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CARF News Bulletin

(Official Publication of the Cancer Aid & Research Foundation)

Men can develop breast cancer too

For every 100 women who develop breast cancer, I have come across one man diagnosed with the disease," reveals Dr. R. A. Badwe, chief of surgery unit and breast unit at Tata Memorial Hospital.

What causes breast cancer among men?

"Just as the cause of female breast cancer is still under study, the exact cause of the disease in men is unknown, though obesity could be one of the reason," says Dr. Badwe. Men have glandular breast tissue that is subject to hormonal influences. Excess estrogen, especially around the time of puberty, has been identified as a possible factor. Men with Klinefelter's syndrome have an increased risk of developing breast cancer, as do men who take estrogen or estrogen-like compounds. Brain tumours have also been implicated in some cases.

What are the symptoms?

"The most common symptom is a lump just below the nipple. A similar lump can occur in a man at a very young age, but it's never cancer at that age," informs Dr. Badwe. The mass is usually firm, non-tender and subareolar. A special kind of breast cancer, Paget's disease, may appear to be a rash or irritation of the nipple.

How is it diagnosed?

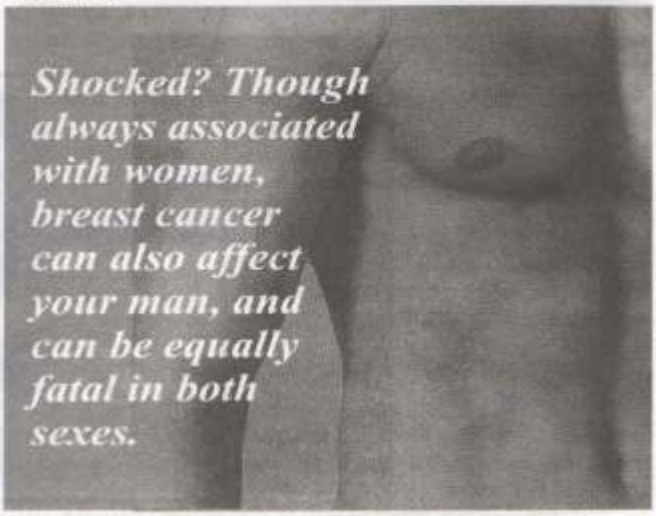
"Feel the breast area with the flat of your hand. If you see a lump, seek medical advice to find out the cause," advises Dr. Badwe, who believes that even if you get a mammogram done, you should not rely on the report. "A fine needle aspiration cytology (FNAC) performed by a physician is the surest way to confirm the presence or absence of breast cancer." A fine gauge needle is inserted into the breast and cells are drawn out for examination under the microscope, and the results are declared in an hour's time.

The difference

"Breast cancer in men is similar to breast cancer among older women since there is a high chance of it being hormone responsive," reveals the doctor. But the same staging system is used for both male and female breast cancer patients.

How is it treated?

The prognosis for men with breast cancer is similar to that of women at the same stage of cancer. The treatment depends on the stage of the disease. Surgery forms the first line of defence. Male breast cancer is generally treated with radical mastectomy, which involves complete removal of the breast. The procedure removes the nipple, areola, all of the breast tissue, the underlying pectoral muscles, and the regional lymph nodes. After surgery, the decision to proceed with chemotherapy or radiation depends on the stage of the disease.



Is chemotherapy useful?

"It's an addition to surgery as is hormone therapy," insists Dr. Badwe. Since men with breast cancer tend to be older and because most cases of cancer are estrogen-receptor positive, Tamoxifen is a useful adjunctive therapy. Radiation therapy is rarely performed in men because of the scanty amount of breast tissue and also because the breast's conservation is considered less important in a man.

