

African Cancer Institute and CANSA to tackle cancer

The African Cancer Institute (ACI) at the Faculty of Medicine and Health Sciences (FMHS), Stellenbosch University (SU), has formed a partnership with the Cancer Association of South Africa (CANSA) to focus on cancer research regarding public health, primary care, nursing, and rehabilitation sciences to build capacity for basic and advanced cancer care.

The partnership were launched on 30 June at a cancer research symposium at the FMHS with key experts addressing various aspects linked to vaccination against cervical cancer, rehabilitation of breast cancer survivors, smoking and cancer, nutrition in cancer management, funding opportunities for research and current research activities related to cancer.

The ACI serves as a coordinating and directive institution for research and training in the field of cancer at Stellenbosch University dedicated to improving cancer prevention, diagnosis, and management in

Africa. CANSA, a non-profit organisation, also enables and conducts cancer risk research, educates the public and provides support to all persons affected by cancer.

Professor Vikash Sewram, Director of the ACI said: "The two institutions will work together to strengthen and accelerate innovative research in selected priority areas and translate cancer prevention and control knowledge into public health action. Given the research diverse platforms within the ACI and its international and regional networks, and the various outreach initiatives of CANSA, such as its volunteer-based programme, care services, toll-free line, and health promotion activities, this partnership will harness the strengths of both institutions in reducing disparities in cancer morbidity and mortality in South Africa with potential extension to neighbouring countries."

Prof Sewram further states: "South Africa is in transition with regard to its epidemiological profile – moving from high mortality rates primarily due to communicable diseases towards an ageing population afflicted by non-communicable, lifestyle-related diseases such as cardiovascular diseases, diabetes, chronic respiratory diseases, mental illness and cancer."

Prof Sewram concludes that a number of opportunities for improving cancer-related public health still exist such as:

- Intensifying surveillance activities;
- Testing of behavioural interventions that can influence cancer risk or cancer recurrence (eg. related to tobacco use, diet, and screening practices);
- Evaluating patterns of cancer care and resultant outcomes in different health care setting.
- Improving cancer control programmes and enhancing health systems so as to improve access to and delivery of cancer care.



Friendly co-operation

Daring Bhadais of Cancer Buddies and Colin James sporting a C.vive T-shirt were at the CANSA stand at Steve Biko Academic Hospital in Pretoria to chat to patients at a prostate cancer awareness drive.

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or contact the project leader, Linda Greeff
on 021944-3609 or 0825513310

Cancer winners' are not immortals ...

Palliative care is an essential part of cancer control

In most of the world, the majority of cancer patients are in advanced stages of cancer when first seen by a medical professional. For them, the only realistic treatment option is pain relief and palliative care. Effective approaches to palliative care are available to improve the quality of life for cancer patients.

Cancer winners are not just those who have been cured of the disease. But the majority of cancer patients detected in India are in advanced stages and their needs have to be addressed. Palliative care for such situations has to be properly understood. The aim is to make the patient comfortable during the end of life journey and at the same time leave fond memories with the caregivers.

Palliative care is the active total care of the patient's body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether or not a patient receives treatment directed at the disease. Health providers must evaluate and alleviate a patient's physical, psychological, and social distress.

Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. It can be provided in tertiary care facilities, in community health centres and even at a local centre.

Improving the quality of life of patients and families

Palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psycho-social support to from diagnosis to the end of life and bereavement. Palliative care:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;

- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

No one is immortal.

(Reference – WHO Palliative care)



Let's talk about cancer!

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

Upcoming meetings:

HEAD and NECK Group, Rehab Matters, Rivonia - 4 August 18:00
KRUGERSDORP Netcare Hospital Group - 6 August 09:00
PARKTOWN GROUP, Hazeldene Hall, Parktown - 13 August 09:00

Enquiries:

Mobile 062 275 6193 or email cansurvive@icon.co.za
www.cansurvive.co.za and www.facebook.com/cansurviveSA

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



Difficult, unspoken questions

Do not now look for the answers...At present you need to live the question. Perhaps you will gradually, without even noticing it, find yourself experiencing the answer.

-Rainer Maria Rilke

Two men, Ted and Ron, were long-term professional colleagues. I do not believe that they were particularly close, but they had been acquainted during their working lives. Each had retired.

In what was a remarkable coincidence, both men were diagnosed with nearly identical cancers. The tumours were of the same type, location and stage. They each came to see me, Ted first and then, several months later, Ron.

Ted was the first to undergo cancer treatment. It was rugged but he recovered well. By the time Ron was diagnosed, Ted had recovered completely.

The two men must have re-connected before Ron came for his first appointment, because he was well prepared. Ted had already filled him in on what to expect.

"Ted has been a great help," Ron said. His wife agreed. "How soon can we get started?"

Ron's treatment was also rugged, but he recovered completely, as well. At subsequent follow-up visits, they each occasionally mentioned the other. Things went very well for a couple of years.

Unfortunately, Ted developed severe treatment complications and then a massive recurrence of his cancer. Despite several attempts to control the raging cancer, we ran out of treatment options.

I tried to figure out what had happened. Why the difference? There were no obvious answers. The two men presented with essentially identical tumours. They received identical treatment and had very similar underlying health histories. There was no clear reason why Ted's cancer had returned.

