

SEASON'S GREETINGS

TO ALL OUR READERS,
THEIR FRIENDS
AND FAMILIES
AND MAY THE
NEW YEAR
BRING YOU
HEALTH AND JOY

Wings of Hope know how to party!



Wings of Hope held their Annual Party at the German School at the end of November and set about proving that cancer is not going to stop them enjoying life.

Great entertainment and a wonderful festive atmosphere meant the party really rocked!

More pics on page 6.



CanSurvive Celebration of Life Breakfast

Photos on page 4 and even more pics on www.cansurvive.co.za



Family photos

To cope with loss, oncologists simply forget. Perhaps, "forget" is not the right word. "Compartmentalise," "separate" or simply "contain," may be better. We put all those wonderful people who have died, all that suffering, all those lives, in a corner closet of our minds, close the door and lock them away.

Perhaps. However, all those memories remain; they are part of me. Quietly, they change how I practice medicine, what I feel and how I live. Sometimes, they come back in remarkable ways.

Almost three decades ago, when I finished training and went into practice, I took an intensive review course in Cancer Medicine, in Boston. I remember the excitement of the newest research, the brilliant ideas and the astonishing diversity of disease. Most of the illnesses we discussed I had read about and studied, but I had never seen. I was frightened, but thrilled, to be starting my career. I wondered what I would see and do.

This week, I returned to Boston, to take that same review course. I was feeling a little rusty around the edges and decided that 50 hours of focused lecture about the newest discoveries, given by the best minds in oncology, would do be good for my patients and me. I was not wrong. The course was exciting, revealing and cutting edge.

However, this time, 28 years later, there is a difference. Of course, the science of cancer medicine has advanced tremendously, with several hundred thousand articles published, thousands of new treatments and an understanding of disease barely dreamed in

LET'S TALK ABOUT CANCER!

Join us at a CanSurvive Cancer Support Group meeting

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

Upcoming meetings:

**KRUGERSDORP Netcare Hospital Group -
5 December 09:00**

**PARKTOWN GROUP, Hazeldene Hall, Parktown
12 December 08:30 for 09:00**

**HEAD and NECK Group - 7 January
at Rehab Matters, Rivonia**

Enquiries:

**Kim Lucas 082 880 1218 or lct@global.co.za
Bernice 083 444 5182 or bernicelass@gmail.com
Chris 083 640 4949 or cansurvive@icon.co.za**

www.cansurvive.co.za

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



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>



1987. Now the core of advancing oncology is not biochemistry and x-rays, but immunology, computers and genetics. However, that is not the only vital, critical change. The big difference for me is the 25,000 patients I have seen since the first time I came to Boston.

As I sit in the lecture hall, and the speaker puts a PowerPoint slide on the screen, and he discusses a new therapy or particular disease breakthrough, I find that his words, the images on the screen, open, just a little, that place in my mind, in my soul, where I store all the hardest memories. I am forced to remember. The door opens up, just enough, to let out one or two patients who suffered from that particular cancer. In that moment, that patient, that person, that family, is with me again.

I remember the disease and what it did to that person who, for a short while, depended on me. I remember the hopes, the prayers and the battle. I remember fear and suffering. I remember joy, celebration and love. I remember the treatments, in victory or defeat. Sometimes, in the most searing of moments, I remember the mistakes I made.

These are not mistakes in the "state-of-the-art" medicine I practiced. These are the things I did, which harmed or neglected, for which there was no better choice. They are the losses and errors which can be seen clearly now, looking back, through the advance of science and the perfection of hindsight. These people suffered and died because oncology did not know then, what we know now.

It is hard to hear the latest science, that most marvelous discovery, and not think of that young mother, that old man, that joyous artist, that vital leader or that smiling child, who could be saved today, but because they were sick 25, 15 or even 5 years ago, died. It rips my heart to hear discoveries, which indict my best efforts, my greatest gifts and hardest work. However, the regret rings hollow, when faced with overgrown headstones and all that remains of a life is ash in an urn.

I wonder if the changes, the advancements in medicine, in life itself, can clash so violently with the ghosts of the past, as to make one welcome failing memory, or seek pathologic distraction to reinforce denial. Perhaps. Nonetheless, in order to use the latest tools and fight for today's patients, I will gently close the closet door, once again. However, wisps of memory, of those lives, will always remain. Every cure is built on the dreams and graves of those that have come before.

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.

ALPHA-BRAINWAVE [MEDITATION]

Time for health and happiness

Imagine having the feelings of joy, creativity, and confidence. These are wonderful, soothing feelings that we need every day especially during a personal downturn, loss of income, stress, or pain. How can we do this? It's through meditation or what I call alpha-brainwave time.

What is alpha-brainwave time? It's day dreaming. It's meditation. It's time when you are experiencing alpha brainwaves. We have several brainwave frequencies. Beta brainwave activity occurs during our typical waking day. Alpha brainwaves and theta brainwaves occur during light and moderate sleep. We require 15 minutes of very slow delta waves for deep sleep every night. Gamma waves are fast and may occur during peak performance. Wake up and unlock the benefits of alpha brainwaves. You can also learn to be in a theta brainwave state while awake for even greater benefits.

How do you do alpha-brainwave time? The traditional way is with sitting, eyes-closed meditation, which continues to be the gold standard. I prefer new eyes-open meditation that you can do while sitting, walking in the woods, walking or slowly jogging on a treadmill, swimming or during yoga. The Norwegians have a term "Friluftsliv" which is the alpha-brainwave feeling that develops being outside in free air.

