Cancer.vive’s annual Ride takes to the road

The Cancer.vive 2015 annual ride finally departed on its tour last week. The riders looking very glamorous in their outfits and, after safety checks were implemented by the highly experienced Triumph officials they were on their way. The bikes were pimped up with teddies and feather boas in the Cancer.vive colours and the energy was infectious and everyone was ready for the ride of their lives!

The tour visits Tshwane, Bela-Bela, Modimolle, Mokopane, Polokwane, Tzaneen and Blyde River Canyon, with many stops on the way to spread awareness of cancer amongst people who often have little knowledge of this vicious disease.

The Ride finishes on 19 September at OR Tambo City.

Do you have problems with cancer medications?

Are you having difficulties accessing your medicines because of their high price? Maybe your medical aids won’t pay for the medicine your doctor has prescribed, or won’t pay in full for the treatment that you need, but only a percentage of the costs, and you have to cover the rest out of pocket. Or maybe you are accessing treatment in the public sector, and find that the meds you need aren’t available in the public sector. If any of these apply to you, we would like to hear from you.

Doctors without Borders is working with partners to document the problems of the high price of medicines here in South Africa. In particular we’re looking at how pharmaceutical patents are propping up very high prices for medicines, and putting more affordable versions out of reach for years ahead. Many countries are able to access more affordable and quality versions of urgently-needed medicines. But in South Africa, the patent laws stop this happening right now. We want to change this and we need your help.

Please get in touch with us, and by sharing your story - we can guarantee total anonymity should you wish - you will be helping us to make more affordable medicines available in South Africa. We are particularly interested in how people are managing to access and pay for Herceptin/trastuzumab, so please do get in touch if this medicine in particular is causing you difficulties.

Thank you! Please contact: catherine.tomlinson@joburg.msf.org and laura.mccullagh@geneva.msf.org

Breast Health Foundation wins gender leadership award

Hosted by Topco Media, in partnership with Standard Bank, the Standard Bank Top Women Awards celebrate companies and organisations that have made momentous strides in gender empowerment in the workplace. The Awards are dedicated to recognising outstanding leadership, inspiration, vision and innovation in organisations that have stepped up and shaped women’s roles within the private and public sectors.

The Award’s categories reflect a wide spectrum of work in which these deserving women from the public and private sectors are involved. This includes CEOs, executives and leaders in corporate South Africa, SMMEs, government departments and agencies, as well as entrepreneurs.

In the category Top Gender Empowered Company: Civil society organisation award, the very worthy winner was the Breast Health Foundation.
Limpopo outreach helps educate about cancer

During September a community outreach was organised by GVI Oncology, Icon and Cancervive to primary healthcare clinics in Limpopo province to build cancer awareness in this region.

This primary healthcare training programme was developed to build the skills set and the awareness level of primary healthcare clinic sister and Medical officers in the Limpopo region regarding cancer.

The premise being that if we have more aware healthcare professionals that are cancer minded and skilled regarding the identification of the early warning signs of cancer, this will lead to the building of a system that will learn to prioritise cancer and will ensure that patients with early warning signs are identified sooner and then referred more timeously to the next level of care to ensure early detection and better cancer treatment going forward.

There were many problems encountered -

- Primary healthcare staff lack the knowledge and skills regarding cancer screening and early detection
- Lack of training for community health workers who are supporting the primary care staff in the community
- Poor pathology and radiology resources in rural areas and in secondary hospitals
- Lack of and poor referral services to secondary healthcare facilities that can do cancer staging and testing
- Patient transport and accommodation issues from rural communities to access diagnostic services and treatment of cancer
- Stigma re cancer from the community side and the professionals caring for patients in the primary care sector in rural areas.

Support and information Group

7 October 2015 (10:00-12:00)

GVI BOARDROOM, 3 Gloucester Avenue, George

HEAD AND NECK SUPPORT

This session is for anyone who has had trauma to the head or neck due to cancer. It is for patients who are just starting this journey, as well as those who are many years down the treatment and recovery road. The objective is to provide information, share experiences, and help with coping mechanisms. This is a session run FOR the patients BY the patients.

Join Ian and Kim Lucas, trained Cancer Buddies for a very informative session.

Partners and carers are encouraged to attend the meetings as well.

For more info or to book your seat contact the Oncology Social Worker, Engela van der Merwe on 044 884 0806 or at engela.vandermerwe@cancercare.co.za

A group of nursing sisters who took part in the outreach.

LET’S TALK ABOUT CANCER!

