



Thyroid Foundation of Canada

thyrobulletin

La Fondation canadienne de la Thyroïde

Volume 21, No. 2

Summer 2000

The 20th year and still here!! Highlights of the AGM week-end June 2-4, 2000

The 20th Anniversary annual general meeting weekend was held at the Donald Gordon Conference Centre, Queen's University, Kingston. The location was a green oasis of tranquility, the rooms, meals and conference facilities were excellent and the staff was unfailingly cheerful and cooperative. Many delegates wished that all future AGMs could be held at this location.

The delegates were warmly greeted upon arrival by Margaret Burdsall President, and other members of the Kingston chapter. Great interest was shown in the poster display of photographs depicting the Foundation's 20 year history, artistically compiled and arranged throughout the meeting area by Archivist, Phyllis Mackey.

Displays of literature of interest to thyroid patients were provided by Knoll Pharma Inc, Theramed Corporation and MDS Laboratories. On display, also, was the Friendship Quilt made and donated by Mabel Miller and friends in Gander NF, from material supplied by chapters across Canada. The raffle of the quilt was coordinated by the Kingston Chapter.

Among the week-end's highlights the one that stood out was the presence of the Founder, Diana Meltzer Abramsky, at the Friday evening dinner. A standing ovation greeted Diana as she entered the dining room, accompanied by her son, Marc,

member-at-large of the national board. Old friends and those who were meeting Diana for the first time were delighted to have this opportunity to visit with her during the evening.

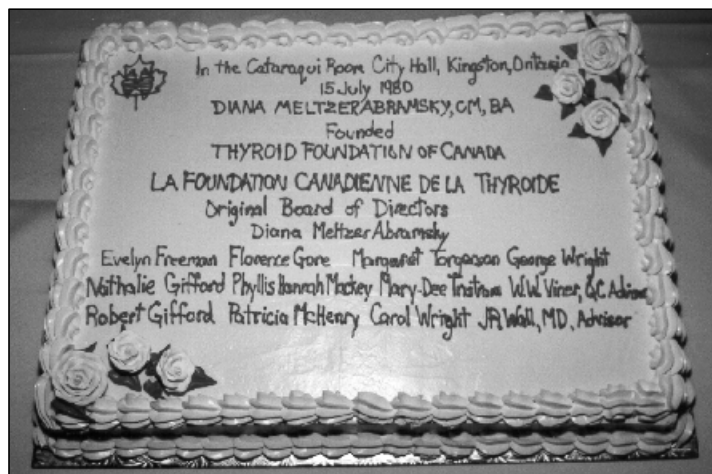
Luncheon, Friday June 2, 2000

- Greetings from Mayor of Kingston, Gary Bennett
- Greetings and presentation of congratulatory certificates to Diana and the Foundation by John P. Gerretsen, MPP for Kingston & the Islands
- Karl Benne, Senior Consultant, Health Promotion and Programs Branch, Health Canada, reviewed the development of the Foundation with extracts from various government reports, including the Health Canada grants received by TFC over the years. He stressed that the Foundation should encourage the formation of more chapters in order to fulfil its goals.

- A joint gift of the Greater Saint John and Kingston Chapters of the newly framed *Letters Patent* and portrait of the Founder, were presented to the National President, Arliss Beardmore, by Venette Godbout (Saint John) and Phyllis Mackey (Kingston). These will be hung in the national office.
- Letters of congratulation from Peter Milliken, MP, Kingston and the Islands, and Walter W. Viner, QC, the Foundation's first legal adviser were acknowledged.
- The anniversary cake was cut by Evelyn Freeman and Patty McHenry, charter members and members of the first Board of Directors of the Foundation.
- Greetings from Diana, who was unable to attend the luncheon, were read by Margaret Burdsall.
- **Dr. Robyn Houlden**, a Kingston

endocrinologist and the afternoon's guest speaker, provided an interesting presentation entitled *What's new with the thyroid?* This was followed by a question and answer period.

Following lunch Phyllis Mackey, Kingston board member, gave a short presentation about projects for chapter fundraising as a lead-in to the main workshop – **Fund Raising/Friend Raising**, presented by Michelle



Cake served at the 20th AGM

Skolnick & Jackie St. Pierre of "in any Event, Kingston, Inc".

At the Friday evening meeting of the **1999-2000 Board of Directors**, reports were presented by the executive and members-at-large.

Morning - Saturday, June 3, 2000

- Prior to AGM Nathalie Gifford reviewed the structure of the Foundation
- **The Annual General Meeting** opened with the presentation of the Charter to the newly formed Burlington/Hamilton Area Chapter. After formalities had been observed the acceptance of the audited financial statements, the appointment of auditors and the election of members of the executive and members-at-large took place. It was confirmed that next year's AGM will be held in Montreal.
- Following the official photographs of the new board, Ellen Garfield, Website Coordinator, provided an informative illustration of the Foundation's website which was displayed on a large screen. Discussion followed.

Afternoon

- Following lunch, chapter presidents presented their reports at the Chapter Council meeting.
- **2000-2001 Board of Directors Meeting** - The proposed budget for the year ending March 31, 2001 was discussed and approved. Money was allocated for the 2001 Summer Student and Research Fellowship Awards. Two motions of note were to acquire a permanent PO Box for the national office and to print a "Clear Caution Statement" on all Foundation literature noting that the thyroid information provided is of a general nature only.

Evening

- **Dr. Robert Volpé**, Medical Adviser to the Foundation and the evening's guest speaker, reviewed all aspects of the Foundation and praised the Canadian model (bottom up not top down) in all categories - organization, structure, educational literature, *thyrobulletin*, the website and funding for research.
- The evening closed with entertainment by the *Seasoned Spirits*, the draw for the Friendship Quilt, the second and third prizes and a **silent auction**. The quilt raffle raised \$2,300, the auction \$736 - all for the National Education & Services Fund.

Thank You

We gratefully acknowledge the following people and organizations who made contributions to offset the cost of the 20th Annual General Meeting Weekend

Shirley and Mort Abramsky

Arriscraft International Inc.

Avalon Area Chapter - Thyroid Foundation (NF)

Bank of Nova Scotia,
West End Branch, Kingston

B'nai Brith, Kingston

Margaret and Bernard Burdsall

City of Kingston

Nora Hockin

Homestead Land Holdings Ltd.

Kingston Area Chapter - Thyroid Foundation

Knoll Pharma Inc.

Ladies Auxiliary, Army, Navy and
Airforce Veterans in Canada
Martello Unit 377

Phyllis and Jim Mackey

Royal Trust Corporation of Canada,
Kingston

Saint John Area Chapter - Thyroid Foundation (NB)

The Empire Life Insurance
Company

The Dr. Samuel S. Robinson
Charitable Foundation

Theramed Corporation



Monthly Draw

Renew your Membership now and become eligible for our Monthly Draw

Every month one lucky Renewing Member will receive a book on thyroid disease.

Our March 2000 winner was:

Margaret Dawson

Comox, British Columbia
who chose

"The Thyroid Sourcebook"

M. Sara Rosenthal

Our April 2000 winner was:

Ralph Morga

London, Ontario
who chose

"Your Thyroid: A Home Reference"

Wood, Cooper and Ridgway

Our May 2000 winner was:

Ulla Ziegler-Nault

Ottawa, Ontario
who chose

"Your Thyroid: A Home Reference"

Wood, Cooper and Ridgway

NOTICE TO ALL MEMBERS

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

Please use the **Membership/Donation Form** in *thyrobulletin*.

