



# CAF

# News Bulletin

(Official Publication of the Cancer Aid Foundation)

Vol - 3 \* Issue - 9 \* For Private Circulation Only \* January - March 2005 (Pages 8)

## DELHI

# The capital of cancer in India



Leading Cancer sites in India 2004-2005

**NEW DELHI:** This is one atlas which no city would want to be on---the Atlas of Cancer.

Prepared by the Indian Council of Medical Research (ICMR), the 80-pages atlas is a 'first-time' effort by the government to come out with a "geography of cancer".

And it's already set to create a stir, weeks before its scheduled release, with New Delhi and parts of the North East, especially Aizawl, cornering most space.

The data, collected over two years, show the highest cancer incidence in the Capital - 103 cases per 1,00,000 men and 113.9 per 1,00,000 women, though some specific districts elsewhere have shown higher incidence.

Aizawl, Mizoram's capital is the other hotspot, showing a high incidence of various types of Cancer, the atlas shows.

### WOMEN ON TOP :

**BREAST CANCER:** Delhi women top the list. Chandigarh & three other cities of Goa and Kerala are following.

**GALL BLADDER:** Delhi, Mizoram & Chandigarh women top the list.

**LUNG:** Women are equal to men in Aizawl and Mumbai.

**THYROID:** Bangalore women top the list.

There's good news though for India's other capital--of software--with Bangalore logging the lowest incidence in men among urban population-- Bhopal makes the same grade among women.

To be released by the Health Ministry the atlas maps various types of the disease and its incidence

among men and women across 105 pockets in the country to ensure better diagnosis, infrastructure and link cancer to specific environments. It also maps the country on the basis of higher incidence of a particular kind of cancer. (See box).

The atlas, prepared using the National Cancer Registry Programme in Bangalore, is part of a project funded by the World Health Organisation (WHO). It involved an extensive survey of more than 200,000 patients with histopathologically confirmed cancers, whose details were sent to the registry online.

According to an ICMR document, the aim of the study was to know the similarities and differences in patterns of cancer across the country, besides strengthening pathology departments.

Knowing patterns, according to the researchers, "would provide important leads in undertaking research, inter-targeting cancer control measures and in examining clinical outcome.

**LUNG:** Aizawl men & women top incidence rate. Mumbai 2nd in women but still 10 times less in numbers than Aizawl.

**GALL BLADDER:** Delhi! Women top, followed by Mizoram & Chandigarh.

**STOMACH:** Chennai, Bangalore No. 1 among men. District-wise study shows searchship in Mizoram has 8 times higher rate than Chennai.

**OESOPHAGUS:** Highest in Aizawl men, followed by Assam, Karnataka and Goa districts.

**HYPOPHARYNX:** Bhopal and Ahmedabad men top, followed by Aizawl and Assam.

**TONGUE:** Bhopal & Ahmedabad top again.

**MOUTH:** Highest incidence among Bhopal men, but district-wise break-up shows Wardha in Maharashtra on top.

**BREAST:** Delhi women on top, followed by four districts in Chandigarh and those in South Goa and Kerala.

**CERVIX:** Chennai tops---only place where this is still leading form of cancer among women. But TN's northeast regions has higher incidence.

**THYROID:** Among women, Bangalore tops on incidence, though Thiruvananthapuram leads on.



## Tobacco:

# Starting young, going up in smoke sooner

**Mumbai:** A recent study by the Children's Environmental Health Centre, US, has found that exposure to environmental tobacco smoke can lead to decrease in certain cognitive skills, including reading, math and logic and reasoning, in children and adolescents.

Two in every 10 boys, one in every 10 girls in India use Tobacco Products.

Before you take comfort in the fact that smoking in public places is banned in India, check out these statistics.

According to an all India survey of 13-15 years olds in Tobacco control in India' released recently by the Ministry of Health and Family Welfare, two in every 10 boys and one in every 10 girls in India use tobacco or tobacco products.

Many youth, in fact, believe that tobacco is good for the teeth or health.

"We unanimously agree that children should be kept away from tobacco products but there is not a single place in India that's tobacco-free. The use of tobacco among children ranges from 5% in certain states to as high as 60% in North-Eastern states and Bihar," says Dr. P.C.Gupta, the Director of Sekhsaria Institute of Public Health.