Not long after Ted died, Ron came in for a routine visit. He continued to be cancer-free. As the visit was wrapping up, Ron became quiet. "What a shame about Ted," he said. "He was a great person."

"Indeed, he was," I said. "It was an honour to be involved in his care." It was quiet in the room. What must Ron have been thinking? Ron had watched Ted go through so much. I could only imagine his questions.

I reassured Ron that everything looked great, realising, at the same



Collective South African Voices for Cancer

www.canceralliance.co.za

The Cancer Alliance is a collective group of cancer control non-profit organisations and cancer advocates brought together under a common mandate, to provide a platform of collaboration for cancer civil society to speak with one voice and be a powerful tool to affect change for all South African adults and children affected by cancer.

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

time, that I had offered the same reassurance to Ted during his initial cancer-free interval. Ron could have legitimately asked me, "Could what happened to Ted still happen to me?"

These are moments of uncertainty.

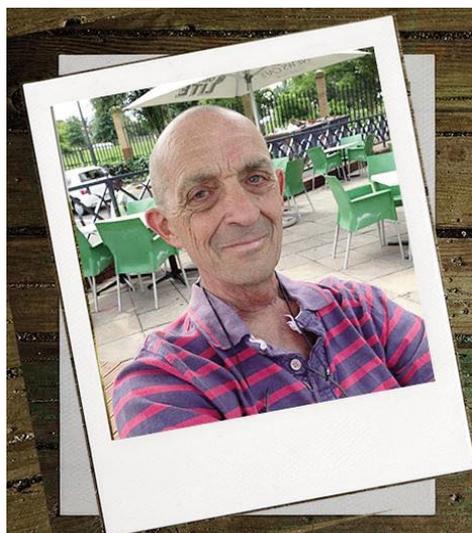
One of my favorite mentors, a plain-spoken surgeon, would sometimes respond to similar questions with a lighthearted but sincere, "I don't have a crystal ball. I wish I could tell you but I cannot." I do not know if that is the best answer (and for some people, it clearly is not), but I understand the sentiment.

As surgeons – and as people – we want answers. Sometimes we do not tolerate ambiguity very well.

So, I reassured Ron that he was doing very well. "Things look great. Nothing concerns me at all. We are always available and if you notice any new problems, call us and come in. Otherwise, we will get together again in a few months."

In the meantime, I suspect we will both think about Ted and what his life meant to each of us.

Dr Bruce Campbell is a Head and Neck Cancer Surgeon. He has been a leader of the MCW Multidisciplinary Head and Neck Cancer Programme of the Froedtert Cancer Centre. He evaluates patients with tumours of the oral cavity, throat, sinuses, voice box, thyroid, and neck. Read his blog at <http://www.froedtert.com/HealthResources/ReadingRoom/HealthBlogs/Reflections.htm>



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Butter unlikely to harm health - but margarine could be deadly

Eating margarine may increase the risk of death and heart disease but there is no such link with butter and eggs, according to a new study.

UK government guidelines advise people to cut down on saturated fats to avoid heart disease but the research, published in the British Medical Journal, is the latest in a series of studies which question the notion saturated fat is bad for heart health.

Scientists said research showed that trans fats - industrially produced from plant oils and found in products from margarine to snack foods - had no health benefits and raised the risk of death by any cause by a third.

But saturated fats, found in animal products including milk and meat, were not linked to increased risk of death, heart disease, stroke or Type 2 diabetes.

Lead researcher Russell de Souza, an assistant professor in the Department of Clinical Epidemiology and Biostatistics at McMaster University in Canada, said: "For years everyone has been advised to cut out fats. Trans fats have no health benefits and pose a significant risk for heart disease, but the case for saturated fat is less clear.

"That said, we aren't advocating an increase of the allowance for saturated fats in dietary guidelines, as we don't see evidence that higher limits would be specifically beneficial to health."

CHOC receive big boost



Africa Health Exhibition were proud and excited to hand over a cheque for R450,520 to the CHOC Childhood Cancer Foundation.

The proceeds from 15 conferences at Africa Health Exhibition were donated to CHOC!

The researchers analysed the results of 50 observational studies into links between the two types of fats and adult health and found no association between higher saturated fat consumption and a greater likelihood of stroke, heart disease and death.

But nor did they find evidence that diets high in saturated fat reduced the heart disease risk. Trans fats, by contrast, were associated with a 34pc rise in death from any cause, 28pc increase in death from coronary heart disease and an overall 21pc hike in the risk of developing heart disease.

Mindful breathing - how to do it

The most basic way to do mindful breathing is simply to focus your attention on your breath, the inhale and exhale. You can do this while standing, but ideally you'll be sitting or even lying in a comfortable position. Your eyes may be open or closed, but you may find it easier to maintain your focus if you close your eyes. It can help to set aside a designated time for this exercise, but it can also help to practice it when you're feeling particularly stressed or anxious. Experts believe a regular practice of mindful breathing can make it easier to do it in difficult situations.

Sometimes, especially when trying to calm yourself in a stressful moment, it might help to start by taking an exaggerated breath: a deep inhale through your nostrils (3 seconds), hold your breath (2 seconds), and a long exhale through your mouth (4 seconds). Otherwise, simply observe each breath without trying to adjust it; it may help to focus on the rise and fall of your chest or the sensation through your nostrils. As you do so, you may find that your mind wanders, distracted by thoughts or bodily sensations. That's OK. Just notice that this is happening and gently bring your attention back to your breath.

