



CARF

News Bulletin

(Official Publication of the Cancer Aid & Research Foundation)

This son gifts dad a life

MUMBAI: It's a story of father and son bonding, but with a slight difference. The role of a provider here was played by the 20-year-old son, Waseem, who was traumatised by the medical diagnosis that his 50-year-old father, Mohammed Jogilkar, had liver cancer and possibly only a few months to live.

Refusing to take a dim view of things, the Thane resident latched on to snatches of conversations between his uncles and doctors at Mulund's Wockhardt Hospital. "I heard them mention a liver transplant and wondered why I could not be the donor for my father," asked the Wagle Estate resident, who has just completed his apprenticeship at Godrej.

So, on September 24, the father and son duo underwent a marathon and side-by-side operations assisted by over 30 medical staff for almost 14 hours. "I wanted to do something for him. After all, he gave me life," said Waseem. The father - still ensconced in the sterile ICU room - could only cry in response. "He has shouldered his responsibilities so well. Such 'qurbani' for his father..." is all the 53-year-old Mohammed, a factory worker at Godrej's Vikhroli plant, could manage.

Though Mohammed's health problems started a year back, its genesis can be traced to over two decades back. "He fell from a tree and damaged one of his kidneys," recalls his older brother Mohammed. Complications followed and Mohammed lost one of his kidneys. But the blood transfusions he underwent resulted in him acquiring the deadly hepatitis C virus, which over the next two decades ravaged his liver.

"When Mohammed was brought to Wockhardt Hospital a month back with his cirrhotic liver, we also detected a six-cm-long tumour on his liver," recalled Dr S K Mathur who led the two surgical teams along with a doctor from Ganga Ram Hospital in New Delhi, Dr A Sion. While conventional surgery and even chemotherapy were ruled out as life-savers, Dr Mathur suggested a liver transplant.

Waseem overheard the conversation, resulting in what Dr Mathur terms as "western India's first adult to adult liver transplant". "There have been cases of fathers giving part of their liver to their children, but not the other way round or between two adults," he said. This is also the first liver transplant carried out in the City's suburbs. "Wockhardt Hospital has been working on



IN THE FAMILY: 20-year-old Waseem volunteered to donate a part of his liver to father Mohammed Jogilkar who was detected with liver cancer

developing its transplant programme for the past six months," says Wockhardt group chairman Habil Khorakhiwala.

"After this operation on September 24, we already have two more liver transplants lined up," he said, adding that the hospital wanted to develop cadaver-based transplant programme for pancreas, kidney and even lungs as well in the near future.

A hurdle with liver transplant-which is considered the most complicated surgery in medicine-is the costs. While Wockhardt Hospital refused to give a figure, most hospitals in New Delhi and Hyderabad Perform it for Rs 15 lakh. "A liver transplant from a cadaver (a brain dead donor) is Difficult, but when a liver transplant is conducted from a living donor to a liver failure patient it involves two Long surgeries," explained a hospital official.

But the hurdle is also the beauty of liver transplant: the fact that liver, the largest gland in the body, can regenerate itself.

"Hence, livers of both Mohammed and Waseem-who donated a portion of his liver to his father-would have grown by 90% in the first six weeks after the operation itself," said Dr Chetan Mahajan of the surgical team.

Waseem, who is already home, and Mohammed are proof of the same and the power of gift of life.

(The Times Of India, October 7, 2006)

Gift your mum a mammogram

Women in Mumbai are catching on with the trend prevalent in the West, that of gifting each other mammograms. More so now, considering October is the month of Breast Cancer awareness.

A mammogram is a safe, low-dose x-ray of the breast. Housewife Sarita Chatterjee was gifted a mammogram by her daughter. "It was the most unusual thing that my daughter had given me. But then I realised the extremely personal nature of this gift," she says. Similar is the case of A Nathwani who gifted one to her best friend.

"It is the most effective tool for detecting breast cancer early, before the patient actually starts suffering from it. We detect non-palpable diseases this way," explains radiologist Dr Natasha Nanda of LH Hiranandani Hospital.

So when should a women ideally get one done? "There are a lot of standards laid down all over the world. In India, a women must get a mammography done at the age of 35 and get a follow up done every alternate year till they reach menopause and thereafter every year," Dr Nanda says.

(The Times Of India, October 7, 2006)

Thoughts of...



