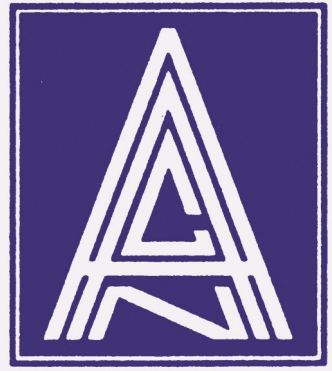


The

Connection



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pour les
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Conservative Management of Vestibular Schwannomas The Wait and Scan Approach

By: Dr. John Rutka

Over the past two decades there has been an increasing tendency in many parts of the world to monitor the growth of smaller vestibular schwannomas (especially in those older individuals) rather than immediately proceeding towards microsurgical removal or stereotactic radiation. The philosophy of this management option is based on the fact that most vestibular schwannomas (VS) are slow growing tumors (if they even grow at all), that MRI imaging without risk of radiation is readily available in most industrialized countries, that active treatment even in the best of hands is not without risk and that most Quality of Life (QOL) studies seem to squarely demonstrate that patients generally feel better if no active treatment is required.



From the numerous studies in the world literature where a conservative management strategy has been applied there seems to be unanimity that significant differences in growth rates exist between tumors solely within the internal auditory canal (IAC) compared to those extending into the cerebellopontine angle (CPA). Looking at VS's in all entered patients, tumors solely within the IAC tend to grow on average 0.5-1 mm/year in cross sectional diameter versus 1-2mm/year when the tumor reaches the CPA. Unfortunately, there are no present tests available that can accurately predict the biologic behavior of an individual's VS apart from sequential MRI imaging. Nevertheless, it would be very unlikely for a tumor to grow quickly (>1 cm/year). Occasionally, this happens however when there is a sudden bleed into the tumor or significant cystic degeneration occurs.

While treatment recommendations vary from center to center there is generally more insistence for active treatment (either stereotactic radiotherapy or

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Conservative Management of Vestibular Schwannomas The Wait and Scan Approach

microsurgical removal) when a tumor approaches the 2-cm mark within the CPA or when serial MRI scans continue to demonstrate steady but persistent growth. Much of this is based on trying to minimize injury to the facial nerve at surgery (the smaller the tumor the less likely will there be an injury to the facial nerve at surgery). If a “wait and scan” approach is undertaken, then sequential MRI scans are usually arranged every 6-12 months to check for tumor growth. Approximately 75% of patients with growing VS's declare themselves within a 5-year timeframe. It may be reasonable to presume that if a tumor does not grow significantly within 5 years then the follow-up scan interval may be increased to 2 to 3 years depending on the age of the individual and their overall health.

Results from a longitudinal 10-year study performed at the University Health Network in Toronto (average age at entry into the study was 58 years) that:

- The vast majority of tumors continued to grow slowly (92% < 2mm/yr.)
- A significant number regressed (grew smaller) in size (22%)
- The average growth rates of IAC tumors were 0 mm/yr. over 10 years (i.e. the presence of an intracanalicular VS seemed to have a rather indolent behavior in older individuals) and that 95% of patients in this age group with intracanalicular tumors did not require any active treatment.
- Overall 60% of studied patients did not require active treatment as their tumors did not grow significantly, remained stable or even regressed in size. Of the 40% that did grow requiring active treatment (either stereotactic radiation or microsurgical removal) there was no further harm compared to our historic controls where active treatment was performed.

With reference to the above it is felt that a trial of conservative management should be part of any dialogue in any patient with a tumor < 2cm in size within the CPA and especially in older individuals (arbitrarily defined as those > 40 years of age).

One specific downside in conservative management may be a lost window for hearing conservation (especially if there are positive predictive features available) as an individual's hearing may continue to deteriorate during the follow-up timeframe even if there is no growth. Many individuals, however, do not have what would be termed serviceable hearing at tumor discovery. To date both microsurgical removal or stereotactic radiation still cannot precisely guarantee hearing preservation or completely avoid the inherent risks with each active treatment option.