An even more unsettling fact, revealed by the report, is that initiation into tobacco before 10 years of age is on the rise. Also, the intake of tobacco through products like gutka and paan masala is three times higher than cigarette smoking.

"It has been noticed that when children buy chocolates some shopkeepers thrust them with gutka packets instead of change. Most Children in India come from conservative families where smoking is considered a taboo. The use of gutka is comparatively discreet and inexpensive," says Padmini Somani from Salaam Bombay Foundation, an NGO that conducts anti-tobacco campaigns among kids and young students.

**Tobacco use among boys in their final year in English medium private schools (22.5%) was significantly higher as compared to students from Indian language private (6.9%) and municipal schools (13.8%).**



**Har fikr ko dhoon mein udata chala gaya.....**

The reports also points to a Global Youth Tobacco Survey (2001) in schools in Mumbai which shows that tobacco use among boys in their final year in English medium private schools (22.5%) was significantly higher as compared to students from Indian language private (6.9%) and municipal schools (13.8%).

"Constant use of tobacco leads to pre-cancerous lesions and sub mucous fibrosis (where the opening of the mouth is reduced). A decade back the mean age of affected patients was 40 years, now it has come down to 20 years. This means the person has got hooked on to gutka as early as 13-14 years," says Dr. Surendra Shastri, the Head of Preventive Oncology, Tata Memorial Hospital.

According to Dr. Shastri even paan masalas that claim to be tobacco-free are carcinogenic, that is they contain substances that can cause cancer.

One of the redeeming findings of the study is that states having higher level of curricular teaching have shown a low prevalence of tobacco use by students.

"Till a child reaches the age of 18, education can be used to set the right trend before them. Children have the ability to discern between right and wrong. Once the science and logic is presented to them, they are converted for life," says Somani.

## Deaths due to Tobacco in India

Information on mortality rates associated with tobacco use in India is available from three cohort studies. The age adjusted relative risk of mortality due to tobacco use and the prevalence of tobacco use, applied to overall mortality of the country, suggested that at least:

**630,000** persons died in 1986 due to tobacco use. Median risks as observed from these cohort studies, and the prevalence of tobacco use as found in the first nationwide survey of National Sample Survey Organization 14, when applied to the 1996 population, showed that about:

**800,000** persons in India died due to their tobacco habit in 1996.

Recent studies indicate that the risk of death due to tobacco use may in fact be more than that identified earlier.



# 'Young cancer survivors live normally



**Chicago:** Cancer doesn't doom youngsters to a miserable childhood, new research suggests, finding that after treatment, many are just as happy and well adjusted as those who never had the illness - sometimes even more.

The findings, based on interviews with 8-12-year-olds, show how resilient youngsters can be even when facing something as frightening as cancer.

The results also indicate that children's perceptions often differ from those of their parents, whose own negative feelings about the experience may shade how they think their children are coping, the researchers said. "What we are finding is very reassuring," said Dr. Smita Bhatia, lead author and a paediatric cancer specialist at City of Hope National Medical Center in Duarte, California.

Parents should be encouraged to know that young survivors "can indeed put their cancer behind them". The study appears in February's edition of the journal *Paediatrics*, published on Monday.

Sebastian Sanchez-Luege, a nine year-old patient of Bhatia's, who was diagnosed with an aggressive lymphoma at age 6, but was not involved in the study, said he feels normal and happy.

"I kind of feel more guarded by God now," said the Orange County, California, boy, "and may be a little bit happier". That's partly because friends who were distant during his disease "now are like flocking over me," he said.

Now cancer-free, Sebastian under went grueling treatment, including massive doses of radiation and chemotherapy and a stem-cell transplant in 2002, said his mother, Carmen Luege. "Through all of that, to me what is amazing is, he remembers good things," Luege said.

Cancer strikes an estimated one in 300 to 350 US youngsters before age 20. With improved treatments, survival rates for many childhood cancers have risen sharply in recent decades. More than 75% of American children with cancer survive at least five years, compared with around 60% in the mid-1970s, according to the National Cancer Institute. "Survival will always remain the ultimate goal," but as treatments and outcomes improve, long-term well being should also be a target, the researchers wrote.