Five benefits from alpha-brainwave time: First, alpha-brainwave time decreases stress by lowering your blood adrenaline levels. You go from the flight-or-fight state to the stay-and-play state. Second, meditation releases feel-good neurotransmitters and hormones



Gary R. Epler, MD is the author of best-seller, "You're the Boss: Manage Your Disease". He is a pulmonary and critical care professor at Harvard Medical School. He has written four health books in the critically-acclaimed "You're the Boss" series about people taking charge of their health and disease including Manage Your Disease, BOOP, Asthma and Food. Dr. Epler's new book, Level-10 Energy, will be published soon.

His website is www.eplerhealth.com/

including endorphin, dopamine, and serotonin. Third, meditation balances your left and right side of the brain. We need the left brain to function in society, but it's rigid and dominant. Meditation shifts some of this activity to the right brain – the social and creative brain making a more enjoyable day. Fourth, people may depend on outside activities for pleasure and enjoyment, but this is an inside job – meditation brings that pleasure inside with no need for outside forces. Finally, science-based benefits of alpha-brainwave time include increasing mirror-neuron function that improves social interaction and increasing the life of telomeres at the end of your chromosomes for increased lifespan.

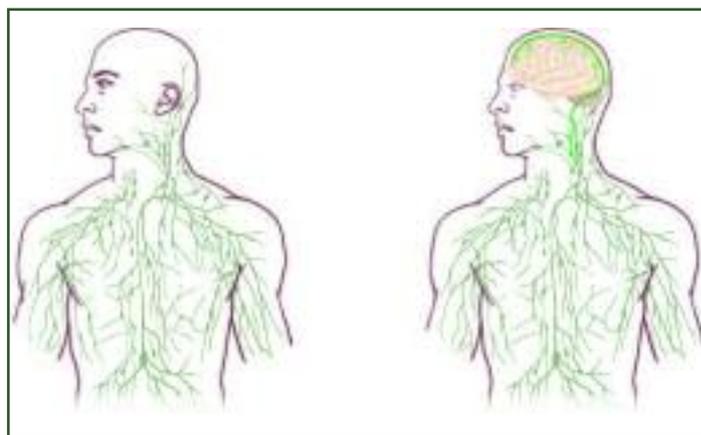
Take action: Learn everything you can about alpha-brainwave time and meditation. Learn the different ways and find one that is best for you. Give yourself 15 to 20 minutes of alpha-brainwave time every day and especially when you face the inevitable personal downturns and stress. Alpha-brainwave time will give you energy, confidence, and joy.

Missing link found between brain, immune system

In a stunning discovery that overturns decades of textbook teaching, researchers at the University of Virginia School of Medicine have determined that the brain is directly connected to the immune system by vessels previously thought not to exist. That such vessels could have escaped detection when the lymphatic system has been so thoroughly mapped throughout the body is surprising on its own, but the true significance of the discovery lies in the effects it could have on the study and treatment of neurological diseases ranging from autism to Alzheimer's disease to multiple sclerosis.

"Instead of asking, 'How do we study the immune response of the brain?' 'Why do multiple sclerosis patients have the immune attacks?' now we can approach this mechanistically. Because the brain is like every other tissue connected to the peripheral immune system through meningeal lymphatic vessels," said Jonathan Kipnis, PhD, professor in the UVA Department of Neuroscience and director of UVA's Centre for Brain Immunology and Glia (BIG). "It changes entirely the way we perceive the neuro-immune interaction. We always perceived it before as something esoteric that can't be studied. But now we can ask mechanistic questions."

"We believe that for every neurological disease that has an immune component to it, these vessels may play a major role," Kipnis said. "Hard to imagine that these vessels would not be involved in a [neurological] disease with an immune component."



Maps of the lymphatic system: old (left) and updated to reflect UVA's discovery. Credit: University of Virginia Health System

Kevin Lee, PhD, chairman of the UVA Department of Neuroscience, described his reaction to the discovery by Kipnis' lab: "The first time these guys showed me the basic result, I just said one sentence: 'They'll have to change the textbooks.' There has never been a lymphatic system for the central nervous system, and it was very clear from that first singular observation - and they've done many studies since then to bolster the finding - that it will fundamentally change the way people look at the central nervous system's relationship with the immune system."

http://www.eurekalert.org/pub_releases/2015-06/uovh-mlf052915.php#.VWzrrUM7T6Y.mailto

CanSurvive

Celebration of Life Breakfast



Why not laugh?

by **Scott Burton**

Scott Burton is a survivor and so much more! He's an award-winning comedian and world-class juggler who brings energy, passion and roars of laughter to his keynote and breakout sessions.

His hilarious, life-affirming spin on adversity makes him the perfect choice for health care, hospice and survivorship events. His clean, playful comedy, makes him the right choice for any audience that deserves a laugh! Read about Scott's cancer battle and his funny and inspiring take on his experience.

Having faced high-grade osteosarcoma, chemotherapy and multiple limb-saving surgeries, I have seen the profound imprint - both good and bad - that cancer leaves on every person touched by it. Knowing the struggle, I have something to say to each of us affected. And, in speaking with fellow survivors and oncology professionals coast to coast, I often hear the same sentiments that reinforce this opinion. Yes, cancer is one of the greatest struggles you'll ever have. Yes, it is a life and death issue. And, yes, those you love will suffer too. But, in the midst of this life-defining battle, why not allow for laughter?

