VISION
COPING WITH CANCER
VISION, MARCH 2015

Help drive down the cost of medication

Fix the Patent Laws is a joint effort by Doctors Without Borders (MSF), the Treatment Action Campaign (TAC) and Section27 to advocate the South African government to adopt policies that enable affordable medicines. Through a clinician survey, available at https://www.surveymonkey.com/s/GKM7KVW the campaign is conducting research into medicines that are unavailable or unaffordable in South Africa. Fix the Patent Laws asks interested clinicians to take five minutes to answer questions about medicines they have struggled to prescribe, or their patients have struggled to access or pay for. Your assistance will help patients get the medicines they need at prices that are affordable.

Fix the Patent Laws has also put together a survey targeted towards patients. They are calling on patients to tell them about their struggles in getting medicines. Your participation helps them identify medicines which are out of reach because of high costs associated with abusive patents. The patient survey is available here: https://www.surveymonkey.com/s/GBP8C6Z

Please help in distributing this information to any clinicians or patients you know. As is true with the health care workers' survey, they are happy to receive anonymous responses.

For more information on the survey, how the answers will be used, and Fix the Patent Laws, please contact MSF at 011 403 4440, and ask for Julia Hill (julia.hill@joburg.msf.org) or Christina Madigane (researcher@joburg.msf.org).

Facebooking, and emailing about the surveys to get as many responses as possible will help enormously to show policy makers that fixing the patent laws is something that South Africa needs to take seriously, and that affects all South Africans. We need evidence from people themselves.

CanSurvive meeting for Caregivers Only

The next meeting will be held on Saturday 18 April at Nosworthy Oncology, 18 Eton Road, Parktown, from 08:30 to 12:30. Booking is necessary to enable us to provide light refreshments.

Caregiving changes your life. So, this get-together for caregivers is an opportunity to share your feelings, problems, hints and much more.

Please contact Bernice at bernicelass@outlook.com as soon as possible to book your place.

Patients will not be allowed to attend.

Medical Cannabis in South Africa

The Portfolio Committee on Health (National Assembly) was informed earlier this month, on record, by the Department of Health that there is already an existing structure in place for the legal use of Cannabis and Cannabinoidal Medicine via an application from a patient, motivated by his/her clinician to the Medicines Control Council under Section 22A (9)(i) and under Section 21, which enables the use of an unregistered drug under specific conditions with permission from the Director-General, and that ALL applications are processed.

The Chairman and Committee requested that this structure be made more widely available to the public, and more efficient in its application to current patients; that more, current data be provided with regard to palliative care and other treatments with Cannabinoidal medicines; and that specific research be conducted via current institutions as to the applications for Cannabis as medicine.

The Committee also proposed that they hear presentations from the MRC (Medical Research Council), the MCC (Medicines Control Council) and the CDA (Central Drug Authority) with regard to Cannabis and current Cannabis treatment options.

The South African Cannabis Community & Regulatory Association, intend to petition the Secretary of this Committee requesting the opportunity for Traditional Healers, Herbalists and other Alternate Therapy Clinicians to be given the opportunity to present current data, patient trials and therapeutic successes in Cannabis Treatment to the Committee; particularly with regard to cancer, but including epilepsy in children and other serious ailments.

The Chairman noted that the commercial and industrial benefits of Cannabis will be referred to other relevant Ministerial Committees for discussion as and when appropriate as they did not fall in the domain of the Health Committee.

SACCRA (South African Cannabis Community & Regulatory Association) is willing to campaign and lobby all relevant Committees and to propose and develop the Cannabis Control Bill 2015 into a viable Act, or to propose and lobby for the relevant changes to existing legislation to maximise access to the responsible use of and therefore the benefits of the Cannabis plant for all South Africans.

Introducing CanSurvive and their CanAssist project

Susan Elder of CanAssist representing CanSurvive, joined Madam Tobeka Zuma's Foundation at their first Warriors Walk at the Union Buildings and met the President and Madam Zuma at the event.

Above: the CanAssist team helped out at the Shavathon held at Sanlam Building in Sandton

Right: CanAssist serving refreshments at the chemo Clinic at the Charlotte Maxeke Johannesburg Hospital.

CanSurvive Cancer Support Groups was started in October 2009, by a group of dedicated cancer survivors who wanted to make a difference by providing support to cancer patients and their families .

The aim of CanSurvive is to provide support for cancer patients, caregivers and friends at various levels – no matter what type of cancer they are affected by and no matter where they receive their treatment. Support is provided for all types of cancer and patients, caregivers and friends are welcome at the monthly meetings.

Reseach has shown that support groups play a important role in the healing and adjustment to the cancer experience. It assists the newly diagnosed patient and families to come to terms with the diagnosis and is an important source of inspiration and hope. The fact that you meet monthly with persons in the same boat as you is a great way to build your resilience and ability to cope !!

