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CAF News Bulletin

(Official Publication of the Cancer Aid Foundation)

BREAST CANCER MAJOR KILLER IN INDIA

Mumbai - Fortyeight-year-old Salma Khan was distraught when she felt a lump in her left breast five years ago. The growth which proved to be malignant required the removal of her breast. "It was a difficult time since I had a family to look after and the thought of surgery was scary," recalls the mother of two.

Staunch family support and timely treatment helped Khan bounce back. "I live a normal life and have almost forgotten that I ever had cancer surgery," she adds. Now on hormonal treatment to prevent a recurrence, she is reaching out to instill a positive attitude among fellow breast cancer sufferers.

Like Khan, urban Indian women are increasingly falling prey to this dreaded form of cancer. Once considered a Westerner's scourge, breast cancer has now hit home with a 23% incidence among Indian women (according to the Indian Council of Medical Research). Closer home, Oncologists say that one in every 30 Mumbaikars has breast cancer as a lifetime risk. In fact, doctors are worried about breast cancer as it has now overtaken cervical cancer to become the leading cause of morbidity among urban women.

At a conference on breast cancer held in Bangalore last week, cancer specialists from across the globe discussed the evolving forms of 'breast cancer management' and the urgent need to develop diagnostic tools for its prevention. "Women's lifestyle patterns have changed over the last decade, with late marriages and late child-bearing becoming the norm in Indian metros," said Dr. Suresh Advani, Director, Medical Oncology, Jaslok Hospital. Besides, genetic build-up, lack of physical activity, changing attitude to breast feeding and junk diets are triggering factors, he adds.

The growing incidence of breast cancer in India has sent alarm bells ringing. Doctors say the changing lifestyle has altered the growth process, thereby increasing the risk and incidence of oestrogentriggered breast cancer.

"The increase could be because of the early onset of puberty and delayed menopause, both of which expose women to oestrogen for longer periods," said Dr. Rajendra Badwe, Chief of Surgical Oncology, Tata Memorial Hospital, Mumbai.

However, the discovery of breast cancer no longer pronounces a death sentence, as oncologists assert that early detection could make treatment easier. "Breast cancer management has improved phenomenally over the past few years.

Earlier, women who went for radiation therapy were exposed to the threat of a heart attack," said Dr. George Blackledge, a Senior Oncologist previously attached to the University of Birmingham, U.K. With surgical techniques improving, women can now be treated of their cancer, even without removal of the breast.

Oncologists say that recurrence however, remains a worrying cause, as nearly two-thirds of Inidans treated for breast cancer see a return of the Big C. "Advances made in post-surgery hormone treatment offer promising hope of reducing the chances of a recurrence," said Dr. Blackledge.

In this worrying scenario, oncologists say it would benefit Indians to institute a government-led screening programme on the lines of that present in the UK. British citizens above the age of 50 years are compulsorily screened for breast cancer every three years.

"We would first need to evolve a system of screening which caters to the younger generation as breast cancer in India is almost a generation younger (with 85% of breast cancer patients below 50 years) than the West," warns Dr. Badwe.

(The Times - London, August 19, 2005)

Girls who eat chips more likely to get breast cancer

London: Eating chips as a young child may increase the risk of contracting breast cancer as an adult, research in America has claimed.

Researchers at the Harvard Medical School say that for every portion of chips eaten per week in the pre-school years, the risk of breast cancer is increased. The data comes from a long-running study into the health of 80,000 nurses who have been followed for decades by a team from the research institute. The Nurses' Health Study has already produced many links between diet and disease, some disproved by further and better research.

The latest paper, in the International Journal of Cancer, used data from 582 women with breast cancer and 1,569 women without the disease in 1993.

The researchers looked at the diets of the women when they were aged between 3 and 5, using information from their mothers, who were asked how often their daughters ate or drank various products.

The risk of getting breast cancer by the age of 60 is about one in 25. Karin Michels and colleagues estimated that eating chips just once a week before the age of 5 would raise that to about one in 20 - an increase in risk of 27 per cent.

The team said that while eating potatoes was not associated with increased risk, the preparation of French fries - frying in fat high in saturated fats and trans-fatty acids - may be of relevance.