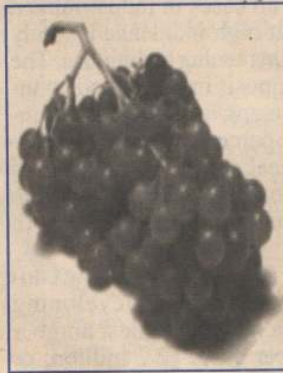
They questioned 90 children who had been successfully treated for cancer at least a year earlier, 72 youngsters undergoing treatment, and a control group of 481 children, who had never had cancer.

The questions focused on physical issues, including pain and activity restrictions; psychological functioning, including fear of death, worrying and feeling inferior; and outlook on life, including happiness and optimism. Scores ranged from 1 to 5, with 5 being most positive.

Children undergoing treatment had lower overall scores than both other groups. But the survivors' overall scores were high, averaging 4.15, slightly above the 4.05 average for the control group.

Brain cancer survivors had lower overall scores than the control group.

## Red grapes, the new cancer cure!



In the field of cancer research, here is news: eating red grapes could cut the risk of cancer.

University of Illinois at Urbana-Champaign researchers have claimed that eating flavanoid-rich red grapes can reduce the growth of an enzyme that triggers growth of cancer cells in the human body.

The dangerous enzyme: Human DNA topoisomerase II. It is responsible for the spread of cancer.

What are flavonoids?

They are a group of organic compounds consisting of numerous water-soluble plant pigments that give colour to plants. They are mostly found in red grapes.

More findings:

The Illinois study published in the journal of *Agricultural and Food Chemistry* enlists the names of all the freshly discovered constituents in grape-cell culture extracts.

The report also provides a detailed description of how some of these components work in tandem against human DNA topoisomerase II.

Elvira Gonzalez de Mejia, a professor in the department of food science and human nutrition, says, "The findings add to the argument for eating whole foods. It is very clear

that the synergy is critical. When a cell becomes malignant, that enzyme is expressed 300 times more than in a normal cell.

"If we can find a compound or mixture of compounds that can reduce the activity of that enzyme," she adds, "the cancerous cells will die."

According to Mary Ann Lila, a professor in the department of natural resources and environmental sciences, the current study used advanced molecular technology with grape-cell cultures and the particular enzyme to identify the anti-cancer strategies.

This also helped trace out those particular flavonoids rich in anti-cancer qualities.

"In our subsequent studies now under way in animal models," says Lila, "we are getting direct evidence that these components in grapes work synergistically in fighting cancer. They have to work together to obtain the potency that works."

According to Lila, researchers might be able to determine reasonable dosages for therapeutic consumption of flavonoid-rich grapes at the end. Supplements containing specific flavonoids probably won't result in desired benefits, because complementary components required for synergistic activity may be missing.

"Some of the compounds we identified have not been reported in cell culture and grapes," adds de Mejia, "Some have high inhibitory activity in the promotion and progression stages of cancer and have a high probability to work against the disease."



## Editorial

## Time to save the kids from tobacco

According to a recent National Tobacco Control report India is the third largest producer of tobacco in the world. One third of the global deaths due to tobacco occur in India. Of all tobacco related cancers, 7.5% are found in the oral cavity, pharynx and larynx while 15% are found in the lungs.

In our country, people consume tobacco in two forms (i) smoking beedies and cigarettes (ii) smokeless tobacco in the form of gutkhas, misheris etc.

Focusing on the high prevalent use of tobacco in the country the national tobacco control report has highlighted the burning issue facing health experts—the urgent need to affect an additional change in the mindset of parents and youngsters towards tobacco, 10 to 40% of school children and 70% of college students in Mumbai consume tobacco products in sizeable amounts. The rise in smoking amongst the middle and upper class youth is a cause for concern.

There are 240 million adult tobacco users in India and prevalence data indicates that about 17.5% of the 13-15 years old are current tobacco users of any form. The main reason for such large number of youngsters falling prey to tobacco is that they constantly watch their icons—Bollywood superstars, a leading model—smoking as a part of their life style. If we want our young generation to remain healthy we must direct all our efforts towards educating them and making them aware about the hazardous ill effect of tobacco consumption. We must not spare any effort in preventing the children from developing this tobacco habit.

As we all know, "A STICH IN TIME SAVES NINE", in the same way if we can successfully prevent our children from falling into "Tobacco Trap" - it will be a great achievement indeed.

— Dr. Rajan P. Shah

Hon. Prof. of ENT Grant Medical College  
and J.J. Hospital, Mumbai, India.