CanSurvive works under the umbrella of CancerBuddies which is part of the People Living With Cancer organisation (PLWC) , They also organise Cancer Buddy training on behalf of Cancer Buddies.

Meetings are held on the second Saturday of every month at Hazeldene Hall, Parktown, and on the fourth Saturday at Netcare's Waterfall City Hospital in Midrand. The excellent speakers also serve to further Cancer Buddy training and provide Buddies with a place to meet patients.

Members of the Group also attend wellness days, sports events and give talks to various organisations as requested.

CanAssist is a project of CanSurvive and was formed to try and make the long hours spent at the Charlotte Maxeke chemo clinic a little pleasanter by supplying patients with a drink and a sandwich or perhaps a piece of fruit.

Afterwards volunteers chat to patients about diet, treatment and hope.

It is intended to expand the same service to the Radiation Clinic and possibly other State facilities. We are in urgent need of funding and volunteers to help us spread this initiative.

All donations received for this initiative are used for the patients.

Contact details:

Bernice Lass: bernicelass@outlook.com
Chris Olivier: cansurvive@icon.co.za
www.cansurvive.co.za
www.facebook.com/cansurviveSA

Cancer; the secret change

"I had no idea how much cancer sucks." My patient's observation seems silly, basic. Of course, cancer sucks. It maims, humiliates and kills. It takes. What made the statement remarkable was its source. This is not a medically naïve person, waiting to die. Rather it was spoken by a patient in complete remission, likely cured, who is an expert in cancer care. To her amazement, it changed her life forever.

I think that sometimes we confuse cancer with sudden maladies such as pneumonia, a heart attack or maybe trauma like a broken hip. These diseases are acute, painful and dangerous, but they are brief insults to the body and soul. Once the immediate disease is gone from the body, they usually do not recur or spread. We survive. We heal. They are not a permanent burden on our psyche or lives.

Cancer is not like that. Yes, it can be sudden, painful and debilitating. Yes, we are often cured; it may be very unlikely the disease will return. The difference is that deep in our minds we never heal. Cancer in remission does not leave.

Us, before cancer, is not the same as us, after. Patients and families do not expect this transformation and are baffled that life is not back to "normal." It is hard to accept that a cancer patient is, somehow, always a cancer patient.

First, there are obvious and common physical affects. Residual aches and pains persist for years. Scars and permanent surgical changes like colostomies or mastectomies. Chemotherapy injuries such as loss of hearing, vision or neuropathy. There may be slight shortness of breath or factors that decrease endurance. Long term changes in skin, nails and hair. Taste, and smell losses limit appetite and the enjoyment of food. The collapse of sexual drive or satisfaction. Memory may not be as sharp. Sleep is erratic.

There is the scourge of fatigue. Even after a good night's sleep, you are bushed. Vitality is sapped. Loss of concentration makes it hard to work or enjoy something simple, like reading a book, attending a play or watching TV. You just do not have the energy, the excitement, the moxie. Life may be drained of fun, satisfaction or purpose.

Perhaps the most pervasive change is the never leaving, always just around the corner, deep mental splinter, that reminds you that today or tomorrow, the cancer may come back. Every discomfort seems to be a sign of disease. Something "obviously benign" like the winter's cold, a toothache, or heartburn after a spicy meal, can whisper like the first sign of a coming, growing, illness. It is very difficult to "put it behind you," when it is always in the back of your mind.

The clincher? None of this is obvious to anyone else. No matter how much family or medical caregivers try to empathise, to connect, to understand, surviving cancer is a deeply changing and highly personal experience. The patient I quoted at the start is a gifted, loving and highly experienced cancer care provider, with three decades at cancer's bedside. None-the-less, she was astonished to experience the transformation in her own life, which is before and then after cancer.

The cancer metamorphosis is different for each person and each patient. None of us were the same before the dread disease and none of us experience its transformation the same way. There is no "normal," except change.

Cancer sucks…and it keeps on sucking. Deep healing requires an understanding that things are not the same. It requires communication and space, counseling and thought, support and patience. It requires time to find the person you have become.

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

New apps for cancer care

Share the Journey

Breastcancer.org is a world-class research institution and advocacy group that has been invited to collaborate with Sage Bionetworks on a new mobile research app for breast cancer survivors as part of the just-announced Apple ResearchKit.

ResearchKit is a software framework designed specifically for medical research that helps doctors and scientists gather data more frequently and more accurately from participants using the iPhone? The Share the Journey app was recently launched by Apple and is now available in the App Store as a free download. It will be soon part of the new Apple Watch.

Share the Journey is a first-of-its-kind mobile research app to help researchers learn more about how we can improve cancer survivorship. Women with and without a history of breast cancer are asked to monitor treatment side effects such as fatigue, thought difficulties, sleep disturbances, and mood changes, as well as exercise, to understand how we can better help women adhere to a post-treatment regimen to live a long and healthy life.

Help them to make the research app a success by encouraging women to join the study.

