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LIFE & health

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SECTION D

MONDAYS: Learning • TUESDAYS: Life on the Run • WEDNESDAYS: Life at Home • THURSDAYS: Trends • FRIDAYS: Health



Earle McCormick is one of Ontario's first pancreas transplant patients.

RECORD STAFF

PANCREAS TRANSPLANTS

BY ANNE KELLY
RECORD STAFF

Eating a Krispy Kreme doughnut was high on Earle McCormick's to-do list after a pancreas transplant allowed him to forgo insulin injections.

But the Waterloo man was so used to avoiding sweets for 30 years as a Type I diabetic that the sugary treat didn't do much for him.

"That's the most decadent thing I've had," McCormick, a 49-year-old financial adviser with Scotia McLeod, said, laughing.

McCormick was no stranger to transplants, having received a kidney from his brother eight years ago. It put him among a small group of patients who have undergone "pancreas-after-kidney" transplants at Toronto General Hospital.

His pancreas transplant was Aug. 2, making him the fifth of eight people who underwent the procedure from August 2002 to the end of August 2003. Elsewhere in Canada, only hospitals in Montreal and Edmonton do pancreas alone or pancreas-after-kidney transplants.

The 10-hour procedure, in which doctors opened him from the bottom of his breast bone to his groin, has changed McCormick's life.

He doesn't consider himself a diabetic any more, a condition he compared to wearing handcuffs.

He doesn't need to eat at certain times or religiously watch his diet, inject insulin and monitor his blood sugar several times a day to stave off the dangerous highs and lows that made him what's known as a "brittle" diabetic.

"It's like coming out of a fog," he said. "I can focus better on things and not worry about ancillary things. Probably the biggest change is the freedom I now have in my life."

ONE-YEAR WAIT

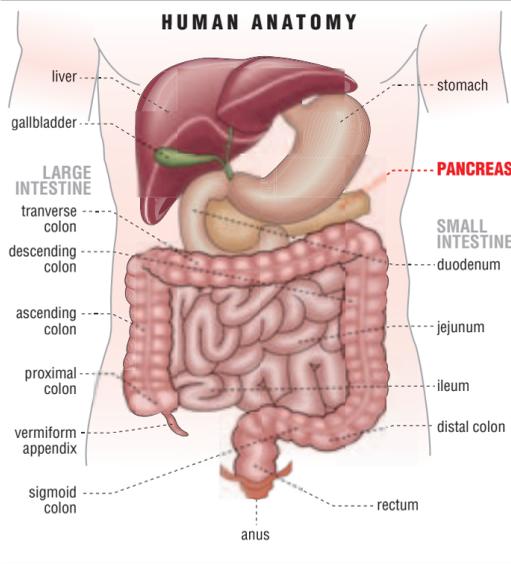
When McCormick was referred to Toronto General in May, he was told to expect a one-year wait for a pancreas.

Instead he got a call from the hospital Aug. 1. "They said your number's up and you've got a couple of hours to get to Toronto. I didn't have any time to worry about it. My wife did all the worrying for me."

They told him there was a three per cent chance of death during the first year, but that didn't deter McCormick.

Leaving diabetes behind

Pancreas transplant gives Waterloo man new lease on life



CAROLYN McLEOD, RECORD STAFF

"I had an indication of some of the risk, but I knew what the eventual payoff would be and that motivated me.

"To be able to get rid of something bad in your life for 30 years was too good of an opportunity to pass up."

Pancreas transplants have been performed for many years in the United States, but very few pancreas after kidney transplants have taken place outside of U.S. hospitals.

Toronto General spokesman Alex Radkewycz said they've had excellent results, with 95 per cent of patients alive after one year.

But, she cautioned, "it's not a cure."

Diabetes is fraught with long-term complications such as heart disease, kidney failure, visual impairment and circulation problems that can lead to amputation.

Any of those that occurred

before a pancreas transplant are not reversible, though the transplant will prevent further complications.

After his kidney transplant freed him from 18 months of dialysis, McCormick was eager to see what a new pancreas would do.

He already knew he could tolerate anti-rejection drugs, and he wanted a chance to get off the diabetes roller-coaster.

It started when he was 19. In the three months prior to his diagnosis, McCormick had gained 50 pounds. He had an unquenchable thirst and was retaining fluid.

TIRED ALL THE TIME

"I was tired and I couldn't get anything done. I was either drinking or going to the wash-room," he recalled.

His vision also became blurry.

With no family history of diabetes, he was a stranger to the disease. He started taking insulin and was hospitalized for a month.

Yet as careful as he was, he could never maintain an even keel.

"I went through a period of night seizures," he said, describing frightening lows in the middle of the night. "The ambulance had to come to the house about once a year."

Twelve years ago, he lost most of the sight in his left eye.

He was treated by specialists in London and locally by endocrinologist Dr. Ann Sirek.

"We tried everything, but it didn't work real well," McCormick said. He praised Sirek for keeping him alive long enough to have the transplant.

He's returned to working out at the gym and in January he'll go back to work.

