

VISION

COPING WITH CANCER

June / July 2010

Volunteers needed in Johannesburg

Linda Greeff, co-founder and Director of People Living With Cancer and an expert in dealing with people undergoing cancer treatment, will be in Johannesburg on 17 and 18 July 2010 presenting their introductory 'buddy' training course at the Donald Gordon Medical Centre.

Hosted by Wits Donald Gordon Medical Centre (WDGMC) and People Living With Cancer, Johannesburg, the goal of the course is to train a group of volunteers to be involved with PLWC in Johannesburg in preparation of being able to visit newly-diagnosed cancer patients, helping and supporting them through their cancer. Hospital oncology visitors are also catered for.

Linda comments: "the intention is to educate interested parties about the disease and provide them with greater self-awareness and the required communication skills needed in preparation for visiting patients. Volunteers learn how to become tools to support those going through a crisis.

"While it not essential that a volunteer has a similar diagnosis to the patient, if they are either a cancer sufferer, survivor or care-

giver this does help. It is important also for volunteers to know very clearly the guidelines around the do's and don'ts of a 'buddy' visit".

The first day of the seminar discusses cancer and the different types of scans and their uses. It covers the emotional aspects, relationship building and need recognition, as well as hospital etiquette. It also addresses when to involve Hospice.

Day two surrounds basic communication skills, positive language and non-verbal communication, listening, empathy and observation around a 'patient active' approach.

Other speakers include Bev du Toit and Bernice Lass (an oncology unit manager), with guest speakers from Hospice and an interventional radiologist from the Wits Donald Gordon Medical Centre (WDGMC).

The course is free and more information and an application form is attached. More information can be obtained from Chris Olivier on 083 640 4949 or email cansurvive@icon.co.za.

Walk with us at Zoo Lake

Visit PLWC at Zoo Lake on 29th August - we are supporting Angels Walking For Cancer and would love to meet you there. The Donald Gordon Medical Centre are also supporting the event and have kindly loaned their gazebo to us



Cancer Support Group - June meeting

Dr Elna Macintosh was the guest speaker at the June meeting of the Group and gave those present plenty to laugh about as well as lots of good, sound advice.

Dr Macintosh is a Sexual Health care practitioner, Medical Director of DISA Health Care clinic, cancer survivor and is well-known for her weekly radio talk show, together with Masechaba Moshoeshe, on KAYA FM.

Angels Walking 

Be an Angel and walk for Cancer

On Sunday 29 August at the Johannesburg Zoo. The walk is open to everyone and we encourage our walkers to come along in their wings in the colour of the cancer they support. The distance is 5km and the entry fee for adults is R80 and R40 for children under 15.

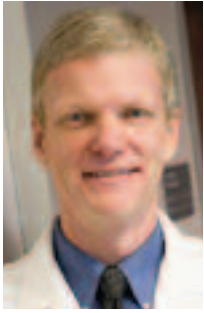
Angels Walking is in its 3rd year and is a fundraising concept where we walk and we raise money for cancer. Proceeds of funds raised will be used to upgrade the Oncology Clinic at the Johannesburg General Hospital. This unit sees approximately 600 patients per week.

After the walk we have various forms of entertainment ranging from guest speakers, the Cool Catz, foot massages, angel card readings, yoga, belly dancing and much more.

Sunflower Fund, CANSA, Bosom Buddies, People Living with Cancer, Campaigning for Cancer and Journey of Hope are some of the organisations that will be present to talk to you and tell you what they do.

For more information or entry forms [click here](#) or log onto www.angelswalking.co.za





THE VIEW FROM THE OTHER SIDE -
A PHYSICIAN'S BLOG

Two Questions

Insanity: Doing the same thing over and over and expecting different results.

- Albert Einstein

As medical students rotating through the wards, we spent a significant portion of each day ordering laboratory tests and then chasing down the results. We wanted to investigate our patients' illnesses and, just as importantly, we wanted to be prepared for any question with which our professors might surprise us during Attending Rounds.

One day, as I was hurriedly checking boxes on a laboratory order form, my resident challenged me to justify one of the blood tests I was requesting. "You can order that test after you answer these two simple questions ..." His eyes narrowed. "First of all, what exactly are you going to do with the results? And, second, who is going to pay for it?"

