

VISION

COPING WITH CANCER



VISION, APRIL 2016



Roche feel the heat over Herceptin

On Thursday, 31 March, members of the Cancer Alliance including Advocates for Breast Cancer, the Cancer Association of South Africa (CANSA), People Living with Cancer, Wings of Hope, as well as the South African Non-Communicable Diseases Alliance, Doctors without Borders, SECTION27, and the Treatment Action Campaign, carried out a successful picket outside Roche HQ in Sandton about breast cancer medicine trastuzumab/herceptin.

Around 300 people were outside while delegates met with representatives from Roche who took their press release and heard the demands issued to them including dropping the price and abandoning all secondary patents on breast cancer medicine trastuzumab/herceptin. They promised to put this before the new CEO commencing on 5 April. The delegation demanded a meeting with them to discuss Herceptin on 11 April or threatened to return in greater numbers.

In the private sector, a 12-month course of Herceptin costs approximately R485 800, or more if higher dosing is required. Unless significantly lower prices are made available to the department of health, trastuzumab is unlikely to be purchased on tender and made available for use in the public sector," the campaign claimed.

Running for cancer at the Two Oceans Marathon

Members of Can-Sir figured prominently at the Old Mutual Two Oceans Marathon. - more pics on page 5



Not meant to survive

7:00am; Lights on.

Coffee, black and a banana. Paperwork. 27 patient visits, 3 emergencies, 35 phone calls. Lots of computer time. Some laughs and a few tears. Paperwork. Last family meeting. Coffee, black. In between: Thursday.

I was not completely successful in explaining to my frantic patient with the multi-page lab printout, how the problem was not that her tests were bad, but that the computer had used the wrong "normal" range to decide what to flag bright-scary-red. The lab company is going to issue a new report.

I told 87-year-old Lil that she looked great and young. She told me I was lying. "I know that I am an old hag and look like hell. But, don't worry, I'm a tough-battle-axe broad."

Reorganised the therapy of a patient who got a second opinion and started chemo without the doctor contacting me. The new treatment not only overlapped with prior failed therapy, it threatened major complications because of her general medical condition. I do not understand why doctors do not pick up the phone, send an email or at least type a note. I dream always of a universal EMR.

Gave my usual new patient instructions, which include the words, "this is not a time to go it alone. I am here to help. This is a time to be whiney, so I want you to call with any problem." "No problem doc, you are the man, you call the shots." I asked if they would mind telling my wife.

Saw four new patients regarding therapy for cancer. Despite aggressive chemotherapy plans, I was able to counsel three of them regarding end-of-life choice. All agreed to complete an advanced directive, one of them a POLST and two decided they never want to be on a ventilator or have CPR. I feel better knowing that whatever happens, we have a plan.

Paula requested a script for a wig. I was surprised because she had made a big thing about just wearing a scarf or no head covering at all. She believed that chemo baldness was just part of the battle. She would "declare her disease." "What changed, why did you decide to get a wig?" "Well," she said, "It turns out my friends were more attached to my hair than me."

Put a new patient in a tough spot. I am advising therapy which is different than her primary oncologist's recommendation and we were not able to completely agree, even when I called him. The patient must make a treatment choice when there is no good data. I will support whatever decision she makes.

Ron is recovering from cancer, which spread to his hip, for which he had radiation. I had given him a prescription for physical therapy; however, he has not gone to PT. "Why?" I asked. His wife had a better solution. For 32 years, she has been trying to get him to go shopping. Now, to regain strength, she takes him to the market and makes him use the shopping cart as a therapy walker.

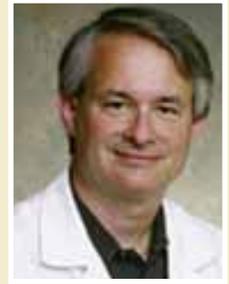
CONTRIBUTIONS FOR PUBLICATION IN "VISION" NEWSLETTER

Comments, articles, letters and events submitted for publication in VISION are welcomed and can be sent to: cansurvive@icon.co.za.

James C. Salwitz, MD

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



A husband and wife were in to discuss her case. The medical records they provided are stunning; indexed, flow diagrammed, converted to Excel, color-coded and mounted in spiral folders. I told them these were the best patient documents I had ever seen. The husband responded this was because the two of them were "CDO." I was not familiar with the term. "Oh," they explained, "that is when you take OCD one step further and put the letters in the correct order."

I got two separate messages from patients regarding the same complaint. Both felt well and were without pain, shortness of breath, dizziness or diarrhea. However, they complained that their temperature was "too low." 97.3 and 96.6. I tried to explain that unless something truly terrible is happening a "low temp" has more to do with how it is measured than reality. One required a rectal temperature to be reassured he was OK.

Marlene, who is 94, was in the office with her friend Maude, also a nonagenarian. I needed to write a prescription for Marlene. She asked that I call a specific pharmacy, even though it is across town from where she lives. "Why?" Well, it turns out that particular pharmacy has same-day-delivery, which involves a particular delivery "boy." This young man apparently has the admiration of the "girls," such as Marlene and Maude, in their senior-restricted apartment building. They rushed home to await the arrival of the "medicine."

Told a 54-year gentleman he had "cancer." What made this odd is that he had already undergone complex surgery for the "mass" and the doctor had taken out a large "tumour." The surgeon does not like to use that most evil of words.