(Mid Day, October 26, 2005)

Dear Readers,

Your overwhelming support, enables us to address yet one more key aspect of cancer care - **"RESEARCH"**

This is to inform you that **"CANCER AID FOUNDATION"** *is now*

CANCER AID & RESEARCH FOUNDATION

Prof. A. A. Kazi
Chairman
Cancer Aid & Research Foundation

Living with Kidney Cancer

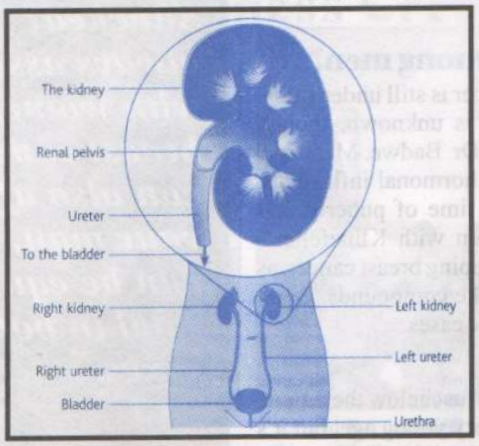
Understanding the kidneys

The kidneys are a pair of bean shaped organs at the back of the abdomen that filter the blood to remove waste products, which they convert into urine. From each kidney, the urine is carried to the bladder by a tube called the ureter. When the bladder is full the urine passes out of the body through a tube called the urethra. The urethra opens immediately in front of the vagina in women and at the tip of the penis in men.

What is kidney cancer?

There are several types of kidney cancer. The most common is renal cell carcinoma. Other types of kidney cancers include transitional cell carcinomas (arising in the pelvis of the kidney), Wilms' tumours (a tumour occurring in children), renal sarcoma (a rare form of kidney cancer), renal adenomas (small low-grade tumours), oncocytomas and angiomyolipomas (both benign tumours of the kidney).

As with all cancers, kidney cancers begin small and grow larger over time. Kidney cancers usually grow as single masses, and more than one tumour may be present, in either one or both kidneys. Some kidney cancers can spread (metastasise) through the blood stream or lymph vessels to other parts of the body. If this occurs, kidney cancer can be difficult to treat.



What are the risk factors of kidney cancer?

Smoking: It has been identified as a clear risk factor. As many as a third of all cases are linked to smoking.

Chemicals in the work place: People exposed to chemicals such as asbestos, lead, cadmium etc. are at a risk.

Diet and weight: Some studies indicate that people who are over weight and eat a high fat diet may be at greater risk of developing kidney cancer.

Age: Kidney cancer generally occur in people aged between 50-70 years.

Gender: Kidney cancer is twice as common in men than women.

Kidney dialysis: Patients undergoing kidney dialysis are at increased risk of developing kidney cysts and cancer.

Certain medical conditions: Patients with high diabetes, or high blood pressure may be at increased risk of developing cancer of the kidney.

Inherited diseases: People affected by specific inherited diseases have an increased risk of developing kidney cancer. These include: Von Hippel-Lindau (VHL) syndrome, Birt-Hogg-Dube syndrome, Herediatry Non-VHL Clear Cell Renal Cell Cancer and Hereditary Papillary Renal Cell Cancer.

What are the symptoms of kidney cancer?

Blood in the urine: The blood often appears suddenly, although it may be present one day and absent the next.
Lump or swelling: Any lump or swelling in the area of the kidney.
Low back pain : Persistent pain which is not associated with injury.
General symptoms : Tiredness, loss of appetite, weight loss, persistent fever, swelling of extremities (ankles, legs and wrists).

Although these symptoms can be caused by conditions other than cancer of the kidney, such as an infection or stones in the bladder or kidneys, it is important to get them checked by your doctor. Most people with any of the above symptoms will not necessarily have cancer of the kidney.

How is kidney cancer diagnosed?

If your doctor suspects that you might have a kidney problem, he/she will arrange for some initial tests to be carried out.

Medical history and physical examination
You will be asked questions about your medical history and symptoms, and a physical examination will be carried out to detect any lumps or swellings.

Urinalysis: Urine samples will be analysed for traces of blood and other substances such as proteins.

Blood tests: Your blood will be checked to see whether you have anaemia, which can be caused by lack of red blood cells due to bleeding. On the other hand, your blood cell count could be too high because some renal cell cancers produce a hormone that increases production of red blood cells.

