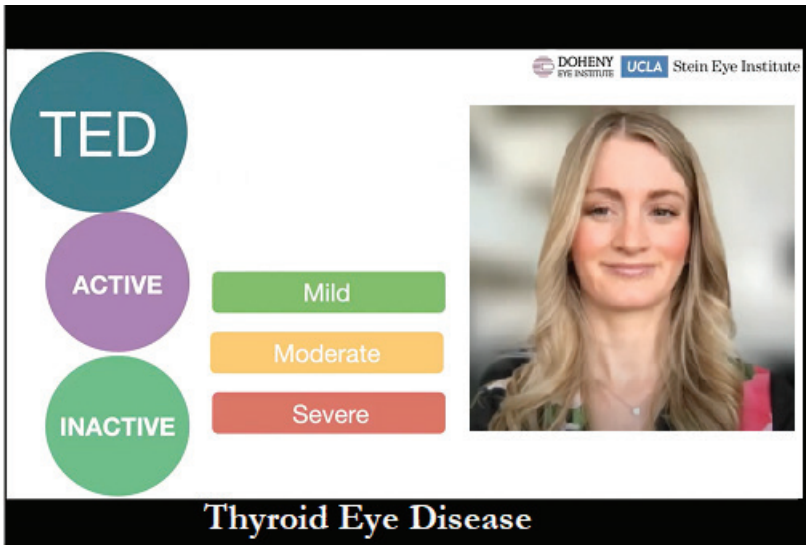
# Thyrobulletin

Autumn 2022

## Thyroid Educational Webinars




Q & A from our
Thyroid Eye Disease Webinar

Upcoming Webinars you won't want to miss!

| Jean-Sébastien's Story | Thyroid Presentations for your Organization | Research Update |
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*Founder*
Diana Meltzer Abramsky, C.M., B.A.
1915 - 2000

The Voice and Face of Thyroid Health in Canada



Thyroid Foundation of Canada
P.O. Box 298, Bath ON K0H 1G0

800.267.8822 info@thyroid.ca
**thyroid.ca**

Registered Charity BN# 11926 4422 RR0001

Thyrobulletin is now available in French (electronic version).

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## Contents



It's our 12th Annual

*Light a Tree for Thyroid!*

Campaign!

*Please support our programs by making a donation to our Light a Tree for Thyroid campaign. See page 11.*

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

# MESSAGE FROM THE PRESIDENT

Dear Members,

Last year was a banner year for our foundation. We provided three interesting educational webinars and supported thyroid research. Last spring, we entered negotiations to acquire a sister charity, Thyroid Cancer Canada.

This year will be the fifth and final year of our Strategic Plan. We have completed well over half of the initiatives and continue to make incremental progress in the plan.

**Awareness**
Last year, our educational webinars included presentations by Dr. Sana Ghaznavi on Thyroid Nodules, Dr. Franco Lopez on Hypothyroidism and Thyroid Replacement Therapy, and Dr. Kelsey Roelofs on Thyroid Eye Disease. These presentations were recorded and are available for viewing on our website *thyroid.ca*.
We prepared two great issues of our Thyrobulletin newsletter, both in English and French.

We started a new service to provide organizations with an overview presentation of thyroid disease. The presentations are delivered by one of our experienced speakers using videoconferencing, such as Zoom. Last year Ms. Donna Miniely, a past TFC president, gave Zoom presentations on thyroid disease to the Black Aging Community of Montreal and to the Horizon Place Retirement Community in London, Ontario. Donna is scheduled to deliver another presentation to a senior's organization in Winnipeg.

**Support**
Our Help Line Team continues to provide moral support and information on thyroid disease through our toll free 1-800 line and through our emails. On November 10th, 2022, CSEM held a thyroid ultrasound course in Calgary on November 10th. We were happy to support this event with one of our TFC members. Anne Mychajluk, a TFC member who lives in Calgary, participated in this event as the ultrasound patient. Dr. Deric Morrison, our Medical Advisor, continues to provide us with feedback on medical enquiries from thyroid patients.

**Research**
Last year, in partnership with the Canadian Society of Endocrinology and Metabolism (CSEM), we awarded a $50,000 grant to Dr. Ralf Paschke for his research on the Classification of Thyroid Tumours. The aim of the research project is to improve diagnostic strategies for thyroid cancer tumours while limiting unnecessary diagnostic surgeries for patients.