An advanced breast cancer patient of mine came in looking much the worse for wear. For once, the cause was not I, nor her cancer. Rather she was recovering from a "vodka drunk." The hangover lasted four days. "Was it worth it," I inquired? "Absolutely."

"What is your goal?" I asked Brian, trying to move forward a difficult conversation about cancer, chemo and life. "I have no goal. I want nothing. I want to know nothing. I just want to live today, and maybe tomorrow. One day, one step. Nothing more."

Finally, there was Rich. A once a Marine, always a Marine type, he is an ex-machinist who at 78 is strong and tough like drawn-steel, short military-silver hair, bright-blue eyes, and leather-tanned skin. His complaint involved his surgical wound. "Doc, I am a bath guy. I am not a shower guy. I am a bath guy. The surgeon says I can't take a bath until I'm completely healed. This is killing me." "What is wrong with a shower for a week or two," I asked. "You don't understand. In the bath, I have my soaps, my scents and my bubbles. How can you have bubbles in the shower?" Rich had a point. The cancer care was interfering with his daily foamed soak. We agreed to invent a shower attachment that sprays cologne and bubbles. I did not have the guts to ask about rubber ducks.

7:00pm; Lights out.

Cancer Buddies @ Centurion first support group meeting

The meeting was held on 16 March at Netcare Unitas hospital and could be summed up in one word – awesome. The people that attended the meeting all had one thing in common – mountains full of compassion - for the cancer patients and their families. The staff of Netcare Oncology Unitas – I salute you. You have the winning combination of knowledge, caring and willingness to help each patient and their families on their journey. And most importantly, Mr. Robert Jordaan head of the hospital is 100% onboard. Netcare is graciously sponsoring the venue for the meetings, as well as refreshments. What a blessing!

Janie Du Plessis – CEO of People Living With Cancer was our guest speaker. As dynamic as ever, with a touch of “down to earthness” that makes her so approachable. It’s evident in her talk with us, being a 19-year cancer survivor has given her the knowledge and insight to lead others, as to what needs to be done in communities, especially the rural areas. There they focus and teaching doctors and nurses on self examination of people so that they can detect breast or testicular cancer early. So far their project has met with great success and early detection is made possible.

There is such a huge stigma in African communities around cancer – some view it as a punishment on the patient. Which means, they must have done something terribly bad, to deserve it. Then there are people who believe “cancer” is a “white man’s disease” only. Some even assume they are actually hiding the fact “they” have “Aids”. Ignorance can be understood – as weight loss and hair loss is part of the symptoms for some patients. These assumptions traumatise the patients even more. It also puts additional stress on them and can delay their recuperation. Being shunned, instead of being supported. It’s heartbreaking.

We all know that no man is an island. If one family member is touched by cancer, everyone around them is affected as well. The patient has to struggle with the 1001 questions after the diagnoses. Why me? Did I do anything wrong? Am I going to die? How do I tell my family and loved ones? What is my diagnosis and what does it actually mean for me? What are my treatment options. Once they leave the oncologist’s room, their minds are still in the process of taking it all in. Nothing at this moment in time makes sense, never



Some of the staff at Netcare Oncology Unitas who assist cancer patients.

mind thinking ahead. All they hear is cancer, chemo and radiation. This is where they get stuck.

Once the reality hits – the emotions come and go like waves of the ocean. Angry, scared, negotiating with a higher power, depression and a sense of being lost and helpless. With a support group, patients and families can take hands and encourage each other on their individual journeys. This is one place where they can share and care for each other. And most important of all – learn more about the battle they are facing. With a counselor and psychiatrists on board this is one place where they can deal safely with emotional issues.

Please join us – all patients, families and survivors are welcome.

Henriette Brown (Coordinator and Counselor)

Cancer Buddies @Centurion

Join us at our monthly meeting for refreshments, a chat with other patients and survivors and enjoy an interesting and informative talk.

Next meeting: 20th April at 18:30 at Unitas Hospital boardroom

Speaker: Clinical physiologist, Ivan De Klerk, will talk about stress and stress management

Enquiries: Henriette Brown (Coordinator and Counselor) 0728065728



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



Collective South African Voices for Cancer

www.canceralliance.co.za



The Cancer Alliance is a collective group of cancer control non-profit organisations and cancer advocates brought together under a common mandate, to provide a platform of collaboration for cancer civil society to speak with one voice and be a powerful tool to affect change for all South African adults and children affected by cancer.

CANSA can help with colostomy care

The Cancer Association of South Africa (CANSA) offers stoma clinical support and organisational management at our CANSA Care Clinics across the country. It can take a while to get used to dealing with a stoma, so it is important to seek support.

What is a colostomy?

If a patient has a colostomy or ileostomy operation as part of treatment, the end of the bowel is brought out into an opening on the abdomen. The opening is referred to as a stoma. Some people have a temporary colostomy (an artificial opening into the colon), made during their treatment for bowel cancer. The colostomy is closed a few months later when the bowel has fully healed. Some people have a permanent colostomy or ileostomy (artificial opening into the ileum or small bowel).

Stoma care

The colostomy bag is designed to stick onto the abdomen where it collects the faeces and flatus from the stoma. It is waterproof so one can wear it while showering or bathing. Most colostomy bags have several special features including a filter – which works by releasing wind so the bag does not inflate (which is called 'ballooning'). The filter also has a deodorising action to make sure that there is no smell, which is one of the things that people worry about the most.

