

# VISION

## COPING WITH CANCER

VISION, AUGUST 2016

## Head and neck cancer is on the rise

For many years the most significant risk factors for head and neck cancers have been alcohol and tobacco use. More recently, infection with a virus called the human papillomavirus (HPV) has been identified as a risk factor for a new subset of head and neck cancer.

HPV-related head and neck cancer is on the rise, and some experts are predicting an epidemic in the next decade. This type of head and neck cancer defies all stereotypes—it develops in a younger population, regardless of alcohol or tobacco use. But there is a shred of good news: it often comes with a higher cure rate.

In recognition of World Head and Neck Cancer Day, an initiative of the International Federation of the Head and Neck Oncologic Societies, Face Value Foundation had an Awareness and Early Detection outreach at Charlotte Maxeke Johannesburg Academic Hospital. The Department of Oral Rehabilitation coordinated the day together with the multidisciplinary craniofacial clinic and radiation oncology. Registrars from the ENT as well as Radiation Department together with students from the Department of Oral Rehabilitation School of Oral Sciences helped with screening and consultation of patients.

Close to 150 people were referred to the Wits Dental School where they were examined. 30 patients were identified. 16 of them were referred to ENT and Maxillofacial Department. Several were sent for cancer screening, of which 4 have been positively diagnosed so far.

Face Value Foundation Trust has been formed to fund projects directly related to Head & Neck cancer. The main aim is awareness and early detection. Early diagnosis would prevent major debilitating surgery and improve the rate of survival. There are five common types of Head & Neck cancer, which when the statistics are combined, kill more people annually than breast cancer.

For more information visit their Facebook page: Face Value Foundation, or the website: [www.facevaluefoundation.co.za](http://www.facevaluefoundation.co.za).



A team from Face Value and CanSurvive Head and Neck Group were at Charlotte Maxeke to assist patients on Mandela Day.

## CanSurvive

CANCER SUPPORT

### 6th Annual Celebration of Life Breakfast

Sunnyside Park Hotel Prospect Room  
on Saturday 12 November

Paul Tavares will provide the music  
*Bev du Toit will be our MC*  
we have entertainers and  
interesting speakers  
*There will also be our usual  
wonderful raffle*  
Tickets R200 per person  
*For more details, contact Bernice at  
bernicelass@outlook.com*

Account name: CanSurvive  
Bank: FNB Hyde Park branch  
Branch code: 155805  
Cheque Account no. 62288991906  
Reference: CoL and your surname.



## 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*

## Carcinogenic infections - an important cause of cancer

Infections with certain viruses, bacteria, and parasites are strong risk factors for specific cancers. As new cancer statistics and epidemiological findings have accumulated in the past five years, we aimed to assess the causal involvement of the main carcinogenic agents in different cancer types for the year 2012. Carcinogenic infections are an important cause of cancer, particularly in less developed countries.

Of 14 million new cancer cases in 2012, 2.2 million (15.4%) were attributable to carcinogenic infections. The most important infectious agents worldwide were *Helicobacter pylori* (770 000 cases), human papillomavirus (640 000), hepatitis B virus (420 000), hepatitis C virus (170 000), and Epstein-Barr virus (120 000). Kaposi's sarcoma was the second largest contributor to the cancer burden in sub-Saharan Africa. The AFs for infection varied by country and development status—from less than 5% in the USA, Canada, Australia, New Zealand, and some countries in western and northern Europe to more than 50% in some countries in sub-Saharan Africa.

Although HBV was more important than HCV as a cause of cancer in low-HDI and medium-HDI countries, the opposite was true in countries with high and very high HDIs because of the especially early spread of HCV in some countries with very high HDI (eg, in 1930s in Japan) and the diminishing prevalence of HBV with increasing HDI.

Socioeconomic development is associated with a decrease in infection-associated cancers; however, to reduce the incidence of these cancers without delay, population-based vaccination and screen-and-treat programmes should be made accessible and available.

<http://tinyurl.com/j7e3c7l>

*South Africa's first ever!*

### Cancer Survivors' Summit 2016

**10 September 2016**

No-one really understands how it feels to have cancer – to face the treatment, to return to life after cancer or to care for someone with cancer – unless you have experienced it yourself!

The 2016 Cancer Survivors' Summit is a new platform for cancer survivors to share ideas and encourage people living with cancer to live creative and meaningful lives.

**Who should attend?**

All people touched by cancer: survivors, those on cancer treatment, their family members and friends, as well as cancer caregivers.

If you long to hear how others cope in the early days, how to manage the long haul after treatment, and to share ideas and be encouraged, come and join the conversation and be part of the celebration!

**Embrace Life & Thrive!**

Kindly note: Ticket holders ONLY will be permitted entrance

10 September 2016 from 8h30 to 15h00  
His People Church, N1 City, Goodwood

This is a free event, but please reserve your place:  
[www.quicket.co.za](http://www.quicket.co.za) or call Joleen on 021 944 3609  
Light lunch will be served

**cancercare**  
by GVI Oncology

## Message to cancer buddies, patients and volunteers



It is with great sadness that I have to inform you that I have resigned from the board of PLWC and Cancer Buddies .

I have been involved with both PLWC and Cancer Buddies since 2002 and my commitment and passion to this cause is known to you all .

I will find new ways of contributing my skill and passion to support cancer patients and the families in South Africa.

I wish you all well and say goodbye to each and every one of you who have contributed to the projects I have been involved in.

Thank you for your support over many years, it is much appreciated . I hope to see many of you at the first ever Cancer Survivor Summit that is being hosted by Cancercare by GVI oncology in Cape Town.

Warm regards and much gratefulness to each one of you who have work with me over the years. You will always be part of my frame of reference and I will seek to apply the knowledge and skill we all gathered together.

I will be taking a break and then will review how I will express my involvement going forward.

