Elize Joubert wins at 2015 Africa’s MIW Awards

CANSAS’s Acting CEO and COO, Elize Joubert, won two awards at the 2015 Africa’s Most Influential Women (MIW) in Business & Government Awards. She won the ‘Country Winner from South Africa’ and ‘SADC South Regional’ for the category ‘Welfare and Civil Society Organisations’.

Beginning her career as CANSAS’s Provincial Head of Free State and Northern Cape in 1990, she moved on to become the Provincial Director of CANSAS, and is now the Chief Operating Officer, as well as the recently appointed Chief Executive Officer at CANSAS. She is also an Exco member in the Non-Communicable Diseases Alliance for SA.

The MIW award recognises women in various sectors who are making a positive impact within their organisation, sector and country.

“I am highly honoured to receive this recognition and pledge my on-going commitment to health and social issues for the good of our communities. My reward is indeed the development of the communities themselves through the help and support of organisations like CANSAS,” says Joubert.

Elize Joubert, along with other regional winners will be in line for the Continental Awards later this year. Our congratulations to Elize.

Together we are stronger

News from Reach for Recovery International Conference in China

Josey Nonkonyana from the Johannesburg group attended the Beijing International Conference in China from 6 to 9 September.

Interesting information came from China where 2000 newly diagnosed breast cancer patients prompted them to start a Reach for Recovery Group. In addition, the Government has become involved in breast cancer support, a Rehabilitation Centre has been established and research has been started. One of the areas they are researching is the efficacy of traditional Chinese medicine compared with medical oncology treatments.

Celebration of Life Breakfast

on Saturday 14 November at
Prospect Room, Sunnyside Park Hotel, Parktown 08h30 for 09h00
For bookings or for more information, contact: Bernice Lass 083 444 5182
Manny de Freitas Foundation Dinner
Dance an overwhelming success

The second Manny de Freitas Foundation (MdFF) for Cancer Family Dinner Fundraiser function took place on Saturday, 19 September at the Pizza Del Forno in the Park Meadows Centre in Kensington.

The MdFF aims, amongst its various objectives, to support alternative cancer treatment, educational and support initiatives. The MdFF was born out after the death of IFP Member of Parliament, Mario Ambrosini who saw improvements in his condition after undergoing presently illegal alternative treatments. Before passing away, Ambrosini asked de Freitas to continue the work he started in this field. “I made a promise to Mario that I would continue the legacy that he started, explained de Freitas.

“Our fundraising event proved to be most successful thanks to the cooperation of Carlos Cardoso, owner of the host restaurant. DJ Paul from Latinos Mobile Disco provided the music free of charge. We are most grateful for Cupcakes for Cancer that sponsored 100 cup cakes that were auctioned.” De Freitas said. The auction proved to be most successful thanks to the persuasive techniques of the Master of Ceremonies for the evening, Genevieve Le Coq who was able to convince those present to purchase various items on the auction. The auction yielded over R15000,00.

“I am humbled at the overwhelming support at this function as in total it yielded just over R42 200,00. This will go a long way to the work that we undertake.

Laughter and cancer ~ life changing experiences

As cancer survivors we know and have experienced first hand how a cancer diagnosis can be a life changing experience. Jonny Imerman, a testicular cancer survivor and founder of Imerman Angels refers to the time following a cancer diagnosis as the Refraction Period. As light enters a prism, it refracts. Our life paths are the rays of light and the prism the cancer diagnosis. Your path may refract by a couple of degrees or it may stream off on a completely different trajectory.

For me the journey through 2010, my year of cancer, became the year I ceased postponing my life, my laughter, my Joy – I realised at a fundamental level that this life is to be lived, enJOY-ed.

Five years later I am, happily, a laughter yoga teacher and laughter therapist. Being a laughter professional has been a further life changing experience. I’ve learned to take life and myself less seriously, I’ve learned the joy of giving and the importance of playfulness.

The benefits of laughter are enormous: it is a positive outlet for stress, allowing the immune system to work at optimum. Laughter increases blood and oxygen flow throughout the body, it also helps circulate lymph which is essential in releasing toxins. Laughter and a sense of humour helped me through chemo – laughter takes your mind off the disease so that the body and the treatments can do their job.

They say in order to be happy you should do something for someone else: I run free Social Laughter Yoga Clubs, I offer laughter workshops and trainings, I am passionate about connecting people with their own unique laugh. Laughter yoga is practiced as an exercise, you see the body does not know the difference between real and fake laughter, so we start off by fake laughing and it soon becomes real and contagious.

Laughter yoga was started by medical doctor, Dr Kataria in India 1995 and is now practiced in thousands of clubs in more than 100 countries around the world.

It is my dream to see social laughter yoga clubs mushrooming (like FUNgis) all over South Africa, if you too would like to be a laughter professional, please join us for a two-day Certified Laughter Yoga Leader training. This training will equip participants to start a social laughter club as well as lead laughter sessions for various special groups (cancer groups, hospice, school children, retirement homes and corporates). These trainings are offered all over South Africa, and affiliated to Laughter Yoga International.

