

New NHI white paper - time to get involved

This article appeared in the newsletter of ICON, the Independent Clinical Oncology Network which is a nationwide network of specialists in oncology.

The Department of Health has published the white paper on the country's proposed new National Health Insurance – giving the public three months to comment on this critical policy that will affect the future of all South Africans – rich and poor.

While the world's attention was diverted by the news that President Jacob Zuma had fired former Finance Minister Nhlanhla Nene in December 2015, another equally important news story affecting the future of all South Africans almost went by unnoticed.

Health Minister, Dr Aaron Motsoaledi published the eagerly-awaited white paper on South Africa's proposed national health insurance (NHI) in early December – a critical policy document that has been in the making for four years.

Initial reaction to the white paper has been mixed. Many critics point out that there is not enough clarification on a number of issues; such as how the new healthcare system will be funded, how doctors in private care will be affected and how government will ensure enough doctors and nurses are available to provide services in rural areas.

ICON Chief Operating Officer Ernst Marais says while the NHI should be commended for wanting to improve access to healthcare, there are many questions about the practicality of the document in terms of implementation.

"We agree with the minister that quality healthcare in South Africa needs to be more affordable and accessible to all," says Dr Marais. This is, after all, one of the biggest driving forces behind the Independent Clinical Oncology Network (ICON) – delivering quality cancer treatments at affordable rates to more patients.

Dr Motsoaledi has said that the NHI is not about abolishing private healthcare, rather it is about re-engineering the primary healthcare system. The new NHI is envisioned as a state-administered fund paying for all healthcare, with medical aid schemes providing only top-up cover.

According to the government website, the NHI wants to: "transform the South African healthcare system with emphasis on the promotion of health and the prevention of diseases. It also seeks to provide access to quality and affordable healthcare services for all South Africans based on their health needs, irrespective of their socio-economic status."

It will be implemented within 14 years and pilot districts have been established in all nine provinces. One of the big issues is financing – the cost of implementing the NHI is projected to be R225 billion by

New Centurion Cancer Support Group

We are very excited to announce a new support group in Centurion, Pretoria, Cancer Buddies @ UNITAS.

The first meeting will be on 16 March and the venue will be on the 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion. Meetings will take place on the 3rd Wednesday of each month and will start at 18h00. Meetings will be open to all cancer patients and caregivers, no matter where they are treated.

Unitas Oncology have had this concern about counseling and support groups for some time and welcome this additional support for cancer patients.

For more information you can contact:

Len Bernardt: Office hours on 012 677 8547 or

Henriette Brown after hours on 0728065728

2025. It is not clear where the money will come from to finance implementation. Some options put forward include a payroll levy for all employed South African citizens, increased VAT or an income tax surcharge.

This will no doubt not be welcomed by most South Africans, who already have to deal with rising food and electricity prices on top of a weak currency and an escalating drought.

It is also not clear how the private sector will work alongside the public sector and how all of this will impact on medical aid schemes or doctors who may be required to work in certain areas. Some experts have expressed the opinion that this could lead to a brain drain of doctors and nurses.

Neil Kirby, director of Healthcare and Life Sciences Law at Werksmans Attorneys, says the proposed NHI brings with it controversies relating to both the scope and ambit of the services to be provided and the costs of providing those services. He also says the possibility of raising taxes and levies and the constitutionality of forcing people to belong to a system and then nevertheless requiring them to pay for that privilege also poses problems.

The public has been given a period of three months to comment on the white paper.

"South Africans should get involved in this process," says Dr Marais. "Improving on healthcare and ensuring all South Africans have access to doctors and medical services is of paramount importance to all – both in the private and public sector."

ICON is the leading provider-driven managed care organisation in South Africa. The organisation offers a progressive approach to cancer treatment that combines population risk management with individualised care. Website: iconsa.co.za

Lace up for Cancer 2015

- World Cancer Day Cape Town

It was the second year that this event was presented by the members of the Cancer Alliance to commemorate this special day. The theme being We Can, I Can! This was truly a great collaboration of cancer NGOs standing together speaking in one voice to the issues re cancer care in South Africa.

The vibe was electric with music and lots of funny outfits and thousands of people milling around talking and having fun. It was touching that many people were walking for someone special touched by cancer, and many of them shared with NPO workers the story of their involvement and why.

In 2015 there were 600 participants in this fun event and this year there was 3500 participants !! This speaks to the fact that the cancer NGO's, working jointly on this event, made a real impact. The awareness that cancer NGOs are working together is also reassuring to the public.

South Africa needs cancer survivors and caregivers to stand together to break down the stigma of cancer but also to stand up for the issues that need changing in our cancer services in this country!

We still have to achieve a mass action to mobilise survivors and caregivers to speak up about the poor services delivery in South Africa for people dependant on the public sector hospitals for cancer services. The waiting times for being diagnosed and treated are far too long and the general level of services delivery to cancer patients is just not good enough. May this collaboration grow and hopefully we will have a Lace up for Cancer event in other cities soon.