Join us at a CanSurvive Cancer Support Group meeting

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

Upcoming meetings:

HEAD and NECK Group - 1 October at Rehab Matters, Rivonia

Netcare KRUGERSDORP Hospital Group - 3 October 09:00

PARKTOWN - 10 October, Hazeldene Hall (opp. Netcare Park Lane Hospital) 09:00

Enquiries:

Bernice 083 444 5182 or bernicelass@outlook.com
Chris 083 640 4949 or cansurvive@icon.co.za

Kim Lucas 082 880 1218 or lct@global.co.za
www.cansurvive.co.za

The Groups are run in association with the Johannesburg Branch of Cancer Buddies and is hosted by Netcare. The Group is open to any survivor, patient or caregiver. No charge is made.
The Netcare CanSurvive Fun Walk for Cancer

Although the day was rather overcast, this was pleasant for those who walked the five kilometres in support of CanSurvive and CanAssist at Lonehill Park.

The Holistic Health Fair which was held in the Park had much to offer the very health and fitness conscious community. CanSurvive would like to thank Paula and Sandi of CoAlliance who organised the route, the marshals, sponsors and prizes and the necessary municipal requirements; Netcare and Netcare 911 who contributed hugely to the success of the event both financially and as our official medics, and all those marvellous people who gave up their Sunday morning to support us.

Out and about with Wings

Above: Members of the Wings of Hope committee enjoy an outing into the Kloofendal Nature Reserve.

Top right: The directors of the Wings participating in a private breakfast in support of fellow patient, Margaret Hirse.

Bottom right: The Wings hosted a table at the Netcare Cansurvive 5 km Fun Walk in Lonehill, a most enjoyable occasion.
New West Rand Group

As a result of very many requests, October 3 will see the launch of a new cancer support group at the Netcare Krugersdorp Hospital.

This will be run on the same lines as CanSurvive’s Parktown Group, with a speaker on a topical subject followed by refreshments and plenty of time to share news, views and ask the questions you have about living with cancer.

Meetings will be held on the first Saturday of each month at 09:00 in the Conference Room at Krugersdorp Hospital. There will be no charge and there is no need to book.

Since October 2009 the CanSurvive support groups have provided a caring and confidential environment in which patients can share their experiences and concerns and obtain support and useful information from others who have been through similar experiences. Support is provided for all types of cancer at various levels and patients, caregivers and friends are welcome at the meetings.

If you have any questions or need any further information, you can contact us:
Kim Lucas 082 880 1218 or lct@global.co.za
Chris 083 640 4949 or cansurvive@icon.co.za
Bernice 083 444 5182 or bernicelass@outlook.com
Our website is www.cansurvive.co.za and we are on Facebook at www.facebook/cansurviveSA.

LIVESTRONG Leaders in Africa

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Hydrate for good health

By Diana Price

Maintaining the right balance of fluid in our bodies is essential throughout our lives. When we are born, our bodies are composed of about 78 percent water; by adulthood men’s bodies are approximately 60 percent water, and women’s average 55 percent. Water is essential to cellular function and, on the most basic level, sustains all of the body’s functions.

Kalli Castille, MS, RD, LD, Director of Nutritional Support and Culinary at Cancer Treatment Centres of America® (CTCA) in Tulsa, Oklahoma, says, “Water plays a variety of key roles in the body: It transports nutrients where they need to go and moves waste out of the body; it also helps regulate body temperature, aids digestion and provides lubrication for joints, tissues and organs.”

Hydration during cancer treatment

As important as it is to maintain adequate fluid levels when we are well, it is even more important during cancer treatment. “Good hydration helps flush toxins out of the body and reduce potential side effects of treatment, such as nausea, constipation and fatigue,” says Castille.

Maintaining hydration can be a challenge for some patients who are unable to consume enough fluid or who lose too much fluid due to side effects of treatment, like nausea, vomiting and diarrhoea. Castille says that “signs of dehydration can include thirst, dark-coloured urine, fatigue, dry skin, dizziness and lightheadedness.” Any of these symptoms, she says, are reason to contact your physician.

Each person has unique hydration needs based on variables that include age, gender, weight and specific treatment plan. While the most general recommendations advise adults to consume 64 fluid ounces each day, or eight 8-ounce glasses daily, Castille notes that patients should consult a dietitian to devise a hydration plan that best meets their needs.

Quantity and quality

Once you have discussed a plan with your care team, consider how you will best be able to get the fluid you need. Sara Sanders, MS, RD, CSO, Clinical Oncology Dietitian at CTCA® in Goodyear, Arizona, says that if you are finding it hard to remember to drink fluids, you might try setting an alarm at regular intervals as a reminder or fill a water bottle in the morning and keep it with you throughout the day, with the goal of refilling it a certain number of times.

If you do choose to carry a bottle or jug, try to avoid plastic, Castille says, as “recent studies have shed some light on potentially harmful effects of the chemical bisphenol A (BPA) in some plastic containers. Instead invest in a stainless-steel canteen or a hard-plastic bottle certified to be BPA-free.”