Warm regards

*Linda Greeff*

## Let's talk about cancer!

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

**Upcoming meetings:**

**HEAD and NECK Group, Rehab Matters, Rivonia**

- 1 September 18:00

**KRUGERSDORP Netcare Hospital Group**

- 3 September 09:00

**PARKTOWN GROUP, Hazeldene Hall, Parktown**

-10 September 09:00

**Enquiries:**

Mobile 062 275 6193 or email

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

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

[www.facebook.com/cansurviveSA](https://www.facebook.com/cansurviveSA)



The Groups are open to any survivor, patient or caregiver. No charge is made.

The Groups are hosted by Netcare.

You're in safe hands

## VISION and CanSurvive welcomes Dr Yastira Ramdas

We are happy to introduce Dr Ramdas as our new VISION contributor and look forward to being able to call on her expertise to help our readers and members of our groups.

Durban-born, Dr Yastira Ramdas enrolled to complete a MBChB at Medunsa in Pretoria in 2002 and completed with distinction in 2007.

She completed a two year internship at King Edward Hospital in Durban from 2008-2009, and one year community service at RK Khan Hospital in Chatsworth Durban in 2010. Her passion for oncology led her to accept a post at CMJAH and begin the four year Registrar Programme. During the this programme she rotated through Head and Neck, Gynaecology, Gastro-Intestinal Malignancies, Breast, CNS, Paediatrics and Medical Oncology Units.

She completed her Fc Rad Onc (SA) in 2015 and also completed her Masters in Radiation Oncology from the University of Witwatersrand.

Dr Ramdas is currently practicing at Netcare hospitals in Waterfall City, Pinehaven and Krugersdorp.

She was appointed as a specialist consultant at Charlotte Maxeke Johannesburg Academic Hospital and in July 2015 was appointed to run the Breast Cancer Unit. Notable achievements were lecturing the 5th and 6th year medical students at University of Witwatersrand and Radiation Oncology Registrars at CMJAH.

She received the honour of being named as one of South Africa's Top Women Achievers in 2015 by Cosmopolitan Magazine and was featured therein. She was also featured by Clicks Club Card magazine as one of South Africa's Inspirational Women in 2015.

Her special interests are breast cancers, gynecological cancers, neuro-oncology, paediatric radiation oncology, urological malignancies and gastro-intestinal malignancies. Her long term vision is to have a world class oncology treatment centre at Netcare. She is passionate about patient care, has a solid work ethic and is an



ardent academic. Her friends describe her as strong, assertive and driven individual.

We are thrilled that the lovely and talented Dr Ramdas has offered to write a monthly column in VISION to spread awareness of cancer to the community and in that spirit she offers readers the opportunity to ask questions, request advice and any general comments which will form part of the column. Comments and questions should be sent to [cansurvive@icon.co.za](mailto:cansurvive@icon.co.za).

Dr Ramdas will be the speaker at the CanSurvive Parktown group on Saturday 13 August and we look forward to seeing you there.

## Specialised brachytherapy facility established at Netcare Rand Hospital

A newly launched brachytherapy facility with advanced technology provides patients from around Africa with significantly more options for the treatment of various kinds of cancers, and is "an important new tool in the fight against the disease".

This is according to Dr Niveditha Singh, an oncologist who practises at Netcare Rand Hospital in Berea, Johannesburg, where the brachytherapy facility was officially opened today. "Netcare Rand Hospital Oncology Centre has introduced sophisticated high dose rate [HDR] brachytherapy technology that is currently not widely available in South Africa or, indeed on the continent," adds Dr Singh.

"This new technology enables doctors to use this form of therapy to treat a range of different types of cancer including cervical, uterus, breast, oesophageal, lung, rectal, skin and others."

Dr Singh explains that HDR brachytherapy is an effective form of

cancer treatment, which involves placing a sealed radioactive source very close to, or in contact with, cancerous tissue, in order to destroy or reduce the size of tumours.

"The brachytherapy unit at the hospital incorporates a state-of-the-art SagiNova HDR Afterloader, Co- 60 Source, which offers a number of advantages over earlier technologies. It enables clinicians, for example, to better spare tissue around diseased sites, improve local control of disease and ultimately to deliver improved medical outcomes for cancer patients.

"In addition, HDR brachytherapy enables doctors to use a higher total dose of radiation to treat a smaller area in a shorter time than is possible with external beam radiation treatment. The highly radioactive source is placed inside a slender tube called an applicator, and is directed to the diseased site that is to be treated."

Lindiwe Fokazi, unit manager at the oncology centre at Netcare Rand Hospital, says that a set of international HDR brachytherapy treatment guidelines have been implemented by the medical physics team at the centre to ensure that patients receive high quality clinical care. "It has for long been our aim to establish the facility as a treatment centre of choice for patients from around the African continent, and our new brachytherapy unit takes us a step further in this regard," concludes Fokazi.

# Honouring the memory of Nelson Mandela

Students from the University of Johannesburg joined members of CanSurvive Cancer Support and Swissgarde to provide cancer patients at the Charlotte Maxeke Johannesburg Academic Hospital with a warming cup of soup and some bread and also a gift to take home with them.





## Centurion support group provide a much needed service to cancer patients

This recently formed group provides helpful information to facilitate your healing journey as we all learn to cope with living with cancer.

Research has shown that patients attending support groups cope better with their treatment and also experience less stress and trauma due to the cancer experience.

The group meets once a month and creates a safe place for cancer patients and their families to meet and to share ideas and experience around their journey with cancer.

The group has an interesting speaker at each meeting to talk about topics relevant to the audience that will empower patients and families with knowledge that will assist their coping strategies.

At their last meeting Henriette Brown spoke about "Self image and self esteem" and here is a small selection of thoughts from the talk:

Low self esteem causes us to be our worst enemies. It affects us on all levels of our humanity, relationships and how we cope with issues for e.g. trauma.

Self image is a mental picture, usually resistant to change, that depicts not only details that are potentially available to objective investigation by others (height, weight, hair color, gender, I.Q etc), but also items that have been learned by the person about himself, either from personal experience, or internalising the judgments of others.

Our images are shaped by stages or life events for e.g. Infancy, childhood, adulthood, middle age and elderly. It's also shaped by major life events for e.g. birth, coming of age, graduation, employment, marriage, parenthood, midlife crises and by death of loved ones. How we face these issues depends on our personality traits and personal values.

