

## Welcome home from Everest

It's 'welcome home' and 'well done' to a group of breast cancer survivors who have returned triumphant to South Africa from Nepal where they tackled a gruelling trek to Everest Base Camp (EBC).

Nqobile Mazibuko, Ntokoza Dlodla, Soso Thamae, Henrietta van Kramberg and Refilwe Sedumedi were members of the EBC 2016: One Step at a Time expedition, so called because – as we all know – once diagnosed with cancer, a person lives his or her life one day at a time,

While each of the five intrepid hikers from Gauteng have a unique breast cancer survival story, they were united in their desire to do something extraordinary to celebrate their individual journeys and prove that there is life after being diagnosed with breast cancer.

And prove it they certainly did with two of the group, Henrietta van Kramberg and Refilwe Sedumedi, making it all the way to EBC on April 25. Unfortunately, Ntokoza, Nqobile and Soso had to be evacuated by helicopter.

*NB. Everest Base Camp is a term that is used to describe two base camps on opposite sides of Mount Everest. South Base Camp, where the group stayed, is in Nepal at an altitude of 5,364 metres.*

*Right: The ladies visited the KIST medical centre and training hospital in Patan where Dr Suzita Hirachan, in charge of the Nepal Breast cancer association, and Ntokoza Dlodla from SA's BHF did some presentations before a tour of the hospital.*

## Venue: Everest Base Camp!



*Members of the Breast Health Foundation's "One step at a time" trek to the South Base Camp on Mount Everest, Henrietta van Kramberg and Refilwe Sedumedi, made it to the Camp on April 25.*



## PinkDrive on show in Geneva

See page 3



## International Cancer Survivors Day 2016

In South Africa alone, one out of four people will be affected by cancer in their lifetime through diagnosis of family, friends, colleagues or self. The increase in the number of people diagnosed with cancer leads to an increased number of people living with many kinds of consequences.

The first Sunday in June is set aside for celebrating hope and life with survivors and their families with a special day of hope; support; and nurturing. The National Cancer Survivors Day Foundation defines a survivor as anyone living with a history of cancer – from the moment of diagnosis through the remainder of life.

# South Africa's rural cancer conundrum

Two types of conditions can spell death in South Africa's rural areas, and I just diagnosed a patient with one of them, writes a rural doctor in the latest installment of our Rural Reflections blog.

The dreaded diagnosis. As I pick up the file, my first instinct is to drop it again. It's the instinct you get when you're trying to protect yourself from hard situations.

It's your morality that keeps the file glued to your hand, and you tell yourself to "man-up" and do this as best you can.

I call for an interpreter because this requires knowledge of IsiZulu beyond my capabilities, and this needs a proper explanation.

"Sir, I have some bad news..." I start as a fleeting memory of the 'breaking bad news' simulation in medical school flies momentarily through my thoughts.

"The result of your biopsy is back. It, unfortunately, says that you have cancer."

Further explanation is tricky. People with limited to no education have little use for information on the type of cancer and how rare it is. As doctors, we sometimes limit the information we give patients to the information they can use like which organs are affected and what happens next.

What happens next is where the problem starts.

## Out in the bush, you want to avoid two things

Firstly, any life-threatening trauma that leaves you with one or two hours' breathing time before you need a specialist surgery to lengthen your stay here on earth"

There are two serious medical problems you want to avoid when living in rural areas. Firstly, any life-threatening trauma that leaves you with one or two hours' breathing time before you need a specialist surgery to lengthen your stay here on earth.

Out in the bush, this is a bad situation to be in because there just aren't enough ambulances to guarantee you'll get to our referral facility 220km away quickly. Ambulances are constantly away transferring or picking up patients, and this leaves no ambulances for acute emergencies.

This reality leaves you as a doctor an awkward position: You know what a patient needs to live but are unable to provide it.

If your patient has an acute emergency but can hang on until the night shift ambulances take over at 19:00 then he or she should be ok.

The second serious problem to avoid is the condition with which I just diagnosed my patient. Cancer is a serious, fatal disease that can take your life in a matter of weeks or months, but it doesn't qualify you as an acute emergency.

My heart always goes out to cancer patients because I know what lies ahead.

## What lies ahead

Step 1: I phone to discuss the patient's condition with the oncologist 400km away. Predictably, the specialist gives me a list of tests for the patient that must be completed before they will see the patient including a computerised tomography (CT) scan. CT scans are used to find out where in the body the cancer is, where it may have spread and to decide the most appropriate treatment.

Step 2: I book a scan. Many rural practitioners will know the pain this causes. Booking a CT scan at our referral hospital involves trying to get through to our referral hospital's switchboard and then reach the appropriate doctor in between being transferred to different people and periodically having your call dropped. This process alone has led me to seriously contemplating whether to begin field testing my idea for antidepressants administered intravenously on myself.

Our referral facility has one CT machine serving more than 20 referring hospitals. The undesirable but inevitable result of this is that the scan can only be done in a month's time.

While writing the date for my patient's scan in his file, I feel like I can already see the cancer growing as the patient sits around for the next month just waiting. The cancer will most likely be incurable by the time he begins receiving the chemotherapy he so desperately needs for a chance at staying alive.

Nothing I can do. I hate that feeling.

## Cracks in the system, in us

For rural cancer patients, treatment is often a hike and a bus ride away. It can be a gruelling trek for patients already feeling sick. I sometimes wonder whether it wouldn't be better for a patient to get palliative treatment and spend his last months at home in peace instead of spending days on buses undergoing painful procedures that may be futile. But I can't tell the patient that I am giving up. Not at this stage. I have to remain hopeful. Maybe this time he'll get treatment in the nick of time.

The treatment plan I give the patient gives him a glimmer of hope – it's something for him to focus on. I leave the patient with this hope and it gives me some consolation as well even though the reality of what he faces is far less convincing. My heart bleeds for him, and because it does, I don't tell him about every single negative challenge that our system poses. He has enough to deal with for today.

After he leaves, I have to deal with all that I've just felt, but there are 20 other patients in the waiting room doing exactly that – waiting. I have to try and get the emotions out of my system or, at least, suppress them for a while.

I pick up the next file and hope it's a straightforward case. Just before I call the new patient in, I reflect on the last hour and realise how cancer exposes not only the weaknesses in our bodies but also our health system and maybe our doctors.

