

VISION

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Global efforts to cure or control cancer discussed at Davos?

World leaders from governments, industry and civic society gathered in Davos at the end of January to discuss how to respond to some of the most pressing issues facing the world today.

It is the annual meeting of the World Economic Forum, and this year the question of how to stem the rising tide of suffering and death from cancer was on the agenda for the first time.

Two sessions were scheduled.

The first, an interactive dinner session, titled: Cancer, Pathway to a Cure – breakthroughs in cancer prevention and therapy?

This session offered an opportunity to ask questions about whether the research, development and regulatory "ecosystem" that we are relying on to deliver a cure for cancer is really fit for purpose. Where is the current succession of therapies – many using similar approaches to deliver incremental benefit at ever higher costs – really taking us? How can we reconfigure the business model to promote more innovative, ambitious approaches that can overcome the problem of drug resistance?

The second was a working session, titled: Globalisation of Non-Communicable Diseases.

Amongst the Davos participants were Franco Cavalli, chair of the World Oncology Forum – a gathering of leading cancer researchers, clinicians, and policy makers, convened by ESO in 2012 and 2014, that has already spelt out the bold actions that are urgently needed at national and international level to turn the tide on cancer.

National cancer control plan inclusivity gets thumbs up

Thumbs up to the NCDs cluster of the National Department of Health (NDoH) for its responsiveness to stakeholder recommendations. The draft cancer plan, National Plan for the Prevention and Control of Cancer 2015 – 2020 (NCCP) is being reviewed by multi-sector – all of society stakeholder meeting early next month. Click here to review this draft.

Feedback from stakeholders on the 2014 a draft NCCP made it clear that more consultation was needed. The initial stakeholder meeting



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to its content (organisational structure) and process of development (planning process) in Pretoria on 6 February 2015.

The aims of the meeting include:

- Identifying priorities in cancer prevention and control;
- Setting goals and objectives;
- Setting strategies for intervention;
- Setting processes and timelines to achieve a final draft.

Professor Melvyn Freeman and the cluster team are to be congratulated on the transparent and inclusive step. The 1999 NCCP needs urgent revision to provide an integrated, comprehensive people-centred plan for South Africa. The new plan must take into account:

- Changing demographic and epidemiological trends
- Global and national targets
- The health and developmental agendas.

For information contact Elmie Engelbrecht at EnqeE@health.gov.za

To download a copy of the draft plan go to:
<http://www.sancda.org.za/files/cancer-control-plan-revised-draft-of-outline-5-jan-2015/>

Fracking could endanger Karoo water

By Wilma Stassen, health reporter at Health-e News Service

CANSA has added its voice to the fracking debate, arguing that fracking could dump cancer-causing chemicals into the drinking water of Karoo communities where fracking is proposed.

Hydraulic Fracturing, or "fracking," is a mining technique in which, typically, water is mixed with sand and chemicals, and injected at high pressure into rock to create small fractures. These fractures then allow for the extraction of liquids like gas or petroleum.

"Potentially hazardous substances are often added to the fracking fluid or are released through the process," says Dr Carl Albrecht, CANSA's head of research.

It is estimated that about 100 of the more than 700 chemicals added to fracking fluid are carcinogenic. These cancer-causing chemicals include benzene, which causes leukemia in children, and formaldehyde, which has been linked to throat and stomach cancers among others. Formaldehyde has also been known to cause drug resistance in bacteria, an issue South Africa is already struggling with in terms of tuberculosis.

Although mining companies are adamant that no spills or leaks will take place that may contaminate underground aquifers, Jonathan

Deal with Treasure the Karoo Action Group said there are more than 1 000 cases of contamination in the United States, where fracking has been practiced for more than 50 years.

"Fracking fluid laced with as many as 750 chemicals will need to be disposed of, and there is no clarity on how this will happen"

"Because of the high pressure and depth of operation, it's not surprising that spills of fracking fluid on the way down or up have been recorded," Albrecht tells Error! Hyperlink reference not valid.

"Fracking fluid laced with as many as 750 chemicals will need to be disposed of, and there is no clarity on how this will happen in the Karoo."

CANSA has collected and tested samples of Karoo water to estimate its water quality before fracking takes place. If the mining practice is allowed, these baseline samples will be tested against water samples taken post-fracking to determine if water has been polluted.

"This data could be used as evidence in court where a contaminated farm or affected community would need to supply 'before and after' samples of drinking water aquifers to prove pollutions," adds Albrecht.

CANSA is calling for further baseline data to be collected

"It is hoped that this initiative will induce fracking companies to conduct their operations with the greatest of care and protect Karoo plants, animals and humans from any carcinogenic harm through any form of contamination of underground drinking water aquifers," Albrecht says.

Cancer kids get a visit from Manny de Freitas Foundation

The children in the oncology ward at the Charlotte Maxeke Hospital were surprised when volunteers of the Manny de Freitas Foundation (MdFF) arrived with bags filled with Christmas gifts on Saturday, 13 December.

"We have been very blessed with donations for children fighting cancer who will not have a great Christmas. These children need treatment and attention and need to stay in hospital over the Christmas season," explained MdFF founder, Manny de Freitas. He said that there were enough gifts to give all children with cancer as well as the children in the general children's ward.

MdFF CEO, Jeanette de Freitas said that some of the volunteers became emotional as they saw the helpless innocent children, who

should be enjoying the day playing outside, but were forced to stay in bed instead. "Some of them were clearly in pain and this was particularly difficult to witness," de Freitas explained.

The children were each given a variety of traditional toys (such as dolls and cars) as well as practical gifts that they could use such as soaps, toothpastes and toothbrushes.

Manny de Freitas said that he hopes that in future the MdFF will be able to reach even more needy children suffering with cancer in future. "This is just the beginning," said de Freitas.



HELP CANSURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS



It takes a village ...