He became increasingly impatient while quizzing me about all of the potential outcomes. Clearly, I would need to spend my afternoon reading in the library. I also admitted that I had no idea how much the test would cost or whether the patient's insurance would provide coverage. It turned out that this was, indeed, a very expensive blood test that was only performed in an out-of-state laboratory. The results would not be available for several days. Checking that box would have cost the patient several hundred dollars; by the time the result was available, it would have been all but meaningless. "Aha!" my resident chided me triumphantly, "Do you still want that test? You need to make an effort to understand the impact and cost of everything you order." I had learned a lesson and sheepishly tore up the slip.

My memorable medical school incident came back to me last week while reading an editorial in the New England Journal of Medicine. Dr. Howard Brody reminds us that high-cost care is not necessarily better care and that a study of regional variation recently showed that "nearly one third of health care costs could be saved without depriving any patient of beneficial care." Cost-effective care is possible.

Since physicians order tests, Brody suggests physicians need to be at the forefront to curb healthcare expenses. As a start, he proposes that each medical specialty create a "Top Five" list of its most commonly ordered, expensive tests and treatments for which there is little evidence of any meaningful benefit. The specialty would then be charged with educating its own members. In "In short, the Top Five list would be a prescription for how, within that specialty, the most money could be saved most quickly without depriving any patient of meaningful medical benefit." In the best of worlds, this approach represents utilization oversight driven by providers rather than insurers or government.

Resource consumption — be it money, time, supplies, or energy — is a real-life dilemma in every medical center; in medical care, there are just so many places

where simple decisions carry a fiscal wallop. Three quick examples: Technology is routinely touted as providing improved safety and efficiency, but, sometimes, it adds cost without any proven benefit whatsoever. Adding one more test or ordering one more consultation at the end of a clinic visit "just to be certain" quickly adds up when repeated hundreds of times each month. And, of course, any provider who can spell "PET Scan" can order one.

We can all play a role in cutting costs. I tend to avoid technology unless I can show that it is truly going to benefit a particular patient. For example, I recently saw a patient for a second opinion. His community physician had recommended an extremely expensive test. After reviewing his records, I told him that there was no reason to have the test performed. He was understandably skeptical. "Why did the other doctor think I needed it?" He frowned. "She said it would be very useful. Shouldn't you order it anyway?" We had a long conversation. Deciding not to "do something" can be a hard sell.

Even now as we engage in a national discussion about health care, it seems that the questions still come down to these two: What exactly are you going to do with the results? Who is going to pay for it? On both an individual level and as a society where we all depend on each other, these two questions are just as relevant — and difficult — today as they were when my resident made me stop and think about a box that I had checked on a laboratory slip so many years ago.

Dr Bruce Campbell is a head and neck cancer surgeon (otolaryngologist) at Froedtert & the Medical College of Wisconsin. Read his blog at <http://www.froedtert.com/HealthResources/ReadingRoom/HealthBlogs/Reflections.htm>



Cancer Support Group

held monthly

July 10 u August 14

September 11 u October 9

November 13 u December 11

9h00 for 9h30

at 18 Eton Road, Parktown
(opposite WDGMC main entrance)

Enquiries:

Bernice Lass, WDCMG, (011) 356 6148
Chris Olivier, People Living with
Cancer/CANSA,
cansurvive@icon.co.za or 083 640 4949

All patients and caregivers are welcome

No charge is made

Cancer Coping Kit

The multi-lingual Cancer Coping Kit to help cancer patients cope with their journey to recovery, thanks to a grant from the National Lottery Distribution Trust Fund (NLDTF).

The Cancer Coping Kit is available in English, Afrikaans, isiZulu and seSotho. It provides knowledge and understanding for people diagnosed with cancer. The kit also provides family members and care givers with information and coping techniques. Patients or caregivers can obtain the kit from:

Bev du Toit: 073 235 1571

People Living With Cancer: 073 975 1452

The Breast Health Foundation: 076 479 0400

CANSA: 011 648 2340

Cancer news from around the world

Chewing gum is good for your recovery

From the Johns Hopkins Health Alerts: Colon Cancer

Research suggests that chewing sugarless gum after colon cancer surgery can speed recovery and shorten hospital stays by as much as a third.