## Developed Countries Still Carry Greatest Cancer Burden

But study finds developing nations are catching up

The developed world still bears the lion's share of cancer cases, but less developed areas are catching up. Worldwide, lung cancer is the most common and deadliest cancer.

That's the message from Global Cancer Statistics, 2002, which appears in the March/April issue of CA: A Cancer Journal for Clinicians.

"One important aspect is the increase in the cancer burden in developing countries, which is because of adopting a more Western lifestyle like increased smoking, different dietary patterns and less physical activity," said Ahmedin Jemal, program director for cancer occurrence at the American Cancer Society in Atlanta.

The other key contributor is age. "Life expectancy is increasing in lesser developed countries, and historically cancer has been a problem of developed countries, but that might be changing. As people tend to live longer in developing countries, the burden of cancer is expected to increase," Jemal said.

"You've got two choices. You get old or cold," added Dr. Jay Brooks, chairman of hematology/oncology at Ochsner Clinic Foundation in New Orleans.

The International Agency for Research on Cancer assembled estimates of the global cancer burden for the past 30 years, focusing on the number of new cases, death rates and prevalence, or the number of people alive with the disease.

Overall, the report found large differences in the rates of different cancers, depending on the part of the world.

In 2002, there were 10.9 million new cases of cancer, 6.7 million deaths and 24.6 million people alive with cancer within three years of diagnosis.

The report authors found little difference in mortality between developing and developed countries. The chance of a man dying from cancer before he turns 65 is 18 percent higher in developed countries. Women in developing countries actually have a higher chance of dying than women in developed areas.

Continuing a trend that began in 1985, lung cancer is still the most common cancer, with 1.35 million (12.4 percent) of new cases, and

also carries the highest mortality rate (1.18 million deaths, or 17.6 percent of the world total). "The biggest issue is tobacco," Brooks said. "It's just phenomenal."

Breast cancer is the second most common cancer (1.15 million new cases), but the fifth-highest cause of death, thanks to a relatively good prognosis once diagnosed.

After lung cancer, the most common causes of cancer death are stomach cancer and liver cancer. The most prevalent cancer in the world is breast cancer, with 4.4 million survivors.

Almost half (49.9 percent) of all lung cancer cases occur in developing countries. In 1980, by contrast, 60 percent occurred in these areas of the world. The highest rates in men are in North America and Europe, particularly Eastern Europe. The incidence is lower in women, with the highest rates in North America and Northern Europe. The incidence is also high for both men and women in China, as well as in Australia and New Zealand.

Breast cancer is the most frequent cancer in women (representing 23 percent of all cancers), with more than half of all cases in industrialized nations. That high incidence is likely due to better screening techniques. The average prognosis in developed countries is 73 percent; in developing countries it is 57 percent, the report said.

Cervical cancer is the seventh most common cancer overall and the second most common cancer in women.

Most (83 percent) of new cancer cases occur in the developing world. China had the highest number of new cancer cases (2.2 million, or 20.3 percent of the world total). North America had 1.6 million new cancer cases (14.4 percent of the total).

The risk of being diagnosed with cancer, whether you are a man or a woman, is highest in North America. The risk of dying, however, is highest for men in Eastern Europe and for women in northern Europe. In general, mortality rates are higher in lesser-developed areas, the study found.

"There's a limited capacity to treat," Jemal explained. "Few developing countries have radiation facilities. That will compound the problem."



# Top cancer detection tools comes to town

## The city hospitals need more PET machines

**Mumbai :** The world's most advanced tool for cancer detection comes to town on Monday called the PET/CT scanner- a fusion device combining the New Age Positron Emission Tomography (PET) with Computed Tomography (CT)-it will be inaugurated at Tata Memorial Hospital (TMH), Parel, by Atomic Energy Commission chair person Anil Kakodkar on Monday. Incidentally, this is the second PET scanner in the hospital premises. The first one, a PET scanner without a fusion attachment, is housed in its Radiation Medicine Centre (RMC), which is a division of the Bhabha Atomic Research Centre (both TMH and BARC are part of the department of atomic energy). The first scanner was inaugurated by former Prime Minister Atal Bihari Vajpaee two years ago. As TMH is a public hospital, PET scanning will be available at subsidised rates to patients even though experts believe each test could cost between Rs.10, 000 and Rs.15, 000 in the private sector.