Short-of-breath, weak, in pain. Cancer; aggressive, cold, unfair, ravaged Roger's body. But maybe, just perhaps, there was a modern medical miracle. A drug. A single daily pill to attack the genetic growth switch in each malignant cell. Only, there was a problem. Not a big problem, really, but possibly fatal. The kind of real life annoyance of living in a modern medical miracle society. The co-pay cost to Roger was \$3167... every month.

Just dollars, you say? Roger was on disability and had drained his savings on surgeons, oncologists, radiologists and food. Also, he was hospitalised. With pneumonia. In an intensive care unit. Bedridden. Connected to monitors, IVs and oxygen. And, alone; he had no family support.

Roger could not fight with the insurance company (who was unwilling even to consider payment for their part of the cost, while he was in the hospital), beg friends for cash, or go to the drug store to pick up pills. The coup-de-gras? The total cost of the drugs was so high that the hospital did not have it on their formulary. Over \$12,000 a month was too expensive for the hospital to afford.

It started with one of my partners. He discussed the case with one of our nurses. She was upset. She mentioned the situation to a patient of ours, who had the same cancer. Not with any goal, mind you, just "well, you are so lucky that the modern miracle medicine you are taking is working ..." That patient became upset, too.

So, he gave the nurse five pills ... enough for five days. He called a friend, who had the same disease, who had taken the miracle medicine a couple months ago. He donated the 11 pills left over in his bedside drawer.

And so on. A support group heard about the case. They donated eight pills. And so on. Six from Sam. Ellen, two. Ron seven pills ... or was it nine? And so on. Within days, there at the bedside, in the bottle labeled "donations," was a modern medical gift. 47 pills from strangers. None of them knew Roger. They would never meet. However, they knew the disease. They knew fear. They knew suffering. They knew about hope.

I believe in pharmaceutical chemistry and astonishing advances in molecular medicine and genetic science. I believe that at the bench, in laboratories and in academic breakthroughs, lie the cure for the dread disease. However, the real miracles are not in the test tube, not in modern alchemy, but in our hearts and the love that we give to our fellow man.

Surgical clearance

I got a letter the other day from a local urologist requesting clearance for a patient of mine to have surgery. The doctor wanted to know whether there were any contraindications, from the standpoint of the patient's cancer, such as bleeding, infection or poor wound healing, which would preclude local anaesthesia, bilateral incisions, sharp separation, ligation, and electro-cauterisation of the vasa deferentia. In other words, could my patient, a 42-year-old survivor of Stage IV Hodgkin's disease, tolerate a vasectomy?

The request bought a smile to my lips. It was a little silly that the surgeon needed my approval to do a procedure that is so minor that each patient walks in and, sort of, walks out of the office. The patient is in superb health and has not received chemotherapy for more than a decade. One look at him and his normal blood work

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>



should have been enough. However, I am happy to be kept in the loop. The smile came from another thought entirely.

I remembered when my patient was 29-years-old, with bulky Hodgkin's disease throughout his body, and we were simply hoping that he would be alive in six months for his wedding. To save his life he needed a laundry list of poisons, with an encyclopedia of side effects. He was a very sick man, getting very hard therapy. We fully expected he would be sterilised by our treatment. At the time when we tried to bank his semen, he was so weak that the sperm count was already critically low. Therefore, we started the fight for his life, not thinking about lives to come.

13 years later, he is without cancer. Works full time. Runs five days a week. He is happily married. Oh, and I almost forgot. He is the exhausted father of two boys, and one girl, ages 9, 6 and 4. They were all fathered in the traditional way, aux natural.

Therefore, the smile on my lips is there because the request from the urologist is a wonderful reminder about why it can be so much fun and exciting to be an oncologist. The perfect thank you note. A whole family exists because of the work we did; my patient, partners, staff and I. First steps, holidays, graduations, and romance are a very cool reward for a job well done.

After some thought, I decided to approve the surgery. I could have made the case that perhaps a vasectomy did not make a lot of sense after working so hard to fix things in the first place. Perhaps, I thought, he should wait a little longer ... after all, you never know what can happen. Nevertheless, I relented. I suspected his wife would kill me.

CanSurvive meeting for Caregivers Only

Many people have expressed the wish that CanSurvive hold another Caregivers meeting. We are now planning to hold one in March - and we would like to hear from anyone who might be interested in attending.

We understand that caregiving changes your life. So, this get together for caregivers is an opportunity to share your feelings, problems, hints and much more.

Patients will not be allowed to attend.

Please contact Bernice at bernicelass@outlook.com as soon as possible and let her know if you would like to be included.

Five ways music can make you healthier

By Jill Suttie

As I listened to CDs of classical music in the hospital. I figured that music would help calm me and distract me from the pain.

You might use music to distract yourself from painful or stressful situations, too. Or perhaps you've listened to music while studying or working out, hoping to up your performance. Though you may sense that music helps you feel better somehow, only recently has science begun to figure out why that is.

Neuroscientists have discovered that listening to music heightens positive emotion through the reward centres of our brain, stimulating hits of dopamine that can make us feel good, or even elated. Listening to music also lights up other areas of the brain - in fact, almost no brain centre is left untouched - suggesting more widespread effects and potential uses for music.

Music's neurological reach, and its historic role in healing and cultural rituals, has led researchers to consider ways music may improve our health and wellbeing. In particular, researchers have looked for applications in health-care - for example, helping patients during post-surgery recovery or improving outcomes for people with Alzheimer's. In some cases, music's positive impacts on health have been more powerful than medication.

My choice to bring music into the birthing room was probably a good one. Research has shown that listening to music - at least music with a slow tempo and low pitch, without lyrics or loud instrumentation - can calm people down, even during highly stressful or painful events.