Entry into a conservative treatment protocol means that an individual with a VS will need to be followed on an ongoing basis. It is axiomatic that for any individual entered into a conservative management strategy they must be available for review and not lost to follow-up.

Conservative Management of Vestibular Schwannomas The Wait and Scan Approach

Unanswered questions still remain as to why some tumors after long periods of quiescence start to grow, why some tumors reach a certain size and then seemingly stop growing and why some even regress in size? Hopefully, further basic research looking at the tumor biology of VS's will be able to provide these answers in future. Until then one added advantage for those monitored conservatively is that by waiting other treatment options (whether they be new biological treatments, molecular therapies or refinements in existing microsurgical techniques/stereotactic radiation) may come available in future that may further minimize if not further prevent complications inherent in all active treatments.

Finally, in this era of health care constraints the adoption of a conservative management strategy for VS's within a publicly funded health care system such as Canada's has been identified to be cost effective allowing for savings to be re-directed into other needed areas of health care. Taking into account the cost required for sequential MRI scans and ongoing physician review it is estimated that within the Canadian Health Care system over 80% of patients would need to fail conservative management of their VS's for the total cost to exceed the up-front treatment costs if an initial active treatment strategy was directly applied.

Dr. Rutka MD FRCSC is a professor of Otolaryngology-Head and Neck Surgery at the University of Toronto and Staff Otologist/Neurotologist University Health Network who has been involved in the active management of patients with VS's over the past 3 decades with my neurosurgical and radiation colleagues. John has been recognized for his work and was awarded the Sir William Osler Clinician Scientist Award. Dr. Rutka is the chief fellowship mentor for the TWJ Foundation (UK) and the Peter and Melanie Munk Foundation (Canada) and is the co-director of the UHN Center for Advanced Hearing and Balance Testing and the UHN Multidisciplinary Neurotology Clinic.

"Do what you can, where you are, with what you have."

Theodore Roosevelt, 26th President of the United States.

If each of us followed these words of encouragement, think of the progress we'd make as individuals and the impact we'd make on the world for good. All that is asked of each one of us is contained in this timeless advice.

A Little Off Balance But Not Out of Step: Hiking in Norway

By: Nick Kucharew

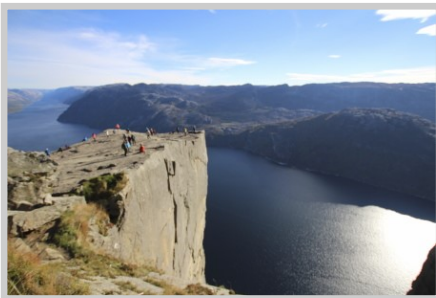
Over three years ago, I had AN surgery to remove a moderately large tumour. The surgery was very successful with complete removal of the growth and only some minor issues afterwards. Aside from hearing difficulties that I continue to struggle with, I also have issues with my balance. Sometimes my balance seems good, and other times I wonder why I just don't go lie down!

I keep persevering with my balance issues although it is somewhat scary at times. I bump into walls, miss steps, stumble, and fall the odd time, but I do keep on going. A year or so ago, I was up on the extension ladder and my wife said I started to suddenly sway backwards. She thought I was going to fall. It scared the dickens out of her, but I managed to grab the rung before anything happened. Scared me a bit too!

So about my trip to Norway...

My wife and I began planning a three-week trip. The first week was going to be spent driving from Oslo to Bergen. The next two weeks would be a cruise along the Norwegian coast - all the way to the top and back. Pretty nice, huh?

As we were figuring out our trip in more detail such as driving routes, accommodations, and sights along the way, we became really interested in going to Pulpit's Rock (Preikestolen). This is a very famous mountain location in Ryfylke that towers 604 meters over the Lysefjord. People come from all over the world just to see this place. It is a huge flat plateau, just over 2,000 feet above the fjords, and the only way to get there is to hike up the mountain. The view would be amazing.



