

VISION

COPING WITH CANCER



VISION, JUNE 2016

International Cancer Survivors Day

CanSurvive and Cancer Buddies joined with the Charlotte Maxeke Johannesburg Hospital Radiation Clinic to celebrate the occasion. Patients enjoyed the refreshments and goodie bags provided.



March to legalise cannabis for medical use

Thousands of Capetonians and many members from cancer group, Can-Sir, joined millions from around the world by taking to the streets on 7 May, demanding a relaxation of drug laws to allow medicinal use of cannabis.

Around 3 000 protesters took part in the Cape Town march, including Can-Sir members Brian Van Rheede, Samuel Ziwada and volunteers Wesley Chapman, Zain Bartholomew and Ersula Grey, branding placards and banners.

"We were marching for the legalisation and regulation of cannabis in South Africa," said Can-Sir volunteer Wesley Chapman.

"There is more than enough evidence around the world about the medicinal benefits of cannabis," he said, adding that legalisation

would create a "safer and much more controllable" use of the drug in the fight to eradicate or help eradicate certain if not most forms of cancer.

Wesley goes on to say, "We are not professing that cannabis is the cure for cancer but what we are saying, what we do know, and what has been proven scientifically, is that cannabis assists in the delaying, slowing down or reduction of cancer cell growth"

Brian Van Rheede said, "being the voice of men with cancer, we are marching in Cape Town today to voice our approval of 'making medical cannabis legal' to help ease the pain caused by cancer . . . I live in a city where voices are heard and the brave are seen, which is yet another reason to love Cape Town, to love South Africa."

Use of cannabis and medicinal marijuana is gaining popularity in most parts of the world to ease suffering from cancer, glaucoma, HIV and AIDS, and other serious conditions. But opponents fear crime connected to drug abuse and users graduating to harder drugs



Chemo Ports the Pros and Cons

If you are newly diagnosed, you have probably heard the term "chemo-port". A chemo-port or porta-cath, or power port is a device that is surgically implanted just under the skin usually in the upper chest area, just below the collar bone. Their main purpose is to be an access to deliver chemo drugs, and other drugs or IVs you may need during treatment. Blood draws can also be taken from the port.

Types of ports

Implantable Venous Port - This is the most common type of port that people refer to when using the generic term "port", or "port-a-cath". It is implanted just under the skin just below the collar bone. They are made out of titanium, plastic or stainless steel. The catheter that is attached to the port is attached to a central vein. These type of ports can be kept for many years. I had mine installed for 18 years before having it removed.

Tunneled Central Venous Catheter - Also known as a Hickman or Broviac, it is surgically placed in a central vein in the chest. There are multiple openings in the catheter, and though the catheter is under the skin, there are tubes that hang outside the body where the medicine is placed. This kind of port can be used for months to years. They are also commonly called "central lines".



Chemo-port or porta-cath, or power port

PICC Line - A pic line is threaded into a vein in the arm, the catheter is placed and confirmed that it is in the location it needs to be by fluoroscopy, a type of X-Ray. These type of ports will often have a few lines hanging out of them for access to deliver chemo or other drugs or draw blood for tests. They are not meant to be used for long term chemo treatments.

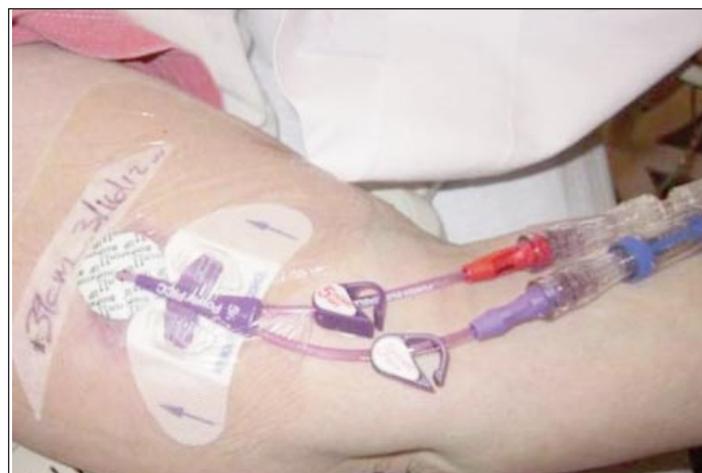


Tunneled Central Venous Catheter

Intraperitoneal Port - This type of port is implanted in the abdomen and when accessed the chemo drugs are delivered into the abdominal cavity where it is absorbed into the blood stream.

Which type you will have inserted will be determined by your oncologist and possibly your surgeon, my oncologist had a particular variety of the port that they were used to working with, accessing, flushing, drawing, etc. and they liked it, so that type was recommended. The factors that will determine which type will be some or all of these: how long your treatment is expected to last, what type

(Continued on page 4)



PICC Line threaded into a vein in the arm

Let's 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:

PARKTOWN GROUP, Hazeldene Hall, Parktown - 11 June 09:00

KRUGERSDORP Netcare Hospital Group - 2 July 09:00

HEAD and NECK Group, Rehab Matters, Rivonia - 7 July 18:00

Enquiries:

Mobile 062 275 6193 or email cansurvive@icon.co.za

www.cansurvive.co.za and www.facebook.com/cansurviveSA



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.



Chemo Ports (Continued from page 3)

of treatment (what type of drugs will be used), your oncologist's usual method of treatment, your overall health.

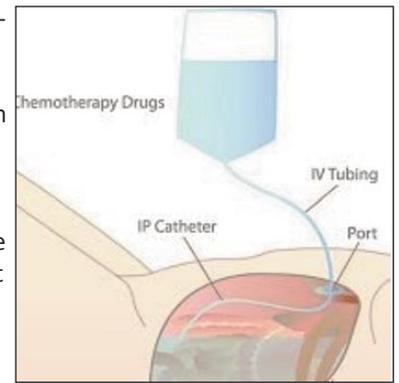
Some of the cons reported from having a port

- It stopped working and had to be replaced with another
- It got clogged up and wouldn't draw blood, but would take fluids
- It moved in my chest and had to be attached again
- Some people have reported having infections at the surgery site afterwards
- Soreness around the port site after surgery and after treatments
- Seems to constantly be getting bumped when I am doing anything
- Accessing the port is a sterile procedure and not all Nurses can do it
- Blood clots can develop inside them, however, they have a drug to dissolve the clot and it's usually not an issue

Some of the Pros reported about having a port

- Most all treatments are done through the port and the veins don't have to be stuck
- Blood draws can be done through the port, no sticking the arm anymore
- IV's can be dripped through it for scans or other procedures
- Some people stay much more relaxed through their treatments knowing that a vein "blow out" was not going to happen
- It saves your veins from getting hard and shrinking, (some of the side effects of chemo)
- They can be left in for years with regular flushing if you are at a high risk of recurrence
- Some people have very small arms, and veins and are a very hard stick. Having the port eliminates that problem
- By having a port for treatments or draws, your arms and hands are mostly free to move around, hold a phone or Ipad during treatment, etc.