AfterShock

Manage the emotional turmoil that can immediately follow a cancer diagnosis with AfterShock: Facing a Serious Diagnosis. This free app is a condensed version of the late Jessie Gruan's book, AfterShock, and provides advice and resources on topics ranging from learning about your diagnosis and getting a second opinion to telling others about your illness.

Melanoma iABCD Rule

Melanoma iABCD Rule is a new app for those who are worried about moles. Moles are one of the most common human skin conditions and melanoma is a malignant skin cancer that can raise from moles. the recognition of any alteration in shape, colour and size can be useful to prevent melanoma. The app presents an informative and easy to use way to help people to learn the ABCD rule, a well-known mnemonic rule (Asymmetry, Borders, Colors, Diameter) that can help to differentiate the melanoma from the benign mole – and encourage you to report changes to your doctor where necessary.

Soweto cancer support

A support Group for men with cancer, mostly but not limited to prostate cancer, is held once every three weeks at Lukholweni Interim Home Orlando East, 1344/7 Mokoena Street, Orlando, Soweto.

The next support group meeting will be held on Friday, 27 March and the following meeting will be on 17 April

Contact Elvis Munatswa on 0785665840 or Bridget Manyonga on 011 935-1295 for more details of this group.

LET'S TALK ABOUT CANCER!

Join us at a CanSurvive Cancer Support Group meeting

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

Upcoming meetings: starting at 09:00 at

MIDRAND - 28 March -
in the Boardroom (follow the signs) at
Netcare Waterfall City Hospital
HEAD and NECK Group - 2 April
at Rehab Matters, Rivonia
PARKTOWN - 14 April, Hazeldene Hall
(opp. Netcare Park Lane Hospital)
CAREGIVERS ONLY MEETING 18 April at
Nosworthy Oncology, Parktown

Enquiries:

Bernice 083 444 5182 or bernicelass@gmail.com
Chris 083 640 4949 or cansurvive@icon.co.za
www.cansurvive.co.za

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

NETCARE
You're in safe hands

Anxiety, chronic pain among problems that adult cancer survivors experience

A team of researchers from The University of Texas at Arlington and the University of Central Florida have determined that years after going into remission, many adult cancer survivors still encounter challenges arising from their disease and its treatment.

From anxiety about a cancer recurrence to physical problems such as chronic pain, survivors aren't quite done battling the effects of cancer even 2, 5, and 10 years after treatment for the disease.

The study, "Current unmet needs of cancer survivors: Analysis of open-ended responses to the American Cancer Society Study of Cancer Survivors II," is published online and in the February issue of Cancer, a journal of the American Cancer Society.

"So often, the expectation is that a cancer survivor should be grateful for having survived a diagnosis of cancer. And while this may be true, those survivors with debilitating, lingering effects of cancer and its treatment are not always acknowledged within healthcare systems as needing continued care based on their cancer survivor status," said Gail Adorno, assistant professor in the UT Arlington School of Social Work and co-principal investigator on the study. "Our findings suggest that cancer survivors do experience a variety of unmet needs from having had cancer and/or its treatment."

To gauge the unmet needs of cancer survivors, researchers assessed responses from an American Cancer Society survey of 1,514 participants, age 18 years or older. The participants were randomly selected from population-based cancer registries in 14 different states and survivors of breast, prostate, colorectal, skin melanoma, bladder, or uterine cancer. They responded to the open-ended question: Please tell us about any needs you have now as a cancer survivor that are not being met to your satisfaction.

A six-person interdisciplinary team spent more than 200 hours analysing the answers, coding them into 16 themes of responses. The themes ranged from financial unmet needs to personal control, including the inability to control urine and lack of sexual function.

Mary Ann Burg, professor of social work at the University of Central Florida and co-principal investigator, noted that improvements are needed concerning public awareness of cancer survivors' problems, honest professional communication about the side effects of cancer, and the coordination of medical care resources to help survivors and their families cope with their lingering challenges.

The average number of unmet needs per survivor was 2.88, with breast cancer survivors identifying more unmet needs than other survivors in the study. Survivors most frequently expressed physical problems, with 38 percent saying they were an issue.

Personal control -- such as the ability to plan and make decisions with regard to one's own health care, talking about one's cancer to employers or others, or the ability to move as desired - was one of the dominant themes in the responses, having not been previously identified in the literature on unmet needs.

http://tinyurl.com/mqjb55u

Immuno-oncology: The challenging road ahead

by Andrew Schorr – Host & Founder, PatientPower.info

Experts say there is tremendous promise in stimulating a patient's own immune system to fight their cancer. A few new drugs are already on the market in this area for conditions like advanced melanoma and some subtypes of lung cancer. We had a town meeting discussing this for lung cancer in March 7th Tampa and a melanoma one on March 28th in Phoenix. In blood cancers, hematologists also see great promise for this approach as we heard from many at the recent American Society of Haematology meeting. And, earlier, Dr. Oliver Press spoke to me about it in lymphoma. But there's a caution just now: even when experts say they are "excited," it can be a rough go for patients.