*This article was first published in Health-e News.*

*To subscribe to Health-e News go to <http://bit.ly/1FYcHIA>*



## Collective South African Voices for Cancer

[www.canceralliance.co.za](http://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*

## PinkDrive invited attend 2016 Geneva Health Forum

The Geneva Health Forum (GHF) invited PinkDrive to showcase its innovative health solutions at this year's Geneva Health Forum which took place from 19 – 21 April in Geneva, Switzerland.

This prestigious annual "meeting of minds" was an unique platform for dialogue and major exchanges between field practitioners and university hospitals, of both the private and public sectors across the globe. The theme for this year's forum was "Innovation", and thus PinkDrive was a perfect fit to display the model.

PinkDrive showcased its unique models: the Mobile Mammography and Gynaecology Units. They have highlighted the success of the "Hello Clinic" situated at the Tshwane Railway station as well as its partners and products that assist PinkDrive in raising awareness and funds. This included the South African Taxi Association (SANTACO).

Noelene Kotschan, Founder and Director, PinkDrive, comments, "We were elated by the opportunity to showcase our mobile units to the rest of the world. It was incredible to be recognised not only for our innovation, but for the difference we make in the lives of the rural communities across South Africa."

This opportunity was made possible with the generous help of companies such as Metropolitan Health, Geneva Health Forum, Bidvest Medical, Holts, Swiss and Vertec.

**PinkDrive**  
it's moving  
www.pinkdrive.co.za  
mobile breast check units

**Problem Statement**

- No visible program that promoted breast health.
- Breast cancer is the biggest killer of women in South Africa.
- Insufficient, immediate access to breast health services.

**Approach**

- Via Railway Stations
- Via Taxi Ranks
- Via Schools
- Via Mobile Mammography and Gynaecology Units

**Motivation**

- To demystify breast cancer.
- Address the myths and personal stigmas around breast cancer.

**Conclusion**

- Reached and touched over 1,000,000
- Collected accurate, geographical
- We have provided

**MYTH** We must not talk about cancer

**FACT** We must talk about cancer

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## What patients say ...

My life has also changed in countless ways and the road has been filled with bumps, curves and potholes, but I removed the rear view mirror to stay focused on what's ahead. The tough times are more than offset by the good.

— *a Smart Patient*

I decided almost immediately after my surgery that I was going to chose to be an active participant in my recovery and not a helpless victim.

— *a Smart Patient*

If patients designed research studies, what would we prioritise? QOL is my guess too, but would I trade QOL for cure?

— *a Smart Patient*

We patients know that not having treatment is a sign of progress. But sometimes having treatment, doing something, is easier than the uncertainty, than the waiting. It's like being stuck in a traffic jam and taking the first exit that comes up just to keep moving. When treatment ends, it's just you and your mutinous body warily thrown back on each other.

— *Dana Jennings, reporter and editor at The New York Times*

I was thinking the other day and an image came to mind. Those

## Thank you to Netcare !

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

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

with cancer, especially Stage IV cancer, have been to the edge of death, and have looked over it. In some cases, we've been able to step away and retreat from the edge. If we are fortunate, we won't rush toward it any time soon. But the edge will always be there, lurking with greater clarity for people like us.

— *a Smart Patient*

As I waited to be called back by a nurse to hear my fate, my ears picked up a conversation a few chairs down from me. "Yeah, I just had a double mastectomy, Stage 3 cancer." The words are pouring out of the mouth of a woman who looks to be my age, early 30s. "I go back for another surgery in January."

She is speaking to a man sitting in a row of chairs across from her. He is what I would describe as Mr. Clean tatted up, wearing an Ed Hardy shirt with muscles bulging through. "Yep," he says back to her, nodding his head. "Actually had that myself a few years back. I was the first male in my family to get it. Kicked my a\*\*, but I survived, and so will you." Now at this point, I am looking at these two otherwise healthy looking people, young, in the prime of their lives, and all I can think is, What the hell is going on?

— *Kimberley Patterson*

The reputation of palliative care won't improve until everyone agrees that palliative care is something that happens along with and not instead of all other types of health care.

— *a Smart Patient*

While accurate information is key and legal compliance necessary, tone matters. "We as patients carry everything doctors say with us," Sam notes. "Everything they say goes into a vault." That's why informative communication – delivered in a hopeful tone – can be key. Study after study shows that patients with hope are more likely to do better, to have improved outcomes. "We know that doctors are on our side, that they want us to do well, of course. And yet, if they come in like there's no hope, it's going to be a lot harder for us as patients to fight."

— *Sam Lozier*

## The test is not the goal

"If it is not broke, don't fix it." My mom, at least 1000 times.

Doctors have several bad habits. They order piles of tests just to get a vague, unfocused view of a patient's health. They order expensive and invasive tests to rule out the unlikely or extraordinarily rare. The worse "bad test habit" is when doctors order a test, which, no matter what the result, will not change what they are planning to do.

Why do doctors over order? These same people thought a 96% on the high school chemistry exam was a life-ending disaster. They believed that those 4 percentage points would be the difference between doctor and dogcatcher (no insult intended to my canine-trapping friends, just a comment on over-qualification). Physicians are prone to a standard of exactitude, which is not always reasonable, practical or merciful. They stay awake nights because of the minute possibility that there is a tiny chance of a small probability that an obscure diagnosis might be missed, because blood was not drawn, an x-ray not taken or an orifice not invaded.

There is not a lot of balance on the other side of the bed rails. Patients and caring family, especially in the invasive Internet era, are adept at expanding the differential diagnosis to maladies whose likelihood is remote. There is great deal of pressure on doctors not only to overturn every stone, but to dig five feet into the earth, no matter how unlikely a revelation or how probable a complicating scar.

Nonetheless, most is the test that will not change care. Frequently patients and docs fail to ask the question, before they stick in the needle or press the button, "What am I going to do with the answer?"

I saw a consult with sudden kidney failure. The patient's kidneys stopped working after a cardiac catheterisation...the intravenous dye was too much for his system. The cath was done because he

## Wings of Hope

The third public meeting of the Wings at their Netcare Head Office venue was held on 23 April and had a high attendance showed the interest in hearing our speaker, Diana Charlton, a psychologist and cancer survivor, give a wonderful presentation on Coping with Cancer.

In May the Wings will have a table at Olivedale Clinic on the 13th and on the 21st they will exhibit at the German School Bazaar. You would be very welcome if you could visit them.



