



CARF

News Bulletin

(Official Publication of the Cancer Aid & Research Foundation)

Internet Journal of Head & Neck Surgery [www.ispub.com] - official scientific journal of CARF

CARF'S PROMISING COLLABORATIONS

Cancer Aid and Research Foundation has linked up with **Head & Neck Cancer Research Trust** of the world renowned Royal Marsden Hospital, United Kingdom. This tie up will help to foster and encourage ties and joint collaborations between the two countries especially in the field of cancer. The head and neck cancer research trust is charity based in London and is headed by Mr. Peter Rhy - Evans who is the executive Chairman of this trust. As part of our initiative to fight against cancer, we are jointly collaborating with this trust in running the Asian Research Fellowship programme which funds 2 to 3 cancer specialists from his country for further studies in United Kingdom, thanks to the charity in London.

We have also linked up with a scientific journal called **The Internet Journal of Head & Neck Surgery**. This is a new peer reviewed journal that is being started to highlight and show case articles from all over the world in the field of head & neck surgery. This journal will be the official journal of Cancer Aid & Research Foundation. The editorial board of this journal comprises of highly distinguished and competent persons in the field of head & neck surgery from across the globe including U. S. A., U. K., Poland and Hong Kong. This peer reviewed and indexed journal is available online at www.ispub.com. The articles here can be viewed and downloaded free of charge. This online journal will help to disseminate information in the field of head & neck surgery to the medical fraternity across the world.

This would not have been possible without the help and support of you - our donors and we remain as grateful as ever for all the love, support and encouragement.



What is the head and neck cancer research trust?

This charity was set up in 1979 to fund research into the causation and treatment of these types of cancer. Since then many advances have been made and currently the charity is helping to fund about 25 research projects at the Royal Marsden Hospital, with our doctors and nurses working side by side with laboratory scientists at the Institute of Cancer Research. Our main areas of research interest are:

- Early detection and treatment of tongue and throat cancer
- Head and neck cancer in young people under 40 years
- Restoration of voice after laryngectomy
- Genetic mechanisms of cancer spread in the head and neck
- Intensity Modulated Radiotherapy - IMRT
- Thyroid cancer

Recently we have also extended our research to include collaborative projects with other cancer centres in the UK, Europe and Asia. In addition to scientific research we are also dedicated to improving the care, education and welfare of patients and their families. We have also had generous donations for equipment which, like this vital research work, is not adequately funded by the NHS.

●●● BOUNCING BACK FROM CANCER ●●●

For young Bidurin Chakraborty, it will truly be his moment under the sun. The 16-year-old from West Bengal is all set to fly to the United States to share his experience of surviving cancer. Bidurin is one of four young cancer survivors from India invited to join the 5th World Oncology Camp in Michigan. Of the other three, two are from Mumbai and one from Chennai.

Bidurin is very excited. "And, nervous, too," says the boy from Siliguri, around 600 km from Kolkata, "I am the oldest of the four participants. So I have been made team leader... that means responsibility." Bidurin was diagnosed with chronic myeloid leukaemia in 1998, when he was in Class V. "I lost one [academic] year but made up for another. After I was cured, I joined Class VIII," says Bidurin, who scored 87 per cent in the Class X Board exam. "I will tell them about my fears," he says, "Those who suffer from cancer are scared that they will never be able to return to normal life. It is scary as patients suffer from hair-fall, their looks deteriorate. But, I am proof that you can bounce back. I will tell them that getting back is entirely possible." Bidurin also plans to make music. "I am taking my keyboard, on which I want to play our national anthem," he says, "I



Bidurin (L) with his father & sister

am also carrying the English translation of Rabindranath Tagore's Gitanjali. "I want to recite poems from it. They are inspiring and give hope when everything looks bleak."

