

Thyroid Foundation of Canada

33rd Annual General Meeting

and



Forum on Thyroid Disease

Toronto, Saturday, June 1, 2013

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June is Thyroid Month in Canada!!

This year's theme is:

“THYROID DISEASE IS A FAMILY AFFAIR”



Dedicated to Thyroid Education, Support and Research for Thyroid Patients and Their Families

Coming Soon!



Help us celebrate *June is Thyroid Month in Canada* in our **Butterfly Garden**.

Every \$20 will add a butterfly to our garden. Add your name to our Butterfly list or dedicate a butterfly to someone dear to you.

Visit TFC at www.thyroid.ca soon to watch our Butterfly Garden grow.

Let's let the world know that
Thyroid Disease is a Family Affair!





President's message



Un message de votre présidente

Thyroid Disease is a Family Affair

Do you ever say – where did the time go?? I know I have and I guess we all have at times when we've been busy and all of a sudden we've reached a period in time with surprise. When I look back on the past year with Thyroid Foundation of Canada it's hard to believe we'll soon be looking at our next Annual General Meeting, looking back at our accomplishments and looking ahead at our future plans for the coming year.

Yes, it's been a busy one for all of us, reviewing, rebuilding and taking on new tasks or tasks with a new twist, always looking to how we can best provide thyroid patients, their families and others with a service to best suit their needs. We do our best!! While we have up-to-date information on our website, it's not always sufficient to answer some of the questions and dilemmas that some thyroid patients find themselves in. So there lies one of our challenges – finding the best possible method. Getting medical professionals to participate in local Education meetings is never easy due to time constraints and other issues that might get in the way; however, we are grateful to those who have willingly given of their time and expertise. We look forward to more of those types of events in the future.

We know many out there want clearer answers, more detail and better attention paid to their individual needs. No matter where you go and the term "thyroid disease" is mentioned you are bound

Les maladies de la thyroïde sont une affaire familiale

Ne vous dites vous jamais : « que le temps passe si vite!» Ça m'arrive, et je pense que nous avons tous des moments où nous étions très occupés et tout d'un coup, nous sommes surpris que le temps soit passé. Lorsque je repense à l'année dernière à la Fondation canadienne de la Thyroïde, il est difficile de croire que nous allons bientôt planifier notre prochaine assemblée générale annuelle, remémorant nos réussites et anticipant nos futurs plans pour l'année à venir.

Certes, ça a été une année chargée pour nous tous à vérifier, élaborer et adopter des nouvelles tâches ou leur donner une nouvelle tournure, toujours à la recherche de moyens d'offrir le meilleur service possible aux patients thyroïdiens, à leurs familles et aux autres. On fait de notre mieux!! Notre site web est à jour, mais ce n'est pas toujours suffisant pour répondre aux questions et dilemmes de certains patients thyroïdiens. Voici donc, l'un de nos défis : trouver la meilleure approche possible. Trouver des professionnels de la santé pour participer aux réunions locales d'éducation n'est jamais facile, entre autres en raison de contraintes de temps; nous sommes toutefois reconnaissants à tous ceux qui ont gracieusement offert leur temps et partagé leur expertise.

Nous espérons renouveler ce type d'événement prochainement. Nombreux sont ceux qui veulent des réponses plus claires, davantage de détails et d'attention à leurs besoins individuels. Oú que vous soyez, lorsque le terme «maladie de la thyroïde» est mentionné, vous trouverez quelqu'un qui en souffre ou qui connaît quelqu'un qui en souffre au point que l'on se demande parfois si cela n'a pas pris des proportions épidémiques.



to find someone who has thyroid disease or they know of someone with the condition which makes one wonder sometimes if it's not in an epidemic proportion everywhere. Often the someone is a family member which could mean that this individual could find themselves diagnosed with it too, the reason being "Thyroid disease is a Family Affair", the theme for our AGM this year. Thyroid disease is a genetic (or family related) condition which means if one person in a family has thyroid disease, others can develop the condition too. So we need to recognize that and we have to make everyone aware of that. The latest information indicates that 1 in 10 has thyroid disease and many of that number don't know it – in other words have not been diagnosed yet. Why?? Many have symptoms but don't realize it or some have symptoms and those symptoms are being looked at as something else – misdiagnosed.

My message to anyone with a health issue is – "Your health is your own responsibility" and it's no different to what I say to thyroid patients. To take it one step further, the health of your family is your responsibility too as you never know when someone dear to you could be faced with health challenges that are connected to a condition in the family, i.e. thyroid disease, so make sure to spread the word – tell family members about thyroid disease – let them know it is a genetic condition – that thyroid disease is not something to be ignored – that "Thyroid Disease is a Family Affair". Why?? – Because we at Thyroid Foundation of Canada care – we are here to provide information and support whenever we can to anyone who needs it. We want to ensure that thyroid patients have the best quality of life possible.

It's all about family!!!

Mabel Miller, National President

vous trouverez quelqu'un qui en souffre ou qui connaît quelqu'un qui en souffre au point que l'on se demande parfois si cela n'a pas pris des proportions épidémiques.