The first line of treatment for colon cancer is to remove the primary tumor or tumors. If your colon cancer is confined to polyps or a small area, surgery is probably the only treatment that you need. After major surgery, you will not be able to eat and will be given intravenous fluids.

After a few days, you should be able to eat, and bowel function will resume, although it may take a few days to return to normal function. A typical hospital stay for colon cancer surgery is between four and eight days, and full recovery takes about two months.

Now a report in the Archives of Surgery (Volume 141, page 174) suggests that chewing sugarless gum after colon cancer surgery may help patients to get up and go, shortening hospital stays by a third.

After colon cancer surgery, most patients don't want food or water, and it takes a few days for bowel function to resume. If the intestinal shutdown lasts much longer, it can lead to longer hospital stays that may expose patients to infection and other complications. Chewing gum triggers the same reflex as eating, stimulating gastrointestinal hormones connected with bowel activity.

Meditation improves cognition in people with memory loss

The Alzheimer's Research and Prevention Foundation recently announced data demonstrating that a specific meditation performed daily for eight weeks increased brain activity in areas central to memory and actually improved cognition in patients suffering from memory problems. The results of the study are to be published in the Journal of Alzheimer's Disease in April 2010.

"While meditation is already practiced by millions, this is the first study to investigate its potential to reverse memory loss in patients with cognitive impairment," said Dharma Singh Khalsa, M.D., the founding president and medical director of the Alzheimer's Research and Prevention Foundation, a meditation expert and study co-author. Kirtan Kriya (KK), the meditation evaluated in the study, is a 12-minute practice from the Kundalini yoga tradition. "These results confirm what we have long observed in clinical practice, that this brief, simple meditation can have a meaningful impact on memory and on the quality of people's lives as they age."

The frontal lobe of the brain, which became more active as a result of meditation in the study, aids in attention and concentration and has been shown to be affected in patients with dementia disorders. The frontal lobe and the parietal lobe, another part of the brain positively affected in the study, are both parts of the brain which are involved in retrieving memories.

According to Andrew Newberg, M.D., associate professor of radiology at the University of Pennsylvania School of Medicine, and study co-

WHAT A GOOD IDEA!!

PLWC representatives were invited to a breakfast at Discovery Health in 30 June.

Discovery are hoping to form partnerships with various cancer organisations in the hopes of improving support for their members. The main focus of the meeting was to discuss the Discovery Health oncology benefit and how Discovery make decisions regarding these benefits. A lively discussion ensued and a number of relevant issues were discussed. PLWC believes this to be the start of an open discussion with Discovery and hopes that the benefits to the cancer patients will soon be evident.

author. "While further study into the impact of Kirtan Kriya is required, the pilot study demonstrates that this meditation could be a very important tool in improving cognition in people with memory loss."

<http://medical.bizcommunity.com/Article/196/336/45094.html>

Stopping smoking has large survival benefit in early lung cancer

"It is never too late for people to stop [smoking], even when they have lung cancer," according to an editorial published online January 21 in the BMJ. The editorial accompanies a meta-analysis that provides "preliminary evidence that smoking cessation after diagnosis of early-stage lung cancer improves prognostic outcomes," according to its authors.

The adjusted estimates suggest that the risk for death is halved in patients who stop smoking, say the researchers, led by Amanda Parsons, research fellow at the UK Center for Tobacco Control Studies at the University of Birmingham, United Kingdom.

"The estimated number of deaths prevented is larger than would be expected from a reduction of cardiorespiratory deaths after smoking cessation, so most of the mortality gain is likely to be due to reduced cancer progression," they write. "These findings indicate that offering smoking-cessation treatment to patients presenting with early-stage lung cancer may be beneficial," they conclude.

The difference in survival between patients who stopped smoking and those who continued is "striking," said H. Jack West, MD, medical oncologist at the Swedish Cancer Institute in Seattle, Washington, and author of the Blowing smoke blog on Medscape Oncology. This effect is larger than that seen with postoperative chemotherapy, he added. "If smoking cessation can improve true cure rates even modestly, it is absolutely an intervention worth pursuing," he said.