Dr. Michels said: "Researchers are finding more evidence that diet early in life could play a role in the development of diseases in women later in life. This study provides additional evidence that breast cancer may originate during the early phases of a woman's life and that eating habits during that phase may be particularly important,"

She said that their data

should be interpreted with caution because information on diet was dependent on the mother's ability to recall her daughter's diet.

"Mothers were asked to recall their daughter's pre-school diet after the participants' breast cancer status was known, and it is possible that mothers of women with breast cancer recalled their daughter's diet differently than mothers of healthy women. Other foods perceived as less healthy, such as hot dogs or ice-cream, however, were not associated with breast cancer risk."

Pamela Goldberg, the Chief Executive of Breast Cancer Campaign UK, said: "Studies looking into how nutrition in early life might affect the risk of developing breast cancer are very interesting. In this case we need to take into account that the study relies solely on mothers recalling what their daughters ate 40 or 50 years ago."

"We would encourage women of all ages to eat a healthy, well-balanced diet with plenty of fruit and vegetables." **(Times)**

Breast cancer gene mutation may affect men too

London (Reuters): A genetic mutation previously linked to the development of cancer in women may also be responsible for some cancers in men, according to published on Thursday.

The BRAC2 gene mutation which has been linked to an increased risk of breast and ovarian cancers has now been found greatly to raise the risk of pancreatic and prostate cancers in men, according to the Journal of Medical Ethics.

The Dutch researchers who conducted the study also speculated that there might be a connection between the mutated gene and an increased risk of bone and throat cancers.

They found that carriers of the mutated gene were seven times more likely to have pharyngeal cancer and eight times more likely to have pancreatic cancer than the general population. Male carriers were more than twice as likely to have prostate cancer.

As nearly half of the men with prostate cancer had died, the researchers suggest and radical treatment should be offered to men carrying the mutated gene rather current practice of simply watching and waiting.

Drug change helps women with early breast cancer

London: Changing drug treatment in women with early breast cancer can reduce the risk of the disease recurring or spreading by up to 40 per cent, Austrian researchers said on Friday.

Tamoxifen, a drug that interferes with the activity of the female hormone oestrogen, has been the standard treatment following surgery for women with hormone sensitive tumors.

But scientists at the Viena Medical University in Austria said varying the therapy with a drug called anastrozole produced better results in older women past the menopause. "Switching from tamoxifen to anastrozole after two years is more beneficial for the paients than staying on tamoxifen," Professor Raimund Jakesz, the lead researcher, said.

Anastrozole belongs to a class of drugs known as aromatase inhibitors. They work by blocking the production of the oestrogen in women. Oestrogen is linked to the development of cancer. Most cases of the disease are in postmenopausal women. The drug does not work in younger women. **(The Times of India, August 6, 2005)**

Fighting cancer: An expensive battle

Mumbai: Ten thousand dollars once seemed a lot to pay for a few months' supply of a drug.

No more. Avastin. Erbitux. Gleevec. Herceptin. Rituxan. Tarceva. These are among the first in a wave of new drugs giving hope to millions of cancer patients by treating the disease in new ways, like blocking the blood vessels that feed tumours.

But they are all highly expensive, up to $100,000 for a course of treatment that lasts a few months. That is hundreds of times the cost of older, more toxic cancer drugs, and several times the annual cost of AIDS drugs, whose prices caused widespread anger during the 1990's. And except for Gleevec, a leukemia drug from Novartis that has produced spectacular results, the new cancer drugs help most patients, but only marginally.

Many patients rely on supply of Tarceva to keep their cancer in control

For now, the high-priced cancer drugs are a relatively small part of overall medical spending. Health care economists say the rising costs of the new cancer treatments and other drugs will force difficult questions on doctors and policy makers.

Should patients be guaranteed access to drugs no matter what their cost? And should physicians be encouraged to consider cost when they decide on treatment, something most doctors now say they do not do? Drug companies say many factors drive the pricing of their drugs, including the high cost of research and development, complex and expensive manufacturing processes and the value the drugs provide for patients.