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

... Donations are always welcome.

President's message

During this historic year 2000, the Thyroid Foundation of Canada celebrates its 20th Anniversary. We have come a long way since 1980 when Diana Meltzer Abramsky, CM, BA founded our organization in Kingston, Ontario. Diana's dream was to form a lay organization that would help thyroid sufferers across Canada and eventually all over the world. This is now a fact.

The Foundation's goals were then, and remain today, to awaken public interest in, and awareness of thyroid disease; to lend moral support to thyroid patients and their families; and to assist in fund raising for thyroid disease research.

During our Annual General Meeting weekend I had the honour of speaking with Diana, who continues to be an inspiration to all. After our conversation, I thought of all that Diana and the Foundation had accomplished during the past 20 years of operation. I also thought of all that has yet to be done. Many people have been helped by the Foundation. Many more need our help.

In this vein, I would like to dedicate this issue of *thyrobulletin* to all Thyroid Foundation of Canada volunteers, both past and present, who have helped make our accomplishments possible; to the past and present volunteer boards of directors of our 23 chapters across Canada; to the past and present volunteer national boards of directors, and to you, the members of the Thyroid Foundation of Canada. **You help us to help others, as we hope we have helped you.**

In this my first communication to you as national president, I ask for your prayers to help us follow the footsteps of previous leaders; those who paved the way for the Foundation to become the national organization it is today. I ask for your valuable time and efforts to help us continue the work Diana started. Finally, I ask for your generous donations to help us accomplish our goals.

On the back page of all issues of *thyrobulletin*, you will find a list of all TFC chapters across the country. Will you call and offer your assistance to a chapter close to you?

Thyroid Foundation of Canada needs you.

My best wishes for your continued good health.

Irene Britton
National President

Message de la présidente

Durant cette année historique, La Fondation canadienne de la Thyroïde célèbre son 20ème anniversaire. Depuis 1980 lorsque Diana Meltzer Abramsky, CM, BA, a fondée notre organisme à Kingston, en Ontario, nous avons accomplis de grands travaux. Diana rêvait de fonder un organisme laïc, qui aiderait les personnes atteintes de maladies thyroïdiennes à travers le Canada et éventuellement, à travers le monde entier. Aujourd'hui, c'est une réalité.

Les buts de la fondation étaient à l'époque et en fait, le sont encore aujourd'hui, d'éveiller l'intérêt du public et l'éclairer sur les maladies thyroïdiennes; fournir un soutien moral aux malades et à leur proches et aider à ramasser les fonds nécessaires pour la recherche sur les maladies thyroïdiennes.

Durant notre réunion annuelle générale, j'eus l'honneur de parler avec Diana, qui demeure surtout une inspiration pour nous tous. Après notre conversation, j'ai pensé à tout ce que Diana et la fondation avaient accompli durant ces vingt dernières années. J'ai aussi passé en revue tout ce qu'il nous reste à faire. Un grand nombre de personnes furent aidées par la fondation. Beaucoup d'autres ont encore besoin de nous.

J'aimerais dédier ce numéro du *thyrobulletin* à tous les bénévoles de la Fondation d'hier et d'aujourd'hui qui ont rendu possibles les réussites

de la fondation; aux conseils de directeurs antérieurs et actuels de nos 23 sections à travers le Canada, aux conseils de directeurs nationaux, antérieurs et actuels et à vous, les membres de La Fondation canadienne de la Thyroïde. **Vous nous avez permis d'aider d'autres comme nous espérons vous avoir aidés.**

Ceci étant ma première communication comme présidente nationale, je vous demande de me soutenir par vos prières afin de pouvoir suivre les empreintes de nombreux chefs qui m'ont précédée; ceux qui ont si bien mené la fondation à devenir l'organisme qu'elle est actuellement. Je vous demande votre temps et vos efforts si valables, pour nous aider à continuer la tâche que Diana a commencée. Je vous demande enfin, vos dons pour nous aider à atteindre nos buts.

Sur la dernière page de tous les numéros du *thyrobulletin*, vous trouverez une liste de toutes les sections à travers le pays. Veuillez nous contacter pour offrir votre appui à la section la plus proche de chez vous.

La Fondation canadienne de la Thyroïde a besoin de vous.

Meilleurs vœux de bonne santé,

Irene Britton
Présidente nationale



Irene Britton
National President/Présidente nationale

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde

Founded in/Fondée à Kingston, Ontario, in 1980

Patron

Diana Meltzer Abramsky, CM, BA

Board of Directors

Founder – *Diana Meltzer Abramsky (ON)*

President of each Chapter (currently 23)

President – *Irene Britton (NB)*

Secretary – *Shirley Penny (NF)*

Vice-Presidents

Chapter Organization & Development – *Joan DeVille (ON)*

Education & Research – *Lottie Garfield (ON)*

Publicity & Fundraising – *Rod White (ON)*

Operations – *Venette Godbout (NB)*

Past President – *Arliss Beardmore (BC)*

Members-at-Large

*Marc Abramsky, Ed Antosz, Ellen Garfield, Nathalie Gifford,
Marvin Goodman, Rita Wales*

Annual Appointments

International Liaison – *Diana Meltzer Abramsky, CM, BA*

Medical Adviser – *Robert Volpé, MD, FRCPC, MACP*

Thyroid Foundation of Canada thanks Health Canada for its financial support.

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

La Fondation canadienne de la Thyroïde remercie Santé Canada pour son support
financier. La Fondation canadienne de la Thyroïde est un organisme de
bienfaisance enregistré numéro 11926 4422 RR0001.



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Deadline for contributions for next issue: September 15, 2000

Le **thyrobulletin** est publié quatre fois par année: la première semaine de mai
(printemps), août (été), novembre (automne) et février (hiver).

La date limite pour les articles pour le prochain numéro: le 15 septembre, 2000

Contributions to/à – Editor/Rédacteur: Ed Antosz

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E-mail: eantosz@uwindsor.ca

Please note:

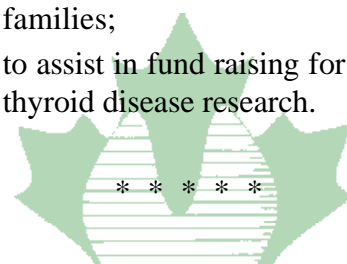
The information in
thyrobulletin is for
educational purposes only.

It should not be relied
upon for personal
diagnosis, treatment, or
any other medical purpose.

For questions about
individual treatment
consult your personal
physician

**The objectives of the
Foundation are:**

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



**Les buts de la
Fondation sont:**

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

Evaluation and treatment of thyroid nodules

A thyroid nodule is a growth in the thyroid gland. Thyroid nodules are extremely common: it is estimated that approximately 5% of adults in the United States have nodules in their thyroid glands that can be felt by the doctor. In addition, there are millions of other individuals who have thyroid nodules which cannot be felt easily. Fortunately, most thyroid nodules do not cause symptoms, and most are benign. Indeed, only about 5% of thyroid nodules are malignant. The challenge is to determine which are malignant, or otherwise require treatment. If you have a thyroid nodule, your physician will make recommendations based on your physical examination and certain diagnostics tests.

