

Autumn 2013

Thyrobulletin



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Thyroid Foundation of Canada
La fondation canadienne de la thyroïde





FOUNDER / FONDATEUR

Diana Meltzer Abramsky, C.M., B.A.
1915 - 2000

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la Fondation canadienne de la Thyroïde**

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*The Voice and Face of Thyroid
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.



A message from the president



Un message de votre président

☐ Dear Readers and TFC members:

Season's greetings and best wishes to the readers of *Thyrobuletin*.

We are happy to provide you with yet another edition of *Thyrobuletin*. The publication in its 34th year of its life is testimony to a purely volunteer driven organization that is alive and well. We take pride in its viability, longevity and those die-hard volunteers that have kept this organization going. TFC means a lot to those who suffer from thyroid-related issues; however, today, the management and the science behind the disease have evolved tremendously from hypothyroidism to different types of thyroid cancer. Graves' disease is still in tough territory and the science behind it has yet to reach a mature stage. The industry focus on the thyroid cancer front is relatively new but differentiated, and medullary cancer patients have access to better treatments than what was available 5 years ago.

Iodine in table salt has changed the face of goitre in North America and even in most of the developing world. It does however remain an issue in the underdeveloped countries and surprisingly countries like the UK are noticing the lack of education on iodine intake as one whole generation has taken it for granted and the food industry has somehow ignored the need of having iodized salt among its ingredients. We must not forget that the last 34 years have helped change the lives of many who would have been impacted without proper guidelines on iodized salt. We should remain vigilant in Canada.

To keep what we have achieved in 3 decades takes leadership and passion for volunteer life in the Thyroid Foundation of Canada and other such organizations around the globe. I have many people to thank who have stood with me and

☐ Chers lecteurs et membres de la FCT:

Joyeuses fêtes et meilleurs vœux aux lecteurs du *Thyrobuletin*.

Nous sommes heureux de vous faire parvenir avec une autre édition du *Thyrobuletin*. Une publication qui est dans sa 34^{ième} année et qui démontre un vrai témoignage de nos volontaires incroyables. Nous sommes fiers de sa viabilité, sa longévité et surtout de nos bénévoles qui travaillent sans fin pour garder notre organisation forte. La FCT porte une grande importance pour ceux qui souffrent de problèmes liés à la thyroïde. Cependant, la gestion et la science derrière la maladie ont beaucoup évolué dans les dernières années; de l'hypothyroïdie à différents types de cancer de la thyroïde. La recherche sur les cancers de la thyroïde est relativement nouvelle mais différenciée, et les malades du cancer médullaire ont accès à de meilleurs traitements de ce qui était disponible il y a 5 ans. D'un autre côté, la maladie de Graves demeure toujours dans un territoire difficile et la science derrière elle n'a pas encore atteint un stade de maturité.

L'iode dans le sel de table a changé le visage du goitre en Amérique du Nord et même dans la plupart des pays en développement. Il demeure cependant un manque d'éducation sur l'apport d'iode dans les pays sous-développés et, étonnamment, des pays comme le Royaume-Uni où une génération entière a pris pour acquis et où l'industrie alimentaire a ignoré le besoin d'avoir du sel iodé parmi ses ingrédients. Nous ne devons pas oublier que les 34 dernières années ont contribué à changer la vie de nombreuses personnes qui auraient sans doute été touchées sans avoir des directives appropriées sur le sel iodé. Nous devons surtout rester vigilants ici au Canada.

Pour garder ce que nous avons réalisé en 30 ans, il faut du



remained committed to TFC. If we were to look at our founder Diana's wishes we will notice that among her 11 wishes 3 are focused on leadership. Having being involved with TFC at a time when it was at a cross roads and is now in its rebuilding phase, leadership skills were crucial and will remain so for the future.

TFC over its 34 years of history has consciously chosen a more practical path of helping in research, awareness and providing documented information to patients. In the information age a few clicks on the keyboard can take a person to the path of recovery or total destruction using a self-help approach. Thyroid disease remains slow to treat, there are no overnight cures or treatments, it is just the nature of the disease, and patients that follow all recommendations, precautions and guidance have a lot to gain in managing themselves to living a normal life.

In this age of increased use of diagnostic x-rays, be prudent to cover your neck and thyroid gland with a neck collar (provided by radiology technicians) when being exposed to dental and medical radiation such as mammograms; precaution never hurts. Recently, I discovered that in my own family, five of my relatives are on levothyroxine; they differ in gender, age and cause, including one after breast cancer, one after leg cancer and one after a kidney transplant, cases not commonly heard of.