Music can prevent anxiety-induced increases in heart rate and systolic blood pressure, and decrease cortisol levels - all biological markers of stress. In one study, researchers found that patients receiving surgery for hernia repair who listened to music after surgery experienced decreased plasma cortisol levels and required significantly less morphine to manage their pain. In another study involving surgery patients, the stress reducing effects of music were more powerful than the effect of an orally-administered anxiolytic drug.

Performing music, versus listening to music, may also have a calming effect. In studies with adult choir singers, singing the same piece of music tended to synch up their breathing and heart rates, producing a group-wide calming effect. In a recent study, 272 premature babies were exposed to different kinds of music - either lullabies sung by parents or instruments played by a music therapist - three times a week while recovering in a neonatal ICU. Though all the musical forms improved the babies' functioning, the parental singing had the greatest impact and also reduced the stress of the parents who sang.

Though it's sometimes hard in studies like this to separate out the effects of music versus other factors, like the positive impacts of simple social contact, at least one recent study found that music had a unique contribution to make in reducing anxiety and stress in a children's hospital, above and beyond social contributions.

Music decreases pain

Music has a unique ability to help with pain management, as I

found in my own experience with giving birth. In a 2013 study, sixty people diagnosed with fibromyalgia - a disease characterised by severe musculoskeletal pain - were randomly assigned to listen to music once a day over a four-week period. In comparison to a control group, the group that listened to music experienced significant pain reduction and fewer depressive symptoms.

In another recent study, patients undergoing spine surgery were instructed to listen to self-selected music on the evening before their surgery and until the second day after their surgery. When measured on pain levels post surgery, the group had significantly less pain than a control group who didn't listen to music.

It's not clear why music may reduce pain, though music's impact on dopamine release may play a role. Of course, stress and pain are also closely linked; so music's impact on stress reduction may also partly explain the effects.

However, it's unlikely that music's impact is due to a simple placebo effect. In a 2014 randomised control trial involving healthy subjects exposed to painful stimuli, researchers failed to find a link between expectation and music's effects on pain. The researchers concluded that music is a robust analgesic whose properties are not due simply to expectation factors.

Music may improve immune functioning

Can listening to music actually help prevent disease? Some researchers think so.

Wilkes University researchers looked at how music affects levels of IgA - an important antibody for our immune system's first line of defense against disease. Undergraduate students had their salivary

LET'S TALK ABOUT CANCER!

Join us at a CanSurvive Cancer Support Group meeting

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

Upcoming meetings: starting at 09:00 at PARKTOWN - 14 February, Hazeldene Hall (opp. Netcare Park Lane Hospital)

MIDRAND - 28 February - in the Boardroom (follow the signs) at Netcare Waterfall City Hospital

Enquiries:

Bernice 083 444 5182 or bernicelass@gmail.com

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



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



IgA levels measured before and after 30 minutes of exposure to one of four conditions - listening to a tone click, a radio broadcast, a tape of soothing music, or silence. Those students exposed to the soothing music had significantly greater increases in IgA than any of the other conditions, suggesting that exposure to music (and not other sounds) might improve innate immunity.

Another study from Massachusetts General Hospital found that listening to Mozart's piano sonatas helped relax critically ill patients by lowering stress hormone levels, but the music also decreased blood levels of interleukin-6 - a protein that has been implicated in higher mortality rates, diabetes, and heart problems.

According to a 2013 meta-analysis, authors Mona Lisa Chanda and Daniel Levitin concluded that music has the potential to augment immune response systems, but that the findings to date are preliminary. Still, as Levitin notes in one article on the study, "I think the promise of music as medicine is that it's natural and it's cheap and it doesn't have the unwanted side effects that many pharmaceutical products do."

Music may aid memory

My now-teenage son always listens to music while he studies. Far from being a distraction to him, he claims it helps him remember better when it comes to test time. Now research may prove him right - and provide an insight that could help people suffering from dementia.

Music enjoyment elicits dopamine release, and dopamine release has been tied to motivation, which in turn is implicated in learning and memory. In a study published last year, adult students studying Hungarian were asked to speak, or speak in a rhythmic fashion, or sing phrases in the unfamiliar language. Afterwards, when asked to recall the foreign phrases, the singing group fared significantly better than the other two groups in recall accuracy.

Evidence that music helps with memory has led researchers to study the impact of music on special populations, such as those who suffer memory loss due to illness. In a 2008 experiment, stroke patients who were going through rehab were randomly assigned to listen daily either to self-selected music, to an audio book, or to nothing (in addition to receiving their usual care). The patients were then tested on mood, quality of life, and several cognitive measures at one week, three months, and six months post-stroke. Results showed that those in the music group improved significantly more on verbal memory and focused attention than those in the other groups, and they were less depressed and confused than controls at each measuring point.

In a more recent study, caregivers and patients with dementia were randomly given 10 weeks of singing coaching, 10 weeks of music listening coaching, or neither. Afterwards, testing showed that singing and music listening improved mood, orientation, and memory and, to a lesser extent, attention and executive functioning, as well as providing other benefits. Studies like these have encouraged a movement to incorporate music into patient care for dementia patients, in part promoted by organizations like Music and Memory.

Music helps us exercise

How many of us listen to rock and roll or other upbeat music while working out? It turns out that research supports what we instinctively feel: music helps us get a more bang for our exercise buck.

Researchers in the United Kingdom recruited thirty participants to listen to motivational synchronised music, non-motivational syn-

"Five Ways Music Can Make You Healthier" by Jill Suttie originally appeared on Greater Good, the online magazine of UC Berkeley's Greater Good Science Centre. To view the original article go to greatergood.berkeley.edu/article/item/five_ways_music_can_make_you_healthier

chronised music, or no music while they walked on a treadmill until they reached exhaustion levels. Measurements showed that both music conditions increased the length of time participants worked out (though motivational music increased it significantly more) when compared to controls. The participants who listened to motivational music also said they felt better during their work out than those in the other two conditions.