It's important to remember that there is not and never will be anything funny about cancer, which is why some feel they can't, or shouldn't, laugh. But what is funny, is life. It always has been. From your first greeting in the world being a smack on the bottom to the fact that time will eventually turn you into your parents, life is a wondrous comedy. In dealing with cancer, life is different, but not any less present. So, just as there was humour in life before cancer, there can be humour in life during cancer.

I remember the first time I made someone laugh during my one year battle. My brother was visiting me in the hospital after an operation, and I was explaining that before the operation I'd had my very first prostate exam. He could see how shaken I was when I told him, "I had my first prostate exam. Wow!" As he smiled sympathetically I stumbled on, "I mean, that was a new experience. I'd heard ... I mean, I knew what it was, but... wow. I'd never done..." After another pause, I turned to him and, with genuine concern, said, "Are they supposed to use a puppet?" The laughter from my brother was so real, so genuine and free, it changed the face of all our conversations throughout the rest of my operations and chemo.

With one fell swoop, that hearty, joyous laughter cut through the tension of being in the hospital, of facing cancer, of my brother's discomfort watching me go through the ordeal. With that laughter, I found a way to communicate that would both keep fears at bay and draw others closer.

So it is true, cancer is no laughing matter, but whether it is cancer or any other trial in life, laughing does matter.

In assessing all the ways I could've responded to my diagnosis, my surgeries and my seven months of chemo, laughter was the only one that made sense. I could have raged. I could have kept to myself and stewed. I could have felt slighted, cheated or abused by life. I could have felt a world of different things from depression to cynicism. But laughter was the only response that, as I used it, helped me grow. And there was a byproduct to sharing laughter - while loosening up my body, easing fears of others and building lines of communication, it provided the most powerful and necessary tool in fighting any trial in life - a positive attitude.

The other reactions - anger, depression, suppression and denial - took a little piece of me with them. Each made me feel just a little less human. Yet laughter made me more open to ideas, more inviting to others, and even a little stronger inside. It proved to me that, even as my body was devastated and my spirit challenged, I was still a vital human.

It's often hard to understand the healing power of laughter because it doesn't make sense to relate physical and spiritual mending to the same feeling you got when Milton Berle donned a dress. But it's there. Medical scientists have proved the existence of healing endorphins released by laughter. But, in plain terms, the magic of laughter happens when you laugh - if only for that moment, you love your life. And, when facing tragedy, that is profound knowledge we all can use.

So I exercised my sense of humour whenever possible. While in pre-op, during one of my nine surgeries, I was propped up atop my gurney with pillows as the staff scurried throughout the room and a young attendant brought me heated blankets and checked to see if there was anything I needed. Even though I was in for surgery, with everyone running about and attending to me while I sat as their audience, I felt as if I were a Roman nobleman at the forum. Embracing the brief moment of regal splendor, I turned to the attendant and, with playful airs, said, "Fetch the oncologist... he amuses me."

I once tried to convince a friend that, along with chemotherapy, radiation therapy or the complementary humour therapy, there was such a thing as nasal therapy. "What happens is, as you drink a glass of milk, the doctor makes you laugh and the tumour shoots out your nose. They're still testing to see if it works with two percent and skim. They're also having a hard time finding a doctor who can make people laugh."

There are numerous ways to allow for laughter in our lives: rent comedy videos, read the funnies, take the time to remember the laughter in your past. For my money, listening to Carl Reiner's and Mel Brooks' Two Thousand Year Old Man routine is guaranteed laughter. Just getting out and talking freely to others works, too. You'd be surprised, when you actually converse with and engage people around you, how often laughter is the result.

And this is not meant to say laughter is the only way to embrace our humanity. It is not the only knowledge we have of loving life. Cancer patients shouldn't be thinking up new gags they can do with their bed pans or making crank calls from their rooms. Nobody is calling for a new generation of chronic disease comics. Embracing laughter does not mean non-stop guffaws. There are other ways to stay in touch with our humanity. There are the little things, such as smiling. There is genuine love. There is doing whatever it is you do that makes you feel human: reading, hugging, writing, talking - maybe alligator wrestling if that does it for you. Many times even tears help us feel our true humanity.

We live in a dehumanising society that is centred on image, demographics, sales and numbers. We seem to be valued only by what we have or how famous we are. Our humanity and love of life has been buried and hidden. Then cancer comes along and tries to take what is left. Through laughter, through loving and through our own passion for living, we can take control of our humanity once more. We see that life can be simple. We admit that cancer can be part of life. And we know that laughter and loving our lives always feels good.

Reprinted by kind permission of Scott Burton.

Scott is based in Minneapolis and can be contacted on (612) 385-8387. His website is <http://www.sburton.com/> or see his video at <http://www.sburton.com/newvid.html>

Lace Up FOR CANCER

Preparations for Cape Town's annual Lace-Up for Cancer event is well on its way. An initiative which was started by HPCA's communications officer, Eric Watlington in 2012 has grown from 100 participants to over 600 in 2015! This day is not only to celebrate World Cancer Day but to also to commemorate those who have lost their lives to cancer and those who are currently living with the cancer and cancer treatment.

Next year (2016) promises to be bigger and better with an expectation of close to 1500 participants. The event will take place on 4 February 2016 at the Greenpoint Lighthouse in Sea Point starting at 18:30. The committee, which includes HPCA, CHOC, Love your Nuts, CANSA, Sunflower Fund and People Living with Cancer has been hard at work arranging this event.