I want to encourage all of our readers to get more involved in your health and also find time to help others by becoming volunteers and members of TFC. Sometimes the biggest gift we can give to people is our time and effort that can change their lives. ☐

leadership et la passion de nos bénévoles de la Fondation canadienne de la thyroïde ainsi que d'autres organisations dans le monde entier. J'ai beaucoup de gens à remercier, ceux qui reste engagé à la FCT. Si nous regardons les souhaits de notre fondateur Diana, nous remarquerons que parmi ses 11 souhaits, 3 sont basés sur le leadership. Ayant été impliqué avec la FCT à un moment où elle était à la croisée des chemins et maintenant dans sa phase de reconstruction, j'observe que les compétences en leadership sont cruciaux et le resteront aussi dans l'avenir.

La FCT sur ses 34 ans d'histoire, a consciencieusement choisi une voie plus concrète pour aider dans la recherche, la sensibilisation et pour fournir des informations documentées pour les patients. L'ère de l'information électronique d'aujourd'hui peut mener une personne dans la voie de redressement ou celle de destruction si elle utilise une approche d'auto-assistance. La maladie de la thyroïde est lente à traiter, il n'y a pas de remèdes ou de traitements rapides, c'est simplement la nature de la maladie. Les patients qui suivent toutes les recommandations, précautions et conseils spécialisés ont beaucoup plus à gagner et peuvent même atteindre une vie normale.

Lors de diagnostics par rayons-x, soyez prudent pour couvrir votre cou et la glande thyroïde (avec un col fourni par les techniciens de radiologie) lorsqu'il est exposé à un rayonnement dentaire ou médicale tel qu'une mammographie; la précaution n'a jamais fait mal. Récemment, j'ai découvert que dans ma propre famille, il y a cinq membres qui prennent la lévothyroxine. Ils se distinguent par sexe, âge et cause, y compris un après le cancer du sein, un après le cancer de la jambe et l'autre après une insuffisance rénale, un cas généralement rare.

Je veux donc encourager tous nos lecteurs à s'impliquer d'avantage dans leur santé et aussi de trouver du temps pour aider les autres en devenant bénévoles et membres de la FCT. Parfois le plus grand cadeau que nous pouvons donner aux gens, c'est notre temps et effort qui en retour peut changer une vie. ☐



TFC President, Ashok Bhaseen, participating in a run for Thyroid Cancer in Leiden, The Netherlands, Sept. 9th while attending the Thyroid Federation International's annual meeting.

Le président, Ashok Bhaseen, participe dans une course pour le cancer de la thyroïde à Leiden, aux Pays-Bas le 9 septembre alors qu'il assistait à l'assemblée annuelle de la Fédération internationale de la thyroïde.



An experience of a lifetime

*Mabel Miller
Past President
Thyroid Foundation of Canada*

Looking back some 23 years to 1990 I have gathered many memorable moments with the Thyroid Foundation of Canada. An organization whose prime goal has been to support thyroid patients and their families has made a very positive difference in the lives of many. Playing a role on the National Board since 2004 in addition to a 3-year tenure some years back has given me an opportunity to meet some wonderful dedicated people all across Canada and from other parts of the world.

In the past couple of years as National President, I've seen some great changes taking place. There have been new initiatives, new approaches to delivering our programs and some new people joining the board, bringing skills and talents which will enrich the organization in our goals: Education – Support – Research of thyroid disease.

I am very thankful to some special people I've had the privilege to work with during my involvement with TFC;



Mr. Philip Morrissey, who went above and beyond in his role as Legal Advisor, Mr. Ashok Bhaseen whose steadfastness has led us to a more dynamic movement in helping thyroid patients, Joan DeVille for her long term dedication in ensuring the Education/Awareness of Thyroid Disease is foremost in helping patients and families. Katherine Keen who with a great deal of dedication has shown so much initiative and provided tremendous insight with re-establishing a proper administrative setting. Many others have contributed greatly in working together keeping the needs of patients as the primary focus. They have been a tremendous support to the organization and to me especially during the last 2 years. Let us never lose focus of what TFC was formed to do – **“Support to Thyroid Patients and their Families”**.

I am thankful for an experience of a lifetime and I look forward to great things continuing to happen well into the future for the Thyroid Foundation of Canada. □

A Great Little Fundraiser – Thank you Giulia!

