

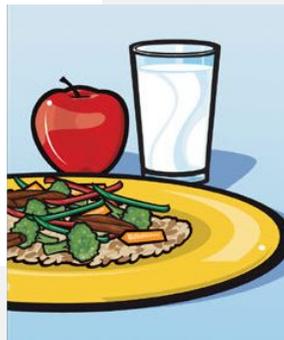
# Thyrobuletin



Spring 2017

## In this Issue:

- Thyroid Disease & Children
- Membership Drive
- Research
- The Healthy Plate



*Celebrating Canada's  
150<sup>th</sup>  
Birthday*

June is Thyroid Month in Canada!





**FOUNDER / FONDATRICE**  
Diana Meltzer Abramsky, C.M., B.A.  
1915 - 2000

The Voice and Face of  
Thyroid Health in Canada



La voix et le visage de la santé  
thyroïdienne au Canada

Thyroid Foundation of Canada  
La Fondation canadienne de la Thyroïde

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2016-2017

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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 présidente*

Dear readers

Spring brings new life to the earth and new life to many other things. As I write this, the weather doesn't show much hope for Spring with still lots of snow around and those very stormy days causing havoc outside. At times like this, however I like to reflect on the song "The Rose" where it says - Just remember in the winter, far beneath the bitter snows, Lies the seed, that with the sun's love in the spring becomes the rose. So it is with life and all around us, no matter what, there is always hope for newer and better things.

In the coming year the Thyroid Foundation of Canada with the dedication of those who have the best interest of patients with thyroid conditions in mind will see newer and better things happening. We have had a successful year to date with the promise of opportunity in promoting our mission and carrying out our goals in the coming year.

To all who have supported us in the past, many thanks and we look forward to your continued support. We welcome all who may have a desire in helping to contact us as well. If you are aware of others who might have something to offer this organization, we hope you will encourage them to get in touch. There's always a place for those with various skills, and always remember "Many hands make light work". We can get much more done with those who have the desire to help us in a positive way.

Mabel Miller  
President

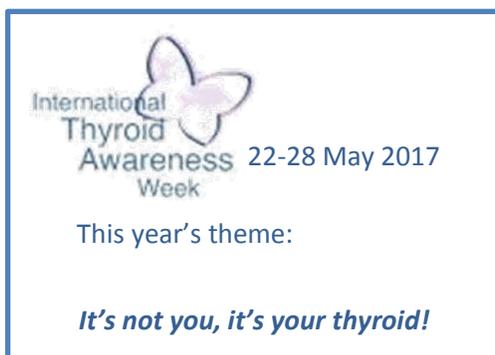
Chers lecteurs

Le printemps apporte une nouvelle vie à la terre et une nouvelle renaissance aux autres aspects de la vie. Pendant que j'écris ceci, le temps ne donne pas beaucoup d'espoir pour revoir bientôt le printemps puisque la neige demeure aux alentours et les jours de tempête de neige causant des ravages à l'extérieur.

Quand ces moments arrivent, j'aime réfléchir sur la chanson « *The Rose* » qui dit : «Rappelez-vous qu'en hiver, en dessous les neiges amères, la graine se repose et qu'avec l'amour du soleil en printemps, la graine deviendra une rose ». Ainsi va de même pour la vie et tout ce qui nous entoure; quoi qu'il arrive, il y a toujours l'espoir pour un meilleur renouvellement. Au cours de l'année à venir, la Fondation canadienne de la Thyroïde, avec le dévouement de ceux qui ont le plus grand intérêt à main des patients atteints de maladies thyroïdiennes, verront se produire des nouvelles et meilleures choses. Jusqu'à date, nous avons eu une année réussie en ce qui s'agit de tenir la promesse dans la promotion de notre mission et la réalisation de nos objectifs dans l'année prochaine.