The question "Do you recommend I get a port", is a common one on WhatNext. The answers usually run more than 90% positive as in "yes I do". As with anything else in life, everyone has their own opinion and a few people have rare bad experiences. Overall, most people report that they were extremely happy that they had their port put in, and would do it again without hesitation.



Intraoperative Port

This item was reprinted with the permission of WhatNext.com. Go to <http://tinyurl.com/gsh6mgq> to read their blog and read about other cancer patients' experiences.

Thoughtful suggestions at end of life care

These are the words of Dr Brett Belchetz from an article written for the National Post:

"I believe the term DNR needs to go away, to be replaced with the term AND – Allow Natural Death

"In order to deal with the fact that most elderly and severely ill patients opt out of receiving CPR once the risks are explained to them, but are leery about signing DNR forms, we need to change our vocabulary. Instead of asking patients who say no to CPR to sign a form telling us not to care for them, physicians should be asking them to affirm their preference for a natural, dignified passing.

Simply put, I believe the term DNR needs to go away, to be replaced with the term AND – Allow Natural Death.

"Thus, I recently stopped using the words "do not resuscitate" in all such discussions. For legal purposes, I retain the term on forms, but underneath, I write AND, and ask patients to focus instead on those three letters when they consider what they are requesting.

"I no longer witness the terrible guilt among family members that I so frequently saw when the choice to avoid CPR was defined solely by the term DNR."

Another great idea is put forward by Richard gunderman and Peg Nelson – it is the concept of a "Comfort Cart" in lieu of a crash cart by introduced by them in an article "Exchanging a Blanket for a Code Blue".

"This was a new kind of cart that is being implemented at a number of hospitals across the country: the comfort cart. Unlike the crash cart, it does not contain a cardiac defibrillator, endotracheal tubes, or powerful medications such as epinephrine and dopamine. Instead it contains much lower-tech but nonetheless powerful items, including music, scriptures in various faith traditions, and a variety of homemade "love" blankets. For the patient's family, it also includes information on grief, the dying process, and lists of area support groups, funeral homes, and community assistance programmes for burial. Finally, it contains a plaster kit for making a cast of the dying patient's hand."



PLWC

PEOPLE LIVING WITH CANCER

www.plwc.org.za

Toll free line 08000 33 337

PLWC INVITES YOU TO A SPECIAL KIDNEY CANCER FOCUS GROUP

FACILITATED BY LINDA GREEFF
DIRECTOR OF PLWC

SPOIL YOUR SELF WITH HIGH TEA

Goals:

- To provide a platform for discussion and determine the needs of kidney cancer patients in order to structure and develop appropriate support resources.
- To empower kidney cancer patients living with the disease and help them to become more informed.
- To create awareness in the media about the challenges that kidney cancer patients face and to encourage early detection and treatment of this illness in the South African context.
- To assess the need for an online support group in South Africa for kidney cancer patients

Date Saturday 16 July 2016 June 2

Time: 9.30 for 10 am to 12 am

**Venue: Protea Hotel Balalaika Sandton
20 Maude Street, Sandown,
Sandton, 2196, South Africa**

Cost Free

Contact Linda Greeff for more information

linda.greeff@cancerbuddies.org.za

If it quacks, it's a duck

If it walks like a duck and quacks like a duck, it is probably a duck.

At 62-years-old, Roberta had been healthy. She walked three miles a day, stayed up late and enjoyed events with her three grandchildren. She had no history of significant surgery, and took only a single pill for blood pressure. The only health tragedy in her life was the death of her last child, an eight-year-old daughter, of a sudden infection.

Nonetheless, Roberta was deteriorating. Severely fatigued and short of breath, she could only walk around her house. She was swollen around her ankles. Friends and family, seeing her weakened state, noted Roberta was "as pale as a sheet." They begged her to see a doctor.

Her primary MD examined her. Her heart and lungs seemed fine. Belly was soft. There was no sign of neurological disease, such as a stroke. She was indeed pale. The doc did a blood test. Roberta was very anaemic. She was referred to me.

I did not find anything additional on her exam, but her blood tests gave an important clue. Her red blood count was very low and each red blood cell was small. Roberta was slowly, relentlessly, bleeding.

When I checked her stool, in the office, there was no blood. I knew this was misleading; it just meant that Roberta was not bleeding at that moment. I sent her home with small pile of blood testing, guiac cards. She brought them back, four cards from different days; but when I tested the cards, no blood.

However, the reality remained; Roberta had lost a lot of blood. Her body was depleted of iron. I started her on iron, given by IV. The intravenous iron worked well. Roberta's blood counts immediately started to rise and her red cells got bigger. I felt better, or more precisely, Roberta felt better. I was still at a loss. Where had all that blood gone?

I referred Roberta to a gastroenterologist for a "work-up." He did a colonoscopy (the "up" part of the work) and an endoscopy (down). No bleeding. Nada.

Still, Roberta was doing better. Her iron levels and haemoglobin were rising. Therefore, I decided to allow her to recover and accept, at least for now, that I did not know what had happened. I assumed Roberta had experienced a brief bleeding episode in her bowels, which had resolved. Another medical miracle.

18 months later, Roberta was back in my office. Anaemic. Really anemic. Her red blood cells were almost as tiny as before. Again, there was no blood in her stool. Again, her exam was benign. Again, I referred her to GI, who repeated the upper exam, looking for a bleeding ulcer. The scope was normal. Again, I gave her IV iron, and again, she recovered quickly. Again, the mysterious blood loss.

The story gets embarrassing. Roberta and I danced the "anaemia waltz" for more than three years. She would come in weak. I would know she was bleeding, just not right now. I would give her IV iron. GI would find nothing. She would get better. She would go on her way, until the next round, a few months away. Iron in, blood out, no explanation.

It was Friday. Roberta was the last patient of the day, so I had some time to talk. This was a routine recheck, and actually her blood count was doing fine. Roberta was sad. It was the anniversary of the death of her eight-year-old daughter. The loss of a perfect little girl is not something from which one ever recovers, even 30 years later. In the exam room, Roberta cried a little, remembering blond pony-tails, skinned knees, joyous loud voice playing in the back yard.

"Did they ever find out what kind of infection it was?" I inquired.

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, including the Physicians Leadership Award in Palliative Care.

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



"No," Roberta responded, "The doctors said that it was because she had a weak immune system."

"Why would her immune system have been weak?"

"Because, her blood counts were low."

"Why were her blood counts low?"

"Because, of the chemotherapy."

"Why was she getting chemotherapy?"

"For the leukaemia."

