VISION
COPING WITH CANCER
VISION, DECEMBER 2014/JANUARY 2015

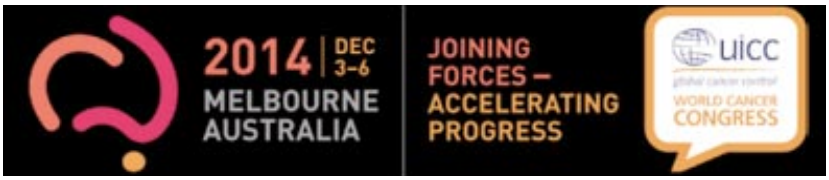
Thousands crusade against breast cancer

Over 21 500 South Africans flooded Mark's Park as they joined the fight against breast cancer on 26 October. Walkers were participating in the 9th annual Avon Justine iThemba Walkathon breast cancer event.

People from all walks of life participated, indicating that the message of early detection saves lives is reaching more and more people each year.

One of the key highlights of the event was iThemba ambassador, Pabi Moloi, sharing a new #CheckYourself song and dance with the participants. Participants joined in the fun as they danced to the song by Paula Abdul. #CheckYourself is a new campaign launched by Avon globally to educate women about breast health.

World Cancer Congress reportback



Cancer control professionals from around the world including scientists, physicians and patient advocates met in Melbourne, Australia for the 2014 Union for International Cancer Control (UICC) World Cancer Congress. PLWC was represented by DR Lynn Edwards and Linda Greeff who presented the Photovoice project in three sessions at this conference .

Around 2,700 participants from 115 countries attended the World Cancer Congress in Melbourne at the beginning of December. Some 120 sessions presented by 350 speakers, and over 600 abstracts were presented in three interactive formats: Rapid Fire, Abstract orals and E-poster pods.

The Masterclass on Peer Support - the members of which are pictured below was attended by Linda Greeff.

More news of the Congress discussions appear on page 2.

World Cancer Congress

This international forum serves as an opportunity to network and to build capacity to share again with the cancer community in South Africa.

The Masterclass in Peer Support which Linda Greeff attended was lead by four Australian practitioners from cancer NGO 's and universities and produced the following take home messages:

- The workshop reiterated the importance of providing newly diagnosed patients with the opportunity to have peer-to-peer support as part of the support package that is provided when journeying with cancer.
- This type of support builds hope and enables patients to cope better as they have direct access to the lived experience of a person that has come through the treatment already.
- Australia is very research minded and many research projects' results were presented to assist in reviewing the added value that this type of support provides.
- The effective management of this type of support programme was also discussed in depth with many best practice sharing sessions.

Learning points :

- The importance of training of volunteers
- Follow up training annually is important
- Providing proper support to the survivors who provide the support
- Supervision and mentoring of volunteers to prevent burnout
- Measuring consumer satisfaction with services being delivered is a core issues to ensure quality is maintained – models of possible research methodology were provided.

African regional meeting

The African regional meeting was attended by at least 30 participants from Africa including Prof Melvin Freeman from the National Department of Health in SA. The discussion was led by AORTIC and the following issues were addressed:

- Issues of cancer control.
- Importance of sharing best practice highlighted.
- Senegal , Morocco, Nigeria, Uganda and Ghana are doing great work to address cancer care in their countries.
- Training of scarce skilled staff highlighted.
- Developing cancer registries and cancer plans is a core issue for all African states. Cancer plans and quality care start with basics. A cancer plan without a budget means nothing.
- Situational analysis needed for rural and urban areas.
- Decentralisation of services is a core issue.
- Training of healthcare staff is an urgent issue in Africa and a business opportunity.
- Political will is needed and the politicians need facts.
- Role players need to be mobilised.
- Essential medicines issues in Africa need to be treated as most urgent.

SEASON'S GREETINGS

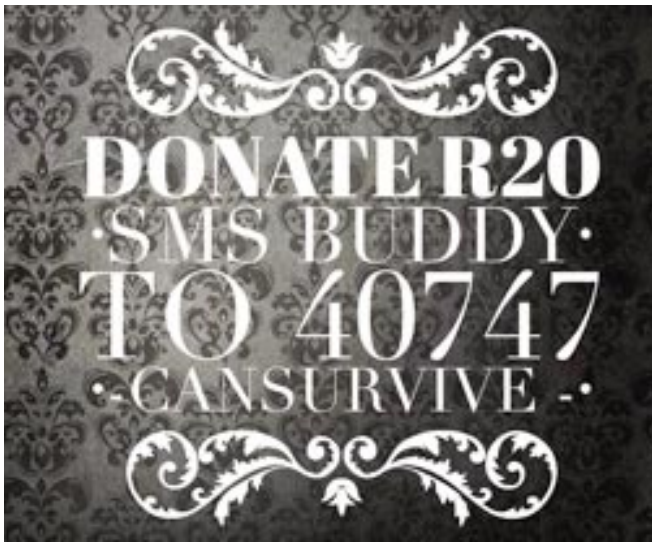
VISION and the CanSurvive Cancer Support Groups would like to say a heartfelt "Thank you" to all the people who have helped to make our groups so successful. We wish you all well over the festive season and hope that 2015 will be even more successful.

To the medical personnel who have spoken to our Groups or allowed us to print their articles in our e-newsletter - thank you for sharing your knowledge and helping us to find our way along the cancer road.

To the entertainers who have given us joy at our events - thank you for those lighter moments.

To all cancer patients, survivors and their caregivers we send our blessings and wish you a safe, healthy and joyous holiday.