We established a new section on our website for research information. There are articles on new thyroid research, past thyroid research, and other related research. We will continue to add articles of interest in this new section.

**Current Plans**
Last spring, our sister organization, Thyroid Cancer Canada (TCC), approached the Thyroid Foundation with an offer to join our organization. They plan to close down their TCC operations and move their assets to TFC. This makes sense since TFC has always supported thyroid cancer patients. Thus year, a Transfer Agreement is being developed by TCC to facilitate the transition.

We will provide three additional educational webinars for thyroid patients. The first webinar is on Graves' Disease on November 27th with Dr. Anna Liu, Dr. Jesse Pasternak will speak on February 19th on Ultrasound-Guided Thermal Ablation of Thyroid Nodules, and Dr. Hernan Franco Lopez will speak on Hashimoto's Disease on April 30th. This year's research grant will go to support the second year of Dr. Ralf Paschke's research. We plan to update our medical information and enhance our website. We will continue to provide two issues of our Thyrobulletin newsletter in both English and French.

To volunteer or for assistance with a thyroid issue, please contact us at 1-800-267-8822 or by email at *info@thyroid.ca*.

Wishing all of you a safe and Happy Holiday season!

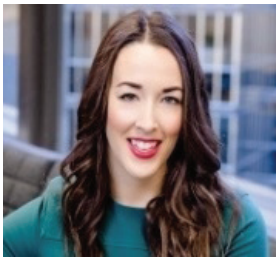
Laz Bouros, Président

# 42ND ANNUAL GENERAL MEETING

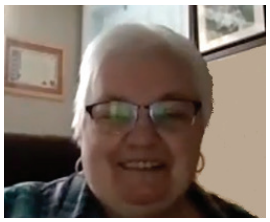
## 2022-2023 Elected Board of Directors

Laz Bouros
President
Ottawa ON

Jean-Sébastien Michel
Treasurer
Toronto ON



Sarah Eadie
Director, Marketing & Communications
Toronto ON



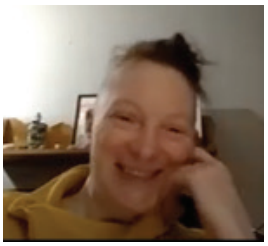
Mabel Miller
Past President
Gander NL

Hanista Premachandran
Director, Education & Research
Scarborough ON

Lauri Martin
Director, Volunteer Recruitment & Development
Strome AB

Kim McNally
Vice President
Director, Patient Care
Kingston ON

Gillian Van Kempen
Director, Fundraising
Whitby ON



Tracy Hey
Director at Large
St. Mary's Bay NS

## Report from the AGM

The 42nd Annual General Meeting of the Thyroid Foundation of Canada was held on Saturday, June 11th, 2022, 9:00 am ET via Zoom. The meeting was attended by Laz Bouros, Mabel Miller, Kim McNally, Jean Sébastien Michel, Hanista Premachandran, Lauri Martin, Cassandra Howarth, Carolyn Goodfellow, Sarah Eadie, Mary Lynch-Ficioris, Katherine Keen. Tracy Hey and Gillian Van Kempen were absent. The meeting commenced at 9:10. Laz Bouros welcomed the attendees and introductions were made.

The Business Arising section included the President's Report, reports from the directors, the Kitchener-Waterloo Chapter Report, the Ottawa Chapter Report, the Administrative Report by Katherine Keen and the Financial Report by Jean-Sébastien.

Kim McNally presented the Nominating Committee Report. The Nominating Committee consisted of Kim as chair, Mabel Miller and Lauri Martin as members. Kim explained the Bylaws regarding the nominating, election and terms of Board members. Those whose terms were up all agreed to remain on the Board. In February, Kim vetted the applications of Sarah Eadie and Gillian Van Kempen. Reference checks were satisfactorily completed by Kim McNally and Mabel Miller.

The Nominations for the 2022-2023 Board are: Laz Bouros, Jean-Sébastien Michel, Lauri Martin, Kim McNally, Tracy Hey and Hanista Premachandran. New Nominations are Gillian Van Kempen and Sarah Eadie. The motion to accept the nominees to the Board of Directors was carried. The motion that that Laz Bouros be elected as President was carried. A motion to accept the appointments of Auditor, Wilkinson & Co and Medical Advisor, Dr. Deric Morrison, and wait for the decision from the Legal Advisors as to whether they will continue was carried.