In addition to paying attention to the quantity of fluid you consume each day, you’ll want to be aware of the quality of the drinks you are choosing. While water is the obvious choice, it is not your only healthy option. If you are craving a fruity, flavoured drink, Castille suggests adding a splash of 100 percent fruit juice or sliced whole fruit to your water for a refreshing alternative to sugary, artificially flavoured drinks. And, she says, if you want a carbonated drink without the empty calories of soda, add a few ounces of juice to carbonated water.

Sanders recommends also including electrolytes in your hydration plan. Electrolytes are minerals, including sodium, potassium and calcium, that have an electric charge and are critical in maintaining key body functions. While many sports drinks are supplemented with electrolytes, watch the sugar content of these flavoured drinks; alternative, healthier options that also contain electrolytes include coconut water and bottled water with added electrolytes. In addition, Sanders notes that some foods, like citrus fruit, are rich in electrolytes; speak with your dietitian to discuss which foods high in water and electrolytes might be worth adding to your nutrition plan.

Staying hydrated is important throughout our lives, and consistent attention to consuming high-quality beverages and foods that contribute to hydration is a great step toward healthy living. During cancer treatment paying extra attention to the need for hydration is especially essential and will help ensure your ability to complete treatment and recover as quickly as possible.

References


This article is reprinted with kind permission from Cancer Fighters Thrive, Cancer Fighters Thrive® is a quarterly magazine designed to inform and empower cancer patients, their friends and families, and the latest issue is available online at http://www.cancerfighterstrive.com/tag/fall-2015/?utm_source=August+-+Fall+2015+Issue&utm_campaign=August+2015+%28fall+issue%29+V1&utm_medium=email
The new conversation

A colleague complained that during a particular type of critical conversation his advice is ignored. Women with breast cancer deciding whether to have mastectomies disregard his guidance and seem to have reached a conclusion before he discusses the issue. Given that this physician has committed his career to the study and treatment of breast cancer, communicates clearly and patiently, projects caring and compassion, I thought that his observation warranted discussion.

Some will say that this perceived failure of women to discuss something so personal with a man, has an obvious base; there is distance, because there is no natural empathy. For some women and male doctors that is valid, and is at least a partial explanation.

However, there are many doctors, men and women, who understand and connect with members of the opposite sex about deeply personal issues. They share the experience of being human and are able to advise their patients in a compassionate and supportive way.

Could the problem be The Internet? This infinite treasure trove better prepares and educates and in doing so may create a gap between doctor as teacher and patient as student. Women contemplating an action so momentous as losing one or both breasts, may spend hours studying and becoming an “expert” in their disease. The patient may be so well prepared as to project a position of finality when they sit down for a consult.

However, it is more my experience that online education forms the basis for enhanced discussion by teaching language, science and listing alternatives. Then the physician’s role is to put the patient’s specific case in context and to rank choices in a realistic way; to balance risk and benefit.

Could the issue be an absence of trust? In that case, patients will have little regard for the doctor’s opinion. However, frankly speaking, in an elective medical situation, it is unlikely that every patient who sees this doctor has lost confidence in his ability.

I suspect that the biggest issue has to do with the changing dynamic of the medical conservation. Once-upon-a-time, in the paternal days of medical care, the doctor decided for patients, as he would decide for his own children. It was a simpler time both in our homes and in the physician’s clinic. Father knows best. Do not talk unless spoken to. Spare the rod and spoil the child.

The movement toward individual patient empowerment has changed the tone and balance of the conversation. The doctor is no longer the final decision maker, if really he ever was. The doctor is advisor, educator and guide. He is not the pilot; he is the assistant navigator. The captain patient decides not only destination, but also the journey’s path.

For certain doctors, at certain times, this change in how information is shared and decisions made, may sound like the patient is not listening. The doctor may feel superfluous or disrespected. I suspect this is a failure of the physician to understand the dynamic of “modern” medical conversation. The patient means no disrespect, but may automatically feel in change.

In raising children, they call it “scaffolding.” Give the child as much freedom as they want, need and deserve, but always stay near, ready to advise or support if they start to falter or fall. Allow the child to explore, but not be harmed.

In healthcare, scaffolding has a place. The difference is that while the child has the illusion of decision-making and independence, for the patient these are absolute requirements. Still, the doctor needs to educate, support, and always stay near, ready to advise or catch the patient if they begin to fall.

Every relationship between every patient and every doctor is different and changes continuously. There are times when the doctor is absolutely in control, such as in medical extremis or in the operating room. At other moments, the patient must stand completely alone. Some patients want or need more control, and others less. Families are part of the control matrix. Ongoing changes in a patient’s health alter how information and decision making flows.

One of the greatest advances in healthcare of the last 10-20 years has been the change in The Conversation. Successful medical care has always required patient understanding, thought and commitment. Our continued movement toward involved, educated and empowered patients is as important as sequencing the genome. Doctors must understand that medical decisions are about the patient, and not feel threatened, guilty or confused. We must applaud when the patient steps up and says loudly, “It is about me!”