"Your daughter had leukemia. Your daughter died from leukaemia ... a cancer of the blood?"

"Yes ... I never told you?"

"No, somehow I missed that. My fault, I guess I should have asked."

"My daughter died from leukaemia. She was very sick for many months."

"That must have been really terrible for her, for your family and for you."

"For weeks, I sat at her bedside. I never went home. I could make her laugh and hold her hand. But, I could not really help. It broke my heart that I could not help."

"I am sure you did everything."

"Still it was not enough. That's why I donate blood."

"Donate blood ... you donate?"

"Yes, it's the least I can do."

"How often do you donate blood?"

"As often as I can ... even if it makes me feel weak."

If it walks like a duck ...



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.

A report on the Alliances meeting with the Minister of Health appears on page 10 of this issue



Buddies@centurion

The first meeting of our new group at Unitas Hospital, Centurion, was really, really small... but many more people showed up for our next meeting where Ivan de Klerk approached the topics of stress and stress management with such an easy understandable metaphor. Anxiety (internal factors) and stress (external factors) becomes a vicious cycle if not taken in hand.

The support group is there for a reason – it's okay to hit a bump or huge "pothole" on your journey. And it is ok to say "I AM HAVING A BAD DAY". We are human. It's vital to have a support system. You don't have to face it alone. In the group the sharing and knowledge gained equips us to face things a lot easier. No judgment – just an effort to make sense of a disease that is overwhelming.

Thank you Netcare for our venue and treats. And a huge thank you

to Ivan De Klerk for his kind and passionate approach to guide us on our journeys. We now have a map and compass to give us direction.

At our third meeting on 18 May, nutrition as part of treatment was discussed by a dietician, Liezl Olivier. Please join us at our next meeting on 15 June when our speaker will be an oncologist.



MORE DOWNLOADS

Caregivers handbook

If your loved one or friend has just been diagnosed with cancer, you probably have a lot of questions about being the best caregiver possible. The Caregiver Handbook from PearlPoint Cancer Support contains helpful advice to more confidently manage your role as a caregiver for a cancer patient.

<https://my.pearlpoint.org/cancer-education/caregiver-handbook>

Coping with Advanced Cancer

Coping with Advanced Cancer is for people who have been told they have late-stage cancer, or that their cancer isn't responding to treatment. Family and friends may also want to read this booklet. It includes information about dealing with transitions in care, including end of life issues. It stresses that learning about your options and talking about your concerns keeps you in control of your care, and of your life. The 64-page booklet is available in PDF, Kindle or ePub versions.

http://www.cancer.gov/publications/patient-education/advanced-cancer?cid=eb_govdel

KCC Book of Courage and Hope

Kidney cancer is diagnosed in over 300,000 people worldwide every year. It is the 12th most common cancer in the world, with approximately the same incidence as pancreatic cancer. Being diagnosed with kidney cancer changes everything, not only for the patient, but also for family and friends. Kidney cancer makes you want to cry, to wail, to hit something or to hide in a corner - and it makes you hope and want to fight. Eighteen kidney cancer patients from all over the world share

their stories in the new "Book of Courage and Hope" recently launched by the International Kidney Cancer Coalition (IKCC).

"The IKCC "Book of Courage and Hope" illustrates our belief that being a part of a cancer patient support group and sharing knowledge and experiences with each other not only helps individual patients, but can also serve more broadly to increase knowledge of unmet medical needs, raise awareness, and foster further research in kidney cancer", explains Dr. Rachel Giles, Chair of the Board of the IKCC. "The Book of Courage and Hope" clearly demonstrates that shared conviction of the IKCC and their Affiliate Organisations: "Together we are stronger".

The book is available for download on the IKCC website:
www.ikcc.org/

Eating well on a budget

When Leanne Brown moved to New York from Canada to earn a master's in food studies at New York University, she couldn't help noticing that Americans on a tight budget were eating a lot of processed foods heavy in carbs. Brown guessed that she could help. So she set out to write a cookbook full of recipes anyone could make on a budget of just \$4 a day.

The result is Good and Cheap, which is free online and has been downloaded over 700,000 times since Brown posted it on her website in June 2014. A July 2014 Kickstarter campaign also helped her raise \$145,000 to print copies for people without computer access. And on July 21, the second edition was published with 30 new recipes.

<http://www.npr.org/sections/thesalt/2015/07/27/426761037/cheap-eats-a-cookbook-for-eating-well-on-a-food-stamp-budget>

Attitude and cancer – is it important?

by *Bev du Toit*

When I was diagnosed with ovarian cancer, many of my friends came to visit, bringing with them my “cure” or tools that they thought I needed to get better. I know that this was done out of love and a desperate attempt to hold onto me and I am grateful that they cared enough to do the research! Some of these “cures” and tools were outrageous, some really funny and some had real value for me and I put them into practice. So let me share with you my journey into discovering and working with my attitude.

A friend arrived one day and announced “Bev, you must have a positive attitude to be able to get through this” and I remember looking at her and thinking “Like to see you have a positive attitude from this side of a cancer diagnosis”. However, after days of feeling sorry for myself and indulging in outbursts at family and friends, I decided to take a closer look at what my friend had suggested. The first stumbling block I encountered was in trying to define what an attitude is.

So I would like you to ask yourself this question and then answer it before you read any further.

What is an attitude?

Were you able to define it clearly or was it somewhat nebulous and hard to grab a hold of?

I seemed to have a vague idea that it had something to do with how you behave, mmmm..... but then I thought “No, it’s more to do with how you react to things” and then I started thinking that it was somehow linked to my values and so the merry go round happened in my head.

After hours of research, pouring through dictionaries and thesauri, I was still confused, as there seemed to be so many different definitions, here are a few that I picked up from Google while writing this article:

- A settled way of thinking or feeling about something.
- A predisposition or a tendency to respond positively or negatively towards a certain idea, object, person, or situation.
- In psychology, an attitude is an expression of favour or disfavour toward a person, place, thing, or event (the attitude object)

This seemed crazy to me, as it is a word we bandy about a lot, John has a “good” attitude ... I am sick and tired of Mandy’s “bad” attitude, etc. If we can’t even define it, how do we go about recognising and working with our own?

I then decided to stop worrying about the definition and rather try and see if I thought I had a positive or negative attitude and that is when my emotional state came into focus and I realised that I was feeling hopeless and helpless in the face of my diagnosis. Now, it’s pretty clear that is not a positive place to be and so started one of the most empowering lessons that has come from my journey through cancer.

