

VISION

COPING WITH CANCER



VISION, SEPTEMBER 2014

WINGS OF HOPE

Circus fundraiser

In August Breast Cancer Group, Wings of Hope, organised an extraordinary fundraising event.

More than 250 guests celebrated the world of circus in a fun filled evening. Wings are eternally grateful and say thanks to the fantastic, multi talented team from Boswell Wilkie who staged the event which featured clowns, magicians, the living table, Chippendale style waiters and red carpet treatment amongst many other attractions. Thanks are also due to Helen Son and Joan Lamb for their hard work.

Wings of Hope are a group of breast cancer survivors and volunteers who know how important finding a supportive community can be. They are a support group who have a lifeline to information, support and encouragement through good times and bad. Research has shown that support groups help reduce the three most significant stresses associated with cancer: unwanted aloneness, loss of control, and loss of hope.

Final route for Cancer.vive Ride - here they come, Natal!



Emergency plan for cancer patient can bring caregiver peace of mind

Caregiving for a loved one with cancer is not easy, especially when the potential threat of an emergency is looming on the horizon.

When doctors diagnosed my husband, Brian, with pleural mesothelioma, they gave him a three- to nine-month prognosis. Although he was 52 at the time of diagnosis and outwardly appeared in good health, I began to fear he might die at any moment after the three-month mark.

At the time, one of my main concerns was that Brian suddenly would have trouble breathing. Would I know how to cope with this kind of emergency? I didn't think I would.

After some online research on the cancer's symptoms and facing my fears, which stemmed from a lack of understanding mesothelioma, I put together an emergency plan with important phone numbers, copies of Brian's records and my own support network of friends and family.

My emergency plan

The emergency plan I put together included telephone numbers for:

- Brian's doctor
- The medical emergency department
- His hospital's administration
- Friends and family I could rely on for practical support

I also gathered his medical reports and imaging results, and kept them together in one accessible place so I could provide a medical team with any information they might need.

I also learned oxygen tanks and masks could be delivered to our home. Once I was shown how to operate the tanks, I could use the oxygen mask on Brian if an emergency arose. This was a huge relief, but there were other things I was concerned about.

What would he need at the hospital in case of an emergency?

I solved that by purchasing a small travel case he could take to the

hospital with him. It included two pairs of pajamas, some underwear, toiletries, reading material and his spare set of glasses.

The bag also contained a list of all his medications, their dosages and any other information the nursing staff might have needed.

Building an emergency support system

Because any emergency Brian experienced would add stress to my responsibilities, I needed to put together an emergency support team.

At the time of Brian's illness, we lived in the remote town of Exmouth, in the far northern part of Western Australia. The Exmouth hospital was not equipped to deal with Brian's condition and we had to travel to Perth for any medical treatment.

If a medical emergency involved airlifting Brian to Perth, I would want to accompany him. That meant I had to find who I could rely on to look after our home and pets in our absence. I also had to determine who I could stay with in Perth, and who would be free to provide me with transportation to and from the hospital.

After discussing what I would need in an emergency situation with my family and friends, I was able to put together a list of names and numbers I could call in my time of need. I had these names on speed dial.

Emergency plan builds peace of mind

Brian survived for two years — well beyond his initial prognosis.

Caregiving for him during this period was physically and emotionally draining. Although it left me heartbroken, I did find peace knowing I had made a difference in the quality of Brian's life.

I had truly supported him right up to the moment he died.

Having a well-developed emergency plan in place alleviated many of my concerns. I was able to concentrate on efforts to help Brian remain pain-free and able to enjoy his life to the best of his ability.

Lorraine Kember's Kember's blog can be found at <http://www.asbestos.com/author/lorraine-kember.php>. She is the author of "Lean on Me," an inspirational personal account of her husband's courageous battle with mesothelioma. She is an accomplished public speaker in Australia and is passionate about sharing her journey with cancer. Her website can be found at www.lean-on-me.net.

LET'S TALK ABOUT CANCER!

Join us at the CanSurvive Cancer Support Group

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

Upcoming meetings: starting at 09:00 at

MIDRAND - 27 SEPTEMBER - Netcare Waterfall City Hospital

PARKTOWN - 11 October - Hazeldene Hall (opp. Netcare Park Lane Hospital)

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

**Bernice 083 444 5182 or bernicelass@gmail.com
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.



**Outeniqua Oncology GVI
invite all
Cancer Survivors
to join us in
CELEBRATING LIFE**

**Saturday 20 September 2014, 10:00 – 12:30
Uitsig Venue, Geelhoutboom, GEORGE**

Limited space available!

For enquiries or to book your ticket contact our
Oncology Social Worker
Engela van der Merwe on 011 884 0806.