The Board agreed that the next AGM will be on June 10, 2023, venue to be determined.

Laz Bouros, President

# TFC 2021 RESEARCH AWARD UPDATE

By Paul Stewardson

Greetings Thyroid Foundation of Canada board members and stakeholders, my name is Paul Stewardson, I am a PhD candidate in the laboratory of Dr. Ralf Paschke at the University of Calgary where I have been working since 2017. I'm joining you today to provide a progress update since being honoured with the Thyroid Foundation of Canada 2021 Research Award last October.

For those who have not yet heard about our research, allow me to provide some context. Dr. Paschke's tireless clinical and research work has made Calgary a unique setting in which to conduct research and improve thyroid nodule diagnosis and thyroid cancer treatment. The groundwork for this project has been laid, through the introduction of guidelines-based ultrasound malignancy risk assessments, determination of the local risk of malignancy in each cytology category, creation and implementation of ThyroSPEC, Canada's first thyroid cancer molecular diagnostic test, design and implementation of a local referral pathway, and the creation of a tumour board that discusses every single thyroid cancer case in Calgary. All these crucial planks came together in July 2020 (COVID slowed us down but we did not let it stop our work), the integrated pathway became ready to be evaluated systematically. With your support, a systematic evaluation is exactly what we are now in process of accomplishing.

Through this project we have created a comprehensive database of consecutive indeterminate thyroid nodules with all pertinent clinical data including genetic alterations, providing a rich dataset from which to calculate the incremental accuracy of each diagnostic intervention, with sufficient granularity to identify any remaining clinical gaps which are being addressed in real-time as this project progresses.

Based on our first interim analysis in this ongoing study, since July 2020 when ThyroSPEC was implemented in Calgary for all indeterminate thyroid nodules, surgeries have declined a statistically significant 24% and the prevalence of cancer in the nodules that have been surgically removed increased a statistically significant 46%. This means with fewer invasive surgeries, we are removing more malignant tumours thanks to our improved pre-surgical diagnosis! Moreover, molecular testing expedites time between diagnosis and surgery by an average of 100 days for patients with high risk mutations compared to patients without mutations. Not only that, but unlike most similar studies that rely on questionable assumptions regarding the clinical impact of molecular diagnostics, we have shown directly based on actual clinical records, that in 70% of thyroid nodules with mutations detected by ThyroSPEC that subsequently underwent surgery, the primary reason for surgery was the mutation detected by ThyroSPEC. Therefore, ThyroSPEC is having a direct impact on clinical decision-making that is already benefiting patients in Alberta in the context of our optimized local diagnostic pathway. These 3 data points are just some of the critical findings with


a measurable, meaningful impact for patients that we have demonstrated thus far. Having said that, we still have several important research questions that require more data to able to answer and will be calculated in future analyses as the sample size increases over time.

We are keenly aware how important it is for our integrated diagnostic model be used as a template in other centres, and we want to stress that although it takes work to implement, every single component of our diagnostic pathway can be replicated in other centres across Canada and we are working with colleagues to ensure our research is disseminated. In fact, just last week, a surgeon reached out to ask about our data and diagnostic tools as he works to improve the thyroid nodule diagnostic pathway in another province and we made ourselves immediately available, offering our molecular diagnostic test which is available Canada-wide and our interim data analysis from this project on all the other pathway components and corresponding outcomes you see in the poster behind me from a recent research symposium presentation. We will present an updated analysis of our data at the Canadian Society of Endocrinology and Metabolism annual conference in November, and we stand ready to provide every tool needed to any centres interested in optimizing their diagnostic pathway along with data proving its real world effectiveness.

I am thrilled to see the efforts of so many brilliant scientists and clinicians such as Dr. Markus Eszlinger and Dr. Moosa Khalil, come to fruition in this comprehensive analysis of the state of the local diagnostic pathway that has and continues to illuminate the progress made to date and opportunities for further optimization.