Dr. Joyti Dabholkar

Dept of ENT & Head & Neck Surgery
Seth GS Medical College & KEM Hospital
Parel, Mumbai.

In the 21st century majority of infections and infectious diseases are controlled with advent of newer antibiotics, however antibiotic resistant bacterial strains is still a major problem. But another group of disease coined as "life style diseases" are on the rise like diabetes, hypertension, metabolic syndrome X, autoimmune disorders and even cancer.

Our immune system is our friend if you take care of it well with good diet, sleep, sunshine, physical exercises and body massage, yoga and meditation to sooth our emotions and to relax the mind. Good social support is also necessary for our social well being. Thus encompassing all the factors responsible for health. However today's fast paced life style is full of stress and poor diet (fast junk food, cooked and oily food) and devoid of fruits and raw vegetables. Fruits and raw juices are laden with antioxidants, which prevents cancer. Lack of exercise (fast cars elevators) and addiction (alcohol & smoking) all together has played havoc on our immune system. If this insult continues uncorrected, autoimmune disorder (attack on your own body cells) and cancer is precipitated.

So it is clear that prevention is possible to some extent and it is always better than cure reducing the suffering of humanity and the financial resources at large. We need to educate people to have a healthy life style at school level where children's staple food is chips and fryems and their only recreation is in front of TV and computers thus becoming couch potatoes. They should be warned about the addictions as already mentioned before.

To achieve this goal NGOs, schools, hospitals and health personnel should synchronize for better communication with masses to increase awareness.

Cancer is on the rise in younger people because of the shift in the life style compared to their grand parent's time where stress was not felt and physical exercise and simple food were part and parcel of their lives.

Anti-smoking guru gets lung cancer

London: A former chain-smoker who has convinced millions to kick the habit has been diagnosed with lung cancer.

Businessman Allen Carr used to go through 100 cigarettes a day but stopped 23 years ago. Since then, he has built a global empire on teaching people how to quit, with clinics in more than 30 countries and a series of best-selling books.

The 73-old found out he had the disease during an unrelated routine medical check. On Sunday night the multi-millionaire was determined to remain optimistic. "Since I stopped smoking more than 23 years ago I have been the happiest man in the world. I still feel the same way," he said.



Allen Carr used to smoke 100 cigarettes a day but stopped 23 yrs ago. Since then, he has built a global empire on teaching people how to quit, with clinics in more than 30 countries

But it is a devastating blow for the man who has helped celebrities such as Anthony Hopkins to give up. Carole Caplin and Richard Branson also endorse the method.

Despite giving up his own habit, he has spent years surrounded by the smoke of the very people he has been helping as they have been allowed to continue smoking within his clinics. A

spokesman said it was not possible to tell if the cancer was related to Carr's own addiction. "Allen has spent many years in smoke-filled rooms while treating smokers for their addiction," she said.

"If the time he has spent with smokers has contributed to his condition, Allen's view is it's a price worth paying, especially as his method has successfully treated over ten million smokers."

Carr, who is married with four children and 11 grandchildren, developed his Easyway method of giving up smoking in 1983. Publicising his book 'Packing It In the Easyway', in 2003, he said, "I was prepared to die because my joy in living had gone. Now I'm mentally and physically strong and I'm looking forward to living to 100 and enjoying what's left of my life."

Deciding to use his own experience to help others, he placed a small advert in the local paper, offering a money-back guarantee and was inundated with clients. His method encourages smokers to identify the reason why they spend on cigarettes and eliminate them.

(DNA, August 1, 2006)

Blood test can detect early lung cancer

Washington: A blood test that looks for the body's own immune response to tumours may provide an easy way to find lung cancer in patients long before an X-ray or CT scan could, US researchers say. The test correctly predicted non-small-cell lung cancer in blood samples taken from patients years before they were actually diagnosed with lung cancer; the researchers reported. If the test's reliability can be confirmed, it might become the first new blood screen for any cancer since the prostate specific antigen or PSA test.

"These data suggest antibody profiling could be a powerful tool for early detection when incorporated into a comprehensive screening strategy," the researchers reported in the *Journal of Thoracic Oncology*. Non-small-cell lung cancer is the most common type of lung cancer; and has a five-year survival rate of only 40 per cent.

Researchers at the University of Kentucky developed a test that looks for proteins the body makes in response to very early lung tumours. When they tested people who were being treated for lung cancer, it correctly identified 90 per cent of cases. They went back and tested blood samples taken from some of the cancer patients years before they were diagnosed. The test found cancer in four out of seven samples taken a year before diagnoses.