Three types of poor self image:

- Those resulting from how the individual sees themselves.
- From how others see you as an individual.
- How you as individual perceive how others see you.

Negative thoughts are like little foxes that destroy the vineyards. So keep them in check. Look at and embrace your good qualities and points. That way you are in a more positive frame of mind to face your cancer battle. With a positive attitude your journey through chemo and radiation will be more smoothly.

Please phone Marianne Ambrose or Matjatji Machubeng at 012 677 8271 office hours, for more information about the group.



AVON *Justine*  
iTHEMBA  
WALKATHON  
Join us in the  
crusade against  
breast cancer

*Beauty for a Purpose*

*Early detection saves lives*

DATE: Sunday, 23 October 2016  
 DISTANCE: 5km or 7.9km  
 VENUE: Marks Park, Johannesburg  
 FEES: R120 for adults and R80 for children between 2 and 12  
 QUERIES: 071 274 1613  
 EMAIL: support@ithembawalkathon.co.za

## Food causes but cannot cure cancer

Let us say that your hobby is rebuilding antique engines. To clean metal parts, you use chemical solvents. You apply the highly flammable liquids with rags. As you work in the basement, you are careless and the rags pile up in an open plastic garbage can, overflowing onto the floor. You love the smell it gives to the workshop. One day a tiny, almost microscopic spark from a work light, lands in the rags. Your house burns to the ground.

So it is with diet. Many of us spend a lifetime eating high sugar, high fat, high salt and highly processed food. Over years, this does immense damage to our bodies. And then, one day, along comes a spark ... a mutation occurs. And then we have cancer. Too late to clean up the basement workshop. Almost as important, there is no way to put the fire by throwing on more oily rags.

Never does a day go by in the office, when a patient does not tell me about a state-of-the-art low sugar, low fat, alkaline, organic-protein, vitamin-enhanced, kale-fortified, green algae colored, oriental tea flavored, super-diet, which is going to cure his cancer. Somehow, after decades of a saturated fat, glucose-infused, additive-poisoned, ultra-manufactured diet, combined with a sedentary, high stress, alcohol-soaked, tobacco-smoked life, from which has grown a mutating metastasising neoplastic monster; a miraculous last minute Puritan-Hail-Mary-purge is the key to cure.

I try to be supportive, collegial and do my best to educate. I understand that such radical lifestyle changes are attempts to seize control in the face of a terrible threat. However, I must admit that I am frequently seized by the urge to scream, shout, rant and throw my stool across the exam room. Therefore, here I go:

The diet that kills you is not the one you eat when you already have cancer. The diet that kills you, like the rest of your lifestyle, is the one you have eaten for your entire life! Not fair? Perhaps, but absolutely true and anyone that tells you different is a charlatan and a fool.

Several facts make this as certain as tomorrow's sunrise:

1. Cancer comes from your own previously healthy cells. Breast cancer comes from normal breast cells. Lung cancer? Healthy lung tissue lining your pristine airways. Leukemia? You got the idea, perfect blood cells which become damaged.
2. Most cancer occurs when something during your life, tobacco, radiation, chemicals (think the encyclopedic list of additives on that bag of flavored potato chips) or basic diet choices, damage and mutate mission critical genes in healthy cells.
3. These genes are growth switches. Once these damaged genes

### 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.



### James C. Salwitz, MD

Dr. Salwitz is a Clinical Professor at Robert Wood Johnson Medical School.

He lectures frequently in the community on topics related to Hospice and Palliative Care and has received numerous honours and awards, including the Physicians Leadership Award in Palliative Care.



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

no longer control growth, and cells start to grow, then it is too late. Stop smoking? Too late. Reduce your weight or start to exercise? Years too late. Start to eat the purest of foods, from the high pasture farms of Zen masters who meditate on the perfection of their product? You are kidding. Too too late.

4. Finally, and this is critical; Cancer starts from your own cells and the only real difference between normal cells and wildly growing malignant cells (cancer) is that their growth control gene(s) is turned on. This means that every cancer eats the same things you do. The same sugar. The same fat. The same vitamins. The same proteins. You cannot kill a cancer by changing what you eat, unless you literally starve yourself to death. Simply making your diet more perfect, will not kill the cancer. The harsh horrible reality is that it is too late. And, sadly, occasionally, a more perfect diet may even help the cancer grow.

Does this mean you should continue to eat a lousy diet, just because you already have cancer? Is it OK to continue to smoke? Is it time to visit a nuclear waste site? Absolutely not. It means that the goal of your improved diet is not to kill the cancer.

The goal of an ideal lifestyle for a cancer patient is to give the body the best chance to fight the disease. Reduce complications, tolerate therapy and heal. A comprehensive and complementary prescription for curing cancer combines things that make you strong, such as rest, exercise, stress moderation, social contact and proper diet, with medical techniques to directly destroy the neoplasm. When the ship is sinking you need to both fix the hole and bail out the water.

Adequate hydration, lots of chicken and fish, nuts, red meat only three times a week, plenty of fruit and vegetables, no pharmaceutical grade manufactured ultra-dose vitamins, and limited alcohol. Stay in touch with your body, it knows what it wants. If it tastes bad, your body does not want it. If you develop a craving, your body is broadcasting a need or deficiency. The human body has been fighting disease for millions of years. It knows better than you. Listen.

While I am saddened by those whose lives of nutritional excess or disruption, release the demon of disease, I worry about the 80-year-old who completely changes a life-time pattern of eating, on the misconception that radical nutrition will stop the cancerous growth. If she rapidly wastes, then wounds do not heal, complications will follow. I am infuriated by those that prey on the fear and guilt of sick patients with snake oil alternatives rapped in the labels of "natural", "pure", "organic", justified by bizarre ideas of immunity, acid base metabolism or mega-dose nutrients.