Ultrasound scan: An ultrasound scan uses high frequency sound waves to build up a picture of the inside of the abdomen. It can help to determine whether a kidney abnormality is a harmless cyst (fluid-filled sac) or a tumour and can be used to measure the size and shape of a tumour.

IVU (IVP): An intravenous urogram (or pyelogram) can show abnormalities in the kidneys or the urinary system. A dye is injected into the bloodstream via a vein and its progress is watched as it passes through the kidneys and bladder.

Cystoscopy: A cystoscopy is a procedure usually performed under general anaesthetic. A fine tube with a light is passed into the bladder to investigate whether symptoms are associated with the bladder rather than the kidneys.

Further Tests

If kidney cancer has been detected, further tests will be performed to see how far it has progressed and whether it has spread. However, some of the tests outlined below may be carried out at an earlier stage as part of the diagnostic process.

CT Scan: A CAT (Computerised Axial Tomography) scan takes series of pictures of your body from different angles and builds up a detailed cross-sectional image. It can be used to check the size of a kidney tumour and can show whether the cancer has spread to other parts of the body.

MRI Scan: MRI (Magnetic Resonance Imaging) is similar to a CT scan but uses magnetism, rather than X-rays, to build up images of your body. You may be given an injection of dye into a vein to improve the image. As with the CT scan, it can be used to check the size of a tumour and to determine whether the cancer has spread

Biopsy: A needle biopsy may be carried out to remove tissue samples for examination under a microscope to determine whether the tumour is malignant.

Chest X-ray: This may be carried out to assess your general health

Kidney Cancer .....

to ensure that you are fit enough to undergo planned treatments. It may also be suggested if there is a suspicion that the cancer has spread to the lungs or chest bones.

Bone Scan: A bone scan is carried out to look for abnormalities in the bones. A mildly radioactive material is injected and shows up as 'hot spots' on the bones.

How do doctors determine the stage of kidney cancer?.

The stage of cancer is a term used to describe its size and whether it has spread beyond its original site. A commonly used staging system for cancer of the kidney is described below:

Stage 1: The tumour is found only within the kidney and is less than 7cm in size. It has not spread to nearby tissues, lymph nodes or other organs.

Stage 2: The tumour is larger than 7cm in size, but has not spread beyond the outer layer (capsule) of the kidney.

Stage 3: The tumour has begun to spread outside the kidney. It may have spread into the main blood vessels that are close to the kidney (the renal vein or the inferior vena cava); the lymph nodes around the kidney; or into the fat that surrounds the kidney. The adrenal gland, which is on top of the kidney, may also be affected.

Stage 4: The tumour has spread either to near by organs, such as the bowel or to parts of the body further away from the kidney, such as the lungs or the brain.

How is the treatment planned?

Your doctors will be able to advise you on the best course of action and plan of treatment taking into account a number of factors. These include your age, general health, the type and size of the tumour, whether it has begun to spread.

Do not be afraid to question your doctor if you are not happy with the explanations you are given or the treatments that are recommended. It is particularly important to ensure that you understand the potential side effects of a treatment that is offered. In some cases, these can be severe and you need to balance this against the potential benefit that you are likely to obtain.

It is perfectly acceptable to seek a second (or even third) opinion, particularly if you are told that there is little to offer in the way of treatment or you feel that your doctor does not have sufficient experience of treating kidney cancer. Some innovative treatments for kidney cancer may be unfamiliar to your doctor.

If you go for a second opinion, it may be a good idea to take a friend or relative with you, and to have a list of questions ready so that you can make sure your concerns are covered during the discussion.

What are the most widely available treatment options?

The most widely available treatment options are summarised below:

Surgery: It is the main treatment for cancer of the kidney. The usual type of surgery for cancer of the kidney is a nephrectomy - the removal of the kidney. The surgeon will usually remove the whole of the affected kidney and surrounding tissue. Sometimes, if the tumour is small, the surgeon will only need to remove the tumour and the part of the kidney surrounding it. This is called a partial nephrectomy. In some situations it may be possible to remove the kidney, or part of it, using keyhole or laproscopic surgery. This involves surgery using a laproscope. This type of surgery gives a much smaller wound (incision).

