

CANCER SMART



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HPV Vaccine and Cervical Cancer

Written by Diane Girard and reviewed by Dr. Sheila Dunn

Virtually all cervical cancers are linked to infection with human papillomavirus (HPV), one of the most common sexually transmitted infections. The majority of women exposed to

In Canada, cancer of the cervix is currently the second most common cancer in women less than 50 years old.

HPV clear the virus naturally, but if the virus persists it can cause cell changes in the cervix that can slowly lead to cancer. Pap tests are the best way to detect

these abnormal cells early and stop cancer from developing. Now, a new vaccine, which can help protect women from being infected by HPV, has joined in the fight against cervical cancer.

HPV and Cervical Cancer

HPV is a very common virus. If you are sexually active, chances are you have been exposed to HPV. There are over 100 types of HPV. More than 30 HPV types infect the genital area, and these are divided into high-risk and low-risk types. Low-risk strains can cause genital warts, while the high-risk types are the leading cause of cervical cancer. Most women infected with HPV, whether high risk or low risk, never have any symptoms and, with a healthy immune system, usually eliminate the virus within one to two years. However, if HPV infection with a high-risk type persists for many years, there is a greater



Photo: Will Thomas

chance of developing cell changes in the cervix that can turn into cancer.

In Canada, cancer of the cervix is currently the second most common cancer in women less than 50 years old. Each year, there are nearly 1,400 cases of cervical cancer diagnosed and about 400 deaths across the country. Regular screening through Pap tests can detect cervical cancer in its early stages, when there are no symptoms, and because cervical cancer usually takes five to 10 years to develop, regular screening can prevent or cure nearly all cases.

The HPV Vaccine

Gardasil is the first vaccine against HPV to be approved for use in Canada. The vaccine provides more than 90 percent protection from HPV types 6 and 11, which cause 90 percent of genital warts, and HPV types 16 and 18, which cause 70 percent of cervical cancers. The vaccine is given in a series of three injections over six months. The most [Cont'd on page 4](#)

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Sleep Well Tonight

By Chris Carruthers, PhD

If you are not sleeping well, you are not alone in your struggle, as 40% of Canadians suffer from a sleep disorder. Difficulties falling asleep, maintaining sleep, early awakening and excessive daytime sleepiness are even more prevalent in people with cancer. Sometimes these conditions existed before you had cancer, or develop during your treatment and recovery. Without some careful attention to this aspect of your health, these problems may persist long after completion of therapy.

Sleep is a fascinating process that needs to be given a higher priority in our daily plan,

Choose to put sleep first in your life until you re-create healthy sleep patterns.

techniques, your ability to sleep can improve in spite of troubling symptoms that you may be experiencing. Choose to put sleep

first in your life until you re-create healthy sleep patterns. Honestly assess your sleep habits, and then take responsibility to make the changes you need. To assess your sleep health, go to www.sleepnet.com/sleeptest.html.

When you have identified your obstacles to sleeping well, focus on three things you



15 minutes journaling about your stresses and conflicts before you sleep, simply cleansing any emotions from the body. There is no need to try to solve anything. This technique will decrease your fears and anxieties during the night. Also, learn some deep breathing techniques or meditate to manage your busy mind or troublesome symptoms during the sleep hours.

Be aware that treatments for head and neck cancer may cause physical and muscular changes in the tonsils, tongue, palate, or pharynx that may result in obstructive sleep apnea. If you awake several times during the night gasping for air, please be assessed for sleep apnea and know that prompt diagnosis and treatment can significantly improve your health and quality of life. ■

can change. I suggest beginning with the physical aspects of your bedroom. How long has it been since you purchased a new mattress? Is your room cool enough? Quiet enough? Dark enough? Remove any television or computer from your bedroom and do not turn these electronics on if you awake during the night, as they interrupt the production of melatonin during the dark hours. Wear a slumber mask to keep out light during the early morning hours as well. Avoid alcohol, smoking or eating close to your bedtime hours. Did you know that caffeine consumed after 2 PM will not be cleared from your system by 11 PM? Spend



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CANCERSMART invites readers to submit questions they have about cancer. Selected questions will be researched and answers published in future editions.

You are invited to submit a question to cancersmart@wellspring.ca.

The Stigma of Lung Cancer

Reprinted with the permission of Lung Cancer Canada. Original article published in Lung Cancer Connection, Spring 2006.



Lung cancer is hidden behind a smoke screen of public prejudice. The double entendre is intentional – smoking is the major cause of lung cancer and the reason that it is stigmatized. The public has a negative attitude about smoking, and this negative attitude transfers to the perception of lung cancer and those who are diagnosed with it.

Although the connection between smoking and lung cancer cannot be denied, the stigma persists, in part, because the public continues to view smoking as a bad habit rather than

the serious addiction that it is.

Whether patients smoked or not, they tend to be blamed for having caused their disease. For many, this blame adds an emotional burden to an already overwhelming situation. It can adversely affect the way they cope and communicate. Those with lung cancer and their loved ones are often hesitant to disclose the disease to others. Many do not reach out for help for fear of being judged and blamed.

