

# VISION

## COPING WITH CANCER



VISION, NOVEMBER 2014



### CanSurvive celebrates another year supporting people living with cancer

CanSurvive held their 4th Annual Celebration of Life breakfast at the Sunnyside Park Hotel during November and were happy to welcome members of other cancer organisations who joined in the fun.

A few more photos appear on page 5 and there will be a gallery on our website ([www.cansurvive.co.za](http://www.cansurvive.co.za)) within a day or two.

### Mamelodi Hospital Open Day

PinkDrive was invited to the Mamelodi hospital open day. The theme of the day was "Know your hospital" and gave community members the opportunity to explore the different services that the hospital offers. Edcon kindly sponsored PinkDrive to be part of the day. PinkDrive had the opportunity to drive the message "that early detection saves lives" and mammograms were given to ladies without medical aid. The gorgeous Mrs UN South Africa Finalist, Tebogo Modjadji-Kekana, joined the team for the day as a give back to the community of Mamelodi.



### OBITUARY

## Greta Schoeman



GRETA Schoeman, founder of the Highway Hospice, died recently after a protracted battle with cancer. She was 79.

Greta was born in England where she trained as a paediatric nurse. She married a doctor, Pierre Schoeman, in 1968 and a year later they moved to South Africa.

It was her father's death from cancer that prompted her to return to England to study as a hospice nurse at the Sir Michael Sobell House in Oxford and to have an understanding of the system of hospices which were successfully run in Britain at that time.

On her return to South Africa and with a new set of qualifications, she opened the first in-patient unit for terminally ill patients in South Africa, in her home in Kings Road in Westville. This was the forerunner of the Highway Hospice, a centre which thrived under her care and which this year celebrated 32 years of existence. Her contribution to the people of Durban was recognised by the eThekweni Municipality in September when she was named one of the city's living legends.

Greta was honoured by Queen Elizabeth II in 1992 when she was awarded the MBE in recognition of her commitment to the terminally ill. She was also the recipient of a Paul Harris Fellowship award from Rotary International.

At the time of her death she was a bereavement director of Lasting Post, a system that allows a person to privately stipulate their wishes in the event of their death.

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# REIKI and Dis-Ease (a cancer focus)

by *David Noble, D.B.A, Ph.D, D.D.*

Member of the Confederation of Complementary Health Associations

## Introduction

I am a fully qualified, registered and practising Reiki Master of the original USUI and LIGHTARIAN™ systems. My world-wide experience has convinced me of the effectiveness of complementary (alternative) healing modalities in the fight against dis-eases, of which cancer plays such a devastating role.

It is a scientifically proven fact that all objects, be they animate or inanimate, are composed of sub-atomic particles and depend upon relative frequencies for their actual form and activity. We are surrounded by a mass of universal life energy which can be tapped into for consolidation and channelling of curative energies.

## Reiki Synopsis

The human body comprises seven major and at least six minor energy centres (chakras). These centres basically control defined areas of activity. The intent of the Reiki Master is to channel the universal life energy into these chakras to effect a healing process. Blockages are often encountered and have to be eliminated before the beneficial actions can occur.

The additional use of colour projection on to the various chakras can enhance the healing effect. White light comprises seven constituents (shown in the table below) and extends the healing atmosphere in the clinic as well as to the body. Certain crystals may also be employed as another boost to the healing procedure.

By law a Reiki Master cannot diagnose or prescribe medication. However, the Reiki Master can advise the client to consult a registered Medical Practitioner, with reference to the negative findings revealed by the Reiki consultation.

## Reiki Procedure

The client, whilst fully clothed, lays horizontal on a comfortable healing table and is lightly covered. Harmonious music is softly played to encourage a relaxed state of mind. The Reiki Master commences the healing by gently "laying on of hands" in a non-invasive fashion. Each chakra is energised, usually from feet to head in sequence. If the Master feels additional chakra balancing is required that will be addressed.

The whole session will normally take up to an hour-and-a-half. After a short period of rest and supplied hydration the client will some-

## HELP CANSURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS



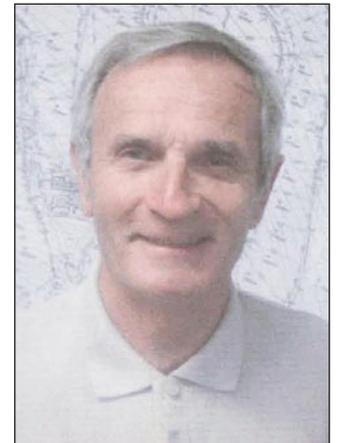
times wish to comment on any feelings or thoughts which may have arisen during the treatment.

As with a medical practitioner, all matters between Master and client remain totally confidential.