So we began planning our own once in a lifetime visit. Early on, my wife asked me if I was okay to do something like this. I conveniently forgot about my balance issues and replied, "sure, why not?"

As our trip was planned for the off-season when there was the potential for cold and wet weather, we thought a guide was the only way to do this safely. We hired a hiking guide from a company in Norway that specialises in this kind of thing. It wasn't cheap, but we didn't want to go on our own. We knew this made the most sense since we were not familiar with the area or the terrain.

Getting closer to our departure date, I started to investigate Pulpit's Rock more and more. I watched videos, and tried to get a good feel for what I was getting into. When I saw the pictures

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and the videos, I started having second thoughts! What the heck was I thinking! It looked dangerous in many parts and I was really getting concerned about my balance. I only had to make one small misstep and I'd be in big trouble!

One section near the top appeared very narrow with a steep drop-off all the way down. And I couldn't see in the pictures and videos if there are any supports! My mind was racing as I tried to picture if I would be able to pass that spot. I was getting more and more worried and contemplated cancelling this dream of a hike. I worried about it for days. Eventually, after speaking with my wife, she agrees to cancel, even though we would lose the upfront payments.

However, it would hurt me to disappoint her. This was a dream for her too! So we decided that we would figure out some sort of solution!

After quite a bit of discussion, my wife and I arrived at a plan that we hoped would work. We outfitted ourselves with some hiking gear - backpacks, walking poles and hiking boots. We decided to train for our Norwegian hike by going on treks near our home. This allowed me to practice, practice, practice, and either find out if this dream was a possibility, or not.

With about six weeks before we were due to leave, there really wasn't a lot of time! But better late than never.

The first weekend we noted that the hike was not terribly difficult looking. As we continued to walk up hills and over rocks, I discovered my balance was actually BETTER than normal. What gives? Maybe the ground was so uneven and rocky that it was offsetting my imbalance? Who was I to argue?

Over the next six weeks, we hiked and hiked and hiked, as much as we could. We wanted to get used to the rougher terrain while carrying all the weight from our gear in our backpacks. We were bringing cameras, a tripod, wind jackets, extra clothes and water. We needed to be prepared. Our hikes were all okay. And we got a lot of exercise too!

Now on to Norway and Pulpit's Rock!

We left our hotel early in the morning, before 7 am, travelled by ferry and then drove to the base of our climb.

Here are pictures near the beginning to give you some idea of what we were climbing/hiking up. The climb to the top went well. The preparation and training was well worth the effort. After 3 or 4 hours, we reached the top.



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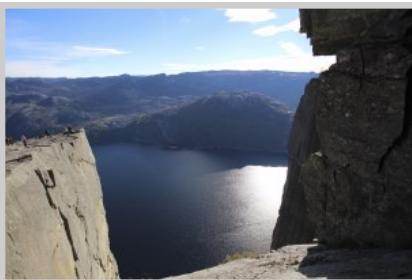
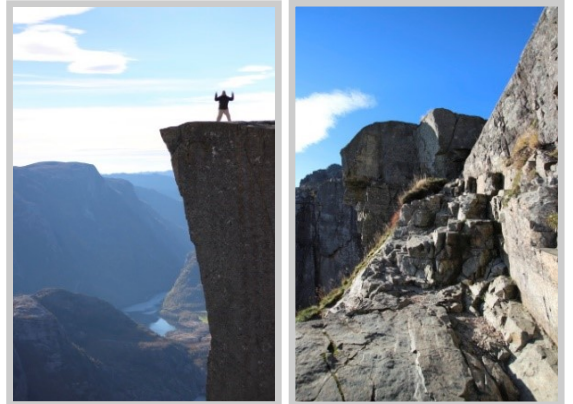


This is what we saw. Pretty nice.