In one of the few studies that has looked at stigma in lung cancer, 45 patients were interviewed¹. Results showed that the stigma had serious consequences.

A common theme was avoidance of social situations, in order to prevent being asked about smoking or being blamed, be it real or implied. This increases isolation and limits potential sources of support.

“When I told people I had lung cancer, they tended to react with horror and one of the first things they asked is whether or not I smoked”, says Roz Brodsky, a cancer patient who

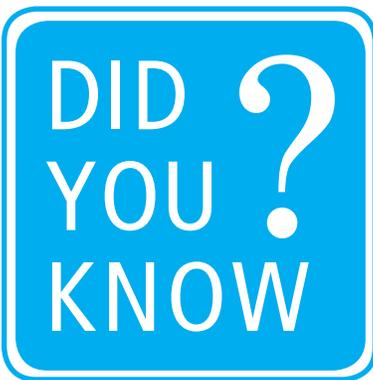
experienced the stigma firsthand. *“It’s not fair that lung cancer gets singled out. When someone has a heart attack, no one asks them how much fast food they have eaten”.*

Some patients in the study also worried that the stigma would adversely affect access to care, and the quality of care they receive.

Others in the study felt that the media contributed to the stigma. Stories tend to portray lung cancer in the worst possible light, thereby increasing the public’s fear and anxiety about the disease. “Lung cancer has not received the kind of media attention it deserves”, says Holly Bradley, [former] Executive Director of Lung Cancer Canada. “When it is reported, it is usually because a public figure has died, and the person’s smoking history is often mentioned up front. This serves to further stigmatize the disease. Success stories rarely get told”.

“My wife never smoked a day in her life, but she never got the benefit of the doubt.”

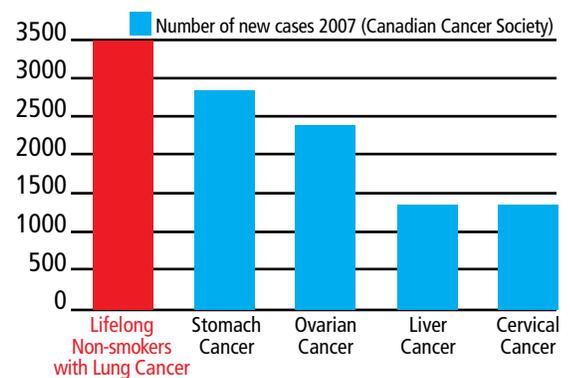
Most people automatically assume that lung cancer patients smoked, [Cont’d on page 4](#)



... that smoking is NOT the only cause of lung cancer?

- Environmental chemicals, such as asbestos, are known to cause lung cancer.
- About 15% of lung cancer patients have never smoked, meaning that 3,495 lifelong non-smokers will be diagnosed with lung cancer in Canada in 2007. This incidence is higher than many other cancers, such as stomach, ovarian, liver and cervical cancers.
- In 2006, about 300 Canadians will be diagnosed with lung cancer as a result of exposure to second-hand smoke.

Source: Canadian Cancer Society



Cont'd from page 3 despite the fact that about 15% of lung cancer patients never smoked. For these lifelong nonsmokers, the sense of injustice can be particularly strong.

Morty Sacks, President of Lung Cancer Canada, stated "My wife never smoked a day in her life, but she never got the benefit of the doubt. Instead of dealing with the disease, we found ourselves dealing with the issue of smoking. It became very draining".

The same stigma is felt by lung cancer patients who quit smoking before the diagnosis, a group that accounts for about 35% of new cases. They

receive the same messages of blame and are not offered the commendation they deserve for having overcome an addiction.

Research data and patients' stories show clearly that stigma is harmful. It can be detrimental to the well-being of patients and their loved ones. It discourages compassion.

Education is the key to changing the public's perception and reducing the stigma associated with lung cancer. Social attitudes, though, are resilient and reducing the stigma of lung cancer will take patience. In the meantime, Lung Cancer Canada is providing accurate facts

about the disease and providing a community for patients and their families to receive help without fear of blame or judgment. ■

¹ British Medical Journal 2004;328:1470 (19 June)



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HPV Vaccine and Cervical Cancer

Cont'd from page 1 common side effect is soreness at the site of injection. Other less common side effects include mild to moderate fever and itching at the injection site. The vaccine is not a treatment or cure for cervical cancer or genital warts.

Who Should Take the HPV Vaccine?

The HPV vaccine has been approved by Health Canada for girls and young women aged 9 to 26. The vaccine is most effective when given before sexual activity begins. The vaccine will not work as well for girls and women already infected with HPV, but the vaccine may still help because it is unlikely that they have been infected by all four HPV types included in the vaccine. The vaccine is available at doctor's offices, community clinics and sexual health clinics at a cost of about \$400 for all three doses and is not covered by provincial health insurance.

Availability of the vaccine varies. Beginning in the 2007 school year, Ontario has introduced HPV vaccine as part of the voluntary school-based immunization program for Grade 8 girls. In Alberta, Gardasil is not being offered in schools. The province has postponed any decision until the Canadian Immunization Committee, and a separate panel of provincial experts, complete their reviews of the drug. The vaccine is available at physician offices, and in Calgary it is available at the Downtown Family Planning Clinic.