Thank you to the Thyroid Foundation of Canada, because of your support we are able to show exactly the impact of our work over the last several years which will facilitate knowledge transfer to more centres across Canada so that we will accomplish our shared mission to bring the best medical care to thyroid patients.

# MENTAL HEALTH AND THYROID DISEASE – A PROBLEM FOR THE WHOLE FAMILY

*By Dr. Jack R Wall MD, PhD, FRACP, FRCPC*

It is well-known that thyroid disease and mental health are linked. Dr. Wall lends a little Aussie humour to a serious topic.

While "Mental Health Disease" is generally taken to indicate depression in all its forms including bipolar disease and anxiety, both focused (happens only when you trip over a sunbaking snake on a bush walk) or generalised (everything, including crocodiles and other lethal Australian critters and everybody, especially doctors, makes you anxious), the psychiatric definition of "mental health disease" encompasses many other serious conditions including: drug and/or alcohol addiction, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), attention deficit disorders and workaholism (a disorder that often strikes surgeons and endocrinologists). There are also a few acutely urgent conditions that typically present to the young emergency room physician in the middle of the night such as paranoia and severe depression with suicidal intention (and insomniacs looking for a sleeping pill).

The natural phenomena that we have all been required to live with over the last 3 years namely: viral pandemics; bush fires, drought, perfect storms, too much rain, too little rain or a normal amount of rain but falling in the wrong places (better known as floods), wars and "specific military actions" and living in the world's most locked down city (Melbourne) are constant stresses that can trigger depression or anxiety (or both) in anyone, especially those who are predisposed. Indeed, most of us are anxious, "down", scared or nervous for no particular reason from time to time and those of us who claim to feel "normal" all the time and sleep "like babies" (excluding my second youngest grand-child) are either wilderness nomads, avatars or liars. Fortunately, because of an impressive and unwavering media blitz, most of us now understand that it is OK to admit mental unwellness and even to seek help.

Patients with hypothyroidism, usually due to Hashimoto's thyroiditis, are tired and cold, at least until their thyroid hormone levels are normal on L-thyroxin treatment. They may be depressed, but only rarely anxious as they may be too fatigued and hypometabolic to get anxious about anything, even when they should be (such as their house is burning down). However, there is a rare and rather dramatic condition called Hashimoto encephalitis, thought to be due to thyroid antibodies targeting brain cells, that occurs in a small proportion of Hashimoto patients. In this well recognized condition, the patient presents with confusion, psychotic behaviour and drowsiness that may develop into coma. While some patients recover spontaneously, most require treatment with oral steroids.

The main symptoms of hyperthyroidism reflect a generalised increased metabolism with stimulation of cellular, organ and tissue function and include: increased heart rate with, often, atrial fibrillation, heat intolerance, tremor, nervousness and insomnia. However, these are also the typical symptoms of anxiety, the disease, which can lead to a delay in the diagnosis (and thus treatment) of the hyperthyroidism or failure to recognize the importance of the anxiety as a major symptom or a separate disorder.

In addition, hyperthyroid patients with Graves disease or, much less often, toxic nodular goitre, are prone to mental health issues because of the effects of the increased levels of circulating thyroid hormones on brain function. Thus, they are in danger of developing depression or anxiety or worsening of existing mental health disease. Occasionally, hyperthyroid patients manifest a serious psychotic event, such as paranoia or major depression with thoughts of suicide.

The term "mad" is (thankfully) no longer used (except by History of Medicine researchers interested in the fate of patients locked up in the infamous Bedlam Lunatics Hospital in Victorian London) mainly because this is not a psychiatric diagnosis. However, this adjective certainly sprang to mind when I was almost "bowled over" by one of my hyperthyroid patients in the entrance foyer of the Hotel Dieu Hospital, Kingston Ontario, waving his hands above his head like a helicopter preparing to take off. (I am pleased to report that his "madness" disappeared when his hyperthyroidism was treated and he was discharged home, well but "out of gas").

On a more serious side, hyperthyroid patients may be so depressed as to be suicidal. To highlight this, a recent study of the Danish Register of unexpected deaths in patients with Graves' disease over a 10 year period showed that the prevalence of death from suicide was twice that of a control group of age and sex matched normal subjects. In these patients the mental changes are due to a combination of a newly diagnosed, and often untreated, hyperthyroidism and a predisposition to mental health disease, a dangerous combination that requires urgent psychiatric intervention and appropriate management of the hyperthyroidism in order to prevent a tragic outcome.