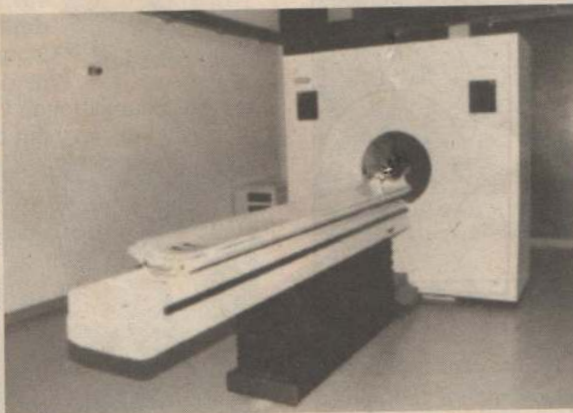
However, not all patients will need PET-CT scanning; the decision will be based on clinical diagnosis, said TMH director Dr. K.A. Dinshaw.

According to RMC chief Dr. Narendra Nair, who has overseen over 2,500 scans done so far with the first PET scanner. "PET is essentially a nuclear medicine device that works on

the principle that cancer cells take up a lot more glucose than normal cells."

A tracer of a glucose look-alike, labelled with the radio isotope Fluorine-18 (called fluorodeoxyglucose or FDG), is injected into the patient one hour before the scan. "If the patient has cancer, the scan will show affected cells as high glucose concentration zones," he explains.

A CT scanner attached to the PET machine provides the anatomical background of the body using X-ray. According to Dinshaw, "The highly sensitive PET scan will pick up the metabolic signal of actively growing cancer cells, while the CT scan will provide a detailed picture of the internal anatomy, revealing the precise location of the growth". This will help in locating cancer, assessing its growth and deciding on the mode of treatment.



But does one hospital complex need two PET machines? Given the rush of patients from across the country to TMH, TMH doctors believe it is justified. "Moreover, the cyclotron which generates the radio isotope is located in the RMC," points out a doctor. The isotope has a half-life of 110 minutes (time needed for it to dissipate by half), which means it has to be used fairly soon after it is removed from the cyclotron. So, having two PET machines nearer to the cyclotron makes more sense than having one in the suburbs, adds the doctor.

## India has the highest rate of oral cancer in the world

The alternatives should be realistic and acceptable to the consumers : experts



India has the highest rate of oral cancer in the world, caused by tobacco consumption. WHO research indicates a 500 percent increase in cancer by 2025, of which 220 will be due to tobacco use. According to Women's Health in South East Asia (WHOSEA), almost one-half of all cancer cases in men and one-quarter of all cancer cases in women in India are

believed to be tobacco-related.

These shocking facts were revealed at a seminar organized by Global Sehat Foundation, an NGO committed to finding solution to the problem of oral cancer due to tobacco consumption, in the city recently on the need for an alternative to consumption of tobacco.

Studies indicate that nicotine by itself may not be harmful. But, when it is combined with other harmful substances such as supari or areca nut, cancer causing kattha substitutes like gambier and magnesium carbonate present in gutkha, khaini etc., it results in ailments of the mouth.

Elaborating on this threat, Dr. R.M. Mathur, principal, Saraswati Dental College and former dean, King George Medical College, Lucknow said, "Objective is to improve the condition of patients who are suffering from oral sub mucous fibrosis due to tobacco chewing habits." Feedback from an initial study conducted on a possible alternative in the form of

chewing gum with tobacco extract has been positive, he added.

Voicing concerns of millions of people, whose lives are affected by the tobacco menace, Bejon Mishra, a well known consumer representative said, "We should adhere to stringent labeling and packaging norms for tobacco products."

Speaking on the subject of 'Chewing Tobacco, What Next?' Sudershan Banerjee, founder member, Global Sehat Foundation, said, "A purist solution like total abstinence or quitting, therefore is impractical. We, therefore, need a solution that will address the impact of oral cancer."

Panelists included experts like renowned cancer specialist, Dr. Arun Kurkure, managing trustee and honorary secretary, Indian Cancer Society and executive committee member, Union International Cancer Control (UICC). Dr. A.R. Shenoy, chairman, Consumer Guidance Society of India (CGSI), Dr. Purvish Parikh, head, department of oncology and haematology, Tata Memorial Hospital and Dr. S.G. Damle, joint Municipal commissioner, Brihan Mumbai Corporation (BMC) and dean, Nair Dental College and Hospital.