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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

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CanSurvive

Head and Neck Support Group

The CanSurvive Head and Neck Support Group is for anyone who has had trauma to the head or neck – not only cancer related – although that applies to the vast majority. The Group is for patients who are just starting this journey, as well as those who are many years down the treatment and recovery road.

The objective is to provide information, share experiences, and help with coping mechanisms. It is run FOR the patients BY the patients. There is always a medical member of the Morningside Head and Neck Oncology Team present. Partners are encouraged to attend the meetings as well.

The informal and supportive meetings are usually held on the first Thursday of each month at Rehab Matters, 1 De la Rey Rd. Rivonia from 18h00 to 20h00. The next meeting will be on Thursday 8 September. There is also a Facebook group: South African Head and Neck Support Group

For more information, contact Kim Lucas, on 082 880 1218 or e-mail: lct@global.co.za.
Exercise saved my life

“John, I wouldn’t know you ever had pancreatic cancer,” the doctor told John after his recent set of x-ray studies in June 2012. This is what John told me this morning after our spin class at the sports club near Boston. According to his doctors, John Diarbakerly shouldn’t be alive today. Not only is he alive, but this almost-60-year-old defies anyone to out-spin him.

John took up the popular indoor cycling exercise after his 2002 operation, when a cancerous kidney tumour was removed. It took a full year for John to get his diagnosis. After complaining of extreme fatigue, his internist declared him healthy and suggested he take a multivitamin. “He just said take it easy and everything will be okay,” John recalls. But John persisted, making multiple phone calls and searching for an answer. A visit with another physician yielded a shocking diagnosis: John had a large tumour on his kidney.

Subsequent surgery, which removed the kidney, left John feeling exhausted and weak and facing a six-month recovery.

Undeterred, when he was finally able, he heeded his doctor’s advice to get himself to a gym and exercise his way to health.

“He said if I didn’t push myself to get my heart pumping, I’d die,” John said. And exercise he did. John began with slow stair-climbing, and then worked himself up to pedaling on a stationary bicycle for a few minutes, increasing the time and intensity slowly. Each day, except for Sunday, when he attended church, John pushed himself a little harder at the gym. His healthy glow returned. His diet changed from fast food to freshly-cooked fish, poultry and vegetables. John was on the road to recovery.

But six years later, he again found himself having difficulty keeping up with his schedule. “I began to feel weak once more. I went back to my doctor and this time the tests revealed a golf ball-sized tumour in my pancreas.”

The surgery successfully excised the tumour, but one week later, a stubborn infection left John with a persistently high fever, landing him in the intensive care unit for almost 40 days.

It was a slow recovery. But John remembered his doctor’s message from years ago. “Exercise, exercise, exercise. It will save you.” Just a week after leaving the hospital in December 2008, John walked back into the gym. He has been there ever since. He’s there when the doors open, at 5:30 a.m., attending daily challenging spin classes and pumping iron. At 9 a.m., John bounces out, ready to keep on living. “The doctors told me that three out of five either die during the operation or in six months, but here I am,” he says, his voice giddy with excitement.

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

His website is www.eplerhealth.com/

When he visits his doctor every six months for follow-ups, he gets a big hug and words that warm his heart: “You look like a brand new person.”

“And I feel great,” John declares. “Now, I tell everybody to exercise. It saved my life.”

Editorial comment: John’s story shows how therapeutic exercise can be. He started slowly, enough to give him energy, but not too much to cause injury or discourage him, and he eventually worked his way up to a daily program that provided a high-energy level to do everything he wanted to do. In addition, John’s attitude was phenomenal. He had a positive approach to his illness, which provided additional energy to manage his disease. He used compassion for himself and others. He has a wonderful laugh and always a good word for everyone. John was relentlessly persistent. He was in charge. The cancers were banished from his mind as he exercised himself back to health.

Thank you to Netcare!

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

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

Inviting Survivors and Caregivers

As a celebrated Survivor, please join us at the CANSA Relay For Life Corporate experience on 19 September 2015. Survivor and Caregiver registration is now open and we look forward to sharing this event with you. We encourage you and your Caregiver to register early as this will give you the opportunity to collect your goodie bag, enjoy the refreshments and entertainment as well as mingle with fellow Survivors and Relayers.

The Survivor lap is followed by a Caregivers lap that honours family, friends and co-workers who have provided you with support. Please extend an invitation to them to join in and participate in the Caregivers lap.

There is no entry fee for Survivors and Caregivers, we politely request that you inform us of your attendance so that we can prepare a special event for our VIP Survivors.

Should it be possible for you, please stay for the Luminaria (candle lighting) ceremony that will take place just after sunset.