If you are interested in getting involved in Cancer Advocacy please contact us info@canceralliance.co.za



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.



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 - 3 March 18:00

KRUGERSDORP Netcare Hospital Group - 5 March 09:00

PARKTOWN GROUP, Hazeldene Hall, Parktown - 12 March 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.



The secrets of cancer survivors

Disclaimer: I have never had cancer. Therefore, at the most basic level, I do not have the right to pontificate about dealing with the dread disease. Rather, I have been the servant and support of those that struggle with cancer. I thought it might be of some assistance to share my observations from the other side of the bed rail. Perhaps, their secrets of survival may help you.

Cancer is a team sport; do not do this alone. Never show up to an important appointment by yourself. You are dealing with a physical impairment, as well as a complex mental challenge, at the same time that you are frightened and do not feel well. Have someone with you to listen, ask, take notes and simply carry your things. This is true not only during treatment, but at home. Accept support. Build a team. Work together to fight this awful thing.

In the same way, whether you like it or not, a family goes through this together. Those that love you, also "get" cancer. Working together helps everyone deal with the affects of the disease. You are not a burden. You reap what you sow.

Nonetheless, it is also important to get time for yourself. You need grounding time; quiet moments to heal. Take a deep breath; rebuild. If your family does not understand the importance of "me time", show them this article.

On the other, other hand, stay involved with day-to-day life. We are social beings. Go to weddings, picnics and holiday events. Children's soccer games mend better than antibiotics. Yes, it can be discouraging that you are too weak to dance, and frustrating to use a wheelchair in an airport (although the airlines are great about it, just call ahead). It is hard when you are at the Thanksgiving table and cannot eat. It is much worse, even dangerous, not to show up at all.

Be whiny. Really, complain a lot. Tell your doctors what is happening. Take notes. Email. Call. Will the doctor give you his cell number? Do not ignore a fever for five days, crawl into the doctor's office, and say, "By the way, I feel terrible." That will result in the doctor saying, "By the way, time to go to the hospital." This is why women make better patients than men: malignant macho.

Be on time for your appointments, tests and treatments. This is my own hang-up, but being on time is part of being organised and I have noted that the patients that are punctual are organised and those that are organised do better.

Get in shape. Before cancer. During cancer. After cancer. The more physically active, the better your body can fight illness and the less side effects you will have. Exercise not only prevents recurrence, but

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>



allows more rapid recovery. Walk. Row. Swim. Bike. Sex. Do not be a dead blob.

Taking the exercise theme a step further, I have seen that those that do "alternative exercise" seem to do better. Yoga, Tai Chi, Pilates, Jazzercise, kickboxing, Reiki, and a host of others seem to have remarkable benefits. Acupuncture, acupressure, Shiatsu, Jin Shin Do and chiropractic techniques rejuvenate many of these same patients. Stretch your comfort zone.

No, I do not believe in vitamins. I have never seen them help. The data is poor and I can think of no reason that a pile of chemicals thrown into a tablet in some mad scientist's lab, can improve on the body's natural nutritional intelligence. The body knows what it wants and expects to receive vitamins in the balanced form of food. If it tastes bad, the body does not want it. If it tastes good, your body is broadcasting a need. Eat lots of fruits, vegetables. Limited red meat. Hydrate, hydrate, hydrate, hydrate, hydrate. Did I mention the importance of hydration?

Do not smoke. Stop immediately. To be clear, if you have cancer and continue to smoke you are wasting your time and money visiting a doctor. You are screwed. Stop. Patients who continue to smoke, die.

Limited alcohol. Note, I did not say none...1-2 drinks a week, seems to be OK. However, the 96 year-old who consumes two scotches a day is exceedingly rare.

Understand your disease and therapy. It is your body, your life; you have to be in control. I love doctors, some of my best friends are doctors, but they are only teachers and guides. If you are going to get the best care, it will be the care that you think and understand to be best. Ask questions... lots of questions ... create lists. Your doctor does not mind, because it focuses the conversation.

In the internet era, it is easy to build a baseline of knowledge.

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CANCER SURVIVORS SECRETS

(Continued from page 3)

However, take anything you read online with a grain of salt. It is general knowledge, not personal prescription. The internet can be a scary place, so use it only as a place to start. Ask your doctor.

Find ways to deal with the stress. Family is the start, but support groups, counseling, hobbies, short trips, reading, writing, Facebook, can help the cure. Emotional suffering can drain you and make it hard to go on. Talk to your friends, family and doctor about alternatives. The most "successful" patients achieve emotional balance.

Joke. Tease. Humour is a powerful weapon against despair and depression. Watch comedies. Read funny books. Joke with your caregivers. This is no more arbitrary than oxygen.

Sob. Scream. Fight. Break things. Yell. Bitch. Get really pissed off. Shout now, apologise later. Purge the pain that is trying to eat you up. Let it out. "F**k this s**t."

Did I mention laughter?

Recognise that your life has changed. Permanently. Cancer is like other major transitions in life ... graduation, marriage, kids. It is just one you did not want ... like divorce, flood, losing your job. Work to understand the new you.

