

VISION

COPING WITH CANCER

VISION, APRIL 2017

WARNING!

South African Clinical and Radiation Oncology (SASCRO) has issued the following warning:

SASCRO Statement on the use of Next Generation Photodynamic Therapy

Photodynamic Therapy (PDT) refers to the administration to patients, of a drug (called a photosensitiser). The drug may be given orally or intravenously. When the patient is then exposed to light of a specific wavelength, free radicals are formed that damage cells containing the drug. The light sources are either applied directly, or via endoscopic or interstitial implants.

PDT is effective only against superficial tumours as light cannot penetrate tissues deeply. PDT may be considered for use in superficial non-melanoma cancers of the skin as well as in superficial cancers of the oesophagus, female genital tract and lungs. For non-skin tumours, the drug is usually administered intravenously, and the light must be administered via endoscopic means.

The use of PDT should be considered in consultation with a specialist physician and Oncologist who is familiar with all of the possible available treatment options.

There are commercial Institutions promoting so-called Next Generation Photodynamic Therapy (NGPDT). They claim to be able to effectively treat patients with widespread metastatic disease using oral PDT and external application of a light source. Such claims are not supported by scientific evidence – nor would they be expected to be effective.

SASCRO is opposed to the use of this technique in this patient population who are understandably vulnerable to unfounded claims of effective treatment.



Lace up for Cancer a huge success

More than 4000 people dressed up in their craziest outfits in support of the annual Lace up for Cancer fun run/walk organised by the Hospice Palliative Care Association (HPCA) for the Cancer Alliance.

The event, which is now in its sixth year, was sponsored by Cancer Care and supported by the City of Cape Town.

The Cancer Alliance, the beneficiary of the event, is a collective group of non-profit organisations advocating for better care and support for cancer patients and their families.

People of different ages and walks of life made their way to the starting point on the forecourt at the Cape Town stadium ahead of the 10km fun walk start at 08h00 on Sunday 5 February. The 5km fun run/walk began 15 minutes later. The event concluded at the Green Point Track. There were a number of celebrities who showed their support for cancer. These included radio personality, Tapfuma Makina who completed his maiden 5km fun run, fashion blogger Nadia Jaftha and Mr South Africa 2017, Habib Noorbhai.



Jabulani Walk Against Cancer

On 11 March a Walk Against Cancer was arranged by Sister Bongiwe Nkosi, Senior Radiation Therapist at Charlotte Maxeke Johannesburg Academic Hospital, at Jabulani Club House, Soweto.

There was a band and various cancer survivor speakers. After a fitness dance routine to warm up there was a 5km fun walk through the community to spread cancer awareness and to promote the new CanSurvive Support Group that will be held at HapyD, 1432 Buthelezi St. Jabulani on the third Saturday of each month.

City of Joburg donated an apple, pear, banana, water and Energade to each participant. Sr.Bongi is planning similar walks throughout the various communities in Soweto.

Communication in your lifestyle adaptation journey

by *Christa du Toit*

You have received the diagnosis, often changing your whole life.

This is often about your ABC, your attitude, beliefs and choices. Value yourself and the life you have and value others and the role they play in your life; be yourself physically and mentally. Believe in yourself, you do not always have to be the best, just do your best. And your choices, you cannot control what happens to you but everything after that is in your control. You and you alone, are responsible for being happy, sad, or angry

Henry Ford emphasised that "...if you believe you can, or if you believe you can't, you are right. If you think you will be successful, you will be. If you think you will fail, you will, because you fulfil your own expectations "

The soul of the lifestyle adaptation programme is you, the patient. The aim is the wellbeing of the patient. Only the patient knows exactly what he/she is experiencing. You should be able to provide the most important information so that the medical staff can understand the complete path of the illness process.

Quality service can only be rendered by listening to the experiences and perceptions of the patients and their families. Feedback from patients, their families and the medical team initiate changes in clinical practice. If implemented correctly, changes in the medical team's attitudes and their approach towards care could result in greater awareness of patients' and families' experiences in treatment modalities.

This is patient engagement and provides a holistic perspective of the relationship between patients and healthcare professionals, based on the needs of each individual. It avoids duplication and gaps in service delivery and eliminates confusion among patients receiving care from several healthcare practitioners.

Within the medical team find your lifeline. The person that has the time to listen. The nurse often becomes the mouthpiece of the patient and family. Research has shown that "... nurse practitioners do a better job than physicians in areas such as continuity of care

PSA and male cancer support group

Monthly support groups are held at the Boardroom at MediClinic, Constantiaberg, Plumstead

18 April 17:45 – 19:00

For more information contact:

Helpline: 076 775 6099

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.



Panorama Oncology Cape Town

Stress management course

Place: Panorama Oncology, 1st floor, 43 Hennie Winterbach Street, Panorama
10:00 to 11:30

Week 1: 11 April, All about stress

Week 2: 18 April, Disaster Recovery: Letting go of stress

Week 3: 25 April, Stress tool kit

Book your seat - no charge - with any staff member

For patients on treatment and families

Contact: Emerentia Esterhuyse 0219443850, emerentia.esterhuyse@cancercare.co.za

and emphasis on prevention, amount of advice offered and amount of time spent listening to clients, and communication and support" It was found that one of the reasons contributing to the uncertainty of patients is the fact that they do not ask questions to gain information and clarity. In a study, Camerow conducted he concluded "You don't want to ask a question that might make somebody angry who might be taking care of you" Not all patients are however the same.

Communication is of utmost importance. Remember this is the process of transmitting information and meaning. Make sure you understand the medical jargon or technical terminology, this can be very daunting; please ask the medical team to clarify. Keep a diary; make notes of the questions you need to ask. Often when you sit in front of your doctor you forget what you wanted to ask. If possible ask your caregiver/support to accompany you with your consultations. Dr Robert Twycross states that breaking bad news alters a patient's view of the future. Telling the patient and family together avoids difficulties and mistrust.