As you may know, as doctors are testing out a new approach like immuno-oncology, they conduct clinical trials. Many trials are designed for the sickest people where their other options have run out. I have a dear friend in Seattle in exactly that situation. He has diffuse large B-cell lymphoma, and there is a trial of chimeric antigen receptor T-cell (CART) for his condition. He hopes to start participating soon. But like other patients who benefited in chronic lymphocyttic leukemia (CLL), at this point, he is very, very sick and debilitated from months of chemo and a stem cell transplant that didn't last. Our prayer is that he will enter the trial, and miraculously his T cells can be marshaled to finally fight his cancer.

This is nothing like taking a pill to fight a sinus infection. These days the patients in these trials are at very low points. Of course, the researchers are hoping to prove safety and effectiveness and see immuno-oncology approaches used much earlier in the course of a disease for greater benefit. That often happens with new cancer approaches. But today—as immuno-oncology is being studied for a broader range of conditions—many of the patients are very sick, like my friend, and it is their last hope. In my friend's case, he is now facing additional chemo, so he can qualify for the trial. The journey has been incredibly tough, and we need to be reminded of that.

I am a big proponent of clinical trials. I believe participating in one in 2000 for CLL saved my life. Fortunately, that one was for previously untreated patients, so I was feeling pretty strong at the outset. But many other trials are for people who have tried everything else. I pray this new approach to cancer treatment works for them, and they can make a solid turn toward strength and better health. I believe immuno-oncology will work out, as it has already for some people with melanoma and lung cancer. And when it does, we will have to thank some very sick patients who faced a bumpy road to make progress real for the rest of us.

http://www.patientpower.info/blog/patient-power/2015/02/03/immuno-oncology-the-challenging-road-ahead/

Myeloma – what patients need to know

The American Society of Hematology's annual meeting in December was the largest global blood cancer meeting, featuring over 3,000 scientific abstracts, and was attended by more than 20,000 medical professionals.

The audio and slide presentation by Chairman of the International Myeloma Foundation, Brian G.M. Durie, can be accessed on http://myeloma.org/ArticlePage.action?tabId=0&menuId=0&articleId=4492

Entitled "What Patients Need to Know" it covers four Myeloma hot topic categories:

- Combinations of Approved Agents
- Fine Tuning Based on Individual Patient Characteristics
- Role of MRD Testing
- New Agents

Plus 2014 Key Issues:

- High Risk Smoldering
- Frontline Therapy
- Role of MRD
- Transplant
- Maintenance/Continuous Therapy
- Imaging
- New Drugs

HELP CANSURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS

"Those who make compassion an essential part of their lives find the joy of life. Kindness deepens the spirit and produces rewards that cannot be completely explained in words. It is an experience more powerful than words. To become acquainted with kindness one must be prepared to learn new things and feel new feelings. Kindness is more than a philosophy of the mind. It is a philosophy of the spirit."
-Robert J. Furey

New prostate cancer research presented at Symposium

Recently health care professionals and researchers met in Orlando, Florida, for the 2015 Genitourinary (GU) Cancers Symposium.

Four studies weree presented at the meeting addressing ways to improve the care of men with prostate cancer. The studies were:

- Identify a potential risk factor for developing prostate cancer,
- Investigate ways to select the best treatment option, and
- Provide new insight into the debate over prostate-specific antigen (PSA) screening.

Prostate cancer risk

After analysing data from nearly 180,000 men collected in the Surveillance, Epidemiology, and End Results (SEER) database, researchers have found that the risk of developing prostate cancer is higher in men who have already had testicular cancer than those who have not.

"It is too soon to make any recommendations based on this single study, but the findings provide groundwork for further research into the biologic link between the two diseases," said senior study author Mohummad Minhaj Siddiqui, MD, an assistant professor of surgery at the University of Maryland School of Medicine and Director of Urologic Robotic Surgery at the University of Maryland's Marlene and Stewart Greenebaum Cancer Centre in Baltimore.

Prostate cancer treatment

For many types of cancer, doctors are able to run laboratory tests to identify specific genes, proteins, and other factors unique to the tumour that help determine the best treatment option for each patient. However, there are currently no tests to help doctors select the best treatment option for men with metastatic castration-resistant prostate cancer (mCRPC).

A group of researchers from the Sidney Kimmel Comprehensive Cancer Centre at Johns Hopkins University have been researching a blood test for a genetic change called AR-V7. They have found that although men with mCRPC that tested positive for the AR-V7 mutation did not benefit from hormone therapy with either abiraterone (Zytiga) or enzalutamide (Xtandi), AR-V7 status did not affect response to chemotherapy with either cabazitaxel (Jevtana) or docetaxel (Docefrez, Taxotere).

AR-V7 testing is not currently available outside of clinical trials. However, the researchers believe it "may be extremely valuable in guiding treatment decisions for men with hormone-resistant disease in the near future."