- Join us from 2:30pm
- At 4:00pm, walk the Survivors lap followed by Caregivers lap
- Share in the Luminaria ceremony after sunset and light a candle in honour or in memory of those affected by cancer
- Encourage everyone you know to register a team and join in the fight against cancer
A Cancer Buddy’s story

Fourteen years ago my husband, John, also a buddy, was diagnosed with an incurable cancer, and also an incurable illness. There was no hope for recovery. Looking back today, we can really say that it was the best time of our life. An incredible journey! The support part I understand very well. Now I am sitting on both chairs, because I am proud to say I am also a survivor!

What a great privilege to walk this road with somebody. I must just restrain myself, or I will tell everybody how John tackled his treatment. Wow, did he have an attitude!! I am so excited about life that I just want to go around and do “attitude-transplants”.

I believe as a patient you are your first and best doctor. That you must take responsibility. The chemo and the radiation needs support. It is very difficult to convey this message properly.

Being a “buddy” has many potholes. A very important one is that of religion. I try to avoid that subject. If I go to visit a person, I leave my religion and Bible at home. I know how it feels to be overwhelmed with Bible verses, while you just wish somebody will come and mow the lawn or drive the kids to school or drive Grandma to the club and shop.

Newly diagnosed patients and their families are usually ignorant about cancer. Their whole world is turned upside down. It is like having to talk in a totally different language. I feel oncologist are also guilty here. They just tell you the essentials - and that in terminology that no scared and sick patient can understand! On the other side the patient is so shocked that they do not know what questions to ask. Nor are they able to absorb any information. Here “Buddies” can be very helpful, especially in asking the critical questions and making notes.

It is a big challenge to find out where the patient is emotionally in his cancer experience. It is important to let them speak and for you to listen. Sometimes they do not know where they are and here it is very nice to take their hand, because I was also there once. I can still remember how I parked there. I wanted to lose my mind, and nobody told me that it is OK to feel that way. It is OK to stay in the parking area for a short period of time. It is OK to be directionless. You have just earned that right by being diagnosed with cancer. No parking ticket will be issue.

And then comes the wonderful privilege to slowly move alongside that person out of the parking area – the wonderful experience of your very own inner landscape making a leap.

A challenge is the family surrounded by the illness. Lack of knowledge plays a big role here and also, children easily become excluded when a parent falls ill. The family is very important. They actually need the “buddy” much more. There is always support for the sick person, but very little support for the “supporters”. The whole family need to become part of the “fighting team”.

Something that still gets to me, is when patients receive good test results. I cry heartily with them. During John’s treatment we surely cried. But it was not about good news.

As a “buddy” you can only provide according to your own reference frame. Do not give an opinion about something you have never experienced. You can only see gaps which you have experienced. Cry with people before you give them advice, prescriptions and Bible verses. No wait, there is one prescription that I must give. And that is for you as a Buddy. When you visit a sick person, please sound and look “alive”! After all, you are survivor!

Anneline is a Cancer Buddy – one of the many cancer survivors who have felt the urge to help others cope with their illness through Cancer Buddies. If you feel that you would like to be involved, please go to our web page, www.cancerbuddies.org.za and apply to be a Buddy. We will arrange the necessary training for you.

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.

www.canceralliance.co.za
**Dates to diarise**

**September 2015**
16  Reach For Recovery, Johannesburg, venue to be announced 13:30
17  Reach for Recovery, Cape Peninsula 10:00. Reconstruction options after surgery

**October 2015**
1  CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
3  CanSurvive Cancer Support Group, Netcare Krugersdorp Hospital, 09:00
3  Bosom Buddies, Hazeldene Hall, Parktown, 09:30 for 10h00
4  CHOC Children’s Carnival at the University of Pretoria Sports Campus
9  Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216
9  PinkDrive Bra-Tini event Durban
10 CanSurvive Cancer Support Group, Hazeldene Hall, Parktown 9:00
17 PinkDrive PinkTie Gala Dinner: “MardiBra”
20  Prostate & Male Cancer Support Group, Auditorium, Constantiaberg MediClinic, 18:00
24  Wings of Hope, German International School, Parktown, 09:30 for 10:00
29  Reach for Recovery, Cape Peninsula 10:00. Pink Surprise
30 PinkDrive Bra-Tini event Cape Town and Johannesburg

**November 2015**
5  CanSurvive Head and Neck Support Group, at Rehab Matters, 1 De la Rey Rd. Rivonia at 18h00
7  CanSurvive Cancer Support Group, Netcare Krugersdorp Hospital, 09:00
10  Reach for Recovery, Roodepoort Centre for the Aged, Robinson Street, Horizon14h00
13  Netcare/CANSA Support Group 10:00 Clinton Oncology Centre, 62 Clinton Rd. New Redruth. Alberton. Contact Penny: 0832642216
14  CanSurvive Cancer Support Group Celebration of Life Breakfast, Sunnyside Park Hotel, Parktown 9:00
17  Prostate & Male Cancer Support Group, Auditorium, Constantiaberg MediClinic, 18:00
18  Reach For Recovery, Johannesburg, 19 St John Road, Houghton 13:30
21 Bosom Buddies, Hazeldene Hall, Parktown, 09:30 for 10h00
26  Reach for Recovery, Cape Peninsula 10:00. Only for women. Preferred reconstruction choices.
28  Wings of Hope, German International School, Parktown, 09:30 for 10:00 Year end.
29  More Balls Thank Most “Balls for Brovember” at Discovery