In another study, oxygen consumption levels were measured while people listened to different tempos of music during their exercise on a stationary bike. Results showed that when exercisers listened to music with a beat that was faster and synchronous with their movement, their bodies used up oxygen more efficiently than when the music played at a slower, unsynchronised tempo.

According to sports researchers Peter Terry and Costas Karageorghis, "Music has the capacity to capture attention, lift spirits, generate emotion, change or regulate mood, evoke memories, increase work output, reduce inhibitions, and encourage rhythmic movement - all of which have potential applications in sport and exercise."

PEOPLE LIVING WITH CANCER

SUPPORTING

LIVESTRONG®

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What your friends with cancer want you to know (but are afraid to say)

By Kim Keller

People with cancer are supposed to be *heroic*.

We *fight* a disease that terrifies everyone.

We are *strong* because we endure treatments that can feel worse than the actual malignancies.

We are *brave* because our lab tests come back with news we don't want to hear.

The reality of life with cancer is very different from the image we try to portray.

Our fight is simply a willingness to go through treatment because, frankly, the alternative sucks. Strength? We endure pain and sickness for the chance to feel normal down the road. Brave? We build up an emotional tolerance and acceptance of things we can't change. Faith kicks in to take care of the rest.

The truth is that if someone you love has cancer, they probably won't be completely open about what they're going through because they're trying so hard to be strong - FOR YOU!!

However, if they could be truly honest and vulnerable, they would tell you:

1. **Don't wait on me to call you if I need anything.** Please call me every once in a while and set up a date and time to come over. I know you told me to call if I ever needed anything, but it's weird asking others to spend time with me or help me with stuff I used to be able to do on my own. It makes me feel weak and needy, and I'm also afraid you'll say "no."

2. **Let me experience real emotions.** Even though cancer and its treatments can sometimes influence my outlook, I still have normal moods and feelings in response to life events. If I'm angry or upset, accept that something made me mad and don't write it off as the disease. I need to experience and express real emotions and not have them minimised or brushed off.

3. **Ask me "what's up" rather than "how do you feel."** Let's talk about life and what's been happening rather than focusing on my illness.

4. **Forgive me.** There will be times when the illness and its treatment make me "not myself." I may be forgetful, abrupt or hurtful. None of this is deliberate. Please don't take it personally, and please forgive me.

5. **Just listen.** I'm doing my very best to be brave and strong, but I have moments when I need to fall apart. Just listen and don't offer solutions. A good cry releases a lot of stress and pressure for me.

6. **Take pictures of us.** I may fuss about a photo, but a snapshot of us can help get me through tough times. A photo is a reminder that someone thinks I'm important and worth remembering. Don't let me say "I don't want you to remember me like this" when treatment leaves me bald or scarred. This is me, who I am RIGHT NOW. Embrace the now with me.

7. **I need a little time alone.** A few points ago I was talking about how much I need to spend time with you, and now I'm telling you

African leaders meet LiveStrong



Juma Mwesigwa is the Executive Director of the Huheso Foundation and at Kahama Town, Tanzania. He is also one of LIVESTRONG's African Leaders. He is seen with some Tanzanian National Government leaders who visited the exhibit stand to hear about the Huheso Foundation's work.

to go away. I love you, but sometimes I need a little solitude. It gives me the chance to take off the brave face I've been wearing too long, and the silence can be soothing.

8. **My family needs friends.** Parenting is hard enough when your body is healthy; it becomes even more challenging when you're managing a cancer diagnosis with the day-to-day needs of your family.

My children, who aren't mature enough to understand what I'm going through, still need to go to school, do homework, play sports, and hang out with friends. Car-pooling and play dates are sanity-savers for me. Take my kids. Please.

My spouse could also benefit from a little time with friends. Grab lunch or play a round of golf together. I take comfort in knowing you care about the people I love.

9. **I want you to reduce your cancer risk.** I don't want you to go through this. While some cancers strike out of the blue, many can be prevented with just a few lifestyle changes – stop smoking, lose extra weight, protect your skin from sun damage, and watch what you eat. Please go see a doctor for regular check-ups and demand follow-up whenever pain, bleeding or unusual lumps show up. Many people can live long and fulfilling lives if this disease is discovered in its early stages. I want you to have a long and fulfilling life.

10. **Take nothing for granted.** Enjoy the life you have right now. Take time to jump in puddles, hug the kids, and feel the wind on your face. Marvel at this amazing world God created, and thank Him for bringing us together.

While we may not be thankful for my cancer, we need to be grateful for the physicians and treatments that give me the chance to fight this thing. And if there ever comes a time when the treatments no longer work, please know that I will always be grateful for having lived my life with you in it. I hope you feel the same about me.

Visit Kim's website and listen to the podcast for this post at www.roadkillgoldfish.com

Melanoma - new developments

Dr Daniel Vorobiof, a medical oncologist and director of the Sandton Oncology Centre, believes that early detection of melanoma is critical. "Skin cancers found and removed early are almost always curable. It is therefore critical that patients consult a dermatologist regarding any skin growth that itches, increases in size or thickness or changes in shape, texture or colour.

"Advanced melanoma is difficult to treat and in most instances it cannot be cured; however there are treatments which can slow its progression. Depending on the patient's condition, the advanced disease in some instances it is treated with chemotherapy combinations, while radiotherapy and surgery are also important therapeutic approaches and considered depending on the melanoma site and number and characteristics of the lesions."

New hope

"In the past decade, we have seen a broadening of treatment options for this stage of the disease. These include immunotherapy treatment options, which have had incredible life-changing results in certain patients with inoperable or metastatic melanoma who have been non-responsive to prior therapy.

Immunotherapy treatment options, some of which are now available in South Africa, do not directly target tumours like traditional chemotherapy but rather help the body's own immune system to attack melanoma cells. They do this by lifting the 'braking' mechanisms that slow down and stop immune responses. These 'brakes' are a necessary part of a healthy immune system, but they may also slow down an immune response before a cancer has been destroyed.