My name is Giulia Ruscillo. I had suffered from thyroid cancer about two years ago and unfortunately have heard so many more people being diagnosed with thyroid disease. I wanted to do something to raise money and awareness by having a little fundraiser. It was held at T&M Sidewalk Cafe which is owned by my parents for over 42 years, they have hosted many fundraisers to support many charities. I had some appetizers and live entertainment for all to enjoy. We had many great prizes raffled off that were donated by some really great businesses and companies such as: Thomson Rogers, Marca College, Sugarmoon Salon, Budweiser, Red Tag and Mateo Shoes. We also had some really great baked goods donated to sell off by Coco's Cake pops, Julia Carrello and Georgia Xiropodis, and last but not least our amazing door prize was donated to us by Carlsberg. All in all, it was a great night and I will make this an annual event that hopefully gets bigger every year!

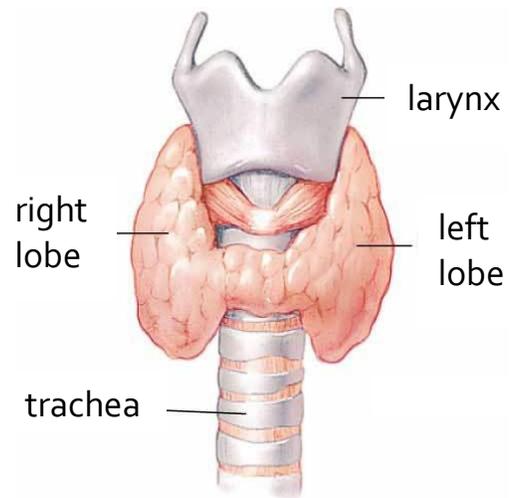


Giulia and boyfriend, Peter Carpino

Do you have an idea for a fundraiser?
Contact us at: thyrobulletin@thyroid.ca



Four common thyroid disorders



There are four common thyroid disorders or diseases:

Hypothyroidism

- Occurs 5 times more commonly in women than in men.
- May cause many different symptoms, some of which may have other causes.
- Watch for *newly developed* symptoms such as: cold intolerance of the core body, excessive head hair loss (more than 50 pieces per day), and *unexplained* weight gain, fatigue, spontaneous muscle cramps ("Charlie horses") more than once per week not related to exercise, lack of libido in men, irregular menstrual cycles in women, mental lethargy, increased need for sleep, and constipation.
- Sometimes the thyroid gland is enlarged.
- Global prevalence of diagnosed hypothyroidism: approximately 350 million people. Another 350 million people have the disease but are not diagnosed.
- The most common cause is Hashimoto's autoimmune thyroiditis.

Thyrotoxicosis (formerly known as Hyperthyroidism)

- Nearly all cases are caused by Hashimoto's autoimmune thyroiditis.
- The most helpful symptoms are *newly developed* unexplained weight loss - often in spite of an increase in appetite, heat intolerance, shortness of breath - especially on physical activity, irritability and short temper, more frequent bowel movements, difficulty climbing stairs because of muscle weakness, palpitations and tremors.
- Sometimes the thyroid gland is enlarged.

Thyroid nodules

- Very common, occur in as many as 50% of people over age 50.
- Nearly always benign, but cause anxiety as they might be due to cancer.

Thyroid cancer

- The fastest growing cancer being detected.
- There are 5 types, two of which (papillary and follicular) are quite common and have an excellent outlook if properly treated. Papillary is the most common type.





My little thyroid story

Rinda Hartner, R.N.

□ My story about my thyroid condition started in 1996. I was then 25 years old and I was a student. I was not feeling well; I sometimes had a lack of energy that affected the performance of daily tasks and other times when I found my energy, it was accompanied by heart palpitations. My mood and my weight followed this fluctuation to a point that I almost needed two wardrobes.

I finally decided to see my family doctor for a response to these changes. He prescribed vitamins of the B family and minerals such as magnesium. He was telling me that I was worn out by the studies. After two months with this treatment I saw no improvement in my fortnightly fluctuations but I also began to feel discomfort when swallowing. I pointed it out to the doctor during my scheduled appointment at that time. He then proceeded to examine my neck and he told me he felt something like nodules on my thyroid and he recommended that I consult an endocrinologist.

A week later I had my appointment with the specialist and the diagnosis of thyroid nodules was confirmed with a prescription for Levothyroxine treatment to begin right away. My fortnightly changes faded finally over time.

A few years later I had my first child. During the pregnancy, everything went well. I did not change the

Petite histoire de thyroïde

Rinda Hartner, infirmière

□ Mon histoire sur la condition thyroïdienne a commencé en 1996. J'avais alors 25 ans et j'étais aux études. Je ne me sentais pas bien, j'avais parfois un manque d'énergie qui affectait l'accomplissement des tâches quotidiennes et d'autres fois quand je retrouvais mon énergie elle s'accompagnait des palpitations au cœur. Mon humeur, et mon poids suivait cette fluctuation à un point que j'avais presque besoin de deux garde-robes.