Your booking allows for yourself and one special guest to attend.



Birthday Greetings



Congratulations to Wings of Hope who celebrated their second birthday on 16 August!

In true Wings style there were amazing birthday cakes, a moving candle ceremony and a wonderful cheque for R15 000 donated by Remax Masters.

We wish them many more years of supporting breast cancer patients and showing them how survivors can live to enjoy a full and happy life.



Guest Speakers:
Dr. Maritha Kotze • Dr. Adam A Nosworthy

Panel discussion with Linda Greef
Founder of People Living with Cancer and Cancerbuddies

Guest Artist:
Richard Onraet

Only 100 tickets available

Book here: <https://plwc.worldsecuresystems.com/quick-donation-plwc>
for direct payment or alternatively contact
Liesl Moore Admin PLWC (admin@plwc.org.za) Tel 021 565 0039
A Donation of R20 or more will secure your seat



Metastatic Breast Cancer BRUNCH

A multidisciplinary approach that brings Hope

18 October 2014

Come and join us at the Netcare Head Office Auditorium, 76 Maude Street, Sandton for a sumptuous brunch on Saturday 18 October from 8:00 to 12:30 am

GPS: 26°06'16.98" S 28°03'21.46" E

Hosted by: 

Patient + Internet = Jet Pilot?

Not long ago I flew to Europe for a meeting. The evening before the flight, just to be cautious, I used Google to read up on the aircraft, an Airbus A330-200 medium wide-body, twin-engine jet. I reviewed basic statistics, its safety record and, of course, emergency procedures. I am not a pilot, just an old Boy Scout; it pays to be prepared. Boy, was I right.

Three hours into the journey, 38,000 feet over the Atlantic, 240 miles south of Greenland, we were slammed. The plane began bucking, jumping up and down and swinging wildly from starboard to port. Debris filled the cabin air. The fasten-seat-belt signs turned on and the attendants screamed to buckle in. Everyone tightened up and clung to their seats. Not me; I knew what I had to do.

I stumbled up to aisle, at one point slamming my elbow on the ceiling to protect my head. I pounded on the locked cabin door, as a stewardess tried to pull me back. However, she could see that I had prepared for such an emergency. A moment later, the co-pilot opened the door. I pointed out that the vertical shear pressures caused by meteorological drafts in those northern latitudes were overwhelming the big planes broad 198 foot wings and creating oscillating forces which could fracture the binding pins next to the fuselage. Instead of decelerating, they should apply more thrust, abduct the wing elevators and adduct the tail. Immediately, seeing the aerodynamic logic, the Captain made the change. The plane stopped vibrating. They were able to serve dinner. I had saved the plane.

This is a ridiculous story. No one would believe that a complex set of skills, which take years of training, experience and practice, could be mastered on the Internet, especially when life and death are on the line. Really? Consider this very common story; The Case of Ann.

Ann has hypertension, hypothyroidism, diabetes and metastatic cancer. Nonetheless, she eats well, has no pain and is very active, working part-time, and living a nearly normal life. Not long ago, she started on new oral chemotherapy. She and her family received extensive oral and written instructions about the medicine, what side effects to expect and of course how and when to get a hold of us.

Four days later she stopped eating, developed intense sweats and diarrhea. Within one more day, she was bedridden.

Her family did not call us. They did not call her primary doc or endocrinologist. They did not go to an urgent care centre. They went on the Internet. They determined that these were side effects of the new drug, even though such immediate and catastrophic problems were not on the lists we had supplied. Just to be cautious and because she was becoming severely nauseas, they stopped everything.

Over nearly a week she continued to deteriorate. They called to inform us that the "side effects" were continuing. We sent her to the emergency room where the systemic infection from her urinary tract, abrupt stop in thyroid replacement and out of control diabetes were found to be causing shock, requiring an immediate admission to the intensive care unit.

As a blogger, I am a gigantic fan of the Internet and its ability to

empower. It improves the conversation and the level of sophistication of patients and their families. It provides alternatives, as well as a method of communication. It can fill in vital gaps in knowledge for everyone involved in giving or receiving healthcare. However, it can no more substitute for experience, judgment and perspective, than a 17-year-old can learn to drive on the New Jersey Turnpike by playing World Racing Challenge on PlayStation.

If this is such an obvious statement, why do the "Ann Cases" happen so often? Patients diagnose and treat disease, or make major changes in therapy based on their understanding of medicine as gleaned from an online investigation.

Primarily, I believe it is a desire to maintain independence. It is hard to depend on someone else, someone almost a stranger. Accepting the "sick role," can be demoralizing. We all want to believe we are in control. By looking for our own answers, we hope to find rapid and reassuring results.

The Internet seems to have all the answers and supplies more information than any one team of doctors could ever provide.