Remember people are amazingly resilient and capable of coping with difficult and challenging new realities. As stated previously the key is that they need complete, current and accurate information in order to enable them to adapt.

Very important please remember that your medical team should also be acknowledged for good practice rendering. This encourages staff morale and promotes a good working environment, and you will receive optimal treatment, with compassionate care.

Christa du Toit works for Janssen Pharmaceuticals as Medical Scientific Liaison: Pain.

MEET THE GROUPS

Kingsway Group Amanzimtoti

Errol Theron, a 17-year cancer survivor and his wife Sharon-Ann of Amanzimtoti are volunteers for CANSA and they also run the local Kingsway Cancer support group which meets once a month at the Netcare Kingsway hospital, 607 Andrew Zondo Road, Amanzimtoti.

The Kingsway Group meets on the second Wednesday of every month at 4pm in the Kingsway Hospital Oncology ward waiting room and the prime objective is to make the meeting stress free and a pleasurable place to come to.

They regularly arrange for product demonstrations and suitable speakers to talk on matters of mutual interest like the importance of properly structured nutrition, skin care both during and after treatment, and eating healthy meals to maintain muscle and a good body mass index.

Monthly speakers may discuss topics such as the correct way to use limited energy levels while undergoing radiation or chemotherapy,



Seen here with some of their group member are the organisers, Errol and Sharon are seated together at the back of the group.

or hold in depth discussions on the importance of stress management for the carer who may experience more stress than the patient does.

Contact Errol and Sharon-Ann Theron for more details at errolandsharon@skytec.co.za

Can mindfulness help you be more authentic?

by Kira M. Newman

According to a new study, mindful people might be happier because they act according to their values.

For many of us, mindfulness is a relaxation tool - a way to cultivate calm and slow down in a frantic world.

But that's not all it can do. "Sometimes when I meditate, I can't stop smiling," a longtime practitioner told me recently. "I just want to jump up and go after my dreams!" And she could be onto something: According to a new study, one of the ways mindfulness improves our well-being may be by encouraging us to act authentically, according to our values.

A group of Australian researchers surveyed more than 800 people, mostly undergraduate students, about their levels of mindfulness, well-being, and "values-based action."

Values-based action reflects how much progress you're making toward the things that matter to you - your goals, self-improvement, and purpose in life - and how much you get distracted or discouraged along the way. For example, if you value compassion, you would rate yourself higher if you took time out of a busy week to check on friends who are struggling. The mindfulness measured here was participants' ability to stay focused, minimise distraction, and avoid judging their thoughts and feelings.

In their analysis, the researchers found that more mindful people had higher well-being - with much of this link accounted for by their acting more in line with their values. This was the case for the

various types of well-being measured in the survey, including the participants' overall satisfaction with life, how much positive and negative emotion they experienced recently, and how positive they felt about their relationships, themselves, and the future.

In other words, one of the reasons mindfulness may be so beneficial is because it helps us translate our values into action, to live authentically.

Although this study can't prove that mindfulness causes more authentic behavior, which in turn causes greater well-being, there's reason to believe this might be the case. When we pursue things that matter to us - whether it's a new career or a budding romance - we sometimes feel overwhelmed by fear or self-doubt. Mindfulness could help us recognise these feelings and work through them, rather than getting stuck and paralysed by inaction.

Mindfulness could also help us notice opportunities and carefully consider them - she mentioned that her company's hiring; maybe I'd be a good fit? - rather than moving forward on auto-pilot, rarely straying from our current path in life.

And mindfulness might give us the extra thoughtfulness we need to remember our values in everyday situations - to say no to commitments that will exhaust us, to remember to be patient with our kids, or to take care of our bodies.

Life is full of decisions, big and small, and they can be guided by what truly matters to us - or by fear, stress, and inertia. Mindfulness may help us stay true to our inner compass, and follow it toward a better life.

"Can mindfulness help you be more authentic?" by Kira M. Newman appeared on Greater Good, the online magazine of UC Berkeley's Greater Good Science Centre. To view the original article, go to <http://tinyurl.com/jxqap2l>

Incontinence - let's get down to basics ...

by Siân Storey

Talking about "pee" or "poo" for so many of us is simply a step too far; it's one of the last taboos with many people suffering in silence rather than acknowledging to another person that they have "issues".

What is Incontinence?

Incontinence is defined as 'the complaint of any involuntary leakage' (1) of urine or faeces and is something that many face regardless of diagnosis. Some will live with the odd "accident", a small trickle of urine perhaps if we laugh, cough or sneeze (also known as stress urinary incontinence). Others will be mortified as they may empty their bladder or pass faeces without any warning whatsoever. We take these "simple" bodily functions so much for granted don't we? When things don't work the way they should, can you imagine living with that uncertainty and not knowing how to manage it or what help might be available?

Having cancer does not necessarily mean you will develop incontinence, but certainly some people will. Incontinence isn't a disease itself, but it is a symptom that something is wrong within the urinary or bowel systems. This may be because of where the cancer is and the proximity to the bladder or bowel in the pelvic region. For example, in men, this may be the prostate gland or for women, it could be the uterus (womb). It may also be due to the treatment for the cancer such as radiotherapy to the pelvic region which may irritate the bladder or bowel.

Incontinence can frequently be a complication of cancer that goes unrecognised and many people do not realise it could be treated. Caregivers who are caring for individuals with cancer, may not fully understand the consequences that some cancers and cancer treatments can have on someone's ability to remain continent.

There are many treatments to help with incontinence depending on the cause, type, severity and the impact on quality of life. We should always "promote continence, not manage incontinence". That said, when you are faced with the situation, temporary or otherwise and you need help, then relying on the right product at the right time is essential.

TENA have a range of products to help with the different situations that people may face every day, from the light leaks to the heavier incontinence problems. The TENA Lady and Men's ranges include pads that you can use with your own snug fitting underwear. We also have "pull up" pants that feel like you are wearing your own underwear to retain a sense of normality. For those with heavier incontinence and/or are bedridden we have TENA Flex which is a fully breathable belted product that allows for more ergonomic changing regardless of the individual's position, providing a comfortable and discreet fit. TENA Flex minimises the need for moving and lifting, making pad changing less intrusive for the wearer and TENA Flex has been proven to reduce the risk of back strain on carers.