However, both the study authors and Dr. West emphasized that the finding pertains only to early-stage lung cancer patients. The situation is quite different for patients with advanced disease — and they form the majority of patients diagnosed with lung cancer.

Elaborating further, Dr. Tom Treasure, who was until recently chair of the National Confidential Enquiry into Patient Outcome and Death, said: "I get rather frustrated with people tormenting patients who are near to death, trying to jolly them along by saying we can give you some more chemotherapy. Is that really the best thing? All patients know they should stop smoking, and we should make it clear to individuals that we approve this general message. Getting down to the detail, we should emphasize that smoking cessation

matters to most, perhaps nearly all, patients," he said. "They are entitled to know that it can make a difference." However, he cautioned, "this general advice should be tempered with humanity."

Breast cancer isn't sexist

Although breast cancer largely affects women, it isn't just a woman's disease. An estimated 1,900 men in the United States will be diagnosed with the disease this year, and another 440 men will die from it. "The biggest misconception surrounding men and breast cancer is that men don't have breast tissue," says Jennifer Ligibel, MD, a breast cancer expert at Dana-Farber Cancer Institute. Common symptoms of male breast cancer include changes in the nipple and a lump in the breast. Ligibel says that men often are not forthcoming about such symptoms. "If men suspect a problem, they often are reluctant, embarrassed to get help." This embarrassment can lead to delay in diagnosis, which is one reason why breast cancer in men is often found at a much more advanced stage than women.

Acupuncture reduces joint pain in some women with breast cancer

In a small randomized clinical trial, breast cancer patients experiencing joint pain and stiffness from aromatase inhibitor (AI) treatment reported an improvement in pain from acupuncture. Eighty percent of women receiving acupuncture reported at least a 2-point improvement on a 10-point pain scale, compared with 22 percent of women who received a sham treatment. These results were published recently in the Journal of Clinical Oncology.

Researchers led by Dr. Katherine D. Crew of Columbia University enrolled 51 women in the trial, 43 of who were randomly assigned and 38 of who completed the treatment. Scheduling difficulties accounted for most of the women who enrolled but did not begin or finish treatment.

All of the women were blinded to their treatment assignment, which consisted of either 12 acupuncture sessions or 12 sham treatments (in which needles were lightly inserted into the body at points thought to have no effect on pain) over the course of 6 weeks. The researchers used three different scales to measure changes in joint pain, stiffness, and knee and hand function.

At the beginning of the study, women in the acupuncture group reported a mean worst pain score of 6.7 (on a scale from 1 to 10), compared with a mean score of 5.6 in women in the sham group. After treatment, women in the acupuncture group reported a mean worst pain score of 3.0, compared to 5.5 in women in the sham group. These numbers corresponded to a 50 percent improvement in pain scores for the acupuncture group.

"To our knowledge," concluded the authors, "this report is the first randomized, placebo-controlled trial establishing the use of an intervention to control AI-related joint symptoms, which should be confirmed in a larger randomized trial."

<http://www.cancer.gov/ncicancerbulletin/012610/page3#d>

Electronic cigarettes - are they safe?

Two experts on bmj.com recently said that further research is needed before consumers can be reassured that electronic cigarettes (also known as e-cigarettes) are safe.

"Our knowledge on the acute and long term effects of e-cigarette use is, at best, very limited", say Andreas Flouris and Dimitris

2010 dates to diarise

10 July	Cancer Support Group, Parktown
17/18 July	PLWC Training Course for Cancer Buddies
17 July	Bosom Buddies Birthday Party, 9h30 Hotel Sans Souci
August 4	Reach for Recovery, Jhb, Cancer Week Tea
14 August	Cancer Support Group, Parktown
28 August	Bosom Buddies, 9h30 Hotel Sans Souci
29 August	Angels Walking For Cancer, Zoo Lake
11 September	Cancer Support Group, Parktown
September 15	Reach for Recovery, Jhb, meeting
9 October	Cancer Support Group, Parktown
9 October	Bosom Buddies, 9h30 Hotel Sans Souci
October 27	Reach for Recovery, Jhb, meeting
13 November	Cancer Support Group, Parktown
27 November	Bosom Buddies, 9h30 Hotel Sans Souci
December 1	Reach for Recovery, Jhb, End of Year Lunch
11 December	Cancer Support Group, Parktown