Paradoxically, while the doctor may be trying to be narrow and clear, the Internet may be attractive because it offers so much. The Internet is not focused to a specific case and is not likely to incorporate the complexities of an individual person. It is not about Ann, it is about all Ann's.

There is the question of trust. What is the goal of the doctor? Is he thinking about me, or just getting through the day? Is he tired, distracted or bored? It does not take much, such as a slowly returned call or a missed test, to add doubt.

Patients may use the Internet because they cannot or do not believe they can get in touch with their doctor. Perhaps, they feel it is an imposition (as if doctors have something better to do than take care of patients) or maybe the doctor's office is hard to contact or utilise. Perhaps, when the patient or family does speak to the office they are shuffled around, cut off or their problems seem to receive short shrift.

We live in a time of rapid change. We are all trying to understand the place of the Internet in life and medicine. The information technology explosion can make it unclear when direct contact with a doctor, a phone call to staff, an email to the office, or personal Internet research is appropriate. The medical relationship is in flux.

This is an important problem, which we will solve. In the mean time, the patient – physician relationship remains key to healing. It must be built and nurtured; there is no e-substitute. Patients should use the Internet as an educational and supportive tool and use their doctor to actually give medical care. You should not have to do a "search" when your need for help is right now.

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>



A roaring roadtrip awaits – KZN here we come!

Whilst the Cancer.vive team works throughout the year to raise funds and fight the disease, the annual motorcycle ride remains the organisation's flagship event supported by their passionate sponsors Revlon, Caltex, Imperial, Spar, Triumph motorcycles, Netcare and Tsogo Sun Group.

For ten days from 25 September - 4 October 2014, a group of over 50 cancer survivors, supporters and crew travels more than 2 300km on motorcycles and in other vehicles taking a message of hope and inspiration to over 10 000 people. They connect with communities to inspire and educate people of every age, emphasising the importance of early detection. And they tell people living with cancer that they are not alone. They put them in touch with Cancer Buddies, a support project designed specifically to help people living with cancer and their families to navigate life after diagnosis.

The Cancer.vive flagship event is an annual seven-day motorcycle ride across the country. Around 50 survivors, supporters and media visit cities, towns and villages with the aim to educate, create awareness, identify and put people in touch with support systems such as PLWC's Cancer Buddies project. The Cancer.vive ride is not only for people who have, or are survivors of cancer, but also their support network of family and friends.

The primary campaign focus is to spread awareness of the so-called

New Cancer Support and Information Group

1 October 2014 10:00 – 12:00

Coping Skills for My Journey with Cancer

GVI Oncology Boardroom,
3 Gloucester Avenue, George

Join Clinical Psychologist Noleen Strydom in learning and understanding more about developing your personal "toolbox" of coping skills for a journey with cancer.

This session is targeted at cancer patients, their family and friends, those supporting the patient during their journey.

To book your seat contact Engela on 044 884 0806

shy cancers; those that people find it difficult to talk about. These cancers often go undetected due to fears of stigma and discrimination, cultural taboos and lack of knowledge. The aim is to help break down some of those taboos by telling stories of survivors through music, dance and drama. Support the Cancer.vive ride and help us spread this crucial message in your community

In 2014 the ride travels through Gauteng, Kwa-Zulu Natal and the Free State. Please support this fantastic campaign of ours!



official departure
Cancer.vive journey
PRETORIA HIGH SCHOOL FOR GIRLS
949 Park Street, Arcadia, Pretoria
Friday 26 Sept at 12:30
a huge **celebration** with performances by **top artists, celebrities, music** and more...

Cancer Survivors Caring
Creating Awareness
Celebrating Life



COME & JOIN THE CELEBRATION!

This year the **10 day ride** starts and ends in **Gauteng**, having travelled more than **2200km!**
Follow us on Facebook, Twitter
www.cancervive.co.za

SPAR

REVLON CARES

Epibone helps patients "grow their own bone"

Epibone's tagline is apt: "Grow your own bone." It uses a patient's own stem cells to create transplantable, highly personalised bone grafts, going after a 900,000-strong market of patients that need some variety of bone graft to treat, say, severe bone trauma, growth defects or genetic disorders.

So here's how Epibone works: Using a scan of the patient's bone defect, Epibone then manipulates the patient's own stem cells to grow a mass of bone that can be grafted back into the patient. The general plan here is to offer surgeons a simpler grafting method that reduces recovery time by sidestepping complications associated with synthetic implants. And since it's a graft of patients' own cells, they won't have the same issues with transplant rejection that can be a plague.

"Epibone's living, anatomically-precise, patient-specific bone grafts are engineered for a perfect fit, and integrate with their skeleton without a need for a second surgery," CEO Nina Tandon said. "We want to help people preserve their bodies for a longer, higher quality of life."