TENA believes in a total care approach that meets individual skin health needs. As Incontinence experts, we understand that achieving good Skin Health is about providing quality absorbent products AND skincare products. Our top layers of skin have a low pH, and it is important that the products and care procedures we use do not disturb this natural pH. TENA also have a range of products that cleanse the skin and help to protect and restore it as well; the TENA 3-in-1 Skincare and Cleansing range (Wash Cream, Wet Wipes and Skin

Cream) has been developed especially for use on fragile and sensitive skin and is suitable for everyday use on all skin types. Healthcare professionals agree that consistent personal skincare is essential to control odour, maintain skin integrity and the well-being of incontinent individuals.

Whether you are using incontinence products as a "stop gap" or have incorporated them into your everyday life it is so important to feel secure and confident that they will do what you ask of them to do, day and night. It is therefore essential to make sure that you use the most appropriate product for your needs.

The TENA range of incontinence and skincare products is available from leading retailers and pharmacies or via the TENA webshop www.tenashop.co.za

For further information or advice, please contact our Customer Service Specialist on 087 359 1079 or customer-care@tena.co.za or visit tena.co.za.

Siân Storey is a UK Registered Nurse for SCA who works as a Nurse Advisor with their TENA range. Siân runs Continence Promotion workshops here in South Africa focusing on individuals with incontinence and how to prevent skin issues occurring. She also does home visits with those needing support and guidance on their choice of products.

Wings of Hope meeting to tackle medical aid



The last public meeting of the Wings of Hope was dedicated to Lymphoedema. Sua Serebro, the guest speaker, in a highly interesting talk provided the audience with the latest information on this very complicated topic.

The next meeting at the Netcare head office in Sandton on the 22 April will feature an expert panel from Discovery on medical aid topics. Everybody is welcome to question the experts on services, fee structures and other problems experienced.

Below are pictured some of the members that attended the last meeting.



CANCER ALLIANCE

Advocacy toolkit

Advocacy can be seen as the collective action to act and be the Voice of the Voiceless. The Cancer Alliance adopted a human rights based approach to cancer care that acknowledges that access to services is a matter of social justice and can assist in identifying and addressing the inequalities and discriminatory practices that affect a person's access to affordable, quality and timely clinical and supportive care services across the cancer care continuum. This is in line with the WHO Universal Declaration of Human Rights signed in 1948. South Africa is a signatory of this Declaration and our constitution further enshrines this basic human right.

The WHO goes further to say that Universal Health Coverage (UHC) is defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. Our toolkit supports this principle.

The custom made South African Advocacy Toolkit is based on the Photovoice research outcomes of Dr. Lynn Edwards and Linda Greeff. This research captures the felt needs and experiences of patients and caregivers. The nine areas of concern linked to the Cancer Alliance strategic objectives and aligned with the UICC World Cancer Declaration are:

- Access to cancer treatment
- The importance of early detection and treatment
- Patients right to health care
- Training and education of health care workers re cancer
- Cancer stigma
- Importance of psycho-social care for cancer patients and their families
- Re-engineering of the health system to provide access to integrated cancer services
- The impact of poverty on cancer services delivery
- Collaboration between government and NGO's and NGO's and CBO's to improve the spread of services delivery.

An overview provides a brief explanation of each priority area within the South African context. This will be followed with a "fact sheet" and "how to meet the challenges" aimed at policy and decision makers on a monthly basis. For the cancer community a social media message page will direct your involvement in our call to "Let's Talk About Cancer". If you have



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.
www.canceralliance.co.za

any stories associated with these priority areas send these to info@canceralliance.co.za.

It is time to STAND UP for cancer in South Africa - add your voice by joining the Cancer Alliance social media with #letstalkaboutcancer.

Visit the new look website <https://www.canceralliance.co.za> to read more about the Advocacy Toolkit and also read the Call to Action for cancer patients, survivors and caregivers.

WHAT ARE THE PRIMARY CONCERNS?

CANCER CONTROL IS BEING THWARTED ON 2 FRONTS:

1. THE ABSENCE OF A COMPREHENSIVE NATIONAL CANCER CONTROL PLAN FOR SOUTH AFRICA:

South Africa's first *National Cancer Control Plan* (NCCP) was developed way back in 1998 - and **limited political will to fund** its development means that, 18 years later, it **FAILS** to provide a **structured and sustainable roadmap** for addressing cancer at a national and provincial level. ^[3]

2. THE ABSENCE OF A FULLY FUNCTIONAL CANCER REGISTRY:

Although regulations to see cancer regulated were promulgated in 2011, **implementation is not happening**. The current register is a **pathology-based** one which, for the past 15 years, has recorded about 60 000 new cases annually. This is clearly a serious **under-representation** of the true extent of the challenge. ^[4]

Those are two fundamental steps South Africa needs to get right if we are to begin tackling the cancer threat, the extent of which was highlighted in a 2012 study by the respected medical journal *The Lancet*.^[5]

It is predicted that South Africa could see a SHOCKING 78% INCREASE in the number of cancer cases by 2030!



@canceralliance_



@cancerallianceza



@cancerallianceza

Finding and evaluating online resources

The number of websites offering health-related resources - including information about complementary health approaches (often called complementary and alternative medicine) - grows every day. Social media sites have also become an important source of online health information for some people. Many online health resources are useful, but others may present information that is inaccurate or misleading, so it's important to find sources you can trust and to know how to evaluate their content. This guide provides help for finding reliable websites and outlines things to consider in evaluating health information from websites and social media sources.

Checking out a health web site: five quick questions

If you're visiting a health website for the first time, these five quick questions can help you decide whether the site is a helpful resource.

Who? Who runs the website? Can you trust them?