After only a few minutes I decided I had to go close to the edge, lie down and look over, straight down to the water. Previous to the trip there was NO WAY I could even imagine being near the edge. I didn't think I would be able and I was nervous that a gust of wind would hit me, I'd lose my balance and get tossed over!

So here I am looking over the edge for about a minute and a half, while the guide took these pictures. My wife is just behind me. I think she was going to grab my legs, just in case.

I also climbed up here so I could get some more pictures. Like this one.



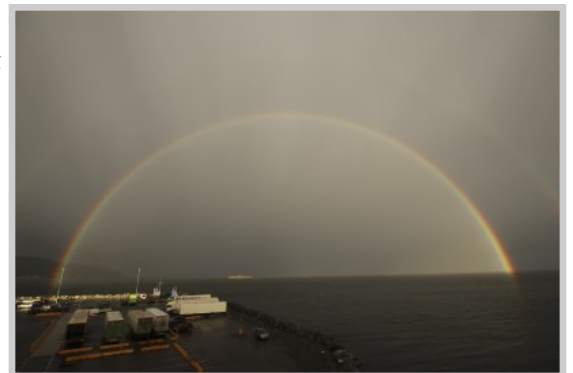
It took us another 3 or 4 hours to descend a back route that very few people know about. Fortunately our guide had hiked this area for many years and knew the trails that would work best for my needs. Hiring a guide was, in the end, one of our best decisions.

The entire trek took us almost 8 hours - to go up and back down. It was the most grueling hike we could have ever imagined. We were exhausted and very sore for a few days afterwards.

But it was worth it. Let me tell you. It was worth it!

I was also extremely happy that I worked up the courage to go to the edge. It was something I never thought I could do, but did with enthusiasm. That alone has given me a bit of a reputation with my wife as a "Wild Man."

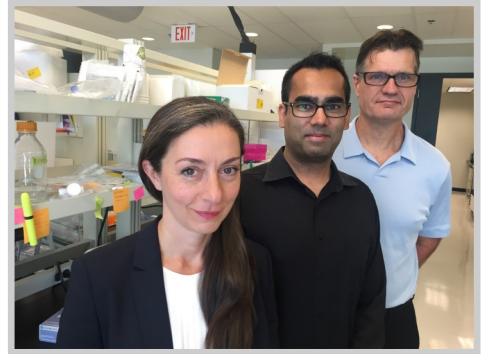
As a final send off to our adventure, here is a picture I shot at the end of the trip when our ship was in a harbour after a storm. Can you see the double rainbow? My wife said she saw a triple.



Identifying Novel Alterations That Are Therapeutically Targetable in Schwannoma

By: Dr. Sameer Agnihotri

Schwannomas are among the most common brain and spinal tumours in adults and arise from transformation of normal schwann cells, which are the cells that surround nerves and support vital nerve functions. One of the most common types of schwannomas are called vestibular or acoustic schwannomas and grow from the cranial nerve called the acoustic/vestibular nerve, which is essential for hearing. Although schwannomas are slow growing benign tumours, often they can cause debilitating effects on patients based on their location and size. Schwannomas cause significant neurological deficits because they compromise nerve function



and can compress the brain and other spinal cord structures. Although rare, these tumours can cause swelling of the brain or death depending on the location of the tumours.

Our group led by Dr. Gelareh Zadeh (far left), Dr. Sameer Agnihotri (center), and Dr. Ken Aldape (far right) in the picture above, performed the first integrative multi-platform molecular analysis of brain and spinal schwannomas. To date, the most commonly mutated gene implicated in schwannoma biology is called Neurofibromatosis type 2 or *NF2*.

The *NF2* gene codes for a protein called MERLIN, which is a tumour suppressor gene that stops cells from growing out of control. Loss of the MERLIN protein is the most common altered gene in schwannomas and also other central nervous system tumours including meningioma and ependymoma. However, our group hypothesized that additional mutations and other genes may be implicated in schwannoma biology, potentially providing leads to novel therapies for schwannoma patients.