J'ai décidé de consulter finalement mon médecin de famille pour avoir une réponse à ces changements. Il m'a prescrit des vitamines de la famille des Vitamines B et des minéraux, tel que Magnésium en me disant que je suis surmenée par les études. Après deux mois avec ce traitement je ne voyais pas d'amélioration dans mes fluctuations bimensuelles et de plus je commençais à ressentir une gêne lors de la déglutition. J'ai fait remarquer cela au médecin lors de mon rendez-vous prévu à ce moment. Il a procédé alors à une palpation de mon cou et il

m'a dit qu'il sent comme des nodules alors à une palpation de mon cou et il sur ma thyroïde et qu'il me recommande de consulter un endocrinologue.

Une semaine plus tard j'ai eu ma rencontre avec le spécialiste et le diagnostic des nodules Eu-thyroïdiens est sorti pour moi avec un traitement de Lévothyroxine à débiter sur le champ. Mes variations bimensuelles se sont estompées avec le temps.

For me, as a mother, I had quite mixed feelings. On one hand I was happy that I detected the problem in time and on another I felt guilty for passing these genes to my child.

Pour moi, comme mère, j'avais des sentiments assez ambivalents. D'un part j'étais contente que j'ai dépisté à temps son problème et d'un autre je me sentais coupable d'avoir transmis ces gènes à mon enfant.



dose of medication. However, three months after childbirth my thyroid tripled in size and my TSH was 220. An adjustment of the drug dose was necessary at that time. Fortunately I have not had the same problem after each pregnancy; I had three kids.

When my first child was 4 years old, I saw some of the symptoms of hypothyroidism in her. She was often tired, constipated, her hair and skin very sensitive, she was little, people were saying she looked like a living doll. After insisting several times to my family doctor he agreed to do a blood test to allay my fears. Her tests were positive, she had Hashimoto's autoimmune thyroiditis and so she began to take Levothyroxine. For me, as a mother, I had quite mixed feelings. On one hand I was happy that I detected the problem in time and on another I felt guilty for passing these genes to my child.

The story was repeated with my second child. Given that it was a boy, nobody believed he could have thyroid problems at the age of 2 and a half years. Following numerous laboratory tests, ultrasound and x-rays, the doctor agreed to test his TSH, T4 and T3. Since that day, the three of us take our little pill every morning.

It's hard for a mother to feel directly responsible for the special health problem that is affecting her children. However, I am very glad that I did not give up and followed my instinct to ensure they have access to treatment and a harmonious development. □



Arina, Adrien, Rinda, and Alexandra

«We do not stop playing because we get old, we get old because we stop playing»

Quelques années plus tard j'ai eu mon premier enfant. Pendant la grossesse, tout c'est bien passée. Je n'ai pas eu de changement de la dose médicamenteuse, ni aucun effet secondaire. Par contre, trois mois après l'accouchement ma thyroïde a carrément triplé de volume et mon TSH était à 220. Un ajustement de la dose médicamenteuse s'est imposé à ce moment. Heureusement je n'ai pas eu la même problématique après chaque grossesse.

Lorsque mon premier enfant a eu 4 ans, je voyais certains symptômes d'hypothyroïdie chez elle. Elle était souvent fatiguée, constipée, ses cheveux et sa peau assez sensibles. Elle était «mignonne», les gens disaient qu'elle avait l'air d'une poupée vivante. Après plusieurs insistances son médecin a accepté de lui faire une prise de sang pour m'informer mes craintes. Ses tests se sont avérés positifs, elle avait l'Hashimoto et donc elle a débuté à son tour la Levothyroxine. Pour moi, comme mère, j'avais des sentiments assez ambivalents. D'un part j'étais contente que j'ai dépisté à temps son problème et d'un autre je me sentais coupable d'avoir transmis ces gènes à mon enfant.

L'histoire s'est répété également avec mon deuxième enfant. Étant donné qu'il est un garçon, personne ne croyait qu'il pourrait avoir des problèmes thyroïdiennes à 2 ans et demi. Suite à des nombreux tests de laboratoires, échographies et radiographies, le médecin lui a fait son dosage de TSH, T4 et T3. Depuis ce jour, nous sommes trois à prendre nos petites pilules à tous les matins.

C'est difficile pour une mère de se sentir directement responsable des particularités de santé qui touchent ses enfants. Toutefois, je suis très contente que je n'ai pas abandonné au premier virement de bord et que j'ai suivi mon instinct pour qu'ils aient accès au traitement et à un développement harmonieux. □

«On n'arrête pas de jouer parce qu'on devient vieux, on devient vieux parce qu'on arrête de jouer»



It's our 3rd Annual

Let's Light-a-Tree for the Holidays!