You see, I knew that my medical team were doing the best they could to save my life and yet here I was having pity parties and lashing out at people. Something had to change. The first thing I asked myself was “Why is it important to have a positive attitude? Will it cure my cancer?” At that time there seemed to be no

Bev du Toit is a speaker and trainer whose focus is on living the most fulfilled life possible. She was diagnosed with ovarian cancer in 1996 and has been in remission for 19 years. She loves sharing tools and knowledge with cancer patients in the hope that her experience will make it a little easier for someone else. She shares her life with her magical man, Leo and her two dogs, Shadow and Kai. Bev can be contacted at 076 158 5827 or bev@bevduitoit.com

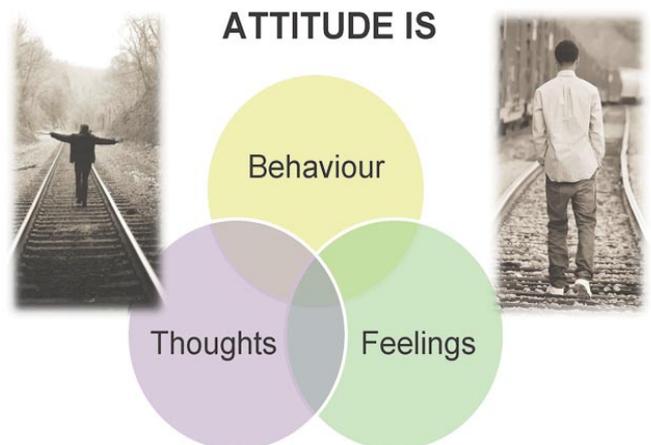


research around to support the idea that it would influence my survival, but I decided to give it a whole hearted bash anyway, as I was feeling and behaving in ways that really weren’t helping me or those around me.

I have subsequently found research published in the March 2010 edition of the Journal of Thoracic Oncology (JTO) exploring the importance of a patient’s outlook as it relates to health behaviour and health status. Researchers focused on lung cancer patients and discovered that those who exhibited an optimistic disposition experienced more favourable outcomes than those with a pessimistic disposition. (<http://www.jto.org/article/S1556-0864%2815%2932304-2/fulltext>)

Over the years, I have come up with my own interpretation of what constitutes an attitude. It is made up of three things: Thoughts, feelings and behaviour and the most visible part of an attitude is behaviour.

Your behaviour is determined by what you think and feel, and what you think and feel is displayed in how you behave.



And so I started to observe my behaviour and asked myself: “What are you thinking and feeling about your cancer?” I soon realised that I was at the mercy of my cancer, it was controlling every minute of my day. Another question soon surfaced: What drives my thoughts and feelings?

I realised that I held a strong belief that CANCER = DEATH.

You see, it is our beliefs that drive our thoughts and feelings and finally our behaviour.

Let me use an easy example: What are you SAYING about the state of corruption in our country, when you chat to friends? (That is your BEHAVIOUR) The words that you are saying are a reflection of what

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ATTITUDE (continued from page 6)



you are THINKING and FEELING about this situation. Those thoughts and feelings are being driven by what you BELIEVE to be happening. If you look at any behaviour in your life, you will be able to trace it back to a belief. Think about your attitude towards your work, your significant other and your friends and then think about what you believe about those aspects of your life and you will easily see the link. I often see cancer patients try and change ONLY the behaviour (by smiling and saying "oh, I am fine") and it simply doesn't work. It is not sustainable as it is in conflict with their beliefs, thoughts and feelings. Change happens at the BELIEF level and then filters down to the BEHAVIOUR. Not the other way around.

The belief that I held about cancer (death) was dominating my life, my thoughts, my feelings and my behaviour and I wanted to wrestle control back from it. I decided that cancer had taken so much from me, it was not getting any more!

I created a banner from an A3 sheet of paper and put it on my wall in my room, it read:

CANCER=JOURNEY

I decided that instead of focussing on the possibility of dying, I was going to focus on the reality of living each day to the best of my ability. I found this quote by Viktor E. Frankl, (Man's Search for Meaning) and it still inspires me today:

"Everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way."

The strange thing is that we ARE all going to die someday and we all carry the belief that LIFE=DEATH (because that is the reality) and yet we don't think about it all the time, we don't focus on it exclu-

sively, we get on with living life! But when we are diagnosed with cancer, it seems to be all we think about and focus on and it becomes crippling.

That small step of switching my belief was so profoundly powerful, it changed me forever!

I even managed to joke with my mom "I don't know how I ended up on the cancer bus Mom, but I am on a journey and I hope I don't end up at the terminal". Needless to say, she wasn't amused. (Tumour humour is fabulous for the patient!)

I have been in remission for 19 years and I still work with my attitude on a daily basis. I have exchanged my belief of CANCER=JOURNEY for LIFE=JOURNEY and every morning I wake up and ask myself: "How am I going to DO this day?", "What attitude do I choose for today?"

Having a positive attitude while going through cancer, is not about putting on a happy face or being brave, it is about taking control of how you view and get through each day. There are still sad days, days of mourning, angry days, but there are more days of living in the moment and of being grateful for what you DO have. Once I switched my focus, I found myself more able to talk about the difficult things (like dying) and also to be honest and real about what I was going through.

In 1996, I started doing two specific things every day to support my positive attitude and I still do them today. Let me share them with you!

Gratitude Diary

I started writing a gratitude diary: Every day I wrote down three things that I was grateful for that day. My diary was a little different – I wasn't allowed to repeat anything for a month! At the end of each month I had to read my diary, as if I had never seen it before. This really helped me to see and celebrate all the good things that were happening in my life (even during my debilitating treatment).

Beauty Breaks

I started taking beauty breaks! A beauty break is when you stop whatever you are doing to look at or experience something beautiful. It could be a spectacular sky, a kind gesture from a friend or a beautiful flower in the garden. Dedicate yourself to finding the beauty around you each and every day and when you climb into bed at night, you will not be thinking about all the "bad" things that happened to you that day, you will think instead of the beauty break you chose to take.

There is no certainty that your cancer will be successfully treated, you may even have been told that there is nothing more that can be done for your cancer, but you are alive right now and you have a day ahead of you tomorrow. What choice are you going to make about that day?

Don't live every day as if were your last. Live every day as if it were your First. - Paolo Coelho

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: 15 June at 18:30
at Unitas Hospital boardroom**

**Our speaker will be an oncologist, so
have your questions ready**

Enquiries: *Henriette Brown* 0728065728



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



Caregiving advice for men

Tips for men when caring for a woman with cancer

The world of cancer is a strange, confusing and scary place. And if you're a man caring for a woman with cancer, everything can seem foreign and unfamiliar as you frantically try to grapple with issues and emotions that may feel overwhelming. The "newness" of it all can make it difficult to know your role.

The good news? The majority of the time, just being there for her is enough. But through a few simple actions, you'll be able to show her the kind of support she needs so you can both face this new world together.