What? What does the site say? Do its claims seem too good to be true?

When? When was the information posted or reviewed? Is it up-to-date?

Where? Where did the information come from? Is it based on scientific research?

Why? Why does the site exist? Is it selling something?

Not all online health information is accurate. Be cautious when you evaluate health information on the Internet, especially if the site

- Is selling something
- Includes outdated information
- Makes excessive claims for what a product can do
- Is sponsored by an organisation whose goals differ from yours.

Cancersupport @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: 19 April at 18:00 at Unitas Hospital boardroom

Please phone Marianne Ambrose Phone 0219443700 for more info 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.



Are you reading real online news or just advertising? Some time back the US Federal Trade Commission warned the public about fake online news sites promoting an acai berry weight-loss product. On a typical fake "news" site, a story described an investigation in which a reporter used the product for several weeks, with "dramatic" results. The site looked real, but it was actually an advertisement. Everything was fake: there was no reporter, no news organisation, and no investigation. The only real things were the links to a sales site that appeared in the story and elsewhere on the web page. Similar fake news sites have promoted other products, including work-at-home opportunities and debt reduction plans.

You should suspect that a news site may be fake if it:

- Endorses a product. Real news organisations usually don't do this.
- Only quotes people who say good things about the product.
- Presents research findings that seem too good to be true. (If something seems too good to be true, it usually is.)
- Contains links to a sales site.

Includes positive reader comments only, and you can't add a comment of your own.

Don't rely exclusively on online resources when making decisions about your health, discuss it with your health care provider first.



Rondebosch Group

Venue: Waiting Room, 4th floor Rondebosch Medical Centre, Klipfontein road.

Last Monday of each month (except Sept.)

Time: 18:00 – 19:30

Contact Linda Greeff: 0219443700 for more info

Panorama, Cape Town Group

Venue: Panorama Oncology, 1st floor, 43 Hennie Winterbach Street, Panorama
10:00 to 11:30

Contact: Emerentia Esterhuyse 0219443850, emerentia.esterhuyse@cancercare.co.za

Cape Gate Group

Venue: 51 Tiger Avenue, Cape Gate, 7560
10:00 - 12:00

Contact: Caron Majewski, 021 944 3807
caron.majewski@cancercare.co.za

George Group

Venue: 51 Tiger Avenue, Cape Gate, 7560
10:00 - 12:00

Contact: Engela van der Merwe, 044 8840705,
engela.vandermerwe@cancercare.co.za

Call me ... please!

Contrary to what my wife and colleagues think, it is not all about me. Well yes, I do get lonely sitting at my desk late at night, when my wife is busy, and the long-ago-moved-away kids are not available and there is nothing running on NASCAR. Nonetheless, it is not really about my needs. I am talking, of course, about why I give patients my cell phone number.

It is printed on my card and I emphasise it during office visits. "If you need me, call." I remind them that when you are laying on the floor with crushing chest pain, the correct number is 911. PLEASE, do not leave life and death messages on my voice mail. Call the office. Call the rescue squad. Call another doctor. Nonetheless, in general, my job is to help, so feel free to reach out and touch me.

Not that I am warm and fuzzy with out-of-the-blue calls from patients I have not seen in years, with a new, non-urgent message. "I saw in the Times today, that coffee prevents liver cancer ... what about decaf?" Or the elderly spinster who calls, every couple of days, to review bowel, bladder and bunion. Admittedly, I do not get much pleasure reviewing vitamin recommendations at 11:18 on a Saturday eve. "Can you combine B12, biotin and grapefruit? All at once? Really?"

CanSurvive CANCER SUPPORT

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:

**SOWETO, HapyD, 1432 Buthlezi St.
Jabulani - 15 April 09:00**

**CHARLOTTE MAXEKE Radiation Department,
Level P4 - 19 April**

**CHARLOTTE MAXEKE Radiation Department,
Level P4 - 3 May**

**HEAD and NECK Group, Rehab Matters,
1 De la Rey Rd. Rivonia - 4 May 18:00
KRUGERSDORP Netcare Hospital Group -
6 May 09:00**

**PARKTOWN Hazeldene Hall (opposite Netcare
Parklane Hospital) - 13 May 09:00**

Enquiries:

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

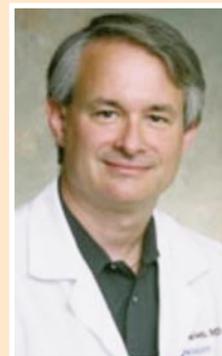
The Groups are open to any survivor, patient or caregiver.
No charge is made.

James C. Salwitz, MD

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

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

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



While these are easy, social and efficient, they can raise doubt regarding my open-phone policy. Fortunately, they are rare and well balanced by the positive intervention of rapid direct contact. Truth be told, patients and families are respectful and perceive my number as a life-line privilege.

There are several types of calls which have great value. There is the patient six days into chemo with the fever of 102.8, or the gentleman with maroon stool or the woman with breast cancer who notes a suddenly swollen leg and dyspnea. Easy. Do not pass go; Do not collect \$200; Do go to the ER. We will see you there.

Then there are the "I left an urgent message with the office, but you didn't call back," or the "can you repeat the plan to my sister," or "I have a _____" (fill in as indicated), what should I do?" I rarely get the dreaded "refill my medication" call and truthfully it is often a screen for a deeper question and conversation. "Can you order oxycodone" may equal "is hospice appropriate?"

The call which has the most value is the one which says, in effect, "Doc, I am really scared, can you help me?" Why is this call so important? Because, fighting fear and danger is why I went into medicine in the first place... The opportunity and honour to be there when "s**t" really hits the fan. That is what it means to be a healer.

Tony called me this morning, while I was waiting for a plane at Logan. He had a CT scan on Friday to restage his disease. At home, alone even with family by his side, seconds were minutes were hours and, in many ways, felt like a lifetime. So, after rethinking a dozen times, "Do I bother Dr. Salwitz, I am just being silly," he called. I viewed the images on my iPad and reassured him the cancer was melting away. Is that incredibly cool, or what?