Help Came from Ganguly : Bidurin is thankful to former Indian skipper Sourav Ganguly, who auctioned a bat to raise money for his treatment. At Tata Memorial Hospital in Mumbai, oncologist Dr Tapan Saikia's treatment was effective, but expensive. "He was administered a Swiss-made medicine, Glivec; each dose cost Rs 1,000," says Bidurin's father Tiyas, an electrical and civil contractor. For complete cure, he was prescribed a bone marrow transplant. "The operation cost us around Rs 12 lakh," says Tiyas. "West Bengal Urban Minister Asok Bhattacharya helped us a lot. Ganguly auctioned a cricket bat to raise Rs 5 lakh." But Bidurin needed a donor, ideally a sibling, for the transplant. "Usually, siblings donate bone marrow, but my son had none," says Tiyas. Desperate to help their son, he and his wife then conceived another child. In 2001, Bidurin's sister Barnita was born, and she became his donor.

(Mumbai Mirror, June 13, 2007)

Thoughts Of



Dr. Mohan V. Jagade

M. S. (ENT) MCh (Plastic Surgery)
F.A.I.S. MBA, DHA, FeWHO
ENT & Facial Plastic Surgeon,
Head & Neck Oncosurgeon.

Smoking has traditionally been treated as being equally damaging to both sexes. Luckily, woman's distinctive concerns are finally being addressed. The results of several pioneering studies are starting to roll in.

A whopping 22 million women smoke. In 2000 alone, some 67,000 women died of lung cancer. And while lung-cancer rates for men have steadily declined, for women they have risen dramatically. Women's death rate from lung cancer is five times higher than it was in 1960.

No one knows exactly why women smokers may be at high risk for lung cancer, but biology undoubtedly plays a role. For instance, oestrogen may help tobacco carcinogens bind to - and therefore mutate - the DNA in lung cells.

Another theory centers on women's penchant for low-tar cigarettes. People think they're smoking a 'safer' cigarette. But, those who smoke 'light' cigarettes tend to take deeper breaths and hold them in longer, they also take more puffs- behaviours that are deeply damaging to the lungs and may cancel out any purported benefit.

Compounding the problem, researchers suspect, is the fact that many women tend to have an out-of-sight, out-of-mind attitude when it comes to the smoking and heart disease connection. High oestrogen levels often delay the effects of smoking on the heart until menopause.

Earlier we knew of lots of men who smoked and had heart attacks at a young age, but very few people knew women who died young of smoking-related causes. That gives a tremendous misimpression that women don't suffer heart and respiratory problems from smoking. It's simply not true.

Men get hooked, but women appear to really get hooked, even though the physiological process that sparks addiction is the same for both sexes.

Satisfying a women's craving for nicotine, it seems, isn't necessarily enough to stop her smoking. So if it's not just the nicotine rush that drives women, what is it? In a nutshell, practically everything else the smell, taste, time, place, state of mind. In other studies, when smokers were blocked from smelling and tasting the cigarettes, men took just as many puffs. Women, however, took fewer-indicating that they smoked not just for the nicotine high but also for the smell and taste. These cues are powerful motivations to smoke, which makes it tough to quit.

So how does one kick this habit?

Start exercising, try different treatments, get support through the internet, try meditation, yoga, pranik healing, breathing exercises (pranayam), healthy and timely diet, reiki, su-jok etc.

"If you first don't succeed, try again. Your life may depend on it. Kick the habit before it kicks you"

Abortion is not associated with the increased incidence of breast cancer

Scientists from Harvard Medical School in the US, conducted a prospective study using a group of Scandinavian women to see if abortion increased the incidence of breast cancer. The data did not suggest any link between the two. The researchers looked at nearly 106,000 women between the ages of 29 and 46 between 1993 and 2003 and collected information as to whether they'd had: induced or spontaneous abortions. In the ten year period, nearly 1,500 women were diagnosed with breast cancer. The researchers studied this episode to see if the incidence of breast cancer was associated with having an abortion. 15% of the women reported a history of induced abortion and 21% reported a history of spontaneous abortions. The hazard ratio for breast cancer among women who had one or more induced abortions was 1.01 (95% confidence interval, 0.88-1.17) after adjustment for established breast cancer risk factors. Among women with one or more spontaneous abortions, the covariate-adjusted hazard ratio was 0.89 (95% confidence interval, 0.78-1.01). The relation between induced or spontaneous abortion and the incidence of breast cancer did not differ materially by number of abortions, nor did the incidence of breast cancer.

Source: Archives of Internal Medicine 2007;167:814-820.