## 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>



was short-of-breath. This was more likely because his left lung was being destroyed by cancer. That he could not breathe because he had a chest full of malignancy was ignored, in favour of an improbable diagnosis, unstable heart disease. More important, no one had asked, before they invaded his heart and wiped out his kidneys, "are we going to fix the coronary arteries of a patient with advanced lung cancer?"

The family and primary doc of a patient of mine canceled hospice, even though the patient's brain was massively invaded by a horrible and aggressive tumour. She was taken off hospice so that an MRI of the brain could be performed and a laundry list of blood tests performed. The tests were done, to the discomfort of this frail patient, so that they could "better understand what was happening." What was happening? She was dying, all be it slowly, from brain cancer. The patient went back on hospice.

I often see patients with advanced disease who are continuing to get x-rays and labs, even though their medical condition is beyond remediation. Instead of focusing on comfort at this moment right now, intrusive testing is the theme. Families, patients, get distracted from pain control and simple encouragement, while they run along with a medical team which is trying to treat by test, instead of achieving comfort as the primary goal. This vicious cycle of testing distracts from humane goals and can bring real harm.

I saw a 91-year-old woman in the office last Friday, who first came to see me in the spring of 2014. She has advanced cancer, of some sort, which has spread to her lungs. When she first saw me, two years ago, I said, "you have seven nodules in your lungs, and you need a biopsy." She said, "But, I am 89-years-old, what are you going to do about it anyway?" I had no good answer, so we agreed to watch and wait. Two years later, she feels fine. We have not repeated the CT scan, so I do not know if the nodules have gotten larger. Had we proven cancer, I would probably be patting myself on the back about how well chemotherapy was working, and she would have been suffering the side effects of my hubristic success.

It boils down to this. Have a clear understanding about how a particular test is going to change the plan. Do not go hunting in the dark and do not be fooled that unnecessary tests bring reassurance. They bring confusion. A test only has value if it improves life. Occasionally we need to remind ourselves that is the purpose of the practice of medicine, anyway.

## 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](mailto:cansurvive@icon.co.za).

## Cancer an unknown killer in rural South Africa

By Kedibonye Polao and Bontle Motsoeneng

For many women in rural areas, cancer remains a killer and some say they knew too little to see the dreaded diagnosis coming.

According to Health-e News, more than 6,000 South African women are diagnosed annually with breast cancer.

Nationally, most cancer treatment and diagnostic tools like computerised tomography (CT) scans remain centralised at provincial and specialist hospitals. In some provinces, one CT scan serves dozens of referring hospitals. In some places, patients who have been diagnosed with cancer may have to wait about a month for the scan to confirm where the cancer is in the body. This wait can delay patients' access to treatment when some rural cancers are already diagnosed too late due to a lack of awareness.

Almost 60,000 South Africans are diagnosed with cancer annually, according to the National Cancer Registry, which was last updated in 2010. Despite a growing burden of non-communicable diseases like cancer in the country, numerous small, qualitative studies have

A 2010 study conducted among about 200 Mangosuthu University of Technology female students found that only 31 percent of women surveyed had heard about Pap smear testing and only about a third of women knew the test was used to detect cervical cancer. Another study in the same year conducted among about 140 urban and rural women found that almost one-fifth of women had not heard of breast or cervical cancer and almost half of women did not know how to perform breast self-examinations to detect early signs of breast cancer. Both studies recommended health promotion campaigns to increase cancer awareness.

<http://www.health-e.org.za/2016/04/11/cancer-an-unknown-killer-in-rural-south-africa/>

### How do anaesthesiologists view acupuncture and acupressure?

In a new study of anesthesia providers in the US, most report not having used or received any education in acupuncture or acupressure. However, the majority of those participants recognise the potential benefits of acupuncture on acute postoperative and chronic pain, and of both acupuncture and acupressure on reducing anxiety. About 75% of providers expressed interest in acupuncture/acupressure education, according to the study published in *Medical Acupuncture*.

The journal reports that more than half of the providers in the study would consider using these alternative medicine techniques in their practice. The authors suggest that this receptiveness presents a strong argument in favour of incorporating aspects of alternative medicine into the curriculum for anesthesia education.

"Clinical trials would eventually make this information even more meaningful as to whether these modalities are useful, but the article demonstrates that anaesthesiologists are willing to investigate acupuncture and acupressure for pain and anxiety in their practices," says Richard C. Niemtzow, MD, PhD, MPH, Editor-in-Chief of *Medical Acupuncture*.

### Helping fast-track cancer patients in primary healthcare facilities



The Batho-Pele outreach programme, in partnership with Cancer.vive, have started training senior management member, Raynolda Makhutle. She will in turn train staff in the primary health care facilities around Gauteng to become foot soldiers who will help fast-track cancer patients from primary health care facilities to tertiary health care facilities. The project is being monitored by Dr Maureen Joffe and Dr Hubert Cubach from the Baragwanath Breast Clinic. Raynolda is, herself, a cancer survivor and a very proud, active Cancer Buddy.

## Plain packaging of tobacco products

The Cancer Association of South Africa (CANSA) supports the call from the Secretariat of the World Health Organisation (WHO) Framework Convention on Tobacco Control that requires tobacco products to have plain packaging and graphic warning signs. Plain packaging is an important reduction measure, making tobacco products less attractive, restricting the use of tobacco packaging to be used as a form of advertising and limiting misleading packaging and labelling. And the use of graphic (pictorial) package warnings will show the serious harmful effects of tobacco use.

Plain packaging restricts the use of logos, colours, brand images and promotional information. Other countries that have implemented plain packaging are UK, Northern Ireland and France who all passed laws to implement plain packaging as from May 2016. Tobacco consumption in Australia decreased by 13% during the three years since plain packaging was introduced.

Elize Joubert, CANSA's CEO says, "We're pleased that the South African Government has already worked on a Draft Bill to this effect. Tobacco still remains one of the biggest killers in the world, albeit in the form of cancer or other tobacco-related diseases. So as part of World No Tobacco Day on 31 May, we welcome the stand that the country is taking against tobacco use with plain packaging."

A recent paper published by Professor Gerard Hastings, a prominent tobacco control researcher from Institute for Social Marketing at the University of Stirling states that: "A number of studies with adult smokers point to plain packaging fulfilling its core aims of reducing appeal, particularly among young adults, and increasing warning salience. In a cross-sectional tracking survey of cigarette smokers, plain packaging was associated with increased thinking about quitting and quit attempts. In addition, dislike of the pack, lower satisfaction from cigarettes and attributing motivation to quit to the warnings predicted daily thoughts of quitting."