<http://tinyurl.com/oe72mod>

My journey from cancer to laughter

It's the week before my 37th birthday. I'm in hospital, I'm neutropenic, I have an infection second to none on the right side of my chest, where my breast was, where the cancer was. I'm a stage 2 Cancer patient, halfway through Chemotherapy. For the first time the reality of my diagnosis hits me...I'm fighting for my life, SHIT!

As a Buddhist, we're constantly reminded that the time of death is uncertain, that none of us are guaranteed a tomorrow but was I really living my life from that depth? Was I postponing anything?

For two years I'd wanted to be a Laughter Professional, but had thought I'd wait until I'd got the serious business of career and life underway, well now it was dawning on me, that THE time might never come.

For me the journey through 2010, my year of Cancer, became the year I ceased postponing my life, my Laughter, my Joy – I realised at a fundamental level that this Life is to be Lived!



Four years later I am now a Laughter Yoga Teacher & Laughter Coach. Being a Laughter Professional has been a life changing experience. I've learned to take life and myself less seriously, you see I'm hardwiring my brain for happiness, NOW!

The benefits of Laughter are enormous: it is a positive outlet for stress, allowing the immune system to work at optimum. Laughter increases blood & oxygen flow throughout the body, it also helps circulate lymph, which alleviates swelling in my right arm.

They say in order to be happy you should do something for someone else: I run Social Laughter Yoga Clubs, I offer Laughter workshops and trainings, I am passionate about connecting people with their own unique laugh. Laughter Yoga is practiced as an exercise, you see the body does not know the difference between real and fake laughter, so we start off by fake laughing and it soon becomes real & contagious. Laughter Yoga was started by Medical Doctor, Dr Kataria in India 1995 and is now practiced in thousands of clubs in more than 74 countries around the world.

Am I saying that Laughter cured my Cancer? NO! Laughter and a sense of humour helped me through Chemo – Laughter takes your mind off the disease so that the body and the treatments can do their job.

I have found that it is about the quality of my life that is important and being happy, filled with joy and laughter adds a great quality to life.

Norman Cousins in his book, Anatomy of an Illness reminds us that Disease is a great clarifier, we don't get better just for the sake of getting better, we get better to do something ~ well, Laughter is what I do!

For more information you can contact Kate Squire-Howe at @KateSHoweZA
Laughter Yoga www.laughteryogasa.org,
kate@laughteryogasa.org

Counselling

www.posttraumaticgrowth.co.za,
kate@posttraumaticgrowth.co.za

INVITING SURVIVORS AND CAREGIVERS

The Sky is not the Limit

RELAY FOR LIFE

CANSA

Research • Education • Support

ONE WORLD - ONE HOPE

All Cancer Survivors and Caregivers

are invited as VIP guests to the CANSA Relay For Life Corporate event

20
September
2014

@ 2:30pm

Denel - Centurion

RSVP: 5 September

For more information, contact : Elise Fourie - 012 348 1342|kepsych@mweb.co.za
or Cathy Batchellier - 073 307 8932|cathye.batch@gmail.com

CANCER ALLIANCE SURVEY

Stigma and cancer - survey shows up problems

An online Stigma survey was undertaken by the Cancer Alliance as a follow up on the survey done by LIVESTRONG and JSI in 2010.

The goal of the original project was to reduce stigma associated with cancer through culturally-relevant and targeted messaging while raising awareness of the global cancer burden.

The Cancer Anti-Stigma Initiative selected three areas that this project targeted was : Mdantsane (Eastern Cape), Khayelitsha (Western Cape) and Soweto (Gauteng).South Africa.

The Cancer Alliance Stigma workgroup decided to follow up on this initiative by using a survey-monkey questionnaire to gather more data regarding cancer stigma in collaboration with the members of the Cancer Alliance. Due to financial constraints the resources just allowed us 100 surveys and, based on these results we will discuss the way forward for this initiative in future.

There were many stumbling blocks that impacted negatively on the recruitment of a bigger sample. As this is regarded as a pilot project to test the response to this type of intervention, the idea was to reassess this project after the feedback was reviewed and then make an informed decision with regards to the way forward for the Cancer Alliance.

The goal of this pilot survey was to determine what some of the common myths are that South Africans have in respect of cancer and to use this data in planning of cancer awareness and educational native in future by all our member organisations.

What is cancer stigma?

"Cancer stigma refers to a negative or undesirable perception of a person affected by cancer. Stigma can be internal—it can affect self-perception of survivors, causing guilt, blame or shame. It can also be enacted, causing discrimination, loss of employment or income, or social isolation. It can come from misinformation, lack of awareness and deeply-engrained myths."(JSI, September2010)

The Cancer Alliance survey attracted mainly women who represent the age group 40 and 69 years of age, with only 11 males responding.