Recognise that life is the same. You are still you. The things you love (or hate), your view of life, the things most important, are the same. When the chaos settles, in the moments of quiet, you are still there.

I do not understand this one, but pets definitely have healing powers. I am not certain what it is about a sad-eyed dog or a purring ball of fur that gives solace. My mother had two cancers. Her cat, Linda, used to bring in dead birds when she was weak in bed. Somehow, that motivated her to get up and going again.

Make sure your doctors are communicating with each other. In the best of all possible worlds, they would do this without your prodding. However, you must play secretary; bring back and forth notes

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.

and records. Confirm they are talking to each other. Like I said, this is a team sport and it is vital that your professional caregivers function as a team. The most "successful" patients track records and the interactions of everyone involved in their care.

Get a second opinion. Or third. Fourth? The worst thing that can happen is that everyone will learn something. Your doctors do not mind. If they do, they probably should not be your doctors.

Care about your appearance. Stay groomed and clean. Dress nicely. As they say, the cloths make the man ... or woman ... and a well-clothed patient is a healthy patient.

Try to leave the cancer and the treatment in the doctor's office. This is very hard to do, but as much as you can compartmentalise the disease, leave the burden somewhere else, the better balanced your life.

Attack... attack ... attack. Successful patients and doctors know that persistence works. Uncover every stone. Destroy every disease. Be realistic, do not ruin your life with worthless toxic therapy, but consider every chance to kill cancer.

Do not crawl into a corner and become a cancer patient. In your body, somewhere, is the growth called cancer, but that disease is not you. You are not cancer. You are a wonderful, powerful, intelligent, important, loving and magical being. Do not sit and wait for the disease to go away. **Live. Love. Life.**

Joint statement urges use of HPV vaccine to prevent cancers

Memorial Sloan Kettering united with other top cancer institutions in an unprecedented statement urging widespread vaccination to prevent human papillomavirus (HPV) infection. MSK was one of 69 National Cancer Institute (NCI)-designated cancer centres to sign the consensus statement advocating that increased vaccination would prevent many cases of cancer known to be caused by HPV. Read the full statement.

The importance of the vaccination was highlighted in January by a study published in JAMA Oncology, which found that people who were detected to have oral HPV had a sevenfold increase in the risk of subsequent head and neck cancer. The number of HPV-related head and neck cancers has increased dramatically in the United States, especially among men.

HPV is also responsible for the vast majority of cervical, anal, and several other genital cancers. The link between HPV and cervical cancer has been widely known, and the introduction of the HPV vaccine in 2006 - for use initially in preteen girls - caused a sharp reduction in infection in this group.

"This consensus statement from the nation's leading cancer institutions does two important things," says David Pfister, Chief of MSK's

Head and Neck Oncology Service. "First, it highlights that HPV vaccination is not just about cervical cancer, or even the various genital cancers - it offers the opportunity to decrease the risk of cancer at other sites in the body as well. Also, now that HPV vaccination is on parents' radars, they will be more likely to ask about it the next time they take their child to the doctor."

MSK gynecologic surgeon Carol Brown has played a leading role in efforts to increase awareness of the link between HPV and cervical cancer, and the importance of increasing the vaccination rate. She applauds the consensus statement as a critical step toward this goal.

"The number one priority of all parents is keeping their children safe," Dr. Brown says. "If you have the chance to give your child a shot that will keep him or her safe from several types of cancer, why wouldn't you do it?"

https://www.mskcc.org/blog/msk-issues-joint-statement-urging-use-hpv-vaccine-prevent-cancers?utm_source=E-newsletter&utm_campaign=9914039709-amp;utm_medium=email&utm_term=0_9dd3dba32c-9914039709-289914597

Pink Chicks reward patients

Pink Chicks visited Mary Potter Oncology Centre at Groenkloof, Pretoria, on Monday 25 January. They gave each patient an Honoree Degree certificate in "YOU RULE". The "ruler" is used as the theme, because January is always about 'back to school'.

For more information on the organisation you can contact Laurika Fourie at Pink Chicks Cancer Support Foundation Tel: 074 192 7792. Email: .
laurika@pinkchicks.co.za Website: www.pinkchicks.co.za



Some of the patients visited by Pink Chicks, proudly displaying their YOU RULE certificates. A lovely way to brighten a patient's day.



And a patient recalls "My Miracle!"

I would love to share with everybody what happened to me and the miracle that God did in my life!

Late in October I had an unusual experience (for me) – I was suddenly so tired and without energy I couldn't wait to get home at night so I could shower and lie down. Sometimes at work it felt if I would fall off my chair and had to hold on to my desk to keep upright. But – it is the end of the year, and it was a particularly hectic year, both at work and personally - I could not wait for the year end break so that I could rest and recover a bit.