Embolisation: If the tumour is too large to remove it may be possible to block off the blood supply to the tumour, by a process called embolisation. Embolisation is done to try to shrink the tumour, to help control it, or may be done before an operation to remove the kidney.

Biological Treatments: These treatments work by encouraging the body's immune system to attack the tumour. Immunotherapy drugs are types of biological treatments. These treatments are usually given as part of a research trial.

Hormonal Treatment: The hormone progesterone can be helpful for some people. This hormone is taken daily as tablets and may help to control cancer cells that have spread beyond the kidney and, in some cases may shrink the cancer.

Chemotherapy: Chemotherapy has not yet been shown to be helpful in treating cancer of the kidney, but you may be offered chemotherapy as part of a trial of new drugs, or in combination with biological therapy.

Radiotherapy: Radiotherapy uses high-energy rays to kill cancer cells while doing as little harm as possible to normal cells. It is only used occasionally in the treatment of kidney cancer, usually to shrink the tumour and so help to control painful symptoms, particularly when the cancer has spread to the bones.

Follow-up: After your treatment is completed, you will have regular check-ups and possibly scans or x-rays. These will probably continue for several years. If you have any problems, or notice any new symptoms between check-ups, let your doctor know as soon as possible.

Living with one kidney: *If you have one kidney removed you will suffer no ill effects as long as the other kidney is working normally. For good healthy kidney, the following advice should be followed:*

- *Try to stop smoking*
- *Cut down on the amount of salt in your diet*
- *Avoid excessive doses of vitamin C in supplement form*
- *Keep your alcohol consumption to a moderate level*
- *Drink plenty of water*

If the cancer comes back

In some cases kidney cancer can come back after treatment. It may come back in the same area in which it first started (a local recurrence) or it may develop in a different part of the body (a metastasis or secondary cancer). If this happens your doctor will explain the extent of the cancer and how it will be treated.

Learning to live with kidney cancer

The shock of diagnosis: Finding out that you have kidney cancer is likely to be one of the most difficult challenges you and your family will face. Many people find that learning as much as possible about their condition can help them to feel less helpless and anxious. Try not to let cancer take over your life. See it as a problem to be dealt with. Keep up with your hobbies and interests where possible.

Coping with everyday life: It is important that you enjoy the best possible quality of life and that any symptoms you experience are managed effectively. Regular exercise can help to improve your general health and reduce stress levels, but check with your doctor first before embarking on an exercise programme. Relaxation technique such as meditation help to relieve stress.

Editorial

Mother Teresa has said "we need not do great things, but we can do small things with great love." How true it is for anything to do with children. If you express love to them they bounce back so quickly or else they wither away like flowers without water.

Medicine has advanced with leaps and bounds. Doctors are flooded with extraordinary quantum of information. Today, we have seen a revolution in the management of childhood cancers. The basic defect is clearly defined at molecular level for some cancers and targeted therapies are being planned. This has led to amazing results in certain conditions such as chronic myeloid leukemia. Tyrosine kinase inhibitors have made a huge impact on the outcome of this disease.

Researchers are striving to make life better and easier for all our little children who are afflicted with cancers. However, until all cancers are cured by simple treatment, we need to continue our battle against this outrageous disease that tries to consume us. We are successful to a great extent by using various modalities of therapy that are available today. No doubt, these are quite expensive. But the world is full of philanthropists, who either individually or through various organisations like Cancer Aid & Research Foundation are continuously assisting in treating children who cannot afford. There is always someone to give where there is a need. I am sure we would be able to treat all our children with ideal treatment in the future with more donations from Non-Government organizations and institutions. My best wishes to all the children who go through the hardships of cancer treatment.

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Dr. Mamta V. Manglani
(M. D. (Ped.), D. C. H)
Professor of Pediatrics

Herb that holds back cancer....