"Immunotherapy drugs are administered intravenously over a period of a few weeks. Some patients have immune pathways that are more sensitive and therefore obtain quicker and prolonged benefits from this treatment.

"It is important to stress that not all patients respond to immunotherapy and it is just not possible to predict who will respond. Each cancer patient's journey and body is different and therefore each treatment plan should be tailored accordingly. In the

Who is most at risk?

- People who have a family history of melanoma and atypical moles (with irregular borders, or varying colour and asymmetrical) are more likely to develop into a melanoma.
- People who have more than 50 ordinary moles
- Those with fair hair and skin, freckles and light coloured eyes, therefore white men are three times more likely to develop melanoma than black men are
- People who have had one or more severe cases of sunburn as a child or teenager
- People who use a sun-bed frequently
- Those with weakened immune systems from other cancers, drugs or HIV/AIDS

Vive le difference

A colon cancer surgeon took his car to his local garage for a regular service, where he usually exchanged a little friendly banter with the owner, a skilled but not especially wealthy mechanic.

"So tell me," said the mechanic, "I've been wondering about what we both do for a living, and how much more you get paid than me."

"Yes?" said the surgeon.

"Well, look at this," said the mechanic, as he worked on a big complicated engine, "I check how it's running, open it up, fix the valves, and put it all back together so it works good as new.. We basically do the same job don't we? And yet you are paid ten times what I am - how do you explain that?"

The surgeon thought for a moment, then smiled and said, "Try it with the engine running."

future, and depending on the results of currently ongoing clinical trials, it might become possible to treat patients at earlier stages in order to prevent progression into a more advanced disease," concludes Dr Vorobiof. For more information, go to www.melanoma.co.za.

<http://www.bizcommunity.com/Article/196/335/123755>. Most at risk

You don't need to face cancer alone!



You are invited to join our
Cancer Buddies Groups in:

- ☐ Rondebosch Medical Centre, Klipfontein Road
- ☐ Vincent Pallotti Hospital in the GVI Oncology unit: Contact Linda Greeff 082 551 3310
- ☐ Bloemfontein: Contact Elfrieda Strydom 051 4008000
- ☐ George: Contact GVI Oncology Engela van der Merwe tel 04488400705
- ☐ Nelspruit: Contact Winnie Stiglingh, 013-755 2145, counsel@hnoncology.co.za
- ☐ Johannesburg. Contact Chris Olivier 083 640 4949, cansurvive@icon.co.za
- ☐ Midrand. Contact Daring Bhadais 083 608 5423 or daring@fsh.co.za

WE LOOK FORWARD TO MEETING YOU

We are here to help

Is death with dignity the same as suicide?

A therapist and family caregiver ponders the implications of being able to choose the manner of our life, and death

Imagine being 29 years old, having just married the love of your life and then receiving a prognosis that you may have likely less than a few years to live. On New Years Day 2014, when most look forward to the next 12 months, Brittany Maynard and her family were confronted with a devastating dilemma. Does she choose to let the stage 4 Glioblastoma (brain tumour) that has menaced her body, take its course, or does she exercise the Death With Dignity law in the state of Oregon where she moved with her husband, since it is only one of five states in the country that permits medically supervised end of life? The others are Washington, Montana, Vermont and New Mexico.

"On October 27, 1997 Oregon enacted the Death with Dignity Act which allows terminally-ill Oregonians to end their lives through the voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose. The Oregon Death with Dignity Act requires the Oregon Health Authority to collect information about the patients and physicians who participate in the Act, and publish an annual statistical report."

Faced with the decision to suffer pain and seizures or take her last breath peacefully in her own bed, listening to music of her choosing, in the presence of her husband, mother, step father and best friend via taking medication prescribed for just such a purpose, she has consciously elected to take that route. She says that it will occur on November 1st, which is right after her husband's birthday which she wants to celebrate with him.

According to the video she and her family created, this "bigger than life" presence lived each day to the fullest prior to the diagnosis and even now, with precious time running out, she traveled with her mother and friend to Alaska and to Yellowstone with her husband. Her intention still is to go to the Grand Canyon. Through their obvious pain, her family supports her freedom and embraces her passion for life for as long as she maintains it.

To film the video, Brittany partnered with Compassion & Choices which says it is "the leading nonprofit organization committed to helping everyone have the best death possible. We offer free counseling, planning resources, referrals and guidance, and across the nation we work to protect and expand options at the end of life." When I watched the video initially, I questioned my own values around end of

Mindfulness for all

East meets West: the ancient Eastern practice of mindfulness meditation has taken root in the annual World Economic Forum that took place recently in the Swiss town of Davos.

At Davos in 2013, Dr Mark Williams, emeritus professor of clinical psychology and director of the Mindfulness Centre at Oxford University in the UK, led a mindfulness workshop with Janice Marturano, founder and executive director of the Institute for Mindful Leadership in the US. Last year, Hollywood actress Goldie Hawn ran a mindfulness meditation panel.

This year, the WEF offered early morning mindfulness meditation sessions guided by the "father of mindfulness" – in its scientific incarnation: US biomedical scientist Dr Jon Kabat-Zinn, emeritus professor of medicine at the University of Massachusetts Medical School. That'll take some topping at Davos next year.

life choices and a person's right to make them. Is this suicide?

As a therapist who has worked with many who have contemplated taking their own lives and some who have taken steps to make that happen, I have strong feelings about helping people move through the emotional pain that leads to an irreversible decision. I have also counseled survivors; those who lost loved ones as a result of suicide. I know the toll it takes on families and communities. I had two friends with extremely painful and debilitating medical conditions who lived in states that did not have such compassionate laws and as a result, in a dark moment, each of them ended their lives in violent ways, rather than the manner in which Brittany Maynard has mapped out for herself.