(DNA, July 17, 2006)

FOODS THAT FIGHT CANCER

Sprouted Vegetables Fight Cancer

Just a few bites of sprouted vegetables a day could help ward off the risk of cancer.

Research findings showed that slightly more than 100 daily grams of sprouted vegetables could play a role in reducing the likelihood of negative DNA alterations in human blood cells.

Instances of DNA damage include carcinogens related to dietary intake and processes that occur in the body like oxidative stress are commonly linked to an increased risk of cancer. Sprouted vegetables have been known to act as a protectant against these types of DNA damage.

Eating only 113 grams of the following vegetables could produce the cancer-fighting effects:

Broccoli | Radishes | Alfalfa | Clover sprouts

www.mercola.com/2004/jul/10/vegetables_cancer.htm

Dietary Factors and Cancer

Cancers

Oral cavity

Oesophagus

Stomach

Colon and rectal

Nasopharyngeal

Larynx

Lung

Bladder

Prostate, breast, cervical cancer

Pancreas

Liver

Cervix

Dietary factors

Alcohol, tobacco, smoking, betel nut

Opium, alcohol, tobacco

Pickle and salted foods, smoked and fried foods, foods rich in starch with very little fresh fruits and vegetables, nitrites, nitrates and nitrosamines

Refined carbohydrate, low fibre, low intake of green vegetables, high intake of meat

Salted fish

Tobacco, alcohol

Tobacco, low intake of green and yellow vegetables

Industrial chemicals, artificial sweeteners, coffee

Low intake of green and yellow vegetables

Tobacco, coffee and meat

Hepatitis B viral infection, Mycotoxins etc

Low intake of fruits and vegetables

<http://www.bawarchi.com/health/cancer1.html>

How different foods fight cancer

- ⇒ **Carrots** - the antioxidants include alpha-carotene and beta-carotene.
- ⇒ **Cauliflower** - the indoles promote the production of enzymes that make the hormone estrogen less effective, reducing the risk of breast cancer.
- ⇒ **Tomatoes** - the lycopene neutralizes cancer-causing substances. It helps to reduce risk of prostate cancer.
- ⇒ **Cabbage, turnips** - the phytochemical, phenethyl isothiocyanate, hampers the development of lung cancer.
- ⇒ **Ginger** - suppresses the creation of adducts, formed by the reaction of chemical carcinogens with DNA.
- ⇒ **Garlic, onions** - the allium vegetables contain organosulphides that lower the risk of gastrointestinal cancers.
- ⇒ **Apples** - the caffeic acid increases the production of enzymes that make carcinogens more soluble in water and ultimately ejects them from the body.
- ⇒ **Grapes** - the ellagic acid is a scavenger of carcinogens.
- ⇒ **Oranges** - the terpenes may prevent lung cancer, while beta-cryptoxanthin is an anti-cancer carotenoid.

<http://www.krishnabce.com/role.htm>

Food Combining

Combining foods improperly causes complete digestion to take longer, tires you out, and can allow foods to ferment leading to putrefaction of the colon, which leads to toxins entering the blood stream. Because fruit should not rest long in your stomach, fruit should always be eaten alone or before meals. Here are a few simple rules about fruits:

Eat sub-acid fruits with either acid fruits or sweet fruits, but never eat acid fruits with sweet fruits.

- **Sub-acid fruits:** Apricots, berries, cherimoya, cherries, fresh figs, grapes, mangoes, nectarines, papaya, peaches, pears, plums.
- **Sweet fruits:** Bananas, dates, dried fruit, persimmons, prunes, raisins, sapote. (Some apples are sweet and some can be sub-acid)
- **Acid Fruits:** Allcitrus, kumquats, pineapple, pomegranates, strawberries.
- Always eat melons alone.

([Www.mnwelldir.org](http://www.mnwelldir.org))

Mushroom that could fight cancer

An exotic mushroom dubbed 'the alixir of long life' could be the latest weapon in the fight against cancer. Scientists found that extracts of the medicinal fungi *Phellinus linteus* can help in the treatment of prostate cancer. Previous studies have also suggested that the mushroom extracts - found on wild mulberry trees - can be effective in treating liver, stomach and lung cancer as well as other serious conditions. The rare mushroom, known as Song gen in China and Mesimakobu in Japan, has long been known for its medical properties. It has been used in oriental medicine since ancient times. The latest study, published in the *British Journal Of Cancer*, was carried out at the Boston University School of Medicine in the US. They tested the mushroom's effects on prostate cancer cells and found that, when it was combined with common chemotherapy treatment doxorubicin, the number of prostate cancer cells killed by the drug increased.