Acknowledging the fact that the range of currently available alternatives are inadequate to address the problem, the panelists agreed that an alternative will be effective in the Indian scenario only if it is realistic and acceptable to the consumers.

Dr. Kishore Chaudhry, deputy director general, Indian Council for Medical Research (ICMR), Bejon Mishra, chairman, Consumer Co-ordination Council and Dr. R.M. Mathur, deliberated on solution to tobacco problems existing in the country.



## Jugalbandi for a cause



Pandit Shiv Kumar Sharma handing over a cheque of Rs. 50,000 to Prof. A.A. Kazi (Chairman), during a function held at Shanmukanda hall, Mumbai in aid of Cancer Aid Foundation also seen is Ustad Zakir Hussain.

It was a musical evening on 21<sup>st</sup> February in Shanmukhanand auditorium, and it was not 'only' music but music with sense of support; support for the cancer patients. To help the cancer patients Maha Bengal Cultural and Sports Association presented the Jugalbandi of none other than Pandit Shiv Kumar Sharma and tabla maestro Ustad Zakir Hussain.

This event was important and rare in the sense that they performed on the same stage after a long time. It was a memorable performance for those who attended it.

During the program, Ustad Zakir Hussain and Pt. Shiv Kumar Sharma handed over a cheque of Rs.50,000/- to the Prof. A.A.Kazi. Chairman of Cancer Aid Foundation.



Mrs. Rashida A. Kazi - Hons. Secretary of Cancer Aid Foundation addressing a gathering at Raigad Ideal English Primary & High School at Mhasla - Raigad Dist.



Mrs. Ayesha Creamer from America, visited Cancer Aid Foundation office during her visit to India

## Dr. Mehmood Hakim - Representative of Cancer Aid Foundation in USA



Dr. Mehmood Hakim visited Cancer Aid Foundation office and was very much impressed by the activities carried on by the foundation. He said, "It is excellent work, keep it up." He is a community activist in America and on the Board of Directors of Majlis-e-Shoura (The Islamic Society of Orange Country.) He was, therefore, offered the position as representative of Cancer Aid Foundation in USA which he willingly accepted. He has proud to carry out the Foundation work in USA.



Mr. Swadhin Kshatriya, Gen. Manager BEST visited Cancer Aid Foundation Office and promised to provide all help to the foundation.



Ms. Lubna Kausar speaking to the father of cancer patient Master Prince Kumar Singh. A cheque of Rs. 60,000/- was handed over to the patient's father for treatment.



Prof. A.A. Kazi - Chairman Cancer Aid Foundation and the CAF - Foundation Day Committee discussing details about 'Foundation day' to be celebrate on 20th June 2005



## Light Reading

### Q & A

**Q.** Can 'Hing' (asafoetida) used in cooking cause cancer?

**A.** Dr. Irwin Ziment, professor of medicine, University of California Los Angeles (UCLA), USA is of the view that Hing (asafoetida) if used in cooking is not harmful and doesn't cause cancer.

One reason that herbs and spices are so popular as alternative medical therapies is that they are not only relatively non-toxic, but they are also healthful. Many herbs contain antioxidants, and some - such as turmeric - have been reported to provide protection against cancer.

Hing (Asafoetida) and other common cooking herbs and condiments have never been shown to cause serious health problems other than gastrointestinal upset. However, it is possible that any beneficial agent if taken in excessive doses for a prolonged time could be harmful. In contrast normal doses of spices make life more pleasurable and are medically useful for digestion and normal health maintenance.

### Strange But True

#### Cancer drug may be hiding in tree bark

**Frederick (Maryland):** Somewhere within a vast, frozen storehouse of tree bark, fungi and marine creatures, a breakthrough cancer drug may be hiding.

Cracking the code begins with crushing the samples kept in the National Cancer Institute's repository on the grounds of Fort Detrick. Just one in 40,000 natural products yields an effective drug but scientists say the next taxol-an anti-cancer agent - could be derived from the bark of the Pacific Yew tree bar-coded extracts.

"Pharmaceutical companies seem to be really interested in natural products as the source of new drugs, and nature really is the architect of these beautiful new molecules," said Gordon M. Cragg, head of the agency's natural products branch.

### Jokes

#### Three miracles

A religious man discovers that he has testicular cancer, and decides to pray for a miracle. The next day he visits an urologist, who tells him he must have surgery immediately.