However, I am encouraged and motivated by the strength of patients who work hard to fight, cure, rebuild and recover. I am in awe of those that with all their thoughts, might and soul, go into battle against cancer. I am humbled by the ability and success of such warriors to regain healthy lives.



## Wings of Hope celebrate fourth birthday in style

On Saturday, 23 July 2016 members of the Wings of Hope support group and invited guests celebrated their fourth birthday in fine fashion. Delightful people, excellent food and lots of fun were in abundance at the German School in Parktown.

Granville Michaels got everybody going on the dance floor and a special joy were the singers from the Mitzvah School of Sandton. What a lovely bunch of students!

The MC Christel Klima (Chairperson of the Wings) guided us through the party and Bridget Williamson (Wings Board Member) conducted the raffle - the first price being a weekend for two at any Protea Hotel in RSA.

Wings are now looking forward to birthday number 5.



## Mandela Day - beyond 67 Minutes

PinkDrive daily provides services across South Africa, however "Nelson Mandela Day", 18 July, is a day to take the extra time to do something out of the ordinary and to assist those in need. This year, we selected the "forgotten" community of Eldorado Park. As always, our partners came forward and assisted us in offering a memorable day for the community and learners of Silver Oak Secondary School.

The outreach programme was twofold; PinkDrive, in collaboration with other partners, such as Praesignis, FutureLife, Jolene Martin, and the Department of Health, addressed the scholars, equipping them with valuable information. Afterwards, the students visited the "service stations", provided by the Department of Social Development, other NGO's (such as P.U.S.H., Chaps, Anova and The Sunflower Foundation) and Eldo's FM.

The services included: breast cancer examinations, HIV/Aids testing,



*Silver Oak Secondary School at Eldorado Park turned out to learn more about cancer on Mandela Day.*

male circumcisions, grant applications and information, flu vaccinations and counseling services. These services were extended to the greater community so that parents and community members could also have access to the much needed nutritional, health and social services, free of charge.

PinkDrive, together with our partners, made a massive impact on this community, and certainly went beyond 67 Minutes for Mandela Day.

## *New volunteers for Reach for Recovery*



Two successful training sessions for new volunteers were held in May – at Geluksdal - and June at Lifeline offices in Norwood. Reach for Recovery continues to visit breast cancer patients in hospitals or at home soon after surgery.

Pictured are the volunteers who did training at Geluksdal with trainers Josey and Francis. They are clockwise, Brenda, Josey, Roxy, Colette, Francis, Shireen, Joy.

The next formal volunteer training will be done in May 2017, but for more information on how you can become involved in Johannesburg, please phone Val Miles or Colleen Smith 082 673 3754. Or visit the Reach for Recovery website or Facebook page.

## **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: 17 August at 18:00  
at Unitas Hospital boardroom**

**Topic for discussion: Cancer and my Family  
Our guest speaker will be a clinical psychologist,**

**Dr Tobogo Sepeng**

**Please phone Marianne Ambrose or Matjatji  
Machubeng at 012 677 8271 office hours,  
if you have any questions**

The group is open to any survivor, patient or caregiver.  
No charge is made.  
The Group is hosted by Netcare.



# Lessons from the Chemo Room

By *Stacia Deutsch*

My husband hated the chemo room from the moment we entered the oddly shaped space at the back of my oncologist's office. Seven recliners were set around the room, accompanied by chairs for guests and side tables for drinks and magazines. A nice enough setup, right? So what was the problem?

You'd think it might be the poison or the cancer that scared my husband off. Not so. It was the atmosphere of the place that kept him wishing he were somewhere else. Where was the Zen fountain, the dim lighting? he wondered. What would be wrong with a little piped-in music, or hushed silence even, to bring on a meditative mood?

For my part, I suppose my expectations were much in line with my husband's. For that first appointment, I had packed a bag filled with things I thought I'd need during the nearly three hours I'd be receiving my IV cocktail. I had a few bottles of water, a granola bar, hard candy, multiple magazines, a book, and my PDA so that I could answer e-mail. I was prepared for a long, quiet, sullen time.

The truth is, during the six months I went to chemotherapy I never read a single magazine. I never cracked a book. There was much too much going on in the chemo room.

The chemo room at my oncologist's office wasn't a quiet place, and it certainly wasn't sullen. It was a chatty place, full of laughter and noise. This was a space where people came together and shared their stories. We talked about our kids and provided one another with makeup tips and wig-shopping advice. It was full of mothers and sisters and friends, grandmothers, spouses, and singles. It was loud and boisterous, full of life - and the complete antithesis of what we had expected.

In the end, for me, chemotherapy was about more than the drugs, the recliner, and the experience of sitting there receiving my treatment. It was about the people I met and the lessons I learned. Here are just a few.

## There are many definitions of survivor

Hannah was the elder stateswoman in the chemo room. During an impromptu conversation about hair regrowth one day, she informed us in her heavy eastern European accent that her hair "grew back curly the first time, straight the second, and" - running a hand over her thick hair - "gray the third!"

Three times this woman had sat through chemo. I crossed my fingers that I would be there only once. As the conversation continued, Hannah informed those of us listening that in addition to being in the chemo room three times, she was a Holocaust survivor from Czechoslovakia. She had endured Auschwitz, Treblinka, and Bergen-

#1 New York times best-selling author, Stacia Deutsch, is a cancer survivor. She has written more than 100 books for young people and has also published non-fiction texts, and a young adult romantic comedy. She lives in California and her interests are writing, iWriting, Ice skating, and ridding the world of cancer, ice skating, and ridding the world of cancer.

Learn more about her at [Staciadeutsch.com](http://Staciadeutsch.com)



Belsen. Hannah's positive attitude in the face of, well... her whole life served as an inspiration every time I went to chemotherapy. In my heart I still want to be in the chemo room only once, but as I look forward to someday reaching the five-year cancer-free mark I remind myself that there are many definitions of survivor.

## There might be an angel in the next recliner

My second time at chemo, my port wasn't working. I'd had the small disc installed near my collarbone so the nurses could plug in my IV without potentially causing damage to the veins in my arms. And now it wasn't working. I raised my hands. I touched my toes. I looked left. I shimmied my shoulders. I did everything the nurses could think of, but still the medicine wasn't flowing.