Next training in Johannesburg 28 & 29 November 2015. Email Kate for more info, or view www.laughteryogasa.org

-P.S. and male cancer Support Group

20 October 17:45 – 12:00

Guest speaker: Kate Squire-Howe will lead us in a laughter therapy session

The venue is the Boardroom at MediClinic, Constantiaberg, Plumstead

Joining a support group is an important part of your emotional healing during your journey with cancer. Come and meet with this special group of people to share and care for each other in a unique manner!
The marijuana discount

What is not to like about medical marijuana? It treats pain, vomiting, fatigue, anxiety, depression, insomnia, seizures, muscle spasms, Crohn's disease and allows many cancer patients to resume remarkably normal lives. It is not addictive. It does not interact with other medicines. It acts quickly and is easy to adjust. It can be consumed in numerous ways. It is safer than essentially any other drug: 1500 Tylenol deaths in the USA in the last 10 years … overdoses from marijuana in the entire world literature? None.

To that list, I add another; compared to other medicines, it is down right cheap.

Tom was in my office today. He suffers from severe chemotherapy and cancer induced painful electric shock-like neuropathy of his hands and feet. You know what it feels like when your hand “falls asleep?” Think of that, times ten and all the time.

This incapacitated Tom, leaving him house and essentially chair bound. In response we put him on a cocktail of medicine, including steroids, Lyrica, Cymbalta, Neurontin, Oxycontin and Percocet, each with its own side effects, including sleepiness, confusion, loss of taste, nausea, tremors, nightmares, narcotic dependence and severe constipation. Trapped between the eternal burning and handfuls of drugs, he began to wonder whether if it was worth living.

We begged Tom to try medical marijuana, but he resisted this recommendation, because it seemed to conflict with his religious beliefs. Finally, when his minister gave the OK, he was prescribed one ounce of marijuana, per month, through the New Jersey Medical Marijuana Program (NJ MMP).

His neuropathy came under immediate and complete control. He stopped all the medicines, except a rare Percocet. He was able to leave his house, walk long distances and return to life.

Here is the amazing part. Tom’s insurance company paid over $1500 a month, for the pills. One month of marijuana, through a registered NJ dispensary, cost under $600. Not only was there a life changing improvement in his symptoms, with essentially no side effects, there is a 65% marijuana discount.

Great story, right? Happy ending? The NJ MMP saves the day? Unfortunately, no. You see Tom may soon have to stop using marijuana and resume his prior costly caustic cocktail of drugs. Why? His health insurance company will pay for a pile of pills, but not marijuana. Tom must pay. Federal law prohibits the medical use of marijuana; therefore, no insurance company can legally afford to pay for cannabis.

So, let’s do a net calculus. If Tom stops using medical marijuana, he will not have to pay the $500 a month that a disabled cancer patient cannot afford. Instead, he will experience pain, decreased function and increased drug side effects. Judging by the way things were headed, when he was on pills, his life may even be shortened. The insurance company will have to pay $1600 or more a month, as well as the cost of any medical complications or side effects. In other words, Tom will get worse care at far greater cost…the American way.

It is time to legalise medical marijuana throughout the United States. It has fewer side effects than any alternative. It is a better drug for many problems. It is good health care finance. The insurance industry should demand it. Legislators support it. Moreover, patients, in desperate need, would be transformed by it.

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

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 - 5 November
at Rehab Matters, Rivonia
Netcare KRUGERSDORP Hospital Group - 7 November 09:00
CELEBRATION OF LIFE BREAKFAST,
14 November 08:30 for 09:00
Propect Room, Sunnyside Park Hotel, Parktown
8:30 for 09:00 (Tickets R220 per person)
Enquiries:
Bernice 083 444 5182 or bernicelass@gmail.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.

Collective South African Voices for Cancer

www.canceralliance.co.za

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

By Jason Marsh

Psychology researchers aren’t necessarily Thanksgiving experts—they they may not know how to make fluffy stuffing, say, or beat the traffic to your in-laws’ house—but they have become a font of wisdom on thanksgiving (with a small “t”).

The Greater Good Science Centre’s (GGSC) coverage of gratitude is sponsored by the John Templeton Foundation as part of our Expanding Gratitude project.

Over the past decade, they’ve not only identified the great social, psychological, and physical health benefits that come from giving thanks; they’ve zeroed in on some concrete practices that help us reap those benefits.

And perhaps the most popular practice is to keep a “gratitude journal.” As we’ve reported many times over the years, studies have traced a range of impressive benefits to the simple act of writing down the things for which we’re grateful—benefits including better sleep, fewer symptoms of illness, and more happiness among adults and kids alike. We’ve even launched our own digital gratitude journal, Thnx4.org, here on Greater Good.