As doctors learn how to use combinations of new drugs in treatment, the therapies will extend the lives of more and more patients, said Dr. Susan Desmond Hellmann, President for product development at Genentech, a biotechnology company in South San Fracisco, California. "It's a very reasonable thing to ask about the cost of therapies," Dr.Hellmann said. "But I just don't want people to lose sight of how meaningful the changes in treatment are."

For now, most patients are able to obtain the new drugs, either through insurance coverage or assistance programmes. Shawnette Treat, 37, was diagnosed with lung cancer early last year and was told her life expectancy was less than two years. She now takes Tarceva, which costs almost $90 a day, or $31,000 a year. "My husband's the only one working and we have bills and stuff that we have to pay. $500 is a lot to us a month." The Patient Advocate Foundation, a non-profit group based in Newport News that helps people obtain medical care, is covering the monthly payment, Treat said. But the Foundation covers only a few kinds of cancer and does not directly assist people who are uninsured, said Beth Darnley, the Foundation's Chief Programme Officer.

Those patients must apply to Medicaid or to the companies for discounted drugs. If history is any guide, health care professionals say, patients, doctors and law-makers will not want to confront questions about how the medical system should deal with the cost of the new drugs.

Policy makers in the US do not measure the cost-effectiveness of new drugs. The government does not control drug prices, and Medicare is prohibited from making coverage decisions based on cost; the decisions is based on the drugs' performance.

(The Times of India, July 14, 2005)

PROSTATE CANCER
MOVING BEYOND YOUR CONCERNS

When you're told you have prostate cancer, it's natural to be concerned about what your future might be like. But most people who have prostate cancer can live a full and active life. In fact, when prostate cancer is diagnosed in its early stages-before it has spread outside the prostate-chances are excellent that it can be cured. If cancer is detected in its later stages, it can usually be controlled. By knowing how prostate cancer develops and is diagnosed, you can better understand what's happening to your body. And by knowing about treatment methods, you can understand what your options are for living with prostate cancer.

"I can't have cancer. I don't have symptoms."

Prostate cancer often doesn't produce symptoms. Symptoms are usually related to noncancerous problems of the prostate or of the urinary tract.

"I'm going to die from my cancer."

Most men don't die from their prostate cancer. Prostate cancer is one of the slowest-growing types of cancers, and can usually be controlled.

"Treatment will leave me impotent or incontinent."

Impotency or incontinence doesn't always occur. If it does, your urologist will discuss the various treatment alternatives with you.

"I won't be able to live my life the way I used to."

With medical advances, the quality of life for men with prostate cancer has improved dramatically. Most men can enjoy a comfortable lifestyle.

Changes can occur with age

As younger man, you probably didn't worry about your prostate because it didn't affect your health. But as men age, some of the cells that make up the prostate may change, causing **benign** (non-cancerous) or **malignant** (cancerous) tumors to grow. Knowing about prostate anatomy and the changes that occur can help you understand more about what the prostate does, where tomours may be located, and how they can be treated.

Normal prostate

Your prostate is a gland about the size and shape of a walnut, located between the **pubic bone** and **rectum.** It surrounds the upper portion of the **urethra,** the tube that carries urine out of the **bladder**. Your prostate produces most of the semen in which sperm travel. During orgasm, this semen mixes with nutrients from the seminal vesicles and sperm produced by the testes. The testes also produce **testosterone** (the primary male hormone), which stimulates prostate function.

Abnormal Prostate

Noncancerous Tumors:
Benign tumors are likely to develop inside your prostate beginning at about age 40 to 45. This condition, called **benign prostatic hyperplasia (BPH),** is likely to be found during a routine digital rectal exam. The tumors squeeze such as difficulty urinating.

Precancerous Cells:
Cells that don't look normal but haven't developed into a tumor can't be felt during a physical exam and don't produce symptoms. Your urologist may discover them while diagnosing or treating another condition. Your urologist will monitor your prostate closely to see how the cells develop.