## Benefits from Reiki Treatment

- Mental balance of life's emotional pattern
- Promote the body's ability to respond to conventional medical treatments and overcome adverse effects of such treatments
- Relieve general symptoms of fatigue, nausea and insomnia
- Enhance the ability to address the challenges and concerns arising from a cancer diagnosis
- Potential remission and/or elimination of current dis-ease

For a consultation and/or treatments you can call Dr David Noble on his mobile - 082 770 5458 or at his clinic in Lonehill, Sandton - 011 467 4424.



Dr David Noble

Chakra	Body Location	Basic Activity	Colour	Main Crystal
1	ROOT	Bones, Adrenal, Solids	Red	Garnet
2	SACRAL	Urogenital, Prostate, Sexual, Fluids	Orange	Carnelian
3	SOLAR PLEXUS	Digestive, Liver, Elimination	Yellow	Citrine
4	HEART	Heart, Thymus, Breast, Detox	Green	Chrysoprase
5	THROAT	Lungs, Thyroid, Balance	Blue	Chalcedony
6	FOREHEAD	Ears, Nose, Eyes, Pituitary	Indigo	Lapis Lazuli
7	CROWN	Pineal	Violet	Amethyst

## See you later, hospice

Not too long ago I suggested hospice to a patient who had progressive cancer, although she likely had months to live. "I don't think it is time," she replied, "hospice is for morphine." "That is not how I see hospice," I replied, "I think hospice is about getting the best care and support, even if there is no real treatment for the disease. It is about living well, maybe better. Even hospice is not without hope." "I don't understand," she said. So, I told her the story of Tom.

Eight years ago, Tom came under my care for bladder cancer. The cancer had spread to the lymph nodes in the back of his abdomen, and there were a hundred pea-sized cancerous nodules in his lungs. The cancer was incurable, but as bladder cancer often responds to chemotherapy, treatable.

After several discussions about goals and side effects, during which I assured Tom that the therapy would be well tolerated, we began chemotherapy. He did terrible.

Tom developed an encyclopedia of complications. Not one or two, but practically every one. Uncontrolled nausea and vomiting; Severe dehydration with kidney failure; Bone marrow failure requiring 12 transfusions; Fever, sepsis and shock; Progressive breathing failure from bacteria pneumonia; Breakdown of the tissues of his mouth and gut with life-threatening diarrhea.

Within 10 days of the first milligram of drug entering a vein in his left arm through a delicate butterfly needle, this man, who had walked into my office feeling well, was on a respirator in an intensive care unit with tubes in every orifice, dialysis machine chugging way at bedside and his family trying to decide whether to "pull-the-plug."

Despite our efforts to kill him, Tom survived. By the time he left the hospital he had lost 30 pounds, was without any hair, had sores and deep purple bruises all over his skin, could not walk, was prone to moments of confusion and was on enough pills to stock the average pharmacy. We suggested transferring him to a rehabilitation facility for physical therapy and continued treatment. However, after long conversations, and at his strong request, we moved Tom home and called in hospice.

The minimal requirement for involvement in hospice is that a doctor must state that the expected survival of the patient is less than six months. This was easy, as between growing cancer and the residual complications of his disastrous treatment, I knew Tom would be gone in less than 90 days. He and his family accepted this reality and were thankful that he would be home and comfortable. Therefore, while I planned to see him in the office as long as he was able, the plan was to support him at home until he died.

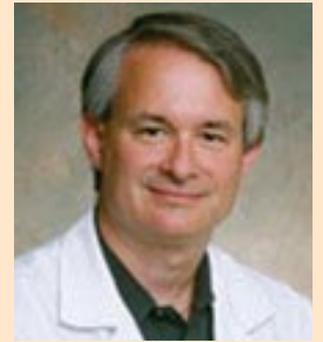
Hospice did its job. Hospital bed in the dining room. Commode nearby. Trim down the laundry list of drugs to a few pills about comfort. Pain controlled. Out-of-bed each morning. Regular visits and support from nurses, aides, clergy, and an eccentric volunteer who insisted on serving herbal tea and reading the day's newspaper, even when Tom just wanted to crawl inside. Time passed. The cancer was not treated. Tests no longer performed. Just family, love, and a little hope. Tom got better.

Three months into hospice terminal care, he walked into my office. Tom had gained 15 pounds. He walked with a cane, but briskly without threat of fall. His hair had begun to grow back. His skin was without wound. He was alert, stronger and comfortable. He was back.

Tom and his family asked about prognosis and what the future held. Without x-rays, it was impossible to measure the status of his cancer,

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>



but I reminded them that he still had incurable bladder cancer. "Would treatment help?" They inquired. "Possibly," I said, somewhat in shock that they would even ask that question. "We've come a long way, so how do we find out?"