The basic practice is straightforward. In many of the studies, people are simply instructed to record five things they experienced in the past day, or week, or month. To make the exercise more concrete, Emmons, a professor at the University of California, Davis, shared these research-based tips for reaping the greatest psychological rewards from your gratitude journal:

- Don’t just go through the motions. Research by psychologist Sonja Lyubomirsky and others suggests that journaling is more effective if you first make the conscious decision to become happier and more grateful. “Motivation to become happier plays a role in the efficacy of journaling,” says Emmons.
- Go for depth over breadth. Elaborating in detail about a particular thing for which you’re grateful carries more benefits than a superficial list of many things.
- Get personal. Focusing on people to whom you are grateful has more of an impact than focusing on things for which you are grateful.
- Try subtraction, not just addition. One effective way of stimulating gratitude is to reflect on what your life would be like without certain blessings, rather than just tallying up all those good things.
- Savour surprises. Try to record events that were unexpected or surprising, as these tend to elicit stronger levels of gratitude.

- Don’t overdo it. Writing occasionally (once or twice per week) is more beneficial than daily journaling. In fact, one study by Lyubomirsky and her colleagues found that people who wrote in their gratitude journals once a week for six weeks reported boosts in happiness afterward; people who wrote three times per week didn’t.

- We adapt to positive events quickly, especially if we constantly focus on them,” says Emmons. “It seems counterintuitive, but it is how the mind works.”

Try our Gratitude Journal!

Learn more about gratitude journals by participating in the GGSC’s online, shareable gratitude journal, Thnx4.

In looking over this list, what strikes me is how keeping a gratitude journal—or perhaps the entire experience of gratitude—is really about forcing ourselves to pay attention to the good things in life we’d otherwise take for granted. Perhaps that’s why the benefits seem to diminish when you start writing more than once per week, and why surprises induce stronger feelings of gratitude: It’s easy to get numb to the regular sources of goodness in our lives.

Indeed, Emmons told me that when people start keeping a gratitude journal, he recommends that they see each item they list in their journal as a gift—in fact, he suggests that they “make the conscious effort to associate it with the word ‘gift.’” Here are the exact instructions he gives participants in his studies:

1. Be aware of your feelings and how you “relish” and “savour” this gift in your imagination. Take the time to be especially aware of the depth of your gratitude.

2. In other words,” he says, “we tell them not to hurry through this exercise as if it were just another item on your to-do list. This way, gratitude journaling is really different from merely listing a bunch of pleasant things in one’s life.”

3. So why might this particular practice do such good for our minds and bodies? Emmons points to research showing that translating thoughts into concrete language—whether oral or written—has advantages over just thinking the thoughts: It makes us more aware of them, deepening their emotional impact.

More about gratitude

“Writing helps to organise thoughts, facilitate integration, and helps you accept your own experiences and put them in context,” he says. “In essence, it allows you to see the meaning of events going on around you and create meaning in your own life.”

It has become common for therapists to recommend writing about unpleasant, even traumatic events. Similarly, says Emmons, gratitude journals may help us “bring a new and redemptive frame of reference to a difficult life situation.”

Though he does have suggestions for how to keep a gratitude journal, Emmons also stresses that “there is no one right way to do it.” There’s no evidence that journaling at the start of the day is any more effective than journaling before you go to bed, for instance. And aesthetics really don’t matter.

“You don’t need to buy a fancy personal journal to record your entries in, or worry about spelling or grammar,” says Emmons. “The important thing is to establish the habit of paying attention to gratitude-inspiring events.”

Reprinted courtesy of the Greater Good Science Centre
http://greatergood.berkeley.edu/article/item/tips_for_keeping_a_gratitude_journal
Wings of Hope

As usual, Wings have been very busy.

Top photographs: The Benoni Branch of the Wings held their annual Breast Cancer Awareness Month breakfast on Saturday, 10 October.

A wonderful morning was had by all and the turnout was excellent.

Lower photographs:

On Friday, 9 October the Wings participated in a fund raiser staged by the Netcare Olivedale Oncology Clinic.

There, staff and patients could meet with several support groups in a relaxed atmosphere.
Nuts & Bolts Rally going nuts!

From 23 to 26 September the second annual Nuts & Bolts Rally took place. Vehicles older than 25 years and cheaper than R 15 000 travelled 1280 km on gravel roads to raise awareness for testicular cancer and to raise funds (R 65 000) for “Love your Nuts – Testicular Cancer Education in a Nutshell” (www.love-your-nuts.com).

100 people and 38 cars started in Malmesbury with their first stop outside Hopefield. From there the route was via Strandfontein, Garies, Loeriesfontein and ended in the Cederberg in the Kromrivier Park.

Why old cars on impassable roads?
To simulate a cancer journey – it’s tough, it’s exhausting, full of obstacles and challenges! And you need buddy support!

The oldest car was a 1948 Dodge Special Deluxe (pictured bottom left) and Regard and Lourens van Zyl drove all the way from Gauteng in their 49-year-old Alfa Romeo to join the rally (see photo bottom right).