HELP CANSURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS

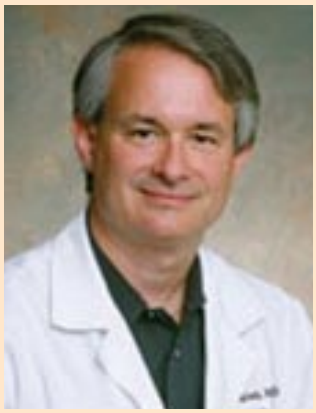


The global physician

Dr. Salwitz is a Clinical Professor at Robert Wood Johnson Medical School.

He lectures frequently in the community on topics related to Hospice and Palliative Care and has received numerous honours and awards, including the Physicians Leadership Award in Palliative Care.

His blog, Sunrise Rounds, can be found at http://sunriserounds.com



Once-upon-a-time, in a medical school far, far away, I was taught that my sacred oath was to the patient. The one patient; not the patient down the hall, in the next town, or in a country halfway around the world. I would commit my heart, soul, sweat and blood to the suffering and healing of the person directly, immediately in my care. This was a noble calling taught by wise and noble teachers. It was wrong.

This model of medicine demanded that I be an absolute biased advocate and was to ignore all other considerations and consequence. Each patient was to know that when we sat together I was not thinking about dollars, resources, limitations of a mythical "health-care-system," the effect on other patients, nor any ethical caveat. In their worst hours, in the middle of fear, pain and the threat of infinite loss, I would be there for them. I was their unconditional champion.

In a limitless attempt to heal, I swore to fight not only disease and fear, but society itself. No beds in the hospital? Sneak through the clinic. No data? Make it up… extrapolate from other disease. Side effects be damned. And cost? Expense? Limitations of insurance or personal fortune? Scream from the mountaintops and demand that someone else, anyone else, find the resources to pay for the care of my patient and ignore those patients who were somewhere else, maybe even in the exam room next door.

Like every doctor in my generation, I denied that there was more than one patient; as if the health of my patient could be seen completely in isolation. The result was a disaster of healthcare disregulation and malcoordination. Not only did the choices for my patient become scarce, many more patients suffered as I consumed precious resources in an imbalanced crusade to treat the one.

Health research has progressed slowly because it is poorly coordinated. One third of families go bankrupt paying medical bills. Tens of millions die from inadequate or non-existent care. 600 billion dollars a year are wasted in the USA alone. The chaos produces quality variation, which makes a mockery of the word "system." If it were written as a play, it would be panned as horrendous farce.

Slowly, doctors have come to understand that in order to take care of the one patient, they must take care of the many. Resources are precious and are best used in a coordinated fashion. Quality medicine cannot be practiced for the one as an island surrounded in a hostile sea; we must understand that the one touches many.

We cure cancer by coordinating discovery and treatment. Fight obesity, diabetes and heart disease by improving the nutrition of all. Save thousands by national anti-tobacco campaigns. Limit traumatic injury by focusing on auto, home and work place safety. Stop Ebola from infesting my hometown, not by waiting for Africa to collapse, but by aggressively attacking the virus at its source.

When I was a medical student, my gestalt of the "patient" extended no further then the sheets of a single bed. Now I understand that the patient is connected to the entire world, and I cannot help them, cannot save them, unless I appreciate that my role, the role of the doctor, must be international. Therefore, I now wonder if physicians are called to address the greatest health threat in the history of man.

Far beyond any cancer, war or plague, the coming health disaster promises disease and death at a scale never seen. Perhaps, given failing world leadership, it is the role of physicians, as caregivers, as scientists, as those ultimately responsible for the treatment of human suffering, to address global warming.

Every scientific model shows that the fire which mankind has lit and pours carbon into the atmosphere at a rate unmatched in the history of the earth, will result in continued rapid rise of global temperatures. Even the most optimistic prediction shows sea levels rising by inches within decades and some predict a metre or two elevation by 2100. The surface of the planet is going to rapidly change.

Global warming will cause massive human illness and disease. The World Health Organization already estimates a minimum of 150,000 deaths each year from climate change and this number is expected to rise rapidly, perhaps logarithmically. In Moscow this year, 10,000 people died from heat exposure, while New Delhi, where is air conditioning scarce, frequently reached 120 degrees. 2014 will be the hottest year ever recorded. Infectious illness will spread, malnutrition will increase, chronic lung disease skyrocket and lethal skin cancers will reach epidemic proportions.

While these basic results of global warming represent a catastrophe, this may be only the beginning. As governments have wasted time pounding their chests and making believe that planetary transformation is a nationalistic concern, we have lost precious decades, which might have been used to prevent devastation. If not arrested soon, the transformation of the habitable parts of the planet will wipe out through flood, storm, starvation and disease most human life. What part of mankind is not exterminated will be obliterated by war as the remnants of man and womankind claw to find safety on isolated habitable soil.

In the decades to come will the doctors at each bedside wonder how we allowed such horrendous, preventative, healthcare neglect to happen? Without support and direction, we cannot depend on the autocrats, plutocrats, technocrats and even democratically elected leadership to seize the day.

Physicians must again expand the vision of their role. While we work to fight conventional disease, we must understand that if we cure cancer, heart disease, dementia and all infections tomorrow, we will fail to save a single soul. Even if we stop ageing and extend the life span to 200 years, there will be nothing left. The species itself is threatened; most, if not all, persons may perish. As healers, we are called upon to prevent suffering at a scale never before dreamed.

Once-upon-a-time, in a medical school far far away, I was taught that my sacred oath and calling was to the patient. The one patient. That has not changed. What I see now, what all doctors must understand, is that the individual patient, that one patient, that precious, irreplaceable patient, is mankind.