À tous ceux qui nous ont soutenus dans le passé, merci et nous nous réjouissons de votre soutien continu. Nous souhaitons la bienvenue à tous ceux qui désirent nous contacter. Si vous êtes au courant d'autres personnes qui souhaitent contribuer à cette organisation, nous espérons que vous les encouragerez à se communiquer avec nous. Il ya toujours une place pour ceux qui ont des compétences variées, et souvenez-vous toujours que «plus on est nombreux, plus le travail devient léger ». Nous pouvons accomplir beaucoup plus avec ceux qui ont le désir de participer avec nous et de nous aider d'une manière positive.

Mabel Miller  
Présidente



*Thyroid Foundation of Canada  
37<sup>th</sup> Annual General Meeting  
May 6, 2017, 9:00 am*

*St. Paul University  
Ottawa Ontario*

**For more information: 1-800-267-8822  
www.thyroid.ca info@thyroid.ca**



<p><i>Thyroid Foundation of Canada CALL FOR NOMINATIONS 2017-2018</i></p>	<p><i>La Fondation canadienne de la Thyroïde APPEL DE candidatures 2017 – 2018</i></p>
<p><b>The National Board is accepting nominations for vacant positions on the Board for the coming year 2017-2018.</b></p> <p>As per Article No. 17 (a) - The Board shall consist of a minimum of seven directors and up to a maximum of 15 directors elected by the membership plus the immediate past-President if s/he agrees to serve. If vacancies exist on the Board, the Board may appoint directors up to a maximum of one-third of the Board. The term of any appointed director shall expire at the close of the next general meeting.</p> <p>The positions of directors are not designated to any specific title or responsibility. The roles will be determined subsequent to the AGM at the first meeting of members of the National Board.</p> <p>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 at <a href="mailto:nominations@thyroid.ca">nominations@thyroid.ca</a> no later than April 15, 2017.</p> <p><i>(Copies of the nomination form may be obtained by contacting <a href="mailto:nominations@thyroid.ca">nominations@thyroid.ca</a> or by calling 1-800-267-8822.)</i></p>	<p><b>Le Conseil national accepte des candidatures pour des postes ouverts sur son Conseil d'administration pour l'année 2017-2018.</b></p> <p>Conformément à l'article n ° 17 (a) - Le Conseil d'administration est composé d'un minimum de sept directeurs/trices et jusqu'à un maximum de 15 directeurs/trices élus par les membres en plus du/de la Président(e) sortant (e) si il / elle s'engage à continuer. Si les postes vacants existent au sein du conseil, le Conseil d'administration peut nommer des directeurs/trices jusqu' à un maximum d'un tiers du conseil. Le terme de tout directeur/trice nommé fini à la fin de la prochaine assemblée générale.</p> <p>Les postes de directeurs/trices ne sont pas désignés à un titre ou une responsabilité spécifiques. Les rôles seront déterminés à la suite de l'AGA à la première réunion des membres du Conseil national.</p> <p>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 à <a href="mailto:nominations@thyroid.ca">nominations@thyroid.ca</a> au plus tard le 15 avril 2017.</p> <p><i>(Des copies du formulaire de mise en candidature peuvent être obtenus à <a href="mailto:nominations@thyroid.ca">nominations@thyroid.ca</a> ou par composant le 1-800-267-8822.)</i></p>

## THYROID DISEASE AND CHILDREN

*A thyroid patient, a mother and grandmother's point of view.*

We don't often hear about Thyroid Disease in Children as much as we do with adults – and then it's mostly females who talk about it. The basic reason for this is thyroid disease is mostly diagnosed later than childhood and often children don't talk about their condition as much as adults do. If not for the testing thyroid disease in North America of all babies at birth, I'm sure we would see many more cases diagnosed well into childhood.

Most people don't realize - the Thyroid Gland affects every cell, tissue, and organ in the body. It affects growth and development and is therefore essential for life. For those of us who deal with thyroid disorders ourselves, most of us have come to realize that. The condition is mostly genetic so if I have a problem with my thyroid, I'd better be sure to let all my family know there is a possibility of others developing thyroid disease too.

This includes children – especially children!!

Children can't express that something is wrong with how they feel nor do they know if someone in the family has thyroid disease. The onus is on the family to recognize what might be happening to the child when they are not feeling well or behaving abnormally.