(*The Times Of India*, August 3, 2006)

How does one benefit from consuming beetroots?

Beetroot contains folate, potassium and manganese. The green leafy tops are especially nutritious as they contain calcium, beta-carotene and iron. Experts believe that the red pigmentation of beetroot contains certain anti-cancer agents and beetroot has been used in the treatment of cancer for some years. They contain anti-oxidants that help reduce the oxidation of LDL cholesterol, protecting our artery walls and reducing the risk of heart disease and stroke.

(*The Times of India*, October 20, 2006)

LIVING WITH SKIN

Skin cancer begins in cells, the building blocks that make up the skin. Normally, skin cells grow and divide to form new cells.

Every day skin cells grow old and die, and new cells take their place.

Sometimes, this orderly process goes wrong. New cells form when the skin does not need them, and old cells do not die when they should. These extra cells can form a mass of tissue called a growth or tumour.

Growths or tumours can be benign or malignant:

Q.1. What types of skin cancer are there?

A. There are three main types of skin cancer: basal cell carcinomas, squamous cell carcinomas and malignant melanoma. The first two are slow-growing and easy to treat, but malignant melanoma is a dangerous, fast-growing cancer that spreads very quickly.

Q.2. How common is skin cancer?

A. The incidence of melanoma is increasing, probably because of increased exposure to sunlight but also due to better diagnosis. Roughly three out of every four non-melanoma skin cancers are basal cell carcinomas and the other quarter are squamous cell carcinomas.

Q.3. What are the risk factors for skin cancer?

A. For all types of skin cancer, over-exposure to ultraviolet light, from sunlight or sunbeds, is the main risk. Research into malignant melanoma suggests that over-exposure in childhood puts people at risk of getting melanomas later in life. There are several other things that increase the risk of skin cancer: having very fair skin that burns easily, having a lots of moles (over 50) on your body, having had skin cancer before, your close relatives having skin cancer and being treated with anti-rejection drugs (i.e. after an organ transplant). Exposure to radiation or long-term exposure to chemicals such as coal tar, soot, pitch, asphalt, creosote, paraffin wax or arsenic, can increase your risk of non-melanoma skin cancer.

Q.4. What are the symptoms of melanomas? What do they look like?

A. The majority of melanomas occur on the head, neck, arms and back - i.e. the skin exposed most to sunlight. Most of them are very dark or black, but they can sometimes be lighter brown or even speckled. The surface is usually raised and sometimes rough. They are not normally circular in shape, but some can be quite close to a circle. In their early stages, they often look like a mole, but with a ragged outline or different shades of colour in it. Sometimes, they appear to be a mole that is bleeding, oozing or crusty. However, the

most important thing is that melanomas usually change shape or colour as they grow. Any spot that changes colour or shape should be reported to your doctor.

Q.5. What do basal cell carcinomas look like?

A. The vast majority of basal cell carcinomas occur on the face. They start as a small, pink, pearly or waxy spot, often circular or oval in shape. As they grow, they become a raised, flat spot with a 'rolled' edge and they may develop a crust. Next, they begin to bleed from the center and an ulcer develops. This is called a rodent ulcer and if left long enough, it can become quite large and eat away the skin and tissue below.

Q.6. What do squamous cell carcinomas look like?

A. Squamous cell carcinomas are most common on the limbs, head and neck. They are pink and irregular in shape, usually with a hard, scaly or horny surface, although they can sometimes become an ulcer. The edges are sometimes raised. They can be tender to the touch.

Q.7. How dangerous are skin cancers?

A. Malignant melanoma can be one of the most dangerous types of cancer. They all spread into nearby tissues, but some grow faster and spread further than others. If diagnosed late, treatment is not usually able to cure the cancer.

Squamous cell carcinomas also spread, but most of them spread so slowly that they are not very dangerous. Even the ones that spread more rapidly can be effectively treated as long as they are diagnosed reasonably early. Basal cell carcinomas almost never spread, apart from the slow growth of the rodent ulcer itself. Even in advanced cases, treatment is almost always successful.

Q.8. Does skin cancer run in families?