Support her decisions

She's no medical expert. Neither are you. But together you'll make lots of decisions – with the help of your health care team, of course – and your job is to help her decide and then support her decision. Choosing a mastectomy, for example, comes not only with medical considerations but also emotional ones. Will you still find her attractive? How will she feel about herself? She's worried about these things, so reassure her that your feelings will not change. That way she can stay focused on what's best for her health.

Nothing's taboo

You may already have great communication with your partner, but for many men, talking about breasts or anything gynecological might seem a little strange. Now is not the time to get shy. She is likely terrified about how her body might appear after surgery, how that will affect her sexuality, and how you will react. She will need comfort and assurance from you – probably many times throughout the process – to help her focus on healing.

Get organised

When your loved one is dealing with doctor appointments, side effects, and hefty bills, it can get a little chaotic. Step up and help keep her organised: Start a filing system for appointment notes, medical research, and insurance claims. Take care of sending updates to family and friends so she doesn't have to tell the same story 10 times. Keep the calendar up-to-date of all of her appointments and treatments, and be the buffer between her and that well-intentioned but nosy friend.

PSA and male cancer support group

21 June 17:45 – 19:00

The venue is the Boardroom at
MediClinic, Constantiaberg, Plumstead
Guest speaker: Dr Greg Hart - Radiation
Oncologist at GVI Oncology

For more information contact:

Ismail-Ian Fife, 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.

West Rand CanSurvive Support Group

The new CanSurvive group meets at the Netcare Krugersdorp Hospital on the first Saturday of each month at 09:00 and finish at around 11:30. If you have any questions or need any further information, you can contact CanSurvive at 062 275 6193

Be a fierce advocate

Make no mistake: Caregiving is an exhausting job. She'll likely be even more exhausted, though, which means it falls to you to be the backup. Go with her to every appointment (if you're able), and don't let the doctor leave the room until you've gotten answers to every question. Don't let a nurse dismiss a side effect or concern. While cancer terms are familiar to health care professionals, they're Greek to nearly everyone else. Ask them to explain anything you don't understand, and be assertive. The better your knowledge of what she's going through, the more effective you'll be as a caregiver.

Eliminate unnecessary stress

For many women, the thought of some unchecked item on the "to do" list can add a nagging stress to an already full brain. Anticipate those daily chores that give her anxiety – maybe the dishes, the yard, dog hair on the carpet, you know the ones – and either take care of them yourself or enlist family and friends to help out. Crossing those items off the list without her having to think about them can have a cumulative positive effect on her outlook.

Communicate, communicate, communicate

For many men, sharing feelings isn't their strong point. There are times in life when you need to be the strong, silent type. This is not that time. She needs to hear your feelings about this entire experience – good and bad – so she can feel like the two of you are going through it as a team. Conversely, when she needs to share with you, listen. Listen without judging. Even if there's nothing you can do to fix the particular situation, just keep listening. You'll be surprised how much you can empower her with simple communication.

Escape now and then

Men often have an innate need to provide, but men are also human. If you start to forget your own basic needs, you're no good as a caregiver. Plan time for yourself on a regular basis: Meet a friend for lunch, play some basketball, watch a movie. It's not selfish, it's completely necessary. You'll return to your duties as caregiver mentally and physically refreshed, ready to help once again.

Support yourself

Many caregivers have to suspend their own lives, leading to feelings of loneliness and isolation. And about one-third say they have some strain or stress on their social and physical well-being, including anxiety, depression, spiritual challenges and sleep problems. Although the caregiver's depression can be at almost the same level as the patient's, many men don't realise they need support, too. Don't overlook the support groups and educational programmes offered by many cancer centres and through Web resources. Talking with other men – either in person or online – can give you the support you need.

<http://www.patientresource.com>

Wings of Hope

Once again the Wings of Hope manned a stand at the annual German School Bazar in order to raise funds and to educate visitors about the early detection of cancer. Plenty visitors visited the stall and lots of fun was had by all, as can be seen in our photos.

Their next public meeting is at the Netcare auditorium in Sandton on the 11. June, and Dr. Oettle, an anaesthetist, will be the speaker.

Wings will be celebrating their fourth birthday in July.



CANSA countrywide support for survivors

Albert Kleintjies was diagnosed with prostate cancer in 2008 and by 2009 his cancer had gotten very aggressive; "I was told I had three months to live. Death seemed imminent."

All of that changes when, four years later (still alive) he helped form the Westridge Cancer Survivors and Supporters Group as part of the CANSA Cape Metro Care Centre. "As a sufferer, I was living to die, but as a survivor, I am dying to live. I was pleasantly surprised that instead of finding a whining, moaning bunch of people, I found this vibrant, joyous and encouraging group. Cancer is no longer a death sentence, it's for many of us a means to experience life in abundance and appreciate every aspect of life. Thank you to CANSA Cape Metro, we as survivors appreciate their toil and selfless support in extending and availing their resources to the betterment of quality of life, for us," adds Albert.

Another testament to the support service that CANSA staff offer to cancer survivors, is told by Tania Naudè (50). Tania was diagnosed

with breast cancer at age 36, and sought some care and support from her local CANSA Care Centre in Kimberley.

Tania explains, "The staff is now more like friends than anything else. Since I was diagnosed they walked this journey with me from day one. They were there explaining to my husband and I, the arduous journey that lay ahead and the support they can offer us to make it easier. They were there helping me fit a prosthesis after my first mastectomy, and then again six years later when I lost my second breast to a recurrence of the cancer. I'm ever grateful to the wonderful CANSA staff that helped ease this burden of cancer."

CANSA also has various online support platforms offering support, receiving and giving encouragement from fellow members and sharing stories:

- Facebook Group: Champions of Hope – CANSA Survivors for cancer Survivors
- Facebook Group: CANSA Caring for the Carers for caregivers helping cancer Survivors (patients)
- Facebook Group: CANSA-TLC specifically for children and families affected by cancer
- iSurvivor Online Support Programme – a 20 week email guide to assist cancer Survivors along their journey and help them cope better
- KickButt Online Support Programme – a series of weekly e-mails to help quit smoking
- CANSA's CancerCare Coping Kit Audioprogramme and booklet providing information, practical tools and tips to promote physical, emotional and mental well-being before and during treatment. In short, it helps the newly diagnosed cancer patient and their loved ones to cope with cancer.

For more info visit www.cansa.org.za or contact CANSA toll-free 0800 22 66 22 or email info@cansa.org.za.

CONTRIBUTIONS FOR PUBLICATION IN "VISION" NEWSLETTER

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

If you are holding any cancer related events, please let us know so that we can include it on our Calendar page.