A popular herbal supplement may help lower the risk of developing ovarian cancer. Ginkgo biloba often used to ward off memory problems appears to cut the risk of the disease considerably, a study has found. American researchers came up with the findings after asking healthy women and those with ovarian cancer which herbal supplements they took. Laboratory tests had also suggested gingko eradicated ovarian cancer cells, they said. Dr. Bin ye from Brigham Hospital in Boston studied more than 600 patients with 640 healthy women. He said 4.2 percent of the healthy women reported taking ginkgo regularly for at least six months. In comparison, only 1.6 percent of those with ovarian cancer reported taking ginkgo. "This suggests that women who are using ginkgo may be less likely to develop ovarian cancer," he told a cancer prevention conference in Boston. Ovarian cancer claims 4,700 lives in Britain every year with the diagnosis too late for many patients to benefit from surgery. Ginkgo has been used in Chinese medicine for over 2,000 years for aged-related ills and is associated with improving memory. Studies show it helps the elderly overcome memory lapses, stabilises symptoms in mild Alzheimer's disease and alleviates Raynaud's disease in which patients suffer cold hands and feet.

(Times of India , November 17, 2005)

Too much salt can cause cancer: Expert

Tiruchirappalli: Magsaysay award winner and oncologist Dr. V. Shantha has cautioned against excessive consumption of common salt as it could cause cancer. Apart from tobacco, people should avoid excessive use of common salt and salted-dry fish and salted dry pickles, Shantha, the Chairperson of the Adayar Cancer Institute said. She said bad diet habits, not maintaining personal hygiene, unhealthy sexual practices and alcohol consumption also posed cancer risk.

(Afternoon, November 15, 2005)

Oesophagus cancer among teens on rise

Hyderabad: Hot spicy curries at home, fast food outside. The result: Increasing cases of oesophagus cancer among Hyderabadi youth. Oncologists are alarmed that one-third of all cancer cases in the city now occur amongst the youth in some cases, the afflicted are still in their teens.

Quoting numbers, Prof. S. V. Ratnam of the Nizam's Institute of Medical Sciences said 10% of all cancer cases reported are of the oesophagus. One-third of all these cases are amongst the youth, says Ratnam.

P. V. Naidu of the Indo - American Cancer Institute and Research Centre concurs: In the last two months, at least three cases of oesophagus cancer with the afflicted being merely 18 has been reported to our establishment. Doctors attribute this phenomenon to the inclination among the young towards fast foods and pre-prepared meals, which are high in fat. Added to this is the reduced preference of the young for vegetables and fruits which have a less corrosive effect on the food pipe. If you want to avoid cancer of the oesophagus, desist from fast food and pickles that have a high content of salt and colours. Some of the colours could be carcinogenic, experts point out.

Also, resist liquor too often and puffing away like a chimney, doctors advise. Internationally, these two have been found as causing oesophagus cancer.

The first symptom of the disease is almost always difficulty in swallowing. There is the feeling that food is getting stuck, often behind the lower end of the breastbone. At first the problem is only with solid food but later even semi-solids and liquids can cause problems.

(Times of India, October 3, 2005)

I was living in a fool's paradise

Star entertainment writer ***Richard Ouzounian*** seen in the picture with his family **was diagnosed with prostate cancer and underwent surgery last winter.** He recalls the shock, fear and eventual relief that he caught it early enough to survive.

'I didn't want to die.'

That was the first thought that crossed my mind on the day last October when I discovered I had prostate cancer.

Barbara Stubbs, our family physician told me that the results of my biopsy were in and she'd like to see me in her office the next morning to discuss them. Pause. And I should bring my wife with me.

I'd been around enough to know what that last phrase meant and it wasn't good news.

I have to be honest and tell you that evening was probably the toughest one of my life. I knew I had cancer and I knew it was bad.

But was it fatal, or did I still have a chance? I wouldn't find out until the next morning.

You review what you've done- and haven't done-with your life. And , if you're like me, you pray to God that it isn't over yet.

For me, it had all started about six weeks before, when I went in for my yearly physical. I always prided myself on making sure I had everything checked out, and even submitted to the dreaded digital rectal exam (DRE) to make sure the spectre of prostate cancer stayed far away.

On that particular day, Stubbs noticed a slight swelling and thought I should go for a PSA test to be safe.

PSA stands for Prostate Specific Antigen. It's a simple blood test and it's very controversial.