**CONTACT DETAILS**
CanSurvive Cancer Support Groups - Parktown and West Rand:
CanSurvive Head and Neck Support Group, Rivonia, Johannesburg Cancer Buddies Johannesburg branch
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Bernice Lass 083 444 5182 or bernicelass@outlook.com
Cancer Buddies/People Living with Cancer, Cape Town:
076 775 6099, info@plwc.org.za, www.plwc.org.za

GVI Oncology /Cancer Buddies, Rondebosch Medical Centre Support Group. Contact: Linda Greetf 0825513310
linda.greetf@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: Nicoleen Andrews 021851255
Cancer.vive, Frieda Henning 082 335 49912, info@cancervive.co.za
Can-Sir, 021 761 6070, Ismail-Ian Fife, ismailian@c-sir.org.za Support Group: 070 770 6099.

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

Prostate & Male Cancer Support Action Group, MedClinic 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 082 507 0307 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. Contact Penny: 0832642216

CANSA Pretoria: Contact Miemie de Plessis 012 361 4132 or 082 468 1521; Mr Ros Lorentz 012 329 3036 or 082 578 0578
Reach for Recovery (R4R) : Johannesburg Group, 011 869 1499 or 072 849 2901. Clinton Hospital Oncology Dept. Alberton.
Reach for Recovery (R4R) : West Rand Group. Contact Sandra on 011 953 3188 or 078 848 7343.
Reach for Recovery (R4R) Pretoria Group: 082 212 9933
Reach for recovery, Cape Peninsula, 021 689 5347 or 0833061941 CANSA offices at 37A Main Road, MOWBRAY starting at 10:00.
Reach for Recovery: Durban, Marika Wade, 072 248 0008, swade@telkomsa.net
Reach for Recovery: Harare, Zimbabwe contact 707659.
Breast Best Friend Zimbabwe, e-mail bbfzim@gmailcom
Cancer Centre - Harare: 60 Livingstone Avenue, Harare
Tel: 707673 / 705252 / 707444 Fax: 732676 E-mail: cancer@mweb.co.zw www.cancerehe.co.zw
Acupuncture better than pills for hot flashes for breast cancer survivors

Acupuncture appears to be more efficacious than oral medication for treating hot flashes in breast cancer survivors, according to a new trial that compared acupuncture, sham acupuncture, gabapentin, and a placebo pill. The study was published in the Journal of Clinical Oncology.

Jun James Mao, M.D., an associate professor of family medicine and community health at the University of Pennsylvania in Philadelphia, and colleagues tested the treatments on 120 women who were breast cancer survivors.

The women were experiencing hot flashes at least twice a day. Thirty women each received either real electroacupuncture or an inactive placebo pill, 32 women got sham acupuncture, and 28 women received gabapentin.

Acupuncture had the greatest effect on overall hot flash scores at eight weeks, when all interventions ended, followed by sham acupuncture and then gabapentin.

At 24 weeks, 16 weeks after treatments ended, acupuncture was still associated with the greatest reduction in hot flashes. But even those who had sham acupuncture or placebo pills had steeper drops in hot flash scores at 24 weeks than those who took gabapentin.

“The placebo effects for both acupuncture and drugs are quite intriguing, as they both seem to persist over time,” said Mao. “The magnitude of the placebo effect for acupuncture is bigger than for the drug.”

http://tinyurl.com/o5yf2nb

MRI scanners can steer tumour busting viruses to specific target sites

Scientists from the University of Sheffield have discovered MRI scanners, normally used to produce images, can steer cell-based, tumour busting therapies to specific target sites in the body.

Magnetic resonance imaging (MRI) scanners have been used since the 1980s to take detailed images inside the body - helping doctors to make a medical diagnosis and investigate the staging of a disease.

An international team of researchers, led by Dr Munitta Muthana from the University of Sheffield’s Department of Oncology, have now found MRI scanners can non-invasively steer cells, which have been injected with tiny super-paramagnetic iron oxide nanoparticles (SPIOs), to both primary and secondary tumour sites within the body.

This targeted approach is extremely beneficial for patients as it dramatically increases the efficiency of treatment and drug doses could potentially be reduced - helping to alleviate side effects.

Revolutionary cell-based therapies, which exploit modified human cells to treat diseases such as cancer, have advanced greatly over recent years. However, targeted application of cell-based therapy in specific tissues, such as those lying deep in the body where injection is not possible, has remained problematic.

The new research suggests MRI scanners are the key to administering treatments directly to both primary and secondary tumours wherever they are located in the body.

