



*Edition: 13.10.01*



## *An open letter to patients, caregivers, family members and health care providers*

Lung Cancer Canada remains the only organization in the country that is solely dedicated to the support and education of those affected by lung cancer and their families, and to raising awareness about lung cancer nationwide.

This past year, the organization has negotiated through some difficult times. These included lower levels of financial support than in previous years, forcing us to downsize our operation and activity levels in 2009. I am delighted to report, however, that thanks to Lung Cancer Canada's donors, volunteers, board and especially its executive, the organization has emerged stronger than before.

We are looking forward to a productive year, in which Lung Cancer Canada continues to support and educate people diagnosed with lung cancer and their families and friends. We also seek to raise the awareness of Canadians about lung cancer, its detection, treatment and prevention.

Every Canadian should know how common and important lung cancer is in this country, and how much it truly affects Canadians.

In the medical community we continue to research and enhance our understanding of the biology of lung cancer so that these findings can be brought to bear on improving our diagnostic, preventive, and therapeutic approaches to lung cancer. Our ultimate goal is to work towards making lung cancer a preventable and curable cancer.

Finally I would like to extend my sincere thanks to those who have supported and continue to support Lung Cancer Canada. Lung Cancer Canada is a charitable organization that relies on donations to operate its programs and services. Lung Cancer Canada does not receive any government funding or financial support from any other charitable institution.

Your support allows us to continue our mission of raising awareness and making a difference in the lives of lung cancer patients, survivors and caregivers.

Natasha B. Leighl, MD MMSc FRCPC  
President,  
Lung Cancer Canada

### **Table of Contents**



Board of Directors . . . . .	2
President's Profile . . . . .	2
Story of Hope: Arthur Smith . . . . .	3
Early Detection of Lung Cancer . . . . .	4
Advances in Lung Cancer Treatment . . . . .	4
Nutrition Hints and Tips . . . . .	5
Patient's Guide Order Form . . . . .	6
You Can Help Make a Difference. . . . .	6

## Medical Advisory Panel

**Dr. Natasha Leighl,**  
Chair,  
Medical Oncologist,  
Toronto, Ontario

**Dr. Jason Agulnik,**  
Respirologist,  
Montreal, Quebec

**Dr. Gwyn Bebb,**  
Medical Oncologist,  
Calgary, Alberta

**Dr. W. K. (Bill) Evans,**  
Medical Oncologist,  
Hamilton, Ontario

**Dr. Michael Johnston,**  
Thoracic Surgeon,  
Halifax, Nova Scotia

**Dr. Stephen Lam,**  
Respirologist,  
Vancouver, British Columbia

**Dr. Yee Ung,**  
Radiation Oncologist,  
Toronto, Ontario

## Honourary Board Members

**Dr. Frances Shepherd,**  
Princess Margaret Hospital,  
Toronto, Ontario

**Dr. Gail E. Darling,**  
Toronto General Hospital,  
Toronto, Ontario

**Dr. Margaret Fitch,**  
Odette Cancer Centre,  
Sunnybrook Health  
Sciences Centre,  
Toronto, Ontario

**Ralph Gouda,**  
Past President,  
Lung Cancer Canada,  
Toronto, Ontario



## Board of Directors 2010

**Dr. Natasha Leighl,**  
President,  
Lung Cancer Canada,  
Medical Oncologist,  
Princess Margaret Hospital,  
Assistant Professor,  
Department of Medicine,  
Toronto, Ontario

**Dr. Gwyn Bebb,**  
Medical Oncologist,  
Translational Research Unit,  
Tom Baker Cancer Centre,  
Assist. Professor of Medicine,  
University of Calgary,  
Calgary, Alberta

**Catherine Black,**  
Retired Executive,  
Toronto, Ontario

**Dr. W. K. (Bill) Evans,**  
President,  
Juravinski Cancer Centre,  
Hamilton, Ontario  
Senior Medical Advisor,  
Cancer Care Ontario,  
Toronto, Ontario

