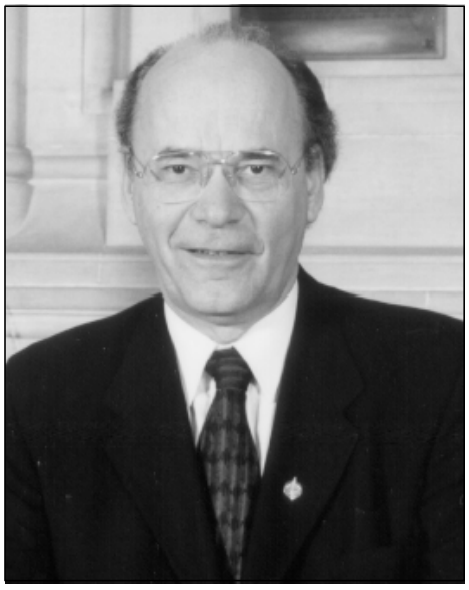
Thyroid Foundation of Canada

thyrobulletin

La Fondation canadienne de la Thyroïde

Volume 22, No. 2 **Summer 2001**

Greetings from Health Canada



Yvon Charbonneau

M. Charbonneau, Secrétaire parlementaire du ministre de la Santé, Parliamentary Secretary to the Minister of Health, addressed the opening session of the 21st Annual General Meeting Weekend of the Thyroid Foundation of Canada /La Fondation canadienne de la Thyroïde, Friday, May 25, 2001 in Montréal, Québec.

by
Yvon Charbonneau,
Député-Anjou-Rivière-des Prairies
Member of Parliament for
Anjou-Rivière-des-Prairies

It is a pleasure to be here on behalf of the federal Minister of Health, Allan Rock, who regrets that he could not join you today. He asked me to convey his best wishes for a successful Annual General Meeting.

Je suis ravi d'être ici aujourd'hui pour représenter le ministre de la Santé, Allan Rock, qui, malheursement, n'a pu se joindre à nous. Il m'a chargé de vous transmettre ses meilleurs voeux pour la réussite de votre assemblée générale annuelle.

These days, many more people have begun to understand that our society is founded on three pillars – the public, the private, and the equally important voluntary sector. In the recent Speech from the Throne, the Prime Minister affirmed the government's commitment to the voluntary sector, recognizing this sector as an integral part of our social, cultural and economic fabric.

Nowhere is the work of the voluntary sector more apparent than in the outstanding contribution of Canadian health charities to our goal of a healthier society.

Health Canada values its productive partnerships with a wide range of non-governmental organizations, including health charities such as the Thyroid Foundation of Canada. We value the vital support services that health charity volunteers bring patients and their families. And we acknowledge your invaluable efforts in the critical areas of promoting quality of care, research, access to effective treatment, fund-raising and public education.

Minister Rock has made building a strong relationship with the voluntary health sector a personal priority.

As partners, Health Canada and health charities have worked together on ways to promote heart health, fight diabetes, and diagnose and treat breast cancer. This partnership has also benefited Health Canada strategies on HIV/AIDS, hepatitis-C, tobacco control and food labeling.

À titre de partenaires, Santé Canada et les organismes de bienfaisance ont travaillé ensemble à la promotion de la santé cardiaque. à la lutte contre le diabète, au dépistage et au traitement du cancer du sein. Ce partenariat a aussi été très profitable pour les stratégies de Santé Canada sur le VIH/sida, l'hépatite C, la lutte contre le tabagisme et l'étiquetage des aliments.

To this end, last June, the federal government created the Canadian Institutes of Health Research (CIHR). CIHR's concept is an innovative one – a multi-disciplinary approach organized through a framework of 13 'virtual' institutes, each dedicated to a specific area of focus, linking and supporting researchers pursuing common goals to improve the lives of Canadians.

C'est dans cet esprit qu'en juin dernier le gouvernement fédéral a créé les Instituts de recherche en santé du Canada (IRSC), un concept novateur qui mise sur la collaboration interdisciplinaire. En tout, 13 instituts virtuels spécialisés dans un domaine précis de recherche relient et appuient électroniquement des chercheurs dont l'objectif commun est d'améliorer la vie des Canadiens et des Canadiennes.

As many of you are aware, two of CIHR's institutes – the Institute of Cancer Research and the Institute of Nutrition,

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Greetings . . . con't from page 1

Metabolism and Diabetes are conducting research to address thyroid cancer. CIHR currently supports research on thyroid conditions through more than thirty projects worth almost $5 million.

In the vital realm of research, organizations like yours are providing leadership and forging intersectoral links. Your Foundation's role as the first thyroid lay organization of its type in the world, the part you played in founding Thyroid Federation International, your funding of research in partnership with the CIHR, and your grants for medical students are all excellent examples of these links and leadership.

I'd like to turn now to an issue that concerns every Canadian – primary health care reform. Last September's historic First Ministers Agreement on Health committed targeted funding over five years to revitalize primary health care, Canadians first point of contact with the health care system.

The Agreement addressed major concerns for the short to medium term. But looking to the longer term, an aging population, rising pharmaceutical and technology costs and the shortage of health professionals, are all putting pressure on our health care system. This results in longer waiting lists for patients needing care and continuing concerns about whether the system is affordable and sustainable.

L'entente portait sur des enjeux de taille à court et à moyen terme. Mais, à long terme, une population vieillissante, l'accroissement des coûts pharmaceutiques et technologiques et la pénurie de professionnels de la santé exerceront une pression très forte sur notre système de soins de santé. Les listes d'attente risquent d'être plus longues, et on continuera de se poser des questions sur l'accessibilité et la durabilité du système.

In part, we can help resolve this challenge by supporting the move from a system based on doctors and hospitals to one that is community based. This change in our method of delivery improves integration across the health care system. It also gives health care providers an opportunity to participate in community efforts on health promotion and wellness.

With your exceptional knowledge, experience and expertise with outreach services, health charities can play a formative role in building capacity for community care.

Volunteer health charities like your Foundation are also uniquely placed to provide input to the Commission on the Future of Health Care in Canada. This Commission led by Roy Romanow will help us find ways to ensure an effective and accessible health care system not just for tomorrow or a year from now, but 10, 20 and 30 years on.

Through the work of the Commission we want to see recommendations on how to achieve a balance – on the one hand, keeping Canadians healthy and on the other, meeting their needs for care and treatment.

As I mentioned earlier, our quality of life depends on the vibrant interconnections of your sector, and the public and private sectors. The Voluntary Sector Initiative, announced last June, exemplifies the Government of Canada's commitment to the third pillar of society. This Initiative makes $95 million available over five years to help volunteer organizations develop capacity building and policy development skills.

The draft accord that the federal government and the volunteer organizations are now developing will formalize this relationship, clearly defining each party's responsibilities.

In terms of Health Canada's relationships, we welcome the emergence of the Health Charities Council of Canada (HCCC) as its members collective voice, and a new and superbly experienced policy partner. Through HCCC's innovative structure, health charities and Health Canada can work together to meet current and future challenges and health policy priorities.