A tall, blond woman named Melissa was sitting in the lounge across from me. When I'd first walked in that day, we'd shared pictures of our kids. Hers were preschool-aged girls, blond and angelic. Mine are slightly older, elementary aged, two boys and a girl. We had bonded over photos and parenting stories. When she saw that my drip wasn't flowing, Melissa rolled her own IV pole over near mine. She dropped to the floor and, without asking, rolled up my pant leg. She began to rub her thumb along my shin, stroking a crevasse between the muscle and the bone. I looked up. The IV was flowing!

She'd drop her hand, and it would stop. Melissa taught my friend how to rub my leg before returning to her own recliner. When asked how she knew this mysterious way to make my port flow, she told me that she had Stage IV cancer. She had been given only months to live and had outlived everyone's expectations. During the time she'd been in chemo, she'd learned a few tricks. I was grateful. Just before Melissa left the room, I asked her what she'd done for a living before she was diagnosed. She said she was a harpist. Her daughters may have looked angelic, I realised, but Melissa was the real deal.

## Be aware that not all the people you meet will be positive

Inspiration comes in many forms in the chemo room if you simply take the time to talk to people. But there are also people who exude negative energy, and before you talk to that person sitting next to you, it is impossible to know on which side he or she will fall. It is up to you to decide if meeting people in the chemo room is worth the risk. If not, headphones and a DVD player can be a girl's best friend.

One day I met a woman who claimed that her cancer was exactly like mine: Stage I, node-negative, same identifying markers, same chemo. Just like me, I thought. Then her story became one of recurrence, higher staging, and a negative prognosis. This wasn't her first time in the chemo room, it turned out - it was her third. She'd been to Mexico for alternative treatment and had gotten an infection. It was too much for me. I quickly excused myself and went to the bathroom, but the damage was done. Weeks later I still thought of her story. And I was scared that her story would become mine.

## CONTRIBUTIONS FOR PUBLICATION

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

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

(continued on page 10)

# CANSA celebrates 85 years of working towards a world without cancer

No one could have predicted the widespread impact it would have when the then National Cancer Association was established in 1931. Today, the Cancer Association of South Africa (CANSA) plays a leading role in cancer research and cancer control policy development, as well as providing care, support and education to people by the dreaded disease.

By the time the National Cancer Association changed its name to the Cancer Association of South Africa (CANSA) in the 1990s, the non-profit organisation was firmly established as the country's leading player in cancer research, education and support. In addition, CANSA was influencing policy development. It made a significant contribution to the anti-tobacco legislation of 1999 to ban tobacco product advertising and sponsorship activities.

Each decade, since its humble beginnings in the 1930s, CANSA has steadily developed a comprehensive service to the public, making a positive difference to thousands of South Africans affected by cancer.

"I believe our founders would be proud of what we have achieved



and continue to strive for," says Elize Joubert, Chief Executive Officer. "We have not only built on their legacy, we have also expanded their vision to provide care, education and research."

Joubert believes that one of CANSA's most extraordinary achievements in its 85 years of operation is establishing a community of people, affected by the dread disease in one way or another, who work together to raise funds and get work done.

"These include cancer survivors, caregivers, medical and research professionals, sponsors and the general public who never cease to surprise us with their generosity and participation in our national and regional events," says Joubert.

CANSA is currently advocating the amendment of the patent law that will result in more affordable medication for cancer patients. It has also presented the Deputy Minister of Health with a document of support with more than 16 000 signatures to ban the use of sunbeds by children under the age of 18.

In the past, CANSA has successfully lobbied for the National Department of Affordable Medicines to provide substantial and quality sunscreen to people with albinism; as well as for cancer to be declared a registrable disease as part of the National Health Act.

CANSA also participates and drives national cancer advocacy initiatives and services as a member of the Cancer Alliance and founder of the South African Non-communicable Diseases Alliance.

## THE CHEMO ROOM

(continued on page 9)

I know now that it wasn't mine - that it isn't - but sometimes a story like that gets stuck in your head and you can't get rid of it. That was not the first or only time I wished I'd brought a movie to watch. But it's the chance you take if you decide to risk talking to people in the chemo room. For me the risk was worthwhile because I met Melissa and Hannah and many other incredible people whose stories propelled me upward and forward. And as the months moved on, I found that I actually looked forward to chemo days.

### Chemo can provide its own comedy

There are times in life that my husband calls "Stacia moments." I tend to be a bit forgetful - even before chemo - and very clumsy. My first day in chemo, as I rushed to the bathroom, I forgot to ask the nurse to lower my IV pole. I managed to ram the doorframe, knocking a clock off the wall and breaking it. (I still wonder if my HMO will pay for that one!)

During my second chemo visit, I stood up too fast and nearly fell off my very cute new platform sandals. The lesson here involves wearing flat shoes. If you don't believe me, go ahead - wear high heels to chemo. Don't say I didn't warn you!

On a recent visit, the nurse taped a syringe to my IV pole (containing medication to raise my blood counts after the chemo) so that it would be at room temperature by the time I received it. This was not the first time she'd taped the shot to the pole, but this time another bathroom trip sealed my fate. On my way back, I grabbed the pole right where the shot was (don't ask how I managed that one). I knocked the lid off and stabbed myself with the needle. It didn't really hurt, or even bleed, but it quickly became the "Stacia moment" my family loves to retell.

Chemo sucks. But it can also be the place where you'll meet people

with invaluable wisdom to share, where you'll laugh a little, where you'll learn a lot, and where - if you're lucky - you'll find the inspiration you need to focus on kicking your cancer out and letting life in.

I am glad the chemo room wasn't a meditative place with a nice fountain and soft elevator music. There is too much I would have missed if I had closed my eyes and drifted away.