We did a CT scan of his chest and abdomen. The cancer was still there, but had doubled in size since our disastrous attempt at therapy.

"What would happen if we tried to treat it again? Could it be done safely?"

"Well, there is still the same chance as when we started that it would respond to treatment."

And then, to my amazement and confusion, they said, Tom said, "We would like to try."

The technical term is "revoking hospice." This means you drop out of the hospice programme, and go back on active care, with medical insurance paying in the regular manner. Insurance allows you to revoke as many times as you like, and then, if or when you wish, go back on hospice when you need it. It is necessary to revoke hospice to receive chemotherapy. Therefore, that is what Tom did.

When we resumed chemotherapy, we were very careful. We completely avoided the particular drug that we believed caused his major complications. We were very aggressive with extra intravenous hydration, medicine to stimulate his bone marrow and frequent visits. We even admitted him to the hospital for one night, just because he had a single diarrhea-like bowel movement. I called him every day.

Tom did perfectly. He had no significant side effects. He gained strength, weight and mobility, even while he was on treatment. He never had a fever, breathing problem, or vomiting, and his kidneys functioned fine. Moreover, while he did lose his hair, he lost something else. His cancer melted away.

By five months into this new chemo, Tom's CT scan showed no active disease. A complete remission. While we all knew this was not a cure, that the disease would eventually come back, Tom and his family were elated. He was able to stop therapy and get back to his life.

Tom survived another four years. His cancer did come back. Two more times we controlled it with chemotherapy. He traveled, attended weddings, and watched his grandchildren grow. In the end, when the disease took over, he went back on hospice, with the same group that had saved him years earlier. They took wonderful care of him and his family until the day, at home, back in the dining room, with the sun radiating through lace curtained windows, a noisy 18 month-old running around the room, he died.

Tom was healed by hospice. He showed that hospice is about living, not dying. The end-of-life is about being alive, not being dead. With proper care, proper support, and love, we can share the miracle that is life. What more can any of us wish, then that?

## Your responsibilities as a cancer patient today

When I was first diagnosed with chronic lymphocytic leukemia (CLL) in 1996, I just wanted the doctor to heal me. I dreamed of a magic wand that a healthcare provider could wave that would take the disease away as suddenly as it had appeared for me (even though it had probably been developing for years, I just didn't know it!). No such luck, of course.

So what followed was a total disruption to my life. Fear, sleeplessness, psychological counseling, and a long procession of diagnostic tests and years of blood tests, IVs, and generally being a pin-cushion. Many people in white lab coats and uniforms have done many things to me, as they have to so many others.

One might wonder whether our role as patients today is simply to submit—that a passive role is good enough. After all, it requires so much strength to march from appointment to appointment, exam to exam. Go here, go there.

I would argue that today the passive patient, or at least the passive patient and his/her care support team, is likely to get the short end of the stick. Fear will be greater because you will be less knowledgeable about what's going on and what is possible; you'll have no chance to ask important questions, no chance to bring up something a provider has overlooked, no chance to sound an alert about a mistake (and there can be many), no chance to get a second opinion, no chance to participate in a clinical trial at another centre, no chance to get support from others.

So whose responsibility is it to make you active rather than passive to be sort of an "impatient" rather than a "patient?" Yours! You have

## 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 MIDRAND - 22 November -**

**at Netcare Waterfall City Hospital**

**PARKTOWN- 13 December Hazeldene Hall (opp. Netcare Park Lane 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.



## Collective South African Voices for Cancer

[www.canceralliance.co.za](http://www.canceralliance.co.za)

### SUPPORT the Advocates for Breast Cancer (ABC) in three ways:

Sign up to receive the regular blogs on [www.xxy.co.za](http://www.xxy.co.za) and comment or tell your story.

Follow our Twitter handle - @BreastCancerABC and actively participate in the debate.

Follow us on Facebook, "like" us and share your stories [www.facebook.com/AdvocatesForBreastCancer?fref=ts](http://www.facebook.com/AdvocatesForBreastCancer?fref=ts)

Please ask the public to be actively involved with the tweets – as every person have their own followers and the more public support we can garner in this campaign the better for our cause.

This is not too much to ask... We all have a citizens responsibility – please let your voice counts, it is not going to cost you anything! LET us WALK the TALK.

### ONDERSTEUN Advocates for Breast Cancer (ABC) op drie maniere:

Sluit aan as 'n intekenaar vir ons gereelde "blogs" op [www.xxy.co.za](http://www.xxy.co.za) en lewer kommentaar of vertel jou storie.

Volg die ABC Twitter handle - @BreastCancerABC en neem deel aan die gesprekke.