Add a star to the tree and your name to our list of **TFC Stars** or dedicate your star to someone special – add as many as you like or just make a donation

Name/initials:	City/Province:

(include a separate list if you have more stars to add!)

Your stars will be added to our Holiday Tree at www.thyroid.ca

Be a **TFC Star** by completing and mailing this form with your payment of **\$20 per star** – or visit our website and click on the star to visit our Holiday Tree to make your contribution.

*Proceeds go directly to the work of the **Thyroid Foundation of Canada***



Let's Light-a-Tree for the Holidays!



Each \$20 adds one star for the TFC Tree	Number of Stars:	Total: \$
Your name:	<i>I just want to make a donation:</i>	Total: \$
Address:		
City:	Prov:	Postal Code:
Telephone:	Email:	
Method of Payment:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
	<input type="checkbox"/> Cheque enclosed (<i>payable to: Thyroid Foundation of Canada</i>)	
Visa/Mastercard #:	Expiry Date:	Name on card:
Please send completed form to: Thyroid Foundation of Canada, PO Box 298, Bath ON K4M 1A2	An official receipt for income tax purposes will be issued for all donations. (BN: 11926 4422 RR0001)	

Thank you for your support!

NB – if you wish to pay your membership along with your contribution to Let's Light a Tree for the Holidays please add your total "Let's Light a Tree" amount to the membership form on the reverse side of this page.

You can also make your donations through www.CanadaHelps.org

Make your donation and membership payments before Dec. 31st to receive an official tax receipt for 2013!



An important message to our members

New Membership Term

The Board of Directors has recently reviewed TFC's membership structure. In order to improve efficiency, membership terms will correspond to the calendar year and run from January 1st to December 31st.

Members will be notified of membership dues if not paid within one calendar month of the membership renewal date. Members in default as of March 15 shall cease to be members of the Foundation until reinstatement through payment of dues. Two-year memberships continue to be offered and follow the same term extending one extra year.

If your membership due date is during the 2013/2014 year, please complete the membership form below and send with payment by December 31, 2013 or visit our website and pay online: www.thyroid.ca

As usual, we continue to appreciate your donations and memberships at any time of the year.

Un message important aux membres

Nouveaux termes d'adhésion

Le conseil d'administration a récemment révisé la structure d'adhésion de la FCT. En but d'améliorer l'efficacité de cette structure, les termes d'adhésion vont maintenant correspondre au calendrier annuel, donc du 1^{er} janvier au 31 décembre.

Maintenant les membres seront avisés de leurs frais d'adhésion en raison, un mois avant la date de renouvellement. Les membres en défaut de payer leurs frais d'adhésion dès le 15 mars, cesseront d'être membre de la fondation jusqu'au moment de rétablissement de paiement. L'option d'adhésion de deux ans est toujours offerte et suit les mêmes termes y compris l'extension d'un an.

Si votre date de renouvellement est pendant l'année 2013/2014, veuillez compléter et envoyer le formulaire d'adhésion au-dessous et inclure votre paiement par le 31 décembre 2013 ou visiter notre site web et payer en ligne: www.thyroid.ca

Nous apprécions toujours vos adhésions et dons à tout moment de l'année.

Thyroid Foundation of Canada Membership and Donation Form					La Fondation canadienne de la Thyroïde Formulaire d'adhésion et dons			
Name/Nom:					<input type="checkbox"/> New /Nouvelle		<input type="checkbox"/> Renew /Renouvellement	
Address/Adresse:					Postal Code postal:			
Tel.:			Email/Courriel :					
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:		\$	<input type="checkbox"/> Cheque enclosed/Chèque ci-joint (<i>payable to/à l'ordre de: Thyroid Foundation of Canada</i>)					
Donation/Don:		\$	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		Exp Date/Date d' échéance:			
Let's Light a Tree amount:		\$	Visa/MC #:					
Total payment/Total paiement:		\$	Name on card/Nom sur la carte:					
Please send completed form to / S'il vous plaît envoyer le formulaire dûment 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)				
<i>Thank you for your support! ☺ Nous vous remercions de votre soutien!</i>								



Hashimoto's autoimmune thyroiditis

Gerald Tevaarwerk, BA, MD, FRCPC, Certificate in Endocrinology & Metabolism, Victoria, BC