A separate study raises questions about recommending active surveillance to men with intermediate-risk prostate cancer. Based on data collected from 945 men, those with intermediate-risk disease had a nearly four-times higher chance of dying from prostate cancer within 15 years when their disease was managed using active surveillance compared to men with low-risk disease.

"For low-risk patients with prostate cancer managed with active surveillance, the risk of dying of prostate cancer is low, validating this approach for this group of patients," said D. Andrew Loblaw, MD, a radiation oncologist at Sunnybrook Health Sciences Centre in Toronto, Canada. "However, more research is needed to better characterise those intermediate-risk patients who can safely be monitored on a surveillance program."

Prostate cancer screening

The final study analysed data from more than 87,500 men with prostate cancer. The results show that since 2011, the number of men diagnosed with either intermediate- or high-risk disease has increased by nearly 6%. According to the authors, this is the first study to measure changes in prostate cancer presentation after the implementation of the US Preventive Services Task Force's PSA screening recommendations.

"This study, while preliminary, adds new insight to the ongoing debate on the risks and benefits of PSA screening for prostate cancer," said Charles Ryan, MD, ASCO Expert and GU News Planning Team Member. "These findings alone do not warrant changes in physician practice, but they do suggest that men should continue to be encouraged to talk with their doctors about screening to decide whether it is appropriate for them."

http://tinyurl.com/mny8m46

Wings' World Cancer Day

On 4 February, Netcare Olivedale Hospital was visited by members of Wings of Hope to mark the annual World Cancer Day.

Wings of Hope is a team of breast Cancer survivors who reach out to support others who have been diagnosed with cancer, through regular public meetings, telephone, socials, hospital visitations and their Facebook page

With over 100,000 South Africans being diagnosed with cancer annually, and more people around the world dying from this illness than TB, Aids and malaria combined, cancer is clearly a force to be reckoned with.

To raise awareness of the global impact of cancer and educate the world population on prevention, detection, treatment and care, World Cancer Day is marked annually on 4 February.

"The theme for World Cancer Day 2015 is 'Not beyond us', which takes a proactive approach to the battle against cancer. This theme emphasises existing solutions within our reach that impact positively on the global cancer burden," notes Noeleen Phillipson, Netcare Executive: Oncology. The 2015 World Cancer campaign will focus on four key areas:

Making healthy life choices
Promoting early detection
Attaining treatment for all
Enhancing quality of life
Should you need someone to talk to you may contact them on 011432 8891, info@wingsofhoe.org.za or visit their web page www.wingsofhope.org.za.

From left:Wings members, Colleen Greeff, Jenny Aspinall, Stella Pikes, Marlena Stattler, and Jenny Murdoch

Olivedale HR Manager, Pooveshni Rao, takes time out from her busy day to become better informed by Colleen Greeff from Wings of Hope, on the various aspects of cancer, especially the importance of early detection and annual checkups.

Wings of Hope Cancer Support

Record attendance

At the Wings of Hope January meeting, Dr. Cornelia Botha lectured on the uses of medical dagga and its possible legalisation to a record audience of more than 120 attendees.

New Men's Breast Cancer intiative

Wings Directors were joined by Bev du Toit at the kick-off meeting to outline details for a planned Men's Breast Cancer Seminar by the Wings in Soweto.

Palliative care training

Hospice Wits
no end to caring

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.***

Dates to diarise

March 2015

26 Reach for Recovery, Cape Peninsula 10:00. Mammograms.

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

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

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

12 Can-Sir Testicular Awareness HighTea, Our Lady Help of Christians Catholic Church, Lansdowne Road, Lansdowne, Cape Town 14:00

13 - 26 Jun: Can-Sir/Love Your Nuts - Balls n Hooters Schools Cancer education campaign

18 CanSurvive Caregivers Only meeting 08:30 at Nosworthy Oncology, Parktown.

21 Prostate & Male Cancer Support Group, Auditorium, Constantiaberg MediClinic, 18:00

25 CanSurvive Cancer Support Group, Netcare 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

May 2015

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

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

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

12 Reach for Recovery, Roodepoort Centre for the Aged, Robinson Street, Horizon14h00

13 Reach For Recovery, Johannesburg, 19 St John Road, Houghton 13:30

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

19 Prostate & Male Cancer Support Group, Auditorium, Constantiaberg MediClinic, 18:00

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

28 Reach for Recovery, Cape Peninsula 10:00 Recurrence of Breast Cancer.

June 2015

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

CONTACT DETAILS

Cancer Buddies Johannesburg branch, and CanSurvive Cancer Support Groups - 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 & Male Cancer Support Action Group, MediClinic Constantiaberg. Contact Alan Mitchell on 073 560 3067 or alan.mitchell@telkomsa.net, or Can-Sir: 079 315 8627

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 bbfzim@gmailcom

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

Code4SA launch new medicines pricing app

Did you know medicine prices are regulated in South Africa? Ever wondered if you're paying too much for your prescriptions? Use a new, free app to avoid paying too much.