Volg ons op FB en "hou van ons" en deel jou stories [www.facebook.com/AdvocatesForBreastCancer?fref=ts](http://www.facebook.com/AdvocatesForBreastCancer?fref=ts)

Raak asseblief aktief betrokke by die Tweets en FB plasinge – want elkeen het sy eie volgelinge en hoe meer mense ons kan betrek hoe beter vir die saak van kanker in SA.

Dit behoort NIE te veel gevra te wees nie. Almal het 'n verantwoordelikheid – laat jou stem tel dit kos niks. SAAM kan ons dit DOEN!

that choice. You can say "heal me" and roll over and pretend it's all a bad dream. Or you can pick yourself up off the floor, put one foot in front of the other, and grab back some level of control. Believe me, it is all to the good, and I have seen that not just in my life but in most of the thousands of patients I have interviewed. The Andrew Schorr unscientific poll results are clear. If you accept responsibility to be an engaged, questioning, information-seeking patient; you have the best chance of doing better and feeling better along the way.

Cancer is not a bad dream. It is real life. Just as you take responsibility for other aspects of what you face, you gotta take responsibility for this journey, too.

*The writer of this article is Andrew Schorr who is also the author of the book *The Web-Savvy Patient: An Insider's Guide to Navigating the Internet When Facing Medical Crisis*. He is a respected medical journalist and 15-year leukemia survivor. He founded *healthtalk.com* and *patientpower.info* and has hosted almost 3,000 online talk shows for patients with chronic conditions and cancers. Many of America's leading medical centres support his work. You can find his blog at <http://blog.patientpower.info/>*



**CanSurvive**  
CANCER SUPPORT GROUPS  
**2014 Celebration of Life**



## Please Lancet, buy these in bulk!

This handheld infrared light device is about to make donating blood a whole lot easier.

If you've ever given blood, you've likely experienced the discomfort of having a nurse struggle to find your vein. And if you are like most of us, you're probably used to someone jabbing at your arm for five minutes before giving up and moving to the other one because your veins are "difficult to find". But don't worry, this device is about to make the process a whole lot less painful.



The technology works by beaming harmless near-infrared light at your arm. Our veins contain a lot of deoxygenated haemoglobin, and because this is absorbed by infrared light, it creates an image of exactly where your veins are under the skin.

Importantly, the device can be used anywhere. It's already used widely in hospitals and pathology clinics around the world to make it easier for patients to have blood taken, but now it's also going to help generous citizens to donate blood.

## Letter from a caregiver to a cancer support Facebook page

**Question:** "While my mom's kidney was being removed, me and my aunt got rid of most of her food. She had a lot of sugary, syrupy sweet stuff and processed stuff. We were told that cancer loves that stuff so we got rid of it and my aunt is getting her more healthy stuff. My mom is not liking it. She has a food addiction especially for foods that are bad. I'm looking for ideas and alternatives she might like. I know this is going to be a struggle with her, esp since she doesn't have much support (food is a crutch) so I'm open to any suggestions."

**Reply:** Be very thankful you are not my daughter! If you removed my chocolate there would be big trouble!

The Australian Red Cross is the first blood bank service in the world to trial this technology, and has already started using it in its Sydney clinics.

On behalf of everyone out there with hard to find veins: thank you, science.



## Midranders do the Zumba for cancer

Midrand's Zumba Dosh Fitness Studios hosted a Zumba Cancer Awareness event in October and for two hours popular Zumba instructors took the dancers through their paces.

Cup cakes and lemonade were on sale and the funds raised were given to CanSurvive Cancer Support Groups for their Midrand Group.



## United for one cause nationwide

Saturday, 1 November, hundreds across the country united by taking part in the first Harley-Davidson® Snors for a Cause Motorcade to raise awareness of men's health and the fight against men's cancer. Riders on motorcycles of all shapes and sizes participated in 10 parades which took place at each of Harley-Davidson®'s ten dealerships in South Africa.

"We are pleased with the turnout of over 900 riders taking part in the first Snors for a Cause Motorcade this year. It was inspiring to see how South African's showed their support in creating awareness of men's health and fight against men's cancer. You are not alone, we fight with you," says Paul de Jongh, Country Manager of Harley-Davidson® Africa.

South Africans also showed their support by signing pledge walls at the ten regional parades and made monetary donations to the cause. Over R89 000 raised by the Snors for a Cause Motorcade 2014 will be donated to More Balls Than Most, a testicular and prostate cancer awareness organisation.

More Balls Than Most representatives were present at two locations in Cape Town and Johannesburg where anyone from the public



could be tested with a PSA test. The funds raised will be used for testicular and prostate cancer education and awareness at schools, communities and events in the interests of early detection and prevention of prostate and testicular cancer.