A. There are some rare, inherited skin diseases that make people highly sensitive to sunlight and much more likely to get any type of skin cancer. People inherit their normal skin type and skin cancer is more common in paler, freckly skin. In addition, there is good

Now Doctors can hear the sound of skin cancer

Washington: Researchers at the University of Missouri-Columbia can detect the spread of skin cancer cells through the blood by literally listening to their sound.

The unprecedented, minimally invasive technique causes melanoma cells to emit noise, and could let oncologists spot early signs of metastases-as few as 10 cancer cells in a blood sample-before they even settle in other organs. The results of the successful experimental tests appear in the Optics Letters.

The team's method, called photoacoustic detection, combines laser techniques from optics and ultrasound techniques from acoustics, using a laser to make cells vibrate and then picking up the characteristic sound of melanoma cells.

In a clinical test, doctors would take a patient's blood sample and separate the red blood cells and the plasma. In a healthy person, the remaining cells would be white blood cells, but in a melanoma patient the sample may contain cancer cells.

(The Times of India, October 18, 2006)

CANCER

evidence that, if you have a close relative (brother, sister, parent or child) with skin cancer, you have about twice the normal risk of getting that type of skin cancer.

Q. 9. What causes skin cancer?

A. Ultraviolet light - from sunlight or sunbeds - is the main cause of skin cancer. It can damage the DNA that makes up the genes in skin cells. The wrong type of damage to the wrong genes will make a cell become cancerous.

Q. 10. Does sun cream protect against skin cancer?

A. UVB is known to cause sunburn and skin cancer, so sun creams were originally designed to block out only the UVB. We now know that UVA can also cause skin cancer and, these days, some sun creams block out a lot of UVA as well as UVB. However, the main concern is that, because sun creams prevent burning, they make people think they can spend much longer in the sun, which will definitely increase their risk of getting skin cancer.

Q. 11. How is skin cancer treated?

A. For almost all non-melanoma skin cancers and for early melanomas, surgery to remove the cancer and a small amount of surrounding tissue is all that is necessary. If a melanoma has spread, chemotherapy can be used, but it is not usually effective. After a melanoma has spread, surgery and radiotherapy can be used on the secondary tumours. This will prolong life but it is not a cure.

Q. 12. How effective are skin cancer treatments?

A. Surgical treatment of non-melanoma skin cancer is usually completely effective. For melanomas, if the tumour can be removed surgically before it has spread, the treatment is usually very effective. By removing more tissue around the tumour (the margin), the surgeon is more likely to remove the beginning of any spread and increase the chance of a cure. Once a melanoma has spread around the body, treatment is usually aimed at prolonging life as the chance of a cure is very small.

Q. Is early diagnosis important?

A. Early diagnosis is absolutely crucial for malignant melanoma (see above) as treatments for advanced melanoma are rarely effective. However, for other types of skin cancer, early diagnosis is sensible, but not a matter of life or death.

(www.aicr.org.uk)

Gene therapy can cure cancer

2 Advanced Skin Cancer Patients Are Free Of Disease Within A Year Of Treatment



LIVING IS BELIEVING:
Mark Origer, at his daughter Katie's wedding last fall, an event he feared he would'nt live to see

Washington: US government scientists saved two men dying of melanoma by genetically altering the men's own white blood cells to attack their tumours - deemed the first major success in battling cancer with gene therapy. While the men appear disease-free almost two years after the experimental therapy, it wasn't a panacea. Fifteen other melanoma victims weren't helped.

Still, specialists proclaimed the work, published on Thursday by the journal *Science*, as an important advance-gene therapy with the potential to fight cancer's worst stage, when it has spread through the body. And the cancer institute hopes to begin testing it soon against cancers more common than melanoma, such as advanced breast or colon cancer. Doctors can't predict how the women fare long-term. Melanoma, the most aggressive skin cancer and killer of almost 8,000 Americans annually, is particularly notorious for returning years after they've subdued it. "I'm cured for now," is how a grateful Mark Origer, 53, of Wisconsin put it after a checkup from NCI doctors.

The approach remains highly experimental, requiring years of additional research. "Clearly this is a first step." Cautioned Len Lichtenfeld of the American Cancer Society. "We have to be very cautious about not raising hopes too much."

But, "it is exciting," he added. "It certainly is a proof of concept that this approach will work." "It's one of the first documented, effective cases of cancer gene therapy working," added Patrick Hwu, melanoma chairman at the University of Texas MD Anderson Cancer Centre, who once worked with the NCI team.