At that time, I was 54 and had never gone for a PSA. I counted on my annual DRE to keep me safe. Besides, I had no symptoms, no pain. I was in perfect health, right?

Wrong. My PSA test came back with a reading of 6.2. Anything over 4.0 is a cause for concern and so Stubbs didn't hesitate. She booked me in for a transrectal ultrasound (TRUS), with a biopsy to be performed if any abnormalities were noted.

The TRUS noted the same swelling my doctor had with her DRE and so the biopsy followed. Hearing 12 samples of your prostate being snipped off isn't exactly a pleasant experience, but, once again, I compared it to the alternative and went ahead.

A week later, the results were in. The news? I had two tumours in my prostate, with Gleason readings of 6 and 7. In other words, I definitely had to do something about it, but I also still had a chance.

The Gleason Scale is a system of grading how advanced and aggressive a particular prostate cancer is. It ranges from 1to 10 and my level of cancer definitely required action.

I knew that surgery was still considered the "gold standard" in prostate cancer treatment.

Several friends and acquaintances had been treated successfully by Dr. Michael Jewett at Princess Margaret Hospital, and so I asked to be referred to him. His prognosis was I had a very a good chance for recovery. He wanted me to also consider radiation therapy so I wouldn't feel later on that I rushed into any procedure without exploring all the options.

Two weeks later, I met Dr. Andrew Bayley, radiation oncologist at Princess Margaret, and he gave me a quick course in what radiation can (or can't) do.

He thought in my case that surgery was the best move. He explained that one can always radiate after surgery, but the reverse does not hold true. He recommended I keep as many options open as possible.

If you find yourself diagnosed with prostate cancer, seek as much responsible medical advice as you can. Talk to urologists, surgeons, radiation experts. Avoid picking up spurious information from questionable websites. (If you want a responsible one, go to wwww. prostatecanada.net).

I finally decided to cast my lot with surgery. The actual procedure was about as painless as you can expect major surgery to be. I was home less than 72 hours later and had to get used to the toughest part of the whole experience: the catheter.

When the catheter was removed, there was relief, but also concern. Dr. Jewett told me my post-operative biopsy revealed that, although the cancer had not penetrated the prostate, it was right on the edge at one point-what is called a positive surgical margin.

It would necessitate a course of radiation a few months later to make sure I remained cancer free. I followed through on that this summer and found it an affirmative experience, thanks to the unfailingly friendly radiation team at Princess Margaret.

All my blood tests to date have indicated there is no cancer in my system, but I will still have to undergo regular blood tests for a period of years.

Many men's concerns about undergoing a radical prostatectomy centre on the twin fears of urinary incontinence and impotence. There are no guarantees in medicine (as in life), but all I can say is that if you pick the right surgeon and follow carefully the post-operative advice they give you, there is no reason that- in most cases- you won't be able to enjoy most of the same quality of life you did before the operation.

And if some things are slightly different than they were before, relax. You're still alive, aren't you?

The advice I have is simple, but crucial: If you're over 40, get yourself tested for prostate cancer on a yearly basis-and that means a PSA as well as a DRE.

The earlier you're detected, the better your chance of a cure. And if you turn out to be cancer free, then live happy in that knowledge. Either way, you wind up the winner.

(Torontostar, September 19, 2005)

"DADDY," says a boy to his father, "you lost your credit card months ago and you still haven't reported it."

"That's because I've realized that the thief spends less than your mother."

'Afternoon Ambulance' donated to CARF

Farzana Contractor, Afternoon Despatch & Courier's CEO, hands over the keys of the "Afternoon Ambulance" to CARF's Chairman- Prof. A. A. Kazi, on Tuesday, October 11, the 75th birth anniversary of Behram Contractor, founder editor of ADC. The ambulance was pressed into service from the very next day catering to all kinds of poor patients. This service is available free of cost for the needy from 10 a.m to 6 p.m. - Monday to Friday and 10 a.m to 12 p.m on Saturdays.