The value of this study can be summarised as follows:

- This pilot survey had a very small sample size (100) and needs to be extended to a larger section to be more representative for reliable information.
- The value of survey data is limited but can be used to assist in planning for future education and awareness campaigns.
- The majority of participants were female and therefore does not represent a total population perspective even though women are regarded as the carers in society.
- The survey was only accessible to persons with internet connections and this did not allow for the recruitment of other respondents.
- It was clear that cancer is feared, is perceived as a death sentence and is associated with fear, pain and suffering. This should be considered in designing messages and public awareness campaigns,

Do you know?

To what extent are the prescribed minimum benefits restricted?

No restrictions, co-payments, waiting periods or exclusions may be applied to any person in respect of the prescribed minimum benefits if the services are rendered by State hospitals or DSPs. In instances where services are voluntarily obtained from a non - DSP, co - payments may apply or waiting periods may be imposed only on those applicants who have never belonged to a medical scheme, or have not been beneficiaries for the preceding 90 days.

Within what period of time must my account for services or claim reach my medical scheme?

The account must be submitted not later than the last day of the fourth month following the month in which the service was rendered.

Within what period of time must the scheme pay my claim?

If the account or claim is correct and acceptable for payment, it should be paid within 30 days of receipt of the claim.

How do medical schemes function?

Contributions are pooled for the benefit of members. Schemes are not-for-profit organizations and belong to the members. Therefore, any surplus made remains in the scheme on the trust principle, for the benefit of members and their dependants.

When may my scheme terminate or suspend my membership?

Only on the grounds of failure to pay membership fees timeously or other debts owing to the scheme, submission of fraudulent claims, committing other fraudulent acts, or the non -disclosure of material information.

- Cancer is a serious health issues and people are aware of this disease due to having family or friends that have had cancer.
- Knowledge about screening for cancer is limited. Cost and time issues were seen as stumbling blocks. Even though a small group felt that screening was not needed because there was no medical reason for it, this aspect needs to be considered when developing awareness and educational campaigns. The value of proactive screening and knowledge about the early warning sign of cancer remains the gold standard and should be used more effectively in our future awareness campaigns.
- The respondents found it easy to talk about cancer. This result was quite surprising and should be reviewed when this study is expanded to see if this is a universal response.

CanSurvive
CANCER SUPPORT GROUPS

For more news and information tailored for cancer patients and families, please join us at
www.cansurvive.co.za and
at www.facebook.com/cansurviveSA

Dates to diarise

SEPTEMBER 2014

- 16 Prostate Cancer Support Action group 17h45 for 18h00 in the auditorium, MediClinic Constantiaberg, Plumstead. Speaker: Dr Dave Bowden - work in the robotic surgery field.
- 20 Cancer.Vive road trip departure event, Pretoria Girls High School, Arcadia, Pretoria
- 20 Wings of Hope Breast Cancer Support Group at German School, Parktown. 09:30
- 20 Hospice Wits Cyclethon, Melrose Arch, Johannesburg
- 20 Celebrating Lived, Outeniqua Oncology GVI, Uitsig Venue, Geelhoutboom, George
- 27 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00
- 28 St. John's Catholic Church Awareness Group, North Riding, 10:30. Subject: Kidney cancer
- 29 Rondebosch Medical Centre Support Group. GVI Practice 4th floor. 18:00 - 19:30 Contact Linda Greeff 082 551 3310

OCTOBER 2014

Breast Cancer Awareness Month

- 2 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 4 Bosom Buddies, Hazeldene Hall, Parktown 10:00
- 9 Cape Gate Oncology Centre, 10h00-12h00
- 9&11 CANSA Pretoria Support Group 10:00 32 Lys Street. Rietfontein
- 11 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 11 St. John's Catholic Church Awareness Group, North Riding, 10:30. Musical High Tea Party
- 11 Reach for Recovery, 19 St. Johns Road, Johannesburg
- 16 Prostate Cancer Support Action group 17h45 for 18h00 in the auditorium, MediClinic Constantiaberg, Plumstead.
- 18 PLWC Metastatic Breast Cancer Breakfast, Netcare Auditorium, Sandton - details to follow.
- 25 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00
- 25 PLWC Metastatic Breast Cancer Breakfast, Sun Coast Casino, North Beach, Durban
- 25 Wings of Hope Breast Cancer Support Group at German School, Parktown. 09:30
- 26 iThemba Walkathon, Marks Park Sports Complex, Judith Road, Emmarentia
- 26 Pink Drive "Christa Steyn en ek" at Pretoria East NGK, Clydesdale, Pretoria
- 27 Rondebosch Medical Centre Support Group. GVI Practice 4th floor. 18:00 - 19:30 Contact Linda Greeff 082 551 3310

NOVEMBER 2014

- 2 PLWC Art Exhibition at Oude Libertas, Stellenbosch
- 3 Cape Gate Oncology Centre, 10h00-12h00

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

Cancer drug improves quality of life for men with incurable prostate cancer

The prostate cancer drug enzalutamide improves the quality of life of patients with advanced, incurable prostate cancer, as well as improving survival, according to a new study published in *The Lancet Oncology*.