*Continued on page 7 >*

*Continued from page 6*

Both hypothyroidisms and the more serious hyperthyroidism, can be triggers for the development of depression or anxiety in predisposed subjects, such as those with a past or family history of mental health disease. Indeed, one could make the case that there is a need for a combined endocrinology/ psychiatry health with the goal of identifying, and treating, mild or borderline thyroid dysfunction in patients with depression or anxiety or conversely, the early signs of depression or anxiety in patients with known thyroid disease.

Finally, one must discuss the critical role of the family and close friends in the understanding of Graves hyperthyroidism and its management. Partners (usually men) of hyperthyroid women are not always supportive, mainly because of their misunderstanding of the nature and significance of the symptoms. For example, it may be difficult (for some men) to accept that their newly agitated, anxious, irritable, hyperactive and overheated partner has a treatable thyroid problem and not a visitation from the devil that might be permanent. Indeed, marriage breakups of couples of whom one of them has Gravesè disease, are not uncommon. It is the role of the endocrinologist to explain the disease to those who accompany the patient at their clinic visits.

*Jack R Wall MD, PhD, FRACP, FRCPC*
*Honorary Professor of Medicine, Macquarie University, Sydney, Consultant Endocrinologist, The Bays Hospital, Mornington Vic Australia*

*Dr. Wall was TFC's first Medical Advisor and practiced in Canada at the time TFC was being formed.*

## CSEM Ultrasound Course

The Canadian Society of Endocrinology and Metabolism (CSEM) held a Professional Conference in Calgary on Nov. 10th. They sponsored an educational workshop on the US ultrasound technique. Our medical advisor, Dr. Deric Morrison, asked if one of our members would be interested in volunteering to have ultrasounds performed on them by the learners. We were very fortunate to find Ms. Anne Mychajluk, who is a member of TFC, lives in Calgary and was willing to act as the patient for this demonstration.

The workshop was a simulation that approximated a real-life situation, allowing participants to demonstrate (and receive feedback on) their application of knowledge, clinical reasoning, communication and problem-solving, as well as their ability to collaborate and work effectively in a health care team. At the end of the session, participants were expected to be able to:

- Identify the technical requirements and machine controls necessary for a comprehensive thyroid ultrasound examination.
- Describe how ultrasound images and artifacts are produced.
- Identify normal endocrine neck anatomy on ultrasound examples.
- Outline the principles and technique of US-guided FNA of thyroid nodules.

Workshop faculty participating in course consisted of Dr. Amel Arnaout, University of Ottawa, Dr. Deric Morrison, Western University, Dr. Phillip Segal, University of Toronto and Dr. Christopher Tran, University of Ottawa.

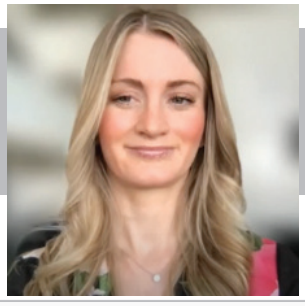
Anne was happy to participate in the course and reported: "I thought the session was very informative - I am myself having a FNA at the end of December so now I know what will happen. I have a nodule that has been an issue for 4 years so I will be glad when it is over and done with. I am not a medical person but was very well received. It was nice to see so many eager faces. I was honored to meet Dr. Morrison - he is very nice. Thank-you for giving me the opportunity to volunteer for your organization and should an occasion arise that you feel I might be a suitable candidate please contact me. It was a real privilege to represent the Thyroid Foundation of Canada!"

Ms. Inika Anderson, Executive Director, CSEM, stated that: "The workshop was a great success! Thanks very much to your volunteer who helped make it so."


2018 CSEM Thyroid Ultrasound Workshop
L-R: Dr. Deric Morrison, Dr. Phil Segal, Dr. Chris Tran
Demonstrating ultrasound technique on simulated thyroids

# ASK THE DOCTOR

Dr. Kelsey Roelofs answers questions from TFC's Thyroid Eye Disease webinar



*Q1. Is there a genetic component to thyroid eye disease?*

I wouldn't be surprised if there is, but we don't know about it yet, so thyroid eye disease, even though I see it commonly and it's not that infrequent that people have mild disease, in general it's still a relatively rare entity and so I think the future especially as we're doing more biobanking and more precision medicine will hold some insights into the genetic predispositions but that's an excellent question; not yet, but maybe in five years we'll know more on that subject.