Cancerous Tumors:
Malignant tumors usually develop in the outer portion of the prostate. Since early-stage tumors don't usually squeeze the urethra, they don't produce symptoms, but can often be felt during an exam. However, some tumors can't be felt, and may be detected by using other tests. The cancer cells, stimulated by testosterone, may stay within the prostate or spread to the seminal vesicles, lymph nodes, or bones such as the spinal column.

Looking at your condition

The first thing your urologist needs to do before recommending a treatment program is to find out more about your condition. A physical exam, including a digital rectal exam, will help your urologist learn about your general health. You may be asked to take one or more diagnostic tests to pinpoint the type of cancer and location of the disease. These tests may also be used during future exams as guides for identifying changes in your condition.

Diagnostic tests:
Several state-of-the-art tests can be used to envaluate your condition. Some of these tests can be used to envaluate your condition. Some of these tests help your urologist confirm the diagnosis of cancer by eliminating other illnesses. Other tests provide more specific information about the cancer, and help your urologist keep track of how you respond to treatment.

Blood tests:
PSA and **PAP** are chemicals produced by prostate cells. Elevated PSA levels in the blood may suggest cancer in the prostate. Elevated PAP may suggest the cancer has spread.

Ultrasound:
Ultrasound uses sound waves to create a visual image of your prostate. The test may show how big known malignant tumours are, and may locate cancers that can't be felt.

Biopsy:
To find out if a tumor is malignant, a thin needle is used to remove one or more tissue samples from your prostate. Ultrasound is often used to guide the needle during a biopsy.

Bone scan:
When bone is damaged, new bone is produced by the body's natural healing process. A bone scan can detect this repair, which may indicate cancer has spread to the bones.

CT or MRI Scans:
CT and MRI scans reveal more than standard x-rays. By creating detailed views of the tissues in your body, these scans may be able to show where malignant tumors are located.

Cystoscopy:
A small instrument called a cysotoscope is inserted through the penis opening so the prostate can be viewed. Your urologist can then determine if a condition other than cancer is causing a problem.

Choosing the right treatment for you

The more precise your diagnosis is, the more specific your treatment can be. So, to make sure you get the most effective treatment possible, your urologist uses the results of your evaluation to identify the type of cancer cells **(grade)** and their location **(stage)** in your body. This information, along with other factors such as your general health and age, will help your urologist determine the best course of treatment for you.

Grades :

Types of cancer

Low-grade cancer cells usually are uniform and grow slowly. High-grade cells usually vary in size and shape. Without treatment, they spread quickly.

Stages :

Location of cancer

Lower-stage tumors are usually confined to the prostate. Higher-stage tumors can spread outside the prostate to tissues and bones.

Editorial

FEAR IS NOT THE KEY

The day I was diagnosed with cancer, I cried and asked the usual question, why me? And today, I am ashamed of asking that question to myself. That very day I realised that I have to live with cancer. So what! the best part is , I was going to live. The only thing that can happen is life, but for once; and I am not going to let cancer stop me. I did not let fear take over me. I do not wish to be timid and succumb to my illness but want my illness to succumb to my death.

I let my illness be taken care by the doctors and I live. My doctors are happy as I do not interfere in their work and do not let them meddle in my living. Living makes a difference to cancer. It too, wants to live, for it also has one life like me. Its survival depends on my living. I respect myself, hence I will not let cancer or any other illness overtake me. No illness is greater than life.

I also love those great and humble souls who help less fortunate cancer patients financially without knowing them and not uttering silly words of comfort.

Either one should help cancer patient financially to live or behave normally with them. I also love those doctors (specially Dr. Harshad Punjani my angel doctor) who helps and asks you to live life.

Living is so magnificient, so colourful and death is so drab and usual.

(This time we invited one cancer patient to tell his story and that is our Editorial).

YOUR CONCERNS.....

Treating to cure

If cancer is caught when it's at a low grade and stage, your chances for recovery are excellent. The cancer can usually be removed surgically or destroyed inside your body with radiation.

Treating to control

If cancer is found when it's at a high grade and stage, its spread and effects can usually be managed. The cancer may be treated with surgery, radiation, hormone therapy, and/or chemotherapy.