Dr. Hakaru Hashimoto

□ In 1912 Hakaru Hashimoto, while pursuing postgraduate studies at the University of Göttingen in Germany, found abnormalities in four middle-aged women with enlarged thyroid glands (*goitres*), two of whom had hypothyroidism. The most characteristic finding was infiltration of the thyroid gland by lymphoid cells (a type of blood cells that protect us from infections). At the start of WW1 he returned to Japan and died there in 1934, aged 52, from typhoid fever. Hashimoto called the abnormal findings *struma lymphomatosa* ('thyroid with lymphoid cells'). It is now confusingly referred to by many different names including *goitrous lymphocytic thyroiditis*, *chronic lymphocytic thyroiditis*, *chronic autoimmune thyroiditis* and *Hashimoto's thyroiditis*. As it is an autoimmune condition, and at the same time honoring its discoverer, I prefer *Hashimoto's autoimmune thyroiditis*.

The *thyroiditis* part of the label is somewhat of a misnomer. In practice there seldom is evidence of clinical inflammation of the thyroid gland such as acute swelling, increased heat over the gland, pain and tenderness. Furthermore, at least half the individuals who have Hashimoto's autoimmune thyroiditis never experience any thyroid disease. It should, therefore, be thought of as a *risk factor* for causing thyroid diseases, rather than as a disease itself. As such it may be thought of as being similar to cholesterol, which may cause hardening of the arteries in some people, but not everyone.

The frequency with which Hashimoto's autoimmune thyroiditis is found in the general population depends

on where the information is gathered and the gender and age of the individuals studied. In some studies it has been found to occur in up to 20% of the population (1 in 5 people). In the United States the mean *prevalence* ('number of patients at any one time who are found to have it at any one time') is 7.2%. For Canada we do not have accurate figures but it is probably similar to those in the United States. Indeed, it appears to be similar wherever it is measured. Although present at all ages it is most commonly diagnosed in women aged 30 to 50, not infrequently immediately following pregnancy.

The diagnosis of Hashimoto's autoimmune thyroiditis is made in three ways: patients presenting with a *goitre* ('enlarged thyroid gland'), *thyrotoxicosis* ('elevated thyroid hormones in the bloodstream causing symptoms and signs'), *hypothyroidism* ('low thyroid hormones in the blood stream causing symptoms and signs') or, rarely, *thyroid eye disease* ('TED'). Hashimoto's autoimmune thyroiditis is by far the most common cause of goitres, thyrotoxicosis and hypothyroidism and is the only cause of TED. It may cause diffuse enlargement of the thyroid gland or patchy, bumpy areas.

Hashimoto's autoimmune thyroiditis is a *condition* in which the body's *immune system* mistakes the thyroid gland, and rarely the tissues behind the eyes, as being 'foreign' and attacks it (hence *auto-immune*, Latin for *self*). It does so by directing antibodies ('substances that are able to attach themselves to cells or substances in the body') to the thyroid. To date four different



antibodies have been definitely identified but there may be more. One of the known ones, the *thyroperoxidase antibody* (TPOA), is usually found in individuals with the condition but in some people the level is within the *normal range* ('no higher than in individuals without it'). Thus, a *positive TPOA confirms the diagnosis* of Hashimoto's autoimmune thyroiditis *but a negative result does not rule it out*. It is important to remember that the presence of Hashimoto's autoimmune thyroiditis does not mean that the individual has thyroid disease, but makes them more likely to develop it in future if they do not already have it. If they do have thyroid disease then a positive TPOA test indicates the likely cause of it. An interesting finding is that the degree of elevation of the TPOA has no relationship to the degree of thyroid gland disease, except in patients in whom it may be more than 1000 times higher than normal.

The antibodies directed to the thyroid gland have their effect in a variety of ways. One of them stimulates the production of excessive amounts of thyroid hormones (thyrotoxicosis) and another blocks the production of thyroid hormones (hypothyroidism). Some gradually destroy the gland. Often there is a mixture of antibodies. The enlargement of the thyroid gland (goitre) may be caused by an infiltration of lymphocytes and other cells, by a growth-stimulating antibody, or through an elevation in the thyroid-stimulating hormone (TSH). Regardless of the initial manifestation eventually the function of the thyroid gland is destroyed. It may happen over a period of no more than a year but in some individuals takes much longer.

It is not known why only some individuals with Hashimoto's autoimmune thyroiditis develop thyroid disease and others do not. There is some evidence that taking vitamin D decreases the antibody level while it may be higher in individuals having higher iodide/iodine concentrations. However, there is no evidence that vitamin D prevents the development of thyroid disease in individuals with Hashimoto's autoimmune thyroiditis. On the other hand, adequate iodine/iodide levels decrease the development of goitres and of thyroid disease associated with pregnancy, especially *postpartum thyroiditis* (sometimes the first evidence of thyroid disease in women and an indication of their underlying Hashimoto's autoimmune thyroiditis).