Souvent, cette personne est un membre de la même famille qui pourrait également être diagnostiqué avec une maladie thyroïdienne, parce que «la maladie de la thyroïde est une affaire familiale» et ce titre est le thème de notre future assemblée générale annuelle. Les maladies de la thyroïde sont génétiques (ou liées à la famille) ce qui signifie que si une personne dans une famille est atteinte, d'autres membres peuvent être atteints également. Nous devons le reconnaître et en faire prendre conscience à tout le monde. Les dernières informations indiquent que une personne sur dix souffre de la maladie de la thyroïde et beaucoup ne le savent pas, ou même, ils n'ont pas encore été diagnostiqués. Pourquoi? De nombreuses personnes ont des symptômes, mais ne le savent pas ou certaines ont des symptômes identifiés comme quelque chose d'autre : une erreur de diagnostic.

Mon message à tous ceux qui ont un problème de santé est : « votre santé est votre responsabilité » et c'est aussi ce que je dis aux patients thyroïdiens. Pour aller un peu plus loin, la santé de votre famille est aussi votre responsabilité. Vous ne savez pas quand un être cher peut être confronté à des problèmes de santé liés à une condition dans la famille, c.à.d. la maladie de la thyroïde; assurez-vous de faire passer le mot, parlez-en aux membres de votre famille, dites leur qu'il s'agit d'une maladie génétique et qu'il ne faut pas l'ignorer : «la maladie de la thyroïde est une affaire familiale». Pourquoi?? Parce que à la Fondation canadienne de la Thyroïde, nous sommes là pour offrir, autant que possible, information et soutien à tous ceux qui en ont besoin. Nous voulons nous assurer que les patients thyroïdiens ont la meilleure qualité de vie possible.

C'est une affaire familiale!

Mabel Miller, la Présidente nationale



FOUNDER / FONDATRICE

Diana Meltzer Abramsky

C.M., B.A.

Thyroid Foundation of Canada / la Fondation canadienne de la Thyroïde

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2012-2013

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Disease in Canada*

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Important Notice:

The information contained within is for general information only and consequently cannot be considered as medical advice to any person. For individual treatment or diagnosis consult your health care professional.

Avis Important:

Les renseignements contenu à l'intérieur sont à titre d'information générale et conséquemment personne ne doit les considérer comme conseils médicaux. Pour traitement ou diagnostique individuelle veuillez consulter votre médecin.



**Thyroid Foundation of Canada
CALL FOR NOMINATIONS 2013-2014**

The TFC National Board is accepting nominations for vacant positions on the board for the upcoming year 2013-2014

At present, there are 5 director's positions on the National Board that will be vacant this year. Those positions of directors are not designated to any specific title or responsibility. This will be determined subsequent to the AGM at the first meeting of members of the National Board. Three vacancies in particular will be the positions of National President, Secretary and Treasurer.

According to By-Law No.1, the President's position is elected from the Board of Directors that is duly elected at the AGM.

As per By-Law No. 1

Directors shall be elected by the members at each annual meeting to fill the position of those directors whose term of office have expired or have otherwise become vacant for a term of THREE (3) years to bring the board to SEVEN (7) members excluding the Past-President.

Directors may not be elected for more than TWO (2) consecutive terms.

If you are interested or know of anyone who might be interested, please have them complete the Nomination form and forward along with a CV to the Nominating Committee Chair:

Ashok Bhaseen a.bhaseen@thyroid.ca

**La Fondation canadienne de la Thyroïde
APPEL DE CANDIDATURES 2013 – 2014**

Le Conseil national accepte des candidatures pour des postes ouverts sur son Conseil d'administration pour l'année 2013-2014

Cinq postes à titre de membre du Conseil national seront ouvertes cette année. Ces postes d'administrateur ne comportent pas de responsabilités ou de titres spécifiques. Ceux-ci seront établis suite à l'assemblée générale annuelle et après la première réunion des membres du Conseil national. Trois postes seront vacants, en particulier, ceux de Président(e) national(e), Secrétaire et Trésorier(e).

Selon le Règlement #1, le président est élu par le Conseil d'administration dont les membres sont dûment élus lors de l'AGA.

Selon le Règlement # 1

Les administrateurs seront élus par les membres à chaque assemblée annuelle pour combler les postes des administrateurs dont le mandat est échu ou dont les postes ont été libérés. Ces postes sont d'une durée de trois ans et visent à établir le nombre de membres du Conseil à 7 personnes à l'exclusion du président sortant.

Les administrateurs ne peuvent être élus pour plus de DEUX (2) mandats consécutifs.

Si vous êtes intéressé ou connaissez quelqu'un qui pourrait être intéressé, s'il vous plaît remplir le formulaire de candidature et l'expédier, accompagné du CV du candidat au président du Comité de mise en candidature:

Ashok Bhaseen a.bhaseen@thyroid.ca

TFC on the Global Map - Some statistics about TFC's website www.thyroid.ca

In the month of March 2013 - **31,802** people visited TFC's website

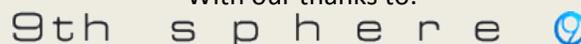
Top ten countries that visited:

- | | |
|------------------|---------------------|
| 1. Canada 16,554 | 6. Belgium 764 |
| 2. France 6,884 | 7. Australia 742 |
| 3. U.S. 4,148 | 8. Unidentified 549 |
| 4. U.K. 1,781 | 9. Algeria 532 |
| 5. India 818 | 10. Morocco 376 |