Management of colostomy

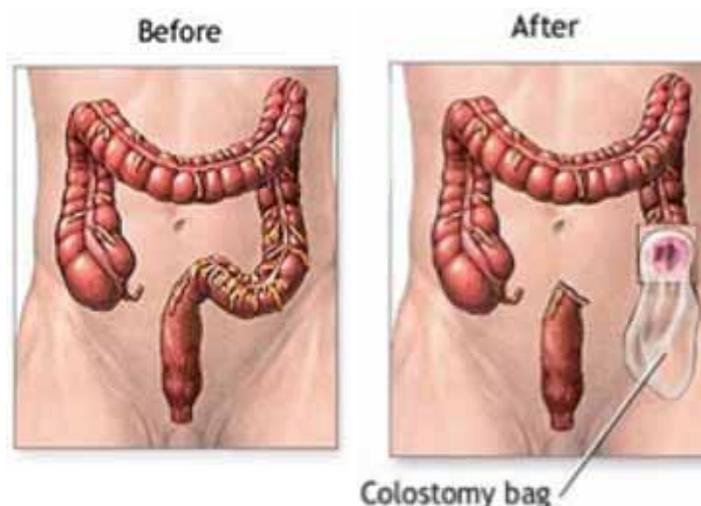
Swimming and bathing:

- Leave pouch on while swimming
- Soap/water will not enter stoma, but interfere with skin barrier/adhesiveness to skin

Empty pouch regularly

Clothing/travelling/sport/exercise:

- Avoid too tight clothing
- Avoid rough contact sport/heavy lifting – hernias



- Heat/sweat/moisture reduce wear time of pouch

Diet/nutrition:

- Diet affects odour
- Foods that may increase odour:
 - Asparagus, broccoli, Brussels sprouts, cabbage, cauliflower, eggs, fish, garlic, onions
- Foods that may increase gas:
 - All above plus, beans, beer, beverages

How CANSA helps

CANSA offers pre- and post-operative counselling, actual siting of the stoma and intra-operative care via our stoma clinics and specially trained nursing staff. Incontinence advice is given to patients and families and they are empowered with coping skills to deal with living with a stoma day-to-day. Stoma bags and linen savers can be purchased at reduced prices at most local CANSA Care Clinics.

More information about stoma can be found on our website: www.cansa.org.za

Contact your local CANSA Care Centre to find out about stoma care and how CANSA can help you: <http://www.cansa.org.za/cansa-care-centres-contact-details/>

It's OK to talk about cancer!

Join us at a **CanSurvive Cancer Support Group** meeting for refreshments, a chat with other patients and survivors and listen to an interesting and informative talk.

Upcoming meetings:

HEAD and NECK Group, Rehab Matters, Rivonia - 5 May 18:00

KRUGERSDORP Netcare Hospital Group - 7 May 09:00

PARKTOWN GROUP, Hazeldene Hall, Parktown - 14 May 09:00

Enquiries:

Kim 082 880 1218 or lct@global.co.za : Bernice 083 444 5182 or bernicelass@outlook.com

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

www.cansurvive.co.za



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





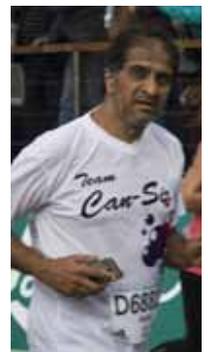
Running for charity, running for cancer

A group of 20 runners, 16 male and 4 female, took to the streets of the South Western Capes Southern suburbs on 26 March 2016, to compete in this most beautiful race, the annual "Old Mutual Two Oceans Marathon".



The idea behind the formation of Team Can-Sir, is to heighten awareness for men with cancer through sport and what better way to make a statement than the world's most beautiful race.

Each of the 20 Team Can-Sir runners ran with the memory of a loved one in their hearts and as mentioned by Can-Sir CEO Ismail-Ian Fife, when interviewed by race announcer after the half marathon close, it was all about the those gone too soon, those who fought and continue to fight so gallantly and importantly to those who have survived the fight, that indeed, cancer can be beaten despite the challenges thrown at us as and this race proves it.



It also proves how brave and resilient cancer survivors, their families and support are and this

was proven by applause from the crowd as the runners of Team Can-Sir and the Breast Cancer Foundation started trickling in, I guess it was then that the spectators started realising what was happening... Bravo to OMTOM for their support and encouragement to our team....



Team Can-Sir Winner: Nathanael Boule

Team Can-Sir runners:

Men's Team Mario Penso, David Scott, Tavish McKenzie, Stephen John O'Leary, Steven Edwards, Nathanael Boule, Nasief Abrahams, Asief Mohamed, Fred Robertson, Alton Hodson, A Rawoot, Mish-al Mookrey, Abdullah Adams, Carlo Penso, Nathmie Barodien & Nicholas Smith-Chandler

Ladies Team Megan Tennant, Naseema Hanware, Donna Cottle and Fredericka Davies

PSA and male cancer support group

19 APRIL 17:45 – 19:00

The venue is the Boardroom at MediClinic, Constantiaberg, Plumstead

Guest speaker: Prof. Nola Dippenaar

Topic: The vital role played by the gastro-intestinal tract (GIT)

Joining a support group is an important part of your emotional healing during your journey with cancer. Come and meet with this special group of people to share and care for each other in a unique manner!