**Dr. Michael R. Johnston,**  
Thoracic Surgeon,  
QEII Health Science Centre,  
Professor of Surgery,  
Dalhousie University  
Halifax, Nova Scotia

**Peter F. MacKenzie,**  
Retired Executive,  
Toronto, Ontario

**Joel Rubinovich,**  
Chartered Accountant,  
Rubinovich Shoib,  
Toronto, Ontario

**Morty Sacks,**  
Past President,  
Lung Cancer Canada  
C.E.O., M.N. Sacks and Assoc.,  
Toronto, Ontario

**Melissa Schyven,**  
Associate,  
Stikeman Elliott LLP,  
Toronto, Ontario

**Dr. Yee Ung,**  
Radiation Oncologist,  
Odette Cancer Centre,  
Sunnybrook Health  
Sciences Centre,  
Department of Radiation  
Oncology,  
University of Toronto,  
Toronto, Ontario

**E.K. (Ted) Weir,**  
Counsel, McMillan LLP  
Toronto, Ontario

**Magdalene Winterhoff,**  
Oncology Social Worker,  
Odette Cancer Centre,  
Sunnybrook Health  
Sciences Centre,  
Toronto, Ontario



## Presidents Profile



**Natasha B Leighl, MD MMSc  
FRCPC**  
Medical Oncologist,  
Princess Margaret Hospital/  
University Health Network,  
Assistant Professor,  
Department of Medicine,  
University of Toronto

Dr. Leighl's main interests lie in the management of lung cancer, and in patient-physician communication and treatment decision-making. She is involved in clinical studies of novel agents for the treatment of lung cancer, and is a member of the Lung Disease Site Group Executive in the NCIC Clinical Trials Group, as well as Co-Chair of the Working Group on Economic Analysis at the NCIC Clinical Trials Group.

She has received multiple awards including the American Society of Clinical Oncology (ASCO) Career Development Award, ASCO Young Investigator Award and International Association for the Study of Lung Cancer Young Investigator Award for her work in developing treatment decisions aids for patients with advanced lung, and other cancers.

Dr Leighl serves on several committees including the Royal College of Physicians and Surgeons of Canada Examinations Board in Medical Oncology, the University of Toronto Medical Oncology Training Program Committee, the American Society of Clinical Oncology International Affairs Committee and Steering Committee for this group, and the International Association for the Study of Lung Cancer Public Relations Committee. She has previously served as a Board Member for Lung Cancer Canada, Chair of the Lung Cancer Canada Medical Advisory Committee, and most recently has been appointed as President of this important advocacy group.

## Contact Information

Lung Cancer Canada  
1896A Avenue Road, Toronto, Ontario M5M 3Z8

416-785-3439 (Toronto) 1-888-445-4403 (Toll-free)  
416-785-2905 (Fax)

[www.lungcancerCanada.ca](http://www.lungcancerCanada.ca)  
[info@lungcancerCanada.ca](mailto:info@lungcancerCanada.ca)

Charitable Registration Number: 872775119 RR0001



**Arthur Smith had no symptoms of lung cancer**, or any particular health concerns. His day-to-day life was focused on his family, work, and enjoying the beautiful environs of his native Nova Scotia.

Having overcome early stage bladder cancer 11 years before, Arthur was mindful of the benefits of cancer screening. So, when his wife half-teasingly showed him an ad in his local newspaper for an early lung cancer screening study, he thought "Why not?". Motivated to contribute data for the benefit of others, he never imagined that this would be a life-changing decision.



In September of 2008, at the age of 65, Arthur applied for the early lung cancer screening study. Despite the absence of any symptoms, he was accepted into the study based on prolonged exposure to asbestos through his plumbing profession, and a history of smoking. He had a CT scan (an imaging technique that shows the insides of the lungs) two months later, in November.