New Nelspruit Cancer Buddies Group

Cancer Buddies are happy to announce that their new Nelspruit Group is now available to help patients in that area.

Winnie Stiglingh the oncology social worker working in the oncology practice of Dr H Neethlingh approached Cancer Buddies to facilitate training for the buddies and Linda Greeff was delighted to oblige and did this training during November.

What a wonderful inspired group of cancer survivors they are and we look forward to building this group up over time. They are now ready to support patients who have been diagnosed with cancer in their town and hope to organise a support group in the Nelspuit area in the new year.

One of the new buddies, Sadrie Bezant, is from Lydenburg and will start offering some support services in that area.

Please contact the cancer buddy toll free line 0800 033 337 if you need support or visit our website (www.cancerbuddies.org.za) and we will allocate a buddy with a similar diagnosis and age to you to support you!!

If you live in this area and want to get involved please email Winnie Stiglingh who is the coordinator of this special group (counsel@hnoncology.co.za).

LET'S TALK ABOUT CANCER!

Join us at a CanSurvive Cancer Support Group meeting

- have a cup of tea/coffee, a chat with other patients and survivors and listen to an interesting and informative talk.

Upcoming meetings: starting at 09:00 at

PARKTOWN - 10 January, Hazeldene Hall (opp. Netcare Park Lane Hospital)

MIDRAND - 24 January - in the Boardroom (follow the signs) at Netcare Waterfall City Hospital

Enquiries:

Bernice 083 444 5182 or bernicelass@gmail.com

Chris 083 640 4949 or cansurvive@icon.co.za

www.cansurvive.co.za

The Groups are run in association with the Johannesburg Branch of Cancer Buddies and is hosted by Netcare. The Group is open to any survivor, patient or caregiver. No charge is made.

NETCARE You're in safe hands

Do you know?

Your rights as a patient

The Patients' Rights Charter of South Africa is a charter of the National Department of Health that promotes and protects your rights as a patient in the health care sector. The charter has been around since1999 and tells you what your rights and responsibilities are as a patient when you go for treatment and medication at health facilities. The Patients' Rights Charter reminds us to be respectful towards one another and to nurses, doctors and patients at hospitals and clinics.

All people have the right to good health and quality healthcare. This includes:

- Living in a healthy and safe environment.
- Having access to quality healthcare that you can afford.
- Choosing the healthcare services you prefer to use.
- Receiving appropriate treatment from a qualified healthcare professional.
- Knowing that your personal information is treated confidentially and kept private.
- Being fully informed about any illness, diagnostic procedures, proposed treatments and the related costs.
- Choosing to accept or refuse treatment.
- Obtaining a second opinion, where appropriate.
- Receiving ongoing care from your chosen healthcare provider.

You also have the right to complain about healthcare services that either violate your rights to good health or breach ethical standards, to have your complaint investigated and to receive a full response thereafter.

A leaflet detailing patients' rights is available from http://www.cansurvive.co.za/downloads/Patients_Rights.pdf

Can-Sir gets a Christmas present

Ismail-Ian Fife is seen receiving a cheque for R3600 from Old Mutual for as a Christmas gift to Can-Sir - the voice of men with Cancer.

A thoroughly enjoyable morning was had as Old Mutual staff and volunteers showed their Christmas spirit by welcoming Can-Sir and sharing their concerns for men with cancer

REFLECTIONS

Primum Non Nocere

"I want the surgery today!" She started to cry. "I'm ninety-four years old. I'll accept any risk. Just take this thing out!"

She looked back and forth between the anaesthesiologist and me. Her golf-ball sized tongue cancer had been growing over the past six months. It wasn't changing from day-to-day, but it had increased over the course of the three weeks since we first met. A misunderstanding about stopping medications before surgery had led her to discontinue both her aspirin (a good idea) and her blood pressure pills (not a good idea). She was lying on the cart that was supposed to roll her into the operating room decked out in a hospital gown, paper hat, and booties. Her family was with her, trying to comfort her but also looking frustrated and worried. Her IV was in place. Everything was ready. Her blood pressure, though, was sky high.

"I'm sorry, but it's not safe to put you to sleep when your pressure is so elevated," the anaesthesiologist explained. "You are at risk for a stroke or heart attack. If you restart your pills, your blood pressure will probably be back in the normal range in a week or two."

"Oh, no! Oh, Doctor, I can't live with this another two weeks!" She buried her face in her hands and wept.

There were a lot of issues at play. First and foremost, safety is always our top concern. No matter how insistent she was, there was no way that we should put her to sleep.

I considered whether I might be able to remove it with a local anaesthetic. Unfortunately, the cancer was relatively large and it might be difficult to completely anaesthetise. Given its size, I preferred having her asleep with an endotracheal tube in place to prevent blood or secretions from being accidentally inhaled into her lungs. If the case turned out to be more complex than I could anticipate before we started, we might face some very difficult choices.

Finally, there are always increased risks unique to the elderly. Solid data demonstrate higher rates of postoperative death and complications when older people undergo surgery.

On the other hand, I remembered an elderly, much more frail woman who had seen me for a small, painful tongue mass. Seeing no other options, she had allowed me to remove the cancer under local anaesthesia. Happily, the procedure and recovery had been smooth. During my training, older surgeons shared stories of procedures they had performed under local anaesthesia for which we now routinely put people to sleep; for example, one of my mentors performed all tonsillectomies on adults under local. To me, it seemed scary and unfamiliar, but it was possible.

I also recalled a personal decision. One day near the end of my residency training, my father called me. "What should we do? The doctor says your grandmother needs surgery."