Ten most popular topics:

- | | |
|--------------------------------------|----------------------------------|
| 1. RAI treatment for hyperthyroidism | 6. Thyroid questionnaire |
| 2. Hypothyroidism | 7. Thyroid cancer |
| 3. Know the facts | 8. Clinical diagnosis |
| 4. Nodules | 9. Thyroid disease in childhood |
| 5. Thyroid disease (general) | 10. Thyroid disease and the skin |

With our thanks to:





Experts Issue Recommendations for Treating Thyroid Dysfunction during and after Pregnancy

The Endocrine Society
Friday, August 10, 2012

The Endocrine Society revises clinical practice guideline for management of thyroid dysfunction Chevy Chase, MD—The Endocrine Society has made revisions to its 2007 Clinical Practice Guideline (CPG) for management of thyroid disease during pregnancy and postpartum. The CPG provides recommendations for diagnosis and treatment of patients with thyroid-related medical issues just before and during pregnancy and in the postpartum interval.

Thyroid hormone contributes critically to normal fetal brain development and having too little or too much of this hormone can impact both mother and fetus. Hypothyroid women are more likely to experience infertility and have an increased prevalence of anemia, gestational hypertension and postpartum hemorrhage. If left untreated, maternal hypothyroidism is associated with premature birth, low birth-weight and neonatal respiratory distress. Higher than normal thyroid hormone levels are associated with increased fetal loss.

Pregnancy may affect the course of thyroid diseases and conversely, thyroid diseases may affect the course of pregnancy,” said Leslie De Groot, M.D., lead researcher from the University of Rhode Island. “Pregnant women may be under the care of multiple health care professionals including obstetricians, nurse midwives, family practitioners and endocrinologists making the development of guidelines all the more critical.”

Revisions from the CPG include:

- Caution should be used in the interpretation of serum free thyroxine (T4) levels during pregnancy and each laboratory should establish trimester-specific reference ranges for pregnant women using a free T4 assay. The non-pregnant total T4 range (5-12 µg/dL – 50-150 nmol/L) can be adapted in the second and third trimesters by multiplying this range by 1.5-fold. Alternatively, the free T4 index appears to be a reliable assay during pregnancy;
- Propylthiouracil (PTU), if available, should be the first-line drug for treatment of hyperthyroidism during the first trimester of pregnancy, because of the possible association of methimazole (MMI) with congenital abnormalities. MMI may also be prescribed if PTU is not available or if a patient cannot tolerate or has an adverse response to PTU. Recent analyses by the FDA indicate that PTU may rarely be associated with severe liver toxicity. For this reason, clinicians should change treatment of patients from PTU to MMI after completion of the first trimester;
- Breastfeeding women should maintain a daily intake of 250 µg of iodine to ensure breast-milk provides 100 mcg iodine per day to the infant;
- Once-daily prenatal vitamins should contain 150-200µg iodine and that this be in the form of potassium iodide or iodate, the content of which is verified to insure that all pregnant women taking prenatal vitamins are protected from iodine deficiency;
- Since thyroid receptor antibodies (thyroid receptor stimulating, binding, or inhibiting antibodies) freely cross the placenta and can stimulate or inhibit the fetal thyroid, these



antibodies should be measured before 22 weeks gestational age in mothers with 1) current Graves' disease or 2) a history of Graves' disease and treatment with 131-I or thyroidectomy before pregnancy, or 3) a previous neonate with Graves' disease or 4) previously elevated TSH receptor antibodies (TRAb);

- In women with TRAb at least 2-3 fold the normal level, and women treated with anti-thyroid drugs, fetal thyroid dysfunction should be screened for during the fetal anatomy ultrasound (18-22nd weeks) and repeated every 4-6 weeks or as clinically indicated. Evidence of fetal thyroid dysfunction could include thyroid enlargement, growth restriction, hydrops, presence of goiter, advanced bone age, or cardiac failure.

- Women with nodules 5 mm-1cm should be considered for fine needle aspiration (FNA) if they have a high risk history or suspicious findings on ultrasound and women with complex nodules 1.5-2 cm should also receive an FNA. During the last 6 weeks of pregnancy, FNA can reasonably be delayed until after delivery. Ultrasound guided FNA is likely to have an advantage for maximizing adequate sampling.

The committee that developed the CPG could not reach agreement on screening recommendations for all newly pregnant women. Some members recommend screening of all pregnant women for serum TSH abnormalities by the 9th week or at the time of their first visit. Other members recommend neither for nor against universal screening of pregnant women at the time of their first visit and support aggressive case finding to identify and test high-risk women. In some situations, ascertainment of an individual's risk status may not be feasible and in such cases, testing of all women by 9 weeks of pregnancy or at the first prenatal visit is reasonable. The Society established the Clinical Practice Guideline (CPG) Program to provide endocrinologists and other clinicians with evidence-based recommendations in the diagnosis and treatment of endocrine-related conditions. Each CPG is created by a task force of topic-related experts in the field. Task forces rely on scientific reviews of the literature in the development of CPG recommendations. The

Endocrine Society does not solicit or accept corporate support for its CPGs. All CPGs are supported entirely by Society funds.