Early November I visited our GP and he sent me off for a full spectrum of blood tests to determine the reason for my lack of energy. Later that afternoon (– on a Saturday) he called and said that I had to be admitted to hospital for serious blood and organ tests as there was definitely something seriously wrong. I had a hectic week planned and arranged to be admitted the next Thursday. In hospital everything that was tested came out positive and clean, except that my blood count was extremely low. As a last resort they drew some bone marrow – and then the bomb exploded in my face – one of the most aggressive forms of leukemia!

Then I was caught up in a whirlwind of things that happened so quickly that I could not keep up. As an ambulance could not be found, my wife Ria took me in our car to Groenkloof Hospital where I was admitted and treatment started immediately. Needless to state – I was in no ways prepared for what was to follow !

The initial treatment was that I received only chemo for 8 days, 24/7 – through a 'port' that was implanted permanently beneath my collar bone bone. The result of this was that my body had NO resistance against any form of infection and I was in total isolation, with only my wife allowed to visit. Following the initial eight day intensive chemo treatment, the treatment started to prompt my body to recover and building up the immune system by itself.

Then the spiritual assault started in earnest :

- what if the chemo treatment has no effect?
- if I die now, am I ready and will I go to Heaven?

There were a lot more – and my sleeping pill worked until about one or two o'clock in the morning, and then I was awake – there is no way to describe the darkness at that hour!

So many things encouraged me and carried me through it all – and this include a prayer group of four young people who prayed with me one night – thank you – you were Heaven-sent that dark and hopeless night !

Most importantly, my wife Ria who was always there for me with a smile, a prayer and an encouraging word. She is the greatest gift I ever received ! May each and everyone who reads this be richly blessed – miracles still happen every day ! - **Willie Venter**

Reach for Recovery Johannesburg meeting

Reach for Recovery's first meeting was held on Wednesday 3 February at their new venue, Lifeline offices in Norwood.

Josey Nonkonyana gave a presentation of the work she does in the Springs area and told of how the death through breast cancer of a 16 year old girl mobilised her to start up work in the local township areas.

Meetings will be held at the Lifeline offices, 2 The Avenue, Cnr Henrietta Street, Norwood throughout 2016.



Wings of Hope new venue

At their first meeting in their new venue, Wings welcomed members with their usual friendly chat and refreshments and a great talk on Personalised Medicine by oncologist, Dr. Sze Wai Chan.

The excellent facilities at Netcare head office in Sandton included an auditorium and ample secure parking - and Wings would like to encourage breast cancer patients and caregivers to come and see for themselves when their next meeting is held on 12 March. The address is 76 Maude Street, corner West Street, Sandton.



International Childhood Cancer Awareness Day, Durban

On 15 February CHOC celebrated International Childhood Cancer Awareness Day with the theme "Have a Heart for Children with cancer". Principals of schools and staff of many companies created blue hearts to hang on trees or off fences to create awareness of childhood cancer. Our parents and children at the CHOC Lodge in Durban also participated in this heart-warming campaign.

CHOC provides support to children with cancer and their families throughout SA. We have ten CHOC Houses and three CHOC Lodges and all of our services are supported by the public.





CanAssist Support Team World Cancer Day visit

CanAssist, a project of CanSurvive Cancer Support Groups, went to celebrate World Cancer Day with the oncology patients at Charlotte Maxeke Johannesburg Academical Hospital. With donations from C.Vive and Pick 'n Pay, Susan Elder set about filling the goodie bags with a variety of interesting and useful items. Her willing helpers assisted with the sorting and distribution to patients - who were very happy to receive the gifts. CanAssist visit the chemo clinic at the hospital each week to provide refreshments to the patients and members of the team who are often cancer survivors themselves will chat to patients about the difficulties they experience.

Anyone interested in helping with, or donating to, this really worthwhile venture can contact Susan Elder on 079 317 3334 or email cansurvive@icon.co.za.



IN STERILE WARDS

In sterile wards, the patients lie,
In narrow beds they wait to die.
Their hope has left them long ago,
For hope can come and hope can go.

Some people call them heroes,
And praise the fight they fight,
But fail to see the fading hopes,
That vanish in the night.

They don't feel much like heroes,
As they suffer in the fight,
When it's hard to tell the treatment,
From the cancer's deadly bite.

They are your friends and neighbours,
Loved ones you hold so dear,
Caught up in waves of terror,
By the Devil's brew of fear.

And so, dear friend as you pass by,
Be kind enough to share,
A moment's time, a word of cheer,
A touch of tender care.

Look for candles long blown out
That only you can light.
You can bring back the stolen hope
That vanished in the night.

Since there's no law of science
That dictates these MUST die,
Beyond the blue horizon,
Remissions may well lie.

Is this just wishful thinking,
The demon of false hope,
Or is it a reality,
Of immune cells awoke?

For there is not a cancer cell,
Our good guys cannot kill,
So strive to get them in the fight,
And let them work their will.

The evil darkness cannot hope,
To penetrate the light,
As love illuminates the field,
So immune cells can fight.
To recognise the antigen,
That marks the cancer cell,
Is all these good cells need to do,
To press the fight so well.

So anything that we can do,
To bring about this end,
Is greater than the evil spell,
The cancer strove to send.