Joubert adds, "There's a misconception, (especially amongst the youth) that cigarettes are the only form of smoking that can be harmful to your health and that is not true. Cigarette smoking isn't the only harmful smoke – hubbly bubbly, e-cigarettes and smokeless tobacco (such as snuff, chewing-tobacco and 'snus') is also harmful to your body."

# This is nothing new, exercise is good for you!

by *Carmen Douglas-Kilfoil,*  
*Titanium Wellness*

So why then, do we all find it so difficult to make time for it? We're all too eager to, and we often find ourselves playing the blame-game on time and that there just isn't enough of it... hmmm... how is it then, that we always have time for the things that aren't "good" for us?

Indulging ourselves in late-night movie watching, fast food and chocolate eating, coffee drinking, and, wine and champagne clubs. Leaving too late, which makes us drive too fast, get too close; we also text and talk (or eat and some do still, drink) while driving. We know it's wrong, yet we still do it. Are we rebels by nature? Or do we just choose to make the wrong decisions?

Quite honestly, whatever your opinion on this is, it doesn't really matter... well, not for this article anyway. What does matter and is the point here is to introduce you to a service that does exist and to help you become aware of the time you already have and use it for exercise.

Throughout our lives we strive for well, almost anything, it depends on what you want to achieve. There are many similarities to our lists, places we wish to explore, adventures we hope to go on, basic living rights we work hard to maintain. Many of us will have exercise, health and fitness on our list. And together, these elements are what we believe makes up our life. With the uncertainty of life and the ability to control consistency in all areas of it, we may, at some time or another, find ourselves in the middle of change, commotion, disruption. We momentarily lose our focus and our commitment to everyday life because this situation has caused confusion, even total mayhem.

In an instance where the circumstance is cancer, your world as you live it, is completely thrown into something, well, you may like to add in some effective words here, please, be my guest.

Once you are ready to face your list again, and you will review it for some drastic changes, you may be intrigued or have already realised that health, fitness, well-being and exercise will appear, probably

quite high up on that list. We most certainly can't control something like cancer, or our body's reaction to treatment, but we can make the decision to take control and live a healthy lifestyle.

Exercise during and post cancer treatment and perhaps post-cancer surgery too; is possible and should be encouraged by all major role players in the recovery journey from cancer.

## So, what is exercise exactly?

According to Wikipedia; [https://en.wikipedia.org/wiki/Physical\\_exercise](https://en.wikipedia.org/wiki/Physical_exercise):

"Physical exercise is any bodily activity that enhances or maintains physical fitness and overall health and wellness. It is performed for various reasons, including strengthening muscles and the cardiovascular system, improving athletic skills, weight loss or maintenance, and merely enjoyment. Frequent and regular physical exercise boosts the immune system and helps prevent the "diseases of affluence" such as heart disease, cardiovascular disease, type-2 diabetes and obesity. It may also help prevent stress and depression, help to promote or maintain positive self-esteem, improve mental health generally...."

What I really appreciate about this explanation are the following; physical exercise can be any physical activity and, exercise is done for various reasons.

Focusing back to our unique situation of exercise and cancer, based on the above, we can distance ourselves from our conditioned opinions and understanding of "exercise".

Clear your head of the standard and acceptable three times a week, for a minimum of 30 minutes training, in a gym, studio or on a bike or running. Exercise to a cancer patient, whether you were physically active before cancer or not, is likely to never be the same again, or to not be what it was for some time. This will be for a number of reasons, and we could get into that for a moment...

This is merely because we are becoming more knowledgeable and have greater respect for the physical body, its ability to move and changes that may require modification or sometimes, a shift in the reason as to why we exercise. And you, as an individual, cannot avoid the entire transformation of self (that's you, as a whole being, emotionally, psychologically and physically) that will take place when faced with and fighting cancer.

(continued on page 7)

## 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:

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

**HEAD and NECK Group, Rehab Matters, Rivonia - 2 June 18:00**

**KRUGERSDORP Netcare Hospital Group - 7 June 09:00**

### Enquiries:

Kim 082 880 1218 or [lct@global.co.za](mailto:lct@global.co.za) : Bernice 083 444 5182 or [bernicelass@outlook.com](mailto:bernicelass@outlook.com)

Chris 083 640 4949 or [cansurvive@icon.co.za](mailto:cansurvive@icon.co.za)

[www.cansurvive.co.za](http://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.



You're in safe hands

## EXERCISE IS GOOD FOR YOU

(Continued from page 6)

Exercise, physical activity, increasing the heart rate to enhance physical (inner and outer) improvements, can be done alone, in groups or with a professional guiding you.

Here's an introduction to the professional service, Cancer Exercise Specialist. This expertise, in South Africa, is still new and not yet well known, and you may then not even know this professional service exists. Right now, it may also not be readily available to you (mostly due to location and specialists available); however, there is a starting point for everything. This article is a good example of that.

The skill and expertise of a Cancer Exercise Specialist demands a dynamic understating of functional training. Functional training is geared towards helping the client complete day-to-day activities and chores or tasks. (I must include here that exercise training with a cancer exercise specialist is "hands-off". The hands-on therapy and intervention of a physiotherapist, especially shortly after surgery, is crucial. The two services are essential and provide the client with a different outcome. Also, one is a therapist, the other, a trainer.)

The ability and proficiency of the Cancer Exercise Specialist demands compassion and the dedication to, and knowledge of developing an exercise plan/ programme customised for the cancer client and is inclusive of;

- Minimising the side effects of cancer treatment
- Reversal of any postural and range of motion issues that arise from surgery and reconstruction
- Encouraging and ensuring strength and daily functionality improvement
- Awareness of and working toward the prevention of lymphedema
- Knowing how the right exercise can help the client during and after treatment
- Having a clear understanding of what contra-indications we must respect
- Providing a safe and effective progression that takes into account the individual's changing needs on a daily basis.

With other considerations to be respectful of too; namely

### PSA and male cancer support group

17 May 17:45 – 19:00

The venue is the Boardroom at  
MediClinic, Constantiaberg, Plumstead  
Guest speaker: Dr Prenevin Govender  
Specialist Urologist

Topic: Cancer and Urology

For more information contact:  
Ismail-lan 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.