Au chapitre des relations avec Santé Canada, nous saluons la création du Conseil des organismes de bienfaisance en santé du Canada à titre de porte-parole de ses membres et de partenaire politique superbement expérimenté. Grâce à la structure novatrice du Conseil, les organismes de bienfaisance et Santé Canada pourront travailler ensemble pour relever les défis actuels et futurs et respecter les priorités en matière de politiques de santé.

HCCC rose to the challenge of finding a unified voice for its membership. The federal government will now do its part – first, by establishing a dialogue that deals with our common concerns, and second, by supporting the Council in capacity building and policy areas to facilitate your work – work that's essential to the well-being of Canadians.

Health Canada's partnership with the new Council is a natural extension of the many productive one-to-one relationships it has fostered with individual national health charities. We will continue to nurture these bilateral relationships, as we work collaboratively to support educational and preventive initiatives that will help individuals suffering from disease, thus improving the quality of life of Canadians across the country.

And finally, I'd like to congratulate all of you on the fantastic work that you're doing. I look forward to hearing about your progress in the future.

Pour terminer, je désire féliciter chacun d'entre vous pour l'excellent travail que vous faites. Je compte sur vous pour me tenir au courant de vos progrès à l'avenir.

Thank you.

Monthly Draw

Renew your Membership and become eligible for our Monthly Draw

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

Our March 2001 winner was:
Emma Ladouceur
North Bay, Ontario
who chose
"Thyroid Disease, The Facts"
Bayliss & Tunbridge

Our April 2001 winner was:
Lesley Salo
La Salle, Quebec
who chose
"Thyroid Disease, The Facts"
Bayliss & Tunbridge

Our May 2001 winner was
Marie Duff-Whichelo
Georgetown, Ontario
who chose
"The Thyroid Gland, A Book for Patients"
Joel I Hamburger

President's message

In the last issue of ***thyrobulletin,*** we asked for your support during our current operating fundraiser. We will be contacting our members shortly and depend on your support. Having said this, I would like to give you an overview of the work facing the Foundation as we go forward into the 21st century.

From time to time, the Foundation applies to Health Canada for project-specific grants. These funds are not for the general operation of the Foundation but for specific projects to enhance our services to you, our members and to help us to become self-sufficient.

Irene Britton
National President/Présidente nationale

Last year we applied for and received funding to do a market survey to develop and market a special Patient Information Kit. Revenue from sales of the kit will be used to support the operation of the national office. These kits are presently being developed and should be ready for sale in the next few months.

This grant also provided funding to expand service delivery to our members and inquirers, which permitted us to purchase newer and faster computers; an updated phone/e-mail system in order to better serve those who need to contact us; and promotional materials to assist in our efforts to raise funds from corporate sponsors.

This year we applied and received partial funding to strengthen the Foundation at the chapter level through joint meetings of our chapter volunteers with chapter level participants from other like-minded organizations. This grant will allow meetings at the grass roots level to discuss items such as: the impact of gender on health awareness; what other types of awareness materials can be developed to assist in early diagnosis; what have other organizations done at the service delivery level that have been successful.

The above are just a few of the goals the Foundation must achieve in order to meet the tremendous amount of requests for information received from those we try to help.

Message de la présidente

Dans le dernier numéro du thyrobulletin, nous vous avons demandé votre appui dans notre collecte de fonds courante. Nous allons bientôt contacter nos membres et nous dépendons sur vous. Ceci dit, je voudrais vous mettre au courrant, en bref, du travail que nous envisageons au cours de cette année.

De temps à autre, la Fondation fait application à Santé Canada pour des subventions à projets spécifiques. Ces fonds ne sont pas pour l'administration générale de la Fondation mais pour des projets qui rehausseraient nos services à vous nos membres et pour ceux qui nous aideraient à devenir autosuffisant.

L'an dernier, nous avons fait application et avons reçu une subvention pour faire une étude de marché pour développer et commercialiser une trousse spéciale pour patients. Les revenus des ventes de cette trousse seront utilisés pour l'administration du bureau national. Ces trousses sont en développement et devraient être prêtes à vendre prochainement.

Cette subvention donnait aussi des fonds pour accroître le service à nos membres et demandeurs, en nous permettant d'acquérir des nouveaux ordinateurs plus rapides; un système téléphonique/courrier électronique mis à jour, afin de mieux servir ceux et celles qui ont besoin de nous joindre; et des matériaux promotionnels pour assister dans nos efforts à collectionner des fonds des commanditaires corporatifs.

Cette année nous avons encore une fois, fait application et avons reçu des fonds partiels, pour renforcer la Fondation au niveau des sections pour réunir nos bénévoles à ceux d'autres organismes à buts semblables. Cette subvention nous permettra de se rencontrer pour discuter des choses comme; l'impact du genre sur la conscience de la santé; quels autres matériaux éducationnels peuvent être développer pour aider le diagnostic tôt; quels succès autres organismes ont-il eux au niveau service.

Si-haut, sont quelques-uns seulement des buts que nous devons atteindre pour satisfaire les nombreuses demandes de ceux et celles que nous essayons aider.

Hyperthyroidism: Just the Facts

- Hyperthyroidism occurs when the thyroid gland is overactive and produces too much thyroid hormone.
- Hyperthyroidism affects approximately 2% of women and 0.2% of men.
- Graves' Disease, an autoimmune disorder, is the most common cause of hyperthyroidism.
- The signs and symptoms of hyperthyroidism are:
  - irritability
  - rapid heart rate
  - sleeplessness
  - weight loss in spite of increased appetite
  - heat intolerance
  - eye changes
  - diarrhea
  - neck swelling/goitre
- Hyperthyroidism can speed up the body's metabolism by 60 - 100%.
- There are three main treatments for hyperthyroidism – anti-thyroid drugs, radioiodine therapy and surgery. All are effective, though no treatment ever results in a complete cure.
- Increasingly, radioiodine is becoming the first-line therapy for hyperthyroidism caused by Graves' Disease.
- After treatment for hyperthyroidism some patients become hypothyroid and will need to take levothyroxine for life.
- "Thyroid storm" – severe clinical hyperthyroidism – is a medical emergency. Its symptoms include tachycardia and fever.

Thyroid Foundation of Canada thanks Health Canada for its financial support.
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Contributions to/à – Editor/Rédacteur: Ed Antosz
973 Chilver Road, Windsor ON N8Y 2K6
Fax: (519) 971-3694
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.

Notez bien:

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

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.

No – I don't glow in the dark

by
Julie Lamb
London Area Chapter

I remember it as if it were yesterday. Up until that day I had just been a regular 15 year old. There I was sitting in my doctor's office awaiting my blood test results. My doctor had administered several blood tests and I was told that I had Graves' disease which affects the thyroid. Not sure what it was, I was given some pamphlets, a website address and a mini-speech about the disease. Through this information I discovered that the thyroid is a hormone producing gland. Everyone has one but doctors don't know what causes the gland to slow down or speed up. Mine had apparently sped up. I had what is known as hyperthyroidism.