In addition to the disorders mentioned above individuals with Hashimoto's autoimmune thyroiditis are twice as likely to develop *papillary thyroid cancer*. However, such patients have a type of papillary thyroid cancer that is of very low malignancy and, although it requires removal and appropriate treatment, it has very little to no effect on the quality and quantity of life if properly treated.

Take away message: Hashimoto's autoimmune thyroiditis is best thought of as a condition that, if present, increases the risk of the individual having or developing one or more thyroid diseases. □

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.



2nd World Congress on Thyroid Cancer Toronto July 2013



Beate Bartès, Secretary, Thyroid Federation International

□ On July 10th to 14th, Thyroid Federation attended the 2nd WCTC in Toronto – a global multi-disciplinary meeting of all specialists involved in the field of Thyroid Cancer: surgeons, endocrinologists, nuclear doctors, oncologists ... from all over the world. This second edition (the congress takes place every 4 years) had more than 1000 participants from 61 countries. TFI had a booth (shared with the Thyroid Foundation of Canada) in the exhibition hall, where we presented our organization and activities to the doctors, and attended many captivating lectures about the management of thyroid cancer and the newest research worldwide.

Some of the keynote lectures and panel discussions were particularly interesting for us as patient representatives, e.g. the symposium about “optimizing patient care”, and we were very happy to see that individual patient needs are more and more taken into account, tailoring the treatment and follow-up individually for each patient, to adapt them to the extent of the disease and its risk of recurrence.

Research is progressing, we heard interesting talks about how molecular markers, in the future, will modify the diagnostic, prognostic and therapeutic implications for thyroid tumors, to better distinguish between benign nodules and carcinoma, avoid unnecessary thyroidectomies and adapt the extent of surgery. More and more targeted therapies are available for advanced thyroid cancer.

It was also very interesting to see the shift in paradigm over the past years – from “one treatment for all” to “personalized care” with less aggressive treatment, less radioiodine, in some cases “wait and watch” ... Important: be less aggressive, but identify those who need aggressive care, and ensure a serious follow-up. We as patient representatives were very happy to see that “quality of life” becomes a more and more important criteria in the management of thyroid cancer.

We hope to be back for the third edition, in 2017! □



WCTC 2013, Melanie Solmon (Canada) and Harald Rimmel (Germany)



Melanie Solmon, pictured above, also found time this summer to hold a cookie dough fundraiser in support of TFC programs.





Highlights from the Annual General Meeting

□ The Sheraton Centre in downtown Toronto was the convenient location of the TFC’s Annual General Meeting (AGM) on June 1, 2013. Phil Morrissey chaired the meeting with a delightful touch of humour. The Directors’ Reports elicited a number of interesting comments and questions about TFC’s strategic plan, how to promote TFC, fundraising, involving volunteers, serving the immigrant and refugee population, and how best to reach physicians’ offices.

The proposed bylaws that had been sent out prior to the AGM were adopted with a few amendments. TFC’s bylaws now comply with the new Not for Profit Corporations Act and will be registered with Industry Canada.

The election of officers and directors took place, with 6 new individuals being appointed to the Board. The appointments of Medical Advisor, Legal Advisor and Auditor were deferred to future Board meetings.

After the meeting Dr. Prakesh Chandra led a lively Patient Forum. The 25 attendees had lots of questions for the doctor.

The day wrapped up with a banquet. Natalie Gifford, Life Member, was the guest speaker, and awards were presented to individuals for their contributions to TFC over the years. □



Dr. Prakesh Chandra, MD, MSc. D. ABIM
Speaker at the Public Forum



Nathalie Gifford,
guest speaker



Colin Howarth, K-W Chapter

Awards were presented to retiring National Board members:



Mabel Miller,
National President



Cathy Fey,
National Treasurer



Dagmar VanBeselaere,
Director



The Awards Committee and Phil Morrissey, Volunteer of the Year



NEWS and EVENTS

A Touch of Spring, 13th Annual Fashion Show, London, ON

On May 1st, 2013 over 350 guests came together at The Hellenic Community Centre in London Ontario for the 13th annual "A Touch of Spring" dinner, fashion show and silent auction. The room was beautifully decorated by Maya Flowers, the perfect setting. Our hosts for the evening were Dave Collins and Rachel Gilbert from Radio Station BX93, and Rob Aitken from Music Central Entertainment provided some fantastic music for the models as they hit the catwalk!