1. Find a relaxed, comfortable position. You could be seated on a chair or on the floor on a cushion. Keep your back upright, but not too tight. Hands resting wherever they're comfortable. Tongue on the roof of your mouth or wherever it's comfortable.

2. Notice and relax your body. Try to notice the shape of your body, its weight. Let yourself relax and become curious about your body seated here - the sensations it experiences, the touch, the connection with the floor or the chair. Relax any areas of tightness or tension. Just breathe.

3. Tune into your breath. Feel the natural flow of breath - in, out. You don't need to do anything to your breath. Not long, not short, just natural. Notice where you feel your breath in your body. It might be in your abdomen. It may be in your chest or throat or in your nostrils. See if you can feel the sensations of breath, one breath at a time. When one breath ends, the next breath begins.

4. Now as you do this, you might notice that your mind may start to wander. You may start thinking about other things. If this happens, it is not a problem. It's very natural. Just notice that your mind has wandered. You can say "thinking" or "wandering" in your head softly. And then gently redirect your attention right back to the breathing.

5. Stay here for five to seven minutes. Notice your breath, in silence. From time to time, you'll get lost in thought, then return to your breath.

6. After a few minutes, once again notice your body, your whole body, seated here. Let yourself relax even more deeply and then offer yourself some appreciation for doing this practice today.

This article originally appeared on Greater Good, the online magazine of the Greater Good Science Center at UC Berkeley.

http://ggia.berkeley.edu/practice/mindful_breathing

Medical marijuana and pain

According to the American Academy of Pain Medicine, chronic pain is a serious problem affecting more Americans than cancer, diabetes and cardiovascular disease combined. In fact, in 2010, polls showed that in the United States, the annual increase in expenditure of health care resulting from pain was between USD 560 and 635 billion. In addition, 50% of hospitalised persons complain of severe pain at some point, with some dying in such a condition.

What is chronic pain and why should patients consider medical marijuana?

Medically, this is the kind of pain that persists for more than six months. It is believed to last longer than the anticipated time of recovery, especially, after medical intervention. It actually ceases being a sign of an illness and becomes a sickness in itself. In fact, whereas most of the pain could be related to an injured body part or ongoing sickness, chronic pain may occur without any prior body damage or so.

Due to the different possible causes of such pain, the efficacy of traditional medication could vary from patient to patient. However, it is also noteworthy that such prescriptions have proved totally ineffective with certain patients. This renders one desperate and willing to try other methods of managing their condition. The good news is that patients can now breathe a sigh of relief. This is because health-care givers are optimistic about medical marijuana as the best alternative for chronic pain.

There is enormous medical research backing the idea of using medical marijuana to manage chronic pain. According to such findings, cannabinoids, the active medical extracts in marijuana, exhibit potent analgesic properties. Once inside the body, they bind to the cannabinoid receptors found in the human body's endocannabinoid system and cause a change in the way the central nervous system responds to pain stimuli. As a result, the brain registers a lower intensity of pain compared to the actual experience. It is this ability of cannabinoids that medical researchers believe they will work better to alleviate pain related to various serious ailments.

Though cannabinoid receptors exist everywhere in the body, they are found in large numbers within the brain and spinal cord. No wonder, many of these scientific researches show positive results of medical marijuana when tried on patients with peripheral neuropathy commonly caused by HIV/AIDS condition. Based on a 2007 study by researchers at San Francisco General Hospital, medical marijuana could be useful in relieving pain and stiffness of muscles caused by nerve damage related to HIV/AIDS. Out of this finding, it could also be applied to patients with multiple sclerosis and spinal cord injury. Similarly, a keen look at the existing scientific literature dating

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>



between 1948 and march 2015 as published in a June 2015 PubMed issue came up with the following conditions as some which could be treated or managed through cannabis extracts;

- ❑ Cannabinoids can help those dealing with Alzheimer's illness, insomnia, and asthma
- ❑ Cannabidiol (CBD), an active cannabinoid has been proved to avert the spread of cancer cells. This means marijuana could be used to treat breast and brain cancers
- ❑ Can be given to patients with cancer after chemotherapy to ease pain and vomiting, as well as increase their appetite.
- ❑ Many HIV/AIDS patients experience muscle wasting at certain stages of the condition. Marijuana could help improve their appetite so as to counter the situation.

There is clinical evidence that most licit prescription medicines, usually opiates, work better if combined with marijuana. This could be a better remedy for those dealing with pain in the long term.

However, an interesting attribute about medical marijuana is that it exhibits a safer profile compared to most of these prescription drugs. This argument is espoused by an April 2014 report in Neurology, the official journal of American Academy of Neurology. According to the report, there are no known fatalities related to marijuana overdose. Not even when taken for recreational purposes.

Such a study finding is a great relief at a time when prescription drugs are increasingly claiming lives of users in overdose cases. It is no surprise that an August 2014 poll result appearing on JAMA International Medicine shows that there is a 24.8 percent decrease in prescription drug overdose cases in states that legalised marijuana between 1999 and 2010.

Clearly, the benefits of medical marijuana surpass the presumed risks. A keen look at the scientific findings will also show that most of the risks associated with marijuana were in most cases mythical. Nevertheless, such beliefs might hold water, just until you are in a delimiting painful health condition.