*Q2. I am being followed for early dry macular degeneration by ocular coherence tomography in one eye. There seems to be a strong family history. Have there been any recent developments in this area of ophthalmology.*

Probably three or four years ago when I was a resident, I would be better poised to answer that question, but it's been a long time now since I dealt with a patient with macular degeneration. That being said it sounds like the absolutely right thing is being done and if you have dry AMD (Dry Macular Degeneration) and they're following you with OCT (Optical Coherence Tomography), what they're doing is monitoring for whether it becomes wet and of course there are treatments for wet AMD there's also some research going on into various subtypes of dry AMG like geographic atrophy but I think those are all still in sort of investigational and experimental stages as far as I'm concerned.

*Q3. Are there any preventative measures one can take for thyroid eye disease?*

I think my number one answer for that is don't smoke, don't be around smoking, try to really just avoid any exposure to second-hand smoke because that is the only thing in all of the studies that have been done that's really been flushed out as a important risk factor for developing thyroid eye disease and also for developing more severe disease. Some people would recommend things like the anti-inflammatory diet. My struggle with that is that I don't think there's a great base of evidence to suggest that but eating healthy and staying well from that standpoint is not going to be of harm to you so if you're really looking for everything you can do I think that would be a reasonable thing to also incorporate into your life.
As to how often an ultrasound should be done, it can range from 4-6 months for high suspicion lesions to every couple of years, it depends on what's happened so far, how big it is, what it looks like, has it been biopsied already and if the biopsy was benign you may never need a neck ultrasound again if it's a really small lesion that looks not suspicious. Good question to be asking your physician. There are no guidelines on that because there is no evidence or studies that followed patients for years. If a patient is concerned, I'm happy to keep monitoring with a once a year painless, radiation free quite cheap ultrasound.

*Q4. Is there any correlation between TED and Glaucoma?*

In terms of like a history of TED and Glaucoma, I would say no but certainly in people who have active TED, especially cases that have a lot of congestion, the pressure in the orbit increases and that can translate to increased pressure on the nerve and increased pressure in the eye so certainly I have patients that I've put on glaucoma drops who have active thyroid eye disease because I don't want them to develop optic nerve damage from that high pressure over time. But in terms of inactive or mild thyroid eye disease and glaucoma there's no known association there.

*Q5. How would it come about that a person is in the inactive phase and has severe symptoms, would this be due to lack of correct diagnosis?*

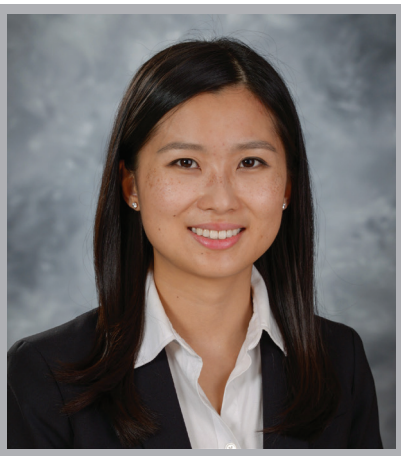
Not necessarily. Some people are able to make it through thyroid eye disease without needing surgery, meaning that either they responded to medical treatment with corticosteroids or they didn't want to have surgery, so severe disease can be defined by a number of different things if you have really severe proptosis where your eyes come forward a whole centimeter more than they should; that can persist throughout the active phase into the inactive phase and so even though you don't have the inflammatory features anymore you can still have the sequelae of severe disease if it hasn't been specifically addressed or managed yet.