For more information contact:
079 315 8627 PSA Support Line
info@can-sir.org.za or call Liesl: 021 565 0039

Our grateful thanks to Medi-Clinic for providing a home for our activities and refreshments for our members. It is much appreciated by us all.

How head and neck cancer treatment can affect swallowing

A professional and personal point of view from Roxy Dale, Speech Language Therapist, from Rehab Matters, Rivonia

Being able to sit and share a meal with a friend, or someone you love, is an experience that is often taken for granted. When eating or drinking, we enjoy the moment without truly considering how our bodies were designed to partake in this simple, yet invaluable daily activity. When someone loses their ability to swallow, their quality of life is affected and it can be devastating.

Cancer invades the lives of millions of people worldwide. It has become a notorious, unwelcome visitor in our society. As a speech therapist with an interest in and passion for working with people with dysphagia, also known as swallowing impairment, I find myself facing more and more patients with head and neck cancer specifically. I also have, along with my family, personally experienced watching a dearly loved family member suffer from head and neck cancer, and we have gone through the agony of watching that family member lose their ability to eat and drink.

Head and neck cancer involves malignant tumours found in the throat, mouth, or nose. This type of cancer encompasses many aspects of life such as physical functioning, psychological functioning, and social interaction. Research has proven that head and neck cancer can cause changes in breathing, chewing, salivating, swallowing, speaking, hearing, taste, and physical appearance. The oral complications that arise from the cancer itself, as well as the effects of cancer treatment, have a significant impact on quality of life and often result in experiences of anxiety and depression. These oral complications lead to an ongoing battle to try and restore and preserve oral functions such as being able to taste, chew, and swallow.

As mentioned before, the cancer itself has a direct impact on a person's ability to swallow. Tumours found in or around the mouth and throat can cause pain and extreme discomfort during swallowing. As a speech therapist, I deal with the side effects of various forms of cancer treatments used in people with head and neck cancer. Today we have many different treatment options available to tackle this disease head on. Cancer treatments come in the form of surgery, chemotherapy, radiation, or a combination of all three. These treatment options have become more effective and are indispensable, yet they often leave people with long-term negative side effects. Surgical excisions to remove tumours can cause direct nerve damage, leading to muscle weakness or even paralysis. Many people with head and neck cancer experience swallowing difficulties immediately after their surgery. Radiation is known to cause several unpleasant oral symptoms such as restricted mouth opening, loss of or change in taste, lack of saliva leading to a dry mouth, a painful burning sensation in the mouth when eating or drinking, or painful swallowing. We also know that chemotherapy causes nausea, a loss of appetite, and changes in taste as well. Unfortunately, many people suffer from not just one of these symptoms, but a multitude of them during and after treatment, and it is difficult to prepare for the consequences of the treatments. The danger of these symptoms is that they lead to further complications such as excessive weight loss and malnutrition. Many people stop eating altogether during their course of treatment and end up relying on tube feeding. It is

According to new guidelines from the American Cancer Society, one of their top recommendations, is that surveillance for second primary cancers is critical especially in tobacco-related head and neck cancers; swallowing disorders are common, can dramatically affect health and quality of life, and need to be proactively addressed; that dental disease is multifactorial and, if addressed early, severe problems can be averted.

Dr. Ezra E.W. Cohen from the University of California at San Diego, La Jolla said that "The number of head and neck cancer survivors is rising rapidly in the US and around the world. These patients will continue to have symptoms from their original cancer and treatment for many years but many of these effects can be ameliorated with appropriate management."

not only a physical battle, but a mental battle too, to endure the treatment and cope with the side effects.

It is a complex balancing act of trying to preserve swallow function and at the same time ensuring optimal nutritional intake during treatment. "Watching a person you love struggle to eat and drink is the most helpless feeling in the world. It's hard to encourage that person to eat and yet watch them register the pain on their face as they swallow".

I am privileged to be able to work with an incredible health care team in the management of our patients with head and neck Cancer. As a collective group of surgeons, oncologists, radiologists, physiotherapists, speech therapists, and dieticians, it is our job and desire to promote quality of life and provide the best care in a systemised, timely process for people with head and neck cancer.

There is hope. Rehabilitation has provided enormous success in improving quality of life, relieving pain, and restoring a person's ability to eat and drink normally. It is a moment to celebrate when a person with head and neck cancer returns to a normal, unrestricted oral diet and is able to share a meal with family and friends, go out for a cup of coffee and piece of cake, and enjoy the simple pleasures of life.

They say that 'some people think that to be strong is never to feel pain. In reality, the strongest people are the ones who feel it, understand it, and accept it.'

HELP CANSURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS



LIVESTRONG IN AFRICA

RWANDA. My name is Daniel Turikumwe, I am a 26 years old Rwandan, Founder and Executive Director of African Alliance on Cancer, a nongovernmental organisation that strives to raise awareness and education on cancer in Rwanda. The organisation came as a solution to the problem of the increase in cancer deaths in the past three years.

After losing three friends due to cancer, I started to visit different parts to know more about its effects. I met Kantaramak Alphonsine, a woman who had breast cancer for several years, she had travelled to different hospitals but they failed to tell her what she was suffering from. She started going in traditional healers, she discovered cancer at its later stage and finally she died. The event brought me to founding African Alliance on Cancer to help people learn more about cancer, run cancer screenings and have early treatments; we also needed to care for cancer patients as well as gathering data on cancer.