Watchful waiting

Depending on your age, health, and type of tumor, your doctor may recommend no immediate treatment. This is called "watchful waiting." Your doctor is monitoring your condition closely. Based on your condition, your doctor will determine how often you will need to return for regular follow-up exams as well as possible treatment in the future.

Removing diseased tissue

If cancer appears to be confined to your prostate, your urologist may recommend surgery (a **radical**, or **total**, **prostatectomy**). Your urologist's goal is to remove your diseased prostate and all of the cancer. Once surgery begins, if it's discovered that the cancer has spread beyond your prostate, your prostate may not be removed (depending on the stage of the cancer). When you're back in your hospital room and alert, you and your urologist will discuss other treatment methods.

Before Surgery:
You may have routine lab tests if you haven't had them recently. You and your doctor may discuss whether you should donate your own blood in the event you need a transfusion during surgery. Also, you'll meet with your anesthesiologist to discuss the type of anesthesia that will be used to keep you comfortable or asleep during surgery. Don't eat or drink anything after midnight the night before your surgery. Your urologist may instruct you to use an enema or laxative.

During Surgery:
The surgery usually takes two to five hours. Your urologist may make an incision in your abdomen (**retropubic** approach) or between your legs (**perineal** approach). Some lymph nodes may be evaluated to be sure the cancer hasn't spread into the nodes or area around your prostate. After your prostate has been removed and your bladder reattached, a catheter will be inserted through your penis opening. The catheter drains urine from your bladder and is held in place by an inflated balloon.

After Surgery:
In the Hospital:
You'll wake up in the recovery room and then be taken to your hospital room. The catheter will be draining urine from your bladder into a sterile bag. Don't be alarmed if your urine is bloody or cloudy for a while. If your doctor asks you to, drink plenty of liquids to help flush out your bladder. Depending on the surgical approach used and your own rate of healing, you may be able to return home in three to six days.

At Home:
Your urologist will tell you when your catheter can be removed. Stitches will be removed in one to two weeks if they weren't removed in the hospital. It may take from a couple of weeks to several months before you can control your bladder. Pain caused by your incision can be controlled with medications. To avoid straining the incision, don't move quickly, drive, lift anything heavy, or climb stairs until your urologist gives you the go-ahead. Eat a balanced diet to help avoid constipation.

Risks and Complications

With any surgery, there is always a possibility of complications. Your urologist will discuss these and any other risks with you:

- Infection
- Pneumonia
- Excessive bleeding
- Impotence
- Incontinence
- Difficulty urinating
- Bowel perforation
- Blood clots

Call Your Doctor If

- You have fever or chills.
- Your incision is draining or increasingly painful or red.
- Urine isn't draining from your catheter, or you can't urinate after the catheter has been removed.
- Something unexpected, or symptoms you weren't prepared for, occurs.

Slow Growth.....

Most prostate cells need testoserone to grow. Fortunately, there are several types of hormone therapy to slow the growth and spread of these cells by changing the amount of testosterone circulating in your body. Your urologist can explain the benefits and side effects ways to relieve pain and control the cancer•

Scientists pinpoint new breast cancer genes

London: Scientists said on Thursday they had pinpointed four new genes believed to be involved in the development of breast cancer. By examining tissue from 53 breast cancer tumours and cells grown in the laboratory, researchers at the University of Cambridge narrowed down the search for the genes that could provide a basis for new treatments for the disease.

"By using the latest in DNA technology we've been able to pinpoint four new genes likely to be involved in the development of breast cancer," said Professor Carlos Caldas, who headed the research team.

"Not only is this an exciting advance towards understanding how breast cancer develops, it also heralds a revolutionary new era in the discovery of genes linked to the disease," he added in a statement.

Breast cancer is one of the most common cancers in women worldwide. More than a million new cases occur each year, according to the International Agency for Research on Cancer in Lyon, France.

Most breast cancers are caused by damage to genes during a women's lifetime.

Inherited mutations in genes called BRCA1 and BRCA2 are involved in cases of hereditary breast and ovarian cancer.

Caldas, who reported his findings in the journal Oncogene, said scientists have been trying to pinpoint the new genes for two decades. He and his team used DNA micro-array technology, which enables scientists to analyse the expression of many genes at the same time, to search for the breast cancer genes. "Hopefully this cutting edge technology will trigger a parallel increase in the speed at which new cancer treatments reach the patient," Caldas said.