Love Your Nuts’ goal is to raise awareness of testicular cancer by educating communities about the ‘rarely spoken about’ cancer that often remains undetected in young adults due to the diverse society in South Africa, where cultural taboos, stigmas and lack of knowledge about the subject is plentiful.

Love Your Nuts - Testicular Cancer Education in a Nutshell
Contact Torsten Koehler at talkballs@love-your-nuts.com or join them on Facebook - https://www.facebook.com/loveyournuts?fref=ts
Dialogue on Cancer - hard work needed

Brimstone Investment Corporation and subsidiary Life Healthcare, hosted the Dialogue on Cancer, which was attended by more than 210 prominent guests. Can-Sir CEO Ismail-Ian Fife was the keynote speaker, who shared his hard-hitting story with anchor Shado Twala and the audience.

This story set the tone for an evening of exciting and spirited dialogue about all to the difficulties that men in particular experience when it comes to speaking out and sharing their stories concerning their diagnosis and dealing with the effects of cancer.

Ismail-Ian told the audience, that despite all efforts by various cancer organisations across South Africa, the sad truth is that the numbers of cancer patients are increasing, and that Government are casting a blind eye to it. Ismail-Ian went on to say that, much more hard work is still needed in efforts to raise cancer awareness and to draw men into being more outspoken and open about cancer. This hard hitting statement was strongly agreed to by the panel of seven doctors and specialist present, who testified to the fact that they see the numbers of patients increasing on an almost daily bases.

Cancer Buddies exhibit in Mimosa Mall, Bloemfontein

On Saturday, 12 September, Cancer Buddies together with Equra Health, Reach for Recovery, CANSA, Creative Wellness and St John’s Ambulance participated in an exhibition in Mimosa Mall, Bloemfontein. The goal of this exhibition was to raise awareness in the Bloemfontein community of the resources available to people when they are diagnosed with cancer.

The week prior to the exhibition there was a radio talk, and an article in the local newspaper to create awareness of these resources. Cancer Buddies would like to involve the Bloemfontein community in their projects and hope to start a support group and to recruit and train “buddies” for our project. If you are interested, go to www.cancerbuddies.org.za for more information.

Tobeka Madiba Zuma Foundation Breast Cancer Awareness Concert

Venue: Walter Sisulu University Stadium
Time: 10am – 17h00
Date: Saturday 17 October 2015
Live Performance:

- Ladysmith Black Mambazo
- Nathi Gcabashe (Nomvula)
- Dumi Mkokstad
- Mahalia Buchanan
- Local Artists to set the Scene
- Khaya Mthethwa

Speakers:

- Survivors & Goodwill Ambassador
- Leadership
- Walter Sisulu University Management
- First Lady T Zuma

The Music concert will be a one day event aimed at raising awareness surrounding Breast Health, detection and Treatment. It will help coordinate, encourage and support the work and efforts of all local institutions, societies or associations that work towards eradicating the fatal effects of breast cancer.

The courtesy of a reply is requested to: Ms Jacky Sithole on +27 82 432 5554, tmzfas1@tmzfoundation.co.za.
**Advanced Breast Cancer Support Group**

A relaxed meeting for ladies with breast cancer that has metastasised to other areas in their bodies where they can talk to others who have the same issues. We will support, give info, share tips and learn from one another how to cope with chronic cancer.

**28 October, 10:00-12:00**

Board Room at the GVI Oncology Centre, Panorama, Cape Town

Book today! Contact Emerentia or any staff member before 23 October

Tel: 021-9443850, emerentia.esterhuyse@cancercare.co.za

"Belonging to a group where you can discuss anything and everything is very freeing. You can talk about everything from medical treatments to lack of sexual interest, to fury at someone who has cut you off while driving. The loneliness and isolation that so many feel when they are going through the breast cancer journey can be helped, if not erased."

- Musa Mayer, a cancer survivor and patient advocate

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**You are invited to a TEA PARTY and a talk by Professor Carol Benn at the St. Johns Catholic Church, cnr Olievenhout and Northumberland Road (opposite Coca Cola dome), North Riding**

**Saturday 17 October, 10:00 am**

Donations of old pyjamas and toiletries for the Helen Joseph Breast Clinic would be appreciated

Enquiries: Pam Goemans 083-307-0315 or 011-791-0167.
The juicy news on fruit and vegetable juices

By Jessica Haworth

Juicing stalls and pre-packaged drinks seem to be popping up more and more lately. So what’s the deal with them? Is it just a fad or is there something to it?

Juicing generally refers to fresh juices made up from fruits or vegetables or a combination made by using a juicing machine. During the process the, often very noisy, juicing machine blends the fruits and vegetables so that the natural juices are extracted off to one side and the pulp, skin and seeds are put aside into another section to be discarded. Depending on what foods are used one average glass of juice can take 4-8 fruits or vegetables to get enough juice.