My 91-year-old bedridden grandmother was living out her last days in a nursing home not far from where she had spent her entire life. She had severe dementia and recognised no one any more. Over the course of a few months, one of her feet lost all blood circulation. She was in no pain and was completely unaware that part of her leg was dead. One day, a surgeon called my father recommending that she undergo an amputation.

"Dad, what did the doctor say? Why do they want to operate?"

"Her tissues are worsening. If they don't take off her foot, they think that an infection might spread through her body."

I could not imagine that an operation would improve her quality of life. This was no longer the energetic woman who had lived her life on the family farm, weathering the Depression, milking cows, raising and slaughtering chickens, and sending her sons off to war. The woman we had known and loved had disappeared into the fog of Alzheimer's years before.

The surgeon was correct that an amputation might stave off an overwhelming infection. If we let him operate, though, the procedure would not make her feel better. She clearly did not have long to live, no matter what.

I weighed the potential ethical issues, as well. If we decided to "let her go," might we stand to gain from the decision? Fortunately, her nursing home costs were covered by insurance. For some families, though, a shorter nursing home stay can translate into a larger inheritance. And, I wondered, why was the surgeon making the recommendation for surgery now?

"Dad," I said finally, "tell him 'no.' The nursing home can make her comfortable. I don't think the surgery will make her better."

My dad did not give the surgeon permission and my grandmother died – comfortably – a few weeks later.

But, what should I do with my patient with the tongue cancer? Unlike my grandmother, this woman was in otherwise good health. The anaesthesiologist agreed to give her a little sedation but would not put her completely to sleep. Other than the blood pressure problems, she was ready for surgery. Even though there were real risks to proceeding, I decided that we had a reasonable chance of a successful outcome.

"Okay," I told her, "today is the day." The patient gripped my hand and smiled. Her family members asked again about the risks and agreed. Soon we were underway.

I had to modify my surgical approach and the cancer was a bit larger than expected, but everything went well. An hour later, we were finished and she was in the recovery room.

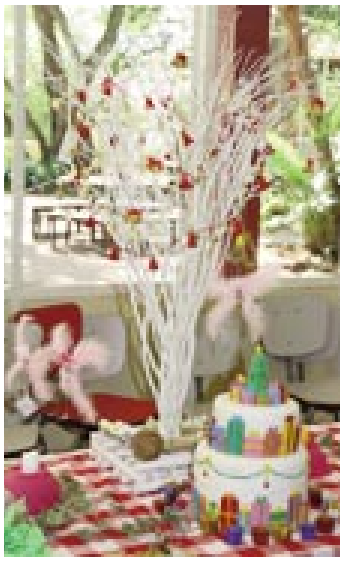
She returned to the office the following week, tearfully thanking me for the operation. I thought about my grandmother, still believing we made the correct choice in her situation, as well. The decisions in these two cases were relatively easy but for people in the middle – the grey zone where patients have more complex tumours or are more frail – their options will never be so clear-cut.

Surgical decision making is based on evidence but choosing the option for any one individual person can still boil down to an imperfect weighing of benefits and risks. Primum non nocere – First, do no harm – Hippocrates instructed us. I weigh the odds, make a choice, and act, still amazed and gratified when things turn out for the best.

Dr Bruce Campbell is a Head and NeckCancer Surgeon. He has been a leader of the MCW Multidisciplinary Head and Neck Cancer Programme of the Froedtert Cancer Centre. He evaluates patients with tumours of the oral cavity, throat, sinuses, voice box, thyroid, and neck.
He coordinates cancer care and performs any necessary surgery. Read his blog at http://www.froedtert.com/HealthResources/ReadingRoom/HealthBlogs/Reflections.htm

Celebrating Christmas with Wings of Hope

Wings of Hope Cancer Support



CanSurvive

Head and Neck Support Group

The CanSurvive Head and Neck Support Group is for anyone who has had trauma to the head or neck – not only cancer related – although that applies to the vast majority. The Group is for patients who are just starting this journey, as well as those who are many years down the treatment and recovery road.

The objective is to provide information, share experiences, and help with coping mechanisms. It is run FOR the patients BY the patients. There is always a medical member of the Morningside Head and Neck Oncology Team present. Partners are encouraged to attend the meetings as well.

The informal and supportive meetings are usually held on the first Thursday of each month at Rehab Matters, 1 De la Rey Rd. Rivonia from 18h00 to 20h00. The next meeting will be on Thursday 8 September .There is also a Facebook group: South African Head and Neck Support Group

For more information, contact Kim Lucas, on 082 880 1218 or e-mail: lct@global.co.za.

CANCER BUDDIES www.cancerbuddies.org.za

Is soya harmful or helpful?

I get so many people telling me that they have heard that soya is bad for one's health and increases the risk for breast and ovarian cancers. I find this very perplexing, given the many epidemiological (i.e. population) studies that do not support this notion. In fact the evidence points to soya having a protective role in breast, ovarian, prostate and other cancers. Many different medical researchers have in fact recommended that both men and women increase their intake of soya foods in their diets to help prevent various cancers.

Research shows that soya is best consumed as a whole food in the diet. Phytochemicals extracted from soya foods and given in a concentrated supplement seem to stimulated estrogen dependent cancers in laboratory animals, whereas soya foods consumed in the diet protect against these types of cancers.

An article entitled "Role of Flavonoids in Future Anticancer Therapy by Eliminating the Cancer Stem Cells" was published in a journal called Current Stem Cell Research and Therapy in November 2014. The authors of this article highlight the problem of current medical treatment modalities killing the bulk of tumours, leaving cancer stem cells behind. Agents specifically targeting these cancer initiating cell populations may have important clinical implications. The authors discuss soya as one such agent, being also able to sensitise these cells to the standard chemotherapeutic drugs.