Created by the non-profit Code4SA, the new app uses the latest single exit prices for medicines to let you see if you are paying too much for medication.

In 2004, the government introduced a single exit price mechanism for medicines to put a stop to discounts and additional levies on medicines. The mechanism now lists the maximum price for most medicines. However, dispensers may charge an additional dispensing fee depending on the price of the medicine.

Using the latest single exit prices, the new app allows you to check what price you should be paying for your prescriptions – and whether cheaper generics are available. Once you know if a generic option exists, you can ask your doctor whether the generic medication is right for you.

http://www.health-e.org.za/medicine-price-registry/

Wearable device slows brain tumour growth

A novel wearable device, already used on nearly 2,000 patients to slow the growth of cancerous glioblastoma brain tumours using electrical fields, is now being tested to judge its effectiveness against other types of solid tumours.

Novocure Chief Science Officer Eilon Kirson says that the 15-year-old company's Tumour Treating Fields (TTFields) technology is being tested on ovarian and pancreatic cancer patients and patients with cancers that have spread to the brain.

At the same time, Novocure is involved in trials to see if TTFields can extend the life of even more patients with glioblastoma, the most common form of primary brain cancer in adults. Approximately 10,000 new cases are diagnosed in the United States each year.

"Electric field-based therapy had never been used to treat cancer beyond very local therapies," Kirson explains. "Treating entire parts of the body this way is a completely novel concept and technology, and there is no other one like it. Novocure owns the entire IP portfolio for the science and the product."

http://tinyurl.com/ln4be58

Deadly shortage of black stem cell donors

Black South Africans make up about 47 percent of all cancer patients but only five percent of donors in the nation's bone marrow registry. The gap between those who may need bone marrow or stem cell transplants, and those able to provide them has deadly consequences for cancer patients.

As part of stem cell transplants, stem cells are removed from the tissue of donors or, where possible, patients. These cells are usually from human tissues including bone marrow or fat.

Once removed, the stem cells are given high doses of chemotherapy – higher than what could be administered to patients – before being transplanted into patients in the hope that they will kill other cancerous cells.

Only about 4,000 of South Africa's 68,000 registered bone marrow donors come from the black community, according to the South African Bone Marrow Registry Public Liaison Romy Saitowitz, who added that patients' chances of finding a suitable bone marrow or stem cell donor are highest among donors of their own ethnic groups.

Finding a perfect match is no easy task. Even when donors and patients are from the same ethnic group, the odds of a match are one in 100 000.

"It is a highly specialised process," Saitowitz said. "It can take our staff anything from weeks to month depending on the patient's tissue type".

To increase the amount of black donors, the Gauteng Department of Health has embarked on a campaign to increase awareness about the importance of becoming donor among black families.

http://www.health-e.org.za/2015/03/03/deadly-shortage-black-stem-cell-donors/

Advanced technology for more precise, effective treatment of brain and spine tumours

NewYork-Presbyterian/Weill Cornell Medical Centre now offers a system that uses image-guided radiotherapy (IGRT) to treat patients with brain and spine tumours and other brain abnormalities. With this new system, NewYork-Presbyterian/Weill Cornell doctors can deliver highly accurate doses of radiation therapy to targeted areas in the brain while maximizing patient comfort in a procedure called stereotactic radiosurgery.

Dr. Susan Pannullo, director of neuro-oncology in the Department of Neurological Surgery at NewYork-Presbyterian/Weill Cornell Medical Centre is currently leading an American Society for Radiation Oncology initiative that is studying stereotactic radiosurgery outcomes at 30 sites nationwide.

Radiation therapy is a primary treatment for benign and malignant tumours of the spine and brain, especially tumours that are inoperable due to their location in the brain. However, small shifts in patient movement can cause radiation beam misalignment with the tumour, causing accidental damage to healthy brain tissue.

The accuracy and precision of the new IGRT system, allows physicians to apply higher treatment doses within one millimeter of a tumour with non-invasive immobilisation of patients. The system consists of X-ray units installed in the treatment room floor that closely monitor patient movement throughout treatment. Unlike traditional radiation therapies for brain and spinal cord tumours, there is no need to restrict patients with rigid head or body frames that may cause discomfort or pain during the procedure.

"This new system is revolutionising treatment delivery for tumours of the central nervous system region," said Dr. Gabriella Wernicke, radiation oncologist at NewYork-Presbyterian/Weill Cornell Medical Centre. "It offers highly accurate single or multi-fraction treatment using a patient-friendly, head-to-shoulder non-invasive mask. The system also streamlines workflow, which improves scheduling flexibility for imaging, planning and treatment, all while improving patient comfort."

Since August, NewYork-Presbyterian/Weill Cornell physicians have

used the system to treat patients with conditions such as brain metastases, benign tumours, malignant glioblastomas and spinal metastases. The new IGRT system is the latest advance for New York Presbyterian/Weill Cornell Medical Centre, a leader in advanced radiation therapy.

http://tinyurl.com/n7876le

A phone that sniffs out cancer

Can your smartphone screen your breath to detect cancer? That could happen someday soon, if the Sniff-Phone project from Israel comes to fruition.