Fruits and vegetables are naturally high in vitamins, minerals, antioxidants, fluid and fibre. Vitamins and minerals play a part in many vital roles in the body, from metabolism to muscle functioning to growth and others. Your body often cannot make these so it needs to get them through the diet. Antioxidants are the soldiers in the body fighting off free radicals associated with illness and infections. They help make the immune system strong. These are all some of the great benefits of fruits and vegetables.

Some people add juices as part of their normal diet and others will use them as part of a juice diet consisting of only fruit and vegetable juices, herbal teas and waters for a certain period of time. If juices are to be part of a fasting diet detox it is advisable to see your doctor or dietician before initiating this as there may be side effects or undesirable macronutrient deficiencies while using it as part of a fast.

Some juicing advocates say that juicing is better for you than eating whole fruits and vegetables because your body can absorb the nutrients better and it gives your digestive system a rest from working on fibre. Some reports say that the body battles to break down the cellular structure of fruits and vegetables. They say that juicing can reduce your risk of cancer, boost your immune system, help you remove toxins from your body, aid digestion and help you lose weight. However, there’s no sound scientific evidence that extracted juices are healthier than the juice you get by eating the fruit or vegetable itself.

One should note that if a juice is had by itself then it will have a quick transit time which means it goes through the gut quickly. If the goal is to get maximum absorption of vitamins and minerals then this may not preferable as a quick transit time means the gut has less time to absorb nutrients. However, nutrients are proposed to be more easily absorbed as the structure is broken down.

One of the main differences between eating whole fruits and vegetables versus them in juiced form is that during the juicing process most of the fibre is removed when the skin, seeds and pulp is removed. Fibre is a non-digestible carbohydrate that plays a large role maintaining gut health by providing bulk to stools, providing food for healthy bacteria to feed on in the gut, and helping in the maintenance of good cholesterol levels amongst others. When juicing one should try to keep some of the pulp and add it back, this will bring back the benefits of the healthy fibre but also help fill you up. If you are not getting enough fibre in your average daily diet then it may be more advantageous to rather eat the whole fruit and vegetables instead of drinking the fresh juices.

If you do try juicing, make only as much juice as you can drink at one time because fresh squeezed juice can quickly develop harmful bacteria. If you buy commercially produced fresh juice from a juicing stand or store, select a pasteurised product to help make sure it is safe to drink.

Fruit and vegetable juices are not a complete meal as it has very little protein and virtually no fat, so by itself, it is not a complete food. Therefore, it is advisable to rather use juices in addition to your regular meals not in place of it. The body needs proteins and fats for bodily functioning.

Juices will not help maintain a stable blood sugar level as they will be high in natural sugars and a number of fruits or vegetables are used on one juice. The natural sugars are converted very quickly and may even cause shakiness from the spike in blood glucose. Be cautious then of the quick drop from that high where one may feel tired, light headed, shaky and have a lack of concentration. Also keep in mind that juices may contain more sugar than you think, and if you are not careful, this extra energy can lead to weight gain.

On the other hand, if you don’t enjoy eating fresh fruits and vegetables, juicing may be a fun way to add them to your diet or to try fruits and vegetables you normally wouldn’t eat. Some people battle to achieve the recommended 3-5 servings of vegetables and 2-3 servings of fruit per day. Juicing may help one achieve this guideline easier. Juicing may also help one get a wider variety into your diet as you may not enjoy eating certain foods but can juice them with other flavours that are more enjoyable. This would lead to a wider antioxidant protection. A general rule is the more colours the better as they each provide different types of antioxidants.

Another benefit to juices is that they give you fruits and vegetables in their raw form which means one would get more vitamins and minerals from them compared to when they may be cooked as heat damages certain vitamins and minerals.

Overall, fruits and vegetables have many benefits of which fresh juices will provide you with most of them. However, we advise that juices are rather added into a healthy balanced diet including all food groups to help you get the most from its vitamins, minerals and antioxidants without affecting your blood sugar control and gut health from deprived fibre intake.

Try experimenting with many different types of recipes and ingredients as juices can be added to other foods such as smoothies to boost flavour and nutrients.

This article is published courtesy of FutureLife. Check out their website (www.futurelife.co.za) for exciting and delicious smoothie recipes.
**Dates to diarise**

### October 2015

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. Speaker Dr Theo Kopenhager.
28. Advanced Breast Cancer Support Group, GVI Oncology, Panorama, Cape Town. Contact 021-9443850, emerentia.esterhuyse@cancercare.co.za
29. Reach for Recovery, Cape Peninsula 10:00. Pink Surprise
30. PinkDrive Bra-Tini event Cape Town and Johannesburg
31. CHOC Zumba record attempt at SA National Museum of Military History 09:00 - 11:00