Various research studies have examined the effects of soya products being used in conjunction with chemotherapeutic drugs. Soya is beneficial in combination with some chemotherapeutic drugs and possibly detrimental in combination with others. For example soya enhances the effect of cisplatin on the inhibition of non-small cell lung cancer, as well as 5-Fluorouracil in human pancreatic cancer cells.

One of the ways in which the soya works is by inhibiting an enzyme called tyrosine kinase. When used as a whole food it does this in a balanced way, but if used as a concentrated extract it may produce the same side effects as chemotherapeutic tyrosine kinase inhibitor drugs and increase the side effects of these drugs if used in combination with them. Combining soya with specific herbs can mitigate its side effects in some instances. This is why it is best not to self-medicate, even when the product is natural. It is important to consult with a practitioner that has current, in depth knowledge and experience using natural medicines such as soya in the context of a family, current or past history of cancer.

The writer, Dr. Cornelia Botha, is a homoeopath and is registered with the Allied Health Professions Council of South African and the Homeopathic Association of South Africa. She completed a master's degree research study involving HIV and is registered with the South African HIV Clinician's Society.

Her website is www.healthinc.co.za and office number is 011 787 1221

Cape Town cyclists supporting Cancer Buddies

A huge thank you to the Outriders Cycle Club in Parklands, Cape, for the R15,000 donation they handed over recently!!!

Cancer Buddies appreciate your support and hard work to raise these funds !!!THANK YOU TO ALL OF YOU !!!A shout out to all the cancer survivors in that group !!!!!

Navigating cancer faster

By Andrew Schorr

For most cancers, there are no longer "one-size-fits-all" treatment plans. And at the recent American Society of Haematology meeting in San Francisco, we heard not only that this is changing but that it is changing quickly. I almost feel sorry for the growing ranks of "nurse navigators" who will have many long nights studying just to keep up. Monoclonal antibodies for myeloma, new medicines for CLL, some people stopping medicine for CML, many trials in MPNs, breakthroughs in lymphomas and some acute leukemias. Add to that the looming "immuno-oncology" and how experts are saying it could revolutionise cancer care. How do we all keep up?

We've just interviewed more than 40 experts - patients as well as MDs - about these topics, and we've been bringing what they say directly to patients worldwide living with these conditions, and their care partners. This year we even streamed a session with a myeloma expert live, so patients could ask questions about the news right as it happened. And we have been rushing to publish our video interviews that were recorded. Even with that, patients have been writing me expressing frustration that it takes so long. They want news for their cancer NOW! And then what happens? They call or visit their clinic and ask questions. I imagine this week after ASH there will be many calls and many questions. That's a good thing.

Community oncology leaders like Dr. Rob Rifkin from the US Oncology Network told me during an interview the other day they are committed to patients having access to the latest treatments and clinical trials close to home. I got the same message when chatting with the Sarah Cannon Cancer Center folks. Together, they treat hundreds of thousands of cancer patients. And our effort is to make those cancer patients smarter and now to do it faster.

So that brings me back to the nurse navigator sitting alongside the patient. They will have to sprint to keep up. But before we had nurse navigators, there were few people who had the time or the role to answer questions to foster education. So we are taking huge steps forward in a dialogue between the healthcare team and people affected by cancer. Thank God, in many cancers there is so much to talk about.

Remember when you got your first computer, and you thought the processing speed was pretty fast? And then, over time, it wasn't fast enough? Now cancer patients are beginning to expect a faster pace: faster genetic analysis of their precise situation, faster more complete discussion of the options - including trials - and a faster pace for clinic-to-patient communication overall.

I know, by law, hospitals and clinics in the US will soon be required to have online patient portals active. That will create secure channels for our test results, our appointments, and it should also be a place where personalised education lives, too - and that changes as our situation changes.

For so many years, not much changed in cancer care. Now it makes your head spin. The experts are excited and many patients are, too. So we better start actively talking to one another, regularly, and faster. When you have cancer, taking the slow road to better care or a cure is not an option.

Andrew Schorr is a medical journalist who was diagnosed with chronic lymphocytic leukemia (CLL) in 1996 and has remained in remission since then. He is the founder of HealthTalk.com, PatientPower.info and PatientPower.eu. He is a board member of the Patient Empowerment Network (PEN). He holds a Masters Degree in journalism.

Dates to diarise

January 2015

8 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00

10 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00

18 PinkDrive: South Africa versus West Indies Pink Cricket

20 Dare Devil Run, 15h00. Johannesburg - Zoo Lake Sports Club; Durban - Jonsson College Rov ers; Cape Town - Green Point Football Club.www.daredevilrun.com.