What are the symptoms of thyroid nodules?

Most thyroid nodules do not cause symptoms, and are usually discovered by the physician during a physical examination. Sometimes a thyroid nodule may cause pressure-like symptoms, especially when swallowing. They are rarely painful, unless there has been sudden spontaneous bleeding into the nodule. If a nodule continues to grow, the patient may notice a change in voice, such as mild hoarseness. This is unusual in patients with benign thyroid nodules.

If a thyroid nodule is producing too much thyroid hormone (this only happens about 3-5% of the time) the patient may notice some symptoms of rapid heart rate, increased perspiration, a feeling of warmth, and weight loss as well as nervousness. However, the vast majority of thyroid nodules do not cause a change in the body's metabolism - in other words, even though the nodule is there, the thyroid gland produces the right amount of thyroid hormones.

Is the thyroid nodule cancerous?

Most patients worry about whether or not their thyroid nodules may be malignant, despite the fact that very few are. Factors which make the chances for cancer a bit more likely are: very young age (for example, less than 30 years) or older age (greater than 60 years), male sex, and evidence of recent enlargement

by
Peter A. Singer, MD

of the nodule (noted either by the patient or the physician). In addition, the development of hoarseness is worrisome since, as mentioned above, this symptom hardly ever occurs with benign growths.

About two million Americans had radiation therapy to their tonsils or adenoids as children, or for acne as teenagers. If that is your situation, your chance of cancer in a nodule is substantially higher. Also, a family history of thyroid cancer (especially a cancer called medullary cancer) increases the odds of the nodule being malignant.

When your doctor examines you, he or she will determine whether or not you have only one nodule or several (this is called multi-nodular goitre). People with multi-nodular goitres have a low risk for thyroid malignancy compared to people with only one nodule.

What tests are appropriate for evaluating thyroid nodules?

Most likely, your doctor will do a blood test to see whether or not your thyroid is functioning normally, which is usually the case. The test most often performed is called the TSH (thyroid stimulating hormone) test. The doctor may also measure the actual amount of thyroid hormone in your blood (the serum thyroxine or T4).

Some doctors will then order a thyroid scan, and/or thyroid ultrasound. These tests are performed to check the function of the nodule, to see whether or not it contains fluid, and whether there are other nodules in the gland that are too small to feel. Many physicians consider the thyroid scan and the ultrasound unnecessary in the routine evaluation of nodules, but that certainly depends on the particular case.

The role of fine needle aspiration biopsy

In order to determine whether or not a nodule is benign or malignant, most thyroid specialists recommend performing a simple office procedure called fine needle aspiration biopsy (FNAB). In this test the physician inserts a thin needle into

the nodule and withdraws cells and/or fluid which is then examined by a pathologist under the microscope. FNAB is usually very helpful in telling whether the nodule is benign or malignant. But, as with any test or examination, the FNAB is not foolproof. For example, about 20% of the time the pathologist may not be able to tell whether a nodule is benign or cancerous; these nodules are called 'suspicious' or 'indeterminate'.

Management of thyroid nodules

Once your doctor has established what type of nodule you have, he/she will recommend the type of treatment. If the nodule is malignant, surgery is recommended. If your doctor is not sure whether the nodule is benign or malignant (if the tests come back 'suspicious' or 'indeterminate') he/she may recommend surgery or a period of observation. This depends on a number of other factors, including the size of the nodule, your sex and age. Even if the nodule is benign, if there are symptoms of pressure, or if you are concerned because the growth is visible, surgery may also be recommended.

Is there a use for thyroid hormone treatment of benign thyroid nodules?

This is really an unsettled issue; many doctors feel that hormone treatment is not helpful, but others recommend a trial of thyroid medication to see whether a benign nodule will shrink. If the nodule does not shrink within a specified period of time (6 months to 1 year), your doctor may decide that taking thyroid hormone is no longer indicated. If it does shrink, thyroid hormone may be continued indefinitely. Sometimes, to be doubly sure, your doctor may repeat the fine needle aspiration biopsy at a later date to make sure the nodule is benign. However, this is not considered to be necessary in most cases, unless the nodule has grown.

Summary

Thyroid nodules are extremely common, usually do not cause symptoms and are generally benign. A careful history and examination by your doctor along with

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Letters to the doctor

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

Could you possibly answer these questions regarding thyroid.

(1) What are the reasons a thyroid enlarges when there is no endocrine imbalance? (2) The diagram you enclosed (with your request for a donation that I sent back to you) asking that I circle any health problems relating to hypothyroidism or hyperthyroidism. Upon filling out that information, it appeared I have health problems with both hyper and hypo. Would you tell me what that means? Thank you.

PS: With regards to the iritis my reason for concern is that the blood cells behind my right eye are dying, and that cannot be corrected and will result in blindness. A doctor told me five years ago it had been caused by my thyroid. The blood abnormalities, I have been seen by a haematologist since December 1995. This blood condition continues to deteriorate and to date I am on no medication for any of these blood disorders.

There are several reasons why the thyroid can enlarge even if there is no endocrine imbalance. Firstly, there can be mutations of cells within the thyroid, which cause them to have a different growth potential than they would normally. Secondly, there are several metabolic disturbances, which may occur within the thyroid gland, which could lead to thyroid enlargement, without disturbing thyroid function in any way. Thirdly, Hashimoto's thyroiditis may occur without significant thyroid damage, and thus cause thyroid enlargement without any endocrine disturbance.

While a person can have symptoms, which seem to be like those which are both hyperthyroid in nature and hypothyroid in nature, one actually cannot be hyperthyroid and hypothyroid at the same time. This is clearly an impossibility. However, symptoms are not precise, and do not necessarily reflect the status of the thyroid. Indeed, many

people have symptoms, which seem to be emanating from the thyroid, where thyroid function proves to be perfectly normal. There are thus many other reasons disturbances outside of the thyroid can cause similar symptoms.

Iritis is not ever due to thyroid disease. However, there is sometimes an association between different autoimmune diseases, and iritis might be due to an autoimmune process, and thus occur more commonly in patients with autoimmune thyroid disease. However, that does not mean that the thyroid disease is causing the iritis, only that the two conditions are associated in the same patient.

Iwould like to know if Levothyroxine (.112 mg) makes you intolerant to hot weather. I do not seem to perspire. I take several cold showers to cool down in the summer heat a day.

The dosage of Thyroxine of .112 mg daily is not going to make a person intolerant to hot weather. This patient seems to have a disorder of her thermoregulation, but it is not related to her dosage of thyroxine and does not appear to have any relation to her thyroid status.

Iknow that you do not answer "medical" questions, and you ask that an individual contact their own personal physician. However, I would like an opinion from your medical expert. My mother, who is 65, has Graves disease. She was diagnosed and began treatment in 1994. Her treatment is through an Indian Clinic in Albuquerque, New Mexico. Recently, she began to have some type of allergic reaction. Her symptoms were a fever, nausea, and red blotches all over her body. Because she did not get better, she discontinued her thyroid medication (Tapazole, five milligrams, six tablets per day all at once). Once she discontinued her medication, the symptoms subsided and have disappeared. She went to the clinic about three days after discontinuing her medication, but her regular doctor was on vacation. The doctor who saw her was uncomfortable with treating her, and he asked her to wait until her regular doctor returned from vacation. The doctor had

my mother ask the pharmacist if it was ok for her NOT to take her medication. The pharmacist said it would be ok for a few days. My mother has not taken her medication for about one week, and the symptoms have not returned. She believes she became allergic to the medication. Is that possible?