Run to the fight, don't turn away,
You have the armament,,
Yourself, the noble currency,
That multiplies when spent.

There's a kindly thought, a cheerful word,
A drink of cool water to give,
And the man who can thrive in these sterile
wards

Is the man who has learned how to live.

by Gerald W. White
1/25/2016

In 1993 Gerald White survived a 20 pound kidney tumour that subsequently went metastatic to distant organs. After all medical treatments had failed and the dreadful "only three more months" death sentence had been delivered. He worked out a self-directed programme memes of guided imagery that induced a remission in three months. Through his web page he maintains an active world wide mentoring programme that has yielded many similar remissions of cases thought to be hopeless. Gerald has also produced a guided imagery CD plus one especially produced for children. Details can be found on his website <http://cancerwarsmaarsjourney.com/>

How does cancer affect you in terms of nutrition - part 1

Written by Megan Lee for FutureLife

The dietary needs of a person with cancer as well as those undergoing treatment may differ from those of a healthy person. A healthy person can quite easily follow healthy eating guidelines and eat enough food to maintain their weight. A cancer patient may not find that task as easy due to the various possible side-effects that may come about from treatment or the cancer itself. In such cases it may be extremely challenging to consume enough energy and protein to meet dietary needs and this may mean that you need to consume foods that are not normally recommended. For example, you may need to eat high fat, energy-dense food in order to maintain your weight. The dietary needs of people with cancer however differ from person to person so it is important to discuss this with a registered dietitian who is part of your cancer treatment team.

Maintaining a good nutritional status during cancer and cancer treatment is absolutely essential because it plays such a pivotal role in your recovery. Eating well will enable you to feel better, stronger, support your immune system, help you to maintain your body weight which in itself also assists recovery and it also allows you to tolerate the side-effects of treatment better.

GET PREPARED BEFORE TREATMENTS STARTS

It is important to understand what lies ahead of you and to prepare yourself as best possible to give yourself the best chance at dealing with the challenges of cancer treatment. So learn, read and ask as many questions as you can about your cancer and the treatment you are taking. Being prepared and taking action beforehand will also reduce anxiety. Here are some steps you can take to prepare yourself:

- Start eating well in advance, before you start treatment so that you are in a habit of it
- Speak to your friends and family about ways they can help you such as cooking, cleaning or shopping
- Speak to your cancer treatment team about any concerns you may have regarding your diet and allow them to help you make the right changes
- Keep your kitchen cupboard well stocked with all of the healthy foods you normally enjoy and those that you know you can eat when feeling sick
- Keep the cupboard also stocked with foods you can eat when struggling with a side-effect that may be common for your type of treatment. For example, mouth sores are common with radiation therapy of the mouth and throat so you'll need to stock cold foods such as ice cream or milkshake
- Cook in advance and freeze single meals and stock foods which need little preparation or cooking

TIPS TO EAT WELL ONCE TREATMENT STARTS

There are so many benefits of eating well during cancer treatment. The most important one however is that you ensure that your body has enough reserves and nutrients in order to support the immune system in defending against infection, preventing body tissue breakdown and assisting with rebuilding and repairing. Below are some tips to follow to ensure you eat well amidst difficult circumstances

Gingerbread recipe

Checkout this recipe from the American Institute for Cancer Research. The recipe calls for unsweetened applesauce which cuts down on the amount of sugar in the recipe and makes this a healthier alternative to traditional gingerbread loafs. The ginger may also help calm upset stomachs. Enjoy with family and friends on Christmas morning for a holiday treat.

Ingredients

Canola oil spray	2 cups cake flour
1/2 cup light brown sugar	1/2 Tbsp. ginger
1/4 tsp. cinnamon	1/4 tsp. nutmeg
1/4 tsp. ground cloves	1 1/2 tsp. baking soda
1/2 tsp. salt	1/2 cup dark molasses
1/2 cup unsweetened applesauce	6 Tbsp. canola oil
1 large egg	1/2 cup boiling water

Directions

Preheat oven to 350 degrees. Coat inside of a 10-inch pan with canola oil spray. Sift together flour, sugar, spices, baking soda, and slay into a medium bowl.

In a separate, large bowl whisk together molasses, applesauce, oil, and egg until well blended. Add dry ingredients and stir until well blended. Whisk in boiling water.

Pour batter into baking pan. Bake until cake begins to pull away from pan and toothpick inserted near the centre comes out clean. (About 35 minutes.) Invert cake onto a platter and cool to lukewarm for about 15 minutes. Cut and serve with vanilla frozen yogurt, if desired. (Makes 10 servings.)