CONTACT DETAILS :

People Living With Cancer Helpline 0861-ASK-NOW
www.plwc.org.za

People Living With Cancer, Johannesburg Cancer Support Group: 073 975 1452, cansurvive@icon.co.za

Bosom Buddies: 0860 283 343, www.bosombuddies.org.za

Campaign for Cancer: www.campaign4cancer.co.za

CANSA Johannesburg Central: 011 648 2340, 19 St John Road, Houghton, www.cansa.org.za

Reach for Recovery: Johannesburg, Antoinette 011 648 0990

Reach for Recovery: Harare, Zimbabwe contact 707659.

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

Oikonomou, from the Institute of Human Performance and Rehabilitation in Greece.

Interest in alternative smoking products is augmenting since anti-smoking policies are becoming more widespread. Electronic cigarettes or e-cigarettes are one of the most newly introduced products on the market. These are battery operated devices that allow users to inhale a nicotine vapor. They are meant to substitute normal cigarettes and help smokers quit.

There are a number of doubts regarding the safety of e-cigarettes. The US Food and Drug Administration (FDA) had expressed serious concerns. Three reports have been undertaken on the product: one by the FDA, one by a private body called Health New Zealand (HNZ) and another by Demokritos, a publicly-funded Greek research institute.

The authors remark that the interpretations of the three reports diverge significantly. The FDA detected a number of toxins in e-cigarettes and "carefully raises caution on potential harmful effects of e-cigarettes." On the other hand, HNZ recommends

e-cigarettes as they are safer than normal tobacco products. DRI takes a neutral position.

In conclusion, the authors note that while "alternative smoking strategies are always welcome in an effort to reduce the threat to public health caused by the tobacco epidemic", further research is necessary in order to inform consumers about the safety of these e-cigarettes.

<http://www.medicalnewstoday.com/articles/176442.php>

Physician first in Virginia to deliver new cancer fighting technique

The world's smallest flexible microscope is diagnosing some big diseases and allowing physicians to treat patients on the spot. Dr. Michel Kahaleh, associate professor of medicine in the Division of Gastroenterology and Hepatology at the University of Virginia Health System, is the only physician in Virginia currently using probe-based confocal laser endomicroscopy (pCLE). pCLE is a technique that lets him view live tissue in real time at the cellular level. This allows the identification of cancer with pinpoint precision and permits precise removal of the diseased tissue.

"Until now, if we found suspicious tissue during one of these diagnostic procedures, we often had to randomly sample it and send it to the laboratory for analysis, which can take up to a week," says Kahaleh. "With pCLE, we can pinpoint the dangerous tissue during the initial diagnostic procedure and remove or treat it the same day."

Kahaleh and his team are using pCLE to more accurately differentiate cancerous and pre-cancerous tissue during colonoscopies, upper endoscopies, and the standard pancreatic and bile duct cancer detection procedure. They also use pCLE to catch and treat gastrointestinal cancers and other GI diseases, including those of the colon, bile duct, pancreas, and esophagus.

"This new imaging tool gives us the opportunity to immediately see changes up to the cell level and potentially gain insights of what may be wrong, thus optimizing patient treatment," Dr. Kahaleh explains.

Kahaleh also believes that this technique represents the future of medicine a future in which doctors and researchers deliver ways to diagnose and treat diseases all at once.

Cellvizio is the technology platform that enables the pCLE technique. It is cleared by the Food & Drug Administration for use in the gastrointestinal tract and lungs, and over 5,000 Cellvizio procedures have been completed worldwide to date.

The University of Virginia Health System is among the nation's leading academic research health systems in the country. It combines high-technology, tertiary care for patients from all over the Commonwealth and beyond. UVA Health System has medical programs ranked by U.S. News and World Report as top 50 programs.