This is an allergic reaction to Tapazole. Do NOT restart Tapazole.

One of our chapter members is having a great deal of difficulty. His thyroid is underactive and his medication is being increased regularly. He is now up to 200 mcg and his blood work is still off. He is very concerned and wants to know how high they can go with his medication.

Some people are somewhat resistant to thyroxine and it is necessary to go as high as necessary to bring the TSH into the normal range. While a dosage of 200 mcg of thyroxine daily is generally fairly high, some individuals require higher dosages, and it is possible to go higher if the need is there. He should also ensure that the absorption is optimal by taking the thyroxine first thing in the morning and any other medication later in the day.

In *thyrobulletin*, Volume 20, No. 4, Dr. David Cooper mentions the views of Dr. Robert Unger in an editorial in the *New England Journal of Medicine* "that some of the hypothyroidism that occurs in pregnant women may be due to iodine deficiency". Is there a similar problem in Canada?

It is certainly true that there are pockets of iodine deficiency in the United States, and this is particularly important in women of childbearing age. I do not know of any comparable data in Canada.

However, the use of iodized salt in Canada is almost universal, and certainly in Ontario the last studies available, which are now several years old, suggest that our average intake is about 600 ug of iodine per day. This is quite a high intake, and certainly in Ontario I doubt that there are any areas of iodine deficiency. The Federal Department of

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Chapter coming events

Free admission – everyone welcome

Burlington-Hamilton

Location: Oakville Trafalgar Memorial Hospital, 327 Reynolds Street, Oakville. Co-hosting with Halton Health services. Parking \$3. Call (905) 338-4379 for advanced registration.

- Wednesday September 27, 2000, 7:00 pm **Dr. W. Rosenthal** Endocrinologist. Topic TBA.

Displays 6:30 pm

For information call (905) 637-8387

Location: Joseph Brant Memorial Hospital, Bodkin Auditorium. Free Parking

- Tuesday November 21, 7:30 pm. **Dr. Allan Hebb**, Internist. Topic: *Thyroid disease and the body*.

Displays 7:00 pm

For information call (905) 637-8387

Kingston

Location: Ongwanada Resource Centre, 191 Portsmouth Avenue, Kingston

- Tuesday October 17, 7:30 pm Speaker & topic TBA
- Tuesday November 21, 7:30 pm. Speaker & topic TBA

For information call (613) 389-3691

London

Location: London Public Library Auditorium, 305 Queens Avenue, London

- Tuesday September 19, 2000: 7:30 pm. **Dr. Tom McDonald**, Endocrinologist, **Dr. A.A. Driedger**, Nuclear Medicine and **Dr. John Yoo**, Surgeon. Topic: *Thyroid cancer*.

Panel discussion: surgery, how much: post surgical management: radioactive iodine or not: regulation of thyroid hormone: plan for long term follow up.

- Tuesday November 21, 7:30 pm. **Dr. Merrill Edmonds**, Endocrinologist. Topic: *Hypothyroidism*

For information call (519) 649-5478

Marystown

Location: College of the North Atlantic, Salt Pond

- Tuesday September 26: 7:30 pm. Panel discussion by three specialists, each discussing own experience as related to thyroid disease.

For information call: (709) 278-2499

Montreal

Location: Montreal General Hospital, Livingston Hall, 6th floor

- The fall season is now being planned. Information will be updated in September. Meanwhile, if we can help you in any way, please call (514) 482-5266 and leave a message. Someone will return your call as soon as possible.

For information call: (514) 482-5266

Toronto

Location: York Woods Public Library

- Saturday 23 September 2000, 2:00 - 4:00 pm. **Dr. Robert Volpé**, Medical Adviser to the Foundation. Topic: *The spectrum of thyroid disease*

For information call (416) 398-6184

Evaluation and treatment . . . con't from page 5

the appropriate tests will help determine the diagnosis and which type of treatment is best suited to your particular case.

Dr Peter Singer is Professor of Clinical Medicine and Chief of Clinical Endocrinology at the University of Southern California School of Medicine. Reprinted with permission from The Bridge, quarterly publication of The Thyroid Foundation of America, Inc.

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Deadline for contributions for next issue (Autumn):

September 15, 2000

Contributions to:

Ed Antosz, Editor

973 Chilver Road, Windsor, ON N8Y 2K6

“Friendship” Quilt Raffle



The lucky winner of our beautiful quilt – pattern Friendship Star – is 11 year old Stephanie Margaret Diercks, of Cordova Bay, Victoria BC. Grandma Maria Montgomery, who has been a willing worker for the Foundation for many years, sold the ticket to Stephanie. Big brother Lee, age 15, was sure someone was playing a joke on sister Steph when he heard the message from the Foundation on their answering machine. The winning ticket was drawn by Dr. Robert Volpé, Toronto.

Congratulations Stephanie!

You are now the proud owner of a quilt that was made and donated by Mabel Miller and friends in Gander NF from material supplied by chapters across Canada – and that has now found a home in Victoria BC. This truly is a Friendship Quilt for your hope chest that reinforces that the Thyroid Foundation of Canada has made Canada much smaller for many of us.

The draw was held on
Saturday, June 3, 2000

2nd Prize: \$300

Liz Ellwood, Ottawa ON

Ticket drawn by
Noel Anthony, Gander NF

3rd Prize: \$200

Pat Henderson, Orangeville ON

Ticket drawn by Dr. Katherine Kovacs, Kingston ON

Financial Statements

Thyroid Foundation of Canada/La Fondation canadienne de la Thyroïde Year Ended March 31, 2000

Statement of Financial Position as at March 31, 2000

	Operating Fund	Research Fund	Total 2000	Total 1999
Assets				
Current Assets				
Cash and term deposits	\$ 549	\$388,579	\$ 389,128	\$ 403,910
Accrued interest		12,463	12,463	12,490
Accounts receivable	5,221		5,221	5,637
Prepaid expenses	3,974		3,974	6,022
	<u>7,744</u>	<u>401,042</u>	<u>408,786</u>	<u>428,119</u>
Investments				
Bonds		191,242	191,242	211,512
	<u>\$ 7,744</u>	<u>\$592,284</u>	<u>\$ 600,028</u>	<u>\$ 639,631</u>
Liabilities and Fund Balances				
Current Liabilities				
Accounts payable	\$ 15,646		\$ 15,646	\$ 11,936
Fund Balances				
Restricted fund - research		592,784	592,784	597,443
Unrestricted operating fund (deficiency)	(7,902)		(7,902)	(19,281)
	<u>(7,902)</u>	<u>592,784</u>	<u>584,882</u>	<u>578,162</u>
	<u>\$ 7,744</u>	<u>\$592,284</u>	<u>\$ 600,028</u>	<u>\$ 620,121</u>

Research Fund Commitments (note 4)

Lease Commitments (note 5)

Subsequent Events (note 6)

Approved by the Board

Arlene Benbow, President

Irene Butler, VP Operations

Auditors' Report

To the Members of Thyroid Foundation of Canada –
La Fondation canadienne de la Thyroïde