The fashion show featured the latest and hottest fashion trends ranging from casual to formal for women, men, teens and children. Monica Todoran took the lead on the Silent Auction this year and did an outstanding job with the help of volunteers collecting and displaying donations, and running the auction. A "wheelbarrow of wine", "toonie toss" for a day at Fayeze Spa and a game of "heads or tails" for a Coach purse, were all activities that added to the fun of the

evening. We were also delighted to have Julia Bentley (pianist, singer-songwriter) provide some beautiful entertainment and dinner music. Dr. Terri Paul and Joan DeVille also spoke. Thanks to everyone who attended and supported our event. With your help we raised over \$11,000.00 for the Thyroid Foundation of Canada and the majority of those funds will be used in London for research and education of thyroid disease. **Judy Duncan**

An Update on Thyroid Cancer, Kitchener-Waterloo, ON



Dr. N. Gupta with Cassandra Howarth, President K-W Chapter



Liana Kremer, Marketing and Communications Associate, Kitchener Public Library

Once again, we had almost a full room in attendance. Dr. Gupta was an excellent speaker with an amazing amount of knowledge. We thank Genzyme, a Sanofi Company, for their assistance in finding a speaker to do a presentation on thyroid cancer. They distribute Thyrogen. We thank Mary Lou and Ash Vaidya, who attended from Genzyme, for their great support now and in the past for both our Chapter and the AGM 2013.

Our thanks to Liana Kremer, Marketing and Communications Associate from the Kitchener Public Library. At the Forest Heights Branch, she provides us with a meeting room equipped with projector, screen, computer and microphones. We thank them also for creating beautiful advertising posters and advertising in The Record, our local newspaper. We also thank The Record for their grant to advertise our meetings.



Everything Health and Fitness EXPO Regina, SK



Everything Health & Fitness Expo



Donna Miniely

On November 2-3, 2013, the Thyroid Foundation reached out to approximately 125 fitness instructors at the SaskFit "Everything Health and Fitness EXPO" at the University of Regina's Kinesiology Centre. Because of the prime location in the entrance atrium, the display table caught the eyes of those attending the conference as well as the attention of those passing through the area to access the gym facilities for their own fitness.



Diabetes Symposium, Toronto, ON



Josie Frano at the display table

We had a steady flow of people approaching the display requesting information for themselves or someone they know with a thyroid condition. The demographic was largely older (50+) who were very interested in collecting the information pamphlets. Some expressed frustration about feeling unwell and not being able to get treatment, others told stories of their long struggle to get good thyroid care and being dismissed as depressed along the way, and some simply wanted to understand more about the thyroid. We directed people to the Foundation's website for further information and details regarding membership.

Overall, it was a wonderful experience to connect with individuals that share an interest in thyroid, especially those who were courageous enough to reveal to us the personal struggles they've endured throughout the course of their thyroid treatment. I definitely look forward to participating in future events of this nature!

Frances Salvaggio

Education Meetings were also held in:

Quebec



Dollard des Ormeaux, May 25-26, 2013
Ashok Bhaseen, President

Montreal QC, July 6, 2013
Ashok Bhaseen & Dr. Hortensia Mircescu

Newfoundland and Labrador



Corner Brook NL, October 2, 2013
Mabel Miller, Past President, presented an Information Session on Thyroid Disease

Coming Events

KITCHENER-WATERLOO, ON

Tues. January 21, 2014

Your Thyroid Gland, Food and Supplements
Dr. Phoebe Bishara

Tues. April 15, 2014

What Affects Your Thyroid Medication? Ask the Expert!!
Ron Yochim, Pharmacist

All meetings are held at Kitchener Public Library - Forest Heights Branch, 251 Fischer-Hallman Road, Kitchener ON

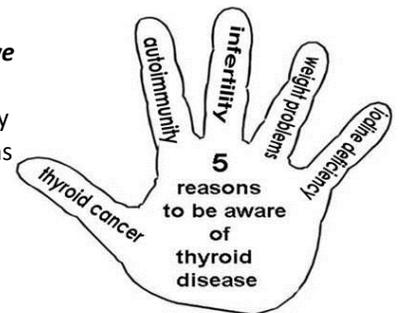
Please register: (519) 743-0644

INTERNATIONAL THYROID WEEK

May 21-27th, 2014

Theme: **Thyroid High Five**

- Iodine deficiency
- Weight problems
- Infertility
- Autoimmunity
- Thyroid Cancer



A TOUCH OF SPRING, 14TH ANNUAL FASHION SHOW, LONDON, ON

We are looking for people in the London area who would like to help with the next Fashion Show (Spring 2014) and raising money for thyroid research. If you are interested, please contact us: thyrobuletin@thyroid.ca

Check back for updates at - www.thyroid.ca/events