The NCI's Steven Rosenberg has long led the tantalising research field of how the body's immune system might be harnessed to fight cancer. White blood cells called T-lymphocytes hunt down germs and other foreign tissue. Unfortunately, cancerous cells look a lot like healthy cells, making it hard for those T-cells to spot a problem.

By 2002, Rosenberg had made a breakthrough when he found small numbers of cancer-fighting T-cells inside some patients with advanced melanoma.

The Times of India, September 2, 2006

Some Shocking Facts About Skin Cancer

1. More than 90% of skin cancer is caused by sun exposure.

The UV rays of the sun are responsible for non-melanoma skin cancers. Unprotected exposure to these rays can be from being outdoors, tanning booths, and even through your car or home windows.

2. Skin cancer accounts for more than 50% of all cancers combined.

Skin cancer is the most commonly diagnosed type of cancer among men and women.

3. One bad burn in childhood doubles the risk factor for melanoma later in life.

Protecting children against UV exposure is essential for skin health

into adulthood. A blistering sun burn during childhood increases the risk of melanoma as an adult. Melanoma is the deadliest form of skin cancer.

4. Men are diagnosed with skin cancer more often than women.

According to the American Cancer Society, men are twice as likely to develop skin cancer over women. In fact, it is more common than prostate cancer, lung cancer, and colon cancer in men over 50. This makes skin cancer the most common cancer in men over 50.

American Cancer Society: [<http://cancer.org>]

Beating Cancer

Combating cancer is like going on an uphill journey. Even when you do all the right things in life, and take the right steps along the way, death may overtake you. This is the reality and we must accept it. That said, today there is tremendous advance in medical science, and in the way oncologists and support networks take care of the patient. So, by and large, cancer is beatable. Death is an exception. This is one message that needs to be constantly reinforced. Let me tell you two stories.

The first story is very personal. It is about our family's brush with cancer. It is about my husband, Adityaji. As we were returning from Washington in 1983, a hoarding at the airport caught his eye. It read: "If you are a man and over 50, you should have prostate check-up. You may be suffering from prostate cancer". And Adityaji reaction was - let's have this check-up on priority in Bombay. He perhaps had an instinctive feel that somewhere, something had gone wrong. In the course of the check-ups, the doctors felt that it could be prostate cancer. Doctors at Johns Hopkins, while confirming it found that the cancer had spread beyond the prostate.

From 1993 to October 1995, when he passed away, he tried to live a life as normal as possible, barring the last four months that he

was hospitalized. Even in this stage, he did not want word of his illness to spread. He felt it would undermine the confidence of his employees, investors and customers. His illness was one of the best-guarded secrets. He did not allow the family life to be affected. Throughout the ordeal, he showed extraordinary courage. He remained energetic and enthused at work. He defied the pain of cancer. He would say, let us seize the moment. Every day that we wake up, we have to thank God, he would aver. He began to develop a plan so that in any eventuality, we the family, would not face hurdles or employees and shareholders encounter uncertainties. He did not make cancer the big story of his life. To ensure continuity, he immediately inducted our son, Kumar Mangalam, headlong into the business.

Seeing him work incessantly gave us hope. Healing, in his case, did not happen. Because we discovered his ailment late, and in those days miracle drugs were not available. But he realized that the end was near. He knew that we despaired. So he said to us, "It is not the number of years that you live, it is what you have packed in those



years that matters". His last words, before he slipped into a coma, were, "Be brave".

Even when we had no hope of his recovery, we did not ask God - Why us? We accepted the will of God unconditionally. I must admit though that at some point, I began to look within for spiritual strength. I could do so only because of him. If I looked at him and saw death and fear, it would have rubbed off on me too. But he was always smiling and it is this happy face that is etched in my heart. At one point he said, "I always want you to be happy and take life as it comes".

The next story is that of a young couple that of a young couple and their then six-year-old daughter who suffered from leukemia. For months at a stretch in hospital through three surgeries and a three-year break from school, this child did not let her spirit drop. Today, she is happy 11-year-old, studying, painting, singing and dancing as any kid her age would. Throughout these traumatic times, with the exception of the initial fortnight, this family of four took the ailment in their stride. So I asked the parents what saw them through.