He doesn't worry about rejecting the donated pancreas. He still has his own pancreas, which continues its other key role of producing enzymes to help digest food.

If he rejects the new pancreas, his diabetes will return.

"There's nothing I can do about it, but make sure I take my meds," McCormick said. "I'd be disappointed, but what the hell are you going to do about it?"

Meanwhile, "I can't say enough about the doctors at the hospital. They're perfectionists. They and the nurses are all focused on one thing. They really go out of their way to make sure things are going to work well."

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HEALTH CHECKS

HERBAL REMEDIES

Kingston team given \$8 million to test 'promising' compounds

A team of researchers at Queen's University who were in "the right place at the right time" has received \$8 million from a U.S. government health agency to test the effectiveness of herbal remedies on prostate and bladder disease.

The funding, considered unprecedented for a Canadian scientist, comes from the National Institutes of Health, which coordinates all U.S. government health-care research.

Kingston is one of 10 sites — and the only Canadian research centre — funded by the U.S. agency's new National Center for Complementary and Alternative Medicine to test three promising herbal compounds on an estimated 3,000 men and women over the next six years.

Dr. Curtis Nickel, a professor of urology at Queen's whose groundbreaking work on prostate and bladder disease is known around the world, said he's always wanted to study alternative and complementary treatments but Canada doesn't have the "funding base."

He attributed the fact that Kingston landed the National Institutes of Health grant to the

reputation of Queen's as a premier centre for bladder and prostate research and to the U.S. institute's new research direction. In 1998, the U.S. Congress ordered the National Institutes of Health to investigate herbal remedies using proven scientific methods.

The \$8 million will be used to carry out lab research and clinical trials in Kingston and four satellite centres in Toronto. Some \$4 million will be used to study the effectiveness of two promising herbal remedies — serenoa repens, or saw palmetto, and pygeum africanum — on men with benign prostatic enlargement. The disease affects more than 50 per cent of men as they age and about half of those require some form of traditional medication or surgery.

The remaining \$4 million will be used to assess the effectiveness and safety of the plant extract quercetin and other complementary therapies such as acupuncture, biofeedback and different types of physical therapy on patients with prostatitis and interstitial cystitis.

• Canadian Press

VITAMIN D

Study finds milk, fish sources protect against colon cancer

A diet rich in vitamin D appears to protect people from developing potentially cancerous growths in the colon, a study of more than 3,100 veterans found.

Patients who consumed the amount of vitamin D contained in daily servings of milk and fish were 40 per cent less likely to develop polyps than those who got little or no vitamin D.

The study also confirmed previous research that found that cereal fibre and regular use of pain relievers such as Aspirin and ibuprofen reduce the risk of advanced polyps and that smoking, heavy drinking and a family history of polyps raise the risk.

Diets high in calcium have been linked with a reduced colon cancer risk, and vitamin D is needed to help the body absorb calcium. But evidence about any protective effect from vitamin D alone is sparse, said Dr. David Lieberman, the lead author and a gastroenterologist

at the Portland, Ore., Veterans Affairs Medical Center.

The study appears in Wednesday's Journal of the American Medical Association.

It involved men ages 50 to 75 who underwent routine colon cancer screening exams called colonoscopies between 1994 and 1997. The exams, in which a long flexible tube is snaked through the rectum into the entire large intestine, can detect and remove abnormal growths.

The American Cancer Society recommends the tests every 10 years starting at age 50 to help detect colorectal cancer.

Study participants filled out detailed health questionnaires before their exams asking about diet, family medical history and lifestyle habits. Participants were not asked about exposure to sunlight, which interacts with chemicals in the skin to produce vitamin D and is a major source of the vitamin.

• Associated Press

SPORTS DRINKS

High-sugar fluids better than supplements for athletes

Forget the vitamins. The best supplement to help athletes' bodies recover from the stress of heavy-duty exercise is good old-fashioned sugar — found in sports drinks.

That's because the drinks, which are six per cent to eight per cent sugar, help restore much of the body's depleted supply of carbohydrates. Sports drinks supply forms of sugar, such as glucose and sucrose, that are quickly absorbed and in optimal concentrations. Fruit drinks contain fructose, which can lead to cramping or stomach upset.

David Neiman, a marathon runner and researcher at Appalachian State University in Boone, N.C., has devoted a

decade to studying the effects of sports drinks on athletes' immune systems.

Giving marathoners 1,000 to 1,500 milligrams of vitamin C every day for a week before a race had no effect on helping the stressed immune system in three studies he conducted. Nor did giving 800 units of vitamin E to triathletes every day for two months before their competition. Rather than counter immune system changes, the vitamin E showed signs of increasing the stress, he said.

The magic bullet, if one exists, is a litre of a sports drink for every hour of heavy exertion, Neiman said.

• Associated Press



PERSPECTIVES

Can you imagine going for a job interview with Jean Chrétien? John Milloy, the new Liberal MPP for Kitchener Centre, once did just that. He and other area residents share some of their first-hand impressions of the former premier minister.

LOOK FOR IT TOMORROW.



THE RECORD

WORDS TO LIVE BY.

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