Dr Munitta Muthana, from the University of Sheffield, said: “The beauty of using the MRI scanner to administer the therapy is that you can also use it for its original purpose providing a real-time image-guide to ensure the treatment has gone where it is needed.”


Aspirin and statins for prostate cancer

If a man wants to tilt his odds in favor of a longer life, he wears a seat belt, eats a good diet, gets an annual medical checkup, does physical exercise on a regular basis and gets married.

The Journal of Clinical Oncology reported that the risk of dying from prostate cancer was 25% lower in married men compared to single men.

As interesting as matrimonial issues are, to avoid any further discussion about the pros and cons of wedlock and its impact on longevity...
we want to address a far simpler means to the same end - aspirin and cholesterol pills. Aspirin is ubiquitous in our lives. It can be obtained over-the-counter and is well-known to be beneficial for reducing cardiovascular risk - lowering heart attack rates by about 30%. However, beyond the cardiovascular benefits, two articles published in the Journal of Clinical Oncology indicate that aspirin is also beneficial for men who have prostate cancer. In the October 2012 issue, Dr. Kevin Choe reported that the ten-year prostate cancer specific mortality was only 4% in men with high-risk prostate cancer who took aspirin compared to 19% in the high-risk men who did not. In this same study, men with intermediate-risk prostate cancer also benefited from taking aspirin; their mortality was reduced from 6% down to 3%.

According to the studies cited above, in addition to the cardiac benefits, aspirin and cholesterol pills appear to have substantial anticancer benefits for men with prostate cancer. These two medications are inexpensive and readily accessible, though statins do require doctor supervision. It seems prudent for men to discuss with their physician the possibility of initiating aspirin and a statin, especially when High-Risk prostate cancer has been diagnosed.

http://tinyurl.com/ob989vl

**Phase III Opdivo (nivolumab) renal cell cancer trial, stopped early**

Bristol-Myers Squibb Company have announced that an open-label, randomised Phase III study evaluating Opdivo (nivolumab) versus everolimus in previously-treated patients with advanced or metastatic renal cell carcinoma was stopped early because an assessment conducted by the independent Data Monitoring Committee concluded that the study met its endpoint, demonstrating superior overall survival in patients receiving Opdivo compared to the control arm.

“The results of CheckMate -025 mark the first time an immuno-oncology agent has demonstrated a survival advantage in advanced renal cell carcinoma, a patient group that currently has limited treatment options,” said Michael Giordano, senior vice president, Head of Development, Oncology, Bristol-Myers Squibb. “Through our Opdivo clinical development program, we aim to redefine treatment expectations for patients with advanced RCC by providing improved survival.”

CheckMate -025 investigators have been informed of the decision to stop the comparative portion of the trial. Bristol-Myers Squibb is working to ensure that eligible patients will be informed of the opportunity to continue or start treatment with Opdivo in an open-label extension as part of the company’s commitment to providing patient access to Opdivo, and characterising long-term survival.

http://tinyurl.com/o6btqy

**Are memory problems due to ‘cancer brain’ and not ‘chemo brain’?**

Memory problems and cognitive impairment in women with breast cancer have traditionally been blamed on “chemo brain,” but a new study shows that there may be problems even before patients start on chemotherapy and suggests that cognitive problems may be linked to cytokines released by the cancer.

The study was published online June 22 in the Journal of the National Cancer Institute and is the first to describe a relationship between cytokines and patients with newly diagnosed breast cancer who have not yet received any cancer treatment.

“Cognitive dysfunction in breast cancer patients has traditionally been attributed to the effects of chemotherapy (‘chemo brain’). However, our findings indicate that it is present even prior to any cancer treatment,” commented first author Sunita Patel, PhD, a clinical neuropsychologist at City of Hope Medical Centre, in Duarte, California.

In general, “chemo brain” refers to the side effects of chemotherapy, whereas “cancer brain” includes cognitive problems related to many factors involved in cancer, including stress, she explained.

“It may be helpful for patients who are fearful about cognitive side effects of chemotherapy to know that new research suggests non-treatment-related factors play a role,” Dr Patel added.

http://tinyurl.com/qhbnjc5

**Breakthrough therapy designation to cabozantinib for renal cell carcinoma**

Exelixis, Inc. has announced that the US Food and Drug Administration has granted Breakthrough Therapy Designation to cabozantinib as a potential treatment for patients with advanced renal cell carcinoma who have received one prior treatment.

“Receiving Breakthrough Therapy Designation is an important regulatory achievement for cabozantinib in renal cell carcinoma,” said Michael M. Morrissey, PhD, president and chief executive officer of Exelixis.

“Following the positive top-line results announced in July and a productive dialogue with the FDA, Exelixis believes we can expedite our regulatory timelines and complete the cabozantinib NDA submission in advanced RCC prior to the end of 2015.”

