

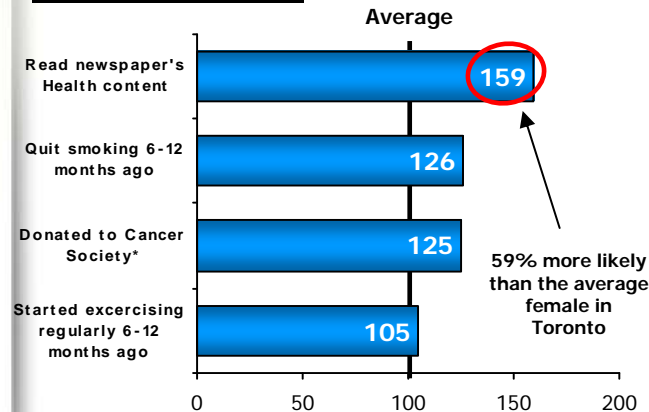
# Women & Cancer

Thurs., Sept. 24<sup>th</sup> 2009



Women & Cancer will explore the most common forms of cancer affecting women today—Breast, Lung, Ovarian, Skin, Colo-Rectal and Cervical Cancer—and contain information relevant to everyone touched by the disease. The section will examine several risk factors, stress the importance of regular screening and alert women to what they can do now to avoid dying from the disease later.

## Toronto Star female readers are health-conscious



## The Toronto Star reaches...

- **452,800** women 18+ daily in Toronto!
- **205,600** women 25-54
- **193,600** female university grads +
- **227,500** women with a household income of \$75,000 or more
- **377,800** women that read or look at the Health pages in the newspaper
- **349,000** women that feel that their overall good health depends on eating well\*
- **135,000** females that have donated to the Cancer Society\*

Source: NADbank 2008, read Star yesterday; Base: Toronto CMA, Women 18+  
 \*Source: PMB 2009 Spring (2-yr), read Star yesterday; Base: Toronto Women 18+

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**DOSSIER:** Essential info on the main types of cancer. Incidence, mortality, risk factors, treatments, research.

**WEEKEND:** The Weekend to End Breast Cancer, Sept. 12, 13, expanded this year to include all women's cancers. Following the suggestions of long-time participants, The Weekend To End Breast Cancer is expanding starting this year to support all women's cancers. Participants can choose to allocate their fundraising to breast cancer or gynaecological cancers. Since its inception in 2003, the Toronto event has raised \$92.4 million.

**LUNG:** The early lung cancer screening program at Princess Margaret Hospital is finding it hard to get people to participate study. They have 1,000 places in study for Toronto they can't fill. The Terry Fox Research Institute and the Canadian Partnership Against Cancer launched a massive national lung cancer study last September. A look at the benefits of early screening.

**REPORT:** The Women's Health Report Card will release its Cancer Chapter findings later this summer. Princess Margaret Hospital medical oncologist Dr. Monika Krzyzanowska is the author of the cancer chapter, which examines the quality of cancer care in Ontario along the entire spectrum of disease from screening through end of life care. It also assesses differences in quality and outcomes of care, and how age, income and community affect women and men differently.

**OVARIAN:** There is no screening for ovarian cancer; pap tests do not catch it. Family doctors can easily dismiss the symptoms of ovarian cancer, which can be confused with the normal bodily processes of women (bloating, etc.) Women with this form of cancer are often diagnosed after they go to hospital emergency rooms when it is diagnosed in its latter stages. Few women survive it. For doctors, it is a difficult thing to catch as it is rare for them to encounter this. This leaves women in the position of being advocates for their own health. Women's' ignorance of their own bodies and how the parts of their reproductive system relate can add to the problem. The aging of the baby-boom will increase the number of women who will get this form of cancer. It is often left to family members left behind to encourage women to "listen to the whispers" or pay attention to their bodies and what may be symptoms of the disease. Michael Peterson's wife is dying of ovarian cancer. He's joined the "listen to the whispers" campaign of Ovarian Cancer Canada.

**FINANCIAL:** Women diagnosed with cancer can face intense money woes. "Women, especially those in their 20s, 30s and 40s, diagnosed with cancers such as breast, colorectal and gynecologic cancers, often have no choice but to work throughout their cancer treatments. If they are single, they may choose to move back with their parents for financial support," says Denise Bilodeau, social worker, patient and family support program at Sunnybrook's Odette Cancer Centre. When you get cancer, you do not want to be worrying about money, too. Yet this is often what happens.

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**PATHOLOGISTS:** Problems with cancer test results in other provinces may be provoking anxiety in women in Ontario. Are women asking their doctors to check the results of tests? Do the issues that apply elsewhere?

Is there a need for national standards? Is there a shortage of pathologists here? Do they need for more training?

**SCREENING:** Changes in breast cancer screening program, age for? By offering testing for women of 50 and older, Ontario is more conservative than some jurisdictions. What do women need to do to make sure they are okay plus

**WAITING:** What does the term “wait times” mean? For most women, it measures the time between learning the news they have breast cancer and the start of their treatment. But the healthcare system defines it differently. When is it worth worrying about waiting times and when is it not? What can be done psychologically for women to ease the burden of wait times?

**HEREDITARY:** Natalie Witkin comes from a family in which the BRAC1 gene is rampant. As a 31-year-old newlywed, Witkin found out she had the gene. She didn’t do anything about it until 2000, when her family was complete. She then booked herself for a mastectomy and oophorectomy (removal of the ovaries). Two weeks before the surgery, she learned she had stage one breast cancer. She is now helping Willow Breast Cancer Support Canada for women who suffer from hereditary breast cancer.

**RESEARCH:** What are the new frontiers in research into breast cancer? Where are we now and what do we know so far? Epigenetics, in the interplay of environmental factors and DNA; predictive oncology, how to predict who will get it and who will not; nanotechnology, delivering treatment on a sub-cellular level.

**THYROID:** Thyroid cancer is a common cancer that affects young women who are in university, launching careers, buying houses, starting families. The incidence rates are four times higher in young women than young men (15 to 29 years). The incidence of thyroid cancer is increasing. It’s a very treatable cancer and the mortality rate is low.

**MOTHERS:** Cancer and moms. When cancer strikes the mother in a family, it affects the whole family, because of the role mothers play in the lives of so many and the far-reaching impact when they can no longer take on these roles.

\*Subject to change

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