The study, of almost 900 men taking part in a major clinical trial of enzalutamide, looked specifically at men's experience of pain in advanced stages of prostate cancer. In advanced disease, cancer cells spread to bone, causing often severe pain and fractures.

The research was led by Professor Johann de Bono, Professor of Experimental Cancer Medicine at The Institute of Cancer Research, London, and Honorary Consultant in Medical Oncology at The Royal Marsden NHS Foundation Trust.

In the study, patients taking enzalutamide were much more likely to report health-related improvements to their quality of life than those taking a placebo, as measured using patients' own pain diaries and a questionnaire that asked them to record pain. Some 42 per cent reported an improvement in their quality of life, compared with 15 per cent taking placebo, and the drug significantly alleviated both the severity of pain suffered by patients and the degree to

which they said it affected their daily lives.

And 13 weeks after starting treatment on the trial, only 28 per cent of patients who took enzalutamide had pain progression, compared with 39% in the placebo group.

Previous analyses of patients on the trial, led in the UK by Professor de Bono, have shown that enzalutamide extends the life of patients with advanced prostate cancer, and have helped lead to the approval of enzalutamide in some men on the NHS.

Professor de Bono said: "For patients with advanced prostate cancer, bone is the most common site of spread, and the growth of secondary tumours in bone causes some of the most painful and debilitating complications of the disease. While new prostate cancer treatments have helped men to live longer, it's also vitally important that they help improve quality of life.

"We found that enzalutamide significantly reduces the pain felt by men with advanced prostate cancer, as well as slowing its progression."

Source: *The Institute of Cancer Research*.

Surgery may mean better survival for patients with advanced laryngeal cancer

Patients with advanced laryngeal cancer appear to have better survival if they are treated with surgery, compared with chemotherapy and radiation, according to a study published in *JAMA Otolaryngology Head Neck Surgery*.

Prior to 1991, total surgical removal of the larynx with postopera-



Christa Steyn

Ockie Vermeulen

26 October 2014

14h30 for 15h00

R120pp



Met

Christa Steyn en Ek

Ockie Vermeulen (*orrel en klavier*),
Lizelle le Roux (*viool*) en
Susan Mouton (*tjello*)



Waterkloof



ooskerk



Pink Drive
it's moving
www.pinkdrive.co.za

Tickets available at:
Pretoria Oos NG Kerk
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tive radiation was the standard of care for patients advanced laryngeal cancer. Since then, chemotherapy and radiation has become increasingly popular treatment because it can preserve the larynx, according to Uchechukwu C. Megwalu, MD, Ichan School of Medicine, and Mount Sinai Hospital, and colleagues.

For the current study, researchers evaluated survival outcomes for 5,394 patients diagnosed with stage III or IV laryngeal squamous cell carcinoma between 1992 and 2009 using data from the Surveillance, Epidemiology and End Results (SEER) database.

Patients who had surgery had better 2-year (70% vs 64%) and 5-year disease-specific survival (55% vs 51%) than patients who did not undergo surgery and better 2-year (64% vs 57%) and 5-year (44% vs 39%) overall survival.

http://dgnnews.docguide.com/surgery-associated-better-survival-patients-advanced-laryngeal-cancer?overlay=2&nl_ref=newsletter&pk_campaign=newsletter

Blood test using UV light could detect cancer

A new blood test that exposes a person's blood to ultraviolet light could help doctors in the early detection of cancer.

Varying intensities of UV light cause different amounts of damage to the DNA of white blood cells. British researchers say their Lymphocyte Genome Sensitivity (LGS) blood test measures that degree of damage to distinguish between healthy, precancerous and cancerous cells.

The blood test could be helpful in the early discovery of cancers difficult to detect like pleural mesothelioma. It also could help patients access treatments earlier, and save money on costly invasive testing procedures like biopsies and colonoscopies.

"This is what we've been looking for. It could change a lot of things. The results of this study are remarkable", according to University of Bradford School of Life Sciences professor Diana Anderson, leader of the team of UK researchers.

The test does not differentiate between specific cancer types. It only detects if cancer is present.

http://www.asbestos.com/news/2014/08/06/new-blood-test-detects-cancer/?utm_source=facebook

"Call me when you need me"

Huffington Post have come up with 44 ways to Make the Day of Someone With Cancer.