It is becoming clear that not all patient tumours are identical. Each patient with schwannoma will respond differently to treatments and future therapies will have to be highly personalized. This is because of several molecular factors: 1. Not all mutations in the same gene behave similar. 2. Patients have more than one mutation that can cooperate to make the tumour grow. 3. Location of the tumour 4. Different molecular profiles will dictate response or resistance to therapy. Therefore, to truly understand the biology of schwannoma, we hypothesized that not all schwannomas have *NF2* mutations and that other mutations may play a role that have not been described before. To accomplish this study we performed several molecular profiling strategies on 125 patient samples. Collectively, molecular profiling allowed us to look at these tumours in an unbiased manner and using several sophisticated computational programs look for patterns that were common and also uncommon in these patients. Such a large-scale analysis has never been

Identifying Novel Alterations That Are Therapeutically Targetable in Schwannoma

done for schwannoma patients before.

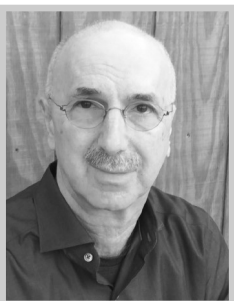
Our group identified several new mutations in genes that are associated with the development of schwannomas in addition to *NF2*. This work has identified new molecular alterations as drivers of schwannoma growth, that has not previously been known and the most exciting aspect of the study is that the results can change the course of treatment for some schwannomas. We identified several subsets of tumours with one subset in particular showing a novel gene fusion (abnormal joining of 2 genes together resulting in an abnormal protein). The 2 gene partners which are separated in normal cells, but in schwannoma tumours, show a rearrangement, where part of one gene is joined to another. Our molecular work was able to show that the fusion gene has cellular functions consistent with promoting tumour growth. Very preliminary work also shows that cells expressing this fusion are responsive and undergo cell death when treated with MEK inhibitors (a class of drugs that target MEK proteins which are elevated in a subset schwannoma patients). Since this fusion is unique to tumor cells, it represents an ideal candidate for therapeutic targeting using specific drug compounds and potential therapeutic antibodies. Personalized medicine for schwannoma and all tumours will allow us to better understanding a patient's tumour cell architecture improving diagnosis, prognosis and tailoring specific therapies for an individual.

Personalized medicine for schwannoma and all tumours will allow us to better understanding a patient's tumour cell architecture improving diagnosis, prognosis and tailoring specific therapies for an individual.

Dr. Agnihotri who was recently appointed as an assistant professor in the department of neurosurgery at Children's Hospital and the University of Pittsburgh will continue to build on NF2 research and Schwannoma. Dr Aldape is a molecular neuro-pathologist, Senior Scientist and Director of MacFeeters-Hamilton Neuro-oncology Program at Princess Margaret Cancer Centre, University of Toronto. Dr. Zadeh is a neurosurgeon at the Toronto Western Hospital and is a Scientist, at the MacFeeters-Hamilton Neuro-oncology Centre at Princess Margaret Cancer Centre, University of Toronto. Hopefully, a cure can be discovered soon.

Accepting Tinnitus

By: Jon Plasse



I started hearing the unwelcome swirling and ringing noises in different parts of my head in March 2015, three years after my 2012 acoustic neuroma surgery. My surgeon quickly diagnosed the noises as tinnitus. But identifying the condition did little to ease my concerns. I felt anxious most of the time, constantly monitoring the noises, hoping they would go away. The anxiety often spread into feelings of free-floating fear. I didn't know if I would be able to sleep. Brief times of relative calm quickly backslid into anxiety.

Accepting Tinnitus

What was I to do? I was told that I should learn to “accept” the tinnitus, but I felt I was provided very little guidance about how to do so. I was further told to avoid the “vicious cycle” of having my anxiety exacerbate the tinnitus. But, in fact, I was stuck in that very cycle.