Support in Centurion

CancerBuddies@Centurion, the new support group at Unitas Hospital, Pretoria is rapidly growing in numbers...it's awesome!

A very successful June meeting was held and the guest speaker Dr Jordaan, an oncologist, gave a very interesting talk on cancer. The interaction and questions and feedback was great.

One of their goals is to create a safe place for cancer patients and their families to meet to share idea and experience around their journey with cancer as no person should journey alone when diagnosed with cancer!



Where have all my friends gone?

You're diagnosed with cancer, you call a few friends and give them the heartbreaking news, they promise to be there, just tell them what you need. Fast forward a few months and see who's there now. Many of them aren't around, or are very distanced and you may even have a new circle of friends that include people that weren't friends before cancer.

A cancer diagnosis is devastating news, for you, your family and your friends and many people just can't handle it.

Is it your fault? NO!! Most people mean well and don't mean to hurt your feelings, they are sometimes overwhelmed by the whole "cancer thing" and can't cope with you having cancer. Or maybe they just can't handle cancer. There are many reasons they might have bailed, here are a few:

1) Sometimes people don't know how to react - I actually did my senior seminar paper partially addressing this issue, influenced additionally with my own personal experience, and I found that some people just react in that way because they don't know how else to react to the situation. This doesn't mean that they don't care, it is just their way of dealing with the issue. In the same way, certain people might react in a completely opposite manner because of the same thing. Just try to understand that especially those who are closest to you, will react in certain ways. This does not mean they do not care, but their body or mind may react in a certain way from

something which - frankly - is a lot to process for them, too. I'm not saying those individuals will not eventually come around; I would suggest to perhaps give them a bit of space and then reach out when you think they are ready to reconnect.

2) Some people just can't deal - sad but true. Although I still have hope for one of my friends who has stayed away because I really do think that we are good friends. It's just that she can't deal with this on so many levels.

3) Sometimes people just don't have the extra time to be there - I have found the same thing. I have found that some people I thought would really be there don't seem to have the time anymore. It is sad and hurtful. Especially when some of them are ones I thought were my closest friends. I also found people that I thought were just acquaintance ended up being true friends. I also made some new friends. I guess when the chips are down you really do find out who your true friends are.

4) People just don't know what to say, so they say nothing - I have experienced the same reaction. I know that many people were thinking of me but just didn't know what to say - so they chose to say nothing. Sadly, I know I have done the same to others in the past when they had gone through something even though I thought of them and wished them well often. But unless that is conveyed, it is not known.

This item was reprinted with the permission of WhatNext.com.

Go to <http://tinyurl.com/gsh6mgq> to read their blog and read about other cancer patients' experiences

GVI CancerCare, Outeniqua celebrate International Cancer Survivors' Day

The CancerCare group run by GVI Outeniqua Oncology and their VIP guests celebrated International Cancer Survivors Day with a Mad Hatters function on Saturday 4 June at the King George Protea Hotel in George.

They would like to thank each and every survivor, partner, family member, friend who joined them on this special day. The Group also thanks all their wonderful, long list of sponsors for adding great value to the event. More photos can be found at www.facebook.com/Outeniqua-Oncology-George-1422980734635475/



MAKE A NOTE OF THESE DATES IN YOUR DIARY

West Rand CanSurvive Support Group

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

Cancer Buddies @Centurion

Join us at our monthly meeting for refreshments, a chat with other patients and survivors and enjoy an interesting and informative talk.

Next meeting: 15 July at 18:30
at Unitas Hospital boardroom

Our speaker will be an occupational therapist and the subject, Self Image. Knowing myself.

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.



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6th Annual Celebration of Life Breakfast



at the Prospect Room,
Sunnyside Park Hotel
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the music,
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CELEBRATE

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Sharing the cancer load – support groups

This is an extract from an article which appeared in MediClinic Family magazine and is reproduced with their permission.

Why are support groups necessary?

Specialist oncology social worker Hedri Powell of Mediclinic Vergeeniging stresses how important it is for cancer patients to seek formal or informal support groups to help them cope. 'we see informal groups cropping up in places like the chemotherapy treatment room, where patients sit together for long periods of time,' says hedri. 'Communication technology licircumstances to get together and help one another. it's comforting to know that you are not alone and there's no need to feel isolated. others in the same situation have the same needs and goals.' Generally, there are two types of support: emotional and educational. some groups provide emotional support for patients, who often feel they have to be strong for their families and friends. these groups are a safe place to deal with difficult feelings. other groups are more educational and offer advice, practical resources, ideas and feedback. 'Regardless of the type of group, cancer patients benefit from an environment where they can develop new skills and ways of thinking and coping,' says hedri. 'Adequately supported patients have reduced levels of stress, depression and anxiety.'

Prostate Support Action (PSA), a prostate and male cancer support group in Cape Town, was established in 2000, and since then the group has been meeting at Mediclinic Constantiaberg in Cape Town on the third Tuesday of each month. Despite the name it is open to men with all types of cancers, as well as their families and carers, including women. The focus of the group is on talking about treatment options and coping mechanisms.

Each meeting starts with a talk from an expert on a relevant topic such as palliative care. This is followed by a group discussion where participants share their experiences.