## HELP CANSURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS



- Time and intensity of the exercise plan
- Motivation and encouragement of all key role players (this includes the cancer client) to get moving
- Training for function or fitness or both, this is dependent on the client's pre cancer fitness levels and pre or post cancer life goals
- Exploring and including unique and newer techniques, such as TRE® and fascial stretching
- Incorporating and investing in a "Survivorship Care Plan" – mentorship and integration - (look out for Conn Bertish, founder of Cancer Dojo <http://www.cancerdojo.org/about.html> and Brett Simpson, founder of Cancer Journey Coaching <http://www.cancerjourneycoaching.co.za/#!our-path/c2414>, among others, in this growing field!)

I sincerely hope this article has given you some useful information and also put you at ease, that exercise as a cancer patient and survivor, is possible. In many cases, it is a time-based condition that requires some modification to life. You are living, albeit differently.

*If you have any queries or wish to embark on an exercise plan, please contact Titanium Wellness at [info@titaniumwellness.co.za](mailto:info@titaniumwellness.co.za)*

## 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: 18 May at 18:30  
at Unitas Hospital boardroom

Speaker: Liesl Olivier, Dietitian

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.



## What is PSA?

PSA or prostate specific antigen is a protein produced only by prostate gland cells. Its purpose is to improve sperm mobility. Normal men have low levels of PSA in the blood. The PSA level usually increases with age as the prostate enlarges.

PSA is not a specific test for cancer. It is a marker of cancer risk. To confirm if cancer is present, it is necessary to take a biopsy of the prostate. The biopsy will also help to determine how aggressive a cancer is.

### How is it used?

PSA is used in two ways: to identify men at risk for prostate cancer before they develop symptoms (screening), and to monitor men with prostate cancer. A single test should not be used as the only indicator of cancer risk. If it is high, it is usually repeated a few months later.

### PSA as a marker of risk for prostate cancer

Total PSA is made up of free PSA (not attached to other proteins) or fragments of PSA (attached to other proteins). If the total PSA result is above the midpoint for age, but the proportion of PSA that is free is high, then this may be used by doctors to indicate a low risk. High total PSA and low proportion of free PSA suggests and increased risk for prostate

The rate of change in the PSA level is also used as an indicator of prostate cancer risk. If the level doubles within a year it should be followed up by a specialist. At least 3 measurements, several months apart, are needed to confirm this.

### Monitoring prostate cancer with PSA

For men with known prostate cancer, PSA is repeated over time to check for cancer progression. Because PSA assay results vary from day to day in all men, the result needs to increase by more than 20-30% to be significant.

Levels of PSA in men who have had their prostate totally removed are extremely low, at or below the lowest level that can be measured by the test. For this group of men, any increase should be confirmed as a being a progressive change on one or more repeat tests.

National and international guidelines suggest that there should be a continuing increase in PSA levels before management is changed. A specialist will use the PSA level as one factor in deciding what treatment to recommend. The PSA rate of change, factors about the cancer and the man's general health will also be taken into account.

### What is "normal"?

Because PSA increases with age, the upper limit of normal also increases. Doctors also use the mid- point of normal (also called the median result) to assess risk.

At SA Pathology, the upper limit of normal and the median results for men in different age groups are as follows:

Age	Total PSA reference interval (ug/L)	Age related median (ug/L)
< 50 years	0.2-3.0	0.6
51-60 years	0.2-4.0	0.8
61-70 years	0.2-6.5	1.1
>71 years	0.1-8.5	1.6

### What does it mean to have a high PSA level?

PSA increases in cancer but also in non-cancer conditions including benign prostatic hyperplasia (benign age related enlargement of the prostate) and inflammation or infection of the prostate. It can also increase soon after a rectal examination or after ejaculation. Most men with a high PSA do not have prostate cancer and some prostate cancers do not release much PSA. Patients with these types of cancer will have a false negative result.

### Why do results differ between laboratories?

PSA is measured by a process called immunoassay. This method uses antibodies, which are immune proteins which react with the substance being measured. Manufacturers who supply laboratories with test kits each produce their own antibody. The result shows how much antibody reacted with the blood specimen.

PSA is a large protein which exists in many different forms (both in its intact state or as fragments, and attached to different proteins) in the blood. Every man has a different proportion of these PSA forms in his blood, and cancers can affect the pattern as well.

The antibodies in the different test kits can react differently according to the form of PSA which is present. This means that a blood sample can read differently if measured in different laboratories on the same day. For this reason, repeat tests on the same man should be measured by the same method if possible. When a laboratory switches methods, it is common practice to provide results for both the old and the new test for a period of time to allow the treating doctor to judge if a result is truly changing over time.

<http://www.sapathology.sa.gov.au/wps/wcm/connect/SA+Pathology+Internet+Content+New/Content/News/Patient+News/>

## Cancer Buddies' tollfree service gets a boost



Cancer Buddies was selected as one of the four beneficiaries of the Old Mutual Two Oceans Marathon that took place over the Easter weekend in Cape Town. The R90 000 that was donated will fund our

Toll Free Helpline and free support services we offer to Cancer patients and their families.



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.**

## Dates to diarise

### May 2016

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

### June 2016

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

### July 2016

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

## CONTACT DETAILS

CanSurvive Cancer Support Groups - Parktown and West Rand :  
Cancer Buddies Johannesburg branch

Contacts: Chris Olivier 083 640 4949, cansurvive@icon.co.za;  
Bernice Lass 083 444 5182 or bernicelass@outlook.com

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

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

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

GVI Cape Gate Support group: 10h00-12h00 in the Boardroom, Cape  
Gate Oncology Centre. |

Contact: Caron Caron Majewski, 021 9443800

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

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

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

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

Prostate & Male Cancer Support Action Group, MediClinic  
Constantiaberg. Contact 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

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

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 bbzim@gmail.com

Cancer Centre - Harare: 60 Livingstone Avenue, Harare  
Tel: 707673 / 705522 / 707444 Fax: 732676 E-mail:  
cancer@mweb.co.zw www.cancerhrc.co.zw

## News in brief

### Protein plays key role in spread of pancreatic cancer

Researchers from the University of Liverpool have found an explanation for how pancreatic cancer spreads to the liver, which could potentially hold the key to preventing the progression of the disease.

Metastatic pancreatic ductal adenocarcinoma (PDAC) is a very aggressive type of pancreatic cancer that kills around 330,000 people worldwide each year. Current treatments are not very effective, thus new treatment strategies are urgently needed.