Tickets cost R80 per person, R60 for students and pensioners, and are available through Quicket : <https://www.quicket.co.za/events/13314-lace-up-for-cancer/#/>

Purchase your tickets early to avoid disappointment. There will also be team entries and we encourage you to ask your corporate sponsors to enter teams for the event.

For more information, visit www.hpca.co.za



Downloads for you

Treatment of Cancer Pain

A Guide to the Treatment of Cancer Pain in South Africa 2015 has recently been released by the Cancer Pain Working Group. It aims to assist healthcare professionals in South Africa to optimise patient care within the limitations of their resources, while maintaining quality of life.

Click here to download: <http://bit.ly/1Nc6G3b>

Smoothies

The LiveStrong Smoothie recipe book can be downloaded from the CanSurvive website. Great for this hot weather!

<http://www.cansurvive.co.za/downloads.php>

Why do we need magnesium?

Andrea Rosanoff, PhD – Nutritional Biologist and co-author of "The Magnesium Factor", explains in a new free concise e-book that we all need magnesium so as to change the proteins we eat into our own personal enzymes and our own protein structures that help build cells, bone and muscle (especially heart muscle) and to convert food we eat into usable life energy.

<http://www.nutritionalmagnesium.org/why-do-we-need-magnesium/>

Sexuality

Sexuality and Cancer: A Guide for People With Cancer.

A booklet prepared to help you understand how cancer and its treatment may affect your sexuality. Sexuality is much more than sexual intercourse; it is about who you are, how you see yourself, how you express yourself sexually and your sexual feelings for others. Download file or request print copy through Canadian Cancer Society office. For further information, visit www.cancer.ca

Cancer Side Effects Helper

Download the My Pearlpoint Side Effects Helper app for FREE at Google Play and iTunes. The app provides nutrition tips to help you manage side effects from cancer treatment.

About herbs, botanicals and other products

The majority of cancer patients use complementary therapies such as herbs and dietary supplements. Although figures differ, surveys indicate that as many as 60 percent of people with cancer take two or more dietary supplements daily.

Determining whether herbs, vitamins, and other over-the-counter dietary supplements would be helpful or harmful to you can be

Thank you to Netcare !

Cancer Buddies and the 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.

HELP CANSURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS



challenging. Will a substance work as the label states it will? Is it likely to interact with your cancer medicines? Is it worth the cost?

Memorial Sloan Kettering Cancer Centre's About Herbs database, a tool for the public as well as healthcare professionals, can help you figure out the value of using common herbs and other dietary supplements.

Memorial Sloan Kettering's About Herbs app is presented by our Integrative Medicine Service and is available from the Apple App Store. A web app version for all other mobile devices is also available from <https://www.mskcc.org/cancer-care/treatments/symptom-management/integrative-medicine/herbs>.

NCCN Quick Guide™ for Prostate Cancer

The National Comprehensive Cancer Network® (NCCN®) has published the first NCCN Quick Guide™ for Prostate Cancer. This resource summarises key points of the NCCN Guidelines for Patients, which includes recommendations for initial and subsequent treatment and suggestions for the decision-making process. Both are available from:

<http://www.nccn.org/patients/guidelines/cancers.aspx#prostate>

Pain Squad app

This iPhone app, authored by Dr. Jennifer Stinson, was developed to support children and teens in keeping a pain diary. The app can be downloaded free from iTunes:

<https://itunes.apple.com/ca/app/pain-squad/id929781246?mt=8>

Spero for Cancer

Another iTunes app is Spero for Cancer. Spero is a safe place for cancer fighters, survivors, and supporters to connect and support each other 24/7. You can find and connect with others who know firsthand what you're going through, ask questions and share experiences with others, chat with people just like you and, fight cancer together.

Pancreatic Cancer Guide

Some of the subjects dealt with in this Guide, offered by Rational Therapeutics, are: impact, challenges, known/probable causes, treatment options, promising results.

<http://tinyurl.com/qx6q8w7>

RENAL CELL CARCINOMA

The needs of kidney cancer patients discussed

On Saturday 28 November Cancer Buddies hosted a Kidney cancer focus group at the Crystal Tower Hotel in Century City - Cape Town.

It was attended by seven patients and caregivers and was facilitated by Linda Greeff, an oncology social worker, and Heather Ely, an oncology nursing sister.

The goals of this group were

- 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.

What an experience this was. The group started with formal introductions and then it just went on like a group of friend sharing their stories of sadness, fear and anxiety and real hardship in navigating the journey with advanced kidney cancer. It was wonderful to hear the support for each other as they unpacked the challenges they face from diagnoses write through treatment and beyond. All patients had lost one kidney and have been living with the illness from 2-8 years already. Two facts that came out of this discussion was as follows ":

- The fact that the patients often land up coordinating their own care as the surgeons often did not refer them to an oncologist after surgery only to learn later that their illness had spread and that they now needed chemo.
- The treatment for renal cell cancer poses many challenges to the patients and caregivers and takes a lot out of you so that working and having treatment is quite hard.

It is hoped to develop this group and any enquiries can be directed to Linda Greeff at linda.greeff@cancerbuddies.co.za.

Reach for Recovery Johannesburg

Right: Survivors attended the Playing for Pink Polo event which raised money the Ditto project – where indigent women are provided with prostheses. This was an amazing event and hundreds of pink balloons were released by the breast cancer survivors from Reach for Recovery.