Swap it out for less sugar

By Jessica Haworth, *FutureLife*

It's the New Year and most of us want to be healthier, but it doesn't have to be complicated. One way to be healthier and try to lose weight is to reduce ones sugar intake. In 2012 the Journal of the Academy of Nutrition and Dietetics stated that on average, adults in the United States consume 14.6% of energy from added sugars. This is too much as the recommended sugar intake is 5% (conditional)-10% of total energy intake or 6-12 teaspoons according to the World Health Organisation. Sugars provide 4kcal/g of energy and can be considered empty calories contributing only calories but no other useful nutrients like fibre, vitamins and minerals. Below are some tips on how to make better food and drink choices which are lower in sugar.

Fizzy cold drinks are packed with sugar. Read the labels and you will see some can contain up to 10 teaspoons of sugar. The best swap out would be to drink water which contributes no calories and will hydrate you well. Otherwise, you could swap it out for diluted fruit juice by adding half water to your fruit juice which helps dilute the natural fruit sugars so that your body can process them easier and the sugar content will be less. If you consider yourself a Martha Stewart you can even try make your own homemade iced tea by adding fresh or dried fruit to steeping tea and allow it to cool.

Breakfast is said to be the most important meal of your day as you start your metabolism, break your overnight fast and prepare your body for the day ahead. Majority of breakfast cereals are very high in sugar which will spike your blood sugar level and make it difficult for you to concentrate and function well. Swap out sugary cereals and try FUTURELIFE® Zero with Oats and FUTURELIFE® Zero. They can be enjoyed as a meal, shake or smoothie depending on how mad your mornings get. Plus they don't have any added cane sugar with only 0.8 and 2.8g of sugar per serving respectively, provided naturally from the raw ingredients.

Sauces and condiments are a surprising source of sugar that consumers don't think about. But once you start reading labels you could be rather shocked at how much they actually contain. There are so many so it's not always very easy to avoid. The best way to reduce the sugar intake is to rather make your own. For example instead of a bought tomato sauce, swap it out for homemade tomato relish from tomatoes and onions. This can be time consuming so try find a local 'tuisnywerheid' or market that might sell them. Otherwise reduce your amounts that you use when choosing commercial brands.

Yoghurt is thought to be a healthy snack and it can be due to the calcium, proteins etc. However, most flavoured yoghurts are another source of hidden sugars. Swap them out for plain yoghurt and add fresh fruit, dried fruit or nuts to it for flavour rather. The fruit may contribute natural sugars but then at least you are gaining the benefit from the fibre and vitamins and minerals inside them. Take care when buying low fat options of dairy as manufactures often increase sugar and salt content in lower fat products to improve the taste. Read the labels when choosing.

In summer time, when it comes to dessert in sunny SA, we often have rich creamy ice cream. Unfortunately ice cream is high in sugar which may not be a huge surprise but healthier swaps for ice cream may be a pleasant surprise. Freeze peeled cut up bananas and blitz them in a strong blender and you will be impressed at the similar texture and delicious taste. Or swap out the conventional ice cream for a fruity sorbet. They are made from more water and normally

FUTURELIFE® Open ham and cottage cheese scones

Ingredients

1 ¾ cups flour
1 cup Original FUTURELIFE® Smart Oats™
4 tsp baking powder
A pinch of salt
2 Tbsp butter
180 ml milk
1 Egg
100 gram chopped ham (could be bacon, smoked salmon etc)
1 tbs Robinsons Veggie Seasoning.
Chunky cottage cheese



Method

1. Preheat your oven to 200°C. Then combine the flour and FUTURELIFE® Smart Oats™ with the baking powder and salt.
2. Then add in the butter and mix it into the flour mixture using your hands. You should end up with a slightly more crumbly, but still floury consistency.
3. Next whisk the egg and combine it with your milk. Then gradually mix this in with your butter and flour mixture using a flat bladed knife or a pastry blender. Make sure not to over work your dough. Mix in your Chopped Ham and Veggie Seasoning.
4. Scoop dough into a muffin tray. Scoop 1 tsp of Cottage Cheese into a little well made with your finger into each muffin. Sprinkle with Veggie Seasoning.
6. Brush the top with a bit of milk with a pastry brush, pop them into the oven and leave them to bake for 20 minutes or until golden brown.

Makes 12 scones.

fruit juices which should be lower in sugar. Making your own would be better as some store bought sorbets can still have high sugar contents.

Where possible it's always encouraged making your own food to know exactly what's going in, but it's not always possible in our busy lives. Many companies such as FUTURELIFE®, however are trying to help by providing options, keep a look out for sugar-reduced products and be sure to read the labels to see what else is in there.

Cancer Buddies' tollfree service



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' tollfree number is

0800 033 337.

CALENDAR

June 2016

- 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
- 7 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 9 CanSurvive Cancer Support Parktown Group, Hazeldene Hall, Parktown 9:00
- 19 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45.
- 20 Cancer Buddies@Centurion, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 21 Cape Gate Oncology Centre support group 10:00 - 12:00. Nutrition
- 23 Wings of Hope birthday party, Netcare Head Office Auditorium, Sandton, 9:30 for 10:00.
- 25 GVI Oncology Unit support group, 4th Floor Rondebosch Medical centre from 6:00 to 7:30. Topic: Appearances

August 2016

- 4 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 6 CanSurvive Cancer Support West Rand Group, Netcare Krugersdorp Hospital, 09:00
- 13 CanSurvive Cancer Support Parktown Group, Hazeldene Hall, Parktown 9:00
- 16 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45.
- 17 Cancer Buddies@Centurion, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 18 Reach for Recovery Group meeting 13:45 Lifeline offices, 2 The Avenue, Cnr Henrietta Street, Norwood
- 18 Cape Gate Oncology Centre support group 10:00 - 12:00. Cancer and loss
- 29 GVI Oncology Unit support group, 4th Floor Rondebosch Medical centre from 6:00 to 7:30. Topic: Mindfulness

September 2016

- 1 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 3 CanSurvive Cancer Support West Rand Group, Netcare Krugersdorp Hospital, 09:00
- 10 CanSurvive Cancer Support Parktown Group, Hazeldene Hall, Parktown 9:00

CONTACT DETAILS

CanSurvive Cancer Support Groups - Parktown and West Rand :
CanSurvive Head and Neck Support Group, Rivonia, Johannesburg
Cancer Buddies Johannesburg branch Contact: 062 275 6193

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.

CancerBudies@Centurion: Marianne Ambrose 012 677 8271 (office)
or Henriette Brown 0728065728 Pastoral Counsellor

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 bbzfzim@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

Important trial of pembrolizumab for HIV-positive patients

Antiretroviral therapy has increased the lifespans of people infected with human immunodeficiency virus (HIV). In fact, many HIV-positive individuals are now living as long as those who have not been infected with the virus. Although longer lifespans represent a triumph of medical research, living longer also means that more and more HIV-positive people are developing cancers, including those not associated with HIV infection. Cancer is now the leading cause of morbidity and mortality among people with HIV.