Trichological care for underprivileged and cancer patients' hair

Dr Apoorva Shah, India's first certified trichologist, lost his mother to cancer and thus those suffering from this disease have a special place in his heart. Richfeel Trichology Centre offers treatment through 'The Mrs. Menaxiben Shah & Rekhaben Shah Memorial Trust', in association with India's finest oncologist, Padmashir Dr. Suresh H. Advani and his NGO for cancer patient - the Helping Hand. The Trust offers completely free services to cancer-affected patients. The trust sponsors a carefree hair system, worth Rs.30,000, for patients who have undergone radiation and suffer from scarring baldness. The trust also makes available temporary systems for patients undergoing chemotherapy.

For further enquires call : 66778877 or log on to www.Richfeel.com

(Times of India, April 5, 2007)

Nuts contain the antioxidants quercetin and campferol that may suppress the growth of cancers. Brazil nut contains 80 micrograms of selenium, which is important for those with prostate cancer. (Note: Many people are allergic to the proteins in nuts, so if you have any symptoms such as itchy mouth, tight throat, wheezing, etc. after eating nuts, stop. Consider taking a selenium supplement instead or work with someone on how to eliminate this allergy.)

Cancer Fighting Foods



Papayas have vitamin C that works as an antioxidant and may also reduce absorption of cancer-causing nitrosamines from the soil or processed foods. Papaya contains folaçin (also known as folic acid), which has been shown to minimize cervical dysplasia and certain cancers.

Chili peppers and Jalapenos contain a chemical, capsaicin, which may neutralize certain cancer-causing substances (nitrosamines) and may help prevent cancers such as stomach cancer.

Grapefruits, like oranges and other citrus fruits, contain monoterpenes, believed to help prevent cancer by sweeping carcinogens out of the body. Some studies show that grapefruit may inhibit the proliferation of breast-cancer cells in vitro. They also contains vitamin C, beta-carotene, and folic acid.

Rosemary may help increase the activity of detoxification enzymes. An extract of rosemary, termed carnosol, has inhibited the development of both breast and skin tumours in animals. We haven't found any studies done on humans. Rosemary can be used as a seasoning. It can also be consumed as a tea: Use 1 tsp. dried leaves per cup of hot water; steep for 15 minutes.

Seaweed and other sea vegetables contain beta-carotene, protein, vitamin B12, fiber, and chlorophyll, as well as chlorophyllones - important fatty acids that may help in the fight against breast cancer. Many sea vegetables also have high concentrations of the minerals potassium, calcium, magnesium, iron, and iodine.

Pumpkin seeds are a good source of alpha-linolenic acid (ALA), a healthy fat that reduces inflammation, improves blood vessel health, and has beneficial effects on blood fats. For extra flavour, before roasting toss the seeds with a tiny bit of olive oil and a few spices, such as garlic, cayenne pepper, or lemon pepper.

Doc brings hope for women with cancer

Cancer affected women undergoing a combination of chemotherapy and radiotherapy or either one treatment can now hope to conceive and bear children. Two city based infertility specialists — Dr Hrishikesh Pai and Dr Nandita Palshetkar — have set up the first human ovarian tissue bank in the country which will freeze the outer shell of the ovary and replace it in the body post-cancer treatment.

Located at Lilavati Hospital, this first-of-its-kind bank received the first human ovarian tissue for cryopreservation on Tuesday. The 32 years-old patient suffering from gastro-intestinal tract cancer decided to get her ovary tissue frozen prior to her cancer treatment. The tissue is frozen in special liquid nitrogen containers at minus 200 degrees centigrade.

The bank was formally dedicated to the public on Wednesday night by Dr Claus Andersen, who has pioneered the technique. A senior researcher at the Juliane Marie Centre's Laboratory of Reproductive Biology, Denmark, Dr Andersen has till now frozen 235 ovarian tissue. In fact, one of his Danish patients recently gave birth to a baby. Of the 35 women who received transplantation of their frozen/thawed ovarian tissue post-cancer treatment, the Danish woman is the third in the world to have delivered a baby successfully. The first such baby was born in Belgium and the second in Israel.

