaesthetist wakes you up, and then you go to the recovery room.

Many people don't remember waking up, or going to the recovery room, even though they are awake.

How is the surgery done?

An incision is made in your neck in the same direction as the normal skin lines. The length of the incision depends on the shape of your neck and the size of your thyroid. The decision to remove all or part of the thyroid is based on the type of thyroid disease that you have. The most common operations are total thyroidectomy and hemithyroidectomy.

A total thyroidectomy removes all of the thyroid tissue. This is usually done when both sides of the thyroid are involved in the problem. Total thyroidectomy might be needed for multinodular goitre, when there are lumps on both sides of the thyroid, for cancer, or for some types of overactive thyroid.

Removal of the left side or only the right side is called a hemithyroidectomy, because only half is removed. Your surgeon will describe any variations to you.

How will I feel when I wake up?

Initially, you will be asleep. Your throat will feel uncomfortable from the breathing tube and surgery. Many surgeons inject local anaesthetic into the neck while you are sleeping to limit your pain when you wake up. You will get better very quickly, and after the first day, most patients find they don't need any pain medicine at all. You may want some sore throat lozenges to suck on.

You will be able to talk. About one in ten people find their voice is a little croaky, but this is usually temporary. You will be able to move your head, and you should try to gently stretch your neck muscles by moving your head from side to side and from back to front.

The back of your neck may be uncomfortable initially due to the position you were put in during surgery. You will be able to swallow. You won't want to eat much initially, but you should be eating normal food the day after surgery. You will be able to get up and walk around as soon as the anaesthetic wears off.

What are the risks of surgery?

All surgery has risks. Anytime you have surgery there is a risk of bleeding or infection, or problems with anaesthesia. These are very rare in thyroid surgery. Many people will have some minor bruising or swelling around the incision.

There is a risk of injury to the nerves that control the larynx, which is the voice box. Some people will have a temporary voice change from bruising or swelling around the nerves. Fewer than 1 in 100 patients will have a permanent change in the voice from injury to the nerve. The change is a softer, weaker sounding, voice.

Since the parathyroid glands, which control calcium, are close to the thyroid they may get bruised during surgery and therefore may not work for a while. You may need to take calcium tablets. A blood test after surgery will find out if you need extra calcium

Removing part of the thyroid does not prevent the other parts of the thyroid from developing a problem in the future, but that is uncommon.

You and your doctor have to weigh the risks and benefits of surgery and decide what is best for you. Several Internet websites, such as www.endocrine web.com give information on thyroid diseases and thyroid surgery.

This is only general information. Any specific questions you have about YOUR thyroid should be directed to your endocrinologist, your family physician and your surgeon.

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ESTATE PLANNING
Will You Do It Now?

If you have not made your will yet, will you do it now? Will you remember the Thyroid Foundation of Canada?

If you plan to update your will, will you do it now? Will you help the Thyroid Foundation of Canada?

If we have helped you, will you help us help others? A bequest, an insurance policy, a tax exempt donation – will you think about it? Will you do it now?

The objectives of the Foundation are:

- to awaken public interest in, and awareness of, thyroid disease;
- to lend moral support to thyroid patients and their families;
- to assist in fund raising for thyroid disease research.

* * * * *

Les buts de la Fondation sont:

- éveiller l'intérêt du public et l'éclairer au sujet des maladies thyroïdiennes;
- fournir un soutien moral aux malades et à leur proches;
- aider à ramasser les fonds pour la recherche sur les maladies thyroïdiennes.

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Awareness **Support** **Research**

All members receive *thyrobulletin*, the Foundation's quarterly publication.

Yes!
I will support the Thyroid Foundation of Canada!

Donations – ***The only gift too small is no gift at all.*** $ _____

Membership Level	One Year	Two Year	
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Type of Membership: ❑ New ❑ Renewal • Language Preferred: ❑ English ❑ French

We accept your membership fees and donations by mail, fax or online at our website.
All donations and membership fees qualify for a tax receipt. Please send your application and payment to:

THYROID FOUNDATION OF CANADA, PO Box/CP 1919 Stn Main, Kingston ON K7L 5J7
Tel: (613) 544-8364 or (800) 267-8822 • Fax: (613) 544-9731 • Website: www.thyroid.ca

Please Continue Your Support—We Need You!

National Office/Bureau national

Staff/équipe

Katherine Keen, National Office Coordinator/Coordinatrice du bureau national
Helen Smith, Membership Services Coordinator/Coordinatrice des services aux membres

Office Hours/ Heures du bureau

Tues.- Fri., 9:00 am - 12:00 pm/1:00 pm - 4:30 pm
Mardi à vendredi, 9h00 à 12h00/13h00 à 16h30

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Chapter & Area Contacts/Liaisons pour les sections et districts

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KINGSTON ON K7L 5J7

Has your membership expired? See Page 15

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