Left: Colleen and Elizabeth walked 5 kms at the SPAR Ladies Race where over 20 000 runners and walkers registered and took to the streets from kWanderers Stadium. A generous donation was received from SPAR.



International Childhood Cancer Day

International Childhood Cancer Day (ICCD) is on 15 February 2016. This day was started as a global collaborative campaign to raise awareness about childhood cancer and to express support for children with cancer, survivors and their families.

In developed countries, childhood cancer has become largely curable with the overall survival rate reaching between 70% and 80%, whilst in South Africa the rate is closer to 50%. CHOC aims to ensure that more children in South Africa are cured and that the survival rate goes up.

Support CHOC during ICCD 2016 by wearing a "Have a heart for children with cancer" badge and also buy a "have a heart for children with cancer" chocolate for a loved one. For more info visit www.choc.org.za or call 086 111 3500 or email bdu@choc.org.za

Epic updates from Cancer Dojo



- ❑ We have created a website www.cancerdojo.org and it's rocking
- ❑ We've got all our social media channels sorted! Yeah.
- ❑ We have generated over 250 pieces of fear-debunking immune-boosting mind-shifting content from 21 partners around the world (and growing by the day)
- ❑ We opened the Society of International Paediatric Oncologists annual conference at the CTICC to an overwhelmingly positive audience of over 1400 cancer practitioners.
- ❑ We opened the Italian Design festival of Creativity in Milan to a double ovation and were declared influencer on twitter for the event.
- ❑ We are meeting up with Facebook Africa this month – to form a partnership for our #imagineyourcancer campaign
- ❑ We are loving what we're doing and are currently working on the first version of our app wireframes.
- ❑ Watch this space. Cancer Dojo is going to change the way the world views and deals with cancer, one playful mind at a time.
- ❑ Bring on 2016!



Your genes could predict your future

- but would you want them to?

By Wilma Stassen

As doctors increasingly using genetic tests to predict future health, some might not like what they find gazing into science's new crystal ball.

Genetic testing uncovered the cancer-causing gene mutation, BRCA1, that led Hollywood actress Angelina Jolie to undergo a voluntary double mastectomy in 2013 to prevent getting breast cancer long before she got it.

Genetic testing may sound like a futuristic treatment that only the rich can afford, but it is actually closer than you think. Some South African medical schemes are already using it to determine which breast cancer patients would benefit from chemotherapy or the costly anti-cancer drug Herceptin, which only works in some patients.

"With the advance of human genomics we are starting to understand each individual's risks and the possibilities of individualised treatments and interventions," Dr Johnny Broomberg, CEO for Discovery, said at the company's recent Health Summit.

When chemotherapy or Herceptin can cost hundreds of thousands of rands per patient, the R25,000 price tag of genetic testing also makes it cost effective.

Prevention better than cure

"Prevention" is the current buzzword in medicine and if the experts are to be believed, genomic testing is going to be a big part of that.

Dr Craig Venter was part of the team that sequenced the first human genome in 2003. He now runs a US-based company Human Longevity that does genome sequencing on a personal scale for about R13,000 per test.

"Right now, people wait until they have symptoms before going for treatment, and quite often, at that stage it is too late," he said. "With the help of genome testing, people can prevent disease at an earlier stage of their lives, be healthier and live longer."

Recently Stellenbosch University researchers found that up to 40 percent of South Africans might be able to better control high cholesterol through diet and exercise than by taking cholesterol-lowering drugs called statins.

Before you go trading you pills for more fruits and veggies, SU Professor of Pathology Maritha Kotze, warns only genetic testing can reveal which method of controlling high cholesterol is right for you.

Personalised medicine

More than 100 medications in the United States have already changed their labels or packaging to include mentions of genetic profiles that may benefit from them.

The more knowledge you have on your own life, the greater the chance of changing your life outcomes – Craig Venter

These include medications such as the blood thinner Warfarin and anticonvulsant Tegretol, which are prescribed daily in South Africa.

"I believe we are not very far from a point in time when almost every common drug is going to have an accompanying diagnostic genetic

Pink Drive on the move



The team who man PinkDrive's mammogram truck are having a very busy time during October Breast Cancer Month!!

testing with it allowing you to say this patient will or won't respond, or they will respond to a higher or lower dose," said Broomberg, who added that genetic testing can also reveal what diet is best for you.

He added that genetically-based nutrition could put the banting diet debate to rest. "I hope we'll put this debate about Banting vs low-fat diet behind us," he added. "This debate is absurd because it is based on whole population and not individual needs."

Misuse of information

But genetic testing is not without its critics, who argue that health and life insurance companies could abuse results to limit benefits or hike premiums.

A code of conduct for South Africa insurance companies' handling of genetic information has been compiled, but it's not in consumers' favour.

Although companies may not request any genetic testing at the inception of a policy, they are entitled to the results of any past or future genetic testing done by the individual.

Critics also wonder what might happen to those who gaze into science's crystal ball and discover they are at high risk of incurable and unpreventable like some cancers or Alzheimer's disease.

But Venter is adamant that genetic testing holds more promise than risk: "Knowledge is power. The more knowledge you have on your own life, the greater the chance of changing your own life outcomes, having a healthy life and not dying from diseases that could be prevented."