Now, some will say that I can replace this sort of direct, personal connection, with a high quality, compassionate front desk, triage nurse and answering service. A "screening" team would allow me to organize and focus on the task in front of me, without interruption. I am fortunate enough to also have that support. Despite best intentions I should not and cannot answer every call. I depend heavily on great teamwork, especially when I am seeing other patients.

However, when push comes to shove, when a patient really needs a doctor, really needs me, the cell phone contact fills a critical need. No delay. Instant answers. Rapid resolution. Dial, ring, answer, discuss, act. The patient gets great service. Disease and fear are on the run. I get closure and can move on. Wait a minute. I do my job quickly, easily and well, and do not have to deal with an infinite list of unanswered "call backs?" Perhaps, it is all about me.

CALENDAR

April 2017

- 11 CancerCare Panorama Stress Management Course Part 1
All about stress. 10:00 - 11:30
- 15 CanSurvive Jabulani Group at HapyD, 1432 Buthelezi St.
- 18 Can-Sir Malecare Support Group, Mediclinic
Constantiaberg, Plumstead, Cape Town, 17:45 – 19:00
- 18 CancerCare Panorama Stress Management Course Part 2
"Disaster recovery: Letting go of stress". 10:00 - 11:30
- 19 CanSurvive Charlotte Maxeke Group, Radiation Floor P4.
- 19 CancerSupport@Centurion support Group at Netcare
Unitas Hospital, Centurion at 16:00
- 20 Cape Gate Oncology Group, Oncology Centre 10:00.
"Living with pancreatic cancer".
- 22 Wings of Hope, Netcare Auditorium, Sandton. 10.00.
Medical aid panel discussion
- 24 Cancercare Support Group, Rondebosch Medical Centre,
Nutritional focus after treatment maintaining your health.
- 25 CancerCare Panorama Stress Management Course Part 3
Stress Toolkit. 10:00 - 11:30

May 2017

- 3 CanSurvive Charlotte Maxeke Group, Radiation Floor P4.
- 3 Cancercare OuteniquaSupport Group, GVI Boardroom,3
Gloucester Ave. George 10:00 - 12:00
- 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
- 13 Bosom Buddies Support Group, Hazeldene Hall, Parktown
at 09:30 for 10:00
- 16 Can-Sir Malecare Support Group, Mediclinic
Constantiaberg, Plumstead, Cape Town, 17:45 – 19:00
- 17 CancerSupport@Centurion support Group at Netcare
Unitas Hospital, Centurion at 16:00
- 17 CanSurvive Charlotte Maxeke Group, Radiation Floor P4
- 20 CanSurvive Jabulani Group at HapyD, 1432 Buthelezi St.
- 25 Cape Gate Oncology Group, Oncology Centre 10:00.
"Living with a colostomy".
- 29 Cancercare Support Group, Rondebosch Medical Centre,
"Video testimonies on managing cancer".

June 2017

- 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
- 4 **World Cancer Survivors' Day**
- 7 Cancercare OuteniquaSupport Group, GVI Boardroom,3
Gloucester Ave. George 10:00 - 12:00
- 10 CanSurvive Cancer Support Parktown Group, Hazeldene
Hall, Parktown 9:00

CONTACT DETAILS

CanSurvive Cancer Support
Parktown and West Rand Group :
CanSurvive Head and Neck Support Group, Rivonia,
Contact: 062 275 6193 or cansurvive@icon.co.za
Charlotte Maxeke Group: Contact Duke Mkhize 0828522432
Jabulani Group: Contact Sister Bongwiwe Nkosi: 0835760622

CancerCareSupport Group, 4th Floor, Rondebosch Medical
Centre. Contact: linda.greeff@cancercare.co.za or phone
0219443700 for more info

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

CancerCare George Support Group. Contact: Engela van der
Merwe, 044 8840705, engela.vandermerwe@cancercare.co.za

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

Cancersupport@centurion: Marianne Ambrose 012 677
8271 (office) or Henriette Brown 072 8065728

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

Prostate & Male Cancer Support Action Group,
MediClinicConstantiaberg. Contact Can-Sir: 079 315 8627 or
Linda Greeff: linda.greeff@cancercare.co.za, phone
0219443700

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

Clinton Support Group 10:00 Netcare 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 7633901. Meetings: Lifeline offices, 2 The Avenue,
Cnr Henrietta Street, Norwood

Reach for Recovery (R4R) : West Rand Group. Contact Sandra
on 083 897 0221.

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, Jenny Caldwell, 072 248 0008.t

Reach for Recovery: Harare, Zimbabwe contact 707659.

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

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

News in brief

Ultrasound and microbubbles flag malignant cancer in humans

A team led by researchers from the Stanford University School of Medicine has demonstrated a way to diagnose cancer without resorting to surgery, raising the possibility of far fewer biopsies.

For this first-in-humans clinical trial, women with either breast or ovarian tumours were injected intravenously with microbubbles capable of binding to and identifying cancer.

Lead author, Jürgen Willmann MD, a professor of radiology at Stanford, says that "the difficulty with ultrasound right now is that it detects a lot of lesions in the breast, but most of them are benign. And that leads to many unnecessary biopsies and surgeries."

For the study, 24 women with ovarian tumours and 21 women with breast tumours were intravenously injected with the microbubbles. Clinicians used ordinary ultrasound to image the tumours for about a half-hour after injection. The high-tech bubbles clustered in the blood vessels of tumours that were malignant, but not in those that were benign. The ultrasound imaging of patients' bubble-labeled

tumours was followed up with biopsies and pathology studies that confirmed the accuracy of the diagnostic microbubbles.

Medical microbubbles are spheres of phospholipids, the same material that makes up the membranes of living cells. The bubbles are 1 to 4 microns in diameter, a little smaller than a red blood cell, and filled with a harmless mixture of perfluorobutane and nitrogen gas.