To Arthur's surprise, the CT scan showed a spot on his right lung. He was contacted for follow-up, and came under the care of Dr. Michael Johnston, a Thoracic Surgeon at the Queen Elizabeth II Hospital in Halifax. A second follow-up CT scan in February of 2009 showed that the tumour had grown from 3 to 15 millimetres. Despite the rapid growth, the tumour was localized and he was an ideal candidate for surgery. Arthur underwent surgery in March of 2009, and the tumour was successfully removed.

Almost a year later, Arthur is still on the path of recovery from the surgery. Although feeling well, his energy is not what it used to be, and he is still regaining his capacity to work.

Despite these challenges, Arthur's outlook is wonderfully optimistic. Having survived two early stage cancers, Arthur feels that "someone is looking out for me". He credits Shirley, his wife of 43 years, and his family for "85% of his healing".

Arthur worries more about other members of his community than he does himself. He is using his experience, and sense of tremendous good fortune, to advance awareness of cancer, and cancer screening, in his community. His story was featured in his local newspaper, and on his local TV news, which resulted in a surge of new participants in the same early lung cancer screening study. He willingly allows his case to be reviewed by medical students, and offers support and encouragement to others who are dealing with cancer, be they neighbours or other patients whom he meets at the hospital.

In spite of two cancer diagnoses, and a myriad of tests and follow-ups over the years, Arthur has only the highest regard for those in the health care system. He praises the care of Dr. Michael Johnston, and all of the hospital staff who "just couldn't do enough for you!".

His messages, however, are also threaded with sentiments about a health care system that does not give lung cancer the attention it deserves. He advocates for the need to do more to advance the status of lung cancer screening, and investing more toward treatment advances. He is aware that his life may have been saved by an early detection procedure that is available right now only as a research study. He challenges the health care system to reach the day when early detection procedures are validated, and made widely available.

For now, Arthur is doing his part by contributing his data to the early screening study, sharing his story, and helping others he meets along the way.

### Info Sheets

**Lung Cancer Canada Information Sheets are available.**

Please call the Lung Cancer Canada office to order the following info sheets:

- Questions to Ask Your Oncologist When You've Been Diagnosed With Lung Cancer
- Lung Cancer and the Use of Oxygen Therapy
- How to Prepare for Lung Cancer Surgery When You Smoke
- Nutrition and Lung Cancer
- For Patients and Caregivers: Coping and Emotional Support
- Thoracic Surgery for Symptom Control





On 17 June 1963, Canada's Minister of National Health and Welfare, Judy LaMarsh, made a landmark statement in the House of Commons acknowledging the harmfulness of smoking. "There is scientific evidence that cigarette smoking is a contributory cause of lung cancer, and that it may also be associated with chronic bronchitis and coronary heart disease," she declared.

In the years since, research evidence has demonstrated conclusively that smoking poses a significant threat to health, including lung cancer, coronary heart disease, ischemic heart disease, respiratory diseases and other cancers. Whereas smoking is not the only cause of lung cancer it is major contributor.

If you are between the ages of 50 and 75 and stopped smoking between 1 and 15 years ago, we urge you to consider the Pan Canadian clinical trial.

### What is a clinical trial?

The term "clinical trial" refers to a study that is designed to

answer specific questions about the effects of a drug, test or treatment.

The purpose of the "Early Detection of Lung Cancer – a Pan Canadian Study" is studying screening methods to see how well they find lung cancer early in former smokers. The rationale being that screening may help doctors find lung cancer sooner, when it may be easier to treat.

Key trial objectives include:

- To develop a new multi-modal screening strategy and integrated methods to detect lung cancer early in current and former smokers.
- To evaluate the impact of the screening modalities on the quality of life of these participants

### Interested in this trial?

Show this article to your family doctor to discuss your eligibility. Only your doctor can refer you to a clinical trial.