### 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, Horizon 14h00
14. CanSurvive Cancer Support Group Celebration of Life, Sunnyside Park Hotel, Parktown 9:00
17. Prostate & Male Cancer Support Group, Year End Party. Boardroom, Constantiaberg MediClinic, 18:00
18. Reach For Recovery, Johannesburg, Cottesloe Homes, 278 Johannes St, Fairlands, 13:30.
21. Bosom Buddies, Hazeldene Hall, Parktown, 09:30 for 10h00
25. Advanced Breast Cancer Support Group, GVI Oncology, Panorama, Cape Town. Contact 021-9443850, emerentia.esterhuyse@cancercare.co.za
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 Soccer Park

### December 2015

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

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**CONTACT DETAILS**

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

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

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

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

Prostate & Male Cancer Support Action Group, MediClinic Constantiaberg, Contact Can-Sir: 079 315 8627 or Linda Greeff 0825513310

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

PinkDrive: 082 212 9933, febe@pinkdrive.co.za, 011 998 8022; Cape Town: Adeliah Jacobs 021 697 5650; Durban: Liz Book 074 837 7836, Janice Benecke 082 557 0379

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

Reach for Recovery (R4R) : Johannesburg Group, 011 869 1499 or 072 849 2901. Clinton Hospital Oncology Dept. Alberton.
Reach for Recovery (R4R) : West Rand Group. Contact Sandra on 011 953 3188 or 078 848 7343.

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

Cancer Centre - Harare: 60 Livingstone Avenue, Harare
tel: 707673 / 705522 / 707444 Fax: 732676 E-mail: cancer@mweb.co.zw www.cancerhre.co.zw
US doctors may overtreat with radiation in late-stage lung cancer

Almost half of patients with advanced lung cancer receive more than the recommended number of radiation treatments to reduce their pain, according to a new study published in the Journal of the National Cancer Institute.

Radiation therapy that is palliative, or not intended to cure, can reduce the pain from lung tumours and improve quality of life. But unnecessary treatments add to costs and require needless trips to the hospital – and can lead to radiation toxicity and difficulty in swallowing.

Guidelines developed from clinical trials recommend no more than 15 radiation treatments be given for pain in stage 4 lung cancer. The guidelines recommend that patients not receive chemotherapy at the same time, to reduce the risk of toxicity.

The new analysis looked at 47,000 patients who received palliative radiation for stage 4 lung cancer in the US between 2004 and 2012 and found that about one in five had received chemotherapy at the same time. Nearly a third of patients received more than 25 radiation treatments – 10 above the recommended maximum.

“This study uncovered that there’s a lot of treatment of late-stage lung cancer with palliative radiation that goes beyond what is recommended by several national guidelines and multiple clinical trials,” said the study’s lead author, Dr. Matthew Koshy, a radiation oncologist at the University of Illinois Hospital & Health Sciences System.

“More education is needed for radiation oncologists, to prevent overtreatment – which has not been proven to further improve symptoms or quality of life, and can have some significant side effects,” Koshy said.


Groundbreaking computer program diagnoses cancer in two days

In by far the majority of cancer cases, the doctor can quickly identify the source of the disease, for example cancer of the liver, lungs, etc. However, in about one in 20 cases, the doctor can confirm that the patient has cancer, but cannot find the source. These patients then face the prospect of a long wait with numerous diagnostic tests and attempts to locate the origin of the cancer before starting any treatment.

Researchers at DTU Systems Biology have combined genetics with computer science and created a new diagnostic technology based on advanced self-learning computer algorithms which, on the basis of a biopsy from a metastasis, can identify the source of the disease with 85 per cent certainty and thus target treatment and, ultimately, improve the prognosis for the patient.

Even after very extensive tests, there will still be 2-3 per cent of patients where it has not been possible to find the origin of the cancer. In such cases, the patient will be treated with a cocktail of chemotherapy instead of a more appropriately targeted treatment, which could be more effective and gentler on the patient.

The newly developed method, which researchers are calling TumourTracer, is based on analyses of DNA mutations in cancer tissue samples from patients with metastasised cancer, i.e. cancer which has spread. The next step will be to test the method on patients with unknown primary tumours. In recent years, researchers have discovered several ways of using genome sequencing of tumours to predict whether an individual cancer patient will benefit from a specific type of medicine.

http://tinyurl.com/orbnbe

UK Health Secretary urged to tear up patent on breast cancer drug

The UK Health Secretary, Jeremy Hunt, has been challenged by a coalition of cancer patients, clinicians and campaigners to effectively tear up the patent on a breast cancer drug that has been dropped from the NHS because of its cost and allow the import or manufacture of a cheap generic copy.

The radical demand is reminiscent of what happened with Aids drugs in the early 2000s. The cocktail of antiretroviral medicines that now keeps millions of people with HIV alive was unaffordable in the developing world until a legal loophole was found enabling generics companies in India to make cheap copies.

The drug, Kadcyla, known generically as T-DM1, will not be available to new patients with advanced breast cancer from November on the NHS, although those already on it will be able to continue getting it.