We have audited the statement of financial position of Thyroid Foundation of Canada, La Fondation canadienne de la Thyroïde as at March 31, 2000 and the statements of operations and changes in fund balances and cash flow for the year then ended. These financial statements are the responsibility of the foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

Statement of Operations and Changes in Fund Balances Year Ended March 31, 2000

	Operating Fund	2000 Research Fund	Total	1999 Total
Revenue				
Grant - Health Canada	\$ 25,000		\$ 25,000	\$ 25,000
Population health				1,025
Membership	96,909		96,909	96,906
Donations	39,387	\$ 7,722	47,109	57,619
Books and education material	4,040		4,040	4,237
Awards and merchandise	346		346	430
Summer student grant	2,891		2,891	2,561
Administrative fees - research	1,800		1,800	1,200
Interest and other	1,252	25,416	26,668	37,094
	<u>169,825</u>	<u>33,141</u>	<u>202,966</u>	<u>192,921</u>
Expenditure				
Education	29,743		29,743	32,555
Chairs - studies - membership fees	7,377		7,377	3,488
Education material	5,390		5,390	3,430
Purchases for resale	16,920		16,920	15,386
Thyroid clinics (including nursing costs)	15,195		15,195	7,915
Meetings - annual	1,129		1,129	
IT	4,658		4,658	11,896
Chairs - development	58		58	202
Chairs	1,711		1,711	3,910
Total Education	80,156		80,156	93,021
Services				
Office supplies and expenses	10,334		10,334	8,978
Postage and mailing	11,905		11,905	7,512
Professional fees - audit	1,300		1,300	1,500
Professional fees - contract accounting	3,000		3,000	3,000
Professional development - staff	550		550	
Professional development - volunteers	477		477	621
Room charges	438		438	407
Computer	13,718		13,718	
G.S.T. expense	2,821		2,821	3,168
Insurance	1,188		1,188	1,398
Relocation expense				2,565
Rent (includes agency)	9,024		9,024	5,325
Salaries and benefits - office staff	35,862		35,862	35,073
Salaries and benefits - student	2,801		2,801	2,460
Telephone and fax	2,780		2,780	4,659
Total Services	99,311		99,311	82,052
Researching award		30,000	30,000	30,000
Student money		6,000	6,000	6,000
Administration - operating		1,860	1,860	1,860
		<u>37,860</u>	<u>37,860</u>	<u>37,860</u>
Total Expenditure	<u>179,467</u>	<u>37,860</u>	<u>217,327</u>	<u>212,133</u>
Excess of Revenue over Expenditure	(18,642)	4,669	(13,973)	(19,212)
Fund balances (deficiency) at beginning of year:	(19,252)	597,442	578,190	578,162
Mary Dushinsky bequest	30,000	(13,000)	17,000	
Transfer (note 3)				
Fund Balances (Deficiency) at End of Year	\$ (8,904)	\$ 584,442	\$ 575,538	\$ 558,950

Statement of Cash Flow Year Ended March 31, 2000

	2000	1999
Cash Flow used for Operating Activities		
Cash received from grants and donations	\$ 94,000	\$ 60,922
Cash received from academic staff fees	66,559	57,716
Cash received from books and education material	7,000	4,237
Interest and other	26,668	37,168
Cash paid for education services and awards	(708,778)	(210,280)
Net cash used for operating activities	(14,382)	(16,037)
Cash Flow from Financing Activities		
Mary Dushinsky bequest		2,387
Net decrease in cash	(14,082)	(13,650)
Cash at beginning of year	254,210	267,860
Cash at End of Year	\$ 240,128	\$ 254,210

Cash comprised of cash and term deposits

In common with many charitable organizations, the foundation derives revenue from donations and memberships, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the foundation and we were not able to determine whether any adjustments might be necessary to donation and membership revenue and fund balances.

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to completely verify donation and membership revenue as explained in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the foundation as at March 31, 2000 and the results of its operations and cash flow for the year then ended in accordance with generally accepted accounting principles.

Secker, Ross & Perry
Chartered Accountants

Kingston, Ontario, May 26, 2000

Notes to Financial Statements Year Ended March 31, 2000

1. Purpose of Organization

The Thyroid Foundation of Canada is incorporated under the laws of Canada and is a registered charity. The purpose of the organization is to awaken public interest in and awareness of thyroid disease, lend moral support to thyroid patients and their families, and assist in fund-raising for thyroid disease research.

2. Significant Accounting Policies

Fund Accounting

Revenues and expenditures related to education and services are reported in the Operating Fund.

The Research Fund was established with external donations to provide financial support in helping to uncover the fundamental causes of thyroid disease.

Revenue Recognition

Contributions are recognized as revenue of the appropriate fund when received. Bequests are recorded when received.

Investments

Bonds are recorded at cost. Interest is reported as income on an accrual basis.

Capital Assets

No value is accorded to capital assets for reporting purposes. Purchases of capital assets are charged as expenditure in the year of acquisition.

3. Transfer of Funds

During the year the executive members of the Board of Directors, with the authorization of the donors, approved the transfer of \$30,000 from Research Funds Held for Specific Purposes to the Education Fund to help cover operating expenses.

4. Research Fund Commitments

An amount of \$37,500 has been committed to Research Fellowships, of which a \$7,500 balance on the 1999-2000 award is to be paid June 15, 2000. The remaining \$30,000 for the 2000-2001 award is to be paid quarterly commencing September 15, 2000. In addition, an amount of up to \$9,000 has been committed for summer student thyroid research depending on the availability of funds.

5. Lease Commitments

The foundation has entered into a lease agreement for a photocopier which calls for future minimum payments of \$3,915 expiring March 2001.

The foundation leases its office premises under a three year lease expiring July 2001 which call for future minimum payments of \$11,871. There is an option to renew for a further two years at a rent to be negotiated.

6. Subsequent Events

- (a) Subsequent to the year end the foundation has received a one time grant of \$51,000 from Health Canada to be used for capacity building initiatives.
- (b) The foundation has become entitled to proceeds of approximately \$50,000 as the beneficiary of an insurance policy on the life of Mrs. Isabel Spragg. Mrs. Spragg passed away on March 7, 2000.

Please Note:

A copy of the Foundation's financial statements in larger print is available upon request to the national office, accompanied by a self addressed #10 envelope, and two (2) 46¢ stamps (not attached to the envelope), to cover the cost of reproduction, stationary and mailing.

Health may have some figures on this point.

It is also true that vegetarian and vegan diets can be deficient in iodine, although if salt is employed, the values tend to be quite normal. Iodine deficiency in Canada therefore would appear to be unusual, but certainly not unheard of.

* * * * *

If hypothyroidism is an autoimmune disorder, resulting from the body creating antibodies that destroy proteins in the thyroid gland, is there a test that indicates how many of the protein molecules are remaining?

The immune system does indeed interact with antigens (proteins) which are of thyroid origin. These antigens include thyroglobulin, thyroperoxidase, and thyrotrophin receptor (TSHR), and some other minor antigens. However, the antibodies which interact with these antigens merely set up an immune complex, i.e., the antibodies bind to these antigens, but do not necessarily damage them in any way. They merely act in large part as a reflection of the autoimmune process which is generally not related to the actual production of antibodies. This process is mediated by what are termed T-lymphocytes, which are not actually the antibody producing lymphocytes. The antibody producing lymphocytes are termed B-lymphocytes.