The guideline entitled "Management of Thyroid Dysfunction during Pregnancy and Postpartum: An Endocrine Society Clinical Practice Guideline" appears in the August 2012 issue of the Journal of Clinical Endocrinology and Metabolism (JCEM), a publication of The Endocrine Society.

www.endo-society.org



The thyroid gets its name from the Greek word for "shield", due to the shape of the related thyroid cartilage ...

facebook

Visit us on Facebook and see our **Thyroid Thought of the Week**

Special thanks to Jesse McNeil of West Jet for her assistance in setting up a Facebook page for TFC



Polar Bear mother gives birth after diagnosis of Thyroid Disease

By Dr. Ulla Slama, Thyroid Patient Association of Finland

The Thyroid Patient Association of Finland has taken the polar bear mother Venus living in the national park of Ranua in northern Finland as godchild bear.

One year ago the female polar bear Venus was diagnosed for insufficiency in her thyroid gland. This seems to have contributed to her reproductive problems. She had a miscarriage in 2009.

It is very rare for polar bears to give birth when they are in captivity, away from their natural freedom.

The well-being of Venus, the mother polar bear, was taken extra care of when she became pregnant again. She was given the appropriate thyroid medication; in addition, we also ensured that Venus received the all-important fatty acids by giving her cod-liver oil.

The cub was born in the early morning hours on Friday, November 18, and has, by now, survived the most critical period of five days for polar bear cubs. The cub is growing and developing very well now.

The first polar bear cub ever surviving its birth in Finland was the greatest Christmas present for all at the Ranua Wildlife Park.

The cub weighed half a kilogram and in three weeks time it has more than doubled its weight. When the cub reaches the age of a few months, we expect it to weigh close to ten kilograms. By that time, in February – March, it will be able to go outside with its mother. We will inform the public/visitors well in advance of the event.



The first polar bear cub to survive its birth in Finland



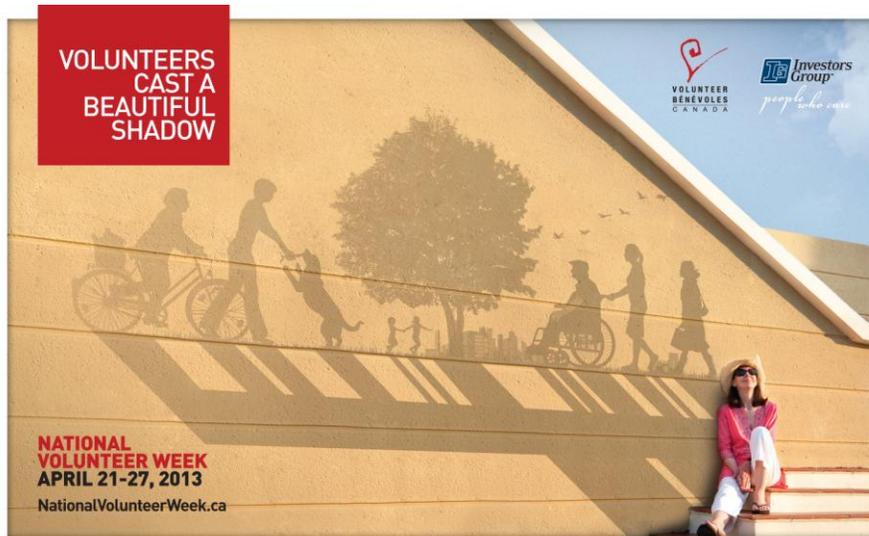
Venus with her baby cub, Ranzo



**The polar bear mother Venus has been adopted as godchild by:
Thyroid Patient Association of Finland**



*Photographs courtesy of **Ranua Wildlife Park**
Ranua, Lapland, Finland*



National Volunteer Week

April 21 to April 27, 2013 is National Volunteer Week.

Many thanks to all of our hardworking TFC volunteers. Without your efforts, we could not achieve our goals.

Call for nominations

TFC Volunteer of the Year Award 2013

The National Board is accepting names for **Volunteer of the Year** award for 2013. This is an award to a member or a non member who has gone above and beyond to make a significant contribution to TFC.

The following criteria may be helpful to determine the deserving person:

- A person who significantly contributed to TFC; it could be through a charitable program or getting significant contribution to TFC.
- A member who brought glory to TFC from their contribution to the world of Thyroid issues.
- A person who went above and beyond to make a contribution to TFC or raising awareness to Thyroid issues.

- A person who made a significant lifelong contribution to TFC and should be recognized and was NOT recognized by TFC in the past A Thyroid patient (young or older) that thought outside of the box and made a contribution to TFC that also generated awareness about TFC.
- A company or individual who significantly contributed to TFC.
- A TFC member who went above and beyond to contribute to TFC.
- An external officer or public servant that significantly contributed to TFC through their deed or action.