In 2014, I participated in the BIG C Competition organised by the Livestrong Foundation. African Alliance on Cancer was the only African project that made it to the semifinals. We received US\$ 2,500 in award plus the mentorship from cancer experts. This strengthened me to working hard and organising more events.

Our operating model is educating parents through their children. It is in this regard that we started cancer clubs in schools and universities as well as village associations from the grass root level. Our success is mainly based on school ambassadors and community educators. We work with the government of Rwanda through Rwanda Biomedical



TANZANIA. LiveStrong Leader Juma Mwesigwa of Tanzania is a cancer activist who never stops trying to educate people about cancer:

As a Livestrong Leader I am organising an event of cervical and breast cancer screening at Kahama district football ground, in Kahama, Tanzania, on 28 - 30 April from 9:00 am to 5:30 pm everyday.

Our target is about 450 women and young girls, in march 2014 we have screened 201 women at the same ground but it was for two days with few resources. Doctors from Dugando referral hospital and Kahama district hospital will make sure all women and young girls are getting this service.

Dear all, join me and support me in fighting against cancer in the world. Please for those who have wristband, fliers, banners and other supportive materials send it to me.

Juma Mwesigwa, Executive Director, HUHESO FOUNDATION
Email huhesofoundation@yahoo.com
Email: jumamwesigwa@yahoo.ca Website: www.huheso.or.tz

Centre and we keep expanding our partnerships.

Through our Foundation, we have started and trained 10 clubs with 300 members from different schools, we have also created 420 village associations which are our cancer learning and outreach hubs. This led us to winning a seat in the Broadening Access to Innovation Workshop held in Dubai in February, 2016. I was selected as a Fellow of Mandela Washington Fellowship for Young African Leaders where I will be attending Duquesne University in Pittsburgh, Pennsylvania on Civic leadership track.



African Alliance on Cancer is very eager to grow its impact on a great stage in Rwanda and beyond through its three main departments namely Cancer Research and Data department, Cancer Awareness, Education and Advocacy department and the department of Cancer Care and Survivors Network.

We are always open to partners and sponsors from all over the world. You can join us as an individual, company, or an NGO.

For more information please contact us on

Tel: +250789678184/+250728600920

Email: turidani05@yahoo.fr

KENYA. My name is Alexander Ndolo Kilele and I live in Kakatangi Location Yatta, Machakos County Kenya. My father, James Kilele, died of prostate cancer in 1995 and my mother, Muthikwa Kilele, is a survivor. She has made us come together as a family to raise awareness in the community and in Kenya.

What does being a leader mean to me? I founded the Kilele Foundation and Africa Without Cancer. I enjoy being a part of the LIVESTRONG Leaders group to hear how each member creates their own campaign strategies in the United States and around the world. This and the information provided by the foundation, has made it easy for LIVESTRONG to be known in Kenya and East Africa.

Alexander Ndolo Kilele, Kilele Foundation Kenya

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<http://www.kilelefoundationkenya.com/>





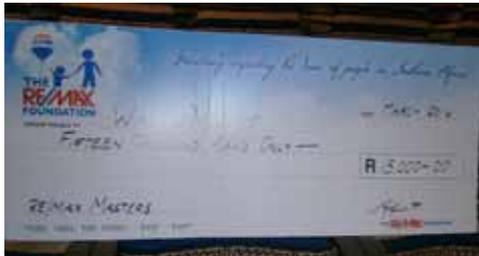
The Wings held another great meeting at their new venue, the auditorium of the Netcare Head Offices, situated at the corner of West and Maude Streets in Sandton. A big bonus is that there is ample, secure parking on the premises.

The guest speaker, Dr. Steven Kamba, delivered a fascinating lecture on the urological aspects of cancer/ treatment.

Wings would like to take the opportunity to thank their sponsor, Remax, for their most generous donation (see below).



Wings committee members Jennifer Murdoch, Jenny Aspinal and Stella Pike setting up the tables



Wings Director, Gail Myburgh, welcomes the main speaker, Dr. Steven Kamba



Committee member Nersan Govender, helped by Mel Pike, doing the coffee table

Computicket presents **Laughing Matters** 1 July 2016

BROUGHT YOU BY CHOC (Childhood Cancer Foundation South Africa)

VENUE: Scarlet Ribbon
 TIME: Doors open at 7pm, show starts at 8pm.
 R200 a ticket
 Cash bar and food on sale.

Confirmed comedians are:

- Craig Caldwell
- Mel Miller
- David Levinsohn
- Hannes Brummer
- Lihle Lindzy Msimang
- Nathaneal Davids

Dates to diarise

April 2016

- 13 Reach for Recovery Group meeting 13:45 Lifeline offices, 2 The Avenue, Cnr Henrietta Street, Norwood
- 14 Cape Gate Oncology Centre support group 10:00 - 12:00. Love your nuts
- 19 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45. Speaker: Kate Squires-Howe
- 20 Cancer Buddies@Centurion, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 23 Wings of Hope, Netcare Head Office Auditorium, Sandton, 9:30 for 10:00.
- 30 GVI Oncology Unit support Group, 4th Floor Rondebosch Medical centre from 6:00 to 7:30. Topic: Pilates