21 Reach For Recovery, Johannesburg meeting, CANSA, St Johns Road, Parktown.

24 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00

31 Wings of Hope, German International School, Parktown, 09:30 for 10:00

31 Pick 'n Pay Women's walk at Stellenbosch - proceeds to PinkDrive

February 2015

4 World Cancer Day

5 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00

7 Bosom Buddies, Hazeldene Hall, Parktown, 09:30 for 10h00

10 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00

13 Can-Sir Valentine Snack Dance at Athlone Civic Centre, Cape Town 19:00

14 Pick 'n Pay Women's walk at Durbanville - proceeds to PinkDrive

24 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00

March 2015

6 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00

10 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00

14 Wings of Hope, German International School, Parktown, 09:30 for 10:00

24 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00

14-15 CANSA Relay For Life at Pretoria Military Sports Grounds

28 Bosom Buddies, Hazeldene Hall, Parktown, 09:30 for 10h00

April 2015

2 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00

11 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00

25 CanSurvive Cancer Support Group, Waterfall City

CONTACT DETAILS

Cancer Buddies Johannesburg branch, and **CanSurvive Cancer Support Groups - Parktown and Waterfall** : 083 640 4949, cansurvive@icon.co.za

CanSurvive Head and Neck Support Group, Rivonia, Johannesburg. Contact Kim Lucas 0828801218 or lct@global.co.za

Cancer Buddies/People Living with Cancer, Cape Town: 076 775 6099, info@plwc.org.za, www.plwc.org.za

GVI Oncology /Cancer Buddies, Rondebosch Medical Centre Support Group. Contact: Linda Greeff 0825513310 linda.greeff@cancerbuddies.org.za

GVI Cape Gate Support group: 10h00-12h00 in the Boardroom, Cape Gate Oncology Centre.| Contact: Caron Caron Majewski, 021 9443800

GVI Oncology Somerset West Group for advanced and metastatic cancers. Contact person: Nicolene Andrews 0218512255

Cancer.vive, Frieda Henning 082 335 49912, info@cancervive.co.za

Can-Sir, 021 761 6070, Ismail-Ian Fife, ismailianf@can-sir.org.za Support Group: 076 775 6099.

More Balls than Most: febe@pinkdrive.co.za, www.pinkdrive.co.za, 011 998 8022

Prostate Cancer Support Action Group, MediClinic Constantiaberg. Contact Alan Mitchell on 073 560 3067 or alan.mitchell@telkomsa.net

Wings of Hope Breast Cancer Support Group 011 432 8891, info@wingsofhope.co.za

PinkDrive: febe@pinkdrive.co.za, www.pinkdrive.co.za, 011 998 8022

Bosom Buddies: 011 482 9492 or 0860 283 343, Netcare Rehab Hospital, Milpark. www.bosombuddies.org.za.

CHOC: Childhood Cancer Foundation SA; Head Office: 086 111 3500; headoffice@choc.org.za; www.choc.org.za

CANSA National Office: Toll-free 0800 226622

CANSA Johannesburg Central: 011 648 0990, 19 St John Road, Houghton, www.cansa.org.za

CANSA Pretoria: Contact Miemie du Plessis 012 361 4132 or 082 468 1521; Sr Ros Lorentz 012 329 3036 or 082 578 0578

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News in brief

Doctors herald lung cancer breakthrough with new drugs

Scientists say that new drugs have cleared tumours that have spread throughout lung cancer patients' whole bodies. Some researchers are even talking of the new immunotherapy drugs effectively curing patients of the disease.

Scientists are reporting incredible success treating advanced lung cancer with drugs such as the new 'miracle drug', nivolumab.

According to researchers, a quarter of 129 US patients with advanced lung cancer have survived at least two years after starting nivolumab.

"You would expect patients in that group to survive a few months, if you're lucky. So to get 24 per cent living two years is extraordinary," Dr. Mick Peake of Glenfield Hospital in Leicester said.

One test subject, a man in his forties had lung cancer which had spread to his liver, brain, bones and adrenal glands, he said. "By the time it's spread that far, you don't expect patients to last more than a couple of months. But in a recent scan, his doctor could not find any evidence of residual disease."

Peake said it was also remarkable that so many were responding to this treatment. Of those treated with the optimum dose, 45 percent were alive after two years.

http://www.catholic.org/news/health/story.php?id=55470

Scalp device for glioblastoma patients

Researchers are working on an electrical scalp device that is helping prolong the lives of people who have deadly brain tumours. The device helps slow the growth of cancer cells when used with the normal treatment of surgery, radiation and chemo and is the first therapy in a decade that has been able to extend the lives of people with glioblastomas. Some insurers are now starting to cover the device that costs $21,000 per month for patients with recurring glioblastomas and is helping people live an average of about three months longer than those who are not using it.

http://www.nytimes.com/2014/11/16/health/electrical-scalp-device-can-slow-progression-of-deadly-brain-tumours.html?_r=2

Mice on marijuana

A new study in mice revealed that marijuana can destroy certain cancer cells and reduce growth of others when combined with radiation. Researchers found "dramatic reduction" of aggressive tumours in mice.

They found that the tumours were best treated by low doses of both THC and CBD that, when used in concert, made the tumours more receptive to radiation treatment.

THC and CBD are just two of the dozens of chemical compounds found in the cannabis plant. While research surrounding the therapeutic effects of these compounds has been limited, a team of scientists from the UK last year found that a combination of six different purified cannabinoids can kill the cancerous cells found in individuals with leukemia.

Marijuana is still classified as a Schedule I drug in the United States, meaning the federal government believes it has no medicinal value. The federally-funded National Institute on Drug Abuse (NIDA) grows a limited supply of marijuana in Mississippi, which is used for government sanctioned research. While critics have long accused NIDA of only funding experiments that examine the substance's negative effects, the agency has conducted a handful of studies that look at its potential benefits.

http://www.huffingtonpost.com/2014/11/18/marijuana-brain-cancer_n_6181060.html

A new drug fights leukaemia is in pre-clinical trials

Scientists at QIMR Berghofer Medical Research Institute have found a new treatment approach that could offer hope to patients with the aggressive blood cancer acute myeloid leukaemia (AML).

Dr Steven Lane and cancer biologist Claudia Bruedigam, from QIMR Berghofer's Translational Leukaemia Research Laboratory, said the drug was found to be highly effective against human leukaemia cells in pre-clinical trials.