Your nomination for this person and what that person did to deserve this award should be sent to Joan DeVille no later than **April 30th, 2013** at: thkitwt@sympatico.ca



**Thyroid Foundation of Canada
Membership and Donation Form**



**La Fondation canadienne de la thyroïde
Formulaire d'adhésion et dons**

Member Information/Information du Membre:				<input type="checkbox"/> New /Nouvelle	<input type="checkbox"/> Renew /Renouvellement
Name/Nom:		<input type="checkbox"/> Gift /Don		<input type="checkbox"/> Address Change/Changement d'adresse:	
Address/Adresse:					
City/Ville:					
Prov:		Postal Code:			
Tel.:		Code postal:			
Email/Courriel :					
Membership Level/Catégorie d'adhésion:					
One Year/Un An				Two Year/Deux Ans	
Regular/Régulier <input type="checkbox"/> \$25	Senior/Agéé <input type="checkbox"/> \$20	Student/Étudiant <input type="checkbox"/> \$20	Family/Famille <input type="checkbox"/> \$30	Regular/Régulier <input type="checkbox"/> 40\$	Senior/Agéé <input type="checkbox"/> 30\$
				Student/Étudiant <input type="checkbox"/> 30\$	Family/Famille <input type="checkbox"/> 50\$
					Membership/Adhésion: \$
Donation/Don: <i>All donations support the work of TFC / Toutes les dons supportent le travail de la FCT</i>					Donation/Don: \$
					Total payment/Total don et d'adhésion: \$
Method of Payment / Méthode de paiement:					
<input type="checkbox"/> Cheque enclosed/Chèque ci-joint (<i>payable to/à l'ordre de: Thyroid Foundation of Canada</i>)					
<input type="checkbox"/> Visa	Visa #:		Expiry Date/Date d' échéance:		
<input type="checkbox"/> MasterCard	MCard #:		Expiry Date/Date d' échéance:		
Name on credit card/Nom sur la carte de crédit:					
Please send completed form to / s'il vous plaît envoyer le formulaire dûment rempli rempli à: Thyroid Foundation of Canada, PO Box 298, Bath, ON K0H 1G0			An official receipt for income tax purposes will be issued for both membership fees and donations./Un reçu fiscal pour votre fins d'impôt vous sera remis pour dons et adhésion. (BN: 11926 4422 RR0001)		

Thank you for your support! ☺ Nous vous remercions de votre soutien!



Do you know someone who could benefit from receiving **thyrobulletin** - becoming a member of TFC?
Please share this membership form with them.



For more information visit www.charitycar.ca

Do you have an old car that has reached the end of its life and not sure what to do with it? Turn that old car into a charitable tax receipt by donating the proceeds to our charity, and feel good about the benefits that you provide.



CHAPTER NEWS AND ACTIVITIES

OTTAWA ON

CARREFOUR *Santé*



Ottawa Chapter's display at the CarrefourSanté Conference, Nov. 23-24, 2012

La Fondation de canadienne de la thyroïde participe parmi plus d'une centaine de kiosques d'information au Carrefour Santé 2012.

Carrefour Santé 2012 a eu lieu les 23 et 24 novembre à Ottawa accueillant plus de 1,100 professionnels et étudiants de la santé ainsi que le grand public. Les visiteurs aux kiosques et les participants aux ateliers se sont familiarisés avec les services de santé offerts en français dans l'Est ontarien – plusieurs kiosques représentant des organisations nationales et régionales de Renfrew à Kingston étaient présents. Un lieu unique et utile, le Carrefour Santé 2012 a donné non seulement une occasion pour la communauté francophone pour en savoir plus sur les

services en français dans la région, mais aussi il a facilité un réseau parmi les agences de services de santé. Cet événement a été une initiative du « Réseau des services de santé en français de l'Est de l'Ontario » avec la collaboration de la « Société Santé en français » et « Santé Canada. » La Fondation canadienne de la Thyroïde – La branche d'Ottawa a préparé, conçu et doté notre kiosque (photo). Le thème de l'exposition était « Familiarisez-vous avec votre papillon interne » adopté d'après la brochure de la FCT créée par Lynn Miller. La nouvelle série de dépliants de la FCT sur les différentes affections thyroïdiennes étaient en forte demande, surtout par les professionnels en santé cherchant l'information à l'intention du patient.

Thyroid Foundation of Canada among more than a hundred information kiosks at the Carrefour Santé 2012

The Carrefour Santé, held November 23 and 24, 2012 in Ottawa, welcomed more than 1100 health professionals and students as well as the general public. Visitors to the kiosks and attendees at the workshops learned about the various health services offered in French in Eastern Ontario – with kiosks representing national and regional organizations from Renfrew to Kingston.

A useful and unique venue, the Carrefour Santé provided not only an opportunity for the francophone community to find out more about the health services available in French in the region, but also facilitated networking among the health services. This event was an initiative of the French Language Health Services Network of Eastern Ontario, in collaboration with la Société Santé en français and Health Canada.

The TFC Ottawa Chapter designed and staffed our kiosk (photo). The display's theme "Get to know your inner butterfly" was adopted from the TFC pamphlet designed by Lynn Miller. The new health guides in French were very popular with visitors, especially medical professionals looking for patient information in French.



KITCHENER-WATERLOO ON



Pharmacist Shaun Toolsie, Riepert Pharmacy

On January 15, 2013 at the Forest Heights Branch of the Kitchener Public Library, the Kitchener-Waterloo Chapter conducted an education meeting. Our Speaker - Shaun Toolsie, Pharmacist and Certified Diabetic Educator spoke on **“Eating Your Way to a Healthier Thyroid: Food and Thyroid Medications”**.