A simple blood test can determine whether there may be a problem or not. If a thyroid problem be diagnosed, children can return to a normal functioning level with proper treatments.

For example, hypothyroidism can be treated with medications. Once the treatments are working well, the condition is stabilized. With other thyroid conditions, such as hyperthyroidism or thyroid nodules, other approaches are used and can be very effective. Even though thyroid disease can develop less often in children than adults, the symptoms leading up to a diagnosis can be very similar.

If your child has thyroid disease, find out about the disease – you need to know the symptoms, the effects, how it can impact the child in various ways. Recognize when the child's thyroid condition may be affecting many things that are happening to them. Becoming better aware and better informed can make life a lot better for the whole family.

The prime thing to remember is – know what thyroid disease is all about – know that it affects children as well as adults and can have a big part to play in the proper development of the child – their growth, their ability to learn and function normally.

*Continued on page 6*



## MEMBERSHIP DRIVE



### *TFC is Looking for your HELP*

We are hoping you will help us with our Membership Drive by asking family and friends to join us. We need to continue with promotion of Education and Awareness of Thyroid Disease in each and every area of Canada.

“Thyroid Disease is a Family Affair” and we need everyone that could be affected to know about it as well as others who might not have any idea what Thyroid Disease is and why we exist as an organization.

Please read the information recently sent to you from the National Board which tells you more about why we need your Help and how you can Help.

***We are the Voice and Face of Thyroid Health in Canada***

## MENTAL HEALTH & THYROID DISEASE

According to the World Health Organization, depression is the leading cause of disability worldwide, affecting an estimated 350 million people. This disorder can be devastating, causing those affected to function poorly at school, at work, and in the family.

It is well known that Depression and Anxiety is connected to some thyroid disease conditions and is a big factor in proper diagnosis of

thyroid disease. Addressing the source of the problem is often the answer to the proper management of the condition and bringing the patient back to a more normal life.

The Thyroid Foundation of Canada supports all efforts being made by Provincial and Federal governments in addressing Mental Health issues.



### *Do you have a story?*

We would love to hear your thyroid story. Sharing your experience can help others who are going through similar problems. Please send your submission, approximately 500 words, to [info@thyroid.ca](mailto:info@thyroid.ca)





## RESEARCH

### Increased detection of low-risk tumors driving up thyroid cancer rates, study finds

Low-risk cancers that do not have any symptoms and presumably will not cause problems in the future are responsible for the rapid increase in the number of new cases of thyroid cancer diagnosed over the past decade, according to a Mayo Clinic study published in the journal *Thyroid*. According to the study authors, nearly one-third of these recent cases were diagnosed when clinicians used high-tech imaging even when no symptoms of thyroid disease were present.

"We are spotting more cancers, but they are cancers that are not likely to cause harm," says the study's lead author, Juan Brito Campana, M.B.B.S., an assistant professor of medicine at Mayo Clinic. "Their treatment, however, is likely to cause harm, as most thyroid cancers are treated by surgically removing all or part of the thyroid gland. This is a risky procedure that can damage a patient's vocal cords or leave them with lifelong calcium deficiencies."

Dr. Brito says harm is not limited to physical suffering. "Treatment can cause financial hardship for patients and their families and for society as a whole, as millions of dollars are spent for unnecessary and problematic surgeries," he says.

According to Dr. Brito, the aggregate national cost these procedures in the U.S. was \$1.6 billion in 2013 and likely will exceed \$3.5 billion by 2030. At the same time, the incidence of thyroid cancer is increasing more rapidly than that of any other cancer and is on track to become the third most common cancer in women.

In this study, Dr. Brito and his colleagues drew on data from the Rochester Epidemiology Project. They analyzed the records of 566 men and women who were diagnosed with thyroid cancer in Olmsted County, Minnesota, between 1935 and 2012. Specifically, they examined the number of new cases of thyroid cancer, the deaths due to the disease, and the method of diagnosis.