Eid Diwali Get Together

We celebrated Eid-Diwali with the cancer patients on 12th Nov, 2005. The aim behind the function was to bring joy and cheer into the lives of cancer patients and also to create a life long relationship with them.

Mr. H. M. Dalwai, Hon. Patron of CARF presenting a gift hamper to a cancer patient

Delicious meal being served to the guests and cancer patients

The cancer patients thoroughly enjoyed the comedy and mimicry show by mr. sanjay kadam.

The laughter on the children's faces indicated that these moments would be cherished by them for a long time.

Mr. S. M. Khan honours our Foundation by his visit

Prof. A. A. Kazi welcoming Mr. S. M. Khan

Mr. S.M. Khan presenting a cheque of Rs.1.5 lakh to cancer patient, Master Aditya Shukla

We are happy to inform our readers that Mr. S. M. Khan- The Press Secretary to The H'ble President of India visited the Foundation and presided over the function held on 21st November 2005. On behalf of the Foundation, Mr. S. M. Khan handed over the cheques and gifts to the poor needy cancer patients. The total help provided to the poor and needy cancer patients amounted to Rs. Six lakh five thousand. In his addressing speech he said that the common man could not afford the expenses of cancer treatment and Cancer Aid & Research Foundation is providing great help to needy patients. He congratulated Prof. A. A. Kazi, the Chairman of the Foundation for his utmost dedication. He promised to update Dr. Abdul Kalam- The H'ble President of India, about the Foundation and persuade him to visit the same in the near future.

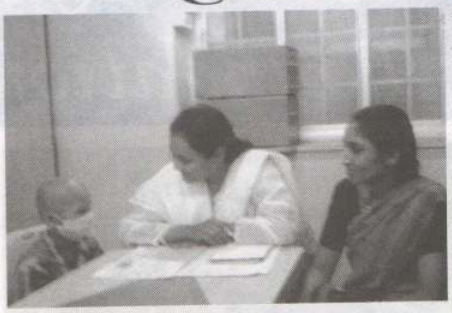
Mrs. Rashida A. Kazi, Hon. Secretary of CARF thanking the guests for their kind visit

Mr. Farouk Darvesh, a well known businessman of Mumbai, Mr. S. M. Khan, Press Secretary to the H'ble President, and Prof. A. A. Kazi, Chairman of CARF

Health Facts

- Don't over eat any food
  For your great health, always pick up the middle path
- Observe the timing of eating
- Eat break fast. Don't eat late at night
- Salad fans may have lower risk of kidney cancer
- Peanuts are great for health
  It contains 'nacine' which can lower the LDL cholesterol. Peanut oil can be used by those who have hair loss. It also heals neuro or vein illness.

Dr. Asra I. Kazi
Counsellor



To help deal with the emotional problems of people with cancer and their relatives, CARF has appointed Dr. Asra Kazi as a "Counsellor". She is available at the Foundation from 10 a.m to 11 a.m - Mon to Sat.

Cancer Awareness Created .....

CARF had put up a stall in a medical camp organized by Dr.Yogesh Gupta of 'Life Care Health Foundation & Charitable Trust' on 11th December , 2005 at Tardeo- Mumbai. People were Given information about cancer and shown films related to it.

In mid December CARF team visited four schools, in Ratnagiri Dist. with the aim of keeping students away from cancer causing habits like smoking & chewing tobacco. They were shown eight films on cancer -its causes, symptoms, after effects & treatment.

CANCER AID & RESEARCH FOUNDATION

- Registered under the Bombay Public Trust Act,1950.
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- Website: cancerarfoundation.org
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  - ✓ Free medicines for chemotherapy treatment
  - ✓ Rent-free accommodation in Mumbai to poor outstation cancer patients
  - ✓ Return railway fare to poor outstation cancer patients
  - ✓ Spreading awareness of the dangers inherent in prevailing social practices
  - ✓ Free Ambulance service
  - ✓ Counselling for cancer patients
  - ✓ Initiating steps for early detection of cancer
  - ✓ Printing literature on different aspects of cancer
  - ✓ Screening of films on Cancer Awareness in Schools and Institutions
  - ✓ Cancer Help Line : 23005000

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