The study, led by Dr Michael Schmid, focuses on the role of the non-cancerous host cells, known as stromal cells, as the cancer cells spread to the liver.

While most of the research conducted so far has focused on the cancer cells, over the last few years, it has become clear that non-malignant stromal cells and the formation of a tumour microenvironment strongly influences the course of cancer progression and spread (metastasis.)

### Lending a hand

It has been announced that a partnership between GVI Oncology, People Living With Cancer, Equira Health and Morton & Partners Radiologists has been formed. This is a ground-breaking collaboration between doctors and donors, to bring discounted specialist radiotherapy to patients who would not normally afford this expensive treatment. Dr Louis Kathan from GVI Oncology will be managing the selection of patients.

The study found that stromal partners are critical for efficient metastatic growth of pancreatic cancer cells, and identified a protein named 'granulin' as a key regulator of pancreatic cancer metastasis.

Dr Schmid, said: "A better understanding of the mechanisms underlying the metastatic spreading of pancreatic cancer is critical to improve treatment and patient outcome.

"Our work, which was a collaborative effort among several national and international research teams, provides evidence that pancreatic cancer metastasis critically depends on the support of stromal derived factors such as granulin and periostin, and that targeting these stromal factors may improve the outcome of this devastating disease."

Sebastian Nielsen, a researcher, explains: "We found that the secre-

#### THE CANCER ALLIANCE

### Working with government for cancer patients

A meeting was arranged between the Cancer Alliance (CA) and the Minister of Health, Dr Aaron Motsoaledi, in April this year where a number of important items were addressed and some of the points addressed were:

The Alliance felt there has been a lack of communication from the Ministerial Advisory Committee on Cancer Control and Prevention (MACC), and there was also a concern with regards to the organisations or professional bodies being represented on the MACC. The minister indicated that should there be a new election, CA should send through its nominations and he will select the members he feels would deliver the best advisory role.

Regarding the National Cancer Control Plan, the Minister advised that a high level plan has been developed and this will be sent for comment and input to all stakeholders before it is submitted to the National Health Council Technical Committee and then to the National Health Council that consist of the MEC's of all provinces for approval. It is a consolidated Plan that will highlight or focus on various key concerns such as cervical cancer, breast cancer prostate cancer, and childhood cancer.

The minister also spoke about the formation of a new body that will be chaired by the Deputy President and will focus on Non-Communicable Diseases.

Regarding the National Cancer Registry, the Minister acknowledged that this is a concern and recommends that the data be submitted by the laboratories as there are many challenges with having the doctors submitting the data. Population Based Cancer Registries may be considered as a better solution to determine the disease burden

Accessing the current data is not seen to be a challenge, however the

"confidentiality concern" will be addressed and feedback will be provided

Regarding the Breast Health Policy, the Minister had direct meetings with CEO Schwan of ROCHE about Herceptin and is prepared to take the matter further to access this life-saving treatment via the medicine patent pool. The Minister requested more statistics with regards to the number of Public and Private patients requiring this treatment.

Access to treatment and service delivery issues were also addressed. This is a national challenge which is receiving attention and equipment is also being reviewed to ensure hospitals have access to quality staff and functioning well maintained equipment. In future all procurements for equipment and drugs will fall under the auspices of the Minister of Finance. An Equipment Committee will also be established and will be finalised at the next National Health Council meeting.

A centralised cancer budget will be possible and is currently discussed in the new white paper re Health Care that will ensure that 10 Tertiary hospitals will be managed through a central budget to ensure better services delivery and financial management to ensure improved patient care across provinces. This should be operational in the next 2 years

The Ministry is working on making medication more affordable, by developing partnerships with the pharmaceutical companies which has proven to be successful.

Regarding procurement many changes are planned. New national procurement offices establish to ensure a better national distribution of resources will be funded nationally. Much work is also being done re palliative care and more news on this will be made available soon. These are being addressed within the Health Plan and information re this will be circulated soon

A Palliative care policy draft 1 is ready awaiting to be signed off. Specific palliative and clinical guidelines are to be added with input from palliative care expertise within Cancer Alliance. Paediatric palliative care will be included.

tion of granulin by inflammatory white blood cells, or monocytes, plays a key role in pancreatic cancer metastasis. These findings suggest the management or disruption of the secretion of this protein inhibits the growth of cancer cells in the liver."

Dr Ainhoa Mielgo, a key collaborator of this study, said: "These findings are very exciting because they uncover a new mechanism that is essential for pancreatic cancer metastasis and that we can now specifically target."

<http://tinyurl.com/hjmsedc>

## Understanding immuno-oncology for kidney cancer

The 10-for-IO website is a project of the International Kidney Cancer Coalition (ikcc.org). The purpose of this website is to provide a central resource for patient organisations to access information about immuno-oncology (also referred to as "IO") specifically as it applies to renal cell carcinoma.

This project was conceived by the Board of Directors of the International Kidney Cancer Coalition to address the many questions patients around the world are asking, to address misinformation in the media and unmoderated forums, and to provide a medically-reviewed source of information in straightforward patient language.

Medical sources are cited throughout. New medical content for this website has been written by volunteers and medically reviewed by a minimum of two Medical or Uro-Oncologists who have in-depth knowledge of both kidney cancer and immuno-oncology in their respective countries.

The 10-for-IO website has already been recognised as an important step forward in patient engagement in an area of emerging scientific discovery. Deans of the University Medical Centre Utrecht fully support and endorse this patient-led initiative.

Contact: [info@10forIO.info](mailto:info@10forIO.info) or go to <http://www.10forio.info/about-10-for-io> for more details.

## Tomatoes may combat the damaging effects of radiation

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

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

Radiation therapy is used to treat a wide range of tumours, but until now, its side effects have constrained its effectiveness. Recently, there has been interest in the possible role of dietary carotenoids in limiting these effects. In addition, interest has grown in identifying dietary counter-measures against nuclear accidents.

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

## Find CANSA Care Homes around the country

The Cancer Association of South Africa (CANSA) provides home-from-home accommodation to patients undergoing cancer treatment at oncology clinics far from their homes. Guests at our CANSA Care Homes stay for an average of six weeks and receive meals and transport to and from treatment centres. There are currently 11 CANSA Care Homes in the main metropolitan areas.