When a person first gets a cancer diagnosis, they're often so over-

whelmed they have no idea how to ask for help or what to ask for -- but they sure need it. If you have a friend or family member with cancer you want to help, don't make the mistake of making a vague, questionably-sincere offer "Well, call me when you need me!" (they won't).

Here are a couple of their practical ideas:

Instead, make your friend's life easier by anticipating his or her needs and giving tangible, much-needed support.

Send a quick email, text, or message saying you're thinking of them. Add "No need to respond" to the end of your message -- they'll appreciate hearing from you without feeling the need to do anything in return.

Send a text the next time you're at the grocery store and ask if they'd like you to pick anything up.

Deliver a Tupperware of several pre-made meals your friend can heat up as needed. Use Tupperware you don't need returned.

Gift a magazine or newspaper subscription.

Understand that a cancer patient is likely too overwhelmed to ask what they need; take the initiative by offering specifics, instead of saying, "Let me know if there's anything I can do for you."

http://www.huffingtonpost.com/elana-miller-md/living-with-cancer_b_5660514.html?utm_source=82814&utm_campaign=082814&utm_medium=email

Standing up to cancer

In 2008, journalist Katie Couric joined a group of passionate women to start a grassroots movement called Stand Up To Cancer after she lost her husband Jay and her sister Emily to cancer.

The organisation's vision: to accelerate the pace of research and get new treatments to save lives faster. To this end, they created Dream Teams, bringing together the best and the brightest researchers to work collaboratively to advance cancer research.

Dr. Chen, an oncologist specialising in prostate cancer at Memorial Sloan Kettering Cancer Centre in New York City, is working with one of the Dream Teams focused on prostate cancer. He is experimenting with a revolutionary technique that could change the way this cancer is treated — isolating tumour cells from a patient and growing them in a laboratory. These growing tumour cells are called tumour organoids, one of the "holy grails of studying cancer," says Chen. "We can look at them with or without drugs and see what happens to them over time. Do they look like they shrink? Do they look like they disappear? Or do they continue to grow?...This allows you to study multiple drugs at the same time, whereas of course, in a patient, you can only give one drug at the same time."

The method is in clinical trials now, but Dr. Chen hopes that one day, tumour organoids will be routine in guiding patient care and treatment.

<http://news.yahoo.com/katie-couric-su2c-tumour-organoids-cancer-research-145346442.html>

C.noyvi-NT shrinks tumours when injected into rats, dogs and humans

A modified version of the Clostridium novyi (C. noyvi-NT) bacterium can produce a strong and precisely targeted anti-tumour response in rats, dogs and now humans, according to a new report from Johns Hopkins Kimmel Cancer Centre researchers.

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 .

In its natural form, *C. novyi* is found in the soil and, in certain cases, can cause tissue-damaging infection in cattle, sheep and humans. The microbe thrives only in oxygen-poor environments, which makes it a targeted means of destroying oxygen-starved cells in tumours that are difficult to treat with chemotherapy and radiation. The Johns Hopkins team removed one of the bacteria's toxin-producing genes to make it safer for therapeutic use.

The researchers also tested the effect of injecting *C. novyi*-NT spores into a female patient with an advanced soft tissue tumour in the abdomen. They gave the spore injection directly into a metastatic tumour in her arm. The result was significant reduction in tumour size in and around the bone. But the team notes because this was a phase 1 trial in one patient, they cannot be sure if the same range of responses they saw in the dogs can happen in humans.

The researchers focused on soft tissue tumours because "these tumours are often locally advanced, and they have spread into normal tissue," said Roberts, a Ludwig Centre and Department of Pathology researcher. The bacteria cannot germinate in normal tissues and will only attack the oxygen-starved or hypoxic cells in the tumour and spare healthy tissue around the cancer.

<http://www.medicalnewstoday.com/releases/281029.php?tw>

Merck could have first FDA approved PD-1 immunotherapy sooner than expected

US regulators are likely to approve Merck's highly anticipated immuno-oncology drug, pembrolizumab, as a treatment for melanoma well ahead of a late October deadline, according to three sources familiar with the situation.

If approved by the FDA, it would be the first in a promising new class designed to help the body's own immune system fend off cancer by blocking a protein known as Programmed Death receptor (PD-1), or a related target known as PD-L1, used by tumours to evade disease-fighting cells.

The FDA is slated to decide on the application no later than October 28.

Merck is first seeking to sell its PD-1 drug for patients whose skin cancer does not respond to treatment with Yervoy, a Bristol-Myers immunotherapy that targets a different part of the immune system.