The T-lymphocytes, in response to the same antigens liberate a series of small molecules that are termed cytokines, which induce thyroid cell damage. These are destructive molecules, and the thyroid cell damage, while triggered by those self-same antigens, is not actually antigen specific, but is cell-type specific, only because the cytokines are liberated at immediate close range to the cells and damage or destroy them. When the cells are destroyed, of course there will be less production of all the proteins that they had been producing, but the amount of those antigens still being produced is considerable, and until the whole thyroid gland is completely destroyed, large amounts of those proteins are still easily detectable.

* * * * *

THYROID 2000: What's new?



THYROID 2000: What's New? Audience

Toronto, June 20, 7:30 pm, Westin Harbour Castle Hotel, were the date and location of a unique Open Forum on thyroid disease organized by the Greater Toronto Chapter of the Thyroid Foundation of Canada and Dr. Lawrence Wood, President of The Thyroid Foundation of America, and co-author of *Your Thyroid: A Home Reference*.

Also present were representatives of other American patient organizations including The Thyroid Society for Education and Research based in Houston, Texas, and the Light of Life Foundation for thyroid cancer patients based in New York City.

The event was planned for the night before the Endocrine Society's four day conference in Toronto involving 6000 endocrinologists - a convenient time for this event's medical panel to convene. This included the Foundation's National Medical Adviser, Dr. Robert Volpé, and other well known Toronto endocrinologists, Dr. William Singer of St. Michael's Hospital and Dr. Daniel Drucker of Toronto Hospital. Dr. Andrei Kochiniuk of Kiev, a surgeon who deals with the problem of thyroid cancer in nearby Chernobyl, was also on the panel.

In spite of the distinguished medical participants the 'stars' of the evening were thyroid patients themselves. Four patients on the panel described in detail their personal experiences with thyroid disease, and how they had worked with their doctors towards eventual health and adjustment. This was followed by their doctors' experiences working with these patients, and other comments and questions from their medical colleagues on the panel.

Throughout the evening open question periods ensued involving some of the 560 in the audience. Many, questions were asked and answered including those about new treatments and research directions.

It is hard to believe that such a large open forum of over 500 could work but it certainly did. The people in the audience expressed a great deal of appreciation for this kind of programming and some were asking for more time after 2 1/4 hours. A display was set up with Thyroid Foundation literature. By the end of the evening not one brochure was left. We appreciate the valuable contribution of our Toronto chapter members; Coordination, Lottie Garfield, Publicity, Ellen Garfield, Education Display, Laura Mandryk, Helen Lazer, and Marilyn Roy, and other chapter volunteers who assisted with mailings and phone contact.

We will continue with more information from this interesting event in a later issue of *thyrobulletin*.

Chapter news



Chapter Presidents from across Canada who attended the 20th AGM

Burlington-Hamilton

Since they received their charter on March 24 of this year, the new Burlington/Hamilton Area Chapter of the Thyroid Foundation of Canada has been very busy.

On May 15 the inaugural meeting of the new chapter was held, with Dr. Singer, a Burlington ophthalmologist as guest speaker. Over 60 enthusiastic people attended.

On May 27 by invitation, President Arlene Simpson and Vice President Don Pennell represented the new chapter at the National Celiac Convention held in Hamilton. The response was most surprising and welcomed. A considerable amount of literature was passed out to the

delegates along with names and addresses of other area chapters from across Canada.

On May 24 Don Pennell was invited to the Resource Centre of the New Credit Native Reserve. Endocrinologist Dr. G Pereze was the guest speaker. Our presentations were done in conjunction with the local Diabetes Association.

In June the chapter will be hosting an informational booth at shopping malls in Burlington and Hamilton.

Don approached the local Pharmacists' Association and they are willing to include the Foundation's membership form with their monthly mailing; the objective being that each local pharmacy become a member of the Burlington/Hamilton chapter for information purposes.

Kingston

Kingston Chapter hosted the 20th AGM weekend June 2 - 4, 2000. Many thanks to the chapter volunteers who helped make the weekend a success.

We participated in a Thyroid Awareness Day, Tuesday, July 4, 10:00 am to 2:00 pm, at Pharma Plus Drugmart, Kingston Centre, with Eric Steigerwald, representative of Knoll Pharma Inc. This event was so successful it is planned to have three similar events early this fall at different pharmacies in the city, including a repeat attendance at Pharma Plus.

Marystown

The second annual Walk-A-Thon was held on June 26 at the Eco-Museum Walk Site in Winterland.

Montreal

The chapter's fourth Annual Art Exhibition and sale was held from April 8 to 11 at Montreal Hospital. Paintings were sold and thyroid literature distributed. Three paintings were donated by participating artists for a raffle which took place at the chapter's AGM, May 17.

- 1st prize donated by Rita Sarazin, won by Paul Skolnik, Montreal, QC
- 2nd prize donated by Sharon Goodman, won by Claire Roy, St. Bruno, QC
- 3rd prize donated by Phyllis Pedicelli, won by Herb Alier, Maxville, ON

Stephen Foxman, Nutritionist, was the guest speaker at the chapter's well-attended May 17 annual meeting.

Please note!

New Mailing address:

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde
PO BOX/CP 1919 STN MAIN
KINGSTON ON K7L 5J7



New Website address:

www.thyroid.ca

The previous website will continue to be operational for some time.

Foundation sponsors additional TAQ clinics

Three Thyroid Assessment Questionnaire (TAQ) and blood testing clinics were held in May and June 2000.

Greater Vancouver Area Chapter held another TAQ clinic on Thursday, May 25, at the Metrotown Mall in Burnaby, BC. It was an overwhelming success with more than 800 people attending to fill in the TAQ and have a blood test. The results, in combination with those from Montreal, QC, and Saint John, NB, will be used in the study of the TAQ.

Jacquie Huntington, President, Greater Vancouver Area Chapter

Montreal Area Chapter held a TAQ and blood screening clinic on Saturday, June 9, at Place Vertu Shopping Mall in St. Laurent. The day ran smoothly with approximately 450 people being tested. A large quantity of thyroid educational material was distributed. It was a pleasure to work with Leslie and Tobi from Lexicom and the great staff from Knoll Pharma Inc. Thanks to all the volunteers from the Montreal Chapter who gave so generously of their time: Donna Cruikshank, Marvin Goodman, Sandra Phillips, Nancy Schwartz and Corinne Shiller. All your efforts which made the day a success are greatly appreciated.

Sharon Goodman, President, Montreal Area Chapter

Greater Saint John Area Chapter held the last of the three thyroid testing clinics on Saturday June 24. The clinic was a great success with 471 people attending. The participants were part of an important research study to test the TAQ, which is an interactive tool for physicians to help identify and quickly diagnose thyroid disease. Early diagnosis is the key to help ease the suffering of an estimated 1.4 million people with thyroid disorders who are unaware of the fact. Thanks to all who participated and thanks to volunteers Donnie, Patt and Liam, to organizers Leslie, Tobi, Ian, Rob and Kim, and to the media who gave such tremendous coverage to our event.