Researchers found that the number of new cases of thyroid cancer doubled in recent years -- from 7.1 per 100,000 people from 1990 to 1999 to 13.7 per 100,000 people from 2000 to 2012. Over the same period, the number of new patients with thyroid cancer presenting with symptoms of thyroid cancer remained the same. In contrast, the number of new cases of silent thyroid cancer -- the kind where patients have no symptoms -- almost quadrupled. The proportion of patients with thyroid cancer who die of the disease has not changed since 1935.

The study found that the most frequent reasons for identifying silent thyroid cancer were review of thyroid tissue removed for

benign conditions (14 percent); incidental discovery during an imaging test (19 percent); and investigations of patients with symptoms or palpable nodules that were clearly not associated with thyroid cancer, but triggered the use of imaging tests of the neck (27 percent).

"We are facing an epidemic of diagnosis in thyroid cancer," says Dr. Brito. "Now that we know where all these new cases are coming from, we can design strategies to identify patients with thyroid cancer who can benefit from our treatment without condemning other patients to unnecessary tests, treatment, suffering, and costs."

Researchers say one approach to curtail the detection of these lesions would be to limit the use of certain imaging technologies. Another tactic would be to engage patients in deliberating their treatment options. In many cases, active surveillance may be preferred over surgery by patients with small, relatively benign cancers that could take decades to grow to any appreciable size or cause life-threatening problems.

Dr. Brito thinks something as simple as not using the word "cancer" to refer to these small and silent thyroid lesions could reduce the number of unnecessary treatments for patients with a more favorable prognosis. Rather than calling these lesions thyroid cancer, he would recommend a less emotionally charged term, such as papillary lesions of indolent course.

*Mayo Clinic. "Increased detection of low-risk tumors driving up thyroid cancer rates, study finds." ScienceDaily. ScienceDaily, 8 September 2015. <[www.sciencedaily.com/releases/2015/09/150908135135.htm](http://www.sciencedaily.com/releases/2015/09/150908135135.htm)>*

### Testing endocrine disrupting chemicals in blood

TFC has been approached to be part of a focus group for research. The research involves the roles of environmental chemicals on disrupting human endocrine system. Among all the endocrine organs, thyroid gland is considered to be the most vulnerable. As this is in the initial stages, more information to follow later.

### TFC Research Funding

Recently we have received word of a generous bequest of funds for thyroid research and TFC has been selected as the recipient. This is still in hands of a lawyer probating the Will of the donor and we have been advised we should receive further details of the amount in the coming months.



## THE HEALTHY PLATE

What is a Healthy Plate?

For many a plate full of food is what we need and what we desire when we are hungry. Without food our bodies cannot function so we must eat. However, the question is, are we eating healthy?



Do we have a healthy plate each time we stop to eat? It's all too easy today when we are busy to rely on "fast food" or "processed food".

Do thyroid patients require a special diet? Is there a recommended diet for thyroid patients?

There's no such thing as a "hypothyroidism diet" that will make you well, but eating smart can help you feel better despite the condition. So we need to know what a healthy plate is.

Here's what Health Canada tells us: A healthy plate is ½ vegetables and fruit, ¼ grain products and ¼ meat or meat alternatives. The Canada Food Guide provides excellent choices for us to make up a healthy plate. An eat-well plate helps you follow the "Eating Well with Canada's Food Guide" when planning and serving meals. The Plate shows food group proportions and encourages you to make half your plate vegetables and fruit. Most of us may not stop to think that way unfortunately because of busy lifestyles, so maybe it's time we do before we develop more health issues we don't need.

There's lots of help for us to obtain good information on healthy eating and how to go about it. Registered Dieticians are the best source of information. Other medical professionals may offer you advice; however registered dieticians are the experts. Besides those in Medical facilities, many of the large food chains have Registered Dieticians on site and they offer a one-on-one service the same as in a Medical Centre. Ask about it next time you grocery shop. You may be surprised at how it will help.

It is said, nutrient-rich foods can improve your health. Antioxidant-rich fruits and vegetables are excellent sources to help maintain good health –such as blueberries, tomatoes, bell peppers, and other foods rich in antioxidants.