The Sniff-Phone is the latest low-cost nanotech diagnostic tool proposed by Technion-Israel Institute of Technology Prof. Hossam Haick, developer of the Na-Nose breathalyser technology now heading toward commercialisation for detecting diseases including lung cancer.

The Sniff-Phone would link the same technology to a smartphone to provide non-invasive, fast and cheap disease detection. Embedded micro- and nano-sensors would "read" exhaled breath and then transfer the information through the attached mobile phone to an information-processing system for interpretation and assessment.

New study findings could improve targeted chemo drug delivery

Breakthrough research shows silicon nanomaterials used for the localised delivery of chemotherapy drugs behave differently in cancerous tumours than they do in healthy tissues.

A new Israeli-American study reveals that silicon nanomaterials for localised delivery chemotherapeutics behave differently in cancerous tumours than they do in healthy tissues.

"We have shown for the first time that biomaterials in general, and nanostructured porous silicon in particular, behave differently when they are injected (or implanted) at the tumour microenvironment," said Professor Ester Segal, who heads the Technion group that led the study. "Over the last few years we successfully engineered silicon to be used as a carrier of anticancer drugs that releases its contents in a controlled manner, and now we have focused on the degradation mechanism of the silicon at the diseased tissue."

The important findings of the study, which investigated the behavior of the silicon 'carriers' in breast cancer tumours, is associated with the accelerated degradation of the silicon material in the diseased area.

The research showed that reactive oxygen species upregulated in the cancerous environment (in vivo), induce oxidation of the silicon, causing a rapid degradation of the 'containers' as compared with (in vitro) lab experiments. This process of nanostructured silicon degradation at the tumour microenvironment could allow for early and smart design intervention of the silicon structure to facilitate controlled release of the drug at the targeted site.

The study was published in the journal, Nature Communications.

Targeted therapy drug for use in newly metastatic breast cancer patients

Palbociclib, an investigational oral medication that works by blocking molecules responsible for cancer cell growth, is well tolerated and extends progression-free survival (PFS) in newly diagnosed, advanced breast cancer patients, including those whose disease has stopped responding to traditional endocrine treatments. Results of the phase II study, led by researchers in the Abramson Cancer Centre and the Perelman School of Medicine at the University of Pennsylvania , were published recently in Clinical Cancer Research. Earlier phase I results by researchers at Penn Medicine contributed to the development of palbociclib, which was recently approved by the US Food and Drug Administration (FDA) for metastatic breast cancer patients just beginning to undergo endocrine therapy.

"The FDA approval has expanded treatments options for many metastatic breast cancer patients, but these new results are showing how effective the drug can also be for breast cancer patients who have already tried endocrine therapies and may be running out of options," said lead investigator Angela DeMichele, MD, MSCE. "Combined with the promising results from other trials looking at the effectiveness of this drug, our results indicate that palbociclib can extend the duration of disease control and produce tumour shrinkage in patients with estrogen-receptor positive (ER+) breast cancer, without the debilitating side effects of chemotherapy."

http://www.medicalnewstoday.com/releases/289813.php?tw

Farydak approved for multiple myeloma

Farydak (panobinostat) has been approved by the U.S. Food and Drug Administration to treat multiple myeloma, a cancer of the blood.

Blood cancer kills more than 10,000 Americans annually Affecting mostly older adults, the disease causes blood plasma cells to multiply rapidly, overtaking other healthy blood cells from the bone marrow. This can weaken the immune system and lead to bone and kidney problems, the FDA said in a news release.

Multiple myeloma is diagnosed in almost 22,000 Americans annually, killing about 10,700 each year, according to the US National Cancer Institute.

Farydak inhibits enzymes called histone deacetylases (HDACs), which could slow the overproduction of plasma cells among people with multiple myeloma, the FDA said.

The new drug is sanctioned for people who have received at least two prior standard therapies. It's approved to be given in combination with two other drugs, bortezomib and dexamethasone.

Rare African bush may help kidney cancer treatment

New University of Leeds research has shown why a bush that is only found in some African countries could hold a key to killing renal (kidney) cancer cells.

Phyllanthus engleri, also known as spurred phyllanthus, is only found in Tanzania, Zambia, Malawi, Zimbabwe and Mozambique. Previous studies have shown that the plant contains a chemical, Englerin A, which kills renal cancer cells – but they have not shown why.

A research team led by Professor David Beech, of the School of Medicine at the University of Leeds, has discovered that Englerin A in very small amounts activates a particular protein, TRPC4, and its close relative TRPC5. This triggers changes in the renal cancer cell which kills it.