My problems had begun in October 1998 when, for some reason, the glands in my neck were swollen. I had assumed that it was an oncoming cold or sore throat since I was an active member of my high school swim team which had early morning practices. It was my third year on the team, yet I found it hard to get back into shape. I found myself unable to breathe and suffering from severe chest pain halfway through my practice. I would have to get out of the pool in tears, feeling I was letting my team down. About a month into the season I realized being on the swim team wasn't something I could physically do anymore. So I quit, unhappily.

By December the changes my body had undergone were still confusing to me. I'd lost 15 pounds in November alone. I was constantly hungry, yet unable to eat enough food, my chest pains increased in intensity, my resting heart rate was 140 (double that of an average person) and my body temperature was above normal. I didn't know what was happening but I hadn't told my parents about it. Then at a Christmas party, Dr. Ron Holiday, a friend of the family, noticed my still swollen neck. He explained what he thought it was and recommended that I see a specialist immediately. I visited Dr. Ruth McManus who diagnosed me as having an overactive thyroid.

I began taking nine pills every day. There were only three different prescriptions but they all had to be taken in different quantities at different times each day. These pills were supposed to slow my heart down and re-regulate my thyroid. The doctor told me that I would most likely experience mild itching but it would go away after a few weeks. I did in fact put up with mild itching but it didn't seem to get better. As a matter of fact it got worse. Eventually the itching was so bad I would wake at night, often from a deep sleep. I found myself wearing long-sleeved shirts to cover up the scabs from which I still have mild scarring. One night I woke up crying and screaming in pain from having scratched half-healed scabs, I knew that I couldn't take this punishment much longer.

The next morning, my Mom and I called Dr. McManus who immediately removed me from medication. Dr. McManus explained to me that I needed to consider an alternative form of treatment. She explained the options of undergoing surgery to remove my thyroid (which would leave a four-inch scar across my collar bone) or radiation therapy.

I chose the radiation therapy.

Just as our livers collect toxins from the body, the thyroid collects iodine. I would be given radioactive iodine to drink, which would essentially kill my thyroid.

I was scared the day I had to go to the Nuclear Medicine ward of the hospital. When I arrived I was treated by a woman wearing a outfit that looked like a space suit, at least to me it looked like a space suit. I didn't know what to think; this woman wouldn't come in contact with the fluid I was expected to drink. However, I trusted my doctor knew what was best so I drank the clear, tasteless liquid.

For the next week I had to eat and drink using only plastic utensils. I was required to flush the toilet three times to insure no one in my family came into contact with the radiation. Not that it would be harmful to anyone but precautions were advised. And no, I did not glow in the dark. I was told that my thyroid would slowly 'die' and my body's metabolism would slow down – the opposite of what was currently happening.

My hormone levels went from very high to very low and now my condition changed to that of hypothyroidism. My heart rate slowed down significantly (it dropped from 140 to 56), I gained weight due to my metabolism slowing (I gained the 34 pounds that I had lost, as well as an extra 15) and I felt very tired (I wanted to sleep up to 20 hours per day). As I was still in school I had to explain to my teachers what was happening. I felt embarrassed admitting I had a disease but they were very understanding, some of them knowing people with the same condition.

Four months later blood tests revealed that I had officially hit my low. As of May 1999, seven months after it had begun, we were able to determine the proper hormone levels for my body, we knew what my body was doing and most important we knew the correct dosage to control my metabolism.

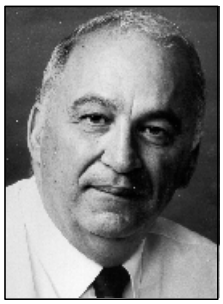
I now take a pill every day, which prevents my body from shutting down and I get my blood hormone levels checked frequently. My body weight has returned to normal, as has my heart rate.

I think I am back to normal now, but after dealing with it for so long, I am not exactly sure what normal is. I sleep more than my friends do and I am still very tired, but that may be a result of my busy lifestyle: going to school, doing homework, working and being with friends. I am finishing my OACs in high school, and hopefully will be going to college in the fall where I will be working on a degree in law enforcement.

As well, I am an active volunteer with the Thyroid Foundation's London Area Chapter. When I found out what I had, I only had medical professionals to talk to but I hope that through volunteering with the Thyroid Foundation, I can help others who are finding themselves in the position I was in just a few years ago.

I still wonder which side of my family the gene came from that caused me to develop hyperthyroidism, but unfortunately or fortunately no one else in my family suffers from any thyroid disease. Still I know that it could have been much worse. I could have developed a genetic disease for which we have no known treatments.

When I think of that I know taking one small pill daily really isn't all that bad.



Letters to the doctor

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

I have been on thyroxine for many years for the control of my hypothyroidism. However, at times I get very nervous and irritable or very fatigued and I believe it is my thyroid 'acting up'. What should I do with my dosage of thyroxine?

It is a curious fact that, when patients have had an illness of any kind, they will then ascribe any type of symptoms to the original illness. Thus patients who are well treated for their thyroid disorder will continue to ascribe variations in mood, fatigue, etc. to their thyroid condition. The facts are that if you are on an appropriate dosage of thyroxine, the levels of thyroid hormone in your blood stream and in your tissues will be normal and you cannot have any symptoms related to your thyroid disease whatever. What you are really experiencing are the ususal variations in well-being that any normal person has to endure. In some people, these variations are very wide indeed, but they cannot be attributed to the thyroid status.

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I have been feeling very fatigued for many years. I also complain of constipation, lethargy, inability to concentrate and weight gain. I have seen several doctors including an endocrinologist; they have tested my thyroid with blood tests on many occasions. The tests always come back completely normal. Yet, I have been reading that these tests are not always accurate and that measurements of body temperature are more accurate. Moreover, I understand that I should be taking thyroid medication for these symptoms despite normal thyroid function tests.

Actually, the routine blood tests for thyroid function are extemely accurate and precise. Moreover, the blood tests for thyroid stimulating hormone (TSH) (which is the pituitary hormone that stimulates the thyroid even more when it is failing) is extremely accurate. It is the first test to rise when thyroid function is at all low. Indeed, it will go up even before the thyroid hormone levels are detectably lower. This is a category termed 'compensated' hypothyroidism. In that state, the thyroid hormone levels are still normal, the patient still feels normal, but the TSH is already an indicator that the thyroid gland itself is in trouble. In your case, with a normal TSH, hypothyroidism is completely ruled out.

It is important to remember that many more conditions can mimic hypothyroidism, most particularly chronic anxiety, depression and stress. It is true however, that such people who do not have thyroid disease can 'benefit' from taking thyroid medication. The reason they are benefitting is that the thyroid medication is a placebo. The drug itself has no intrinsic benefit to them, but if people think it is going to help them, then it does. It is like fooling yourself by taking a pill that looks identical but is completely inert. If we convince ourselves that there is some good in it, then we feel much better. Sometimes this placebo effect is truly remarkable and long lasting. More often, however, it lasts for only a short time and disappears. Taking thyroxine when you do not need it is also of some danger and cannot be encouraged

Finally, skin temperatures are of no value in diagnosing hypothyroidism despite assertions to the contrary by some. It has been clearly proven they are totally misleading and really useless. While it is true that patients with hypothyroidism do have a cool skin, so do people with many other conditions. These include people with poor blood supply, severe stress, anaemia and others.