I roll back the clock in my own life and recall the six years I spent from 1992 to 1998 watching my husband struggle with the effects of Hepatitis C and the quality of life he was denied as a result. Severe pain that didn't always respond to narcotics, mental status changes that contributed to depression, anxiety and confusion, treatment that was ineffective, requiring care with ADL's (activities of daily living), losing control of bodily functions; a sense of dignity that went out the window when the disease came knocking on the door. Had he known that he was going to eventually die from this disease, rather than have the liver transplant we had hoped and prayed for, if he had the option, would he have chosen death with dignity, rather than in the nearly six week coma in an ICU that awaited him before his passing? Would I have had the courage to support him in that choice?

It is a moot point, since it unfolded as it did and he took his final breath after being taken off life support. My prayers are with this lovely young woman and her family who I know will continue to celebrate her life as they grieve her death.

<http://goodmenproject.com/ethics-values/death-dignity-suicide-ewein/>

Thank you to Netcare !

People Living With Cancer and the CanSurvive Cancer Support Groups, Johannesburg, wish to thank Netcare for their assistance and encouragement.

We value the support and generosity of Netcare and their staff and their commitment to helping us to improve support for cancer patients and their families by providing a comfortable and accessible venue and refreshments for our meetings.

Palliative care training

Throughout the year Hospice Wits

host various short courses: the 5-day Introduction to Palliative Care, 2,5-Day Grief, Loss and Bereavement Workshop, 5-day Introduction to Paediatric Palliative Care, 3-day Non-Clinical Palliative Care, 3-Day Physical Assessment Workshop, as well as other client specific courses which they present on request. Courses and workshops are also offered at a clients' premises for groups of more than 10.

For further details phone 011 483 9100 or email training@hospicewits.co.za.



Hospice Wits
no end to caring

Dates to diarise

FEBRUARY 2015

- 4 **World Cancer Day**
- 5 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 7 Bosom Buddies, Hazeldene Hall, Parktown, 09:30 for 10h00
- 10 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 13 Can-Sir Valentine Snack Dance at Athlone Civic Centre, Cape Town 19:00
- 14 Pick 'n Pay Women's walk at Durbanville - proceeds to PinkDrive
- 23 Cancer Buddies, Rondebosch. Music therapy as a tool to assist healing by Diane Maris
- 24 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00
- 26 Reach for Recovery, Cape Peninsula 10:00 Benefits of Gyrokinesis.
- 28 - 1 CANSA Shavathon

MARCH 2015

- 1 CANSA Shavathon
- 6 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 10 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 10 Reach for Recovery, Roodepoort Centre for the Aged, Robinson Street, Horizon 14h00
- 14 Wings of Hope, German International School, Parktown, 09:30 for 10:00
- 24 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00
- 23 Cancer Buddies, Rondebosch. Tips for making treatment decisions by Dr Greg Hart, Oncologist
- 14-15 CANSA Relay For Life at Pretoria Military Sports Grounds
- 26 Reach for Recovery, Cape Peninsula 10:00. Mammograms.
- 28 Bosom Buddies, Hazeldene Hall, Parktown, 09:30 for 10h00

APRIL 2015

- 2 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 11 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 25 CanSurvive Cancer Support Group, Waterfall City Hospital, Midrand, 09:00
- 28 Cancer Buddies, Rondebosch. Cancer Advocacy the role of Cancer Survivors by Salome Meyer
- 30 Reach for Recovery, Cape Peninsula 10:00. Pilates: History and exercises for breast cancer patients

CONTACT DETAILS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CANSA National Office: Toll-free 0800 226622

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

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

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

Reach for Recovery (R4R) : West Rand Group. Contact Sandra on
 011 953 3188 or 078 848 7343.

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

Reach for recovery, Cape Peninsula, 021 689 5347 or 0833061941
 CANSA offices at 37A Main Road, MOWBRAY starting at 10:00

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 bbzfim@gmail.com

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

After colon cancer, activity is linked to better survival

Cancer survivors who watched more than five hours of TV per day were more likely to die than those who watched less than two hours, said lead author Hannah Arem of the National Cancer Institute in Bethesda, Maryland.

"Our findings suggest that for the one million colorectal cancer survivors in the US, both minimizing TV viewing (fewer than two hours per day) and increasing exercise (4-plus hours per week) may be associated with improved survival," Arem told Reuters Health by email.

After a colon cancer diagnosis, those who exercised at least seven hours per week were 31% less likely to die from any cause than those who did not exercise at all, according to results online recently in the *Journal of Clinical Oncology*.

http://www.medscape.com/viewarticle/836273?nlid=72543_1842&src=wnl_edit_medp_wir&uac=98558SG&spon=17

New breast exam for women with dense breast tissue

A new breast imaging technique pioneered at Mayo Clinic nearly quadruples detection rates of invasive breast cancers in women with dense breast tissue, according to the results of a major study published in the *American Journal of Roentgenology*.

Molecular Breast Imaging (MBI) is a supplemental imaging technology designed to find tumours that would otherwise be obscured by surrounding dense breast tissue on a mammogram. Tumours and dense breast tissue can both appear white on a mammogram, making tumours indistinguishable from background tissue in women with dense breasts. About half of all screening-aged women have dense breast tissue, according to Deborah Rhodes, M.D., a Mayo Clinic Breast Clinic physician and the senior author of this study.

MBI increased the detection rate of invasive breast cancers by more than 360 percent when used in addition to regular screening mammography, according to the study. MBI uses small, semiconductor-based gamma cameras to image the breast following injection of a radiotracer that tumours absorb avidly. Unlike conventional breast imaging techniques, such as mammography and ultrasound, MBI exploits the different behavior of tumours relative to background tissue, producing a functional image of the breast that can detect tumours not seen on mammography.