The National Cancer Institute's HIV and AIDS Malignancy Branch is collaborating with the Cancer Immunotherapy Trials Network Exit Disclaimer to conduct a phase I clinical trial of pembrolizumab (Keytruda®) in HIV-positive patients with a variety of recurrent or refractory cancers. Pembrolizumab is an immune checkpoint inhibitor that targets a protein on cytotoxic T lymphocytes called PD-1. Cancer cells often express another protein called PD-L1 that binds to PD-1. The interaction of these two molecules causes T-cell inactivation in the tumour microenvironment, thereby allowing the cancer cells to escape immune attack. Blocking the interaction of PD-1 and PD-L1 with pembrolizumab leads to increased T-cell activity against cancer cells in the tumour microenvironment.

In this trial, HIV-positive patients receiving combination antiretroviral therapy who have cancer that has recurred after or has not responded to previous treatment will receive intravenous pembrolizumab every three weeks until either their disease progresses or they experience unacceptable side effects. Treatment may continue for up to two years.

In addition to cancer endpoints, the researchers will also look at HIV-specific endpoints. "We are working with other HIV researchers to conduct correlative studies looking at questions related to the reservoir of latent HIV in the body and improving immune system function against HIV with the use of pembrolizumab," Dr. Ulrick said.

http://www.cancer.gov/types/metastatic-cancer/research/hiv-pembrolizumab-trial?cid=eb_govdel

Scientists uncover potential trigger to kill cancer

Melbourne researchers have discovered a new way of triggering cell death.

Programmed cell death, also called apoptosis, is a natural process that removes unwanted cells from the body. Failure of apoptosis can allow cancer cells to grow unchecked or immune cells to inappropriately attack the body.

The protein known as Bak is central to apoptosis. In healthy cells Bak sits in an inert state but when a cell receives a signal to die, Bak transforms into a killer protein that destroys the cell.

Institute researchers Dr Sweta Iyer, Dr Ruth Kluck and colleagues have discovered a novel way of directly activating Bak to trigger cell death. Their findings have just been published in the journal Nature Communications.

CanSurvive CANCER SUPPORT



CanSurvive Support Group Committee members, Daring and Barbara Bhadais are often on hand to give help and advice at sports events, meetings etc. Daring is a prostate cancer survivor and a trained Cancer Buddy.

The researchers discovered that an antibody they had produced to study Bak actually bound to the Bak protein and triggered its activation.

<http://tinyurl.com/jml3k68>

FDA approves new therapy for bladder cancer

The US Food and Drug Administration (FDA) recently approved an immunotherapy treatment for urothelial carcinoma, the most common type of bladder cancer.

This is good news for some people facing a diagnosis. Prior to this, there hasn't been a lot of advancement in treatment options for bladder cancer over the past decade. The drug is a type of checkpoint inhibitor that prevents the PD-L1 protein on the surface of immune cells from shutting down an immune system response too quickly. This helps the body to continue fighting the cancer.

Aspirin may help protect against bile duct cancer

Regular aspirin use may lower the risk of bile duct cancer, according to a new study. The study included nearly 2,400 bile duct cancer patients and a control group of more than 4,700 people without the cancer. About 25 percent of the bile duct cancer patients and 45 percent of those in the control group took aspirin.

Overall, people who took aspirin were roughly three times less likely to develop bile duct cancer than those who did not take aspirin, according to the study that was published online in the journal Hepatology.

The findings do not prove that aspirin caused the risk of bile duct cancer to drop.

However, "chronic persistent inflammation is one of the key elements that promotes cancer of the bile ducts, and well-known risk factors for bile duct cancer have all been shown to increase the risk for bile duct cancer by inducing chronic inflammation of the ducts," study co-leader Dr. Jonggi Choi said in a journal news release.

"Aspirin is an anti-inflammatory agent and may reduce the risk of bile duct cancer by reducing inflammation. Previous studies have shown that aspirin also blocks additional biological pathways that promote cancer development," added Choi, who did the research while at the Mayo Clinic College of Medicine in Rochester, Minn.

The findings suggest that further research on the potential for aspirin to prevent bile duct cancer is warranted, the study authors said.

<http://tinyurl.com/gnnrwax>

Targeted treatment for liver cancer under way

Researchers at the University of Eastern Finland and Eberhard Karls Universität Tübingen have discovered a new molecular mechanism that can be used to inhibit the growth of hepatocellular carcinoma, which is the most common liver cancer. The findings were published in *Nature Medicine*.

The study found that mouse and human liver cancer in which the function of the protein p53 is disturbed or inhibited is dependent on the interaction between the Aurora kinase A (AURKA) and MYC proteins. Interfering the AURKA protein with a specific drug molecule inhibits this interaction and causes cancer cells to die.

With the help of computer-aided molecular modelling, the Pharmaceutical & Medicinal Chemistry research group at the

University of Eastern Finland analysed interactions between the AURKA and MYC proteins.

Molecular modelling also helped understand why only certain drug molecules inhibit the AURKA-MYC interaction, while others have no impact on it at all. Furthermore, molecular modelling made it possible to predict whether a certain drug molecule can inhibit the AURKA-MYC interaction or not.

Currently, no effective treatments for advanced liver cancer exist. By specifically targeting the AURKA protein, it may be possible to efficiently prevent the growth of p53 altered liver cancer. The findings of the study can be made use of in the development of treatments for patients with this cancer type.

<http://tinyurl.com/zjx6ou2>

Continued nivolumab may improve survival in advanced kidney cancer

Only 12% of kidney cancer patients with advanced disease survive five years after their initial treatment. In a Roswell Park Cancer Institute-led study, scientists report that some patients with advanced kidney cancer, who continued to receive a novel immunotherapy drug after their disease progressed, saw clinical benefit. The research was published in *JAMA Oncology*.

The study investigated the checkpoint inhibitor nivolumab (brand

Nutrition and Anxiety

by Uma Naidoo, MD

In addition to following healthy guidelines such as eating a balanced diet, drinking enough water to stay hydrated, and limiting or avoiding alcohol and caffeine, there are many other dietary considerations that can help relieve anxiety. For example, complex carbohydrates are metabolised more slowly and therefore help maintain a more even blood sugar level, which creates a calmer feeling.

A diet rich in whole grains, vegetables and fruits is a healthier option than eating a lot of simple carbohydrates found in processed foods. When you eat is also important. Don't skip meals. Doing so may result in drops in blood sugar that cause you to feel jittery, which may worsen underlying anxiety.

The gut-brain axis is also very important, since a large percentage (about 95%) of serotonin receptors are found in the lining of the gut. Research is examining the potential of probiotics for treating both anxiety and depression.

You might be surprised to learn that specific foods have been shown to reduce anxiety.

