



### INTERDISCIPLINARY RESEARCH COMMITTEE (IRC)

The purpose of the Interdisciplinary Research Committee is to enhance employee awareness of research and to promote a culture of inquiry, information-sharing and data-driven practice.

Membership in this Committee is comprised of individuals from multiple disciplines throughout the facility.

Research related presentations (eg. Clinical Luncheons or Brown Bag Lunches) are held at least six times a year. Speakers are procured from multiple sources, among those are researchers who have been granted research access to this facility for studies. Occasional poster presentations also may be viewed on the ground floor.

The IRC meets once monthly. Contact the Research Department if you have an interest in being a member of this committee.

### Mind Benders

AGE BEAUTY wants 9:47

TIME just UR / 208

Age before beauty want overtime  
Just in time you are overwhelmed

**"Try to learn something about everything and everything about something"**  
- Thomas Henry Huxley

### Thank You!

*A special thank you to Christine Shaw-Daigle from the members of the Interdisciplinary Research Committee for her dedicated assistance over the past several years.*

*Christine not only was the committee's co-chair, she was also the sub-group leader for small projects, organizing community presentations.*

*We wish her all the best.*

### Conference/Publication Corner

**Have you attended a conference? Have you published an article? Let us know and we may post it in the Conference/Publication Corner**

LOBCHUK, M.M., McClement, S.E., McPherson, C., & Cheang, M. (2008). "Does Blaming the Patient With Lung Cancer Affect the Helping Behavior of Primary Caregivers?", *Oncology Nursing Forum* - vol 35, no 4, 2008, 681-689

LOBCHUK, M.M., Abstract accepted for presentation at the Inaugural Canadian Respiratory Conference, "A Breath of Fresh Air", The Canadian Thoracic Society Canadian Respiratory Health Professionals, Canadian COPD Alliance and The Canadian Lung Association, Montreal, Quebec, June 19-21, 2008.



## RESEARCH LINK

A Quarterly Publication by the Interdisciplinary Research Committee



Vol #22 **Clinical Institute of Applied Research And Education (CIARE)** Sept. 2008



### Membership

- Dr. Wendy Fallis, Co-Chair, CIARE
- Cynthia Moorby, Co-Chair, Education Services
- Janice Wong, CIARE
- Erin Girouard, Foundation
- Janet Evans, Pharmacy
- Olsen Jarvis, Respiratory (CGH)
- Margaret Juan, Nursing
- Shauna Leeson, Mature Women's Centre
- Poh-Lin Lim, Clinical Nurse Specialist
- Dr. Michelle Lobchuk, University of Manitoba
- Lisa Demzcuk, Library
- Fozia Bokhari, Master of Nursing Student
- Bonnie Persowich, Oncology
- Lori Ranta-Rodrigues, Mental Health
- Andrea Rodrigue, Nutrition/Food Services
- Donna Romaniuk, Director, Medicine & Oncology
- Tracy Simcoe, Manager of Respiratory
- Lorena Thiessen, Surgery
- Wellam Yu Ko, Nursing



### ~ Upcoming Event From CIARE ~

**Clinical Luncheon, Wednesday, September 17th, 08 (1130 & 1230) - "Family Presence During Resuscitation: Family Members' Perspectives" presented by: Dr. Wendy Fallis (CIARE) & Dr. Susan McClement (CancerCare)**

## Breast Cancer and Environment

Submitted by: Fozia Bokhari, RN, BN

A number of diverse topics were presented at the 5th World Conference on Breast Cancer (WCBC), held in Winnipeg in early June of this year. Natural health products (NHP) after breast cancer and environmental effect on breast cancer will be discussed in this issue of the newsletter.

Breast cancer is a leading cause of illness and death among Canadian women. Health Canada estimates that 1 in 9.5 Canadian women will develop this cancer during their lifetimes and 1 in 26 women will die from it. Worldwide, the greatest incidence of breast cancer occurs in more industrialized countries such as Western Europe, the United States, and Canada. Accepted risk factors for breast cancer include age, family history (first degree relative with any form of breast cancer), mutations in the BRCA1 or BRCA2 genes, mammographically dense breast tissue, socio-economic status (income, education), race/ethnicity, and anthropometric factors (body shape and size). Premenopausal women have an increased risk for breast cancer with increasing height and a decreased risk with higher weight or body mass index (weight/height squared). Postmenopausal women have an increased risk of breast cancer with increasing height, weight, body mass index, waist-hip ratio, waist circumference, and weight gain.