In order to arrange to stay at a Care Home, please contact the CANSA Care Home nearest to you and book your stay. Contact details are provided here:

CANSA Irma Bruschi Care Home, 103 Merriman Street, George. 044 874 4824

CANSA Strelitzia Care Home, 8 Eden Road, Glendinningvale, Port Elizabeth. 041 373 5157

CANSA Tygerberg Care Home, Tygerberg Hospital, Francie Van Zijl Drive, Parow. 021 9318295

CANSA Eikehof Care Home, 7 Dunbar Avenue, Athlone. 021 696 6744

CANSA Keurboom Care Home, c/o Main street and Princess street, Belgravia, Jhb. 011 624 1765

CANSA Tipuana Care Home, 32 Lys street Rietfontein, Pretoria. 012 329 3036

CANSA James Kingston Care Home, Olienhout Ave, Proteapark, Rustenburg. 014 533 0694

CANSA Limpopo Care Home, c/o Dorp and College street, Polokwane. 015 297 1268

CANSA Mkhuhla Care Home, 619 Umbilo Road, Durban. 031 205 9525

CANSA Olea Care Home, 90 Melville Dr, Brandwag, Bloemfontein. 051 444 2580

CANSA Katleho Care Home, 22 Lovedale Ave, Mangaung, Bloemfontein. 051 432 3829

CANSA also offers a unique integrated service to the public and to all people affected by cancer. Health programmes comprises health and education campaigns and CANSA Care Centres that offer a wide range of care and support services to those affected by cancer, offer stoma and other clinical support and organisational management, medical equipment hire as well as a toll-free line to offer information and support. Visit [www.cansa.org.za](http://www.cansa.org.za) for more information, or phone toll-free 0800 22 66 22.

to diets. A major finding of the study is that such protective effects are reduced as the oxygen concentration is increased.

"We have shown that lycopene can protect human cells efficiently against gamma radiation at low, but not high oxygen concentrations, and we hope that this effect may allow for improvements in radiation cancer therapy if the oxygen concentration can be increased in solid tumours compared to the healthy surrounding tissue".

<http://tinyurl.com/zrkzohy>

## Study finds aspirin helps cancer survival

Taking low-dose aspirin after cancer treatment can help improve survival by up to 20%, according to a Cardiff University's School of Medicine analysis. In a statement, study leader Professor Peter

Elwood says: "There is a growing body of evidence that taking aspirin is of significant benefit in reducing some cancers.

"Whilst we know a low-dose of aspirin has been shown to reduce the incidence of cancer, its role in the treatment of cancer remains uncertain. As a result, we set out to conduct a systematic search of all the scientific literature."

Professor Elwood says: "Our review, based on the available evidence, suggests that low-dose aspirin taken by patients with bowel, breast or prostate cancer, in addition to other treatments, is associated with a reduction in deaths of about 15-20%, together with a reduction in the spread of the cancer."

He admits that internal bleeding remains a concern with aspirin treatment: "That's why we specifically looked at the available evidence of bleeding and we wrote to all authors asking for further data. In no study was serious or life-threatening bleeding reported."

<http://tinyurl.com/jb2q2o9>

## Multivitamins may protect against chemo-induced peripheral neuropathy

Researchers at Roswell Park Cancer Institute, in collaboration with investigators from the cooperative group SWOG, have found that use of multivitamins prior to diagnosis may reduce the risk of neuropathy in breast cancer patients treated with the class of drugs known as taxanes. The team presented their findings at the American Association for Cancer Research Annual Meeting in April.

Although cancer patients frequently experience nerve damage to the peripheral nervous system, known as chemotherapy-induced peripheral neuropathy (CIPN), as a consequence of treatment with the taxane paclitaxel, relatively little is known about strategies to prevent or treat this often-debilitating condition.

<http://www.medicalnewstoday.com/releases/309331.php>

## Effects of exercise on colorectal cancer survivors

University of Queensland researcher James Devin, 23, of the School of Human Movement and Nutrition Sciences, has studied the effects of exercise on colorectal cancer survivors.

"Increases in cardiorespiratory fitness are associated with a significant reduction in cancer-specific mortality," Mr Devin said.

"We showed that eight weeks of high-intensity interval training (HIIT) and moderate-intensity exercise (MIE) promoted significant improvements in cardiorespiratory fitness in colorectal cancer survivors.

"While the comparative effectiveness was not too different, HIIT may offer more sustained improvements following a detraining period. Encouragingly, no severe adverse events occurred as a result of either types of training."

Mr Devin's research scored him the runner-up spot for the Young Investigator Award at the 2016 Exercise and Sports Science Australia (ESSA) Research to Practice Conference in Melbourne.

The team monitored 35 colorectal cancer survivors as they undertook three sessions of exercise a week using either HIIT or MIE methods. HIIT consisted of four rounds of four minutes of exercise at 85-95 per cent of maximum heart rate, and MIE consisted of 50 minutes of work at 70 per cent of the maximum heart rate.

"Those who undertook HIIT significantly improved and maintained a 4.2 millilitres per kilogram per minute increase in cardiorespiratory

output even after four weeks of detraining," Mr Devin said.

"The MIE group also significantly improved, but lost gains more rapidly over the detraining period. To put it in perspective, a 3.5 millilitres per kilogram per minute increase is associated with a 10 per cent reduction in mortality risk, so the improvements we have observed appear to be quite clinically significant for survivors."

Results of the research are published in the Journal of Cancer Survivorship.

## Cancer cells simply melt away'

Cancer patients are finally catching a break, as Australian researchers have tested a new drug that leads to big improvement in a majority of cases, and total recovery in some. The drug targets a specific protein that helps cancer cells survive.

The Melbourne-based trial took place over four years and tested 116 patients. It was shown by researchers at the Royal Melbourne Hospital and Peter MacCallum Cancer Centre that the drug Venetoclax can greatly reduce cancer blood cells.

Positive results were seen in 79 percent of cases involving patients suffering from chronic lymphocytic leukemia. Some patients who had previously undergone treatment were left as good as new after the new pill trials.

This is indeed historic news, as it marks the first trial of a medicine that is the result of three decades of research. "Here we are a bit under 30 years later in collaboration with WEHI and pharmaceutical companies here and in the US having proved that's achievable," head of haematology, Professor John Seymour, told the Sydney Morning Herald.

"This is a completely new class of drugs and there is no other drug or medicine previously available that has had the ability to inhibit this BCL-2 protein," he said, adding that the drug's benefits also spread to other forms of cancer and leukemia than those tested.