Le 24 juin, la section de Saint John a tenue une clinique pour mettre à l'épreuve le questionnaire sur l'évaluation de la thyroïde. Les 471 participants furent parti d'une étude de recherche très importante qui a pour but d'identifier et de diagnostiquer plus rapidement les maladies thyroïdiennes. Le diagnostic tôt est le clé nécessaire afin de diminuer les souffrances des plus de 1,4 million de malades atteints de la thyroïde qui n'en sont pas conscients. Un grand merci aux bénévoles Donnie, Patt et Liam et aux organisateurs, Leslie, Tobi, Ian, Rob et Kim et aux média qui ont donné un très généreux reportage pour notre clinique.

Irene Britton, National President/ Présidente nationale

Isabel Spragg Bequest

We were saddened by the death of Mrs. Isabel Spragg early this year. For many years Mrs Spragg was not diagnosed with thyroid disease and suffered greatly. She eventually turned to the Thyroid Foundation for information and in particular to Diana Abramsky whom she has acknowledged many times for her kindness and the support she provided during a difficult period.

In appreciation Mrs. Spragg had arranged for an insured annuity for \$50,000 to go to the Foundation's Research Fund upon her death. Her interest was to educate young doctors and medical students in the art of diagnosing thyroid disease. Awards in her name will begin in 2001.

The national board of the Thyroid Foundation is grateful for Mrs Spragg's interest and support of the Foundation and for her generous donation. We express our condolences to the Spragg family.

Tribute to Dr. Volpé

The item below is excerpted from the "Top Doctors" listing at Mary Shomon's "About Thyroid Website", and can be found at:

<http://thyroid.about.com/library/weekly/bldoc-cn.htm>

"A reader recommends Dr. Robert Volpé, Endocrinologist, World Renowned Thyroid Specialist. "You will require a referral from your family physician. Dr. Volpé was recommended to me by my former pediatric endocrinologist, Dr. Robert Erlich – currently on staff at the Markham Stouffville Hospital. I was born without a thyroid gland. I have been on THR meds ever since – I am a 28 year old female. I had never had problems keeping my TSH levels in check until last year when my health began to deteriorate quickly. I suffer from Irritable Bowel Syndrome and was slated to begin a research study into a new treatment drug. I received a call from the study coordinator informing me that I could not be entered into the study because my TSH level was 76.4 – very high. During the past year I have endured a great many tests to figure out why this is happening. I met Dr. Volpé in the spring of 1999. He is a charming man who truly cares about ALL aspects of his patients' lives and how the illness is affecting them. He has been a great source of information and support for me – encouraging my questions and desire to be involved in my care every step of the way - and from what I have heard he is rated as one of THE TOP 5 THYROID SPECIALISTS WORLDWIDE. I highly recommend Dr. Volpé to anyone who wants/needs a specialist who sees more than just the illness but also the patient behind it."

2000 Thyroid Foundation medical research awards

Upon the recommendation of the Peer Review committee to the Board of Directors of the Foundation, the following awards are announced.

The Diana Meltzer Abramsky Research Fellowship (*\$30,000 for one year*)

From the four applications for this award the successful candidate was Dr. Masayo Yamada MD, who will be working in Halifax under the supervision of Dr. Jack Wall at Dalhousie University. Dr. Yamada will be studying thyroid eye disease in mice as a model to examine the underlying immune abnormalities particularly affecting eye muscle protein.

Thyroid Foundation of Canada Research Fellowship (*\$30,000 for one year*)

The award made last year to Dr. Wei Liu under the supervision of Dr. Paul Walfish at Mount Sinai Hospital in Toronto was renewed for another year to continue their studies of vitamin D analogues in human thyroid cancer treatment.

Thyroid Foundation of Canada/Medical Research Council Joint Post Doctoral Research Fellowship (*50% of \$19,530 = \$9,765 for three years*)

Suzana M Anjos was the recipient of this three year doctoral research award. Dr. Anjos is in the Department of Genetics in the Montreal Children's Research Institute at McGill University under the supervision of Constantine Polychronakos. She will be working on the functional significance of variants of cytotoxic antigens in autoimmune thyroid and related eye disease.

Summer Student Scholarships

There were five applications for Summer Student Scholarships. Three scholarships of \$3,000 each have been awarded to:

- Nathalie Morency, Supervisor Dr. Marie-France Langlois at Sherbrooke University, Division of Endocrinology. Ms. Morency will be studying enzyme activity in benign and malignant thyroid nodules to provide more certain diagnosis in needle biopsies.
- Natalie Kotowycz, Supervisors Dr. Jay Silverberg and Dr. Anthony Levitt at Sunnybrook Hospital in Toronto. Ms. Kotowycz will be studying patients treated with T3 and T4, alone and in combination, to see which treatment regimen is the most effective.
- Soon-Il Song, Supervisor Dr. Joanne F Rovet at The Hospital for Sick Children, Toronto. Mr. Song will be studying the effect of thyroid hormone on attention in children with congenital hypothyroidism.

2001 Thyroid Research Awards

Information and applications can be found on our website at www.thyroid.ca.

My thyroid story

by
Wendi Goodhew

Last December I went to my doctor after many months of having a hoarse voice. He decided to check my thyroid by ultrasound. Upon finding nodules I was sent for an iodine uptake test, then a needle biopsy. The end result was papillary carcinoma. In December of 1998 I had one-half of my thyroid removed, then in January the other half. In February I was admitted to hospital for three days and given a high dose of radioactive iodine.

My nightmare began! I was put in a very small isolated room; once the radiologist and doctor gave me the iodine I never saw another person again until three days later. My meals were left (usually hours after meal time) outside my door and I was called. It was my job to discard any food I didn't eat, which was everything. I was not given a face cloth or towels, my bed linen was not changed, nor did I receive any fluids (after being told to drink lots). A few times I felt very ill and asked for Gravol, which was left outside my door.

Fortunately, I had taken in some snacks and juice of my own, because that is all I had for three days. The garbage tin piled up and stunk. I literally could have dressed and walked out because no one had ever been to see me.

I never felt so lonely and cast aside in my life. If it weren't for family and friends calling me I would have left. It seems the nurses and the general public are absolutely ignorant of thyroid disease, the care of the thyroid patients, and the symptoms they live with every day.

I survived my ordeal and went home. I was given a prescription for levothyroxine .015 mg daily.

I was always a very active person with sports, two boys, crafts and working. Now I have returned to work as a HCA in a nursing home. I get tired easily and get major headaches. I go every three months to the doctors. Life is pretty much back to normal, although I do find that almost no one realizes the life-long disadvantages thyroid patients deal with every day. My levels run low, I feel the cold terribly, I tire easily and some days it's a struggle. I am a go-getter and therefore I do as much as I possibly can like I did before this happened.

It is really too bad that there is not an in-service from the Thyroid Foundation for nursing.

Keep up the great job; let's make the public aware.

Dr. Volpé, Medical Adviser to the Foundation, comments:
It is indeed necessary to isolate patients for 48 hours for the large dose of radioactive iodine required after thyroid carcinoma. However, Mrs. Goodhew seems to have had a much more difficult time than is usual. In most hospitals face cloths and towels are provided, foods are given, and snacks and juices are available.

It is most unfortunate that Mrs. Goodhew had such a terrible time. We generally warn patients that they are to be isolated for these two days, and no visitors are allowed. However, it is not necessary for this experience to be a nightmare, and it is not the rule that it is.