May 2016

- 5 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 7 CanSurvive Cancer Support West Rand Group, Netcare Krugersdorp Hospital, 09:00
- 12 Cape Gate Oncology Centre support group 10:00 - 12:00. Stress management
- 13 Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216
- 14 CanSurvive Cancer Support Parktown Group, Hazeldene Hall, Parktown 9:00
- 17 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45.
- 18 Cancer Buddies@Centurion, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 30 GVI Oncology Unit support Group, 4th Floor Rondebosch Medical centre from 6:00 to 7:30. Topic: Survivors

June 2016

- 2 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 4 CanSurvive Cancer Support West Rand Group, Netcare Krugersdorp Hospital, 09:00
- 8 Reach for Recovery Group meeting 13:45 Lifeline offices, 2 The Avenue, Cnr Henrietta Street, Norwood
- 11 CanSurvive Cancer Support Parktown Group, Hazeldene Hall, Parktown 9:00
- 11 Wings of Hope, Netcare Head Office Auditorium, Sandton, 9:30 for 10:00.
- 15 Cancer Buddies@Centurion, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 21 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45.
- 23 Cape Gate Oncology Centre support group 10:00 - 12:00. Feeling good

July 2016

- 2 CanSurvive Cancer Support West Rand Group, Netcare Krugersdorp Hospital, 09:00

CONTACT DETAILS

CanSurvive Cancer Support Groups - Parktown and West Rand :
CanSurvive Head and Neck Support Group, Rivonia, Johannesburg
Cancer Buddies Johannesburg branch
Chris Olivier 083 640 4949, cansurvive@icon.co.za
Contacts: Kim Lucas 0828801218 or lct@global.co.za
Bernice Lass 083 444 5182 or bernicelass@outlook.com

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 Can-Sir: 079 315 8627 or Linda Greeff 0825513310 linda.greeff@cancerbuddies.org.za

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

PinkDrive: www.pinkdrive.co.za, Johannesburg: febe@pinkdrive.co.za,
011 998 8022; Cape Town: Adeliah Jacobs 021 697 5650;
Durban: Liz Book 074 837 7836, Janice Benecke 082 557 3079

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/Netcare Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Second Friday each month.

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, 011 869 1499 or
072 849 2901. Meetings: Lifeline offices, 2 The Avenue, Cnr
Henrietta Street, Norwood

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

Smart package destroys

Researchers are developing nanotech "smart packages" to target and destroy cancer cells more efficiently and reduce side effects.

The smart packages, delivered with chemotherapy drugs, contain folate molecules that seek out and bind to cancer cells, which have lower pH levels than healthy cells.

The packages then release anti-cancer drugs to kill the targeted cells without harming healthy cells in the vicinity.

Professor Colin Raston from Flinders University in South Australia is co-leading the research and said the innovative new system would revolutionise how cancer was treated.

"It is the holy grail of medicine," Prof Raston said. "The way we have designed the vehicle is that you can use it for any number of different cancer cells or combination of different cancer cells. You can load it up and target them using specific types of drugs, which we know are for those particular cancers."

The small delivery "vehicles" are 100 nanometres in diameter, almost 800 times finer than a human hair, the ideal size for targeting tumours.

"Along the ends of the vehicle are folate molecules that bind to the cancer cell. When it strikes the cells, all of which have low pH levels, it becomes unstable and delivers the anti-cancer drug inside," Prof Raston said.

"The problem with conventional therapy is most of it ends up in sewage. That's a problem, but if you have targeting drug therapy then you only need a small amount of the drug.

"This way you are not polluting the sewage and you are also shutting down all the side effects."

The research was conducted in collaboration with Dr Jingxin Mo from China's Sun Yat-sen University and Professor Lee Yong Lim from the University of Western Australia.

<http://www.medicalnewstoday.com/releases/308335.php>

Tomatoes may combat damaging effects of radiation

A team of researchers from have discovered that lycopene - the red pigment in tomatoes - is extremely successful at guarding against the harmful effects of radiation.

Dr Ruth Edge from The University of Manchester, together with her colleagues Professor George Truscott from Keele University and Professors Fritz Boehm & Christian Witt from Berlin, undertook a study of lycopene (one of the carotenoids - plant pigments found in many fruits and vegetables) and its effectiveness at protecting against radiation at the University of Manchester's Dalton Cumbrian Facility, part of the Dalton Nuclear Institute.

The results of the study, published in FEBS Letters, have shown that lycopene is an effective carotenoid at offering protection from the damaging effects of gamma radiation, and that dietary intervention could be useful in efforts to defend people from these effects. A plentiful supply of tomatoes, cooked in oil which helps the body to

absorb carotenoids, would be an effective way of adding lycopene to diets. A major finding of the study is that such protective effects are reduced as the oxygen concentration is increased.

<http://www.medicalnewstoday.com/releases/308648.php>

Drug combo eradicated breast cancer tumors in 11 days

A cancer drug duo could one day eliminate the need for chemotherapy for women with HER2-positive breast cancer; in a new study, a combination of two drugs was found to completely eradicate or significantly shrink breast cancer tumours within 11 days of diagnosis.

Lead researcher Prof. Judith Bliss, of the Institute of Cancer Research (ICR) in the UK, and colleagues recently presented the results of their EPHOS B Trial at 10th European Breast Cancer Conference (EBCC-10) in Amsterdam, the Netherlands.