Breakthrough Therapy Designation is based on findings from the phase 3 METEOR trial, which compared cabozantinib to everolimus in patients with RCC who experienced disease progression after treatment with a VEGF receptor kinase inhibitor. Results showed that cabozantinib significantly reduced the rate of disease progression or death by 42% compared with everolimus.

Cabozantinib, a tyrosine kinase inhibitor, is currently approved under the brand name Cometriq for the treatment of patients with progressive, metastatic medullary thyroid cancer.

http://tinyurl.com/nh9st34

**Aspirin could hold the key to supercharged cancer immunotherapy**

Giving cancer patients aspirin at the same time as immunotherapy could dramatically boost the effectiveness of the treatment, according to new research published in the journal Cell.

Francis Crick Institute researchers, funded by Cancer Research UK, have shown that skin, breast and bowel cancer cells often produce large amounts of prostaglandin E2 (PGE2). This molecule dampens down the immune system’s normal response to attack faulty cells, which helps cancer to hide. It is a trick that allows the tumour to thrive and may explain why some immunotherapy treatments have not been as effective as hoped.

“It’s still early work but this could help make cancer immunotherapy even more effective, delivering life-changing results for patients.” - Professor Caetano Reis e Sousa, Francis Crick institute

Aspirin is part of a group of molecules called COX inhibitors, which stop the production of PGE2 and help reawaken the immune system. Combining immunotherapy with aspirin or other COX inhibitors substantially slowed bowel and melanoma skin cancer growth in mice, compared to immunotherapy alone*. 
Study author Professor Caetano Reis e Sousa, senior group leader at the Francis Crick Institute, said: “We’ve added to the growing evidence that some cancers produce PGE2 as a way of escaping the immune system. If you can take away cancer cells’ ability to make PGE2 you effectively lift this protective barrier and unleash the full power of the immune system.

“Giving patients COX inhibitors like aspirin at the same time as immunotherapy could potentially make a huge difference to the benefit they get from treatment. It’s still early work but this could help make cancer immunotherapy even more effective, delivering life-changing results for patients.”

http://tinyurl.com/pp7qylB

**Laser probe and smart knife ‘improve accuracy of removing brain tumours’**

A young man has successfully undergone pioneering brain surgery to remove a tumour. The procedure used two technologies - a laser probe and a smart knife - that appear set to revolutionise the performance of delicate surgery.

Tumours of the brain result in more life years lost than any other tumour because although they are rare, they often strike the young.

The first step is often brain surgery. This is a delicate and precise operation where one of the major challenges is that the boundary between the tumour and normal brain tissue is hard to see, even through a microscope. Another challenge is leaving enough margin of healthy tissue to ensure all the cancer is removed.

At present, the surgeon has to send samples of removed tissue to the lab for biopsy to find out if it is cancerous or healthy. This can take up to 30 minutes each time. There is also a risk of cutting into healthy tissue, leading to serious side effects such as loss of speech or movement.

The new laser probe and smart knife look set to change this by effectively bringing the lab into the operating theatre, providing near instant confirmation for the surgeon of whether the tissue is cancerous or healthy.

Using scattered light, the laser probe distinguishes cancerous from healthy tissue, and helps the surgeon map the tumour and decide precisely where to cut.

The smart knife - called the iKnife - confirms within seconds whether the tissue being cut is cancerous or healthy without the need for a biopsy. It comprises an electric scalpel that burns the tissue, the smoke from which is sucked away and instantly analysed.


**Missing link found between brain, immune system - with major disease implications**

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

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

“We believe that for every neurological disease that has an immune component to it, these vessels may play a major role,” Kipnis said.

“Hard to imagine that these vessels would not be involved in a neurological disease with an immune component.”

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

http://tinyurl.com/obajegj

**Jamaican scientist lands blow in cancer fight**

A Jamaican scientist is being celebrated on the international stage for finding an effective treatment for some types of cancer.

Dr Lawrence Williams, a research scientist at the Scientific Research Council (SRC), has been awarded an international patent on a compound isolated from the Guinea Hen Weed as a protein complex of dibenzyl trisulphide. The SRC said the protein complex has the ability to kill a wide range of cancers.

This discovery has the potential to fight various kinds of cancers, a few of which are: melanoma, lung cancer and breast cancer. The molecule also has implications for the treatment of ageing diseases. The SRC noted that, with more than 13 years dedicated to this research, Williams has revealed that the complex is superior in killing cancer cells relative to the pure compound found in the Guinea Hen Weed - dibenzyl trisulphide.

“This remarkable breakthrough comes at a time when the world is crippled by the effects of cancer, as it is one of the leading killers globally,” the SRC asserted.

Williams said that the next stage is conducting clinical trials of the compound and the development of a pharmaceutical agent.

Rights to the patent are shared with Dr George Levy, a Jamaica-born medical doctor living in the United States.

http://tinyurl.com/obajegj

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