Press releases from the British Society for Endocrinology

These press releases from the British Society for Endocrinology give details of new and important research presented at the British Endocrine Societies joint meeting with the European Federation of Endocrine Societies.

New report points to dangers in 'unnecessary thyroid hormone replacement'

Recent press reports have highlighted the suggestion that patients should be given thyroid hormones if they show the symptoms of hypothyroidism, even if they are biochemically normal. Now a new report, presented at the British Endocrine Societies meeting in Birmingham, UK, highlights the potential dangers of giving thyroid hormones to these patients.

Peter Daggett and Terry West point to 11 patients who came to them after previously being given thyroid hormones, even though there was no evidence of hormone deficiency. After this treatment the majority of cases showed the side effects of having excess thyroid hormones in their body. Excess thyroid hormones can cause hyperthyroidism, leading to an increase in the body's metabolic rate. Symptoms of hyperthyroidism include nervousness, sweating, heat intolerance and heart palpitations.

In one case a patient with heart disease, but completely normal thyroid functions, had been prescribed natural thyroid extract. She developed cardiac failure which proved difficult to treat even after stopping the thyroid treatment.

Dr Daggett said 'Hormone treatment without biochemical proof of diagnosis is potentially hazardous. There is a controlled study into this treatment going on in Glasgow. Until we hear the results of this study, we should be extremely cautious in giving thyroid hormones to biochemically 'normal patients'.

Dr Peter Daggett works in the Metabolic Unit of Staffordshire General Hospital, UK Dr Terry West works at the Princess Royal Hospital, Telford, UK.

New study suggests thyroid hormone replacement therapy 'no better than placebo' where patients have normal thyroid levels

Recent press reports have highlighted the suggestion that patients be given thyroid hormones if they show *symptoms* of hypothyroidism, even if they are biochemically normal. Now an **important controlled study**, presented at the British Endocrine Society's meeting in Birmingham, UK, suggests that taking thyroxine gives no significant benefit to those who seem normal in thyroid function tests.

Dr. Hamish McLaren led a team from Stobhill Hospital, Glasgow, and the University of Glasgow. They conducted double-blind crossover placebo controlled trial with patients who felt clinically hypothyroid, and healthy controls.

At the beginning of the trial the patient group felt significantly worse than the controls. The patient group felt slightly better after taking either thyroxine or a placebo, but there was no

difference between the response to the two treatments. Thyroxine treatment did not make the healthy controls feel better.

The study concludes that 'at these doses, thyroxine is no better than a placebo' in treating biochemically normal patients.

Team member Dr Anne Pollock says 'This trial has found no evidence to support the view that thyroxine treatment benefits patients who feel clinically hypothyroid but are biochemically euthyroid'.

The investigating team were Dr Anne Pollock, Dr Allison Sturrock, Dr Chris Kelly and Dr. Hamish McLaren (Stobhill Hospital, Glasgow), Dr Karen Marshall and Dr Kate Davidson (Department of Psychological Medicine, University of Glasgow) and Dr Alex McMahon (Department of Biostatistics, University of Glasgow).

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Thyroid Foundation of Canada Peer Review Committee

*Dr. Robert Volpé, The Wellesley Hospital,
Toronto ON (Committee Chairman)*

Dr. Jody Ginsberg, University of Alberta, Edmonton AB

*Dr. Jacques How, Hôpital Général de
Montréal, Montréal QC*

Dr. Paul Walfish, Mount Sinai Hospital, Toronto ON

The Foundation is indebted to the Peer Review Committee for the time they have given to review the applications for our various research awards. It is only with their help that we are able to use more wisely the valuable contributions of our members and friends. These doctors and others have also been generous in their support by being guest speakers at various functions and answering the questions of anxious thyroid patients and their families. For this we are extremely appreciative and thank them on behalf of people everywhere who have been helped by their advice.

Dr. Gregory Becks, Grey Bruce Regional Health Centre, Owen Sound ON is leaving the Peer Review Committee this year. We would like to thank him and wish him well.

A special *thank you* to Dr. Volpé our Medical Adviser of *thyrobulletin* fame (and everywhere else too!) for coordinating the work of the Peer Review Committee and advising the board of the results.

Thank you gentlemen.

Rita Wales, Liaison, Medical Research

The following books are available from the Thyroid Foundation of Canada.

All prices include taxes, shipping and handling.

	Price	Quantity	Total
<input type="checkbox"/> How Your Thyroid Works - Baskin, H. Jack, MD		\$12.00	_____ \$ _____
<input type="checkbox"/> The Thyroid Gland, A Book for Patients - Hamburger, Joel I., MD		\$12.00	_____ \$ _____
<input type="checkbox"/> Your Thyroid: A Home Reference - Wood, Lawrence C., MD, Cooper, David S., MD, Ridgeway, E. Chester, MD		\$21.00	_____ \$ _____
<input type="checkbox"/> Thyroid Disease, The Facts - Bayliss, R.I.S., MD, Tunbridge, W.M.G., MD		\$27.00	_____ \$ _____
<input type="checkbox"/> The Thyroid Sourcebook - Rosenthal, M. Sara		\$27.00	_____ \$ _____
<input type="checkbox"/> Video: The Woman Behind the Foundation		\$16.00	_____ \$ _____

Complete this form and mail with your name, address and payment to **Thyroid Foundation of Canada**,
PO Box/CP1919 Stn Main, Kingston ON K7L 5J7, or fax with credit card details to (613) 544-9731.



Membership/Donation Form

Awareness ♥ Support ♥ Research

New memberships run for one or two years from the receipt of this membership application.

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

Yes!
I will support the
Thyroid Foundation
of Canada!

Membership Level	One Year	Two Year	
<input type="checkbox"/> Regular	\$20.00	\$35.00	\$ _____
<input type="checkbox"/> Senior 65+	\$15.00	\$25.00	\$ _____
<input type="checkbox"/> Student	\$15.00	\$25.00	\$ _____
<input type="checkbox"/> Family	\$25.00	\$45.00	\$ _____

Donations (Circle Your Choice)

Education & Services, Chapter Programs, National Research, Where Need is Greatest \$ _____

I will be paying my membership/donation by:

Total: \$ _____

☐ Personal Cheque (enclosed and payable to Thyroid Foundation of Canada) or,

☐ Visa or ☐ MC #: _____ Expiry Date: _____

Signature: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

Type of Membership: ☐ New ☐ Renewal ☐ I am donating by mail or ☐ English ☐ French

All donations and membership fees qualify for a tax receipt. Please send your application and payment to:

THYROID FOUNDATION OF CANADA, PO Box/CP 1919 Stn Main, Kingston ON K7L 5J7

Tel: (613) 544-8364 or (800) 267-8822 • Fax: (613) 544-9731 • Website: www.thyroid.ca

Please Continue Your Support—We Need You!

National Office/Bureau national

Staff/équipe

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

Office Hours/ Heures du bureau

Tues.- Fri., 9:00 am - 12:00 pm/1:00 pm - 4:30 pm • Mardi à vendredi, 8h30 à 12h00/13h00 à 16h30

Tel: (613) 544-8364 / (800) 267-8822 • **Fax:** (613) 544-9731 • **Website:** www.thyroid.ca

Chapter & Area Contacts/Liaisons pour les divisions et districts

BRITISH COLUMBIA/COLOMBIE-BRITANNIQUE

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