Dr Andersen said, "Danish women are keen on having their ovarian tissue frozen. They are motivated to go through with the painful cancer treatments because they know that after that they can conceive"

He feels that if a woman has her ovarian tissue cryopreserved at a young age, she can use it in her later years, even after 40. However, if women over 35 cryopreserve their tissue and want to use it later, activity will be much less.

According to Dr Andersen the research is still ongoing and the focus is to ensure that the women who have been transplanted with their tissue can successfully have children. "The ovarian tissue is transplanted back only two years after the cancer treatment is over. It takes 20 weeks for the tissue to start functioning normally and the menstruation cycle to restart. Pregnancy can occur any time

thereafter. To understand the success rate we have to produce more babies," said Dr Andersen.

Though the combination treatment enhanced life expectancy, it has a highly deleterious effect on the ovaries and causes severe depletion of the follicular store which affect fertility.

Dr Pai, Dr Palshetkar and Dr Andersen asked oncologists, rheumatologists and haematologists to explain the working of the bank to their female patients. They are keen on establishing a network with specialist to ensure that cancer-affected women in India understand their conception options.

Exclusions to this will include women whose ovary is already affected with cancer and women who are above 40 years. According to statistics of the Cancer Society of India, an estimated 2.65 lakhs women are affected with cancer in India. Out of these 50,000 are below 40 years. This Option will be offered at cost price, which is less than Rs. 5000, disclosed Dr Pai.

(DNA, March 30, 2007)

The Motorists on collision course with skin cancer

Frequent driving may increase the risk of developing skin cancer, research suggests. Studies have shown that sunlight coming in through the side windows of cars could be to blame for the increase. The windows block the UVB rays that cause sunburn but not the deeper -penetrating UVA rays which are linked to skin cancer. Windscreens, made of laminated glass, can block both. Researchers in the US claim drivers who roll down the side windows are at an even greater risk.

The scientists from St Louis University School of Medicine in Missouri looked at 898 patients — 559 men and 339 women with skin cancer on either side of their bodies. Among the men, rate of cancers directly co-related to the areas of the body most often exposed to ultraviolet radiation when driving - which in the US, where cars are left hand drive, is the left side of the body. Affected areas were the head, neck hands and arms -all areas exposed to the sun when driving.

The Times of India, Feb 6, 2007

BRAIN TUMOUR

The mere thought of someone close harbouring a brain tumour is devastating. Besides most brain tumour victims are children or adults in their prime of life. This not only makes it more poignant but also creates a need to look after such victims who can often, with the medical resources available, be restored to near normalcy. This, however, needs a multi-disciplinary approach, which is expensive and rarely available under one roof. Even after the completion of the hospital treatment (surgery, radiotherapy or chemotherapy), many patients require intensive rehabilitation at their homes and sometimes in special institutions.

What, then, is a brain tumour?

A brain tumour is a mass of abnormal tissue growing in any part of the brain. For some unknown reason, some brain cells multiply in an uncontrolled manner and form these tumours. These tumours can arise from any part of the brain, spinal cord or the nerves. Broadly these tumours can be divided into benign and malignant tumours.

Benign tumours grow slowly and never spread to other parts. But as they slowly increase in size they can cause pressure on the normal brain and interfere with mental and bodily functions.

Malignant tumours or cancers are aggressive tumours that grow fast and infiltrate the surrounding brain and sometimes spread to the other parts of the brain or spine.

Causes

Although the cause of most primary brain tumours is unknown, research into this is going on all the time. Brain tumours, like other cancers, are not infectious and cannot be passed on to other people. They are slightly more common in men than in women.

A small number of brain tumours occur in people who have known genetic conditions, such as neurofibromatosis, tuberous sclerosis, Li Fraumeni syndrome or von Hippel Lindau syndrome.

People who have been exposed to radiation to their head, such as children who had radiotherapy for leukaemia are at slightly higher risk of developing a brain tumour than other people.