<http://tinyurl.com/gouvgcs>

## New drug may be speedy prostate cancer cure

Scientists at the Weizmann Institute may have found the cure for prostate cancer, at least if it is caught in its early stages – via a drug that doctors inject into cancerous cells and treat with infrared laser illumination.

Using a therapy lasting 90 minutes, the drug targets and destroys cancerous prostate cells, studies show, allowing patients to check out of the hospital the same day without the debilitating effects of chemical or radiation therapy or the invasive surgery that is usually used to treat this disease.

The drug, Tookad Soluble, has been tested in Europe and in several Latin American countries. Based on principles of photosynthesis, it uses infrared illumination to activate elements that choke off cancer cells, but spares the healthy ones.

The therapy was recently approved for marketing in Mexico, after a two-year Phase III clinical trial in which 80 patients from Mexico, Peru and Panama who suffered from early-stage prostate cancer were treated with the Tookad system. Two years after treatment, over 80% of the study's subjects remained cancer-free. A similar study being undertaken in Europe showed similar results.

With the drug approved for prostate cancer – and able to reach cancerous cells that are deep within the body via a minimally invasive procedure – it may be able to treat other forms of cancer. In fact, early

stage studies of ToCAD in esophageal cancer, urothelial carcinoma, advanced prostate cancer, renal carcinoma, and triple negative breast cancer are underway in collaboration with Memorial Sloan Kettering Cancer Centre, the Weizmann Institute, and Oxford University.

## Israeli ice device destroys breast tumours

For the past year, a novel Israeli medical device has been changing the way American doctors remove fibro-adenoma tumours – benign breast lumps. Now an internationally renowned Japanese surgeon is testing IceSense3 to destroy small malignant tumours as well.

During an ultrasound-guided procedure, the IceSense3 probe penetrates the tumour and destroys it by engulfing it with ice. Needing only local anaesthetic, the cryoablation process takes five or ten minutes in a doctor's office, clinic or breast centre, and the patient can get up and leave afterward. No recovery period is necessary.

Prior to the Israeli device getting US FDA approval in 2010, many women preferred to simply monitor harmless growths instead of having a surgical procedure that is expensive, time-consuming and painful. The new solution, which is quick and virtually painless with no scarring, offers a more attractive option.

Of course, if a tumour is cancerous there is no option to wait and see. A surgical lumpectomy or mastectomy must be done.

Dr. Eisuke Fukuma, chairman of the Breast Centre at Kameda Medical Centre in Kamogawa City, Japan, was so intrigued by IceSense3's potential in this area that he flew all the way to IceCure's Caesarea headquarters just for a four-hour meeting to lay the groundwork for clinical trials at his centre where the first four patients in the trial had small tumours successfully destroyed with the device, and another 26 patients are scheduled.

"This procedure is an exciting step towards moving treatment of small, early-stage breast cancer tumours from open surgery to a minimally invasive cryoablation procedure," Fukuma stated. "Cryoablation offers a much more comfortable and cosmetically appealing treatment option for small breast cancers."

<http://www.israel21c.org/israeli-ice-device-destroys-breast-tumours/>

## MRI-guided ultrasound platform from Israel

In March, participants in the 16th International Symposium on Therapeutic Ultrasound in Tel Aviv saw a livestreamed medical procedure to cure a woman's essential tremor without incisions or anesthesia. Neurology and radiology experts at Rambam Health Care Campus in Haifa used the Exablate Neuro system developed in Israel by Insightec. Guided by magnetic resonance (MR) imaging, they focused multiple ultrasonic beams of acoustic energy to heat and destroy target cells in the patient's thalamus. Conference attendees saw the 65-year-old baker – who had suffered tremors for a decade

## Four US cancer charities a sham

Washington (CNN) In a rare joint action with attorneys general for each of the 50 states, the Federal Trade Commission says four cancer charities run by extended members of the same family conned donors out of \$187 million from 2008 through 2012 and spent almost nothing to help actual cancer patients.

Each of the charities charged were the subject of extensive reporting by CNN in 2013. And in each instance, none of the four charities would comment. We were ordered out of the building at the Cancer Fund of America in Knoxville, Tennessee, and were the object of an obscene gesture by the CEO of The Breast Cancer Society in Mesa, Arizona.

The Cancer Fund of America is run by James Reynolds Sr. His son James Reynolds Jr. is the CEO of the Breast Cancer Society. Another charity, the Children's Cancer Fund of America, is run by Rose Perkins, the ex-wife of the elder James Reynolds. He's also the CEO of the fourth charity, Cancer Support Services.

The government says the charities claimed to provide direct support for cancer patients, breast cancer patients and children with cancer.

"These were lies," the government's complaint says.

Jessica Rich, chief of the FTC's Bureau of Consumer Protection, says that in all, the charities spent about 97% of donations they received either on private fundraisers or on themselves. Only 3%, she says, went to help actual cancer patients.

According to the complaint, funds donated to help cancer patients instead went for personal use, in often lavish ways.

"Donated funds were used to pay for vehicles, personal consumer goods, college tuition, gym memberships, Jet Ski outings, dating website subscriptions, luxury cruises, and tickets to concerts and professional sporting events," the complaint says.

despite medication – walk out of the three-hour procedure, sit down and slice a celebratory cake to share with the neurology team.

The first patient to get an Exablate Neuro treatment at the Haifa hospital is still without tremor two years later, said Rambam neurologist Ilana Schlesinger.

Kobi Vortman founded Insightec as an Elbit subsidiary in 1999 to develop and commercialise MR-guided focused ultrasound (MRgFUS) technology.

"We started with benign uterine fibroids, which afflict a quarter of all women sometime in their lives and usually are treated with a hysterectomy," Vortman tells ISRAEL21c. "We expanded into oncology, beginning with metastatic bone tumours. Our next steps will take us into significant unmet needs in liver and pancreas cancer," he says. "Exablate is becoming a mainstream treatment alternative in oncology and benign applications."

In Europe, Exablate is CE approved for treating essential tremor, tremor-dominant Parkinson's disease, neuropathic pain, bone metastasis, primary bone tumours, uterine fibroids and adenomyosis. CE approval for prostate cancer indications could be granted within the coming year, says Vortman.

<http://www.israel21c.org/the-surgery-free-operating-room-of-tomorrow-is-here-now/>

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