Early results indicate that tumours with multiple copies of the genes are more aggressive.

"If this is confirmed, it might provide a lead for targeted therapies in these cases," Caldas added.

(The Times of India, August 5, 2005)

Prostate: dietary Changes

Whether it's cauliflower or cranberries, eating more fruits and vegetables may play a role in preventing many forms of cancer. These foods not only provide vitamins, minerals and fibre but also contribute to low-fat, low-calorie meals. Eating excessive calories and fat, especially fatty meats and other foods derived from animal sources, may actually increase your risk of prostate cancer. According to one theory, fat increases the production of testosterone, which in turn stimulates the growth of prostate cancer cells. It's still uncertain, however, whether the possible relationship between a high-fat diet and the development of cancer is due to the total amount of fat in your diet or to a specific type of fat, such as saturated fat. It's also difficult to distinguish between the effect of fat and the effect of total calories. High-fat foods tend to be higher in calories, which further complicates the analysis. Aim to eat less fat and keep your calorie intake under control. In addition to a low-fat diet, certain plant-based foods may help prevent prostate cancer. You don't have to eat these foods every day, but it may be a good idea to work them into your diet on a regular basis. **(Times of India)**

Beta Carotene: Carrots, broccoli, sweet-potatoes, squash, spinach, redbell peppers and cantaloupe

Vitamin C: Red and green bell peppers, broccoli, guava ,cauliflower, strawberries, papayas, oranges and grapefruit

Vitamin E: Seeds, nuts, wheat germ, fortified cereals, spinach and tomato products

Selenium: Brazil nuts, seafood, wheat-germ, whole-wheat bread, bran, oats and brown rice

Zinc: Meat, seafood, poultry and whole grains

Financial Help Given To Patients From (21st June - 20th Sept) Quaterly

CASH HELP

Sr. No.	Patient Name	Amount
1.	Ms. Deepika Jadhav	10,000.00
2.	Mr. N. I. Jambarkar	15,000.00
3.	Ms. S. A. Sangare	10,000.00
4.	Master Himanshu V.	10,000.00
5.	Dr. Manjunath	50,000.00
6.	Dr. Pallavi Korgaonkar	1,00,000.00
7.	Mr. Jabbar Shaikh	10,000.00
8.	Mr. Kamlesh Jain	20,000.00
9.	Mr. Abdul Aziz Momin	25,000.00
10.	Master Milind Raut	10,000.00
11.	Miss Raisa Badlu Ansari	14,500.00
12.	Mrs.Clefa Rebello	10,000.00
13.	Mast. Raj S. Arora	2,50,000.00
14.	Ms. Saleha H. Bijapure	50,000.00
15.	Mr. Iqbal I. Shaikh	15,000.00
16.	Miss. Sangita Kamuni	10,000.00
17.	Mrs. R. A. Bhatkar	20,000.00
18.	Baby Ananya Agrawal	1,00,000.00
19.	Mr. Gregory D'souza	10,000.00
	Total	7,39,500.00
	Chemotherapy	11,20,164.50
	Cash Help (below 10,000)	66,803.00
	Total Disbursement (Quaterly)	19,26,467.50

Congratulations

New Delhi: *Cancer Aid Foundation Congratulates V. Shanta, director of Chennai's Adyar Cancer Institute for being awarded Raman Magsaysay Award. She is the second women from Chennai to be selected for the award, the first being the late M. S. Subbulakshmi, renowned Carnatic musician.*

Shanta, who is in her early 70's was awarded the prize Asia's version of the Noble for public service and her untiring leadership of the Cancer Institute as a centre of excellence and compassion for the study and treatment of cancer in India.

Cancer Film Programmes

- Mohammedia High School, Pydhonie.
- J. J. High School, C.S.T.
- St. Anne's High School, Bandra.
- Anjuman -I -High School, Mahim.
- Victoria High School, Mahim.
- Dr. Antonio Dsilva High School, Dadar.
- Anjuman -I -High School, C.S.T.
- Gaaz Institute, Kausa-Mumbra.
- Giants Group Of Ghatkopar.
- Swami Vivekanand Vidya Mandir, Thane.
- Adarsh Vidyalaya, Dombivali.
- Tibbia College, Andheri.