The group is affiliated with Can-Sir, a non-profit male cancer awareness and education organisation, as well as the Cancer Buddies project. Both of these organisations are dedicated to helping cancer

PSA and male cancer support group

19 July 17:45 – 19:00

The venue is the Boardroom at
MediClinic, Constantiaberg, Plumstead
Guest speaker: Kate Squire-Howe, topic:
Laughter Therapy, Meditation & Relaxation

For more information contact:

Ismail-Ian Fife, 079 315 8627 PSA Support Line
info@can-sir.org.za or call Liesl: 021 565 0039

Email: info@can-sir.org.za. Web: 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.



patients find the right support – no matter where they live or where they are in their journey.

How it helps

The patient, Phillippe Girouard (above right), is in remission after being treated for stage three prostate cancer. His doctor's receptionist recommended the PSA group to him, and he attends because they discuss interesting topics and he learns how others are dealing with treatment. 'I will continue going to support others and tell them that there is hope,' he says. 'We all need encouragement to stay positive and live healthy lifestyles.'

The volunteer, Ian Fife (above left), is convenor of the PSA group and co-founder of Can-Sir. He says: 'Support is vitally important to the newly diagnosed. We take them through treatment and support them emotionally and socially every step of the way.' Prostate Support Action (PSA) was established in 2000, and since then the group has been meeting at Mediclinic Constantiaberg in Cape Town on the third Tuesday of each month. Despite the name it

is open to men with all types of cancers, as well as their families and carers, including women. The focus of the group is on talking about treatment options and coping mechanisms.

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The group is affiliated with Can-Sir, a non-profit male cancer awareness and education organisation, as well as the Cancer Buddies project. Both of these organisations are dedicated to helping cancer patients find the right support – no matter where they live or where they are in their journey.



The Group encourage patients to bring family members.

"Health" foods that aren't as good as you think

written by Angela Bentley for FutureLife

Although most of us know that it is best to avoid or minimise the obvious "junk" foods, there are actually many perceived healthy foods and drinks which are not at all good for us either. Here are eight such items and a little bit of perspective on each.

Pretzels

I find that whenever my friends are dieting or "eating healthy" their savoury snacks of choice become one of the first two on this list.

Although pretzels are a lower fat option than potato chips or savoury biscuits they are certainly not healthy per se. Pretzels usually offer very little nutritional value, have a high glycaemic index (GI) and therefore don't keep you full for long and have added sodium or artificial flavourants to make them more appealing.

Microwave popcorn

Ordinarily popcorn is a relatively low-calorie, low-fat, high fibre snack. However, microwave popcorn appears to be an exception to this rule. Compounds found in microwave popcorn (from the flavouring and bag) have been linked to lung disease, certain cancers and even infertility. Microwave popcorn is also usually high in fat and sodium. Homemade air-popped popcorn is unanimously agreed to be the best cooking method for popcorn, it also allows you to choose what gets added to it.

Commercially bought muffins

Muffins are a confusing one, because they can be made relatively healthily, the problem is that they usually aren't. Commercially bought muffins often have a nutritional value comparable to chocolate cake (not much nutritional value at all), a high GI, loads of sugar and plenty of fat (including the "bad" trans fats). I think it's the "healthy" flavours put into muffins that throw us off, e.g. blueberry or lemon and poppy seed.

Sports drinks

The perception that sports drinks are healthy must be due to the association between sports and health. Basically sports drinks are made up of sugar, water and electrolytes, they are produced for refuelling and rehydrating during exercise lasting more than 60-90 minutes. For someone not exercising, all these drinks are providing is sugar and next to no nutrients.

Frozen yoghurt

Yoghurt is naturally a healthy, protein and calcium-rich snack with the added advantage of intrinsic probiotics. The danger with flavoured yoghurt (even with the unfrozen kind) is that it often gets loaded with added sugar. This together with extra sugar contained in frozen yoghurt toppings, can really make the "empty" calories pile up. Unfortunately those gut-healthy probiotics also struggle to survive extended storage time and the extreme temperatures associated with freezing. While a frozen yoghurt may be considered a better alternative as a treat, it is definitely not a healthy snack.

Jelly or fruit sweets

Fat-free and "fruit" flavoured. How could these sweet treats not be healthy? Unfortunately if you turn the pack over and read the ingredient list, you won't find much more than various forms of sugar, gelatine, flavourants, colourants and a bit of fruit juice con-

FUTURELIFE® Almond and coconut biscuits



Ingredients

250g butter
1.25 cups castor sugar
60ml vegetable oil
2 eggs
2 cups Original FUTURELIFE® Smart food™
2 cups flour
2tsp baking powder
3/4 of a cup toasted coconut
Almonds for garnishing

Method

Cream butter and sugar. Add oil and mix well. Beat eggs separately then beat into creamed mixture.

Sift flour and baking powder. Add coconut and FUTURELIFE® Smart food™. Add dry ingredients to creamed mixture and mix to a dough that can be rolled out.

Cut into squares and garnish with Almonds. Place on a greased baking sheet and bake at 180C for 15-20 minutes.

centrate, if you are lucky! Rather snack on your favourite fresh fruits for a naturally sweet snack.

Diet cool drinks

Although these could be considered the better option when compared to their sugar-sweetened counterparts, don't let the word, "diet" fool you. Diet sodas contain no real nutrition, are high in sodium as well as other artificial ingredients and despite containing virtually no calories, may be linked to obesity in the long run.