<http://www.medicalnewstoday.com/releases/288526.php?tw>

Animal-assisted therapy for cancer patients

Therapy dogs may improve the emotional well-being of some cancer patients, according to results of a clinical study, the first to document the benefits of animal-assisted therapy in adult cancer patients. The research was made available this week in the *Journal of Community and Supportive Oncology*.

The study, conducted by researchers at Mount Sinai Beth Israel, found that patients receiving intensive multi-modal concomitant



Nadine lends a hand in Germany

People Living With Cancer were thrilled to receive a donation of R10 000 from Nadine Cedrone which she raised by selling the Lend a Hand bracelets at Christmas markets in Germany!

Well done Nadine, and thank you for assisting us to keep our toll-free helpline operating.

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

radiation therapy and chemotherapy for gastrointestinal, head or neck cancers experienced increases in emotional well-being and quality of life when they received visits from a certified therapy dog during the course of their treatment. Increases in emotional well-being were significant over the course of the animal-assisted visits, even as patients underwent marked and significant declines in both physical and functional well-being. The research was supported by The Good Dog Foundation, the leading provider of professionally trained, fully certified and supervised volunteer therapy dog teams; Zoetis, a leading global animal health company; and the Pfizer Foundation.

"This study is the first such definitive study in cancer, and it highlights the merits of animal-assisted visits using the same scientific standards as we hold for the cancer treatment itself. It shows the importance of an innovative environmental intervention during cancer treatment," said Stewart B. Fleishman, MD, principal investigator and Founding Director of Cancer Supportive Services at Mount Sinai Beth Israel. "Having an animal-assisted visit significantly improved their quality of life and 'humanised' a high-tech treatment," he said. "Patients said they would have stopped their treatments before completion, except for the presence of the certified Good Dog Foundation therapy dog and volunteer handler."

<http://www.medicalnewstoday.com/releases/287993.php?tw>

FDA approves trial for wearable artificial kidney

The US Food & Drug Administration has approved the start of the first human clinical trials in the United States for the wearable artificial kidney designed by Beverly Hills, Calif.-based Blood Purification

Technologies Inc. The announcement was made by Victor Gura, MD, during the opening session on Sunday of the Annual Dialysis Conference taking place in Atlanta.

The device was one of three products related to end-stage renal disease that were awarded a special fast-track to market status in April 2012. The program, called Innovation Pathway, is a new system designed to help medical devices reach patients in a safe, timely, and collaborative manner. An implantable Renal Assist Device (iRAD) being developed by the University of California, San Francisco, and a Hemoaccess Valve System (HVS) designed by Greenville, S.C.-based CreatiVasc Medical were also awarded FDA fast track status.

<http://www.nephrologynews.com/articles/110030-fda-approves-trial-for-wearable-artificial-kidney>

The health benefits of oranges versus orange juice

sugary juice. But in ACS' Journal of Agricultural and Food Chemistry, scientists report that the picture is not clear-cut. Although juice is indeed high in sugar, the scientists found that certain nutrients in orange juice might be easier for the body to absorb than when a person consumes them from unprocessed fruit.

Ralf Schweiggert, Julian Aschoff and colleagues note that oranges are packed with nutrients such as carotenoids and flavonoids that, among other benefits, can potentially help lower a person's risk for certain cancers and cardiovascular disease. But many people prefer to drink a glass of orange juice rather than eat the fruit. Sugar content aside, are they getting the same nutritional benefits? Schweiggert's team set out to answer that question.

The researchers found that the production of pasteurised orange juice slightly lowered the levels of carotenoids and vitamin C. But at the same time, it significantly improved the carotenoid and vitamin C bioaccessibility -- or how much the body can absorb and use. And contrary to conventional wisdom, although juicing oranges dramatically cut flavonoid levels, the remaining ones were much more bioaccessible than those in orange segments.

<http://www.medicalnewstoday.com/releases/288375.php?tw>

Is marijuana the future of medicine?

Israelis are eager to share their expertise with a world that has been slow to legalise the medical use of marijuana.

Know what keeps Ruth Gallily up at night? The Hebrew University immunology professor emerita is frustrated to know how many people could benefit from medical cannabis if only more countries would make it available in pharmacies.

Marijuana is illegal as a recreational drug in Israel, but the Health Ministry has permitted its medicinal use since 1993, and Israeli scientists have been researching the substance for about 50 years -- longer than anywhere else.

Listen to Gallily and Zohar Koren, CEO of Cannabics Pharmaceuticals, speaking with Viva Sarah Press about Israel's advances in medical marijuana, on ISRAEL21c's TLV1 radio show.

<http://tinyurl.com/mv2pgbb>

Potential prostate cancer blood test

Vanderbilt University researcher William Mitchell, M.D., Ph.D., and colleagues in Germany and Canada have demonstrated a method

CANSA ups the ante for 12th Annual CANSA Shavathon

The Cancer Association of South Africa (CANSA) held their first CANSA Shavathon 12 years ago, and in 2015, the event is still going strong -- with men, women, children, caregivers, cancer survivors and people whose lives have been personally touched by cancer, rallying the troops and joining in on the nationwide event, each with their own reason for getting involved.

When people head out to a local shopping centre on Saturday 28 February 2015 and at selected venues on 1 March, they will have the opportunity to shave their hair, donate their ponytail (of 25cm in length -- that will go toward making wigs for cancer patients in need, purchase a CANSA wrap or spray their hair.

With 70% of CANSA Shavathon supporters being families and children, CANSA have created a range of trendy new stencils that will be used for anyone of all ages interested in spraying their hair. The spray used is made from vegetable dye and is safe to use. It lasts only a day and washes out easily.

The cost of R50 for adults and R25 for children under 12 years old, will see all funds raised going towards funding the care and support programmes that CANSA offers, mainly rendered at CANSA Care Centres.