Ordinary microbubbles have been approved by the Food and Drug Administration and in clinical use for several years now. But such microbubbles, a kind of ultrasound "contrast agent," have only been used to image organs like the liver by displaying the bubbles as they pass through blood vessels. Up to now, the bubbles couldn't latch onto blood vessels of cancer in patients.

<http://tinyurl.com/lcghep6>

Artificial thymus can produce cancer-fighting T cells

UCLA researchers have created a new system to produce human T cells, the white blood cells that fight against disease-causing intruders in the body. The system could be utilised to engineer T cells to find and attack cancer cells, which means it could be an important step toward generating a readily available supply of T cells for treating many different types of cancer.

The thymus sits in the front of the heart and plays a central role in the immune system. It uses blood stem cells to make T cells, which help the body fight infections and have the ability to eliminate can-

Recent FDA approvals

Zejula approved for certain female cancers

Zejula (niraparib) has been approved by the US Food and Drug Administration to treat adult women with recurring cancers of the ovaries, fallopian tubes or abdominal wall (peritoneum) whose tumours have shrunk in response to platinum-based chemotherapy.

Zejula is designed to block an enzyme involved in repairing damaged DNA. The thought is that by blocking this enzyme, cancer cells would die and slow down or stop tumour growth, the FDA said.

Kisqali approved for breast cancer subset

The approval is based on findings from the phase 3 MONALEESA-2 trial, in which combining Kisqali with letrozole reduced the risk of progression or death by 44 percent compared with letrozole alone in the first-line setting for HR+/HER2- advanced breast cancer.

The phase 3 MONALEESA-2 trial enrolled 668 postmenopausal women with advanced breast cancer who had not yet received prior therapy for advanced disease. Letrozole was administered at 2.5 mg per day along with placebo or Kisqali at 600 mg per day for three weeks followed by one week off. The primary endpoint of the study was progression-free survival (PFS). Secondary outcome measures focused on overall survival, overall response rates, and safety.

The trial ended prematurely after an initial interim data analysis demonstrated a significant benefit in favor of the Kisqali arm. The analysis occurred after 243 qualifying events, including progression or death. Ninety-three (27.8 percent of randomized patients) events occurred in the Kisqali arm compared with 150 (44.7 percent) in the placebo arm.

Nivolumab approved for bladder cancer

The Food and Drug Administration (FDA) has granted accelerated approval to nivolumab (Opdivo®) for the treatment of some patients with urothelial carcinoma, the most common type of bladder cancer. This makes nivolumab the second immune checkpoint inhibitor to be approved for the treatment of bladder cancer.

By binding to a protein called PD-1 on the surface of T cells - a type of white blood cell - and preventing it from interacting with the PD-L1 protein on cancer cells, nivolumab releases the brakes on the immune system, allowing T cells to attack cancer cells.

The approval of nivolumab is regarded as an affirmation of the important role that immunotherapy plays in the treatment of advanced bladder cancer.

Keytruda granted approval for hodgkin lymphoma

Keytruda (pembrolizumab) was granted an accelerated approval by the Food and Drug Administration (FDA) for the treatment of refractory or relapsed adult and pediatric patients with classical Hodgkin lymphoma (cHL) who have had three or more lines of therapy.

The approval is based on data from a nonrandomized, open-label clinical trial in which, at a median follow-up of 9.4 months, the overall response rate (ORR) with Keytruda was 69 percent. The ORR included complete responses in 22 percent of patients and partial responses in 47 percent of patients. The median duration of response was 11.1 months (range, 0+ to 11.1).

The specific Keytruda regimens approved are 200 mg every three weeks for adults and 2 mg/kg (up to 200 mg) every three weeks for pediatric patients. This is the first FDA indication for Keytruda in a hematologic malignancy.

cer cells. However, as people age or become ill, the thymus isn't as efficient at making T cells.

T cells generated in the thymus acquire specialized molecules, called receptors, on their surface, and those receptors help T cells seek out and destroy virus-infected cells or cancer cells. Leveraging that process has emerged as a promising area of cancer research: Scientists have found that arming large numbers of T cells with specific cancer-finding receptors - a method known as adoptive T cell immunotherapy - has shown remarkable results in clinical trials.

Adoptive T cell immunotherapy typically involves collecting T cells from people who have cancer, engineering them in the lab with a cancer-finding receptor and transfusing the cells back into the patient.

<http://tinyurl.com/lo6ua6e>

Israeli scientists discover way for cancer to self-destruct

Many cancer patients struggle with the adverse effects of chemotherapy, still the most prescribed cancer treatment. Israeli researchers have discovered a cell mechanism that could revolutionise treatment.

A study published recently discloses the role of three proteins in killing fast-duplicating cancer cells while they are dividing. The research, led by Prof. Malka Cohen-Armon of TAU's Sackler School of Medicine, finds that these proteins can be specifically modified during the division process - mitosis - to unleash an inherent "death mechanism" that self-eradicates duplicating cancer cells.

"The discovery of an exclusive mechanism that kills cancer cells without impairing healthy cells, and the fact that this mechanism works on a variety of rapidly proliferating human cancer cells, is very exciting," Cohen-Armon said. "According to the mechanism we discovered, the faster cancer cells proliferate, the faster and more efficiently they will be eradicated." The mechanism unleashed during mitosis may be suitable for treating aggressive cancers that are unaffected by traditional chemotherapy.

The researchers are currently investigating the potential of one of the Phenanthridine derivatives to treat two aggressive cancers known to be unresponsive to current chemotherapy: pancreatic cancer and triple negative breast cancer.

<http://tinyurl.com/kumzvmw>

Diversity key to better lymphoma immune response

A University of Queensland researcher has found patients with non-hodgkins lymphoma are most likely to survive if they have a rich variety of T-cells.

UQ Diamantina Institute researcher Dr Colm Keane said the findings could pave the way for personalised immunotherapies for those who did not respond to existing treatments.