He tells the doctor "I do not want you to remove my testicle, I am praying for a miracle from God". Then he visits a radiologist, who tells him that he must begin radiation therapy immediately. He tells the doctor "I do not want you to expose my body to radiation; I am putting my faith in God." Finally he visits an oncologist, who tells him that he must start chemotherapy immediately.

He tells the doctor "I do not want you to inject me with caustic chemicals, God will heal me." A few months later he dies and goes to heaven, where he is very upset and asks God why he didn't give him a miracle. God replies "I gave you three miracles, a urologist, an oncologist and a radiologist, but you chose to ignore them."

#### Cancer, no Aries

When I told a friend that I have cancer, he replied "I thought you were an Aries?"

#### Flying to Survive Cancer

On board a flight to Hawaii, the pilot announced, "That thump you heard was our last engine conking out. I'm really sorry to tell you this, but we are going to crash into the ocean."

In the stunned silence that followed, an angry voice spoke out. "Dammit! That stupid doctor of mine! He said I was going to die of cancer."



**"Most dinosaurs were vegetarians and they never smoked tobacco or drank alcohol — and where are they now?!"**

We hope you liked the jokes, and didn't find any of them too offensive.



# Thanks

**Mr. Muzaffar Khan** wrote, "My treatment is in the final stages. In my treatment, your organization had played a very important role. I have been provided with all the medicines and injections for all my eight cycles. I am really very grateful for all that you had done for me. Thanks a lot.  
(Mr. Muzaffar Khan is under treatment for quiet a long time in Tata Memorial Hospital.)

**Mr. Zaki S. Hasan** wrote, "How on earth could I thank for your timely help. I am unable to put it into words that you had done for me. Your timely help of 40,000/- was a great help. Shukriya.

(A cancer patient.)

**First flight courier Ltd.** "We thank you for your help in conducting cancer awareness camp in our organization on 19<sup>th</sup> December 2004. We look forward to more interaction and programs with your help in future.

**Shayam Sidhhi Mitra Sangh's College Of Education (B.Ed.):** "We are very thankful to the Cancer Aid Foundation for visiting our college and showing films on cancer to all our 100 trainee teachers, staff and students. We hope that it is very useful for them personally and professionally in the year to come."

**Jeevan Jyot Cancer Relief & Care Trust** (A Social Service organisation): "As per our reference letter you had sanctioned medicine of Rs. 6660/- for Miss. Shaila Mane who is a cancer patient. We would like to thank you for your kind donation for this poor patient. Please co-operate in future too."

**Smt. Sumitadevi Dinesh Kumar**, a cancer patient, wrote: "I am very happy for your timely help which you gave me by donating expenses of Chemotherapy. I and my family members will never forget your timely help. We appreciate for your kind heart.

I also convey my thanks to you as well as your staff and officers of Trust. May God bless you."

## Visits

**Yasmeen Lukmani**, Prof. and head (Retired) of the English department, university of Mumbai: "marvelous work being done here. Gives one hope in a world which is occasionally so dark."

**Ashok Malhotra**, president, Rotary Club Of Mumbai, sea land. "Touched by its activities for the benefit of the community. I wish them all the success and courage to continue in this noble cause."



### Adm. Office :

Municipal School  
Bldg., Grd. Flr.,  
Room No. 15-18,  
Near 'S' Bridge,  
N.M. Joshi Marg,  
Byculla (W),  
Mumbai - 11.  
Tele Fax. 091-22-  
23007000  
23008000  
39538800  
39538801.

## CANCER AID FOUNDATION

- Registered under the Bombay Public Trust Act, 1950
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- Website: [canceraidfoundation.org](http://canceraidfoundation.org)
- ★ Monetary help for needy cancer patients to complete their treatment
- ★ Rent-free accommodation in Mumbai to outstation poor cancer patients
- ★ Return railway fare to outstation poor cancer patients
- ★ Free medicines of Chemotherapy for cancer patients.
- ★ Spreading awareness of the dangers inherent in prevailing social practices
- ★ Initiating steps for early detection of cancer aid foundation
- ★ Printing literature on cancer etc.
- ★ Free projection of films on Cancer Awareness in Schools and Institutions

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Printed by Mr. Tony Fernandes at Pioneer Printers-Cell: 0091-9890241699 and published by him for CANCER AID FOUNDATION, Mumbai - 400 011.