Source: University of Virginia Health System

Digital mammograms deliver less radiation than film version

Digital mammograms deliver an average of 22% less radiation than film mammograms, according to a study partially funded by the National Cancer Institute and published in the American Journal of Roentgenology, Reuters reports. For the study, researchers analyzed the results of the 2005 Digital Mammographic Imaging Screening Trial involving 49,528 women. That trial found that digital mammograms detected up to 28% more cancers than film mammograms in

women under age 50 who had not experienced menopause and women with dense breast tissue.

Carol Lee, chair of the American College of Radiology Breast Imaging Commission, said the new study showed that the benefits of digital mammograms "can be achieved with overall a lower radiation dose." She said that the level of radiation from either type of mammogram is not large enough to warrant concern and that women should not avoid recommended mammograms if the digital version is not available in their area.

<http://www.medicalnewstoday.com/printerfriendlynews.php?newsid=177231>

Spinal cement may provide real support for cancer patients

A research project led by engineers at the University of Leeds will focus on multiple myeloma, an incurable cancer of the bone marrow that causes destructive lesions in bones and makes them more susceptible to fracture.

The study will analyse whether techniques such as injecting cements into the spine to stabilise the bone, or using plates to fix fractures can be adapted for affected patients.

Although incurable, improvements in treatment mean that patients with multiple myeloma are surviving for longer, with up to a third surviving for at least five years. However, a better prognosis means that secondary symptoms, such as painful bone deterioration, have more time to take effect.

"Our aim is to give people suffering from this disease a better quality of life. If the spine becomes weakened or fractures, patients can do little more than stay in bed and try to deal with the pain," said Professor of Spinal Biomechanics, Richard Hall, who is leading the research at Leeds' Faculty of Engineering. "The majority of multiple myeloma patients are in their sixties or older, but even simple things that we take for granted, such as sitting your grandchild on your knee, can become impossible for them."

The project team includes Mr Jake Timothy, Consultant Neurosurgeon in Leeds, who has developed an award winning clinical vertebroplasty and kyphoplasty service that can help to fix painful vertebrae and spinal compression fractures associated with osteoporosis. He has seen the dramatic improvement that such procedures can have on the pain scores of patients affected by vertebral myeloma. "There is still so much unknown about the positive and negative effects of these procedures," he says. "This money will undoubtedly aid our understanding and help us select which patients will benefit the most from these procedures, improving their quality of life even further."

<http://www.medicalnewstoday.com/articles/175783.php>

Calls for Europe-wide salt legislation

In the paper, Kirsten Bibbins-Domingo and colleagues, from the University of California, San Francisco, USA, undertook a computer simulation showing the effects of population wide reductions of dietary salt intakes in all adults aged 35 to 85 years in the USA. Reducing dietary salt intake by 3 g per day (1200mg less sodium

DISCLAIMER: This newsletter is for information purposes only and is not intended to replace the advice of a medical professional. Please consult your doctor for personal medical advice before taking any action that may impact on your health.

per day) could result in 60,000 to 120,000 fewer cases of heart disease, 32,000 to 66,000 fewer strokes and 54,000 to 100,000 fewer heart attacks.

ESC spokesman Professor Frank Ruschitzka, a cardiologist and hypertension specialist from the University of Zurich, Switzerland says "This study represents the evidence that a reduction of salt intake not only lowers blood pressure but also prevents cardiovascular events. The case for population-wide salt reduction is now compelling.

A reduction in dietary salt of 3g per day, the authors went on to say, would have approximately the same effect on reducing cardiac events as a 50 % reduction in tobacco use, a 5% reduction in body mass index among obese adults or the use of statins to treat people at low or intermediate risk for CHD events. Furthermore, reducing dietary salt intakes by 3g per day would save \$10 billion to \$ 24 billion in annual health care costs.

While individuals may use salt sparingly at home, around 75 % of the salt we eat is already in the food we buy. This, says the ESC, underlines the need for legislation to lay down guidelines.

<http://www.medicalnewstoday.com/printerfriendlynews.php?newsid=177275>

Early-stage breast cancer: short-term radiation therapy is successful

Research suggests that a concentrated three-week course of radiation therapy is just as efficient as the standard five-week regimen for women with early-stage breast cancer.