I initially tried to address the tinnitus the same way I had responded to my acoustic neuroma diagnosis: find the procedure or drug that would remove it from my body. But there is no scientifically validated cure for this invisible condition.

Over time, I reached out to other tinnitus sufferers, professionals, and family members for help, and was successful in learning how to accept the noise. But finding that path to acceptance was a time-consuming struggle, a trial and error process with no short cuts. Here’s what I did:

1. Eliminate the Possibility of Sinister Causes

At the outset, I needed to know exactly what was going on with my body. Was the noise a symptom of another tumor, requiring (please no!) another trip to the operating room? Or, more likely, was it prompted by hearing loss or the acoustic neuroma surgery? At this point, I was operating more on fear than reason, and it was important to eliminate dangerous or sinister causes for the sounds. So, I had an MRI done, which thankfully showed no tumor growth. The noises, themselves, were medically harmless.

2. Address Immediate Sleep and Anxiety Concerns

Unfortunately, having the MRI results did little to help me overcome my fears of anxious days and sleepless nights. A good night’s sleep was particularly important, both physically and emotionally, to help me live with the tinnitus.

I was fortunate to have already consulted with a caring and very knowledgeable psychiatrist. We carefully considered various medications, paying special attention to their potential side effects. We selected Lunesta which effectively enabled me to sleep through the worst months of the tinnitus, and Remeron, an anti-anxiety drug.

3. Participate in Longer Term Treatment: Mindfulness Classes

It was serendipitous that I was completing an eight-week mindfulness based stress reduction (“mindfulness” or “MBSR”) program just as my tinnitus struck.

Briefly, mindfulness uses meditation, yoga and cognitive inquiry as a way to relate skillfully to stress. It prompts you to observe yourself in an accepting, caring, non-judgmental way; you learn to accept, rather than fight, feelings of stress. You also focus on separating facts (for example, “at this moment, I am hearing these loud, unpleasant ringing noises in my head”) from thoughts (“I can’t stand this noise, and I think it’s going to last forever!”).

Accepting Tinnitus

Specifically, I meditated every day for 20 minutes, generally focusing on my breathing - inhaling and exhaling. For a while, the tinnitus made that very difficult since the noises were very distracting. But I persisted, and at the suggestion of my MBSR teacher, would at times focus on the tinnitus itself while mediating. Listening to those noises, beginning to accept them for what they were, rather than what I feared they were, was very helpful to me. The meditation practice started to calm me.

4. Consult with Professionals

I followed up and met with my doctors. I also continued visiting my psychotherapist.

After conducting a hearing test, it was recommended that I use a hearing aid, and importantly, suggested that it include a “Zen” audio component (manufactured by Widex). This enabled me to activate the playing of random chime-like atonal tones in the hearing aid.

I used the Zen program when I felt the tinnitus was particularly daunting. In many, though not all, of those situations, listening to those random sounds relaxed me and reduced my anxiety.

During my meetings with psychologist, we would discuss mindfulness as well as the “habituation” press whereby the brain learns to tune out the noises. We would also identify signs of progress, and address the ups and downs of my recovery process.

It was important to express my very upsetting feelings and thoughts about the tinnitus. In that way, my psychotherapy, like MBSR, helped me accept those feelings and appreciate their transitory nature. Often, when I felt overwhelmed, Dr. Stone was there to tell me I was “doing really well.” It took a while to understand that she was being accurate as well as supportive: tinnitus often feels overpowering, and sometimes when I felt I was struggling in the dark, I was actually making significant progress in accepting the noises.

5. Engage with My Family

My wife Bea was there, in the middle of the day or night, to listen to my latest fears, and help steer me in the right direction. Also, in July, 2015, I travelled with my wife, my two adult children, and their respective partners, for a week vacation by the shore. This was my first post-tinnitus trip, and I started it apprehensively, still weighed down with the noises.