If You Are Vaccinated, Do You Still Need a Pap Test?

Yes. The HPV vaccine does not replace the need for regular Pap tests because it does not protect against all forms of cancer-causing HPV infections, and it is not effective if a woman already has the type of virus the vaccine is designed to prevent. Pap tests are recommended for girls and women within 2 to 3 years of their first sexual activity.

Why the controversy?

The Gardasil clinical trials were conducted on girls and women between the ages of 16 and 26, not the younger age group now receiving the vaccine at schools. So, it is not known how well the vaccine will work in the younger girls. However, in other types of studies, girls aged 9 to 15 have shown a similar immune response to the vaccine as those in the 16 to 26 age group. This is why the vaccine has been approved for use in girls and women 9 to 26 years old. The latest studies show that the vaccine is effective for at least five years, though how long the protection will last remains unknown. Booster doses may be required, but are not recommended at this time.

Some critics have warned that the vaccine may create a false sense of security in women, leading them to ignore the need for safer sex practices and regular Pap tests for cervical cancer detection.

Parents have also raised concerns about serious side-effects. Although it is possible

that there are rare serious side effects, the vaccine appears to be very safe. In the clinical trials of over 21,000 females 16-26 years there were no serious side effects related to the vaccine.

Some people also fear that the vaccine might promote early sexual behaviour, but this concern is entirely unrelated to the safety and efficacy of the vaccine. ■

For more information talk to your doctor to decide if the HPV vaccine is right for you or your daughter.

For information on HPV, cervical cancer and Gardasil please see the Society of Obstetricians and Gynaecologists of Canada website www.hpvinfos.ca.

Residents of Ontario can obtain further information on immunization and the school-based free vaccination program at the Toronto Public Health website www.toronto.ca/health.

Information on cervical screening can be obtained from the provincial cancer agencies. In Ontario, please go to http://www.cancercare.on.ca/index_screeningCervicalFAQs.htm and in Alberta please go to <http://www.cancerboard.ab.ca/acscsp/women.html>

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Nutrition During Cancer Treatment

By Susan Haines

Feeling well, maintaining strength and recovering quickly – these goals can be hard to reach for people with cancer. Good nutrition is vital, but achieving this is easier said than done. Many people experience fatigue and weight loss from the illness.

Then treatments like surgery, radiation and chemotherapy have side effects that also affect the ability to eat, so it is no wonder that eating is a challenge.

Good nutrition can help you maintain your strength and help speed recovery.

Nutrition Goals

It is important to consume enough total calories to prevent weight loss. As well as consuming enough calories, adequate protein is needed to keep up strength and muscle mass. The chart below shows various protein sources.

Another very important goal is to keep well-hydrated. It is easy to let hours slip by without drinking when you are not feeling well. Aim for at least 1500 mL (6 cups) of fluid daily. This does not have to be just

water. Other fluids count, like soups, juices and milk. Drink small amounts regularly throughout the day to achieve this goal. Be aware that dehydration can develop more quickly in people suffering from fever, nausea and vomiting or diarrhea, because these conditions cause water loss.

Helpful Tips

If you have a sore mouth or throat, you can achieve good nutrition through liquids. Use low-acid drinks, like pear nectar, to replace harsher juices. Include good protein sources, like milkshakes, yogurt smoothies and cream soups with added skim milk powder.

For nausea, it is most important to stay hydrated, so drink small amounts of fluid often. Snack on plain, starchy foods, like crackers, toast and social tea cookies to settle your stomach. Cold foods may be better tolerated than hot items, because they have less aroma. (Food smells can trigger nausea.)

If you experience diarrhea, consume small portions of plainly prepared foods. A small portion of baked chicken, cooked carrots and rice is an example of a meal that is easy to digest. Since the lactose in regular milk is hard to digest, use lactose-free milk or soy beverage instead during this time. Also, avoid greasy, fried foods.

If you have a poor appetite, choose high calorie options so that portion sizes don't need to be big. For example, shred some cheese onto a salad, use a little extra oil in cooking, add whole milk rather than water when making canned cream soups, etc. Small snacks between meals, like a handful of trail mix or nuts can also add significant calories.

Good nutrition can help you maintain your strength and help speed recovery. If you are having difficulty eating and are losing weight, let your health care team know. They can provide you with more information and resources. ■



Susan Haines is a registered dietitian, specializing in oncology nutrition at Princess Margaret Hospital for the past 17 years. She covers the lung site, as well as the breast and esophagus sites, providing both individual and group counselling.

| Animal Protein | Dairy Protein | Vegetable Protein |
|-----------------|---------------|---|
| Beef | Milk | Legumes eg. black beans, chick peas, kidney beans, lentils, navy beans, etc. |
| Chicken, turkey | Cheese | |
| Eggs | Cream soup | |
| Fish | Custard | |
| Lamb | Pudding | Nuts, seeds, nut butters |
| Pork | Yogurt | Soy milk, tofu |

LIVING WITH CANCER

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