A team of researchers was led by Dr. Tim Whelan, a professor of oncology of the Michael G. DeGroote School of Medicine at McMaster University. Their findings showed that women who received the accelerated therapy have a low risk of breast cancer for as long as twelve years after treatment. The results were published in the Feb. 11 issue of the New England Journal of Medicine (NEJM). Also, the findings have been presented to a meeting of the American Society for Therapeutic Radiology and Oncology.

The study concluded that for select women who have undergone breast-conserving surgery, a shorter, more intense course of therapy is as safe and effective as the standard treatment.

The three-week treatment is called accelerated hypofractionated whole-breast irradiation. Women who receive it have a low risk of side effects and of recurrence of the cancer more than a decade after treatment. Therefore, it is just as efficient as the standard five-week course of radiation following surgery to remove the tumor.

According to Dr. Whelan, the study's conclusions will transform cancer treatment practice in Canada, North America and worldwide. He explains: "This is win-win: shorter intense treatment is better for the patient and less costly to provide."

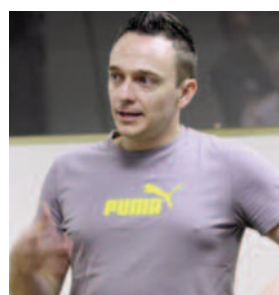
In early-stage breast cancer, many women are able to undergo breast-conserving therapy to keep their breast after treatment. In general, they first have a lumpectomy to remove the cancer. Treatment then follows with a course of radiation therapy to kill any remaining cancer cells.

Researchers randomly assigned 1,234 women from Ontario and Quebec to be treated with either accelerated radiation or standard radiation, between April 1993 and September 1996. The participants were monitored for twelve years in order to find out if the accelerated whole-breast radiation was as effective as the standard treatment.

Cancer Support Group



At a meeting of the Cancer Support Group held earlier this year on the premises of the Donald Gordon Medical Centre, we were pleased to welcome Dr Owen Nosworthy - a Medical Oncologist at the Centre, who



gave a presentation giving an explanation of what chemotherapy is, the different types of chemotherapy and how they work in the treatment of cancer. There was also an explanation of the newer forms of cancer treatments, including biological therapies as

well as the exciting advances we may see in the near future.

Meetings are held on the second Saturday of each month and all cancer patients, caregivers and families are welcome. There is no charge.



Ten years after treatment, breast cancer returned in 6.2 percent of patients treated with the accelerated radiation therapy. It returned in 6.7 percent for patients treated with standard therapy. Cosmetic outcome from the radiation treatments was good or excellent in both groups of patients.

Whelan said "We're now in the midst of further study on more intense radiation over an even shorter time, and we're seeing positive results."

<http://www.medicalnewstoday.com/articles/178674.php>

Cancer study of baker's yeast yields results

A researcher at Charles Drew University of Medicine and Science is investigating the potential use of non-pathogenic baker's yeast as a promising, natural therapy for cancer.

Dr. Mamdooh Ghoneum presented his findings at a special conference on "Cell Death Mechanism," sponsored by the American Association for Cancer Research (AACR) at the Omni San Diego Hotel in San Diego.

For more than two decades, Dr. Ghoneum has pursued a theory that cancer cells self destruct when exposed to small quantities of yeast.

In laboratory tests, Dr. Ghoneum exposed cancer cells to yeast and observed as they ingested the yeast - through a process known as phagocytosis - and then the cancer cells died.

First, he investigated this phenomenon in test tubes (in vitro), introducing yeast to breast, tongue, colon, and skin cancers.

"I have no doubt that I am close to unlocking the mystery as to why

cancer cells weaken to the point of destruction after eating common baker's yeast," Dr. Ghoneum said. "The cells just gravitate to the yeast. I call it fatal attraction."

In his most recent tests, he examined whether yeast could kill cancer cells in mice that had cancer metastasized to the lung. These tests also showed significant clearance of the cancer cells from the lung.

"We observed that when the cancer cells eat the yeast, they die," said Dr. Ghoneum. The next step, he said, is to conduct clinical trials to determine safety, efficacy of dosage and a method of treatment.