According to the American Cancer Society, around 1 in 5 breast cancers are human epidermal growth factor receptor 2-positive, or HER2-positive. This means the cancer tumours have too many copies of the HER2 gene, resulting in excess production of the HER2 protein.

Downloads for you

Strength training for older adults

Experts at the Centres for Disease Control and Prevention (CDC) and Tufts University have developed a strength-training program for adults called Growing Stronger. You can follow this program on the interactive website (it includes animations for how to do the exercises) or download or order a booklet. For people of any age who have some sort of orthopedic or heart-related health issue, it's important to discuss what kinds of strength-training you should do with your physician. Experts at the Centres for Disease Control and Prevention (CDC) and Tufts University have developed a strength-training program for adults called Growing Stronger. You can follow this program on the interactive website (it includes animations for how to do the exercises) or download or order a booklet. For people of any age who have some sort of orthopedic or heart-related health issue, it's important to discuss what kinds of strength-training you should do with your physician.

Download the booklet from <http://growingstronger.nutrition.tufts.edu/book.html>

About herbs

The last two decades have seen a significant increase in dietary supplement use by cancer patients. Despite the proliferation of web sites that contain information about dietary supplements, finding a reliable source can be overwhelming. The Integrative Medicine Service at Memorial Sloan Kettering Cancer Centre developed and maintains a free web site, "About Herbs," that provides objective and unbiased information about herbs, vitamins, minerals and other dietary supplements, as well as unproven anti-cancer treatments.

Each of the 272 (and growing!) entries has a version for health care professionals and a version for patient that are regularly updated with the latest research findings. The free About Herbs App, compatible with iPad, iPhone, and iPod Touch devices, is available for download.

For their study, Prof. Bliss and colleagues set out to investigate how trastuzumab and lapatinib affected HER2-positive breast cancer tumours in the short window between diagnosis and surgery. The team enrolled 257 women who had been diagnosed with HER2-positive breast cancer and allocated them to one of three treatment groups for the 11 days between diagnosis and surgery; one group received trastuzumab, one group received lapatinib and the final group received no treatment, representing the control group.

However, previous research has suggested that a combination of trastuzumab and lapatinib may be effective against HER2-positive breast cancer. As such, the team amended the trial halfway through, so that women in the lapatinib group also received trastuzumab.

The team found that 17% of women treated with the drug combination had minimal residual disease - defined as a tumour that is smaller than 5 mm in diameter - while for a further 11%, the drugs had eradicated their tumours, representing a complete pathological response.

In comparison, minimal residual disease or a complete pathological response was identified in just 3% of women treated with trastuzumab only, while neither response was identified among women in the control group.

<http://www.medicalnewstoday.com/articles/307800.php>

Mindfulness meditation provides opioid-free pain relief

Everyone knows that stubbing your toe hurts. What makes it stop hurting is the body's main pain-blocking process – the natural production of opioids. Cognitive-based approaches found to reduce pain, such as hypnosis, acupuncture, distraction and even the placebo response, have been shown to work through this system. But does meditation also use opioids to reduce pain?

In a study published in the current issue of the *Journal of Neuroscience*, a team led by Fadel Zeidan, Ph.D., assistant professor of neurobiology and anatomy at Wake Forest Baptist Medical Centre, reports that mindfulness meditation does not employ the endogenous opioid system to reduce pain.

"Our finding was surprising and could be important for the millions of chronic pain sufferers who are seeking a fast-acting, non-opiate-based therapy to alleviate their pain," Zeidan said.

To determine if meditation uses the body's opioids to reduce pain, the Wake Forest Baptist researchers injected study participants with either a drug called naloxone, which blocks the pain-reducing effects of opioids, or a saline placebo.

In this randomised, double-blinded study, 78 healthy, pain-free volunteers were divided into four groups for the four-day (20 minutes per day) trial. The groups consisted of: meditation plus naloxone; non-meditation control plus naloxone; meditation plus saline placebo; or non-meditation control plus saline placebo.

Pain was induced by using a thermal probe to heat a small area of the participants' skin to 49 degrees Centigrade (120.2 degrees Fahrenheit), a level of heat most people find very painful. Study participants rated their pain-- using a sliding scale.

Zeidan found that the participants' pain ratings were reduced by 24 percent from the baseline measurement in the meditation group that received the naloxone. This is important because it showed that even when the body's opioid receptors were chemically blocked, meditation still was able to significantly reduce pain by using a different

The value of support groups

A strong social support system is vital for both your mental and physical health following cancer. Your social support system will provide guidance, advice, and assistance; offer shoulders to cry on; and help relieve stress.

Many cancer patients find a great deal of solace and help from cancer support groups.

Whether your social support is a formal cancer support group, an informal group of friends or family, or a group that convenes around a shared interest, it will give you incentive to get out of the house and a way to form powerful connections. – Huffington Post

pathway, he said. Pain ratings also were reduced by 21 percent in the meditation group that received the placebo-saline injection.

By comparison, the non-meditation control groups reported increases in pain regardless of whether they got the naloxone or placebo-saline injection.

"This study adds to the growing body of evidence that something unique is happening with how meditation reduces pain. These findings are especially significant to those who have built up a tolerance to opiate-based drugs and are looking for a non-addictive way to reduce their pain" Zeidan said.