It has been turned down for NHS use by the National Institute for Health and Care Excellence (Nice). Recently NHS England dropped

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**Tollfree service for cancer patients**

Cancer Buddies has a tollfree number - it is 0800 033 337

All cancer patients now have access to free cancer support and can ask any questions about cancer and treatment of cancer; the emotional issues related to the cancer journey; questions about side effects of treatment; assistance with accessing resources like wigs, prosthesis, home nursing and hospice. Problems relating to access to treatment or services delivery issues can also be reported.
it from the list that the Cancer Drugs Fund – set up to pay for drugs Nice rejected – is willing to reimburse.

Kadcyla offers an extra six months of life to women with the HER2 type of breast cancer for whom Herceptin no longer works. However, the price tag is seen as excessive. Nice said the cost was £90,000 a year, although the manufacturer, Roche, claimed it was closer to £70,000. Either way, the cost is well above the ceiling deemed acceptable by Nice even for end-of-life drugs.


**Stratifying the magnitude of clinical benefit anticipated from anti-cancer therapies**

Recognising the importance of presenting clear and unbiased statements regarding the magnitude of the clinical benefit from new therapeutic approaches derived from high-quality clinical trials, the European Society for Medical Oncology (ESMO) has developed a validated and reproducible tool to assess the magnitude of clinical benefit for cancer medicines, the ESMO Magnitude of Clinical Benefit Scale (ESMO-MCBS). It represents a first version of a well-validated tool to stratify the magnitude of clinical benefit for new anti-cancer treatments and is applicable over a full range of solid tumours. Based on the data derived from well-structured phase III clinical trials or meta-analyses, the tool uses a rational, structured and consistent approach to derive a relative ranking of the magnitude of benefit that can be anticipated from any new treatment.

The ESMO-MCBS is an important first step to the major ongoing task of evaluating value in cancer care which is essential for appropriate uses of limited public and personal resources for affordable cancer care. The ESMO-MCBS will be a dynamic tool and its criteria will be revised on a regular basis pending peer reviewed feedback and developments in cancer research and therapies.


**Whole brain radiation therapy side effects may outweigh the benefits for some patients**

In a recent study, researchers found that radiation therapy to the whole brain after radiosurgery for cancer that has spread to the brain causes more thought and memory problems than just radiosurgery. Even though the additional radiation therapy controlled the cancer’s growth, it did not lengthen patients’ lives.

Radiosurgery is a type of radiation therapy that aims radiation directly and only to the parts of the brain where there is cancer. It is a common way to treat brain metastases when there are just a few areas where the cancer has spread. Regular surgery to remove the metastases is only an option for a few patients because of the risk of damage to the brain. At some point, most patients with brain metastases receive radiation therapy to the whole brain to control the cancer’s growth or reduce symptoms caused by the cancer.

As part of the study, 213 patients received either radiosurgery alone or radiosurgery followed by radiation therapy to the whole brain. All patients had one to three small brain metastases. After three months, researchers found that patients who received radiation therapy to the whole brain had more thought and memory problems than those who just received radiosurgery alone (92% compared with 64%).

“We used to offer whole brain radiation early on, but now we know that the side effects of this therapy are worse for the patient than cancer growth or recurrences in the brain,” said senior study author Jan C. Buckner, MD, a professor of oncology at Mayo Clinic in Rochester, MN. “We expect that practice will shift to reserve the use of whole brain radiation therapy for later treatment and palliative care.”

Radiation therapy to the whole brain may still be an appropriate option for some patients. Talk with your doctor about the goals of treatment, in addition to your treatment options.

http://tinyurl.com/oomgkla

**FDA approves Keytruda for advanced non-small cell lung cancer**

The US Food and Drug Administration has granted accelerated approval for Keytruda (pembrolizumab) to treat patients with advanced (metastatic) non-small cell lung cancer (NSCLC) whose disease has progressed after other treatments and with tumours that express a protein called PD-L1. Keytruda is approved for use with a companion diagnostic, the PD-L1 IHC 22C3 pharmDx test, the first test designed to detect PD-L1 expression in non-small cell lung tumours.

Dr Richard Pazdur, director of the Office of Hematology and Oncology Products in the FDA’s Centre for Drug Evaluation and Research said that “the approval of Keytruda gives physicians the ability to target specific patients who may be most likely to benefit from this drug.”

Keytruda works by targeting the cellular pathway known as PD-1/PD-L1 (proteins found on the body’s immune cells and some cancer cells). By blocking this pathway, Keytruda may help the body’s immune system fight the cancer cells. In 2014, Keytruda was approved to treat patients with advanced melanoma following treatment with ipilimumab, a type of immunotherapy. Another drug, Opdivo (nivolumab), manufactured by Bristol-Meyers Squibb, also targets the PD-1/PD-L1 pathway and was approved to treat squamous non-small cell lung cancer (a certain kind of NSCLC) in 2015.

The safety of Keytruda was studied in 550 patients with advanced NSCLC. The most common side effects of Keytruda included fatigue, decreased appetite, shortness of breath or impaired breathing (dyspnea) and cough. Keytruda also has the potential to cause severe side effects that result from the immune system effect of Keytruda (known as “immune-mediated side effects”).