But all the enjoyable time we spent together, the bicycle trips, beach walks, and dining at home or in restaurants, strengthened me. There were solid blocks of time when the tinnitus was merely a distraction, and sometimes barely noticeable at all.

And when I returned a week later, I felt for the first time that all my efforts to address the tinnitus were beginning to succeed- it felt possible to accept and live with the noises in my head.

Accepting Tinnitus

Living with the Noise

I write this note in January 2016, ten months after I first experienced the tinnitus. The noises are, of course, still there and continue to periodically burden me. Some days they are distracting, and occasionally, quite disturbing. But increasingly the noises in my head feel integrated into my perceptions, feelings and thoughts. I continue my meditation and psychotherapy. Gradually, I am succeeding in accepting the tinnitus.

I appreciate that everyone experiences tinnitus in their own unique way. But, I hope the following observations, based on my own personal experiences, will be of help.

- Don't be surprised if you are initially told to "accept" the tinnitus without being told how to do that;
- Reach out to others who have suffered or specialize in addressing tinnitus. Cast a wide net in looking for help, and if certain approaches or contacts don't work, try others;
- Learning to accept tinnitus may very well be a time-consuming struggle. And given the emotional difficulty of that struggle, you may in fact be making significant progress without recognizing it; and
- You may not appreciate it (I didn't initially), but the reality is that others confronted with tinnitus have found ways to successfully integrate it into their lives.

The Mindful Way to Navigating Life's Challenges

By: Elaine Smookler, RP



Winter is coming. I'm used to the seasonal slush, but now that I am losing my eyesight to RP (Retinitis Pigmentosa), icy streets might mean broken bones and embarrassment as I venture out, often unable to see what lies even one step ahead. Sometimes it's terrifying, but noticing my catastrophic thinking reminds me to invoke my mindfulness practice: take a breath, acknowledge what I am feeling right now whether it's pleasant or unpleasant and, when I can, gently and carefully step into the unknown.

Life is an uncertain game for us all. When you are navigating it with a disability, it can be easy to personalize how hard things are for you. If I have my cane out, and people don't move out of my way, I observe how quickly judgement and hostility rise in me. "What's wrong with people! Don't they see I can't see! Grrr." Mindfulness Based Cognitive Therapy (MBCT) rests on the principle that thoughts are not facts. If I think that you saw me with my cane and didn't move out of my way, that thought, left unchecked, could affect my mood, behaviour and general well-being.

The Mindful Way to Navigating Life's Challenges

Through mindfulness training we learn to anchor our skittish attention in the present moment, a far calmer environment than attending to ruminations about the past and nervous gnawings about the future. From this place of greater stability, I have been able to accept that even with my white cane in full view, people might be very caught up in their own thoughts and NOT see me, and it's nothing personal. I may still experience irritation, but I can feel it and then let it go, instead of letting it take me down the rabbit hole of overarching unhappiness.

As a psychotherapist and faculty member at the not-for-profit *Centre for Mindfulness Studies* in Toronto www.mindfulnessstudies.com, I am one of over twenty-five clinicians who offer therapies to people of all ages and backgrounds dealing with life's physical and mental difficulties. Our eight-week mindfulness-based courses including MBCT (Mindfulness Based Cognitive Therapy), MBSR (Mindfulness Based Stress Reduction), Mindful Parenting, Mindful Self-Compassion and training for health and education professionals. Mindfulness programs draw evidence from psychiatry, medicine and neuroscience and offer new ways to relate to challenges you are facing, issues negative thinking, stress management, and ways to bring pleasure, mastery, and nourishment into daily life.

In the graduated programs, the training begins with awakening the senses as we notice the difference between being present vs living life in a tuned-out state of autopilot. Being able to stay in the here and now and gently investigate what shows up can offer many surprises, helping uncover new awareness, leading to alternative approaches and potentially different outcomes. Mindfulness offers ways of being with all of life's challenges – which could go from hearing disorders to brain tumours.