*Q6. Do you have any advice on finding an appropriate doctor to get help?*

I think if you are worried that you might have thyroid eye disease your family doctor is a great place to start. When I was a resident, I did a lot of lectures for the family medicine residents and so they're definitely aware of thyroid eye disease and can help direct you to the appropriate people. A general ophthalmologist is also a great place to start. They're able to monitor you for some of the important things like dysthyroid optic neuropathy and then, most thyroid eye disease, especially in the United States but also in Canada, is eventually managed by an oculoplastic surgeon so that's somebody who's done additional fellowship training looking specifically at conditions that affect the eyelids and the eye socket. So that person eventually would be someone who will help rehabilitate you, but if you have mild symptoms and mild disease I think your family doctor can be helpful or a general ophthalmologist would be kind of like the next level up from that and some optometrists also are very knowledgeable when it comes to thyroid eye disease so it really depends on the severity of your symptoms and also which phase of disease you're in. If you're in the active phase of course you should be monitored more frequently and as long as you're being monitored appropriately, somebody is checking your vision, checking your color vision, I think that that's totally appropriate and a number of people can do that very well.

Dr. Kelsey Roelofs completed her medical education and residency training at the University of Alberta in Edmonton, Canada. Following this, she embarked on a one year ocular oncology fellowship at Moorfields Eye Hospital. She is currently completing an American Society of Ophthalmic Plastic and Reconstructive Surgery fellowship at the University of California, Los Angeles. She has published over 40 peer-review papers, 19 textbook chapters and was the 2021 recipient of the Bartley R. Frueh Research Award.

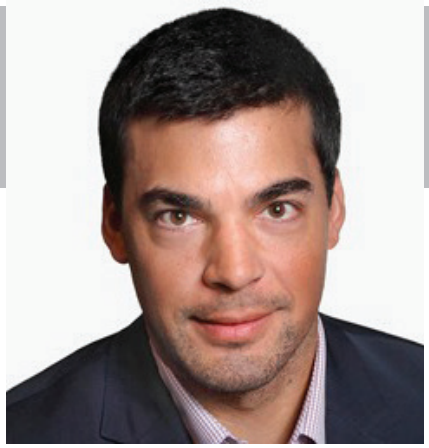
This webinar was recorded and can be viewed at: https://www.youtube.com/watch?v=7GN6Igyw5hg

| DATE | TOPIC | SPEAKER |
|---|---|---|
| November 27. 2022 | Graves' Disease | Dr. Anna Liu |
| February 19, 2023 | Ultrasound-Guided Thermal Ablation of Thyroid Nodules | Dr. Jesse Pasternak |
| April 30, 2023 | Hashimoto's Disease | Dr. Hernan Franco Lopez, |
| Date to be announced | Thyroid Cancer Journeys | Thyroid Cancer Panel |

**Check for updates at: https://thyroid.ca/thyroid-events/**

# JEAN-SÉBASTIEN'S STORY



I joined the Thyroid Foundation of Canada about a year and a half ago as Treasurer and Board Director. Since then, our President has encouraged me to tell my thyroid story, and so I am glad to be able to do that in this edition of Thyrobulletin.

In my late teenage years, I noticed a lump on the left side of my chest right below the nipple (gynecomastia). Since I was active in sports where there was physical contact, I couldn't ignore the lump since any contact was somewhat painful. After consulting with a doctor, I was told that it was likely just a hormonal imbalance that would not persist. I had the mass removed and went about my business. A couple of years later, I was faced with the same situation, as another growth had formed in the exact same spot. This time, I was referred to an endocrinologist who ended up diagnosing me with Grave's Disease. Again, I had the lump removed, but this time I was prescribed thyroid medication to manage by TSH levels. Since that time, I have had no recurrence of the gynecomastia and have been able to manage my thyroid function through regular blood tests, although my dosage has increased over time.

While the medical part of my story is fairly straightforward as far as thyroid issues go, it nevertheless had an impact on me in more ways than I realised until much later. With the benefit of hindsight, I know now that the main immediate effect was fatigue, which led me to compensate by overeating and sleeping in morning classes. The former compensation engrained a bad habit that took some time to break in order to achieve healthy eating patterns. The latter compensation meant that I underperformed in school, which likely affects me indirectly to this day. Psychologically, the gynecomastia made me feel self-conscious, and negatively affected my confidence. Moreover, since it reoccurred, I was always worried that it might reoccur another time. I often cannot help but wonder what could have been possible in so many parts of my life had my condition been diagnosed earlier. In the end, letting those judgements go has probably been the most difficult part of living with thyroid disease.