Gluten-free snacks

Gluten-free is very trendy at the moment, however, there is no real need to go gluten-free unless you have celiac disease or a gluten sensitivity. Although you do get some very nutritious gluten-free snacks, being gluten-free does not necessarily equate to good nutrition. In fact there are many junk foods that make gluten-free claims on their packaging in order to lure customers under false pretences. On a side note, going gluten-free brings with it the risk of developing nutritional deficiencies and getting insufficient dietary fibre if special precautions aren't taken.

Palliative care training



Hospice Wits
no end to caring

Throughout the year Hospice Wits host various short courses: the 5-day Introduction to Palliative Care, 2,5-Day Grief, Loss and Bereavement Workshop, 5-day

Introduction to Paediatric Palliative Care, 3-day Non-Clinical Palliative Care, 3-Day Physical Assessment Workshop, as well as other client specific courses which they present on request.

For further details phone 011 483 9100 or email training@hospicewits.co.za.

CALENDAR

July 2016

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

August 2016

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

September 2016

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

CONTACT DETAILS

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

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

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

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

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

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

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

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

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

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

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

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

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

CANSA National Office: Toll-free 0800 226622

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

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

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

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

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

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

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

Reach for Recovery: Harare, Zimbabwe contact 707659.

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

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

News in brief

Aspirin may increase survival after colon cancer

It is well known that the drug ASA, also known internationally as Aspirin, has analgesic and fever-reducing properties. However, this drug may also increase the likelihood of surviving colon cancer.

Kjetil Taskén, professor at the Faculty of Medicine, is one of the authors of a study that has investigated the association between the use of the drug Aspirin and colon cancer.

The study was published in the *Journal of Clinical Oncology* recently and it showed that ASA can be used to reduce mortality among colon cancer patients by 15 to 25 per cent.

This is an interesting finding, because ASA is a cheap drug with few adverse effects. The finding may therefore have a potential benefit for the approximately 4000 patients who are diagnosed with colon cancer each year, says Taskén. This is the first study to provide a clear answer about the effect of ASA in colon cancer patients treated post-diagnosis. In their study, Taskén and his collaborators also show that other contributory factors play a lesser role.

ASA is known to prevent carcinogenesis in the intestine, but whether this drug should be used to prevent cancer in the healthy population has been a matter of controversy. This is because this drug may also cause brain haemorrhages and gastric ulcers in a small minority of people.

<http://tinyurl.com/hdvs5g5>

New chemical 'sponges' designed to soak up toxic cancer-fighting drugs

Doctors have a powerful arsenal of cancer-fighting chemotherapy drugs to choose from, though a key challenge is to better target these drugs to kill tumors while limiting their potentially harmful side effects.

Now, researchers at the Department of Energy's Lawrence Berkeley National Laboratory (Berkeley Lab) are helping to develop and test materials for a new device that can be inserted via a tiny tube into a vein and soak up most of these drugs like a sponge. That's after a separate tube delivers a more concentrated dose to tumors—and before the drugs can widely circulate in the bloodstream.

Researchers say the drug-capture system could also potentially be applied to antibiotic treatments in combating dangerous bacterial infections while limiting their side effects.

<http://tinyurl.com/j7oad9h>

A third of advanced kidney cancer patients alive at five years with Opdivo

Bristol-Myers Squibb has announced the latest long-term overall survival results from two dose-ranging Phase I and Phase II studies, CA209-003 and CA209-010, which evaluated nivolumab in patients with previously treated advanced renal cell carcinoma (RCC). These findings include the first report of four and five-year survival data from the advanced RCC cohort in which 38% and 34% of patients were still alive at four and five years respectively. In the second

Coping with ovarian cancer treatment

I freely admit, if I'd shaved my head at home by myself, I'd have bawled my eyes out the whole time. But, doing it at work made it easier. Everyone was cracking jokes and laughing...it was more like celebrating a milestone than doing something that was a reminder of something bad.

One thing I've noticed is that the "stubbies" don't fall out as easy once they die as full strands do. Then, when I put on a scarf or hat, they get shoved down in the hair follicle and it's uncomfortable. BUT, I found a great fix for it: LINT ROLLER! Yes, after my shower, I stand in front of the mirror and take a lint roller to my head. And laugh myself silly the whole time.

Turns out, I don't look bad bald. So, I've opted not to bother with a wig. I use a scarf or hat outside, but go au natural indoors. And, I have to admit, I love how much time I'm saving in the shower! Especially on the days when I have no energy!

- one sassy patient

study 29% of patients were still alive at four years. These data were presented at the American Society of Clinical Oncology (ASCO) Annual Meeting during an oral presentation.

"Renal cell carcinoma is the most common form of kidney cancer and less than 10% of people with advanced disease are likely to survive five years or more, until now," said Professor John Wagstaff, Professor of Medical Oncology, The College of Medicine, Swansea University. "In recent months it has been shown that immunotherapies are changing the survival outlook for patients with advanced kidney cancer. Today, we have seen for the first time, landmark long-term survival results for nivolumab (Opdivo), with a significant proportion of patients continuing to live with their disease for up to five years."

Nivolumab is currently licensed in the UK to treat adult patients with advanced renal cell carcinoma who have received prior therapy.² In the studies presented today, patients had received prior therapies and were randomised to receive investigational doses of nivolumab which are not licensed for use in patients.