## PSA and male cancer support group

16 August 17:45 – 19:00

The venue is the Boardroom at  
MediClinic, Constantiaberg, Plumstead  
Guest speakers: Lionel Pitcher SA  
Pancreatic Cancer Net SA

Tony Alcock & William Paulsen -  
Prostate Surgery

TOPIC: My life with Pancreatic Cancer &  
Prostate Robotic Surgery

For more information contact:

Ismail-Ian Fife: 079 315 8627 Support Line

Linda: 082 551 3310 |

Email: [info@can-sir.org.za](mailto:info@can-sir.org.za). Web: [www.can-sir.org.za](http://www.can-sir.org.za)

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.

# CALENDAR

## August 2016

- 13 CanSurvive Cancer Support Parktown Group, Hazeldene Hall, Parktown 9:00
- 16 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45.
- 17 Cancer Buddies@Centurion, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 18 Reach for Recovery Group meeting 13:45 Lifeline offices, 2 The Avenue, Cnr Henrietta Street, Norwood. Speaker: Professor Amanda Krause. Subject: DNA profiling
- 18 Cape Gate Oncology Centre support group 10:00 - 12:00. Cancer and loss
- 29 GVI Oncology Unit support group, 4th Floor Rondebosch Medical centre from 6:00 to 7:30. Topic: Mindfulness

## September 2016

- 1 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 3 CanSurvive Cancer Support West Rand Group, Netcare Krugersdorp Hospital, 09:00
- 10 CanSurvive Cancer Support Parktown Group, Hazeldene Hall, Parktown 9:00
- 10 Wings of Hope, Netcare Head Office Auditorium, Sandton, 9:30 for 10:00.
- 10 CancerCare's "Inspiration & Celebration Cancer Survivor Summit". Contact the project leader, Linda Greeff on 021944-3609 or 0825513310 for more details
- 15 Cape Gate Oncology Centre support group 10:00 - 12:00. Cancer and pain management
- 20 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45. Speaker: Catherine Day Nutritionist/Dietitian
- 21 Cancer Buddies@Centurion, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 26 GVI Oncology Unit support group, 4th Floor Rondebosch Medical centre from 6:00 to 7:30. Topic: Hospice.

## October 2016

- 1 CanSurvive Cancer Support West Rand Group, Netcare Krugersdorp Hospital, 09:00
- 6 CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
- 8 CanSurvive Cancer Support Parktown Group, Hazeldene Hall, Parktown 9:00
- 10 CANSA Relay for Life, Corporate, Denel Sportsground, Centurion.
- 18 Prostate and MaleCare Support Group, Constantiaberg, Medi-Clinic 17:45.
- 19 Cancer Buddies@Centurion, 4th floor Lecture Room at Netcare's Unitas Hospital in Centurion at 18h00
- 20 Cape Gate Oncology Centre support group 10:00 - 12:00. Hormonal Therapy in Breast Cancer
- 22 Wings of Hope, Netcare Head Office Auditorium, Sandton, 9:30 for 10:00.

## CONTACT DETAILS

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

Cancer Buddies/People Living with Cancer, Cape Town:  
076 775 6099, info@plwc.org.za, www.plwc.org.za  
GVI Oncology /Cancer Buddies, Rondebosch Medical Centre Support  
Group. Contact: Linda Greeff 0825513310  
linda.greeff@cancerbuddies.org.za

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

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

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

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

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

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

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

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

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

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

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

CANSA National Office: Toll-free 0800 226622

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

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

Reach for Recovery (R4R) : Johannesburg Group, 011 869 1499 or  
072 849 2901. Meetings: Lifeline offices, 2 The Avenue, Cnr  
Henrietta Street, Norwood

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

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

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

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

Reach for Recovery: Harare, Zimbabwe contact 707659.

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

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

# News in brief

## Breakthrough 3D imaging sensor technology to scale up its enterprise offering

Vayyar Imaging, the 3D-imaging sensor company whose technology makes it possible to see through objects, has announced funding totalling US\$34million to scale its enterprise offering across the globe.

Vayyar's powerful sensor technology will revolutionise cancer detection, robotics, and smart home industries. Designed to see through materials, objects and liquids, Vayyar's exclusive sensors see through known barriers to deliver an unprecedented imaging experience. The sensors scan the object and create a 3D image of its content. In addition, Vayyar's 3D image sensing capabilities enable it to detect motion, speed and track multiple people in large areas. Vayyar's technology is compact, mobile and based on low power radio frequency transmissions, and will make imaging technology available anytime, anywhere.

"We look forward to advancing Vayyar Imaging's technologies into a new era where low-cost imaging systems can solve major challenges in a variety of different markets – including breast cancer screening, monitoring aging populations for their safety, saving water through accurate irrigation, and so much more," said Raviv Melamed, co-founder, CEO and Chairman, Vayyar Imaging.

## Kidney cancer update from ASCO 2016

Two major papers for kidney cancer were much anticipated and presented at a joint session at Asco 2016. Of interest to patients are these comments:

**Cabozantinib:** It looks like cabozantinib will become a viable option for patients whose disease has progressed on a first-line VEGF-TKI (e.g., following sunitinib or pazopanib). However, access to cabozantinib depends upon regulatory approval and reimbursement. Currently cabozantinib is FDA approved in the United States under the brand name Cabometyx.

**Nivolumab:** Lots of questions about how immuno-oncology (e.g., nivolumab) works and for which patients (noting there is no biomarker). Traditional measures of response (e.g., tumour shrinkage) seem to be inadequate to determine long-term patient benefit. Complete response (or "NED – No Evidence of Disease) may not be realistic because a long-term durable response may be seen without completely removing all evidence of disease. Certainly there were lots of questions about the data that will be more fully answered by observing the results of those patients who participated in the bigger Phase 3 clinical trial.

<http://ikcc.org/article/collective-wisdom-kidney-cancer-updates-asco-2016/>

## Acupressure reduced fatigue in breast cancer survivors

"Fatigue is an underappreciated symptom across a lot of chronic diseases, especially cancer. It has a significant impact on quality of life. Acupressure is easy to learn and patients can do it themselves," says study author Suzanna Zick, N.D., MPH, associate research professor of family medicine at the University of Michigan.