<http://www.ontario.canadiancancertrials.ca>

## Advances in Lung Cancer Treatment

By Dr. Natasha Leigh

Medical Oncologist, Princess Margaret Hospital

### Introduction to targeted therapy

We have made some significant advances in the treatment of non-small cell lung cancer. One of the key advances has been the development and use of drugs, which are collectively known as 'Targeted Therapies'.

### How do they work?

These drugs differ from chemotherapy in the sense that they more specifically target the cancer cell. Chemotherapy drugs, on the other hand, not only damage the cancer cell but they also lead to damage to normal cells with associated side-effects such as hair loss, nausea, risk of infection etc.

### Overview of targeted therapy

There are two main classes of targeted therapy which have shown promising benefits for patients with non-small cell lung cancer. The first class of drugs is called Epidermal Growth Factor Receptor (EGFR) Inhibitors and include drugs such as Erlotinib (Tarceva) and Gefitinib (Iressa). The cancer cells may contact receptors from the Epidermal Growth Factor Receptor family and if these receptors are stimulated that leads to cancer progression. These drugs block these receptors and prevent cancer progression and may also lead to cancer cell death. As with most other drugs, the cancer cells do become

resistant to these therapies after some time and hence even though there may be response initially, after some time the cancer may start to progress again.

There are certain clinical factors that predict for a good response to these drugs, and more recently, a genetic abnormality known as an activating EGFR mutation, also appears to predict which patients may benefit more dramatically from the class of drugs. Erlotinib is approved by Health Canada for patients who have received chemotherapy before, and has been shown to prolong how long people live and delay cancer symptoms from getting worse. Approximately 10% of patients have dramatic and prolonged shrinkage of their cancer. Gefitinib has recently been approved by Health Canada for cancer patients with EGFR mutations in their cancer, although has not yet become widely available throughout Canada. It may be an option for this group of people, (about 10% of all lung cancer patients in Canada), instead of chemotherapy to start, but chemotherapy would be recommended later. Even though these drugs target the cancer cell more directly, they still have some side effects, such as rash and diarrhea. They are available in tablet form, and do not cause the common side effects associated with chemotherapy.

The other class of drugs is called anti-angiogenesis drugs and includes drugs, such as Bevacizumab (Avastin). For the cancer cells to grow it needs to create its own blood supply to help promote its growth. These drugs block the

*Continued on page 6*



By Christine Asik, BAsC., MSc

### Are you finding the smell of food unpleasant?

Foods served hot often have a strong smell. Try eating cold or room temperature foods to reduce the odor. You can also choose foods that do not need to be cooked, such as cold sandwiches, crackers and cheese, yogurt and fruit, cold cereal and milk.

### Do you have an unpleasant taste in your mouth?

Keeping your teeth brushed and flossed can help get rid of bad tastes in your mouth. You can also try rinsing your mouth with baking soda (¼ tsp) in water (1 cup) before and after eating to help clear your taste buds.

### Do foods taste metallic or bitter?

Some people find that meat tastes metallic or bitter after treatment. If you find meat metallic or bitter tasting, try eating other protein-rich foods like fish, eggs, dairy products, beans, tofu, and soy milk. You can also try masking the metallic or bitter taste of meats by marinating your meat in orange juice, lemon juice, Italian dressing, vinegar, sweet and sour sauce, wine, teriyaki sauce or other sauces. Using plastic eating utensils and glass cooking pots can also help.



### Do you have a poor appetite?

Your appetite is usually greatest at the beginning of the day. Take advantage of your appetite by making breakfast your largest meal of the day. Don't wait till you feel hungry to eat. Eat small amounts throughout the day. It is often easier to eat several small meals throughout the day rather than three large meals. Make every bite count by choosing high calorie and high protein foods.

### Are you feeling nauseas?

Talk to your doctor about medication to prevent or reduce nausea. Eating smaller, more frequent meals throughout the day may be easier than three large meals. Eat slowly. Try dry foods, such as crackers, toast, dry cereals or bread sticks and avoid foods that are very sweet, greasy, spicy or smelly. Ginger may help

reduce nausea. You can try ginger tea, ginger ale or candied ginger.