<http://tinyurl.com/jhxgn5d>

Nanogel that delivers one-two punch to cancer heads to clinical trial

An immunotherapy drug delivery system created at Yale that can carry multiple drugs inside a tiny particle is heading toward its first phase of clinical trials for a possible new treatment for cancer.

The delivery system, a nanogel developed in the lab of associate professor Tarek Fahmy, can be used for multiple combinations of drugs for many different cancers and some immune disorders. The platform is designed to deliver multiple drugs with different chemical properties. A single particle can carry hundreds of drug molecules that concentrate in the tumour, increasing the efficacy of the drug combination while decreasing its toxicity.

Fahmy describes the delivery system as a kind of "rational" therapy, in that it fuses established biological and clinical findings to the emerging field of nanotechnology.

"It creates a new solution that could potentially deal a significant blow to cancer and even autoimmune disease in future applications," said Fahmy, who teaches biomedical engineering and immunobiology.

The first use of this delivery system will be a drug known as IMM-01. A multi-pronged treatment for metastatic cancer, it contains two agents: Interleukin-2 (IL-2) and an inhibitor of tissue growth factor (TGF beta). IL-2 amplifies the body's immune system, while the TGF-beta inhibitor dampens the cancer cells' ability to hide from the immune system. Because their size and makeup differ greatly, the two agents would normally be incompatible. Fahmy,

however, developed a novel biodegradable gel that can contain both drugs and then release them in the tumour.

<http://tinyurl.com/jed9rcv>

Prostate cancer trial to harness new technology to reduce treatment time

Australian researchers have launched the TROG 15.01 SPARK clinical trial, which will use revolutionary KIM technology to improve targeting accuracy for patients undergoing radiotherapy for prostate cancer - cutting treatment time from 40 visits to just five.

The SPARK trial, coordinated by TROG Cancer Research, studies an Australian-developed technology, Kilovoltage Intrafraction Monitoring (KIM), which assesses the position of the cancer in real-time, and enables the treatment team to redirect the radiation beam if the cancer moves even by a few millimetres.

A standard course of radiotherapy for prostate cancer involves treatment five times a week for around eight weeks. Although the side effects are generally mild, the length of the regimen can be difficult for some men to manage.

Steve McCluskey is one of the first people in the world who will access the novel KIM treatment at Calvary Mater Hospital Newcastle, NSW. He decided to join the SPARK trial after being recently diagnosed with prostate cancer and said the reduced number of hospital visits will make life a lot easier.

Trial Co-Chair, Professor Paul Keall, said the innovative technology has the potential to be transformative for men with early stage prostate cancer, significantly decreasing their treatment time.

"Potential patients are enthusiastic about the increased accuracy and the shorter treatment time. There are economic benefits to shorter treatment times also, reducing hospital workload and costs as well as the time off work and transport for patients and their families.

<http://www.medicalnewstoday.com/releases/308210.php>

Increase in liver cancer deaths cause for concern

The US Report to the Nation on the Status of Cancer (1975-2012) shows that death rates continued to decline for all cancers combined, as well as for most cancer sites for men and women of all major racial and ethnic populations.

The report also examines trends in liver cancer. In contrast to the trends for most other cancers among both men and women, death rates due to liver cancer have increased the most compared with all cancer sites, and liver cancer incidence rates have also increased sharply.

"The latest data show many cancer prevention programs are working and saving lives," said CDC Director Tom Frieden, M.D. "But the growing burden of liver cancer is troublesome. We need to do more work promoting hepatitis testing, treatment, and vaccination."

"Research over the past decades has led to the development of sev-

Tollfree service for cancer patients and caregivers



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

0800 033 337.

eral vaccines that, given at the appropriate ages, can reduce the risk of some cancers, including liver cancer," said Douglas Lowy, M.D., acting director of the National Cancer Institute. "Determining which cancers can be effectively prevented by vaccines and other methods is one of our top priorities at NCI and one which we believe will truly make a difference in cancer incidence and mortality trends."

The authors noted that, in the United States, a major contributing factor to liver cancer is hepatitis C virus (HCV) infection. A little more than 20 percent of the most common liver cancers are attributed to HCV infection. Compared with other adults, people born during 1945-1965 have a six times greater risk of HCV infection. CDC recommends all people born during 1945-1965 receive a one-time test for HCV. Diagnosis of HCV, followed by treatment, can greatly reduce the risk of liver cancer.

Hepatitis B virus (HBV) infection also increases the risk for liver cancer. Obesity and type 2 diabetes can cause cirrhosis, or scarring of the liver, which can progress to liver cancer and is associated with excessive alcohol use; from 8 to 16 percent of liver cancer deaths are attributed to excessive alcohol use.

http://www.cancer.gov/news-events/press-releases/2016/annual-report-nation-1975-2012?cid=eb_govdel_arn2016

New treatment for chronic lymphatic leukaemia

Studies conducted at the Comprehensive Cancer Centre at MedUni Vienna and Vienna General Hospital show that the drugs ibrutinib and idelalisib used in the targeted treatment of chronic lymphatic leukaemia can significantly prolong the survival time of high-risk patients. The average survival time of these patients is between one and two years when they receive standard treatment, whereas 80% of patients receiving the new treatment were still alive after two years. These results give us reason to hope that, in future, these two drugs could not only replace chemotherapy but even stem cell transplantation.

<http://www.medicalnewstoday.com/releases/307938.php>

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