Shaun is the new owner of Riepert Pharmacy. He advised that we can most closely mimic the thyroid gland’s production and secretion of thyroxine hormone by taking the tablet

form consistently on an empty stomach, either an hour before a meal, or 2 hours after a meal. For many, this means taking it upon waking with a glass of water, and waiting an hour before having breakfast. For others, with either an irregular schedule, or multiple medications to consider, or for those who wake up feeling hungry, it may be more appropriate to take their dose 2 hours after breakfast, or even at bedtime for shift workers.

The reason that administration on an empty stomach is ideal, is that absorption of thyroxine is significantly affected by the presence of food or beverage, and as breakfasts vary from day to day, so would the absorbed dose. Fortunately, this doesn’t lead to wild fluctuations in our blood levels of the hormone as our bodies do have a tempering effect, but starting to drink a cup of black coffee regularly with your thyroxine for instance, would have a cumulative effect over the span of a month. Your doctor will detect this effect with your next scheduled blood test, and adjust your dose accordingly, however, it may be well past a month that your next yearly blood test is scheduled. If you’d like to consider a significant change to your current routine, a consultation with your doctor or pharmacist should be scheduled.

(Thyroxine is a medication used to treat hypothyroidism.)

Kitchener-Waterloo Chapter President, Cassandra Howarth, is presented with Queen’s Jubilee Medal for her work for TFC over the years



The Queen Elizabeth II Diamond Jubilee medal marks the 60th anniversary of Her Majesty Queen Elizabeth II's accession to the throne as Queen of Canada. In celebration of this event, 60,000 outstanding Canadians are being honoured for their contributions or distinguished service to their fellow citizens, community and country.

Cassandra’s nomination was made by her boss, Christine Stewart, who wrote: “Cassandra has demonstrated excellence as a public servant for over 16 years and has volunteered for 22 years for the Thyroid Foundation of Canada - National Board and Kitchener-Waterloo Chapter Board. Her focus on education and outreach has contributed to raising the level of understanding of this disease here and has had international impacts leading to the formation of Thyroid Federation International. She has served as Secretary, Education Chairman and now President for numerous years.”



GANDER NL



Gander & Area Chapter holds Thyroid Workshop

Something unique for Thyroid Foundation of Canada took place in October 2012. TFC is always looking for more effective means of providing Education & Awareness on thyroid disease so any new idea is worth considering.

The Gander Area Chapter in partnership with Central Community Health proposed to look at something that would be beneficial in a variety of ways. So with the expertise of health professionals we put together a one day event that covered various topics thyroid patients could relate to and would be helpful. This included presentation on thyroid disease, nutrition, healthy living, medications – which included interactions with thyroid medications and other medications one might be taking. In addition, we made it a fun day with some activities that brought a laugh to everyone – knowing that laughter is sometimes the best medicine of all.

There was lots of interaction between those attending and those presenting which made for a very successful day. Many were amazed at the information they received that they weren't aware of before and felt they had a much better understanding of what thyroid disease is all about. Everyone was glad to be able to hear others' stories of their situations in dealing with thyroid disease. Networking was a big asset to all.

Will Gander Chapter do it again? You bet we will.



Gander Chapter Homemade Quilt Lottery winner was Matthew F from Gander. Congratulations Matthew! The chapter did very well in raising almost \$900.00 in a very short period.

GRAND FALLS-WINDSOR NL



Seniors Wellness Day – Grand Falls-Windsor, NL

An invitation from Central Community Health in Grand Falls-Windsor, NL to participate in a Wellness Day for Seniors was a great opportunity to provide some information on various types of thyroid disease as well as how “Thyroid Disease is a Family Affair”. With seventy-five seniors in attendance many stories were shared about experiences during the years with diagnosis and with treatment. No matter where you go, especially where there are older persons, you're sure to hear of the many hurdles and stumbling blocks that were encountered over the years. It was most interesting to hear about the various methods used 30-40 years ago, some having to wait 3-4 weeks for blood test results and other issues. Many were surprised to learn about the genetic connection and appeared anxious to pass along the information to other family members. We hope to do more of those sessions within the next couple months and again in the Fall. Lots of Health guides were distributed and there are plans to hold an Education session with some medical expertise in the future. Anyone interested in having us provide an information session, please call our toll free line – 1- 800-267-8822.

Mabel Miller, Gander & Area Chapter President.



Thyroid Foundation of Canada visits Halifax, NS area.

A very successful information Session was held in the Halifax area recently to provide patients, their families and the public with Awareness and valuable education material on various thyroid conditions. We hope to avail of some medical expertise in the near future and hold an Open Forum to help patients better understand their condition. Anyone interested please contact us at our toll free no. 1-800-267-8822. We'll be glad to hear from you.



Another Information Session is planned for **Saint John, NB** late June. Info Sessions coming to St. John's and Corner Brook NL - Would you like to help?? Please call us at 1-800-267-8822. We could use your help!



CanadaHelps is a registered charity with a goal to make giving simple.

CanadaHelps is a one-stop shop for giving. We made donating online easy and secure.

Through CanadaHelps, you decide how much to give, who to support, when to give, how often to give and who gets your personal information.

Do you have a thyroid story?