"We want to thank Harley-Davidson® Africa for choosing More Balls Than Most to be the beneficiary of the first Snors for a Cause Motorcade. Because of you we will now be able to educate and test more men throughout South Africa," comments Trisch Rosema, More Balls Than Most.

## Celebrating life ... mindfully

The venue, Uitsig, proudly sponsored by the owners Annemarie and Johan Meyer, is perfectly situated within the Outeniqua Mountains complementing the theme for the day, Celebrating Life... Mindfully.

Gift Bags for guests, each one a work of art, were decorated by the Grade 8's from York High School and filled with gifts and goodies from donations and sponsorships.

GVI Outeniqua's special day was blessed in so many ways. The most beautiful setting, perfect weather, excellent background music by Arno and Claire, Nicky Strydom presenting the Survivor Song with love and passion, inspirational guest speaker Stella Simms on celebrating life mindfully, lots of lucky draw gifts, lovely food etc. Best of all was the almost 100% attendance by all our VIP guests as per pre-bookings received from them and their wonderful feedback following the event.

To end this day, guests were each supplied with a candle and were invited to visit "Die Blik Kerkie" at Uitsig Venues in their own time during brunch or on their way home where they could light their



candle in honour of those living with cancer; those playing such an important role as caregivers - partners/ husbands/ wife's/ children/ friends and those no longer with us.





At the public meeting of the Wings of Hope, in September, pharmacist and Miss S.A. Finalist Faith Ndamse talked about combating side effects during and after treatment with effective medication.

This was followed by a presentation by Mr. Larry Katz and his wife, Dr. Shana Mink about the state of the art of cancer treatment in India, which apparently has been taken to new and highly advanced levels.

At the October meeting, Dr. Keo Tabane gave a brilliant talk which was very much appreciated by the audience.



The annually recurring Cansurvive Celebration of Life Breakfast was held on 8 November at the Sunnyside Park Hotel, Parktown and, as always, it was a great occasion with the Wings of Hope attending in full force.



A team of the Wings of Hope assisted Pink Drive in staging their Pink Tie Dinner.



Above: The lectures on metastatic breast cancer at People Living With Cancer's Breakfast were of highest standard and were attended by many Wings of Hope members. (More pics on page 5.)



During breast cancer month the Wings of Hope amongst other engagements manned tables at Olivedale Clinic on 15 and 16 October, at Wilgeheuwel Hospital on the 22 and 23 October, in support of breast cancer patients and especially to educate people about self examination.



## Dates to diarise

### NOVEMBER 2014

- 22 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00
- 22 Bosom Buddies, Hazeldene Hall, Parktown 10:00
- 24 Rondebosch Medical Centre Support Group. GVI Practice 4th floor. 18:00 - 19:30 Contact Linda Greeff 082 551 3310
- 26 St. John's Catholic Church Awareness Group, North Riding, 10:30. Subject: Ovarian Cancer
- 29 Wings of Hope Breast Cancer Support Group at German School, Parktown. YEAR END FUNCTION
- 29 More Balls than Most "Balls for Brovember" at Discovery Soccer Park, Wanderers Club, Illovo, Johannesburg

### DECEMBER 2014

- 3 Reach for Recovery, 19 St. Johns Road, Johannesburg. Year end function
- 4 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 13 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 15 Rondebosch Medical Centre Support Group. GVI Practice 4th floor. 18:00 - 19:30 Contact Linda Greeff 082 551 3310

### 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.
- 24 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00
- 31 Pick 'n Pay Women's walk at Stellenbosch - proceeds to PinkDrive

### FEBRUARY 2015

- 4 World Cancer Day
- 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
- 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

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

### CONTACT DETAILS

**Cancer Buddies** Johannesburg branch, and  
**CanSurvive Cancer Support Groups** : 083 640 4949,  
 cansurvive@icon.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@cancercare.co.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.

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

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

**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

**St. John's Catholic Church Awareness Group**, enquiries to Pam -  
 011 678 3677 / 083 307 0315

**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

**Reach for Recovery (R4R)** : Johannesburg Group, 011 487 2895.

**Reach for Recovery (R4R)** Pretoria Group: 082 212 9933

**Reach for recovery**, Cape Peninsula, 021 689 5347 or 0833061941

**Reach for Recovery**: Durban, Marika Wade, 072 248 0008,  
 swade@telkomsa.net

**Reach for Recovery**: Harare, Zimbabwe contact 707659.

**Breast Best Friend** Zimbabwe, e-mail bbfizim@gmail.com

**PinkDrive**: rina@pinkdrive.co.za, www.pinkdrive.co.za

**Cancer Centre - Harare**: 60 Livingstone Avenue, Harare  
 Tel: 707673 / 705522 / 707444 Fax: 732676 E-mail:  
 cancer@mweb.co.zw www.cancerhre.co.zw