About Wilma Stassen

Wilma Stassen is a reporter at Health-e News Service. She focuses on non-communicable diseases. Follow her on Twitter @Lawim

Dates to diarise

DECEMBER 2015

- 5 CanSurvive Cancer Support Group, Netcare Krugersdorp Hospital, 09:00
- 11 Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216.
- 12 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00

2016

JANUARY 2016

- 7 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 8 Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216
- 9 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 27 Advanced Breast Cancer Support Group, GVI Oncology, Panorama, Cape Town. Contact 021-9443850, emerentia.esterhuyse@cancercare.co.za

FEBRUARY 2016

- 4 **WORLD CANCER DAY**
- 4 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 6 CanSurvive Cancer Support Group, Netcare Krugersdorp Hospital, 09:00
- 12 Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216
- 13 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 24 Advanced Breast Cancer Support Group, GVI Oncology, Panorama, Cape Town. Contact 021-9443850, emerentia.esterhuyse@cancercare.co.za

MARCH 2016

- 3 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 5 CanSurvive Cancer Support Group, Netcare Krugersdorp Hospital, 09:00
- 8 Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216
- 12 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
- 30 Advanced Breast Cancer Support Group, GVI Oncology, Panorama, Cape Town. Contact 021-9443850, emerentia.esterhuyse@cancercare.co.za

APRIL 2016

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

CONTACT DETAILS

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

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

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

GVI Cape Gate Support group: 10h00-12h00 in the Boardroom, Cape Gate Oncology Centre. |
Contact: Caron Caron Majewski, 021 9443800

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

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

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

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

Prostate & Male Cancer Support Action Group, MediClinic Constantiaberg. Contact Can-Sir: 079 315 8627 or Linda Greeff 0825513310 linda.greeff@cancerbuddies.org.za

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

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

Bosom Buddies: 011 482 9492 or 0860 283 343,
Netcare Rehab Hospital, Milpark. www.bosombuddies.org.za.

CHOC: Childhood Cancer Foundation SA; Head Office:
086 111 3500; headoffice@choc.org.za; www.choc.org.za

CANSA National Office: Toll-free 0800 226622

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

CANSA Pretoria: Contact Miemie du Plessis 012 361 4132 or 082 468 1521; Sr Ros Lorentz 012 329 3036 or 082 578 0578

Reach for Recovery (R4R) : Johannesburg Group, 011 869 1499 or 072 849 2901. Clinton Hospital Oncology Dept. Alberton.

Reach for Recovery (R4R) : West Rand Group. Contact Sandra on 011 953 3188 or 078 848 7343.

Reach for Recovery (R4R) Pretoria Group: 082 212 9933

Reach for recovery, Cape Peninsula, 021 689 5347 or 0833061941
CANSA offices at 37A Main Road, MOWBRAY starting at 10:00

Reach for Recovery: Durban, Marika Wade, 072 248 0008,
swade@telkomsa.net

Reach for Recovery: Harare, Zimbabwe contact 707659.

Breast Best Friend Zimbabwe, e-mail bbzfim@gmail.com

Cancer Centre - Harare: 60 Livingstone Avenue, Harare
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cancer@mweb.co.zw www.cancerhre.co.zw

News in brief

Fibre and colorectal cancer prevention: what the research says

The role of dietary fibre in helping to prevent the development of colorectal adenomas, which are the precursor to colorectal cancer, has always been a bit vague. A recent review of medical literature published in the journal *Gastroenterology*, however, suggests that fibre does indeed have a protective effect.

Theoretically, dietary fibre, which may have a beneficial influence on gut microbiota while also increasing stool bulk and decreasing stool transit time, should have a protective effect. To this end, its role has been investigated intensively since the 1970s, but research findings have been inconsistent.

To assess the relationship between fibre intake and the risk for colorectal adenomas, a group of researchers in China recently conducted a meta-analysis of 20 studies involving nearly 11,000 people with colorectal adenomas. They found an inverse relationship - people who consumed more fibre had lower risk than those who consumed less.

The type of fibre consumed seemed to matter - the inverse association held up with fruit and cereal fibre consumption, but not with vegetable fibre consumption. However, these findings don't mean you should stop eating vegetables, which provide a number of nutrients. The researchers noted that their findings need to be validated by further studies.

<http://tinyurl.com/ohleml2>

New test for prostate cancer significantly improves screening

A study from Karolinska Institutet shows that a new test for prostate cancer is better at detecting aggressive cancer than PSA. The new test, which has undergone trial in 58,818 men, discovers aggressive cancer earlier.

Currently, PSA is used to diagnose prostate cancer, but the procedure has long been controversial.

"PSA can't distinguish between aggressive and benign cancer," says principal investigator Henrik Grönberg, MD, PhD, Professor of Cancer Epidemiology at Karolinska Institutet. "Today, men who don't have

Tollfree service for cancer patients

Cancer Buddies has a tollfree number - it is

0800 033 337

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

HELP CAN SURVIVE TO PROVIDE SUPPORT FOR CANCER PATIENTS



cancer or who have a form of cancer that doesn't need treating must go through an unnecessary, painful and sometimes dangerous course of treatment. On top of this, PSA misses many aggressive cancers. We therefore decided to develop a more precise test that could potentially replace PSA."

The new so-called STHLM3 test is a blood test that analyses a combination of six protein markers, over 200 genetic markers and clinical data (age, family history and previous prostate biopsies).

Vitamin C halts growth of aggressive forms of colorectal cancer in preclinical study

High levels of vitamin C kill certain kinds of colorectal cancers in cell cultures and mice, according to a new study from Weill Cornell Medicine investigators. The findings suggest that scientists could one day harness vitamin C to develop targeted treatments.