In mice, diets low in magnesium were found to increase anxiety-related behaviors. Foods naturally rich in magnesium may therefore help a person to feel calmer. Examples include leafy greens such as spinach and Swiss chard. Other sources include legumes, nuts, seeds, and whole grains.

Foods rich in zinc such as oysters, cashews, liver, beef, and egg yolks have been linked to lowered anxiety.

Other foods, including fatty fish like wild Alaskan salmon, contain omega-3 fatty acid. A study completed on medical students in 2011 was one of the first to show that omega-3s may help reduce

anxiety. (This study used supplements containing omega-3 fatty acids). Prior to the study, omega-3 fatty acids had been linked to improving depression only.

A recent study in the journal *Psychiatry Research* suggested a link between probiotic foods and a lowering of social anxiety. Eating probiotic-rich foods such as pickles, sauerkraut, and kefir was linked with fewer symptoms.

Asparagus, known widely to be a healthy vegetable. Based on research, the Chinese government approved the use of an asparagus extract as a natural functional food and beverage ingredient due to its anti-anxiety properties.

Foods rich in B vitamins such as avocado and almonds spur the release of neurotransmitters such as serotonin and dopamine. They are a safe and easy first step in managing anxiety.

Are antioxidants anti-anxiety?

Anxiety is thought to be correlated with a lowered total antioxidant state. It stands to reason, therefore, that enhancing your diet with foods rich in antioxidants may help ease the symptoms of anxiety. A 2010 study reviewed the antioxidant content of 3,100 foods, spices, herbs, beverages, and supplements. Foods designated as high in antioxidants by the USDA include:

Beans: Dried small red, Pinto, black, red kidney

Fruits: Apples (Gala, Granny Smith, Red Delicious), prunes, sweet cherries, plums, black plums

Berries: Blackberries, strawberries, cranberries, raspberries, blueberries

Nuts: Walnuts, pecans

Vegetables: Artichokes, kale, spinach, beets, broccoli

Spices with both antioxidant and anti-anxiety properties include turmeric (containing the active ingredient curcumin) and ginger.

<http://www.nutritionalmagnesium.org/nutrition-and-anxiety/>

name Opdivo) in the treatment of 168 patients with advanced kidney cancer in a blinded, randomised, multicentre phase II dose-ranging clinical trial conducted at academic centres in the US, Canada, Finland and Italy.

"The analysis from this study demonstrated that continuing the immunotherapy treatment after disease progression is safe and may lead to prolonged survival in this group of patients," said Saby George, MD, FACP, Associate Professor of Oncology in the Department of Medicine at Roswell Park, first author on the paper. "This study demonstrates the need to develop a greater understanding of how newer immunotherapies work and the optimal use of these medications."

Fighting cancer with the help of someone else's immune cells

Researchers from the University of Oslo/Oslo University Hospital and the Netherlands Cancer Institute show that even if one's own immune cells cannot recognise and fight their tumours, someone else's immune cells might. Their proof-of-principle study is published in the journal *Science*.

The extremely rapidly developing field of cancer immunotherapy aims to create technologies that help the body's own immune system to fight cancer. There are a number of possible causes that can prevent the immune system from controlling cancer cells. First, the activity of immune cells is controlled by many 'brakes' that can interfere with their function, and therapies that inactivate these brakes are now being tested in many human cancers. As a second reason, in some patients the immune system may not recognise aberrancies in the cancer cells. As such, helping the immune system to better recognise cancer cells is one of the main focuses in cancer immunotherapy.

"Our study shows that the principle of outsourcing cancer immunity to a donor is sound." Says Johanna Olweus of the University of Oslo/Oslo University Hospital "However, more work needs to be done before patients can benefit from this discovery. We are currently exploring high-throughput methods to identify the neo-antigens that T cells can 'see' on cancer cells and to isolate the responding cells. But the results showing that we can create cancer-specific immunity from the blood of healthy individuals are already very promising for the development of new precision immunotherapeutic strategies."

<http://www.medicalnewstoday.com/releases/310441.php>

PET-CT-guided surveillance for advanced head and neck cancer

Patients with advanced squamous cell carcinoma of the head and neck who underwent PET-CT imaging after chemoradiation to determine if they still needed to have surgery had overall survival rates similar to those of patients who underwent planned neck dissection and chemoradiation. PET-CT imaging also resulted in fewer operations and was more cost-effective.

From 2007 to 2012, Hisham Mehanna, Ph.D., of the University of Birmingham, and his colleagues enrolled 564 patients from 37 cancer treatment centres in the United Kingdom. The patients had squamous cell carcinoma of the head and neck with stage N2 or N3 nodal metastases confirmed by standard CT or magnetic resonance imaging. The main goal of the study was to determine if PET-CT surveillance was not inferior to planned dissection in terms of overall survival.

At a median follow up of three years, patients in the surveillance group had fewer neck dissections than those in the planned surgery group (54 versus 221 dissections, respectively). Among those who had surgery, the rate of surgical complications was similar in the two groups (42% versus 38%, respectively), as was quality of life. The two study groups had similar 2-year overall survival rates: 84.9% for patients in the surveillance group, and 81.5% in the planned surgery group.

There was a difference in the per-patient cost of treatment between the two groups, with PET-CT surveillance resulting in savings equivalent to about \$2,200 US dollars per patient over the course of the trial.

http://www.cancer.gov/types/head-and-neck/research/pet-ct-surveillance?cid=eb_govdel

Pomegranate is good news but only for rats with breast cancer at present!

The fruit pomegranate (*Punica granatum*) is gaining importance because of its various health benefits. This study was initiated to investigate chemopreventive potential of a pomegranate emulsion (PE) against 7,12-dimethylbenz(a)anthracene (DMBA) rat mammary carcinogenesis.

However, PE exerted chemoprevention of mammary carcinogenesis by suppressing cell proliferation and inducing apoptosis mediated through upregulation of Bax and downregulation of Bcl2 in concert with caspase cascades. Pomegranate bioactive phytoconstituents could be developed as a chemopreventive drug to reduce the risk of breast cancer."

The present study demonstrates for the first time that oral administration of PE 3 times a week for 18 wk exhibits a significant chemopreventive effect in DMBA classical rat model of chemically induced breast cancer. The dose-responsive chemopreventive effect of PE is evidenced from its ability to inhibit the development of mammary tumours, reduce tumour burden and alter tumour histopathological characteristics. Inhibition of abnormal cell proliferation and induction of apoptosis may explain, at least in part, the fundamental cellular mechanisms of mammary tumour-inhibitory efficacy of PE.

Interesting results coupled with a safety profile may advance the development of pomegranate phytoconstituents as a complex chemopreventive drug to reduce the risk of breast cancer which is a complex disease.

<http://www.tandfonline.com/doi/full/10.1080/01635581.2016.1115094>

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