Professor Beech said: "This unexpected discovery is exciting because it means we could develop new cancer drugs towards these particular proteins, TRPC4 and TRPC5. Englerin A is particularly interesting because it is selective – it only kills renal cancer cells and a few other types of cancer cell. Other cell types are resistant to it, so we think Englerin A has a great deal of potential.

"This is just the first step on a journey though – our studies have been in the laboratory, not on patients. It could take some years to develop a drug which would effectively target these renal cancer cells in people."

The research showed that the protein activated by Englerin A forms channels that open to allow tiny electrically-charged atoms known as ions to enter cells and trigger changes. This import of ions was studied at a molecular level.

Professor Beech's team worked with colleagues at the Max Planck Institute of Molecular Physiology in Dortmund and Freie Universität in Berlin, Germany, on the research.

http://tinyurl.com/mues7e3

Almost two million smokers will die from their habit

The first large-scale, direct evidence on smoking and mortality in Australia shows up to 1.8 million of the country's 2.7 million smokers will die from their habit if they continue to smoke.

Professor Emily Banks said the research, published in the international journal BMC Medicine, was an important reminder that the war on tobacco was not yet won.

"Australia can be proud of its remarkable success in cutting population smoking to just 13 per cent, but even with this world-leading result, 2.7 million of us still smoke," said Professor Banks, from The Australian National University (ANU) and Scientific Director of the Sax Institute's 45 and Up Study. "Our findings show that up to two in every three of these smokers can be expected to die from their habit if they don't quit and this highlights the importance of staying the course on tobacco control."

The research is the result of a four-year analysis of health outcomes from more than 200,000 people from the general population participating in the Sax Institute's 45 and Up Study.

http://tinyurl.com/lhqeq95

Chemotherapy after bladder cancer surgery could improve survival

Patients that received chemotherapy after bladder cancer surgery demonstrated an approximately 30% lower risk of death than those that underwent surgery alone, according to an analysis presented by researchers at the Icahn School of Medicine at Mount Sinai at the 2015 Genitourinary Cancers Symposium.

Clinical trials have established the benefit of giving chemotherapy prior to surgery (neoadjuvant chemotherapy) for patients with bladder cancer. However, clinical trials exploring giving chemotherapy after surgery (adjuvant chemotherapy) have been difficult to interpret and many of the trials closed early due to poor accrual without providing an answer.

"Until now, data supporting adjuvant chemotherapy has been mixed," said lead Dr. Galsky, Associate Professor of Medicine, Hematology and Medical Oncology, and Assistant Professor, Urology at the Icahn School of Medicine at Mount Sinai. "Our analysis of actual cases supports the use of chemotherapy after surgery for patients with locally advanced bladder cancer."

Of the 5,653 patients analysed, 1,293 patients received adjuvant chemotherapy versus 4,360 patients who received surgery alone.

"Chemotherapy prior to surgery remains the optimal approach for patients with bladder cancer based on the available evidence. However, population-based observational studies may be used to help fill the knowledge void in situations where clinical trials have not yielded definitive evidence. This comparative effectiveness analysis may help inform the care of patients with bladder cancer who have not received chemotherapy prior to surgery," Dr. Galsky said.

http://tinyurl.com/mvkfx6o

Making the emergency room safe for cancer patients

No one enjoys a visit to the emergency room. For the vast majority of us, a trip to the ER means that something frightening and serious (or potentially serious) has suddenly and unexpectedly happened to us or to a loved one. Sudden chest pain. A deep cut. Blacking out. Our expectations are the same: that the emergency room is the safest place for us and the ER physicians, nurses, and staff will know exactly what to do.

But for cancer patients, the ER is not always so safe. Because cancer patients are very different from patients without malignancies, and both the emergency room's patients and staff may place the cancer patient at increased risk.

Emergency rooms are filled with infected patients, people who can infect those around them. On any given Friday night, the average ER waiting room is crowded, and at least one person (often more than one) is coughing or sneezing uncontrollably. Wiping their very runny nose every thirty seconds. Touching their chair, the magazines, the rest room door handle. For cancer patients, these infected ER waiting room compatriots are a particular threat, as cancer patients are immunocompromised, making them both more vulnerable to becoming infected and at greater risk of suffering serious complications should they become infected. And infections don't just come from other ER patients, because these infected patients are cared for by the same doctors, nurses, and technicians who care for the ER cancer patient. While we certainly expect all ER workers to wash their hands between each and every patient, studies show otherwise (less than half of emergency caregivers do so).

But if you are a cancer patient, you can take some simple precautions to reduce the risk of becoming infected during your ER visit. First, stay far, far away from anyone in the ER from who appears to have the cold, flu, or other infection (coughing, sneezing, runny nose, watery eyes).

Another danger for the ER cancer patient is more subtle: a lack of knowledge. ER doctors, nurses, and other staff are specifically trained in emergency medicine, not in oncology. Thus, many ER care providers may not realise that symptoms which are minor (non-emergent) in most patients may represent a very serious, even life-threatening emergency in a cancer patient.

For more information http://tinyurl.com/p4s2m6v