<http://www.medicalnewstoday.com/releases/310796.php>

Radiation and vaccination can magnify effects of immunotherapy

By combining local radiation therapy and anti-cancer vaccines with checkpoint inhibitors, researchers from the University of Chicago, working with mice, were able to increase the response rate for these new immunotherapy agents.

The findings, published in June in the journal *Oncotarget*, showed this sequence of treatments could open up unresponsive pancreatic cancers to immune cell infiltration, often leading to immunologic control of tumor growth. They may eventually help physicians make better use of checkpoint inhibitors to treat many types of cancer.

Despite vast enthusiasm among cancer specialists about this emerging field, most patients currently have a limited response to checkpoint inhibitors. The average survival time for patients with advanced melanoma, for example, was about 25 months after start-

ing treatment. That falls to 15 months for lung and kidney cancers, and less than eight months for some head and neck cancers.

"Our results provide a step-by-step strategy to break the immune barriers that protect aggressive tumors by converting so-called 'cold,' or non-T cell inflamed tumors, to a 'hot,' or T cell-inflamed phenotype," said study author Ralph Weichselbaum, MD, co-director of the University of Chicago Ludwig Center for Metastasis Research and chairman of Radiation and Cellular Oncology at the University. "By promoting T cell infiltration, radiation therapy improved the efficacy of tumor vaccines and checkpoint inhibitors."

"We feel confident that our model, with further testing, can convert unresponsive "cold" cancers to something more responsive to treatment, leading to improved outcomes for more patients," Weichselbaum said. "This study, based on a very challenging animal model, opens up a new strategy that could make immunotherapy more effective for more cancer types. Intriguingly, the study demonstrates new antitumor effects of radiation therapy in addition to the direct cytotoxic effects of radiation on tumor cells."

The University of Chicago Medicine

Surgery can lengthen survival of metastatic kidney cancer patients

Surgery to remove a cancerous kidney can often lengthen the lives of patients receiving targeted therapy for metastatic kidney cancer, but only about three in ten such patients undergo the procedure, according to a new study by researchers at Dana-Farber Cancer Institute and Brigham and Women's Hospital.

The study also found that patients are more likely to receive the surgery - known as cytoreductive nephrectomy - if they are treated at an academic medical center, have a smaller tumor, are young, and privately insured.

The surgery was associated with longer patient survival. Patients who underwent the procedure survived for a median period of 17.1 months, the researchers found, compared to 7.7 months for those who didn't receive the surgery. The investigators also found that patients who were younger, privately insured, treated at an academic medical center, and had smaller tumors are more likely to have the surgery performed.

It's unclear why the surgery provides a survival benefit for many patients, investigators say, but they theorize that the primary tumor may be especially aggressive and drive metastatic growth elsewhere in the body. Removing it may therefore slow the spread of the disease.

E-cigarette vapors could be toxic to oral cavity

A new UCLA study suggests that e-cigarettes may not be significantly safer than tobacco cigarettes. The research, which was conducted on cultured cells, found that e-cigarettes contain toxic substances and nanoparticles that could kill the top layer of skin cells in the oral cavity. Based on their findings, the researchers believe that similar results could happen in a human study and that e-cigarettes could increase users' risk for oral disease.

The findings also suggest that health care providers should do more to raise public awareness of the products' health risks.

The use of e-cigarettes has increased dramatically in the past few years, particularly among women and young people. (The Centers for Disease Control found that 2.4 million middle school and high

school students were using e-cigarettes in 2014.) And health agencies in some nations, including the United Kingdom, have recommended e-cigarettes as a tobacco-cessation product for smokers who want to quit tobacco.

The UCLA research team, led by Dr. Shen Hu, an associate professor of oral biology and medicine at the UCLA School of Dentistry, took cell cultures from the outermost layer of the oral cavity and exposed the cells to two different brands of e-cigarette vapor for 24 hours. The vapor, containing varying amounts of nicotine or menthol, was generated by a machine built to "smoke" cigarettes like a human would. The researchers then measured the particle concentration and size distribution of the simulated vapors.

The research team found that e-cigarette vapors, which contain nanoparticles of metal, silica and carbon, vary in concentration depending on the e-cigarette brand and flavor. Laboratory tests on cultured cell lines showed that e-cigarette vapors may significantly weaken the oral cavity's natural defense mechanism by decreasing the levels of an antioxidant called glutathione. This caused roughly 85 percent of the tested cells to die.

<http://tinyurl.com/z8o65mx>

Nurse researchers are studying ways to improve cancer care

Caring for patients is, of course, at the heart of nursing. But at Memorial Sloan Kettering, many nurses are also scientists, conducting research that is improving cancer care both at MSK and beyond.

"As cancer becomes more of a chronic disease, quality-of-life issues become ever more important," says Elizabeth McCormick, MSK's Chief Nursing Officer. "Research projects that tackle those issues are vital."

Nursing research has the benefit of bringing tangible change to patient care. "At the end of the day, when a nurse completes a successful research study and learns something about a practice change that would lead to better outcomes, we in turn adopt those practices here," she adds.