"We tested the drug, imetelstat, against human leukaemia models and found that it killed or impaired progression of the disease," Dr Lane said. "It does this by inhibiting a protein needed for the formation of the leukaemia stem cells, which otherwise have enormous self-renewal capacity. The study found that by turning off a gene called telomerase, the cancer cells become unstable and eventually the cells die."

The QIMR Berghofer team also found that imetelstat delayed or prevented relapse of AML following chemotherapy.

The study was published in Cell Stem Cell: http://www.cell.com/cell-stem-cell/abstract/S1934-5909(14)00522-0

Exercise effective for bone cancer

Findings being presented at the Clinical Oncology Society of Australia's (COSA's) Annual Scientific Meeting shows that tradition-

Gargle with gold

A revolutionary diagnostic system under development in Israel uses a mouthwash embedded with gold nanoparticles to detect cancer cells.

Imagine buying a kit at your local pharmacy to test for oral cancer. That may become a reality, thanks to Prof. Dror Fixler and his team at the Advanced Light Microscopy Laboratory at Israel's Bar-Ilan University. They have invented a mouthwash embedded with gold nanoparticles — a non-invasive optical system that detects cancer of the head, neck, tongue or throat.

This technology can diagnose cancers that currently must be confirmed by surgical biopsy. The solution was successfully tested in animal models, showing 97 percent specificity and 87.5% sensitivity.

Now the gold gargle is in human trials supervised by two top physicians at Chaim Sheba Medical Center at Tel Hashomer: Prof. Michael Wolff, head of the department of otolaryngology, head and neck Surgery; and Prof. Avraham Hirshberg, a researcher in the department of oral pathology and oral medicine.

al recommendations for cancer patients with bone metastases to avoid physical activity may not be the most effective. Instead, resistance training and aerobic exercise programmes designed to avoid loading potentially fragile sites of bone metastases, are both safe and effective for patients.

The study, conducted by the Health and Wellness Institute at Edith Cowan University examined the effects of a highly tailored exercise programme on breast and prostate cancer patients with bone metastases. The programmes avoided the more fragile skeletal sites while maintaining training stimulus to other areas of the body.

One of the investigators, Professor of Exercise Science at Edith Cowan University, Robert Newton said current practice saw patients with bone metastases avoid high intensity aerobic, resistance training or impacts, citing bone fragility, possibility of exacerbating the disease, or inability of patients with advanced cancer to benefit. However, extensive research into various patient populations had established that a rest strategy hastened decline and reduced survival.

Bone metastases in prostate cancer blocked by HIV drug

The receptor CCR5, targeted by HIV drugs, is also key in driving prostate cancer metastases, suggesting that blocking this molecule could slow prostate cancer spread

Although prostate cancer can be successfully treated in many men, when the disease metastasises to the bone, it is eventually lethal. In a study published online in the journal Cancer Research, researchers show that the receptor CCR5 best known for its role in HIV therapy, may also be involved in driving the spread of prostate cancer to the bone.

"Because this work shows we can dramatically reduce metastasis in pre-clinical models, and because the drug is already FDA approved for HIV treatment - we may be able to test soon whether this drug can block metastasis in patients with prostate cancer," says Richard Pestell, Director of the Sidney Kimmel Cancer Center at Thomas Jefferson University and senior author on the study.

http://www.medicalnewstoday.com/releases/286248.php?tw

Calls for cigarette packs to display 'lesser known' warnings

Smokers are becoming de-sensitised to a repetitive use of the same graphic health warnings on cigarette packs, according to researchers.

The research showed that the longer people are exposed to the graphic health warnings on cigarette packaging, the more their sensitivity and engagement with them are reduced. But warnings that were lesser known - such as the threat of blindness from smoking - had a much higher deterring impact.

The study, led by academic Culadeeban Ratneswaran, from Guy's and St Thomas' Hospital, London, investigated the effects of long-term exposure of graphic health warning labels (GHWL) to people's sensitivity to the messages in both London and Singapore residents.

Health risks such as blindness were thought to produce an increased response in both the UK and Singapore samples due to their low knowledge score and high emotional impact. Blindness was the least well-known consequence of smoking overall, despite being ranked ahead of mouth and throat cancer, heart disease and even stroke as the most deterring consequence.

http://www.medicalnewstoday.com/releases/286418.php?tw

Bracelet helps support the Cancer Buddies toll-free line

All cancer patients and their families have free access to free cancer support through Cancer Buddies, a project of PLWC.

Cancer Buddies, who take the hands of the cancer patient, are all trained to take calls and deal with the needs of the patient and their journey. The hope and support offered by this service is incredible and assists the patients to feel more in control of their journey with cancer.

Help us to keep this wonderful lifeline operating!

Visit the website www.cancerbuddies.org.za for further information and to buy bracelets online. The beautiful handmade emblem of the wristband was designed and painted by the famous artist Pierre Volschenk.

The antioxidant capacity of orange juice is multiplied tenfold

The antioxidant activity of citrus juices and other foods is undervalued. A new technique developed by researchers from the University of Granada for measuring this property generates values that are ten times higher than those indicated by current analysis methods. The results suggest that tables on the antioxidant capacities of food products that dieticians and health authorities use must be revised.

Orange juice and juices from other citrus fruits are considered healthy due to their high content of antioxidants, which help to reduce harmful free radicals in our body, but a new investigation shows that their benefits are greater than previously thought.

In order to study these compounds in the laboratory, techniques that simulate the digestion of food in the digestive tract are used, which analyse only the antioxidant capacities of those substances that can potentially be absorbed in the small intestine: the liquid fraction of what we eat.