# News in brief

## Another black box warning requested for fluoroquinolones

On September 8, 2014, Dr. Charles Bennett, University of South Carolina, submitted a Citizen Petition to Dr. Margaret Hamburg, FDA Commissioner, asking the FDA to add yet another Black Box Warning to Levaquin, Cipro, and Avelox antibiotic drug labels. This request asks for a Black Box Warning for the following psychiatric adverse events: "toxic psychoses, hallucinations, paranoia, suicidal thoughts or acts, loss of consciousness, delirium, depressed level of consciousness, amnesia, coma, and memory impairment." The Quinolone Vigilance Foundation is calling on Dr. Hamburg, the FDA, and fluoroquinolone drug makers to take action now and not wait until more people suffer irreversible, but preventable harm.

Levaquin, Cipro, and Avelox are in a class of commonly prescribed antibiotics referred to as fluoroquinolones. They are FDA-approved to treat both routine and serious infections, but are also commonly used for infection prevention and other uses for which the drugs have not been approved by the FDA.

They are widely prescribed in South Africa too under various trade names such as Tavalox, Ciprobay etc.

## Tech metals used in new cancer detection method

A Rutgers University research team, along with scientists from Singapore University of Technology and Design, is continuing to develop a new medical imaging method to detect cancer as early as possible. The National Institute of Biomedical Imaging and Bioengineering, part of the National Institutes of Health, recently awarded the Rutgers team a \$2.2 million grant to further advance this ongoing work.

In their continuing study, the researchers use shortwave IR light to penetrate skin and other tissue more deeply than traditionally used light sources; it distributes quickly through the body and gathers at the site of the disease. The light stimulates dyes created using nanocrystals of technology metals encapsulated in a shell of human serum albumin. The researchers have found that the dyes glow under different colours of SWIR light, revealing small cancerous tumours and cardiovascular lesions deep within the body.

The researchers have found recently that the technique could be used to more accurately determine whether a newly detected cancer has spread to nearby lymph nodes, according to Shridar Ganesan, associate director of Translational Science at Rutgers Cancer Institute. He added that this "should help a surgeon deal with the full extent of disease during a single surgery."

Scientists had previously demonstrated SWIR light's ability to stimulate fluorescent dyes, but they have proven too toxic to use safely and have not been able to deliver sharp images. Using their method, the researchers have shown that the spread of cancer, even on a micro scale, could be detected earlier than with traditional techniques such as near-infrared imaging or MRIs.

According to the researchers, the early testing of the system has demonstrated positive results in mice. They can employ different

types of technology metals, which glow under slightly different colours of shortwave infrared light, to create a family of probes that are sensitive to a variety of cancers.

Source: <http://news.rutgers.edu/>

## Camel employees can't light up at work

If you're a smoker who works for Reynolds American, Inc., the maker of Camel cigarettes, you can head right over there to your private indoor area because you're no longer welcome to smoke in the corporate office.

"We're well aware that there will be folks who see this as an irony, but we believe it's the right thing to do and the right time to do it," David Howard, a Reynolds spokesman, said in an interview.

The company is beginning to acknowledge that its products are harmful enough to provide hazards to non-smoking employees and visitors. And it makes sense to reevaluate after the \$206 billion settlement with 46 states in 1998. Even the Reynolds CEO Susan Cameron has decided to quit. Well, at least switched to vaping (e-cigarettes are permitted in the office). Many are making the switch, and companies like IntelliQuit are doing their part to make the process less painful by including a game component to the effort.

<http://tinyurl.com/kk8vgn4>

## Mastectomy patients benefit from lidocaine

Giving a common local anesthetic to women undergoing breast removal surgery – a mastectomy – may reduce their risk of persistent pain after the procedure.

More than two-thirds of mastectomy patients experience chronic pain after surgery, which can significantly affect physical activity, physical and mental health, and quality of life. The pain also increases the risk of depression, sleep problems and use of anti-anxiety drugs, according to the authors of the study.

"Unfortunately, chronic pain is a condition that many breast cancer



## 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](http://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.

patients endure after mastectomy," said lead author Dr. Mohamed Tiouririne, associate professor of anesthesiology at the University of Virginia. "Our findings indicate that intravenous (IV) lidocaine can protect mastectomy patients from developing chronic pain, possibly due to the anti-inflammatory effects associated with the medication."

"Our study demonstrates the potential long-term protective effects of lidocaine. However, additional studies are needed to assess the effect of lidocaine treatment a year or more after mastectomy, as well as the effect it has on daily activity, mental health and depression in these patients," Tiouririne said in a society news release.