CAF

FOUNDATION day

Anniversary Event

20th June, a memorable day of our foundation and completion of 4 glorious years. A musical evening by Zeba Orchestra was organised at the Y. B. Chavan auditorium to entertain all our Cancer Patients who are undergoing treatment and have been treated with the help given by the foundation. Ministers graced the occasion by showering their wishes for the foundation and the Cancer Patients. State Bank of India and Colgate sponsored snacks / dental kit respectively to the Cancer Patients on this big occasion. It was a lively evening of entertainment. It could not have been better day than celebrating the occasion along with Cancer Patients and their families. A day to remember for all of us.

Chairman Prof. A. A. Kazi addressing the guests and audience on the occasion.

Zeba's Orchestra in all swings on Foundation day.

Mr. Sunil Tatkare , Minister of Food & Civil Supply handing a cheque of Rs. 1 Lakh to the patient Dr. Pallavi Korgaokar's relatives.

Mr.Dilip Vasle Patil, Minister of Higher Education & Home Energy, Govt. Of India, addressing the audience.

Our Representative In UK

Mr. Osman Hajwane, originally hailing from Konkan and now a British citizen has been appointed as our representative United Kingdom. He will represent the Foundation in United Kingdom in all matters.

He is a businessman and an Urdu writer of repute. He is also a well known Social Worker and connected with many social and cultural organizations in United Kingdom. He is visiting India from 17th September and will have an occasion to visit the Foundation.

We wish him all success in his new mission.

Ms. Shabana Azmi, Actress and Mr. Javed Akhtar Lyricist, handing a cheque of Rs. 2.5 Lakhs to the relative of Master Raj Arora.

Rev. Fr. Joe Pereira, Managing trustees of Kripa Foundation handing a cheque of Rs. 1 Lakh to parents of Baby Ananya Agrawal. Mr. Irfan Kazi, trustee of CAF seen in this photo.

Prof. Kazi's tour of the UAE and the UK for fund raising

Mumbai: Prof. A.A. Kazi, Chairman, Cancer Aid Foundation recently undertook a tour of United Arab Emirates & United Kingdom for fund raising. During this tour he met several personalities and also addressed few meetings to impress upon them to support this Foundation financially. In the meeting a film on the activities of the Foundation was screened for the benefit of those who were present. The response on the whole was tremendous and it was, therefore, decided to appoint a special representative each for these regions and go for registration. He also brought back many books on cancer donated by the people over there.

★ Voice Restoration Lecture ★

From a gentleman to a gentleman.Prof. A.A. Kazi giving a bouquet to Mr. Peter Rhys. Evans a friend and a patron.

Mr.P.Rhys-Evans, Consultant Head & Neck Surgeon, Royal Marsdon Hospital, London, U.K. came to give lecture on "Voice Restoration Of Cancer Patient suffering from cancer of the larynx." The lecture was organized by the Cancer Aid Foundation and The Association of Ontolaryngologists of India (Mumbai Branch) at West End Hotel.

Prof. A.A. Kazi, Chairman Cancer Aid Foundation welcomed Mr. P. Rhys-Evans and Dr. Pilloo Hakim gave a brief introduction of Dr. P. Rhys-Evans.

Dr. Rehan A. Kazi is doing Ph. D. in Voice Restoration under Mr. P. Rhys-Evans in U.K. Mr. P. Rhys- Evans agreed to be patron of Cancer Aid Foundation to be registered as a charity in U.K. The Cancer Aid Foundation has agreed to promote and bear the expenses of the fellowship for the young aspiring Indian doctors.

Dr. Mankekar of The Association of Ontolaryngologists said, "In this age of communication- Voice is Important."

Mr. P. Rhys- Evans said he was shocked to see the number of Head & Neck cancer patients in India and is worried that from his last trip to India he finds the rise in Head & Neck Cancer. According to him 50% of the Cancer Patients comes under Head & Neck Cancer and this is because of the consumption of Tobacco, in many forms. He showed a film on how his new technique is being used to restore the lost voice of the patient. How the new technique is helping to talk without the help of the machine.