A team of researchers from Weill Cornell Medicine, Cold Spring Harbor Laboratory, Tufts Medical Centre, Harvard Medical School and the Johns Hopkins Kimmel Cancer Centre found that high doses of vitamin C - roughly equivalent to the levels found in 300 oranges - impaired the growth of KRAS mutant and BRAF mutant colorectal tumours in cultured cells and mice. The findings could lead to the development of new treatments and provide critical insights into who would most benefit from them.

The conventional wisdom is that vitamin C improves health in part because it can act as an antioxidant, preventing or delaying some types of cell damage. However, Dr. Cantley and his colleagues discovered that the opposite was true in regards to high-dose vitamin C's therapeutic effects for the KRAS and BRAF forms of colorectal cancer - they occur as a result of inducing oxidation in these cancer cells.

Screening mammograms for breast cancer

In October, the American Cancer Society changed its screening guidelines for women at average risk for breast cancer, raising the age at which it recommends starting annual mammograms from age 40 to 45. For various reasons, after reviewing the evidence, experts at Memorial Sloan Kettering are not changing their advice to women and continue to recommend that women at average breast cancer risk begin screening mammograms at age 40.

"The bottom line - and what our Breast Service has recommended for years now - is that women at average risk for breast cancer start getting screening mammograms at age 40," says Dr. Morris. "We

know this approach saves lives. MSK's breast cancer screening guidelines are not changing in any way in light of these new recommendations."

There's actually little disagreement among experts around the world that mammography screening for breast cancer saves lives, notes Dr. Morris. "What differs depends on the greatest relative value that the committee doing the evaluation places on certain things."

"Ultimately, the decision about when to start screening is a very personal one," explains Dr. Morris. "A woman will have to talk to her doctor and decide for herself what she is comfortable with, and proceed from there."

CMS says SA medical schemes in healthy financial state

The 83 registered medical schemes in South Africa are in a healthy financial state and continue to provide sufficient financing for private medical care, as stated by the Council for Medical Schemes (CMS), regulator of the industry. These schemes are also nowhere close to collapsing as reported in the media since recently.

According to the latest annual report of the CMS, released in November, an important measure of the claims paying ability of schemes is the solvency ratio, which remained stable at an industry average of 33.3% between 2013 and 2014. The solvency ratio of open schemes increased by 1.0% to 30.0% in 2014 (2013: 29.7%). Restricted schemes experienced a decrease of 0.8% in their solvency ratio, 37.9% from 38.2% in 2013.

On 31 December 2014, there were 83 registered medical schemes, of which 23 were open and 60 restricted. These medical schemes had a combined total of 8.81 million members in December 2014, comprising of 3 921 232 main members and 4 893 226 dependants.

One hundred cancer patients a year in Manchester benefit from scan technology

Researchers in Manchester, UK, have used recent advances in PET scanning technology to reduce the radiation dose for both patients and staff by up to 30%, allowing an addition of an annual 100 scans a year at Central Manchester University Hospitals.

PET imaging is widely used in the management of cancer patients. Most commonly, an FDG PET scan is carried out to identify areas with high glucose metabolism, such as tumours. These images are useful for diagnosis, staging and monitoring treatment.

Such a scan requires the injection of a radioactive 'tracer' – which is taken up by the tumour tissue – and therefore the procedure has an associated radiation dose for the patient and for staff at the imaging facility.

PET imaging relies on the detection of simultaneous pairs of gamma rays produced when positron particles emitted by the injected tracer interact inside the body. The team looked at an analysis approach using time-of-flight (TOF) information, which utilises the faster detectors present in modern PET systems to more accurately locate the source of each pair of rays.

They found that by making use of TOF information, they could reduce the number of 'counts', or individual gamma ray pairs, they measured. This means that for the same quality of image, they could reduce the injected radioactive dose, or scan for a shorter period of time.

<http://tinyurl.com/p665fck>

Bracelet helps support the Cancer Buddies toll-free line

All cancer patients and their families have free access to free cancer support through Cancer Buddies, a project of PLWC.

Cancer Buddies, who take the hands of the cancer patient, are all trained to take calls and deal with the needs of the patient and their journey. The hope and support offered by this service is incredible and assists the patients to feel more in control of their journey with cancer.



Help us to keep this wonderful lifeline operating!

Visit the website www.cancerbuddies.org.za for further information and to buy bracelets online. The beautiful handmade emblem of the wristband was designed and painted by the famous artist Pierre Volschenk.

Catching cancers when they are small still makes a difference to survival

Catching cancers when they are small still makes a difference to survival, even in the current era of more effective therapies, suggests a study of breast cancer patients in *The BMJ*.

The research team, based in the Netherlands, say that traditional factors such as tumour size and number of positive lymph nodes "still have a significant and major influence on overall mortality independent of age and tumour biology."

Breast cancer survival rates have increased significantly all over the world in the past decades, mainly due to earlier diagnosis and better treatment options. As such, it has been suggested that traditional prognostic factors, such as tumour size and number of positive lymph nodes, may no longer predict survival. And if these factors do affect survival, the size of this effect is unknown.

So researchers set out to estimate whether these factors still influence survival by comparing overall survival of 173,797 female breast cancer patients from two time frames (1999–2005 and 2006–12) using data from the Netherlands Cancer Registry. Factors such as date and age at breast cancer diagnosis, tumour characteristics, and treatments were taken into account.

The results show that both tumour stage and lymph node status had a significant influence on overall survival. The researchers stress that this is an observational study so no definitive conclusions can be drawn about cause and effect. Nevertheless, they say that tumour size and nodal status "still have a significant and major influence on overall mortality independent of age and tumour biology in the current era of more conservative surgery and newer systemic therapies.