SOURCE: *American Society of Anesthesiologists, news release, Oct. 13, 2014*

## Got colon cancer, get milk?

Diet and lifestyle changes may play an important role in cancer pathogenesis. Yang and fellow American Cancer Society investigators analysed the role of calcium, vitamin D, and dairy product intake before and after diagnosis of nonmetastatic colorectal cancer. The study population comprised 2284 participants in a prospective cohort study.

Diet and modifiable lifestyle factors are important issues for survivors of localised colorectal cancer. Unfortunately, randomised trials in this setting are difficult to conduct, require prolonged follow-up, and may not be able to control for all lifestyle factors. Therefore, data from well-conducted prospective cohort studies may be good enough to make recommendations to patients.

This study suggests that increased milk and calcium intake is associated with improved outcomes. Limitations include the primarily white study population with known higher rates of lactase persistence; in addition, the lack of association with vitamin D intake is inconsistent with prior reports. Increased milk and calcium intake, along with reduced red meat intake and regular exercise, can be discussion points for survivors of colorectal cancer interested in modifiable lifestyle risk factors.

<http://www.medscape.com/medline/abstract/24958826>

## Tea and citrus products could lower ovarian cancer risk

Tea and citrus fruits and juices are associated with a lower risk of developing ovarian cancer, according to new research from the University of East Anglia (UEA).

The team found that those who consumed food and drinks high in flavonols (found in tea, red wine, apples and grapes) and flavanones

## You are a cancer survivor

"You overcame the shock of your initial diagnosis, battled through all of the subsequent treatments and emerged victorious. It's a feat for which you should be commended and for which you should feel grateful. Unfortunately, cancer doesn't end when treatment stops.

Your disease has placed a permanent stamp on your medical history, and it will affect both your health care needs and your lifestyle every day from here on out."

This is the first paragraph of a 28-page booklet about Survivorship. It is co-edited by Doug Ulman of LiveStrong and Charles M Balch editor-in-chief of Patient Resource and it can be downloaded free from [http://www.patientresource.com/user-files/file/Survivorship\\_2014.pdf](http://www.patientresource.com/user-files/file/Survivorship_2014.pdf)

(found in citrus fruit and juices) were less likely to develop the disease.

Prof Aedin Cassidy, from the Department of Nutrition at UEA's Norwich Medical School, led the study. She said: "This is the first large-scale study looking into whether habitual intake of different flavonoids can reduce the risk of epithelial ovarian cancer.

"We found that women who consume foods high in two sub-groups of powerful substances called flavonoids – flavonols and flavanones – had a significantly lower risk of developing epithelial ovarian cancer.

"The main sources of these compounds include tea and citrus fruits and juices, which are readily incorporated into the diet, suggesting that simple changes in food intake could have an impact on reducing ovarian cancer risk.

"In particular, just a couple of cups of black tea every day was associated with a 31 per cent reduction in risk."

*University of East Anglia - Communications Office*

## New drug combination shows promise for breast cancer

The uncontrolled growth of cancer cells arises from their ability to hijack the cell's normal growth programme and checkpoints. Usually after therapy, a second cancer-signaling pathway will open after the primary one shuts down - creating an ingenious escape route for the cancer cell to survive. The answer, say Case Western Reserve researchers, is to anticipate and block that back-up track by prescribing two drugs from the start.

The scientists had to pick specific medications that precisely countered the cancer cells' moves. They used one medicine, rapamycin, to stop the cancer cell growth, and a second one, dasatinib, to trick the cancer cells into thinking that the original growth was still proceeding apace. Interestingly, neither drug, when used alone, has demonstrated significant clinical efficacy in treating breast cancer. Ongoing clinical trials combining dasatinib or rapamycin with other therapies have been promising; however, this study is the first to show that the combination of these two drugs may be beneficial in treating breast cancer.

<http://tinyurl.com/mqw6fjps>

## Testing tumours in a dish

A team of biomedical engineers at Vanderbilt University headed by Assistant Professor Melissa Skala has developed the technique,

## Tollfree service for cancer patients

PLWC Cancer Buddies now has a tollfree number - it is **0800 033 337**

All cancer patients now have access to free cancer support and can ask any questions about cancer and treatment of cancer; the emotional issues related to the cancer journey; questions about side effects of treatment; assistance with accessing resources like wigs, prosthesis, home nursing and hospice. Problems relating to access to treatment or services delivery issues can also be reported.

which uses fluorescence imaging to monitor the response of three-dimensional chunks of tumours removed from patients and exposed to different anti-cancer drugs.