"There is a possibility that we could find a way to treat not only the local tumor, but the tumor that has spread throughout the body," said Dr. Gus Gill, Chairman Emeritus, Department of Otolaryngology, Charles Drew University. "As a surgeon, I always thought that a better way was to try to get rid of surgery (as a necessity) when dealing with cancer."

<http://www.medicalnewstoday.com/articles/178047.php>

Smokers at risk from their own 'second-hand' smoke

It is well known that smokers damage their health by directly inhaling cigarette smoke. Now, research published in BioMed Central's open access journal Environmental Health has shown that they are at additional risk from breathing environmental tobacco smoke, contrary to the prevailing assumption that such risks would be negligible in comparison to those incurred by actually smoking.

The researchers found that environmental tobacco smoke may have a significant impact on smokers' health. For someone who smokes 14 cigarettes a day, their own second hand smoke resulted in exposure the equivalent of smoking an extra 2.6 cigarettes. According to Piccardo, "Both active and passive smoking contributions should always be considered in studies about health of active smokers."

<http://www.medicalnewstoday.com/articles/177531.php>

Aspirin use linked to reduced risk of death, metastasis in patients with breast cancer

Women who have completed treatment for early-stage breast cancer and who take aspirin have a nearly 50% reduced risk of breast cancer death and a similar reduction in the risk of metastasis. The findings are based on an analysis of data from the Nurse's Health Study, a large, ongoing, prospective observational study.

"This is the first study to find that aspirin can significantly reduce the risk of cancer spread and death for women who have been treated for early-stage breast cancer," said lead author Michelle Holmes, MD, DrPH, Harvard Medical School and Harvard School of Public Health, Boston, Massachusetts. "If these findings are confirmed in other clinical trials, taking aspirin may become another simple, low-cost, and relatively safe tool to help women with breast cancer live longer, healthier lives."

Investigators report it is not yet clear how aspirin affects cancer cells, but they speculate it decreases the risk of cancer metastasis by reducing inflammation, which is closely associated with cancer development. Prior studies have also suggested that aspirin inhibits cancer spread: One study found that people with colon cancer who took aspirin lived longer than those who did not, and laboratory studies have also shown that aspirin inhibited the growth and invasiveness of breast cancer cells.

WHAT A GOOD IDEA!!

Bringing doctors to the dying patient's bedside

When D., a woman in her mid-30s, learned that she was dying from complications of AIDS, she fully expected that her life would end in much the same way it had been lived: homeless, alone and among strangers.

If it hadn't been for Dr. Jason K. Alexander, a medical student at the time, she might have been right.

Two years earlier Dr. Alexander, along with four other classmates, had created a project that paired medical students with patients who were dying alone. "We wanted to reach out to patients who had been shunned, the people others didn't want to deal with," Dr. Alexander recently recalled.

The program, which also helps family members who are struggling with terminally ill loved ones, was part of an innovative new center for humanism at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School in Newark. The center offers four-year scholarships for students with outstanding academic and community service records.

Extracts from Tara Parker-Pope's Well blog, New York Times
<http://well.blogs.nytimes.com/2010/06/03/making-sure-patients-dont-die-alone/>



Tobacco kills one person every six seconds, says world health organization

According to the World Health Organization (WHO), tobacco consumption is one of the largest public health hazards the world has ever had to confront. Over five million people each year are killed, an average of one human every

six seconds, the WHO says. Tobacco accounts for one in every ten adult deaths. WHO informs that up to 50% of current users of tobacco products will eventually die of a tobacco-linked disease.

More than four-fifths of the one billion regular smokers on this planet live in low- and middle-income countries. It is in these countries where the burden of tobacco-linked diseases and death is heaviest.

The WHO says that tobacco users die early and:

- Deprive their families of income
- Raise the cost of health care
- Hinder economic development

Smoking causes:

- Cancer - such as cancer of the lung, larynx (voice box), oral cavity (mouth, tongue and lips), pharynx (throat), esophagus, stomach, pancreas, cervix, kidney, bladder and acute myeloid leukemia. Cigarette smoking accounts for at least 30% of all cancer deaths in the USA. It is responsible for almost 9 out of 10 lung cancer deaths in the USA.
- Heart and cardiovascular diseases
- Chronic lung diseases