"The problem is that the antioxidant activity of the solid fraction (the fibre) isn't measured, as it's assumed that it isn't beneficial. However, this insoluble fraction arrives at the large intestine and the intestinal microbiota can also ferment it and extract even more antioxidant substances, which we can assess with our new methodology," José Angel Rufián Henares, professor at the University of Granada, explains to SINC.

http://www.medicalnewstoday.com/releases/286592.php?tw

Proton-pump inhibitors help survival for head and neck patients

Patients with head and neck squamous cell carcinoma (HNSCC) who were taking a proton-pump inhibitor and/or a histamine receptor-2 antagonist to alleviate acid reflux had longer overall survival compared with patients who did not take either, according to a retrospective cohort study published in Cancer Prevention Research, a journal of the American Association for Cancer Research.

"Proton-pump inhibitors and histamine receptor-2 antagonists are commonly and regularly administered to HNSCC patients at the University of Michigan as part of their cancer treatment to manage acid reflux and complications from conventional therapies," said

Silvana M. Papagerakis, MD, PhD, a research assistant professor in the Department of Otolaryngology - Head and Neck Surgery at the University of Michigan, Ann Arbor. "While we had suspicions that these medications might have favourable secondary effects, our study suggests that they improve overall survival after treatment for HNSCC. However, validation of these results in randomised, prospective trials is needed before we can recommend that all patients with HNSCC be treated with acid reflux medication."

Analysis of overall survival after a median follow-up of 55 months that took into account other variables that can affect survival (including age, smoking history, andtreatment) showed that patients with HNSCC taking a proton-pump inhibitor had a 45 percent decreased risk of death compared with those not taking a proton-pump inhibitor. Among those taking a histamine receptor-2 antagonist, risk of death at this time was decreased by 33 percent, compared with those not taking these acid reflux medicines.

"Although we saw differences in the degree to which overall survival was improved by proton-pump inhibitors and histamine receptor-2 antagonists, patients should not change their medications without consulting a physician," said Papagerakis. "Moreover, histamine receptor-2 antagonists improved overall survival for patients with oral cavity cancer more than proton-pump inhibitors did."

http://www.medicalnewstoday.com/releases/286307.php?tw

Anti-PD-L1 antibody active in metastatic bladder cancer

Findings of a phase 1 study of the immune checkpoint inhibitor MPDL3280A have shown rapid and ongoing responses in patients with metastatic urothelial bladder cancer. MPDL3280A, an antibody that targets the programmed death ligand 1 (PD-L1), which is expressed on activated T cells. A high proportion of patients whose tumours expressed PD-L1-positive tumour-infiltrating immune cells acheived an overall response. The safety profile of MPDL3280A immunotherapy showed low toxicity, including a lack of renal toxicity, suggesting the treatment might be better tolerated in elderly patients who are less able to tolerate chemotherapy.

Selenium compounds boost immune system to fight against cancer

Cancer types such as melanoma, prostate cancer and certain types of leukaemia weaken the body by over-activating the natural immune system. Researchers from the University of Copenhagen have now demonstrated that selenium – naturally found in, e.g., garlic and broccoli – slows down the immune over-response. In the long term, this may improve cancer treatment. The findings have been published in the Journal of Biological Chemistry.

The immune system is designed to remove things not normally found in the body. Cells undergoing change, e.g. precursors of cancer cells, are therefore normally recognised and removed by the immune system. Unfortunately, the different cancer cells contain mechanisms that block the immune system's ability to recognise them, allowing them to freely continue cancer development.

Certain cancer cells overexpress immunostimulatory molecules in liquid form. Such over-stimulation has a negative impact on the immune system:

"You can say that the stimulating molecules over-activate the immune system and cause it to collapse, and we are, of course, interested in blocking this mechanism. We have now shown that certain selenium compounds, which are naturally found in, e.g., garlic and broccoli, effectively block the special immunostimulatory molecule that plays a serious role for aggressive cancers such as melanoma, prostate cancer and certain types of leukaemia," says Professor Søren Skov, Department of Veterinary Disease Biology, University of Copenhagen.

http://tinyurl.com/ma7hlk5

Innovative new treatment more deadly on cancer

A safer, more effective way to treat some of the most stubborn types of cancer may be in sight thanks to a revolutionary research project underway at UOW.

The project, which is being led by biophysicist Dr Moeava Tehei at the Illawarra Health and Medical Research Institute and UOW's School of Physics, aims to develop intelligent drugs that attach to malignant tumours like magnets.

These powerful, next-generation chemotherapy drugs will seek out cancerous cells, allowing physicians to see exactly where tumours lie. Nano-particles inside the drugs then switch on upon contact with X-ray radiation beams.

Dr Tehei said this new method, which can diagnose, deliver targeted therapy and monitor the response to therapy all at the same time, would reduce the amount of radiation needed to kill cancer cells.

"We hope this unique combination will increase the efficiency of treatment, while decreasing the toxicity to the patient at the same time," Dr Tehei said.

The researchers will initially focus on cancers that do not respond to traditional radiotherapy techniques, such as certain brain tumours, but hope the therapy can be adapted for several different cancers, including breast and prostate cancers.

Dr Tehei, who leads the Targeted Nano-Therapies Research Group at UOW, said the sophisticated new technique is a step toward more personalised cancer therapies.

"We are now moving beyond a one-size fits all era for cancer therapy," he added.

"Our intelligent drug will allow an image guided radiotherapy session, meaning doctors will be able to assess and refine treatment in real-time."

http://tinyurl.com/mru3875