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When I stayed at a motel in the Town of Walkerton, the motel room was provided with bottled water, and there was a sign "Do not drink the tap water". Upon inquiring why, I was told there were high levels of iron in the water. I then recalled I had previously read in *thyrobulletin* about iron supplements binding with thyroxine medication. Therefore, I realized it could have an effect on thyroid patients, such as myself.

In April 1999, while living in Ripley, I received advertising from a company in Hanover offering free tests of tap water. I took advantage of that offer and was informed that "the results indicated there were higher then normal levels of minerals etc, and enough to be a concern".

Should I and other thyroid patients be concerned about the levels of iron in our tap water which might interfere with the absorption of thyroxine.

Certainly, iron can interfere with the absorption of thyroxine. The question is the magnitude of the iron concentrations in the drinking water. Minimal amounts of iron would have no deleterious effects and one would have to take at least 100 ug of iron daily to have any effect on thyroxine absorption. It is doubtful if these concentrations are reached even in areas where there is a relatively high concentration of iron in the water.

I would expect that the actual amounts of iron in local water sources is known, but it is certainly my current understanding that these do not reach critical levels with respect to thyroxine absorption.

*****

I have an overactive thyroid, yet my sister has an underactive thyroid, just the opposite. Is it not strange that these two conditions have occurred in our family?

Both of these are termed autoimmune thyroid diseases: that is, they are both due to antibodies. In the case of an overactive thyroid, the antibody that caused that condition stimulates the thyroid, thus causing Graves' disease. On the other hand, your sister with hypothyroidism also has antibodies that have damaged the thyroid and caused it to be unable to function at a normal level. Although these conditions are opposite to one another, they are in fact very closely related.

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Deadline for contributions are:

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September 15, 2001 (Autumn)
December 15, 2001 (Winter)

Contributions to:

Ed Antosz, Editor
973 Chilver Road,
Windsor, ON N8Y 2K6

Fax: **(519) 971-3694**
E-mail: **eantosz@uwindsor.ca**

More problems with hypothyroidism in pregnancy

In the Winter 1999 edition of *The Bridge,* publication of The Thyroid Foundation of America, Inc, (TFA) and reprinted in *Thyrobulletin,* Volume 20, No. 4, Dr. David Cooper reported on a study appearing in the *New England Journal of Medicine* dealing with the relationship between the mother's thyroid function and the baby's long-term intellectual development. The children born to mothers with hypothyroidism did less well on a variety of intelligence tests, and had an average IQ that was seven points lower.

Now a new study goes further in validating concerns about hypothyroidism during pregnancy, this time showing the increased risk of miscarriage in the second trimester.

This new study appeared November 2000, in the *Journal of Medical Screening*, published quarterly by the *British Medical Journal*. This study was conducted by Dr. Walter Allan, MD, Director of Clinical Services at the Foundation for Blood Research in Scarborough, Maine. It involved more than 9000 women who were tested for low thyroid function and were pregnant.

The study found that the miscarriage rate, or fetal death rate, was 3.8% higher when the women's TSH showed signs of hypothyroidism (above 6 mU/L) than in women with normal TSH (below 6 mU/L). The risk increased as the TSH levels rose – women with TSH levels above 10 mU/L carried a miscarriage rate of 8.1 %. Six of every 100 miscarriages in the study could be attributed to thyroid deficiency.

"Because little is known about the cause of late miscarriages, our findings offer a new opportunity to possibly prevent some of these," said Dr. Allan. "Further research may show that early detection and treatment for maternal hypothyroidism is the key to preventing these miscarriages."

Dr Allan continued, "Our current study indicates that a change in pregnancy screening practices may be warranted. Perhaps expectant mothers should get a TSH test before pregnancy or as part of the initial standard prenatal blood work."

TFA's concerns

"Until more information becomes available, we at TFA agree that TSH screening should be carried out in all women as soon as the diagnosis of pregnancy is made," says Dr. Lawrence Wood, medical director of TFA. "The findings of Dr. Haddow and Dr. Allan and their colleagues justify such testing. It is also reasonable to consider such screening before pregnancy in any woman with a personal or family history of thyroid dysfunction or a related immune disorder such as Type 1 diabetes mellitis."

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Hypothyroidism: Just the Facts

- Hypothyroidism occurs when the thyroid gland is underactive and does not produce sufficient thyroid hormones.
- The signs and symptoms of hypothyroidism are:
  - low energy
  - depression
  - a slow heart rate
  - weight gain
  - cold intolerance
  - muscle fatigue
  - dry skin
  - hair loss
  - constipation
  - goitre
- Hypothyroidism is diagnosed through a simple blood test.
- Hypothyroidism is the most common thyroid disorder and usually strikes after age 40. It is more common in women than in men, and affects 6% to 10% of women over the age of 65.
- Synthetic levothyroxine (LT4) is a safe, effective and low-cost hormone replacement therapy for hypothyroidism. Dosing must be carefully monitored for best results and the therapy must continue for life.
- Synthetic levothyroxine is one of the top three most commonly prescribed drugs in North America.

Hives

Hives have been reported as an unusual manifestation of autoimmune thyroid disease. It is more commonly seen in hyperthyroidism due to Graves' disease and resolves with therapy. However, a few small studies have suggested that hives may be associated with the presence of anti-thyroid peroxidase (anti-TPO) antibodies. Some patients had resolution of hives when treated with thyroid hormone despite normal levels of thyroid hormone. It is therefore reasonable in patients with refractory hives to measure anti-TPO antibodies and, if measurable, try thyroid hormone therapy under careful medical supervision.

Douglas S. Ross, MD, is Co-Director, Thyroid Associates, Massachusetts General Hospital.

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Financial Statements

Thyroid Foundation of Canada/La Fondation canadienne de la Thyroïde

Year Ended March 31, 2001

Statement of Financial Position as at March 31, 2001

	Operating Fund	Research Fund	Total 2001	Total 2000
Assets				
Current Assets				
Cash and term deposits	$ 12,019	$407,134	$419,153	$ 389,128
Accrued interest	640	14,334	14,974	12,463
Accounts receivable	3,909		3,909	3,221
Prepaid expenses	6,092		6,092	3,979
	22,660	421,468	444,128	408,791
Investments				
Bonds (market value – $101,877; $99,788 in 2000)		101,742	101,742	101,742
	$ 22,660	$523,210	$ 545,870	$ 510,533
Liabilities and Fund Balances				
Current Liabilities				
Accounts payable	$ 30,471		$ 30,471	$ 6,724
Deferred revenue	28,929		28,929	8,916
	59,400		59,400	15,640
Fund Balances		$523,210	523,210	502,784
Restricted fund – research				
Unrestricted operating fund (deficiency)	(36,740)		(36,740)	(7,891)
	(36,740)	523,210	486,470	494,893
	$ 22,660	$523,210	$ 545,870	$ 510,533

Research Fund Commitments (note 3)

Lease Commitment (note 4)

Approved by the Board

Member Irene Britton, President

Member Terry Brady, Treasurer

Statement of Cash Flow Year Ended March 31, 2001

	2001	2000
Cash Flow used for Operating Activities		
Cash received from grants and donations	$ 83,189	$ 94,903
Cash received from AGM	6,667	
Cash received from membership fees	59,477	66,559
Cash received from books and education material	3,296	4,039
Cash received from bequests	71,000	
Interest and other	27,601	26,695
Cash paid for education, services and awards	(221,205)	(206,278)
Net increase (decrease) in cash	30,025	(14,082)
Cash at beginning of year	389,128	403,210
Cash at End of Year	$ 419,153	$ 389,128

Cash is comprised of cash and term deposits.