Hypothyroidism or any thyroid condition doesn't have to prevent or limit you from following a healthy lifestyle. People with hypothyroidism can choose to be vegetarian, eat protein-rich foods, and avoid ingredients that may cause an allergy. But get advice from the professionals so we know what we should be doing to stay healthy.

### Vitamin D Supplement for People Over 50

The food intake pattern found in Canada's Food Guide recommends consuming 500 mL (2 cups) of milk each day for adequate vitamin D. However, after the age of 50, people's vitamin D needs to increase. Obtaining adequate vitamin D from the diet alone, without recommending unrealistic daily amounts of some foods, is very difficult.

**Therefore, all adults over the age of 50 should take a daily vitamin D supplement of 10 micrograms (400 IU) in addition to following Canada's Food Guide.**

NB: This article is mostly taken from Health Canada's Food Guide. Obtain a copy from Health Canada at: <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/index-eng.php> or contact: Health Canada, Address Locator 0900C2, Ottawa, Ontario, K1A 0K9

*Continued from page3*

Female Thyroid Patients of child-bearing age who anticipate getting pregnant or are pregnant should also be aware that the proper functioning of their own thyroid can play a big part in the development of the fetus. Pregnant mothers with thyroid disorders who are not receiving proper treatment for their condition risk developmental problems of the baby prior to delivery.

I firmly believe for any of us who have a health problem (whether it be thyroid condition or not), it is our responsibility to follow through with treatments and management of our condition. As parents, it's also our responsibility to ensure our children's health is well taken care of. Keep up to date on new approved methods that are available and check them out with medical professionals.

Mabel Miller



## FUNDRAISING

### Toronto ON

A raffle for charity was held at the offices of law firm Thomson, Rogers Toronto. TFC was chosen to receive the proceeds in honour of employee Giulia Ruscillo, a member of the TFC Board of Directors.

A total of \$715 was raised. We thank Thompson, Rogers and Giulia!

If anyone is interested in holding a similar event, please contact us.



Partner of law firm Thomson, Rogers presents cheque to Giulia Ruscillo

### Regina SK

Plans are underway to put coin canisters in the liquor stores in Regina again this year.

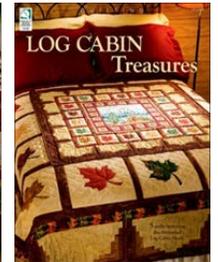
Donna Miniely, past president, has raised \$3,000 since 2014 as well as bringing awareness of thyroid disease.

We wish her continued success this year.



### What an idea!!!

Everyone loves a beautiful quilt to keep them warm. Several Thyroid Friends are trying to decide which one to pick. They are planning to get together to make a quilt. When the quilt is complete they plan to sell Lottery tickets with the proceeds going to Thyroid Foundation of Canada. The Thyroid Foundation needs funds to keep programs going and we all can help. It's fun and it's rewarding.



### Light a Tree for Thyroid

Our "Light a Tree" campaign was very successful again this year. **Thank You** for your contribution. It's getting bigger and better every year!



Thanks to ERFA Canada for a generous donation. The funds will be used for Programs and Services that TFC provides to patients and the public in general.



Do you have a fundraising idea that can help? Get in touch with us at 1-800-267-8822 or email us at: [info@thyroid.ca](mailto:info@thyroid.ca)

## EVENTS

### Kitchener-Waterloo

#### Update on Thyroid Cancer

Wednesday, April 19, 2017  
7:00 pm – 8:45 pm

Dr. Deric Morrison, MD FRCPC, ECNU

Kitchener Public Library, 85 Queen St. N.

Register: (519) 743-7502 or [www.kpl.org](http://www.kpl.org) (see Programs)

## IMPORTANT DATES

-  Apr 19 Update on Thyroid Cancer (*see opposite*)
-  Apr 23-29 Volunteer Week
-  May 6 TFC Annual General Meeting (*see p. 3*)
-  May 23-29 International Thyroid Awareness Week  
Theme: *It's not YOU, it's your thyroid!*
-  June 1-30 *June is Thyroid Month in Canada!*