Michelle Burke, Nursing Director of Perioperative Services at MSK — along with surgeon William Hoskins, recently retired as MSK's Executive Director of Surgical Activities — launched a pilot program called Ambulatory Extended Recovery (AXR) years before the facility opened. It looked at surgical patients who had brief hospital stays and who could potentially be moved to an outpatient recovery program that would get them home in 24 hours or less. They were required to achieve specific post-surgical milestones to see whether they could do well with the truncated timeline. The AXR pilot is now standard operating procedure at Josie Robertson.

Nursing research studies also go beyond improving patient care, extending to include ways to better the practice of nursing itself. "Nursing research is all about discovery, in so many areas," says Margaret Barton-Burke, Director of Nursing Research and immediate past President of the Oncology Nursing Society, a 39,000-member international nursing specialty organization.

<http://tinyurl.com/zbtwa69>

Study shows medical cannabis effectively relieves pain

Medical marijuana users experience significant pain relief and improvement in function while suffering only minor side effects,

according to a new study by Prof. Pesach Shvartzman of Ben-Gurion University of the Negev (BGU).

This was the first study on the characteristics of patients who have permission from the Israel Health Ministry to receive treatment with medical marijuana. This type of therapy has become popular and accepted over the last few years in Israel, with approximately 20,000 registered users and 50 more approved each week by the Health Ministry.

"Although medical cannabis has been legal for a decade and is licensed to patients to relieve pain and other symptoms, there has been no information about the users themselves," Shvartzman explained.

The study examined more than 2,000 cancer and non-cancer patients using medical marijuana with a focus on their socioeconomic characteristics, dosages, previous treatment, treatment safety and side effects, as well as overall treatment effectiveness. Patients were interviewed by telephone in the first three months of treatment and subsequently every four months for two years.

Users reported in later interviews that their pain, nausea, anxiety, appetite and general feeling of wellness had improved. Fewer than one in 10 stopped taking the drug due to side effects or ineffectiveness after the first interview, and only six percent after the second interview.

Nearly all of the participants (99.6 percent) sought a cannabis prescription after trying conventional medications that proved to be ineffective, while more than half (56%) had turned to cannabis because they were seeking a drug that causes fewer side effects.

More than three quarters (77%) experienced minor side effects from medical cannabis that included dry mouth (61%) and increased hunger (60%). Some 44% reported elevated moods.

Shvartzman presented his findings at the Sixth International Jerusalem Conference on Health Policy organized by the Israel National Institute for Health Policy Research.

Bubbly drinks inspire more effective cancer treatment

Cancer researchers are developing a bubbly drink packed with oxygen microbubbles to make treatments more potent for hard to treat tumours like pancreatic cancer.

Researchers at the Universities of Oxford and Ulster, supported by Cancer Research UK, are investigating how to re-oxygenate tumours with a drink that could deliver extra oxygen to the site of the tumour, allowing radiotherapy and chemotherapy to deliver a knock-out blow.

Some tumours have learnt to adapt to harsher, low oxygen condi-

tions making them more resistant to drugs. This is because as tumours grow, the blood vessels delivering essential nutrients, including oxygen, become increasingly twisted and weak meaning chemotherapy fails to penetrate the heart of the tumour.

Scientists are investigating how oxygen bubbles get from the stomach to pancreatic tumours in the laboratory and working out whether this could be done by giving patients the equivalent of a bubbly drink. Current methods of oxygenating tumours in patients includes breathing pure oxygen, putting patients in oxygen chambers or injecting liquids full of oxygen directly to the tumour site. These are effective but can have quite serious side effects including damage to the surface of the lungs and nervous system. This new approach could have fewer risks, cost less, and could easily be used to boost other treatments.

Professor Eleanor Stride, Cancer Research UK scientist at the University of Oxford, said: 'We're especially excited about the potential this bubbly drink could have for hard to treat cancers like pancreatic cancer, where survival rates are low and better treatments are urgently needed.'

<http://tinyurl.com/h23jc5p>

Colostomy bags may become redundant for some emergency bowel cancer patients

An expandable tube that unblocks the bowel before surgery could lead to fewer cancer patients being diagnosed as emergencies and needing a colostomy bag.

The Cancer Research UK-funded CReST trial presented at the 2016 American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago today (Sunday) found that less than half (45 per cent) of those who had their bowel unblocked by the tube, which uses body heat to expand, needed a colostomy bag.

But more than two-thirds (69 per cent) of those who had emergency surgery to remove the tumour and the blockage were fitted with bags.

Around 41,100 people are diagnosed with bowel cancer each year in the UK with up to 20 per cent diagnosed as emergencies - with some of these patients having their bowel blocked by the tumour.

One in six of those diagnosed need emergency surgery to relieve the blockage, but this is more likely than planned surgery to lead to complications such as needing a colostomy bag or spending time in intensive care after the surgery. The risk of death is also higher for emergency surgery - around 12 per cent compared with two per cent for planned surgery.

In the study almost 250 bowel cancer patients who were diagnosed as emergencies with blocked bowels were divided into two groups and either had emergency surgery or the expanding tube - also known as a stent - followed by surgery between one to four weeks later.

The expanding tube worked in 82 per cent of cases and patients who had it survived as long as those who didn't.

Trial lead Professor James Hill, from the Central Manchester University Hospitals, said: "These are early results and we'll need to follow-up our work for three years in full to find out if this technique affects survival and end-of-life care for bowel cancer patients."

<http://www.medicalnewstoday.com/releases/310722.php>

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