(remember that each person's requirements may differ so it is also important to individualise these tips, which your registered Dietitian will be able to do):

- Although weight changes are normal, try to stay at a healthy weight.
- Be physically active because it will help you to maintain your muscle mass, strength and bone mass. It can also reduce depression, anxiety, fatigue and constipation. If your doctor approves it, start slowly and aim for 150 minutes per week.
- Eat when you have the biggest appetite which is in the morning for most people.
- Drink plenty of liquids and aim for 8-12 glasses per day. If you cannot eat then try to drink something such as milk instead.
- Eat 5-6 portions of fruit and vegetables per day. 1/2 a glass (125ml) of fruit/veggie juice is the equivalent of 1 serving.
- Avoid alcohol.
- Increase energy and protein if losing weight or are at risk of losing weight:
- Make a high energy and protein FUTURELIFE® smoothie such as the recipe below
- Buy other high energy and protein shakes
- Use sugar, oil, peanut butter, butter, milk powder, FUTURELIFE® powder or cheese to add to foods to increase its energy and protein content. Add to porridge, stews, soups etc.
- Snack more and try to eat or drink something every 2 -3 hours
- Dairy products are excellent sources of protein and where not well tolerated, you can consume cultured dairy such as yogurt which will be easier to digest

Dates to diarise

February 2016

- 15 **INTERNATIONAL CHILDHOOD CANCER DAY**
- 16 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45. Going on a 4 x 4 Route with Cancer.
- 18 Cape Gate Oncology Centre support group 10:00 - 12:00. Head and neck cancers
- 24 Advanced Breast Cancer Support Group, GVI Oncology, Panorama, Cape Town. Contact 021-9443850, emerentia.esterhuyse@cancerca.co.za
- 29 GVI Oncology Unit support Group, 4th Floor Rondebosch Medical centre from 6:00 to 7:30. Speaker: Oncologist

March 2016

- 3 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 5 CanSurvive Cancer Support Group, Netcare Krugersdorp Hospital, 09:00
- 8 Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216
- 12 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 12 Wings of Hope, Netcare Head Office Auditorium, Sandton, 9:30 for 10:00.
- 15 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45. Speaker: Linda Greeff
- 16 Cancer Buddies @ Unitas, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 17 Cape Gate Oncology Centre support group 10:00 - 12:00. Survivors stories
- 29 GVI Oncology Unit support Group, 4th Floor Rondebosch Medical centre from 6:00 to 7:30. Topic: Psychoneuroimmunology
- 30 Advanced Breast Cancer Support Group, GVI Oncology, Panorama, Cape Town. Contact 021-9443850, emerentia.esterhuyse@cancerca.co.za

April 2016

- 2 CanSurvive Cancer Support Group, Netcare Krugersdorp Hospital, 09:00
- 7 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 8 Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216
- 9 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 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

CONTACT DETAILS

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

Mindfulness meditation linked to the reduction of a key inflammation marker

Research has shown that meditation really can change the shape, volume, and connectivity of our brains. But until now, no one's known how those brain changes can impact our overall health.

Now new research could help explain that link between mind and body, with a study showing that stressed-out adults who practised mindfulness meditation not only had their brain connectivity altered, they also had reduced levels of a key inflammation biomarker, known as Interleukin-6, four months later. That's important because, in high doses, Interleukin-6 has been linked to inflammation-related diseases such as cancer, Alzheimer's, and autoimmune conditions.

"We've now seen that mindfulness meditation training can reduce inflammatory biomarkers in several initial studies, and this new work sheds light into what mindfulness training is doing to the brain to produce these inflammatory health benefits," said lead researcher David Creswell from Carnegie Mellon University.

To figure this out, the team recruited 35 unemployed, high-stress adults, and sent them on a random three-day retreat - one that either taught them mindfulness meditation, or one that simply helped them relax, without any focus on mindfulness.

Brain scans before and after the retreat revealed that the brains of the people who'd completed the mindfulness retreat developed increased functional connectivity - that means the brain cells in regions involved in attention and executive control were working together better than they were before the retreat. These changes weren't seen in the people who'd simply gone away to relax.

Even more impressive, when the researchers looked at blood samples taken four months after the retreats, the mindfulness meditation group had reduced levels of Interleukin-6 - a biomarker that can indicate unhealthy levels of inflammation in the body. Again, the relaxation group didn't get this benefit.

If confirmed by further studies, the results suggest that changes in brain connectivity brought about by meditation could actually be lowering the volunteers' risk of inflammation-related disease, even four months on.

"We think that these brain changes provide a neurobiological marker for improved executive control and stress resilience, such that mind-

HELP CANSURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS



fulness meditation training improves your brain's ability to help you manage stress, and these changes improve a broad range of stress-related health outcomes, such as your inflammatory health," said Creswell.

The sample size involved in this study, which has been published in *Biological Psychiatry*, was very limited, so more research needs to be done before we can say for sure that mindfulness meditation is affecting this inflammation pathway.

http://www.eurekalert.org/pub_releases/2014-11/ahs-ssc103114.php

Australia may legalise growing marijuana nationwide

Australia is expected to legalise the cultivation of cannabis for medical or scientific purposes with a bill introduced to parliament on 10 February by the Liberal Party which would amend the Narcotic Drugs Act 1967. The main opposition party immediately pledged support for it.

The bill will see Australia create a national licensing and permit scheme to supply medical cannabis to patients with painful and chronic conditions on clinical trials.