Acupressure is derived from traditional Chinese medicine. It involves applying pressure with fingers, thumbs or a device to specific points on the body. Researchers tested two types of acupressure: relaxing acupressure, which is traditionally used to treat insomnia, and stimulating acupressure, which is used to increase energy. The two techniques differ by which points on the body are stimulated.

Researcher recruited 424 breast cancer survivors from the Michigan Tumour Registry. Participants were randomised to relaxing acupressure, stimulating acupressure or usual care, which includes typical sleep-management techniques. Study participants had 15 minutes of training, and were able to accurately locate the correct acupressure points and apply the right amount of pressure so that they could perform it at home once per day for six weeks.

At the end of the trial, both acupressure treatments resulted in significant, sustained improvements in fatigue. But only relaxing acupressure also improved measures of sleep quality, such as disrupted sleep, and overall quality of life.

## Internal radiation therapy: Better response in metastatic colorectal cancer patients

Patients with metastatic colorectal cancer with greater baseline liver tumour burden ( $\geq 12\%$ ), who were treated with the combination of mFOLFOX6 and selective internal radiation therapy SIR-Spheres Y-90 resin treatment, experience a statistically significant greater depth of response than patients receiving chemotherapy alone.

"This analysis is the first in the history of metastatic colorectal cancer where the initial tumour burden has been factored in. It shows that initial tumour burden does play a role," said study presenter Volker Heinemann, from the Ludwig-Maximilian University in Munich, Germany.

Selective internal radiation therapy (SIRT), also known as radioembolisation, allows tumours to be selectively irradiated, leaving healthy tissue relatively unaffected. For the technique, tens of millions of Yttrium-90 labeled coated resin microspheres (Sirtex) are

# LIVESTRONG®

## LIVESTRONG Leaders in Africa

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injected into the hepatic arterial supply of the liver via a catheter inserted into the femoral artery through an incision in the groin.

The spheres, which are 32 microns in diameter, deliver high doses of ionising pure beta radiation to tumours. Key to maintaining radiation doses to the normal liver at tolerable levels is a procedure where interventional radiologists prophylactically occlude extra hepatic vessels branching off the hepatic artery to prevent deposition of radioactive microspheres outside the liver.

## New fellowship to strengthen cancer care in Africa

A new oncology fellowship at the University of Nairobi aims to improve access to cancer care and strengthen the healthcare system in emerging markets.

Starting this year, nine medical doctors from sub-Saharan African countries such as Kenya, Uganda, Tanzania, Ethiopia and South Africa will have the opportunity to study at the university for two years through the Merck Africa Medical Oncology Fellowship.

According to World Health Organisation (WHO), there are expected to be 16m new cases of cancer every year by 2020, 70% of which will be in developing countries where governments are least prepared to address the growing cancer burden and where survival rates are often less than half those of more developed countries.

Professor Isaac Kibwage, principal of Colleges of Health Sciences, University of Nairobi, says: "We believe that the only way to effectively prevent, detect and treat the rising number of cancer cases in Africa is through establishing public private partnerships between health ministries, academia, and industry in implementing successful programmes such as the partnership with Merck. This fellowship programme aims at improving the quality and accessibility of cancer care on the continent."

The programme will be extended to other African countries in the next year.

According to research, Kenya only has 13 oncologists, most of them based in Nairobi for a population of 47m, which means one oncologist per 3.6m people. For reference, in the UK there are around 13 oncologists per 1m people. In Ethiopia there are only four oncologists, all based in Addis Ababa for a population of around 100m inhabitants.

"The scarcity of trained healthcare personnel capable of tackling prevention, early diagnosis and management of cancer is a bigger challenge in Africa than the lack of financial resources."

<http://www.bizcommunity.com/Article/196/335/147663.html>

## New weapon in the war on cervical cancer

Since the 1940's, Pap smears have remained the standard test for cervical cancer. However, the smear must be sent to a lab for analysis (which takes several days), has a high rate of inaccurate results, samples only the outer surface of the cervix although cancer begins in the inner layers and, furthermore, the Pap test isn't readily available in developing parts of the world such as India, Africa and China, where cervical cancer is still the leading cause of death among women.

The Israeli company Biop Medical is designing and testing a better alternative: a state-of-the-art colposcope, the instrument used to check women for gynecological disease. Colposcopy is usually performed after a positive Pap smear, and if it detects suspicious cells the woman must schedule a biopsy.

Biop's device does everything in one visit. It optically scans the inner layers of the cervix for early signs of cancer, analyzes the images instantly and indicates where to perform a biopsy if necessary. That takes away the anxiety of waiting for results or for a colposcopy and biopsy appointment, during which time cancer could spread.

Meanwhile, another Israeli invention for early cervical-cancer detection is being developed at Illumigyn. Illumigyn's Gynscope colposcope will use proprietary imaging technology to deliver 15-micron image resolution over a wide field of view, along with advanced illumination features and the ability to capture, send and store high-definition images and videos taken during the exam.

The device scans the cervix in about 100 segments, using more than 20 optical features on each segment to achieve high specificity. "We integrate those segments into a map to show the practitioner the suspicious area," he explains. "Our optics are able to observe what is happening at a cellular level throughout the full depth of the cervix."

<http://www.israel21c.org/new-high-tech-weapon-in-the-war-on-cervical-cancer/>

## Immunotherapy benefits relapsed stem cell transplant recipients

For many patients with advanced blood cancers, a stem-cell transplant can drive the disease into remission. However, about one-third of these patients experience a relapse and face a very poor prognosis.

But a Dana-Farber Cancer Institute study published in the *New England Journal of Medicine* suggests that a new treatment approach, using repeated doses of an immunotherapy drug, can restore a complete remission for some patients in this predicament. This strategy could potentially prevent such relapses in the future.

An immune checkpoint-blocking drug approved for metastatic melanoma, ipilimumab, was given to patients with relapsed hematologic malignancies in an effort to revive the tumour-fighting powers of the donors' transplanted immune systems. A weakening of the transplanted immune response over time is believed to allow the cancers to recur.