"The study was unique in that we were able to get the code for every one of the 2500 or so T-cells from biopsies from a large group of patients with diffuse large B-cell lymphoma (DLBCL)," Dr Keane said.

T-cells are known to fight off infections such as influenza, but recent findings indicate they are also capable of killing cancer cells.

"Our research showed those with a highly dominant T-cell type had a lower survival rate than those with greater diversity," Dr Keane said. "If the tumour mutated to avoid a dominant T-cell, the

immune system was left with fewer and weaker options to mount an effective response. You could compare it to a sports team who lose their only star player."

Dr Keane said the results were surprising because melanoma patients typically respond well to therapies when they have groups of dominant T-cells. "We now know that T-cell composition for specific tumour types should be factored into the design of future immune-based therapies," he said. "We are working to find which types of T-cells are associated with the best outcomes for lymphoma patients.

"We hope then to be able to produce those in the laboratory and give them back to the patient to improve their response and chances of survival."

<http://tinyurl.com/ldayrzl>

Machines which detect cancer symptoms could be out in a year

Californian researchers have created a computer programme that senses tumour tissue and where it is located in the body. The programme and the blood test combined could be simple enough to be included in a routine health check. Dubbed a 'CancerLocator' by Professor Jasmine Zhou and her team at the University of California, Los Angeles (UCLA) detected early stage cancer in 80% of cases.

It works by analysing the amount of tumour DNA that's currently travelling around the blood. It then compares these patterns against a database of genetic modifications known to be caused by different cancer types.

Professor Zhou said: "Non-invasive diagnosis of cancer is important, as it allows the early diagnosis of cancer, and the earlier the cancer is caught, the higher chance a patient has of beating the disease. We have developed a computer-driven test that can detect cancer, and also identify the type of cancer, from a single blood sample. The technology is in its infancy and requires further validation, but the potential benefits to patients are huge. I hope it will be available within a year. It depends on training data, testing and machine learning."

Because of the limited number of blood samples, this study evaluated only on three cancer types (breast, liver and lung). In general, the higher the fraction of tumour DNAs in blood, the more accurate the programme was at producing a diagnostic result.

<http://tinyurl.com/kw962y9>

Vitamin C is up to ten times more effective at stopping cancer cell growth

The research is the first evidence that Vitamin C (ascorbic acid) can be used to target and kill cancer stem cells (CSCs), the cells responsible for fuelling fatal tumours.

Dr Michael P. Lisanti, Professor of Translational Medicine at the UK University of Salford, said: "We have been looking at how to target cancer stem cells with a range of natural substances including silibinin (milk thistle) and CAPE, a honey-bee derivative, but by far the most exciting are the results with Vitamin C.

"Vitamin C is cheap, natural, non-toxic and readily available so to have it as a potential weapon in the fight against cancer would be a significant step."

Cancer stem-like cells are thought to be the root cause of chemotherapy resistance, leading to treatment failure in patients

with advanced disease and the triggers of tumour recurrence and metastasis (regrowth).

The Salford team set out to assess the bioenergetics of cancer stem cells - the processes which allow the cells to live and thrive – with a view to disrupting their metabolism.

Focusing on energy-transfer, they measured the impact on cell lines in a laboratory of seven substances, the clinically-approved drug stiripentol, three natural products - caffeic acid phenyl ester (CAPE), silibinin and ascorbic acid - and experimental pharmaceuticals, such as actinonin, FK866 and 2-DG.

While they found that natural antibiotic actinonin and the compound FK866 were the most potent, the natural products also inhibited CSC formation, with Vitamin C, outperforming 2-DG by tenfold in terms of potency.

Vitamin C has previously been shown to be effective as a non-toxic anti-cancer agent in studies by Nobel Prize winner Linus Pauling and was recently shown to reduce mortality by 25% on breast cancer patients in Japan. However, its effects on CSC activity have not been previously evaluated and in this context, it behaves as an inhibitor of glycolysis, which fuels energy production in mitochondria, the "powerhouse" of the cell.

Dr Gloria Bonuccelli, lead author and another member of the Salford team added: "This is further evidence that Vitamin C and other non-toxic compounds may have a role to play in the fight against cancer.

"Our results indicate it is a promising agent for clinical trials, and as an add-on to more conventional therapies, to prevent tumour recurrence, further disease progression and metastasis.

<http://tinyurl.com/mwjaojh>

Radiotherapy risks are much higher for smokers

Smokers treated for breast cancer have much higher risks than non-smokers of developing lung cancer or heart attack as a result of radiotherapy - according to a study funded by Cancer Research UK.

The study shows that for non-smokers the long-term risk of death from lung cancer or heart attack - caused by radiation - is only 0.5 percent. But for smokers, this increases to around 5 percent.

These findings are based on a worldwide study by the Early Breast Cancer Trialists' Collaborative Group of the lung and heart radiation doses and risks among 40,781 women with breast cancer in 75 randomised trials of radiotherapy.

Dr Carolyn Taylor, radiation oncologist and lead author from the University of Oxford, said: "For non-smokers, the absolute risk of death from the side effects of modern radiotherapy is only about 0.5 percent, which is much less than the benefit. But for smokers, the risk is about 5 percent, which is comparable with the benefit.

"Stopping smoking at the time of radiotherapy will avoid most of the lung cancer and heart disease risk from radiotherapy, and has many other benefits."

Radiotherapy remains an important treatment for breast cancer and reduces the likelihood of dying from the disease. For most non-smokers or ex-smokers the benefits of radiotherapy will far outweigh any risks. But for some long-term continuing smokers, the risks may be greater than the benefits.

<http://www.medicalnewstoday.com/releases/316490.php>

FIND IT ON THE WEB -

Recipes for pancreatic cancer patients

A recipe book created by dietitians and chefs at University College Cork, provides advice on how best to combat cancer-induced weight loss and other eating related problems whilst undergoing pancreatic cancer treatment. It features over 80 quick, easy and energy dense recipes for nourishing meals and snacks that have been created specifically for people who find it hard to maintain a healthy weight. The book can be viewed on line at <https://pancreaticcanceraction.org/booklets/cook-book/>

There are also some excellent leaflets about pancreatic cancer available on this site.