"Shavathon is such a fun way to get involved in the fight against cancer, by shaving, spraying, 'wrapping' or donating your hair. We encourage people to get their colleagues, family and friends ready for Shavathon 2015," says Elize Joubert, CANSA's Acting CEO.

for detecting "cell-free" tumour DNA in the bloodstream.

Mitchell believes the technique will be transformative in providing improved cancer diagnostics that can both predict treatment outcomes and monitor patient responses to therapy.

In a large retrospective study of blood samples, the researchers showed that the method, called a "liquid biopsy," could accurately distinguish prostate cancer from normal controls without prior knowledge of the genetic "signature" of the tumours, and with over three times the sensitivity of current prostate-specific antigen (PSA) screening.

"Based on the reported data and work in progress, I believe the 'liquid biopsy' will revolutionise cancer diagnostics, not only before a patient begins therapy but also following patient responses to therapy," said Mitchell, the paper's corresponding author and professor of Pathology, Microbiology and Immunology.

<http://tinyurl.com/nmnyrba>

Scientists investigate sound waves for burning away cancer pain

Researchers at The Institute of Cancer Research, London, and The Royal Marsden NHS Foundation Trust, both in the UK, have announced they are experimenting with a novel approach to treating cancer pain - using next-generation ultrasound to burn away the source of the pain.

In cases where cancer has metastasised to the bone, patients can experience intense bone pain that severely reduces their quality of life.

The Institute of Cancer Research (ICR) team hopes that its new

high-intensity focused ultrasound (HIFU) approach could provide an effective and non-invasive alternative for treating pain when radiation therapy is no longer an option.

HIFU works by concentrating ultrasound energy precisely on a target to destroy tissue with heat. The heat destroys the nerve tissue in the bone surrounding the tumour but leaves the neighboring tissue unharmed.

"Focused ultrasound is an exciting potential cancer treatment because of its ability to target tumours very precisely," says study co-leader Gail ter Haar, professor of Therapeutic Ultrasound at ICR.

"The point onto which the ultrasound beam is focused gets very hot," she explains, "but the surrounding tissue is left unharmed. It's like using a magnifying glass in the sun to start a fire, where you need to form a sharp focal spot on the dry tinder."

The precision targeting, meanwhile, comes from magnetic resonance imaging (MRI), which identifies the area for treatment and tracks the therapy in real time.

<http://www.medicalnewstoday.com/articles/288395.php?tw>

The attack of the nanoparticles

An Israeli breakthrough in the treatment of cancer has the international medical community taking notice. Developed by Tel Aviv University Professors Rimona Margalit and Dan Peer, this novel drug-delivery platform involves the use of "GAGomers," a new class of nanoparticles (coated with glycosaminoglycan, or GAGs, a polysugar) that specifically target tumours and blood cancers based on a biomarker expressed on malignant tissue.

For their groundbreaking work, Margalit and Peer were granted the prestigious Untold News Award in New York City in November.

<http://tinyurl.com/n4tboqy>

Unbiased and reliable information for prostate cancer patients

The European Association of Urology (EAU) is pleased to announce the launch of its Patient Information on Prostate Cancer, available immediately. A multidisciplinary team of urologists, oncologists, nurses, and patients collaborated to provide up-to-date information on diagnosis, treatment, and support for prostate cancer. All information is in line with the latest EAU Guidelines.

According to Thorsten Bach, EAU Patient Information Consultant, EAU Patient Information on Prostate Cancer "guarantees an unbiased overview on evidence-based treatment opportunities for patient, enabling patients and their family to ask the right questions." This allows patients to engage in an informed discussion with their doctor, and find the best treatment for their individual situation.

<http://patients.uroweb.org/prostate-cancer/>

Prostate & Male Cancer Support Group

The diagnosis of any form of cancer comes as a shock to any man, as well as his partner and members of his family. In the weeks that follow, difficult decisions have to be made concerning the most appropriate form of treatment and the side effects of the various treatments need to be fully understood.

Support groups help those suffering from cancer to recover psychologically and physically - talking about your illness can be a powerful tool.

The Prostate Support Action Group was started at the Wynberg Hospital in Main Road in July 2000, initially under the auspices of Isla Muhl, and later, of Gill Faris. Both these ladies as facilitators did much towards the success of the Group. Until Wynberg Hospital closed some years later, the hospital provided venues and snacks for the group.

This Group is now open to prostate and other male cancer patients and meets at 17h45 for 18h00 on the third Tuesday of each month (December excluded) and is a valuable source of information, support and comfort. We are very grateful to many experts in their field who have kindly agreed to be guest speakers at group meetings covering a varieties of subjects, including new developments and therapies. On evenings with no guest speaker, the group holds open discussions attended by men and their spouses and/or carers, to share experiences, and discuss side effects and how they are handling them etc.

The MediClinic, Constantiaberg, deserves a big thank you from the Group for being willing to continue their support with venue, projection facilities, and refreshments.

For more details on how to join the Group, you can contact:

Tollfree helpline: 0800 033 337

Can-Sir: 079 315 8627

People Living With Cancer 021 565 0039

YOU'VE EARNED IT!

A guide to discounts and benefits for boomers, seniors and retirees

If you are over 50 we would like to suggest that you visit the You've Earned It website at www.youve-earned-it.co.za.

Much is covered in this website – Health and Wellness, Travel, Financial Planning etc. One really nice feature on the Financial Planning page is that YEI members are able to ask finance-related questions via the website on anything from retirement planning, to queries on tax services, investments, wills and estate planning. If travel is your thing, the Travel page shows some lovely trips. Like freebies? Competitions and ticket give-aways are featured regularly.

Make the most of this new offering by taking a look at www.youve-earned-it.co.za and while you are there, subscribe to their monthly e-Newsletter, and be the first to know what is on offer on this great website.

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