The patients received varying doses of ipilimumab repeatedly for up to one year. Ipilimumab blocks an immune checkpoint, CTLA4 that helps cancer cells evade the immune defenses.

Among the 22 patients who were treated with the highest dose of ipilimumab, five had a complete response, meaning the cancer was undetectable, and two patients had a partial response, with the tumours shrinking. Six others, who did not qualify as having responses, nevertheless had a decrease in their tumour burden. Altogether, ipilimumab therapy reduced cancer in 59 percent of the relapsed patients.

Among the complete responders were three patients with a hard-to-treat form of leukemia that affects the skin. Such "extramedullary myeloid leukemias," which aren't confined to the bone marrow and typically don't respond to standard therapies, may be particularly sensitive to checkpoint-blocking drugs, the authors noted.

<http://tinyurl.com/hz8zt8h>

## Effects of chemo can impact balance, tango classes cut risk of falls by 56%.

Dance as a form of therapy - specifically Argentine Tango - has the potential to significantly improve balance and reduce falls risk

among cancer patients experiencing peripheral neuropathy, according to new research conducted by a multidisciplinary research team at The Ohio State University.

Up to 70 percent of patients treated with chemotherapy will experience peripheral neuropathy as a side effect of cancer treatment. The condition can cause loss of sensation in the hands, fingers, feet and toes. One in three patients will still experience this problem six months post treatment.

Researchers say long-term neuropathy in the feet and toes can be especially problematic because it affects a person's balance and gait. This puts them in an elevated fall risk when they are engaging in daily life activities.

To evaluate the effect of Argentine Tango practice on the biomechanical predictors of fall risk among cancer survivors, a dance intervention course that involved 20 sessions of adapted Argentine Tango was designed. Patients participated in one hour sessions twice a week for 10 weeks.

Researchers measured patients' standing postural sway (eyes closed) with a computer-aided force platform at the beginning of the dance intervention series and at completion of the 10-weeks of instruction.

"So many patients tell us that it is difficult to stay committed to physical therapy because it is hard and feels like work. We've show that Argentine Tango has measurable effects on balance - but our patients report really enjoying dance as therapy. It is a fun, social way to do the necessary work and our initial data shows it has some positive impact for restoring balance," says Mimi Lamantia, who taught the Argentine Tango to a class of approximately 30 cancer survivors for this study.

"We show that after just five weeks of Argentine tango, medial and lateral sway decreased by 56 percent indicating that this is a promising balance intervention for cancer survivors experiencing impaired balance post treatment," says Lamantia.

<http://www.medicalnewstoday.com/releases/311484.php>

## Patch that delivers drug, gene, and light-based therapy to tumour sites

The most widely used first line of treatment for colorectal cancer is surgery, but this can result in incomplete removal of the tumour. Cancer cells can be left behind, potentially leading to recurrence and increased risk of metastasis. Indeed, while many patients remain cancer-free for months or even years after surgery, tumours are known to recur in up to 50 percent of cases. Conventional therapies used to prevent tumours recurring after surgery do not sufficiently differentiate between healthy and cancerous cells, leading to serious side effects.

Researchers have developed a triple-therapy hydrogel patch, which

can be used to treat tumours locally. This is particularly effective as it can treat not only the tumour itself but any cells left at the site after surgery, preventing the cancer from recurring or metastasising in the future.

Firstly, the patch contains gold nanorods, which heat up when near-infrared radiation is applied to the local area. This is used to thermally ablate, or destroy, the tumour. These nanorods are also equipped with a chemotherapy drug, which is released when they are heated, to target the tumour and its surrounding cells.

Finally, gold nanospheres that do not heat up in response to the near-infrared radiation are used to deliver RNA, or gene therapy to the site, in order to silence an important oncogene in colorectal cancer. Oncogenes are genes that can cause healthy cells to transform into tumour cells.

The researchers envision that a clinician could remove the tumour, and then apply the patch to the inner surface of the colon, to ensure that no cells that are likely to cause cancer recurrence remain at the site. As the patch degrades, it will gradually release the various therapies. This treatment can also be applied in a minimally invasive manner.

<http://tinyurl.com/z2tqnhw>

## Ingenious brain tumour therapy found safe and effective in early trial

A new gene therapy treatment for high-grade gliomas — the most aggressive brain tumours — has been found to be safe and improves patient survival. The research was published in the journal Science Translational Medicine.

The treatment, which has been licensed by San Diego-based biotech Tocagen, uses the engineered virus vocimagene amiretrorepvec (Toca 511) to selectively infect cancer cells with a gene for the yeast enzyme cytosine deaminase. Because Toca 511 is a retrovirus, a type of virus that embeds its genetic payload in tumour cell DNA as it spreads through the tumour, the trait is passed on to daughter cells.

After the virus has taken hold, patients are given 5-fluorocytosine (Toca FC), an FDA-approved anti-fungal treatment, which readily crosses the blood-brain barrier. As Toca FC encounters tumour cells expressing cytosine deaminase, it is converted into the potent, FDA-approved chemotherapeutic 5-fluorouracil (5-FU), which kills the infected tumour cells from within.

In the trial, which studied 43 patients with recurrent brain cancer, 82.2 percent of subjects had glioblastoma, the most aggressive form of the disease. Median survival was 13.6 months, compared with 7.1 months in an external control group treated with chemotherapy. Patients with glioblastoma had an overall survival of 54.8 percent at 1 year and 29.1 percent at 2 years, compared with 26.4 percent and 9.1 percent in the control group. The median survival for patients receiving higher doses of Toca 511 was 14.4 months, and the 2-year survival rate was 40 percent.

The treatment was extremely well tolerated, with few major side effects. Most of these were relatively mild, grade 1 or 2. There were two grade 3 events, one of which was unrelated to treatment.

As effective as the treatment was, it's possible that researchers have not yet seen its therapeutic ceiling, as no maximum-tolerated dose was reached in the trial. The more virus given, the better the survival results were. That's a promising sign because it indicates there's a real treatment effect.

<http://tinyurl.com/zapuznn>

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