We would love to hear from you! Share your story of thyroid disease, help others who are going through a similar experience.



Send your story to: thyrobulletin@gmail.com

Or mail it to:

PO Box 298, Bath ON K0H 1G0

Our Aims

Awareness - To awaken public interest in, and awareness of, thyroid disease.

Support - To lend moral support to thyroid patients and their families.

Research - To assist in fund raising for thyroid disease research.

Nos objectifs

Sensibilisation - Accroître l'intérêt du public envers les maladies thyroïdiennes et le sensibiliser davantage à ce problème.

Soutien - Offrir un soutien moral aux personnes atteintes d'une maladie thyroïdienne et à leur famille.

Recherche - Contribuer à recueillir des fonds pour la recherche sur les maladies thyroïdiennes.



Recommendations for thyroid shields in x-rays

American Thyroid Association

Incidence of cancer of the thyroid gland, a small butterfly-shaped gland that impacts almost all of the body's metabolic processes, is increasing around the world. In the United States in particular, it is increasing faster than any other cancer, with more than 56,000 people likely to be diagnosed with thyroid cancer in 2012 alone (1). Although it is unlikely that radiation exposure is the predominant contributor to this trend, the thyroid is among the most susceptible sites to radiation-induced cancer.

In a 2005 American Thyroid Association (ATA) brochure about thyroid cancer, the ATA states: "Routine X-ray exposure (e.g., dental X-rays, chest X-rays, mammograms) does not cause thyroid cancer." While scientific knowledge at the time supported this language for the one-time use of the modalities cited, the statement does not take into account repeated exposure through diagnostic x-rays over one's lifetime or the increasing use of alternative procedures, such as computed tomography (CT), where the doses to the thyroid are generally much larger.

This prompted the ATA in 2011 to initiate a review of radiation as a cause of thyroid cancer, with the aim of establishing a policy that would state its view on how the exposure of the thyroid to radiation should be minimized. The ATA's "Policy Statement on Thyroid Shielding During Diagnostic Medical and Dental Radiology" is the culmination of this effort.

The ATA's "Policy Statement" issues several key considerations based on a robust review of the literature.

1. The risk of thyroid cancer arising from radiation exposure is strongly dependent on age at exposure. This risk is greatest in children, increasing dramatically as the child's age at exposure decreases.
2. Risk of thyroid cancer for adults exposed to radiation is low, but not absent. It is only recently that a risk for exposure after the age of 15 has been observed.
3. Among children and adults alike, the risk of thyroid cancer resulting from radiation exposure is reduced proportionately with the dose of radiation received.

In addition, the ATA's "Policy Statement" puts forth six key recommendations:

1. The ATA recommends that the necessity of all diagnostic X-rays be evaluated before they are performed. This must include the potential risks as well as the potential benefits to the patient. This must also include a consideration of the alternative methods for obtaining the same or related clinical information.
2. The ATA recommends that the patient or the patient's decision-maker IS made aware of the potential risks and benefits to any diagnostic procedure in a manner that is understandable to them.

continued ...



3. The ATA recommends that clinicians are adequately informed about the potential risks of radiation and the general principles of radiation dosimetry, especially as they relate to children and to the thyroid.

4. With regards to mammography, the ATA does not recommend routine thyroid shielding for mammography due to a lack of data to substantiate its use. Furthermore, any risk to the thyroid is much lower than the benefit of mammography.

5. With regards to CT scans and other diagnostic radiographies, the ATA recommends the use of thyroid shields when possible to protect the thyroid. These procedures may involve clinically relevant radiation doses to the thyroid, and the goal is to reduce thyroid exposure as much as feasible.

6. With regards to dental X-rays, the ATA recommends the reduction of thyroidal radiation exposure as much as possible without compromising the clinical goals of dental examinations. The ATA thus endorses the recommendations of the National Council on Radiation Protection & Measurements (NCRP) Report 145, Radiation Protection in Dentistry, 2003 (2). However, it urges a reconsideration of the less stringent requirement put forth for thyroid shielding in adults as compared to children. The ATA also recommends that efforts be made to encourage and monitor compliance with the American Dental Association (ADA) and NCRP guidelines and to reduce, as much as possible, the areas of ambiguity in them.

Thyroid Cancer - Lead Thyroid Shields

Lynn Miller, RN

What is a “Thyroid Shield”?

A Thyroid Shield is a lead collar that you wear around your neck when you have an X-ray or any diagnostic imaging procedures. It is designed to protect your thyroid from radiation you may be exposed to during diagnostic imaging tests.

With recent concerns raised on TV regarding the exposure to radiation and the rise of thyroid cancer in women perhaps some information can help clear the dilemma of to wear one or not. The correlation that mammography, and dental X-rays with the lack of use of thyroid shields, is leading to the rise of thyroid cancer has not been proven. After this issue was broadcasted on TV, it then made its way to websites, blogs, emails and tweets.

The advice given by the TV show was that the soundest advice was to wear the shields.

The radiology community responded with a statement, saying the small amount of radiation patients receive from a mammogram has not been proven to cause cancer, “correlation is not causation”. Some shields manufactured have impaired the viewing of breast tissue, and resulted in repeat of testing. Because of this controversy, it has set in motion also a reluctance of some people to even have a mammogram.