Managing stress and distress

Distress—a mix of anxiety and depressive symptoms—may cause sleeplessness, lack of appetite, trouble concentrating and difficulty carrying on regular activities. Although some distress is normal, about a third of cancer patients experience significant distress. Only about five percent of those with cancer obtain psychological help. While distress doesn't affect the cancer itself, it does affect how patients cope with their cancer and their ability to follow treatment recommendations.

Have a look at the National Comprehensive Cancer Networks booklet, Distress Guideline for Patients.

<https://www.nccn.org/patients/guidelines/distress/index.html#14>

Kidney Cancer Journal

The latest issue of the Kidney Cancer journal can be found at <http://kidney-cancer-journal.com/jha/>

Buddies for Life magazine

You can download your copy of this great South African magazine at <http://www.buddiesforlife.co.za/pdf-marapr-2017/#marapr2017/page1>

Proton therapy offers new treatment possibility for recurrent lung cancer

A new study offers hope for patients with recurrent lung cancer, who historically have been considered ineligible for curative treatment. In the largest analysis to date of reirradiation using intensity-modulated proton therapy (IMPT) for lung and other thoracic tumours, more than three-fourths of patients were free from local recurrence at one year following retreatment, and fewer than one in ten patients experienced severe side effects.

Concerns about cumulative radiation doses to essential organs near thoracic tumours (e.g. heart, lungs, esophagus) may limit the use of curative radiation therapy (RT) for patients who received thoracic RT in the past. Accordingly, patients whose lung cancer recurs are generally offered only palliative options to manage pain and other symptoms.

Proton therapy, an advanced type of RT, allows radiation oncologists to spare critical normal tissues while delivering escalated, curative doses of radiation to nearby tumours. In particular, IMPT is able to exactly target a tumour, even if the tumour wraps around a critical normal tissue structure, such as a lung.

"Treating patients who have already received a prior course of tho-

racic radiation is a common clinical scenario, and it is particularly challenging to subsequently provide strong enough radiation doses to eliminate the new tumour without causing significant harm to normal tissues," said Jennifer Ho, MD, lead author of the study and a resident in radiation oncology at the University of Texas MD Anderson Cancer Centre in Houston. "Our study is the first to show that IMPT can be safe and effective for these patients - and that it offers these patients a chance for lasting cancer control without adding significant toxicity."

<http://www.medicalnewstoday.com/releases/316459.php>

How does broccoli help prevent cancer?

Researchers from Oregon State University (OSU) found that sulforaphane reduced the expression of long noncoding RNAs (lncRNAs) in prostate cancer cells, which disrupted the cells' ability to form colonies - a hallmark of metastatic cancer.

Previously believed to be "junk DNA" with no significant function, lncRNAs have increasingly emerged as key players in the development of numerous cancers, including prostate, breast, stomach, and lung cancers.

Studies have suggested that lncRNAs can regulate gene expression - the process by which genes are switched on or off in order to do their jobs. When lncRNAs become dysregulated, it is believed that they can fuel disease development.

Not only does the new study provide further evidence of the role lncRNAs play in cancer, but it supports previous research hailing the anticancer effects of sulforaphane.

"It's obviously of interest that this dietary compound, found at some of its highest levels in broccoli, can affect lncRNAs," says principal study investigator Emily Ho, of the Moore Family Centre for Whole Grain Foods, Nutrition and Preventive Health at OSU.

"This could open the door to a whole range of new dietary strategies, foods, or drugs that might play a role in cancer suppression or therapeutic control," she adds.

<http://www.medicalnewstoday.com/articles/316448.php>

Anti-cancer drug gets a boost when combined with antirheumatic

Scientists at EPFL and NTU have discovered that combining an anti-cancer drug with an antirheumatic produces improved effects against tumours. The discovery opens a new path for drug-drug synergy.

One of the goals in pharmacology is to increase the efficiency of

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

drugs by minimising their side effects. Recently, this effort has led to combining unrelated drugs to exploit their synergistic effects. This "drug-drug synergy" relies on interactions between the individual biological pathways on which each drug acts. Scientists at EPFL and Nanyang Technological University (NTU) have now discovered a synergistic effect between an anticancer and an antirheumatic drug, improving the former's ability to kill off cancer cells.

The labs combined to explore the synergistic effects of two unrelated drugs: auranofin (Ridaura), a gold-containing drug that is used to alleviate the symptoms of rheumatoid arthritis, and RAPTA-T, a ruthenium-containing anticancer drug that disrupts both tumour growth and metastasis, while also reducing the side effects of chemotherapy due to its low toxicity.

<http://tinyurl.com/lgnqyox>

Some cancer patients 'hyperprogress' on immunotherapy

When it comes to immunotherapy for cancer, "everyone likes to talk about the 'super-responders'," said an expert at the 10th Future of Genomic Medicine Conference. But evidence is emerging that some patients become "hyperprogressors" and their cancer grows quickly soon after they start therapy.

"We've all heard that immunotherapy is great. And there is subset of patients who do really well with long-term remission, even in the metastatic setting," said Razelle Kurzrock, MD, from the University of California, San Diego School of Medicine. "But it's not all good. We began to notice that some patients were progressing rapidly on immunotherapy," she explained. To illustrate her point, she showed imaging from a 73-year-old patient with metastatic bladder cancer whose cancer "just exploded" in size after starting immunotherapy.

"We need to figure out not only who to treat, but who not to treat. This will largely be done through genomics," Dr Kurzrock said.

"We've noticed now that all our patients with MDM2 amplification have responded this way," she reported, adding that progression is rapid. "The pace of progression is increased anywhere from five- to 40-fold."

<http://tinyurl.com/kravyca>

Thank you to Netcare !

CanSurvive Cancer Support Groups 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 in Parktown and Krugersdorp.



You're in safe hands

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