Auditors' Report

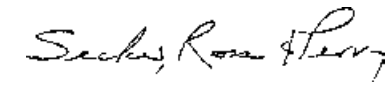
To the Members of Thyroid Foundation of Canada, La Fondation canadienne de la Thyroïde

We have audited the statement of financial position of Thyroid Foundation of Canada, La Fondation canadienne de la Thyroïde as at March 31, 2001 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.

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, 2001 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 16, 2001

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Financial Statements

Thyroid Foundation of Canada/La Fondation canadienne de la Thyroïde

Year Ended March 31, 2001

Statement of Operations And Changes in Fund Balances
Year Ended March 31, 2001

	2001			2000
	Operating Fund	Research Fund	Total	Total
Revenue				
Grant - Health Canada	$ 34,645		$ 34,645	$ 25,000
AGM revenue	6,667	6,667		
Membership	59,052		59,052	66,009
Donations	35,839	$10,445	46,284	67,012
Books and education material	3,296		3,296	4,039
Associate member organizations	425		425	550
Summer student grant	2,260		2,260	2,891
Administration fee – research	3,563		3,563	1,800
Interest and other	2,439	27,673	30,112	26,668
Hedberg bequest	21,000		21,000	
Isabel Spragg bequest		50,000	50,000	
	169,186	88,118	257,304	193,969
Expenditure				
Education				
Health Canada projects	31,642		31,642	
Chapter rebates - membership fees	23,494		23,494	29,743
Educational material	6,251		6,251	7,377
Publicity	545		545	
Purchases for resale	1,446		1,446	3,390
Thyrobulletin (including mailing costs)	16,622		16,622	16,920
Thyrobulletin - commemorative edition	4,749		4,749	
Meetings - annual	16,206		16,206	15,193
- T.F.I.	1,122		1,122	1,128
- other	3,427		3,427	4,638
Chapter development	500		500	56
Clinics				1,711
Total Education	106,004		106,004	80,156
Services				
Health Canada projects	3,003		3,003	
Office supplies and expenses	7,271		7,271	10,334
Postage and mailing	9,438		9,438	11,905
Professional fees - audit	1,400		1,400	1,300
Professional fees - contract accounting	3,250		3,250	3,000
Professional development - staff	280		280	550
Professional development - volunteers	1,380		1,380	477
Bank charges	421		421	438
Computer	3,912		3,912	13,718
G.S.T. expense	2,873		2,873	2,821
Insurance	1,537		1,537	1,188
Rent (includes services)	9,474		9,474	9,024
Salaries and benefits - office staff	39,433		39,433	35,885
Salaries and benefits - student	3,111		3,111	2,891
Telephone and fax	5,248		5,248	5,780
Total Services	92,031		92,031	99,311
Doctoral award - CIHR		2,629	2,629	
Fellowship award - T.F.C.		22,500	22,500	
Fellowship award - D.M. Abramsky		30,000	30,000	30,000
Student awards		9,000	9,000	6,000
Administration - operating		3,563	3,563	1,800
		67,692	67,692	37,800
Total Expenditure	198,035	67,692	265,727	217,267
Excess of Revenue over Expenditure (Expenditure over Revenue)	(28,849)	20,426	(8,423)	(23,298)
Fund balances (deficiency) at beginning of year	(7,891)	502,784	494,893	518,191
Fund Balances (Deficiency) at End of Year	$(36,740)	$523,210	$486,470	$494,893

Notes to Financial Statements
Year Ended March 31, 2001

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 – The Thyroid Foundation of Canada follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

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. Research Fund Commitments

An amount of $75,000 has been committed to Research Fellowships, of which a $15,000 balance on the 2000-2001 award is to be paid June 15, 2001. The remaining $60,000 for the 2001-2002 award is to be paid quarterly commencing September 15, 2001. In addition, an amount of up to $9,000 has been committed for summer student thyroid research depending on the availability of funds.

4. Lease Commitment

The foundation leases its office premises under a three year lease expiring July 2001 which calls for future minimum payments of $2,397. There is an option to renew for a further two years at a rent to be negotiated.

Chapter coming events

Free admission – everyone welcome

Burlington/Hamilton

Location: Hillcrest Restaurant, 510 Concession Street, Hamilton, Ontario

- Tuesday October 2, 7:30 pm. **Dr. Tom Ryan,** Endocrinologist. Topic: *Thyroid disease is real.* Co-hosting with St. Joseph Health Centre, Hamilton

Fundraising campaign - **Entertainment Books 2002** will be available for purchase at the meeting – a great Christmas gift idea.

Wrap-up meeting and raffle

Location: Joseph Brant Memorial Hospital, Bodkin Auditorium.

- Tuesday November 6, 7:30 pm. Guest speaker: **Dr. B. Hunter**, Obstetrician/ Gynaecologist. Topic: *Thyroid disease: childbearing years through menopause.*

For information call (905) 637-8387

Kingston

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

- Tuesday October 16, 7:30 pm. **Dr. Frank Cheesman**, Imaging Ser-vices KGH. Topic: The *role of radioactive iodine in the treatment of thyroid disease*
- Tuesday November 20, 7:30 pm **Dr. Robyn L Houlden,** Endocrin-ologist. Topic: *What's new with thyroid disease research?.*

For information call (613) 389-3691

Monthly thyroid discussion group

Location: Loblaws Market, Upstairs, Kingston Centre

- Fourth Sunday of each month, 3:00 - 4:00 pm. Discussion led by pharmacists, Douglas Clarke and Bozica Popovic. Sponsored by Loblaws Pharmacy.
  Elevator, thyroid literature.

For information call (613) 530-3414

London

Location: London Public Library Auditorium, 305 Queens Ave., London

- Tuesday September 18, 7:30 pm. **Dr. Merrill Edmonds**, Endocrin-ologist, London Health Sciences Centre. Topic: *Hypothyroidism.*
- Tuesday November 20, 7:30 pm. **Dr. R. Holliday,** Surgeon. Topic: *Role of surgery in thyroid disease.*

For information call (519) 649-5478.