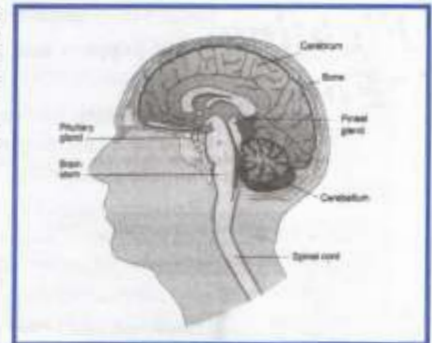
Some Common Symptoms:

- Limb weakness and any abnormal sensation in the limbs can be a symptom of a tumour in certain parts of the brain especially in and around the motor or sensory cortex. Generally the opposite side is affected i.e right-sided weakness by a tumour in the left motor cortex.
- Unsteady walking or imbalance (ataxia) may occur if the tumour is in the cerebellum or some other parts of the brain.
- Vision may become blurred or sometimes lost if the optic nerve is compressed or swollen (Papilloedema). Sometimes a squint or double vision (diplopia) may develop if the nerves moving the eyes are affected.
- Recent or long term memory may become weak.
- Speech: Ability to understand (sensory aphasia) or express (motor aphasia) may be affected by tumours in certain parts of the brain. Sometimes the person is able to understand but is not able to express properly and may not get the right words.
- Hormonal Effects: Some tumours in and around the pituitary / hypothalamus region (sellar and suprasellar region) can cause either excess or deficiency of many hormones. This may affect the growth, fertility, libido, body weight, mental functions, etc.
- Changed behaviour, lethargy, drowsiness, and loss of consciousness are some of the other symptoms of brain tumours.
- Another common symptom caused by brain tumours is epilepsy, which can cause fits, muscle spasms, or moments of unconsciousness. A fit is a frightening experience, but is not necessarily caused by a brain tumour. However, it is important to seek medical help so that the actual cause can be diagnosed and suitably treated.

Methods of detecting a brain tumour

Most of the symptoms described above are non-specific and can be caused by many other diseases. A detailed history and medical examination is first done by the doctor and if a brain tumour is suspected then further tests may be done.

- CT or MRI Scan produce special X-ray pictures that show the detailed structure of the brain and spine and pick up any abnormality. To get a clearer picture, Iodine or Gadolinium contrast dyes are given intravenously.
- Angiogram is an X-ray taken after injecting an iodine dye through catheters placed into the arteries. This shows the details of the blood supply to the tumour.



Continued on page no. 5....

- Cerebro Spinal Fluid (CSF) study is done after removing the CSF from the spine by a long needle (lumbar puncture). This is done in certain tumours which have a high chance of spreading to the spine or to rule out infections or bleeding.
- Hormonal Blood Tests are done for tumours like pituitary adenoma, craniopharyngioma, optic chiasmal or hypothalamic glioma.
- Electroencephalogram (EEG) is occasionally done to study the pattern of seizures.

Treatment

Treatment depend upon the tumour type, patient's age and general condition.

Surgery, Radiotherapy or Chemotherapy maybe used alone or in combination to treat brain tumours.

Surgery, Radiation Therapy & Chemotherapy

Surgery is generally the initial and sometimes only treatment required. The aim is to remove as much of the tumour as is safely possible. Before the operation the neurosurgeon carefully studies the CT/MRI scans. The route and type of operation is then decided after discussing the risks and benefits of this operation with the patient. Hair is completely shaved before the operation. The operation is performed after giving anaesthesia to the patient. While it is desirable to remove the tumour completely, this is not always possible if the tumour is very deep-seated or is in a very critical area. Therefore a tumour may be either completely or partially removed or only a biopsy may be taken. High-powered operating microscopes make it easier to see and remove tumours while sparing the normal brain. The operation may take many hours. The patient usually wakes up as soon as the effect of the anaesthesia wears off, but is kept in the ICU for some time to allow close observation and care.

Radiation Therapy or Radiotherapy (RT) is the use of penetrating X-ray or Gamma ray beams produced by the Telecobalt or Linear Accelerator machines. Radiotherapy plays a very important role in all malignant tumours and even in some benign brain tumours. Following surgery, radiation therapy targets the remaining tumour cells to prevent or delay its recurrence. Depending upon the sensitivity of different tumour types to radiation and the biological dose of radiation used, these tumours are either completely eradicated (cured) or they shrink or stabilise thus relieving symptoms. The dose, duration and technique of radiotherapy depends upon the type, size, site of the tumour and the patient's age and general condition. For most tumours, only the affected part of the brain with some margins is irradiated. However for some tumours like medulloblastoma, lymphoma and germ cell tumours that have a higher risk of spread to the spine, the entire brain and spine is irradiated.