There is some evidence that physical activity may reduce breast cancer risk, however the type and level of activity for maximum benefit is unclear. Also, recent research indicates that the use of hormone replacement therapy (HRT) and contraceptive drugs in post-menopausal women should be limited.

According to the Environmental panellists at the WCBC, environmental factors are an emerging risk factor for breast cancer, with one panellist stating that only about half of breast cancers can be explained by the more traditional risk factors (such as those listed above); the other half may be due to the environment and the timing of carcinogen exposure. Some of these environmental breast cancer risk factors are:

- use of growth promoters in animal husbandry, such as hormones in meat and milk (more of a concern in the United States than in Canada)
- pesticides
- contaminants in plastic polymers
- certain cosmetics and related products
- exposure to pharmaceuticals e.g., from contaminated water
- viruses
- etc.

While more research is clearly needed to fill the gaps in our understanding of the causes of breast cancer, especially the role that environmental risk factors play, increasing our awareness of these factors is also very important.

### - DEFINITIONS -

**Evaluation Research** - The use of scientific objective methods to judge the quality or value of a program, treatment, practice, policy, or other process.

**Ex Post Facto Research** - Nonexperimental research that takes place after the event or after variation in the independent variable has occurred

**Call for abstracts: If you or your department has something to share, please submit an abstract or an article for its publication in Research Link.**



## Breast Cancer Survivors and Natural Health Products

Submitted By: Wellam Yu Ko

Breast cancer survivors have a wide range of choices when using natural health products (NHPs). However, not all NHPs are proven to be safe or effective. Health Canada (2003) classifies NHPs as: traditional medicines, homeopathic medicines, vitamins and minerals, herbal medicines, probiotics, amino acids, plant isolates and essential fatty acids (such as Omega-3); which, may not be compatible with some breast cancer treatment programs some women receive.

Before commencing the use of a NHP, it is suggested that breast cancer survivors consider all of the implications that its use may involve. Some key issues to think about when using NHPs may include: Who is the source of information is (i.e.: friend, pharmacist, magazine, etc)? What are the benefits of taking the product (i.e.: reduction of symptoms)? What are the risks of taking it (i.e.: undesirable effects)? Is there evidence to support its use (i.e.: conduction of clinical trials)? Is the product licensed in Canada (i.e.: does it have a Natural Product Number or Drug Identification Number)? Does my physician know I am taking a NHP? How will the NPH interact with my cancer treatment?

Breast cancer survivors should remember that using NHPs, in addition to their current breast cancer treatment, does not necessarily mean that they will benefit from them. For example, ginseng, Gingko Biloba and green tea have the ability to thin the blood, potentially increasing the risk for bleeding when surgery is chosen to treat breast cancer. Another example of "natural" products involves the use of NHPs made with soy, black cohosh, red clover, and flaxseed; all of them considered as sources of phytoestrogens (i.e.: vegetable estrogens) which have not yet been proven to be safe for use in the hormone sensitive breast cancer patient.

Lastly, although the use NHPs is advertised as beneficial, many of such products have questionable or unproven effects in the breast cancer survivor. Therefore, breast cancer survivors should not hesitate consulting with the professionals in their health care teams about using NHPs before, during and after treatments.



### In the Library.....

**Breast cancer / edited by Suzanne M. Mahon.**

**Published: Pittsburgh, Pa. : Oncology Nursing Society, c2007.**

This book is part of the Oncology Nursing Society's Site-Specific Cancer Series and highlights the role of the nurse in caring for people along the breast cancer spectrum. Coverage of the disease covers the scope from prevention to treatment and beyond, including related areas such as breast restoration and psychosocial issues.

**Call Number WY 156 B827b 2007**

**Navigating breast cancer : a guide for the newly diagnosed / Lillie D. Shockney.**

**Published: Sudbury, Mass. : Jones and Bartlett Publishers, c2007.**

Written for breast cancer patients, this book provides expert guidance along the breast cancer journey. Key information on treatments options, decision-making, family relations, adjuvant treatment, targeted therapy, metastatic disease and survivorship is provided by the author, an oncology nurse and breast cancer survivor.

**Call Number WP 870 S559n 2007 Consumer Health**