The 2001-2002 Thyroid Research Awards

The Diana Meltzer Abramsky Research Fellowship

Dr. Liette Laflamme
Supervisor: Dr. Marie-France Langlois, University of Sherbrooke, Quebec.
Study of a possible role of thyroid hormone receptors in nerve development

The Dr. Robert Volpé Research Fellowship

Ms. Christelle Cayrou
Supervisor: Dr. Jack Puymirat, Laval University, Quebec.
Study of the effect of thyroid hormones on the central nervous system.

Summer Student Scholarships

1. Natalie Kotowycz.
   Supervisor: Dr. Joanne F. Rovet, The Hospital for Sick Children, Toronto.
2. Maria Diamandis.
   Supervisor: Dr. Sylvia Asa, Mount Sinai Hospital,Toronto.
3. Marie-Eve Domingue.
   Supervisor: Dr. Marie-France Langlois, Sherbrooke University, PQ.

Congratulations to all our recipients and we wish you every success.

NOTICE TO ALL MEMBERS

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

Please use the **Membership/Donation Form** on page 15.

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.

CancerConnection

An Ontario-wide telephone support program for **thyroid cancer patients**

CancerConnection is an Ontario-wide telephone support program for thyroid cancer patients. Cancer patients call 1-800-263-6750 and their information enters a confidential database for matching the patient's cancer and treatment with a volunteer. The volunteer telephones the patient within 48 hours, using a calling card billed to the Cancer Society. Patient and volunteer know only first names. The volunteer may place follow-up calls, if the patient wishes. Volunteers are selected, trained and supported by the Cancer Society and have access to expert resources.

To request help from this volunteer phone service, to sign up as a volunteer, or to learn more about the CancerConnection program, call 1-800-263-6750.

Chapter news

Burlington/Hamilton

On June 7 over 315 people attended a public education meeting hosted by Dell Pharmacies. Twenty-five new members joined at the meeting. The guest speakers were Sara Rosenthal, bioethicist, health author (*The Thyroid Sourcebook, 4th edition, The Thyroid Sourcebook for Women)* and Mary Nelson, a Dell Pharmacist. A lengthy question and answer period followed.

One young woman, just recently diagnosed, was astounded at the number of people attending the meeting. For the first time she felt less isolated and vulnerable, indicating the continuing need for public education on thyroid disease. Her statement alone was worth all the work and effort of the last year. **Thank you to all who made this special event a reality.**

Our first Annual Spring Plant Sale was a great success, realizing almost $350. **Thanks for supporting this event.**

Kingston

Phyllis Mackey, a Founding and Charter member of the Foundation, was presented with a 20-year volunteer pin and certificate by the Ontario Ministry of Citizenship for her service to the Foundation.

Emma Peyton Diana Abramsky arrived on April 14, 2001! Warmly welcomed by parents Marc and Kelly Abramsky, brothers Liam and Keaton and grandfather Ralph Abramsky.

Need thyroid information? Visit the chapter office any Thursday (**note change of day)** or attend the thyroid discussion group at Loblaws Market, Kingston Centre, held the fourth Sunday of each month 3:00 - 4:00 pm.

For information or to make an appointment call: 613-389-3691.

London

London Area Chapter held its first annual Fashion Show on April 26, at Windermere Manor. It was a great success, with every ticket sold. Our Masters of Ceremony were David and Jacquie from radio station BX93. The models were volunteers, family and friends. A cake celebrating the chapters 15th anniversary was served during intermission. Several door prizes were donated for this event. We are already planning the 2nd annual Fashion Show, to be held in a larger facility, and to be preceded by dinner. Watch for more details in the future.

Dr. Terri Paul, Endocrinologist, St. Josephs Health Centre, Endocrine & Diabetes Centre, London, ON. – modeling coat from Laura II Fashions.

On Saturday June 2, the chapter held a barbeque at Loblaws, 635 Southdale Road. Although it was cool and drizzly, the weather did not stop people from indulging in the delicious sausages, hot dogs and pop. Thanks to the volunteers who helped with this event.

These events are fundraisers for the chapter. **Thank you to everyone for your support**.

Montreal

The Montreal chapter held its fifth annual Art Exhibition and Sale at the beginning of April. It was very successful thanks to the participating artists. Three paintings were donated for our raffle by Sharon Goodman, Joyce Pratt and Denise Roy. The draw took place on Saturday, May 26 during the Foundation's 21st AGM Weekend in Montreal. The winners were: 1st Elfi Tobin, St. Lambert QC; 2nd Robert Press, St. Lambert, QC**;** 3rd Peter Sabourin, Thunder Bay, ON.

The AGM Weekend was held at Hôtel du Fort May 25-27. The Montreal chapter members were happy to host the weekend. We were honoured to have an extraordinary panel of speakers: Yvon Charbonneau, MP, Anjou-Rivière-des-Prairies and Parliamentary Secretary to the Minister of Health; Dr. François Gilbert, Endocrinologist; Mel Alter, Compounding Pharmacist; Dr. Jerrold Rappaport, Family Physician, and Karl Benne, Health Canada.

The meetings ran smoothly, the meals were delicious and, as always, the auction was fun. We renewed old friendships and made new ones.

On behalf of the Montreal chapter, I give thanks to the people who made the 21st AGM Weekend a great success.

Montreal Art Exhibition, April 2001. The Artists from left to right – Rita Szerszen, Denise Roy, Phyllis Pedicelli, Sharon Goodman, Joyce Pratt & Selma Miller

Highlights of the 2001 AGM

Relaxing before the evening auction.
From left to right – Joan DeVille, Erika Schattchneider, Nelda Sabourin, Darlene Ibey, Helen Smith, Sandra Hebert, and Cassandra Howarth

Montreal, Quebec was the site of our 21st Annual General Meeting weekend on May 25-27, when delegates were warmly welcomed by Sharon and Marvin Goodman, Montreal chapter president and national member-at-large, respectively, and other members of the Montreal Chapter. In honour of the International Year of the Volunteer, each delegate was given an "I Volunteer" pin to wear proudly.

Members rarely get the chance to meet the recipient of one of our research awards, so it was indeed a pleasure to have **Natalie Kotowycz,** one of our three Summer Student Scholars, present at the AGM weekend as a delegate from the Toronto Area Chapter where she is a volunteer.

Luncheon, Friday May 25, 2001

M. Yvon Charbonneau, Parliamentary Secretary to the Minister of Health, addressed the delegates on behalf of the Honourable Allan Rock.

Dr. François Gilbert reviewed the findings of the Thyroid Assessment Questionnaire developed by the Foundation.

Dr. Jerrold Rappaport spoke on the importance of treating the whole patient; spiritually, emotionally as well as physically.

Mr. Mel Alter spoke on the benefits of compounding medications.

An informative question and answer period followed the presentations.

Chapter Council Meeting followed Friday's lunch. Chapter presidents presented their annual reports and shared tips and information.

Board of Directors Meeting, Friday May 25, 2001

The national executive and national members-at-large presented their annual reports for 2000-2001.