Chemotherapy is the treatment of certain types of brain tumours with cytotoxic drugs. Chemotherapy is useful for a variety of brain tumours including lymphomas, medulloblastomas, germ cell tumours, PNET and some gliomas. Generally drugs are given in combination every 4 to 6 weeks to a maximum of 6 cycles. Sometimes, if one combination of drug regimen stops working for the tumour, another drug or a combination (2nd line) may be tried. Most of the chemotherapy treatment may be administered on an OPD basis although some may require admission. Blood tests for haemoglobin, white blood count and platelets and sometimes, liver and kidney function tests are done before each cycle of chemotherapy. ●●

Brain tumours and leukaemia survivors prone to strokes

Children who are successfully treated for brain tumours and leukaemia are more likely to have strokes later in life, a new study has said.

Childhood cancer survivors, who received higher doses of cranial radiation therapy to kill the cancer, showed greater risk of stroke in later years, the study published in the latest issue of the Journal of Clinical Oncology said. "This is important because leukaemia and brain tumours are the two most common types of childhood cancer, representing more than half of childhood cancers," associate professor of pediatrics and lead author of the study Daniel Bowers said.

Other studies have shown that survivors of childhood leukaemia or brain cancer are also at higher risk for cardiac dysfunction, obesity, short stature, and hormone and neurocognitive deficits, he said. The research, carried out at UT Southwestern Medical Centre, is the first to examine the risk to the cancer survivors. (DNA, Nov 21,2006)

Drug Starves Brain Tumours

Avastin, one of a new family of drugs that starves tumours of their blood supply, can slow the growth of the most common and deadly form of brain cancer, researchers reported on Monday. Avastin combined with standard chemotherapy could temporarily stop the growth of brain tumours known as gliomas, the researchers reported in the journal Clinical Cancer Research. Made by Genentech under the chemical name bevacizumab, Avastin is currently approved to treat lung and colorectal cancers. "These results are exciting because of the possible implications for a patient population that currently has the poorest possible prognosis going into treatment those with malignant brain tumours that have recurred after initial treatment," said James Vredenburgh of Duke University. (The Times of India, Feb 20,2007)

Announcement

The CARF has published information leaflets for cancer patients for free distribution. These deal with Cancer of the Larynx, Salivary gland cancer, Head & neck cancer, Oral cancer, Thyroid cancer and general information about cancer. And are published in English, Hindi and Urdu.

If you wish to avail of these leaflets write to us or call us at the office address mentioned on page 8 and we will be glad to send them to you.

Call for Volunteers

'Call for volunteers / social workers/ advisors / consultants'

CARF would like to appeal to its readers to come forward and help in its various activities such as fund raising, event management, social awareness, educational activities, medical camps etc..

Contact at :2300 5000

e-mail:cancerarfoundation@yahoo.com

Events Of CARF



The foundation laying ceremony of Cancer Diagnostic Center by Dr. Rehan A. Kazi at M.I.D.C. Mirjoli, Ratnagiri



Mr. H. P. Kanoria, Chairman & Editor of Business Economic being presented with a memento by Prof. A. A. Kazi



Mrs Humsa Dhir, a guest with Dr. Rehan A. Kazi at CARF



Ms. Noorjahan, Principal Chief Post Master General of Maharashtra and Goa at CARF



Mrs Reeta Gupta, Joint Secretary of Maharashtra Navnirman Sena, distributed cheques to needy cancer patients on behalf of CARF. Seen here being welcomed by Prof. A. A. Kazi



Respected donors and patients strike a pose after an entertaining get-together at CARF

Events Of CARF



Mr. Khalil Naik inaugurated "Cancer Aid Foundation - Kokan", CARF's first branch in Kokan region at Ratnagiri



Dr. Irfana Kazi, conducted a cancer awareness programme for women of the Rotary Club and Giants Group, Bhiwandi