Studies have shown that pembrolizumab shrinks tumours in about a third of patients with late-stage melanoma, a disease that kills around 10,000 Americans each year.

Most current oncology treatments seek to kill cancer cells directly whereas immuno-oncology drugs unleash the body's own ability to recognise and destroy cancer cells, which medical researchers say could have broader reach.

A potential risk is that stimulating the immune system could cause side effects ranging from mild rash to more serious liver problems or colitis.

<http://tinyurl.com/ktozk4n>

Aspirin 'reduces breast cancer recurrence in overweight women'

In a new study, which is published in the journal *Cancer Research*, researchers examined data from 440 women diagnosed with invasive, estrogen receptor alpha-positive breast cancer who were treated at The University of Texas Health Science Centre and the START

Guest Speakers:
Dr. Moshina Kisten • Dr. Anca Pirjol

Panel discussion with Linda Greef
Founder of People Living with Cancer and Cancerbuddies

Guest Artist:
Sam Landers

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Life after metastatic breast cancer

A multidisciplinary approach that brings Hope

25 October 2014

Come and join us at the Havana Grill, Sun Coast Casino, North Beach, Durban for a sumptuous breakfast on Saturday 25 October from 9:00 to 12:30 am



Hosted by:




Centre for Cancer Care clinic, both in San Antonio, TX, between 1987 and 2011.

In the study, 58.5% of the participants were obese and 25.8% were overweight. Overall, 81% of the women in the study took aspirin. Some of the women were also taking statins and omega-3 fatty acid, however, even after adjusting results for the influence of these drugs - which are known to have anti-inflammatory effects - aspirins and other NSAIDs were still found to have protective benefits.

The researchers found that women with a body mass index (BMI) greater than 30 had a 52% lower rate of breast cancer recurrence and a 28-month delay in time to recurrence if they were regularly taking aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs).

Author Linda A. deGraffenried, PhD, associate professor of nutritional sciences at The University of Texas in Austin, says:

"These results suggest that NSAIDs may improve response to hormone therapy, thereby allowing more women to remain on hormone therapy rather than needing to change to chemotherapy and deal with the associated side effects and complications.

"However, these results are preliminary, and patients should never undertake any treatment without consulting with their physician."

<http://www.medicalnewstoday.com/articles/280986.php?tw>

SunFriend aims to help combat skin cancer

A new wearable may help prevent skin cancer. SunFriend tells you exactly when you have had enough sunlight, making sure that you enjoy its benefits without risking your health.

We have all heard about the dangers of spending too much time in the sun but little about not getting enough. SunFriend wants to encourage people to enjoy the benefits of the sunshine, such as topping up levels of Vitamin D, lowering blood pressure and reducing Seasonal Affective Disorder, a problem seen more further from the equator, while ensuring you are not exposed to too much sunlight which can be dangerous.

It's a waterproof device worn on the wrist, and tracks the amount of sunlight you're exposed to. You can set it to your skin's sensitivity from a choice of eleven levels, from fair to dark.

It has eleven LEDs that light up and flash when you've reached your maximum sun exposure. The warning says that you should apply sun cream or move into the shade for a while. The goals are to curb the risk of skin cancer from over-exposure and also to take advantage of sunlight's role in the synthesis of Vitamin D, an essential building block for a healthy immune system.

Healthy sun exposure is not easy to achieve in regions that experience extreme climates. Now there's a device to help get the balance right.

"I truly don't understand why human medicine finds it is so difficult to put medical records on the computer.

"Veterinary medicine has had that ability at least for the last 10-15 years."

- Angry veterinarian



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Women's Health

WHAT YOU NEED TO KNOW ABOUT CERVICAL CANCER



CANSA offers Pap smears via our Mobile Health Clinics & our CANSA Care Centres/Clinics nationwide

(Pap Smear = reliable screening test for the early detection of cervical cancer - a swab of cervical cells)

Go for regular **Pap smears** at least every **3 years** as from age **25**

MYTH vs FACT

- Myth:** Cervical cancer can't be treated

Fact: Cervical cancer can be effectively treated if detected & diagnosed early
- Myth:** HPV infection is uncommon

Fact: HPV infection is common & is transmitted via skin-to-skin contact & body fluids
- Myth:** Older women don't need Pap smears

Fact: All women aged 25+ need regular Pap smears
- Myth:** Smoking is not linked to cervical cancer

Fact: Smoking increases the risk of cervical cancer

Human Papillomaviruses (HPVs) are a group of more than 100 related viruses. About 40 types are sexually transmitted through genital contact while 2 types (**16 + 18**) are considered high risk in South Africa

High risk HPV is estimated to cause...

- 70%** of cervical cancers of anal cancers
- 50%** of vaginal and vulvar cancers of penile cancers
- 20%** of head and neck cancers



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