### Are you eating poorly?

Talk to a dietitian about nutritional supplements (such as Boost or Ensure).

## Advances in Lung Cancer Treatment... continued from page 4

production of cancer associated blood vessels and can lead to cancer cell shrinkage and cancer cell death. In general these drugs are combined with chemotherapy as it has been shown that this leads to increased benefits from chemotherapy. The addition of these drugs to chemotherapy for the treatment of advanced (metastatic) non-small cell lung cancer has led to increased cancer cell death and a modest improvement in survival. Again while these drugs target the supply to the cancer cells, they are associated with other significant side effects such as high blood pressure, risk of bleeding and delayed or poor healing of the wounds. Also, there are only certain patients who were included in the clinical trial and as such its use is restricted to these patients. They are patients who have specific form of non-small cell lung cancer namely adenocarcinoma, no significant history of coughing up blood (hemoptysis), no evidence of cancer which has metastasized to the brain and those who have cancer that is not involving any major blood vessels. Health Canada has recently approved the use of bevacizumab with chemotherapy in people with special types of lung cancer, (non-squamous non-small cell). However this will not be widely available

in Canada, as the improvement in treatment is modest but it is currently expensive. Also they do not yet know which patients benefit most, and there are some additional risks of therapy, so it may be some time before bevacizumab is commonly used in Canada. It is currently being studied in the United States and Canada as part of preventive therapy after lung cancer surgery in a clinical trial, (called NCIC CTG BRC.2).

### How to get the best treatment

Speak to your health care professional about the treatment options that may be right for you. There are also studies of new drugs in lung cancer that may be of interest to you – be sure and ask your doctor about these options.

### The future of lung cancer

So we continue to make progress in the management of lung cancer with the development and use of targeted drugs. There are many more drugs which are in development which may play a pivotal role in helping our lung cancer patients.



# Donation Card

You can help make a difference...

For a donation by Visa or MasterCard, please complete the following information and mail it to the address shown below.

Visa       MasterCard

Name of card holder: \_\_\_\_\_ Card Number: \_\_\_\_\_

Address: \_\_\_\_\_ Exp: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Amount \$

For a donation by cheque, please make cheque payable to **Lung Cancer Canada** and mail it to the address below:

1896A Avenue Road, Toronto, Ontario M5M3Z8

416-785-3439 • 1-888-445-4403

All donations are greatly appreciated. A tax receipt is issued for an amount of \$25.00 or more.



LUNG CANCER CANADA  
Awareness. Support. Education.

# Booklet Order Form



English & French second edition now available  
**FREE** to patients and caregivers.

"A Patient's Guide to Lung Cancer" is a Lung Cancer Canada publication designed to meet the educational needs of lung cancer patients and their family. **English and French second edition now available.**

To order your copy today please complete and return this order form to Lung Cancer Canada.

English \_\_\_\_\_  
 French \_\_\_\_\_  
Please specify the quantity

## FREE FOR INDIVIDUAL PATIENTS AND CAREGIVERS

I. NUMBER OF BOOKS ORDERED \_\_\_\_\_ @\$4.00 each = \_\_\_\_\_ (Total Cost)

II. PAYMENT INFORMATION  VISA  MASTERCARD  CHEQUE (Please make cheque payable to Lung Cancer Canada and send to the mailing address below)

## III. FOR PAYMENT BY CREDIT CARD

Name of Card Holder: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## IV. MAILING INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

You are:  Patient  Caregiver  Healthcare Professional

If you are a healthcare professional please indicate your title and the name of your hospital, treatment centre or cancer support organization.

Hospital/Treatment Centre/ Cancer Support Organization: \_\_\_\_\_

Professional Title: \_\_\_\_\_ Date: \_\_\_\_\_

Lung Cancer Canada – 1896A Avenue Road, Toronto, ON M5M 3Z8 • info@lungcancercanada.ca