Early stage at detection is vital; surgery is crucial, and more conservative surgery is more favourable," they conclude.

<http://www.medicalnewstoday.com/releases/300608.php?tw>

Nanocarriers may carry new hope for brain cancer therapy

Glioblastoma multiforme, a cancer of the brain also known as "octopus tumours" because of the manner in which the cancer cells

extend their tendrils into surrounding tissue, is virtually inoperable, resistant to therapies, and always fatal, usually within 15 months of onset. One of the major obstacles to treatment is the blood brain barrier, the network of blood vessels that allows essential nutrients to enter the brain but blocks the passage of other substances. What is desperately needed is a means of effectively transporting therapeutic drugs through this barrier. A nanoscience expert at Lawrence Berkeley National Laboratory (Berkeley Lab) may have the solution.

Ting Xu, a polymer scientist with Berkeley Lab's Materials Sciences Division, has developed a new family of nanocarriers formed from the self-assembly of amphiphilic peptides and polymers. Called "3HM" for coiled-coil 3-helix micelles, these new nanocarriers meet all the size and stability requirements for effectively delivering a therapeutic drug to GBM tumours. Amphiphiles are chemical compounds that feature both hydrophilic (water-loving) and lipophilic (fat-loving) properties. Micelles are spherical aggregates of amphiphiles.

"Our 3HM nanocarriers show very good attributes for the treatment of brain cancers in terms of long circulation, deep tumour penetration and low accumulation in off-target organs such as the liver and spleen," says Xu, who also holds a joint appointment with the UC Berkeley's Departments of Materials Sciences and Engineering, and Chemistry. "The fact that 3HM is able to cross the blood brain barrier of GBM-bearing rats and selectively accumulate within tumour tissue, opens the possibility of treating GBM via intravenous drug administration rather than invasive measures."

<http://tinyurl.com/pm4n285>

Antioxidants: helpful or harmful for melanoma?

When we think of the word "antioxidant," we often associate it with health and vitality. Fruits and vegetables "rich in antioxidants" are a good thing after all, right? A new study conducted in mice, however, suggests that antioxidants can actually double the rate of melanoma metastasis.

The study was conducted by researchers from Sahlgrenska Academy at the University of Gothenburg in Sweden

This is not the first time antioxidants have been linked to the acceleration of cancer. In January 2014, researchers from the Sahlgrenska Academy demonstrated how antioxidants quickened lung cancer development in mice. Later, further experiments on human lung cancer cells corroborated the findings.

Antioxidants are widely touted as a way of preventing cancer and are found in many nutritional supplements, as well as in many foods - including fruits and vegetables.

The reason antioxidants are viewed as "healthy" substances is that they interact with and neutralise free radicals - highly reactive

chemicals that can harm cells - ultimately preventing them from causing damage. But after the lung cancer studies called the role of antioxidants in cancer progression into question, the medical community began to investigate this topic further.

The researchers, led by Prof. Martin Bergö, note that the role of antioxidants in melanoma cases is particularly important to investigate - not only because melanoma cells are particularly sensitive to free radicals, but also because the cells can be exposed to antioxidants through means other than diet.

After experimenting on cell cultures from patients with malignant melanoma, the researchers found that while antioxidants protect healthy cells from free radicals that can potentially turn them into malignancies, they may also protect a tumour once it has formed. In fact, they found that antioxidants double the rate of metastasis in malignant melanoma.

"As opposed to the lung cancer studies, the primary melanoma tumour was not affected," explains Prof Bergö. "But the antioxidant boosted the ability of the tumour cells to metastasise, an even more serious problem because metastasis is the cause of death in the case of melanoma. The primary tumour is not dangerous per se and is usually removed," he says. "Previous research at Sahlgrenska Academy has indicated that cancer patients are particularly prone to take supplements containing antioxidants. Our current research combined with information from large clinical trials with antioxidants suggests that people who have been recently diagnosed with cancer should avoid such supplements."

Prof. Bergö calls for more research on antioxidants and other forms of cancer "if we want to make a fully informed assessment of the role that free radicals and antioxidants play in the process of cancer progression."

<http://www.medicalnewstoday.com/articles/300781.php?tw>

Starving the beast

Depriving cancer cells of copper keeps them from growing.

As any good Star Trek fan knows, Mr. Spock was a "green-blooded Vulcan" because his hemoglobin was copper-based, unlike our iron-based human cells. But even humans have a little bit of copper in their blood.

Now, a new paper based on research funded by the National Science Foundation (NSF) explores the role copper can play in feeding, or starving, cancer.

For the past 20-30 years, researchers have known tumour cells need nutrients to grow, and copper was a favorite. But this month an NSF-funded researcher and collaborators published in Nature Chemistry new findings that took that research a step further, outlining a way to disrupt the delivery systems in cancer cells that allow them to feed off the trace copper in our bodies. The method would use small molecules to change the "traffic patterns" of two protein cell "chaperones" that transport copper in the cells.

As it turns out, depriving cancer cells of copper keeps them from growing. And now, this fundamental research is being shared with others who hope to transform this discovery into potential future cancer treatments.

"Breast cancer, leukemia, lung cancer, pancreatic cancer, prostate cancer -- we saw effects in all of these," said Chuan He, an NSF-funded chemist at the University of Chicago.

<http://tinyurl.com/nzpu34z>

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