When breast cancer is diagnosed, the drug regimen that the patient receives is based primarily on the results of a biopsy that is used to identify the type of tumour she has. The effectiveness of the initial treatment is assessed after two to three months by determining whether the tumours are shrinking or continuing to grow.

According to several studies, in more than 100,000 cases each year the breast cancers never respond to the standard drugs, either initially or after repeated doses. As a result, 33 to 43 percent of patients must be switched to different drug combinations.

More than 100 different anticancer drugs are currently available, but only 10 to 15 are used regularly.

The new "tumour in a dish" method begins by taking the cancerous tissue removed during surgery or biopsy, cutting it up into small pieces and putting them in a special collagen gel that maintains them as "organoids" that retain the three-dimensional structure of the original tumour and include supporting cells from the tumour's environment.

The traditional method of culturing tumour cells produces a single layer of cells that behave much differently from the original tumour. So cancer researchers have developed methods for culturing three-dimensional tumour organoids that mimic the behavior of the original tumours so they can study how they grow.

"This is the first time the 3-D culturing method has been used to predict the effectiveness of different drugs on tumours from individual patients," said graduate student Alex Walsh, who has played a key role in developing the test.

"We hit the tumour with a punch and see how it responds," said Skala, "It is cheap and fast and adaptable to high-throughput screening so it can be used to test dozens of drugs or drug combinations at the same time."

Human tumour organoids that respond to an anticancer drug begin shrinking within 72 hours while those that are resistant to the drug continue to grow. (Skala Lab / Vanderbilt)

The test also measures the responses of all the individual cells in the organoid. This is important because tumours are not all alike and some types of tumour cells may respond differently to a specific drug than another, Skala pointed out. If a given drug cocktail kills 90 percent of the cancer cells but doesn't affect the remaining 10 percent, the resistant tumour cells can take over and cause the tumour to grow back.

"Our test should make it possible to find drug combinations that kill ALL the cancerous cells in a tumour," Skala said.

So far they have tested the method extensively in mice and with six samples of human tumours using four anticancer drugs commonly used to treat breast cancer and two experimental drugs.

"The next step is to test tumours from more human patients and see how the results compare to the response that the patients have to chemotherapy," said Walsh.

<http://tinyurl.com/p2lmhy2>

## Researchers take new approach to stop 'most wanted' cancer protein

Researchers at Dana-Farber/Boston Children's Cancer and Blood

Disorders Centre have found a way to defeat one of the most tantalising yet elusive target proteins in cancer cells – employing a strategy that turns the protein's own molecular machinations against it.

In a study published online by the journal *Cell*, the scientists used a specially crafted compound to disrupt the protein's ability to rev up its own production and that of other proteins involved in tumour cell growth. The result, in laboratory samples of neuroblastoma cancer cells and in mice with an aggressive form of neuroblastoma, was death of the cancer cells and retreat of the animals' tumours, with little or no harm to normal cells. Neuroblastoma is a pediatric cancer that begins in embryonic nerve cells and generally occurs in infants and young children.

The study focused on a cell protein called MYCN, one of a family of proteins that are notorious not only for stimulating the growth and proliferation of cancer cells, but also for their ability to evade targeted drug therapies. Like other members of the MYC family, MYCN has proved very difficult for targeted agents to reach and latch onto, making it, for all intents and purposes, "undruggable." Researchers are hopeful that the approach they used in this study of neuroblastoma may prove effective against some of the many other cancers also characterised by a surplus of MYC-family proteins in tumour cells.

<http://tinyurl.com/nsl4u6a>

## Meditation and yoga Get "A" grade for easing anxiety and mood

Over eighty percent of breast cancer patients in the United States use complementary therapies following a breast cancer diagnosis, but there has been little science-based guidance to inform clinicians and patients about their safety and effectiveness. In newly published guidelines from the Society for Integrative Oncology, researchers at Columbia University's Mailman School of Public Health and the Herbert Irving Comprehensive Cancer Centre with colleagues at MD Anderson Cancer Centre, University of Michigan, Memorial Sloan Kettering, and other institutions in the US and Canada, analysed which integrative treatments appear to be most effective and safe for patients.

They evaluated more than 80 different therapies and meditation, yoga, and relaxation with imagery were found to have the strongest evidence supporting their use. They received an "A" grade and are recommended for routine use for anxiety and other mood disorders common to breast cancer patients. The same practices received a "B" grade for reducing stress, depression, and fatigue, but are also endorsed for most breast cancer patients. Acupuncture received a "B" grade for controlling chemotherapy induced nausea and vomiting and can be recommended to most patients.

<http://www.healthcanal.com/cancers/breast-cancer/57124-report-card-on-complementary-therapies-for-breast-cancer.html>

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