The writer is director, Aditya Birla Group Times of India 19/11/2006

◀ Yet Another Award ▶

London: Dr. Rehan A. Kazi has been awarded the prestigious 'British Journal of Surgery Prize' for his videofluoroscopy paper in Laryngectomy Patients at the British Association of Surgical Oncology conference held on 28th November 2006, at the Royal College of Surgeons,



London. There were six candidates nominated for this British Award. All six candidates - which included five Europeans Consultants - were asked to read out their papers. Dr. Rehan A. Kazi's paper was adjudged "The Best Paper" and was awarded "British Journal of Surgery Prize".

Heartiest Congratulations from the Management & Staff of
Cancer Aid & Research Foundation

Happenings at CARF

September

Rose Day Celebrations



Seen in the photo is the Dean Dr M.E. Yeolekar of L.T.M.G. Hospital- Sion.

Rose Day was celebrated on 22nd September 2006. On this day CARF officials visited Cancer patients at Bai Jerbai Wadia Hospital - Parel, L.T.M.G. Hospital - Sion, and Tata Memorial Hospital- Parel. They distributed roses and gifts to the cancer patients, most of whom were children. Some of the children Cancer patients, despite their pain and sufferings entertained CARF officials with their lively talks and their constant smiles. Parents and relatives were informed about the help provided by CARF.

October

Women Awareness Programme



Ladies meeting was held at Dr. Alma Latifi Hall, Mumbai on September 21, 2006, to discuss the following agenda.

AGENDA

1. To collect 'Donations' for the cause of cancer.
2. To create public awareness about the dreaded disease cancer.
3. To organize medical camps during the year.
4. To secure nominations from the willing lady members for forming the Managing Committee.

November

Eid-Diwali Get-Together



Adv Shafi I. Kazi, Guest of Honour being welcomed by Prof. A. A. Kazi and Adv Munaf Kazi (L).



To celebrate Eid-Diwali get together the children afflicted with cancer were entertained with the movie **Lage Raho Munna Bhai**. Forgetting their pain and suffering they enjoyed the movie, clapping and laughing all the time. Their joy doubled when they received food hampers and toys by CARE.



Dr. M. A. Patankar, Medical Officer associated with various Middle-East consulates (C), Prof. A. A. Kazi, Chairman, CARF (R), Prin. M. S. Lokhandwala, Trustee - CARF (L).

CARF's first branch

Cancer Aid & Research Foundation is going to establish its 1st Branch namely - Cancer Aid Foundation - Kokan - shortly in the city of Ratnagiri. For this purpose the Foundation has been allotted 5 acres of land by the MIDC. On this land a Diagnostic Centre will be constructed with most modern Radiotherapy Unit imported from 'Canada'. It should be noted there is no such Radiotherapy Unit in the whole of Kokan. Hence it is going to be a boon to all cancer patients in Kokan region. Besides this Diagnostic Centre a Cancer Hostel will be built for the needy & poor Cancer patients coming from kokan region. The entire expenditure of this Ratnagiri branch is approx. Rs. 7 crore and is expected to be completed by July 2007.

Our
Goodwill
Ambassador

**Ms. Pooja
Bhatt**

Well-known
Film actress
and film maker



Mumbai Marathon 2007

We at Cancer Aid & Research Foundation are here once again to support the work and cause of our organisation by participating in the much awaited Standard Chartered Mumbai Marathon to be held on the 21st of January, 2007.

We hope many join us in raising donations in this Marathon so that we may continue giving our best to the poor and needy cancer patients.

CARF
News Bulletin

Wishes all its readers
'A Very Happy
New Year'

Dard aur gham se aap anjaan rahein
Khushiyon se aapki pechan rahein
Humarae dil ki yahi dua hain ki
Aapke chehre pe hamesha muskan rahein

CANCER AID & RESEARCH FOUNDATION

- Registered under the Bombay Public Trust Act, 1950.
- Donations exempted under 80G of the Income-Tax Act, 1961
- E-mail: cancerarfoundation@yahoo.com
- Website: www.cancerarfoundation.org
- ✓ Providing financial and medical help to poor & needy cancer patients.
- ✓ Providing rent free accommodation & return railway fare to poor outstation cancer patients.
- ✓ Creating awareness about cancer & initiating steps for early cancer detection.
- ✓ Providing free counselling to the cancer patients and their family members.
- ✓ Providing free ambulance service to poor & needy patients in Mumbai & Thane.
- ✓ Screening of cancer films in schools and other institutions.



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