In the 550 study participants with advanced NSCLC, severe immune-mediated side effects occurred involving the lungs, colon.
and hormone-producing glands. Other uncommon immune-mediated side effects were rash and inflammation of blood vessels (vasculitis). Women who are pregnant or breastfeeding should not take Keytruda because it may cause harm to a developing fetus or newborn baby. Across clinical studies, a disorder in which the body’s immune system attacks part of the peripheral nervous system (Guillain-Barre Syndrome) also occurred.

**The State of the World’s Antibiotics (2015)**

Produced by the Centre for Disease Dynamics, Economics and Policy, the 84-page report argues increasing income and demand for animal protein and the use of antibiotics within agriculture are fueling antibiotic resistance globally.

Between 2000 and 2010, total global antibiotic consumption grew by more than 30 percent, according to the report. In most countries, about 20 percent of antibiotics are used in hospitals and other healthcare facilities, and 80 percent are used in the community, either prescribed by healthcare providers or purchased directly by consumers or caregivers without prescription. It is estimated that about half of all community use of antibiotics is in appropriate.

The report commends South Africa for developing a national strategy framework to combat antibiotic resistance and concludes with a number of recommendations, including:

- Reduce the need for antibiotics through improved water, sanitation, and immunisation;
- Improve hospital infection control and antibiotic stewardship;
- Reduce and eventually phase out subtherapeutic antibiotic use in agriculture.


**Novel surgery offers new hope for breast cancer patients**

Mastectomies or lumpectomies are both traditional procedures that help to eradicate cancer. Both can cause scarring and disfigurement.

Canadian doctor, Adena Scheer, is mastering a new, less invasive way to preserve and reshape tissue following breast cancer surgery.

Oncoplastic surgery allows for remaining tissue to be shifted and sculpted after the tumour is removed, leading to fewer deformities and a shorter recovery time. The procedure can be as short as two to three hours and patients don’t require an overnight hospital stay or home care. Patients can also choose to have the other breast modified to create evenness.

It’s not for everyone. The size of the tumour, the size of the tumour relative to the patient’s breast and the patient’s preference are all considered before a decision is made. But for those who are willing and able to opt in, the result is a smaller, more lifted breast with a natural appearance – and many patients are thrilled with the outcome.

“I get a lot of hugs,” said Dr. Scheer, whose area of clinical expertise is breast surgical oncology. “After they get over the shock of learning about their cancer, we can tell them we’re able to preserve their breast, and that cancer doesn’t mean their breasts are left completely unrecognizable, and they’re thrilled.”

Dr. Scheer is accustomed to hearing her breast cancer patients say: “Just remove the cancer; I just want it gone.”

“No, we’re employing tools to afford women a better cosmetic outcome,” she said. “We can’t bury our heads in the sand and think that surgery like this won’t impact patients emotionally – it absolutely will.”

[http://tinyurl.com/qf2coby](http://tinyurl.com/qf2coby)

**First automated breast ultrasound machine installed**

The Automated Breast Ultrasound machine represents a quantum leap in ultrasound technology and it significantly increases the detection of small cancers in dense breasts. The first Automated Breast Ultrasound (ABUS) machine for Breast Cancer Screening has been installed in the Western Cape.

While mammographic screening remains the ‘gold standard’ for early detection of breast cancer, ultrasound is conducted as a double check and is especially important with patients with dense breasts, which is estimated internationally at 40%.

On a mammogram, dense tissue looks white and since masses or lumps also appear white on a mammogram, the dense breast tissue may mask a suspicious lump. It is for this reason that there is a global movement towards utilising ABUS technology in addition to mammography to ensure the best possibility of early detection.

“Due to the younger age structure of our population, about 90% of our patients have dense breasts on mammography. While our cancer detection rate in these breasts with mammography and hand-held ultrasound is comparable to the best screening programs worldwide, ABUS has been shown to significantly improve the detection rate for small cancers in these breasts,” says Professor Justus Apffelstaedt, Associate Professor at the University of Stellenbosch and Head of the Breast Cancer Unit at Tygerberg Hospital.

In traditional, hand-held ultrasound, the probe is held by hand and advanced over the breast while the sonographer checks the image - only if the sonographer feels that it should be done, is an image recorded.

With Automated Breast Ultrasound, the probe is moved automatically at a constant speed over the breast while images are constantly recorded. Post-acquisition image manipulation is possible with ABUS - such as three-dimensional reconstructions and rotations. Checking of images of the entire breast can be performed at a later stage as image acquisition and interpretations are separated, enabling review of images by several readers. These features greatly enhance the detection of small lesions especially in dense breasts.

“As the technology is still very expensive, ABUS is likely to remain in the arena of specialised private breast health practices for now, but the hope is that the technology price will decrease in time, making it more accessible to all healthcare services,” concludes Apffelstaedt.