This gives women another reason to question even getting a mammogram, added a professor from a renowned Medical School in the US. So if you want women to get mammograms, make it safe is the advice of a medical professional.

Although it is now well known that thyroid cancer is the fastest growing cancer in women, **it is also** increasing in men as well.



The CAR (Canadian Association of Radiology), responded that the report’s statement “shields should be used in order to avoid radiation exposure to the thyroid, which could cause thyroid cancer” is simply **NOT based on scientific literature**. The radiation to the thyroid during mammography examination is exceptionally low. Two statements, one by Cancer Care Ontario and the other by the American College of Radiology supported CAR’s position that the use of thyroid shield for mammography is not indicated.

Dental X-rays give very low dose of radiation to the mouth. There is some scattering of radiation and the potential for some radiation absorption by the nearby thyroid and other organs. The American Dental Association notes that a lead apron placed over the torso minimizes the exposure. None of their experts are especially worried that dental X-rays are a

significant cause of thyroid cancer. **CT scan** is the medical procedure that concerns most of the experts. It uses higher levels of radiation than conventional X-rays and much higher levels than are used in dental X-rays.

Radiation exposure does increase the risk of cancer, and the risk increases with the amount of radiation exposure. Yes thyroid cancer is on the rise, but thyroid cancer is one of the survivable cancers. Much of the increase is due to increased discovery due to diagnostic imaging, ie. X-rays, scans, etc.

Note: The developing thyroid is especially at risk. Children are at increased risk of developing thyroid cancer later in life.

Perhaps we should be more vigilant for our children.

**NEW!!
Thyroid and Pregnancy**

See interviews with Dr. Norman Wong in Calgary and Dr. Lewanczuk in Edmonton at:

www.thyroid.ca



TFC Change of Address
Please address all future correspondence to:
Thyroid Foundation of Canada
P.O. Box 298, Bath ON K0H 1G0

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

~World Health Organization, 1948



Our Founder, Diana's Wishes

June 11, 1988

I wish for earlier diagnosis and treatment of thyroid gland malfunction.

I wish for improved doctor/patient communication vis-à-vis understanding thyroid disease and treatment.

I wish for more thyroid clinics across Canada where, without referrals, people could have their symptoms evaluated by thyroid specialists.

I wish hypothyroid screening, which has helped prevent mental retardation in infants, would be expanded to include adolescents and adults in high risk cases.

I wish thyroid research were not so seriously underfunded; that it would become a more visible target for private donations and bequests, as well as corporate and government funding.

I wish the cost effectiveness of government-sponsored thyroid education update programs, for health care professionals, would be realized.

I wish for a continuation of national media coverage of the Foundation's thyroid awareness programs, which inform the public-at-large about serious medical problems that may result from an untreated, malfunctioning thyroid gland.

I wish for talented leaders and members, at the Chapter level, to continue promoting the Foundation as a recognized source of thyroid information, for all age groups and all segments of society.

I wish for dynamic leaders and members, who will inspire the public-at-large (lay and professional) to become thyroid conscious; to "think thyroid research!" and "support thyroid research!"

I wish for caring, dedicated leadership in our growing network of Chapters, to continue to accept new tasks and challenges, with the same warmth towards thyroid patients, and with the same heart and soul of our early days.

I wish for a world Thyroid Foundation with Chapters in every corner of the globe, where the universal problems of thyroid patients may be addressed.



Diana Hains Meltzer Abramsky, Founder
1915 – 2000



Events

KITCHENER, ON

**"HOW THYROID DYSFUNCTION CAN
AFFECT THE EYE:
MUSCLE FUNCTION AND PERFUSION PRESSURE"**

MONDAY, APRIL 22, 2013
6:30 - 9:00 PM

Dr. Patrick Quaid, Optometrist, PhD
Private Practice, IRIS The Visual Group, Guelph &
University of Waterloo School of Optometry & vision Science
(P/T Clinical Supervisor)

Kitchener Public Library - Country Hills Branch,
1500 Blockline Road, Kitchener

To Register : (519) 743-3558

TORONTO, ON

Forum on Thyroid Disease



SATURDAY, JUNE 1, 2013
2:00 – 4:00 PM

Dr. Prakash Chandra, MD MSc. D. ABIM
Endocrinologist, LMC Centre, Brampton

Sheraton Centre Toronto Hotel
123 Queen St. W., in Downtown Toronto

*Everyone welcome ~ Bring your questions
Information on thyroid disease available*

To Register: call 1-800-267-8822
and leave your name and phone number
or email to: info.tfc1800@gmail.com

LONDON, ON

A Touch of Spring!
13th Annual Fashion Show!



WEDNESDAY, MAY 1, 2013
5:30 Cash Bar ~ 6:30 Dinner ~ 8:00 Fashion Show
Tickets \$50.00

Hellenic Community Centre
133 SOUTHDALE RD. WEST, LONDON

Silent Auction & Door Prizes
For tickets or to sponsor a table:
call Judy @ 519-473-6682

TORONTO, ON

Annual General Meeting

SATURDAY, JUNE 1-2, 2013
9:00 – 11:30 AM

Sheraton Centre Toronto Hotel
123 Queen St. W., in Downtown Toronto
Please join us
For more information call: **1-800-267-8822**