Annual General Meeting, Saturday May 26, 2001

- Irene Britton, national president, welcomed everyone to the **21st AGM.**
- There was a minute of silence in memory of the Founder of the Thyroid Foundation of Canada, **Diana Meltzer Abramsky**, who died October 9, 2000.
- **Karl Benne**, Senior Consultant, Health Promotion and Programs Branch, brought Greetings from Health Canada. Karl stressed that the chapters should make themselves heard in their communities, and that nationally the Foundation should concentrate on policy, while education on thyroid disease could be done at the chapter level.
- The Audited Financial Statement and the Auditors' Report for the year ended March 31, 2001 were adopted. Secker, Ross & Perry, Chartered Accountants of Kingston, Ontario were appointed Auditors for the fiscal year ending March 31, 2002.
- The Medical Adviser, Legal Adviser and International Liaison for the year 2001-2002 were appointed.
- A Research Fellowship in the amount of $30,000 for the year 2001-2002 was named in honour of **Dr. Robert Volpé, Medical Adviser to the Foundation**, in recognition of his long-standing contribution to the Foundation and on the occasion of his 75th birthday.
- The next Annual General Meeting will be held in Toronto in June 2002.
- Following the election, the newly elected national executive and national members-at-large were introduced to the members present. Chapter presidents, who are also national board members, are elected annually at each chapter's AGM.

Board of Directors, Saturday May 26, 2001

The Budgets for the year ended March 31, 2002 for the Research Fund and the Education & Services Fund were presented and approved. Funds were allocated for three Summer Student Scholarships and two Research Fellowships. The Board also approved a number of motions, notably that until further notice all AGM weekends will be held in Toronto, as a cost saving measure.

Evening Auction, Saturday May 26, 2001

To round it all up, the weekend would not have been complete without our famous **"Fun Auction of Donated Items"**. On Saturday evening, national president, Irene Britton forayed into unfamiliar territory in her first try at auctioneering with the assistance of Venette Godbout, vp operations. The results proved quite successful and over $600 was raised to help defray the cost of the weekend. We thank all those who brought and bought items for the auction; without you, there is no success.

'Tis better to give than to receive but it is neat when you can do both at the same time

As most of you know government funding cutbacks have made it more difficult for charitable foundations to raise needed funds to balance their budgets. The Thyroid Foundation of Canada needs your help to raise revenues in support of research as well as the various educational programs and services it provides.

At the recent annual meeting support was given to the concept of asking individuals to donate life insurance and annuity proceeds to the Foundation. There are significant tax advantages for people willing to help in this very thoughtful way.

Please consider this means of giving your financial support to the Thyroid Foundation of Canada. Your financial advisor or life insurance agent can make the necessary arrangements for you. You may also contact any of the individuals listed below from Kingston Independent Investment & Insurance Group (KIIIG) which kindly helped prepare this article.

Thank you for your consideration.

Terry Brady
National Treasurer
Thyroid Foundation of Canada

Have you ever wanted to do something really special, to leave a significant legacy, but did not see how you could afford a large enough gift *and* continue your current life style? The professionals at Kingston Independent Insurance and Investment Group (KIIIG) have put together three ideas which make it easier to do both.

Donating Life Insurance

Making a Charity the beneficiary of a life insurance policy has a number of benefits for both the donor and the charity. This idea works well for almost all ages.

- The premiums generate tax credits.
- The death benefit creates a large donation.
- Insurance policies are easily arranged.
- Because the gift would not form part of the estate, the gift avoids estate settlement fees and cannot be tangled up in the estate.

Annuities

If your income is primarily interest from GICs, you might want to consider annuities. If you are planing to bequeath an amount to a charity, but are finding it hard to live on your current income, the tax advantages of planned giving through annuities will provide more for both you and the charity.

Annuity to purchase Life Insurance

Using an annuity to purchase an insurance policy is the most interesting of the ideas. Because of the peculiarities of the income tax act, many people living on interest are able to convert some of their capital into an annuity, purchase an insurance policy to replace the capital and *still* have more money to live on now.

Can this Work for You?

KIIIG has well trained, knowledgeable people who can analyze your situation and help you to meet your immediate and long term giving goals.

For a no cost, no obligation consultation, call: Cecil Leonard, Marty Stover or Ron Turley at:

KIIIG
110 – 27 Place D'Armes
Kingston, ON K7K 6Z6

1-613- 544-8134 or 1-877-354-0290

ESTATE PLANNING
Will You Do It Now?

If you have not made your will yet, will you do it now?

Will you remember the Thyroid Foundation of Canada?

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

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

Honouring Dr. Robert Volpé

Internationally acclaimed thyroid specialist Dr. Volpé has devoted many years to helping thyroid patients and their families, doing research, as well as clinical and academic teaching. He has lectured all over the world at various meetings and universities and also has volunteered many days to travel across Canada to be the guest speaker at local chapter meetings. He has written and reviewed our brochures and other educational materials; spent hours answering questions for patients and for our quarterly publication, *thyrobulletin*. Dr. Volpé is chair of the Peer Review Committee which reviews the applications for our annual research fellowship and summer student scholarship awards. He is a familiar face at our Annual General Meeting weekend. Members who have not met him know him from *thyrobulletin* and the thyroid videos.

In recognition of, and appreciation for, his outstanding contribution to the Foundation, and on the occasion of his seventy-fifth birthday this year, the Thyroid Foundation of Canada is pleased to announce an additional 2001/2002 research fellowship in the amount of $30,000 to be named "The Robert Volpé Thyroid Research Fellowship".

Thank You and Congratulations on your 75th Birthday!

Thyrogen: a fourth option?

In 1999, The Thyroid Foundation of America, Inc. decided to find out directly from thyroid cancer patients what it feels like to get ready for a whole-body radioiodine scan. The survey included a detailed questionnaire to which 157 cancer patients responded. Some of the responses were expected but there were some surprises as well. Dr. Wood describes the project, including patient options, in this summary presented to Thyroid Federation International in Kyoto, Japan.

by
Lawrence C. Wood, MD

Preparing a thyroid cancer patient for a whole-body radioiodine scan has meant stopping the regular thyroid replacement hormone T4 for several weeks before the scan. The patient inevitably becomes hypothyroid. As a result, the pituitary gland increases TSH production so that only thyroid cells present in the body, including cancer cells, are more likely to concentrate the radioiodine and thus be detected in the scan.

Of the 157 thyroid cancer patients who responded, approximately 80% had papillary cancer, 15% had follicular cancer and 5% had medullary cancer. Sixty percent said that an endocrinologist was directing their treatment while others identified a surgeon (4%), an internist (9%), a general practitioner (2%), an oncologist (2%), or more than one specialist (10%) as directing their treatment.

Eighty-seven patients had whole-body radioiodine scans and told us how it felt to prepare for this test. In a word, 'rotten'.

Physicians have traditionally chosen from three options; each stops the production of T4 in preparation for the scan.

Option 1: T4 is stopped abruptly, the scan is then done six weeks later.

Option 2: T4 dosage is reduced by 50% for two to four weeks; then stopped completely for an additional two to four weeks before the scan.

Option 3: Long-lasting T4 is changed to short-lasting T3 for four weeks, then stopped for two more weeks before the scan.