Several Australian states have committed to starting trials for the cultivation of cannabis for medical and research purposes but current laws forbid the growing of the plant.

As a result Australian manufacturers, researchers and patients on clinical trials have been forced to access international supplies of legal medicinal marijuana. But costs, limited supply and export barriers make this challenging.

"Allowing controlled cultivation locally will provide the critical missing piece for a sustainable legal supply of safe medicinal cannabis products for Australian patients in the future," said Australia's Health Minister Sussan Ley.

Although the legislation would aid supply to researchers and patients on clinical trials, access to cannabis will not be allowed for other patients and the general public.

Should Australia decide to treat cannabis similarly to opium, patients dealing with chronic pain could be prescribed the drug.

<http://www.reuters.com/article/us-australia-cannabis-idUSKCN0VJ05C>

Tollfree service for cancer patients

Cancer Buddies has a tollfree number - it is

0800 033 337

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

Making a difference

PinkDrive and More Balls Than Most, in partnership with SANTACO (The South African National Taxi Council), offered the opportunity to Taxi commuters, Taxi Drivers and Taxi owners to have FREE prostate screening and/or Free breast cancer screenings on World Cancer Day.

On World Cancer Day, 4 February, PinkDrive and More Balls Than Most has adopted a "Day of Difference" initiative that offered taxi commuters, taxi owners and taxi drivers the opportunity to gain access to breast and prostate cancer screening, free of charge at the Baragwanath taxi rank. The taxi rank is situated in Soweto and the Minister of Health, Aaron Motsoaledi attended the morning's proceedings along with other government representatives.

During this outreach, 324 clinical breast examinations and 101 PSA tests were done. The message that "Early Detection Saves Lives" gives hope to those who were referred for further tests.

Over a period of nine days across Gauteng, PinkDrive together with other partners aim to reach as many commuters as possible and contribute positively towards demystifying the myths associated with the disease by visiting various taxi ranks in Gauteng.



Immunotherapy trial for patients with metastatic HPV-related cancer

Most sexually active Americans will become infected with HPV at least once during their lifetime. In most cases, the immune system clears HPV infections within 6 months to 2 years, but longer lasting, or persistent, infections with certain HPV types known as oncogenic or "high-risk" types can lead to cancer.

Specifically, persistent infections with two high-risk HPV types, HPV-16 and HPV-18, are responsible for thousands of cancer cases and deaths each year in the United States and many times more worldwide. These HPV types account for most cervical, anal, genital, and oropharyngeal cancers. Of the two types, cancers caused by HPV-16 are more common than those caused by HPV-18.

In an ongoing clinical trial, researchers at NCI's Centre for Cancer Research extracted and isolated immune system cells from the tumours of patients with metastatic HPV-related cancers. These cells, so-called tumour-infiltrating lymphocytes, or TILs, were grown in the lab to greatly increase their numbers and then infused into the patients in hopes that they would unleash the patient's immune system to attack the remaining cancer. Although only a fraction of patients have benefited so far from this treatment, early results demonstrate that ACT can be directed against HPV-induced cancers and produce lasting responses.

In the current trial, the researchers are trying a different type of ACT in patients with advanced HPV-16-related cancers. By genetically modifying immune cells to express cell-surface receptors that recognise E6, doctors hope that the therapy will produce better and more consistent responses among patients.

Uganda says "We Can" on World Cancer Day

"We can – I can – get involved in cancer prevention and control". This is the theme for World Cancer Day. And this year it seems that the Ugandan government is not just talking the talk, it is walking the walk with plans to provide the legal basis and funding to support a comprehensive approach to cancer control in the country.

When the tenth Parliament convenes after the May elections, the Cancer Bill will be high up on the agenda.

Its primary objective will be to establish the Uganda Cancer Institute as an autonomous agency of Government mandated to undertake and coordinate the prevention and treatment of cancer and cancer-related diseases and conduct research.

With only 25 oncologists in the whole country, Uganda currently struggles to care for the almost 30,000 people who are diagnosed with cancer every year. Speaking at a press conference at the Ministry of Health ahead of World Cancer Day, Jackson Orem, Director of the Uganda Cancer Institute, spoke of his hope of increasing survival from the current rate of 20% to 50%, through improved prevention, earlier detection and care. And he sounded confident the proposed measures would be debated as planned. "The Cancer Bill is already before the committee of health. It will be their priority in the next parliament," he said.

<http://thecancerblog.net/uganda-says-we-can-on-world-cancer-day/>

Topical application of turmeric curcumin for cancer

In his YouTube video, Turmeric Curcumin and Colon Cancer, Michael Greger M.D talked about a study where researchers showed that, by taking curcumin, the yellow pigment in the spices turmeric and curry powder, those at high risk for colon cancer could cut down on pre-cancerous and even pre-pre-cancerous lesions, in effect reversing cancer progression. Are there other high risk lesions we can try spicing up?