More recently, I have had some issues with getting my thyroid medication dosage right. I have always been pretty active, but about five years ago I decided to be more consistent with my exercise regiment, joining a fitness centre and working out more frequently. The increased activity meant that I needed to increase my dosage to compensate. Luckily, regular monitoring and blood tests mean that I am now better able to identify changes in my thyroid function, making adjustments as needed.

These more recent problems, along with the evolution of my professional career, are the events that motivated me to apply to the Thyroid Foundation of Canada so that I could contribute to help others afflicted with thyroid issues. It has definitely been a positive learning experience and has allowed me to put my story in context with all of the other stories out there.

Jean-Sébastien Michel

## New Thyroid Presentation Service for Your Organization

Donna Miniely

The Thyroid Foundation of Canada (TFC) is happy to announce a new service to provide organizations with an overview presentation of thyroid disease. The presentations are delivered by one of our experienced speakers using videoconferencing, such as Zoom. The length of the presentation is approximately 30-40 minutes long. It is followed by a question-and-answer period where attendees have an opportunity to ask general questions about thyroid disease. We do not provide medical advice for individual thyroid conditions.

Our current presenter is Donna Miniely, M.A., M.Ed., a past president of TFC, she is very knowledgeable of thyroid disease and has extensive experience with both adult education and remote learning.

Last year, TFC gave virtual presentations on thyroid disease to the Council for Black Aging Community of Montreal and to the Horizon Place Retirement Community in London, Ontario. Donna is scheduled to deliver a presentation to an immigrant women's group in Toronto in mid-November and another to the Manitoba Senior Centre Without Walls in April 2023.
To arrange a TFC presentation for your organization, please contact us at 1-800-267-8822 or by email at info@thyroid.ca.

# *Light a Tree for Thyroid!*

Every donation of **$25** during our campaign puts an ornament on the Tree. Donations of **$100** and more add a gift under the Tree! Your donations help to fund our Programs including:

- Maintaining our website **Thyroid.ca**, which provides thyroid-related news and information
- Providing **Resource Materials** on Thyroid Disease to thyroid patients and medical facilities
- Managing our Toll-free **Help Line**
- Producing **Thyrobulletin**, TFC's official newsletter with news, patient stories and events
- Holding Public Education **Webinars** and Meetings
- Awarding funds to carry out **Thyroid Research** to improve the lives of thyroid patients

*Please help support our Thyroid programs*

## Membership and Donation Form

| | |
|---|---|
| Name: | Telephone: |
| Address: | Email Address: |

### Membership Level

| ONE YEAR: | TWO YEAR: |
|---|---|
| ☐ Regular $35 ☐ Senior $30 ☐ Family $45 | ☐ Regular $60 ☐ Senior $50 ☐ Family $65 |

### Donation Amount ☐ $25 ☐ $50 ☐ $100 ☐ Other $ _____

**$** **Total Amount** *(All membership fees and donations are issued official tax receipts)*

### Payment Method

☐ Visa ☐ MasterCard ☐ Cheque *(Payable to Thyroid Foundation of Canada)*

| Visa / Mastercard No.: | Expiry Date: | CVV No: |
|---|---|---|

Mail to: Thyroid Foundation of Canada, P.O. Box 298, Bath ON K0H 1G0

**Pay online at thyroid.ca - save postage and get your automatic tax receipt!**

*Thank you for your support!*

## Have you given any thought to leaving a Bequest to TFC?

The Thyroid Foundation of Canada has been fortunate to receive several bequests recently for Thyroid Research. Important though research is, we are also in great need of funding to continue and expand our **Awareness** and **Support** Programs. You can make a lasting difference and help other thyroid patients!

By including the TFC in your will, your gift will help achieve the following:

- Raise awareness and **reach more thyroid patients**
- Impact the **medical profession**, the government and the public
- Accomplish **earlier diagnosis** for thyroid patients and provide education on the best treatments
- Receive **significant tax benefits** for your personal estate

With this gift, you can make a lasting impact for those suffering from thyroid disorders. Learn more on our website at: ***thyroid.ca/bequest***

Contact us for more information: 1-800-267-8822 or *info@thyroid.ca*

## Volunteer!

Do you have skills and interests that you could share with TFC?

We'd love to talk to you!

Contact us at 1-800-267-8822 or by email at *info@thyroid.ca*

Is your membership expiring?

**Don't Delay**
**Renew today!**

**Renew NOW!**