CARF congratulates Mr. Johnny Joseph on being appointed as Chief Secretary, Govt. of Maharashtra



The CARF team enlightened Mumbaikars about cancer on World Anti - Tobacco Day at Churchgate railway station



Dr. Jyoti P. Dabholkar, (circled) at the Oncosurgery 2007, International Live Surgery workshop, which was organised by her. It was held at I. T. C. Grand Central Sheraton, Parel, Mumbai



Dr. Rehan A. Kazi gave a talk on head & neck cancer to doctors of the Antop Hill Medicos Association

Upcoming project

KOKAN CANCER HOSPITAL - RATNAGIRI (To be named after the donor)



The Foundation stone for the Cancer Diagnostic Centre with the Radiotherapy Unit was laid by the well-known Head & Neck Cancer Surgeon, Dr. Rehan A. Kazi on 6th May, 2007 at

Ratnagiri. The construction started on 15th May, 2007 and is expected to be completed within a year. The ultra modern 'Kokan Cancer Hospital' can be named after any donor who gives us a substantial donation for its construction.

PHASE I	
1) Construction of Diagnostic Centre with Radiotherapy Unit :	Rs. 7.5 Crores
2) CARF Hostel Buildings (2 Nos.) :	Rs. 3.5 Crores
3) Managers & Guest Quarters (Twin Bungalow):	Rs. 0.5 Crores
4) Compound Wall & Gates:	Rs. 1.0 Crores
5) Infrastructure i.e Roads, Drains & Landscaping :	Rs. 3.0 Crores
6) 3 Operation Theaters :	Rs. 2.0 Crores
7) Superconductor MRI Magnelom Symphony (1.5T MRI) :	Rs. 4.25 Crores
8) Linear Radiotherapy Unit :	Rs. 2.95 Crores
Total	Rs. 24.7 Crores
PHASE II	
1) 50 Beds for Cancer Hospital (Inclusive of Furniture) :	Rs. 50.0 Crores
Grand Total	Rs. 74.7 Crores

First World Congress of the International Academic of Oral Oncology



Dr. Rehan Kazi Secretary General CARF gave an Oral presentation of his abstract entitled "Electroglottographic and perceptual evaluation of tracheoesophageal speech" at the First World Congress of the International Academy of Oral Oncology conference. It was held at the RAI Conference Center, Amsterdam, The Netherlands from 17th to 20th May 2007.

CARF LARYNGECTOMY CLUB

Cancer Aid & Research Foundation is pleased to announce the formation of a Laryngectomy Club. This Club will provide counselling, guidance, information and support to patients who are to undergo a laryngectomy operation. It will facilitate interaction of laryngectomy patients with each other. For further information the patients/relatives are free to contact Dr. Rizwana Shaikh on cancer hotline 23005000

The office bearers of the Club are:

- 1) Dr. Ayesha Ansari (Audiologist and Speech Therapist)
- 2) Dr. Fatima Jagmag (Audiologist and Speech Therapist)
- 3) Dr. Rehan Kazi (Head & Neck Cancer Surgeon)
- 4) Dr. Asra I. Kazi (Counsellor)
- 5) Mr. Ansari Jamil (Laryngectomy patient)
- 6) Mr. Mannan Karimbhai (Laryngectomy patient)
- 7) Dr. Rizwana Shaikh (Asstt. Manager PR - CARF)

CANCER AID & RESEARCH FOUNDATION

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- Donations exempted under 80G of the Income-Tax Act, 1961
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- 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.



The Govt. of India has also permitted us to receive overseas contributions vide our Foreign Contributions Registration No. 083780936. The same can be credited to 'Cancer Aid & Research Foundation' S.B A/c No. 026104000088372. IDBI Bank, Prabhadevi Branch, Mumbai-400 025. INDIA.

Please draw your cheque in the favour of **Cancer Aid & Research Foundation** and send it to its Adm. Office: **Cancer Aid & Research Foundation**, Municipal School Bldg., Grd. Flr., Room Nos.15-18, Near 'S' Bridge, N.M. Joshi Marg, Byculla(W), Mumbai - 400 011.
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All views expressed in the CARF News Bulletin belong to the author. The Foundation need not necessarily subscribe to them.

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