One of the reasons turmeric curcumin may work in some cancers better than others, or in some people better than others, is differences in bioavailability. Megadoses were given, yet just a tiny amount ended up in the bloodstream. If we're treating skin cancer, though, why not just put the curcumin directly on the skin?

Dr Greger talks about what turmeric compounds can do to cancer cells in a petri dish. Cervical cancer cells are laid to waste as more and

more curcumin is added, and normal cells are unharmed. But to make it to the cervix, curcumin must be absorbed.

Taken orally, some curcumin does actually get into the tissues. We can measure the amount of curcumin absorbed into the wall of the intestine by examining biopsies and surgical specimens taken after a curcumin regimen. It makes sense to take turmeric orally to try to fight colon cancer, but if we have cancer erupting on our skin, why not just rub it on directly?

That's what one group of researchers did. They took some turmeric from the store, made a tincture out of it, dried it, put it in Vaseline, and then had cancer patients rub it on their cancer three times a day. What kind of cancer can you get at with a finger? These were folks with cancers of the mouth, breast, skin, vulva, and elsewhere. Isn't breast cancer under the surface? Not always. Advanced breast cancer can ulcerate right through the skin. The subjects were all people with recurrent ulcerating tumours that had failed to respond to surgery, radiation, and chemo. These open cancers can stink, itch, and ooze, and there was nothing else medicine had to offer. So, they rubbed some turmeric ointment to see what happened. It produced remarkable relief. A reduction in smell was noted in 90% of the cases, even in extensively ulcerated cases of breast cancer, and a reduction in itching in almost all cases as well. Most of the lesions dried up, and in many cases this relief lasted for months, all from just rubbing on the harmless spice turmeric. The effect of this is remarkable. And that "drug" is just some edible spice used in curries for centuries.

<http://nutritionfacts.org/2015/10/27/topical-application-of-turmeric-curcumin-for-cancer/>

Chemotherapy after surgery appears to improve survival in advanced bladder cancer

Patients with advanced bladder cancer who receive chemotherapy after surgery to remove the bladder have better overall survival than patients who undergo surgery alone. These findings were presented at the 2015 Genitourinary Cancers Symposium.

Patients with Stage III, or advanced, bladder cancer have cancer that invades through the connective tissue and muscle and into the immediate tissue outside the bladder; it can also invade the prostate gland in males or the uterus and/or vagina in females. With Stage III bladder cancer, there is no spread to lymph nodes or distant sites.

Patients with bladder cancer may be treated with a radical cystectomy, which is surgery to remove the bladder and some nearby organs. These patients may also receive adjuvant chemotherapy—additional treatment administered after cystectomy. The goal is to eliminate any cancer that remains after surgery, thereby reducing the risk of cancer recurrence. Ongoing research is evaluating the benefits of giving patients adjuvant additional chemotherapy following cystectomy or waiting until signs of relapse.

A recent clinical trial compared outcomes between adjuvant chemotherapy and observation in patients with advanced bladder

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PSA and male cancer Support Group

16 February 17:45 – 19:30

The venue is the Boardroom at
MediClinic, Constantiaberg, Plumstead

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

cancer. The study included 3,294 participants, who had all undergone cystectomy. Of these patients, 937 had also received adjuvant chemotherapy.

Patients who received cystectomy plus adjuvant chemotherapy had better overall survival compared with patients who underwent cystectomy only. The patients who received adjuvant chemotherapy tended to be younger, had more lymph nodes involved, and had more invasive disease.

According to these findings, adjuvant chemotherapy following cystectomy for advanced bladder cancer improves survival compared with cystectomy followed by observation. There hasn't previously been much evidence to support adjuvant chemotherapy in advanced bladder cancer, or, for that matter, much advanced study into the regimen. This information fills that gap and supports the use of adjuvant chemotherapy for advanced bladder cancer.

<http://news.cancerconnect.com/chemotherapy-after-surgery-appears-to-improve-survival-in-advanced-bladder-cancer/>

Proton beam therapy may offer fewer severe side effects

Proton beam therapy - a more precise form of radiotherapy - to treat the childhood brain cancer medulloblastoma appears to be as safe as conventional radiotherapy with similar survival rates, according to new research published in The Lancet Oncology journal today. Importantly, the findings suggest that proton radiotherapy may not be as toxic to the rest of a child's body as conventional radiotherapy. The study was led by Dr Torunn Yock, Massachusetts General Hospital, Proton Centre, Boston, MA, USA, and colleagues.

Conventional treatment usually involves surgery to remove the tumour, photon radiotherapy and chemotherapy. However, patients are often left with significant side effects including hearing loss (which can severely impact a young child's learning and language development), effects on cognition, hormone function as well as toxic effects on the heart, lungs, thyroid, vertebra and reproductive organs as a result of healthy bodily tissues being exposed to radiation. Typically, the younger the patient is at the time of treatment, the worse the long-term effects are.

Compared with traditional radiotherapy, proton beam therapy is highly targeted and is used to treat hard-to-reach cancers, with a lower risk of damaging the surrounding tissue and causing side effects.

<http://www.medicalnewstoday.com/releases/305763.php?tw>