It was a well attended function by the Ontolaryngologists fraternity. After the question & answers session Mr. P. Rhys-Evans left for U.K.

L to R is Dr. Rajan Shah, Prof. A.A. Kazi, Chairman, CAF, Dr. P. Rhys-Evans, Consultant Head & Neck Cancer Surgeon, Royal Marsden Hospital, London, U.K, Dr. Pilloo Hakim, Prof. Emeritus, Grant Medical College & Sir J.J. Group of Hospital, Mr. H.M. Dalwai, Trustee, Cancer Aid Foundation, Dr. Gauri Mankekar, P.D. Hinduja Hospital, Mahim.

VISITORS GALLERY

1) Ms. Rukhsana Shaikh (Poetess) "I am very impressed. Inshallah in future I will be ever ready to help you. I grant my best wishes to those who are working in CAF."

2) Mr. Javed Akhtar " Good Intentions, Sensitive heart, Open mind. These are the three words that can describe this organizations. My heartiest Congratulations and good wishes".

3) Ms. Shabana Azmi "Very glad with the lack of bureaucratic hurdles faced by patients seeking access to help. Congratulations for the Good work you are doing and may you go from strength to strength."

4) Mr. Sudhendra Kulkarni " I am delighted to see the devotion and commitment of all the People associated with this NGO including its Trustees. This is truly God's work".

5) Ms. Teesta Sitalvad "The devotion combined with professionalism that the entire CAF team put into a seemingly over whelming task is a humbling experience."

Rose Day 22nd Sept, 2005

On the occasion of Rose Day -officials of CAF distributed Roses & Choclates among the Patients at Tata Cancer Hospital . Children were overwhelmed to get Choclates. They were told that CAF provides free chemo treatment and monetary help. Our Officials also visited J.J. Hospital and distributed Roses and Choclates to the Cancer Patients.

THE REAL MUMBAIKARS

Cancer Aid Foundation salute the citizens of the mega polis Mumbai who in the most adverse conditions during the deluge showed courage, compassion and comradeship by proving to the world that it can only happen in Mumbai the most cosmopolitan city in India.

We also salute the city's NGO's who selflessly worked for the relief of the effected and the donors who helped financially for the cause.

CANCER AID FOUNDATION

- Registered under the Bombay Public Trust Act,1950.
- Donations exempted under 80G of the Income-Tax Act, 1961
- E-mail: canceraidfoundation@yahoo.com
- Website: canceraidfoundation.org
  - ✓ Monetary help for needy cancer patients to complete their treatment
  - ✓ Free medicines of chemotherapy for cancer patients
  - ✓ Rent-free accommodation in Mumbai to outstation poor cancer patients
  - ✓ Return railway fare to outstation poor cancer patients
  - ✓ Spreading awareness of the dangers inherent in prevailing social practices
  - ✓ Initiating steps for early detection of cancer
  - ✓ Printing literature on cancer etc.
  - ✓ Free projection of films on Cancer Awareness in Schools and Institutions
  - ✓ Cancer Help Line : 23005000

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TOTAL CANCERCARE

- We have been permitted by the Home Ministry, Govt. Of India vide Foreign Contribution Reg. No. 083780936 to receive overseas donations. The same can be credited to 'Cancer Aid Foundation' SB A/c. No. 22456. Union Bank of India, Byculla, Sant Savta Marg, Mumbai- 400 010. INDIA. Swift Cade No. UBININBBBYC A/C 803-3163429
- Please draw your cheque in the name of **Cancer Aid Foundation** and send it to its Adm. Office: **Cancer Aid Foundation**, Municipal School Bldg., Grd. Flr., Room No.15-18, Near 'S' Bridge, N.M. Joshi Marg, Byculla(W), Mumbai 400 011. Tel. Nos :091-22-23007000/39538800 TeleFax. 23008000

All views expressed in the CAF News Bulletin belong to the author. The Foundation need not necessarily subscribe to them.
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