For me, when I start to worry about how losing my eyesight might curtail my future freedoms, these "What if's ..." can stir up lots of difficult emotions. And if I'm also hungry, tired, or struggling in the same ways all humans struggle, these thoughts and emotions could easily become chaotic or threatening.

I became interested in mindfulness because the focus was about learning how to be resilient with what we could not change. In the twenty years that I have been practicing it I have increasingly learned to relax and to be curious about my reactivity when I have no control over obstacles like icy streets. I still bump into things and sometimes I even stumble. However, thanks, I think, to my mindfulness practice, I have let go of the idea that life is supposed to unfold in any particular way. My life is whatever is happening now, whether I like it or not.

Sometimes, with awareness, I can handle my degrading eyesight as an adventure. I may no longer drive a car or ride a bicycle, but knowing and staying close to how I am feeling and what I am experiencing has helped me as a writer, as a speaker, as a teacher, as a person.

The Mindful Way to Navigating Life's Challenges

The Centre for Mindfulness Studies www.mindfulnessstudies.com is a not-for-profit charitable organization of health care and educational professionals, offering the development, delivery, training and research of mindfulness based therapies.

Elaine Smookler is on faculty at the [Centre for Mindfulness Studies](#). She is a facilitator of The Mindfulness Project at Sickkids Hospital and is the Relationship Columnist for Mindful Magazine. Elaine is a Registered Psychotherapist (RP), teacher, writer and performer based in Toronto.

"It does not matter how slowly you go as long as you do not stop."

Confucius, teacher and politician whose wise words apply throughout the centuries.

This quote challenges and encourages us. We don't have to go at break-neck speed to achieve a goal—but neither can we stop or we risk losing the momentum we need to make it to the finish line.

November Meeting of Kitchener-Waterloo Chapter



Eleven members of the **Kitchener-Waterloo Chapter** met on Saturday, November 5, 2016. We spent time sharing our AN stories and encouraging each other. We enjoyed a delicious pot-luck lunch together and the weather was nice enough to have our picture taken on the back deck at Helen & Tom's. We plan to meet again in the spring, on Saturday, April 29, 2017.

The Acoustic Neuroma Association of Canada is working to develop support groups in each province across Canada to ensure people affected by Acoustic Neuroma receive the support they need. Volunteers are currently needed in British Columbia, Quebec and all East Coast Provinces. If you are interested in helping establish a new group in an under serviced area, please contact Carole Humphries at the National Office for an information package and support.

director@anac.ca

1-800-561-2622



Upcoming Chapter Meetings Planned

KITCHENER—WATERLOO CHAPTER

Date: Saturday April 29, 2017—10am—12 noon followed by a potluck lunch

Location: Home of Tom & Helene Horlings
#30—50 Bryan Court
Kitchener, ON N2A 4N4

For more info: Linda Darkes
(519) 696-3445 / pdarkesc659@rogers.com
Helen Horlings
(519) 954-5581 / healto@rogers.com

BRITISH COLUMBIA: COURTENAY/NANAIMO CHAPTER

Date: Date to be determined—Spring 2017

For more info: Evalyn Hrybko
(250) 282-3269 / hrybo@saywardvalley.net

TORONTO CHAPTER

The upcoming meetings are:

Dates: Tuesday, January 31, 2017
Tuesday, March 28, 2017

Location: Canadian Hearing Society
271 Spadina Road, Toronto, ON (Parking in the rear)

For more info: Lynda Nash
(416) 282-0036 / lynda_lu123@sympatico.ca
Kathryn Harrod
(905) 891-1624 / tim.harrod@sympatico.ca

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Nicholas Kucharew	Director
Rebecca Raghubeer	Director
Staff	
Carole Humphries	Executive Director