We compared patient symptoms in the three options to find out if one caused fewer symptoms and so might be a preferable choice. These symptoms can be severe.

We also wanted to describe these symptoms to patients and physicians who are now learning about a new fourth option and its potential benefits.

Option 4: Thyrogen is a new synthetic product, identical to natural TSH. In this option, patients continue their regular T4 medication and are given a daily injection of Thyrogen for only two to three days before the scan. **The patient does not become hypothyroid**.

Questionnaire results

Option 1:

Twenty patients stopped their thyroid hormone abruptly and waited six weeks for the scan. During that time all had symptoms of hypothyroidism. More than 90% had fatigue, severe in 71%. Seventy-four percent had depression, severe in 48%. Seventy-four percent experienced weight gain, severe in 39%. About half the patients experienced constipation, loss of appetite and muscle cramps. Half had to stop work.

Option 2:

Twenty patients were prepared by lowering their thyroxine (T4) dose for three to four weeks, then stopping T4 for two to four weeks before the scan. On the reduced dose of thyroxine we were surprised to learn that all patients felt significant fatigue, described as severe in 25%. Moderate depression was present in 75%, muscle cramps in 62% of these patients, and half lost their appetite. When the thyroid hormone was stopped completely, 60% had to stop working, depression became severe in half the patients, one third had severe cramps, loss of appetite, and constipation, and fatigue was severe in 75%.

Option 3:

Forty-three patients were changed from long-acting T4 to short-acting T3 for four weeks and then their T3 was stopped for the two weeks before the scan. Although some of the same symptoms developed while the patients were on T3, they were generally less severe. Still, 80% described some moderate depression, severe in 12%. No one had to stop working.

When the T3 was stopped, however, severe symptoms included fatigue (88%), headaches (37%), muscle cramps (35%), and depression (59%). Forty percent had to stop working.

Option 4:

Thyrogen offers nearly symptom-free scan preparation for thyroid patients. Since thyroid hormone isn't stopped, the only minimal symptoms that develop are due to the Thyrogen itself. The commonest symptoms are headaches and nausea. Patients can continue to work and do not experience depression, constipation, weight gain or other symptoms of hypothyroidism.

Thyrogen has not yet been approved for use in all patients needing thyroid scans. For those able to use it, however, Thyrogen may prove to be of real benefit by eliminating almost all the symptoms during this important preparation time. As with patients taking the standard preparation, almost all Thyrogen patients who have residual cancer are identified either by a rise in serum thyroglobulin or by the demonstration of radioiodine uptake by thyroid tissue in the scan.

Questions to answer

Thyrogen has not yet been given FDA approval for radioiodine treatment of thyroid cancer because we do not yet know whether Thyrogen is as effective as thyroid hormone withdrawal in preparing patients for treatments. Thyrogen is now being tested and evaluated for release in many countries around the world.

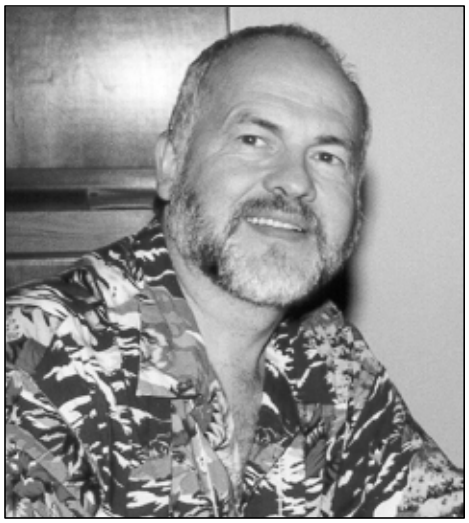
If it appears that a patient will need to be treated for thyroid cancer, our survey suggests that patients have fewer distressing symptoms if Option 3 is followed. If it appears that a patient does not have persistent cancer, and radioiodine treatment may not be needed, Option 4 (Thyrogen preparation) would seem to be the best option.

We hope that our efforts to describe what it feels like to be prepared for thyroid scans will help patients and their physicians decided what is the best option for each individual patient.

Many thanks to all who participated in this survey.

Dr. Wood is President and Medical Director of The Thyroid Foundation of America, Inc., President, Thyroid Federation International. Reprinted with permission from ThyroWorld, publication of Thyroid Federation International.

Out of retirement by popular demand



Few people attend to the editor's message which would prompt me to think that most *thyrobulletin* readers are not aware that I stepped down as editor, effective the last issue. Well, as my good friend Arnold might one day say "I'm back".

At the recent AGM there was a motion from the floor nominating me to this position and a lobby who urged me to stay on. As with so many who retire from the workplace, only to return, I too am returning to the post of editor.

The editorial committee of Margaret Burdsall, Nathalie Gifford and Mary Salsbury, Kingston will be augmented with the addition of two excellent members, Lottie Garfield, Toronto and Lois Lawrence, Sudbury.

Both have been with the Foundation for many years and have contributed much. Lottie brings with her service at the national level and a wealth of information about TFC and issues regarding public education of health matters. Lois is a member of the national board and has contributed extensively to her home chapter in Sudbury and to the Foundation.

With the help of this fine group I am looking forward to another great year for *thyrobulletin.*

Ed Antosz
Editor, thyrobulletin

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	
❑ Regular	$20.00	$35.00	$ _____
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Type of Membership: ❑ New ❑ Renewal • Language Preferred: ❑ English ❑ French

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

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

Please Continue Your Support—We Need You!

National Office/Bureau national

Staff/équipe

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

Office Hours/ Heures du bureau

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

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

Chapter & Area Contacts/Liaisons pour les sections et districts

BRITISH COLUMBIA/COLOMBIE-BRITANNIQUE

Cowichan	(250) 246-4021
Vancouver	(604) 266-0700
Victoria*	(250) 592-1848

ALBERTA

Calgary	(403) 246-2841
Edmonton	(780) 476-3787

SASKATCHEWAN

Saskatoon	(306) 382-1492

MANITOBA

Winnipeg	(204) 489-8749

QUEBEC/QUÉBEC

Montréal	(514) 482-5266

NEW BRUNSWICK/NOUVEAU BRUNSWICK

Moncton	(506) 855-7462
Saint John	(506) 633-5920

NOVA SCOTIA/NOUVELLE ÉCOSSE

Halifax	(902) 477-6606

PRINCE EDWARD ISLAND/ÎLE-DU-PRINCE ÉDOUARD

Charlottetown	(902) 566-1259

NEWFOUNDLAND/TERRE NEUVE

Avalon/ St. John's	(709) 753-9562
Gander	(709) 256-3073
Marystown	(709) 279-2499

ONTARIO

Burlington/Hamilton	(905) 637-8387
Kingston	(613) 389-3691
Kitchener/Waterloo	(519) 884-6423
London	(519) 649-5478
Ottawa	(613) 729-9089
Petawawa/Pembroke	(613) 732-1416
Sudbury	(705) 983-2982
Thunder Bay	(807) 625-1419
Toronto	(416) 398-6184

** Area Contact/Contact régionaux*

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

Has your membership expired? See Page 15

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