



CARF

News Bulletin

(Official Publication of the Cancer Aid & Research Foundation)

Associate Member : UICC (International Union against Cancer),
Geneva, Switzerland.

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

Journal of Clinical & Diagnostic Research(www.jcdr.net) - official research journal of CARF

Inspirational story of a cancer survivor

“The greatest accomplishment is not in never falling, but in rising again after the fall.”

- Vincent Lombardi

These are the words I'm trying to live by. My name is Molly McMaster and I'm a colon cancer survivor. I was diagnosed with Stage II colon cancer on my twenty-third birthday, February 19, 1999. Since then, I've committed myself to raising awareness of the disease that could have killed me, and has already taken the lives of many friends. I've lived in upstate New York for most of my life, but moved to Colorado to attend Colorado State University in 1995. When I first arrived, I had visions of myself skiing, rock climbing, kayaking, mountain biking-basic "Colorado thoughts." Never had I dreamed of the life that I was about to begin. Hockey! The best sport in the world! I spent four years of my life living that game and learning a lot about myself through it.

I was having the time of my life in Colorado until everything came to an abrupt halt in February of 1999. I'd been having severe abdominal pains since October of 1998, so extreme that on some days I couldn't walk. Finally, after many tears were shed, I packed the car and drove back home to New York in hopes of finding the root of my pain. It didn't take long.

I arrived in Glens Falls at 11:30 p.m. on February 11, and within twelve hours, I was in the Emergency Room with a total blockage in my large intestine. "Did I swallow a tennis ball?" I asked myself.

My doctor performed emergency surgery the next morning and removed over two feet of my large intestine and a tumour the size of his two fists. I spent the next eight days recovering and calling the hospital my home. Friday, February 19, it was my twenty-third birthday and one I'll never forget. My surgeon came to visit me that morning, and those first few moments he spent with me are still just as vivid today. He pulled the privacy curtain, sat on the edge of my bed and gripped my hand with a sweaty palm. He used big doctor words, and "cancer" words that I'd never heard before. Finally, he made it clear. The tumour he had removed was malignant. I had colon cancer. I didn't hear a single word out of my doctor's mouth for the next twenty minutes, or maybe it was only five. I don't even know. Time had stopped. Have you ever thought about what it would feel like if someone told you that you had cancer? What would you do? I was twenty-three years old and had never even considered it. My initial thought was, "I'm going to die." I'd already given up. Then I began thinking of the most perfect and painless way to kill myself. And how could this have happened to me, anyway? I wasn't at risk. It didn't run in my family. I was a healthy, twenty-three year old female, who worked out regularly, only had an occasional drink, didn't smoke or do drugs, and there I was with cancer.

During my chemotherapy, I had plenty of time to be angry at my doctor for misdiagnosing me with constipation, and I wanted to know why? I had all the symptoms and she never even tested for colon cancer. I found out later that she never asked me an

important question about my family history - "Do you have a family history of colon polyps?" Instead, she had only asked if there was a history of colon cancer. Soon after my diagnosis, I found out that my mother had a polyp removed at age 32, which meant that I should have been tested for it at age 22.

Since my diagnosis, I have met many more like me, young and misdiagnosed with colon cancer. I've made it my life's mission to raise awareness by doing "crazy things" to draw attention to the disease. During the summer of 2000, I inline skated two thousand miles from New York to Colorado, in a trip called Rolling to Recovery, and my latest stunt has been the Colossal Colon. Colon cancer is ninety percent treatable if caught early enough, and one of the only forms of cancer that can be removed before it becomes cancer, just by removing a polyp (a grapelike growth on the inside of the colon). Since the most common symptom of colon cancer is no symptom at all, everyone needs to get a colonoscopy when they turn fifty, no matter what they think their body needs.

If you are under the age of fifty and experiencing symptoms like I was, please see a doctor and be persistent. Only you know your body and only you know when something is wrong.

Today, Molly is 30 years old and over seven years cancer free. She resides in Wilton, NY and in her free time she plays with the Arctic Foxes and the Hudson River Waves women's ice hockey teams in Clifton Park, NY. She has received many awards. Molly has been able to tell her story in such publications as Parade Magazine, American Hockey Magazine and SELF Magazine, has been featured in Dave Barry's column as well as on The Today Show and Jimmy Kimmel Live! She is also currently writing a book about her experience and speaks regularly on the subject of colorectal cancer. She remains an advocate because she connects to so many different people and hopes to be able to use that connection to teach people about this highly preventable disease. (www.rollingtorecovery.com)

CARF'S NOTEWORTHY ACHIEVEMENT

Cancer Aid & Research Foundation has been approved as an Associate Member of the UICC (International Union against Cancer), Geneva, Switzerland. UICC is the leading global organization of cancer bodies shaping policies and co-ordinating efforts in the fight against cancer. It is an apex body of all the cancer organizations all over the world.



This membership is a noteworthy achievement and a matter of pride for our organization. It is also an acknowledgment of the world body of our role in the field of cancer.

Thoughts Of



Prof (Dr) Purvish M. Parikh
Prof and Chief of Medical Oncology,
Tata Memorial Hospital,
Parel, Mumbai -400 012.

Communication skills, verbal and non-verbal, are important since patients need to know about their diagnosis, prognosis, chance of disease recurrence, and options in case of treatment failure. Such information sharing, planning the management of advanced cancers and bereavement care demands effective communication.

Unfortunately busy oncologists are unable to spend sufficient time for the same. This is compounded by the fact that oncologists usually have undergone either no or insufficient training in communication skills. These factors contribute to additional stress, lack of job satisfaction and emotional burnout among the health care staff.

Psychological support can be enhanced by open communication regarding end-of-life issues. Good communication between patients and their carers will provide comfort while discussing loss and impending death, as well as aid in picking up early signs of depression and anxiety. Only careful attention to these will reinforce the medical team's commitment in ensuring comfort and relief as the illness progresses; facilitating the seamless uninterrupted transition from possibility to probability and then inevitability of death.

Oncologists and other members of the palliative team are also "at risk". Sometimes they fail to communicate with patients or ignore their requests to limit care because of the stress and emotional discomfort occurring when their patient is confronting death. They may be uncomfortable with their own mortality and hence may avoid spending additional time with dying patients. They are also likely to feel like failures when they allow a patient to die. In this regard, withholding or withdrawing life-sustaining care can be one of the most difficult actions that a physician has to take.

Breaking 'Bad News' is one of the most difficult tasks. Ability to relay difficult information requires physician competence, preparation, time and availability of a special facility to communicate this in a confidential and private manner. Formal training in communication skills will facilitate implementation and enable optimal utilisation of the wide variety of resources available on the subject.

As a rule of thumb, conversations should be open-minded and non-judgemental, compassionate and culturally sensitive. Care must be taken not to let personal prejudices and beliefs colour this discussion process. Preferences and values of patients and their surrogates need to be taken into account. Good end-of-life care should help dying patients achieve closure and find meaning in the final phase of their lives.

After a patient dies, clinicians should be familiar with generally recognized patterns of behaviour that are indicative of a normal mourning process. This knowledge may help clinicians recommend intervention of other professionals (either medical or pastoral) in a timely manner.

In conclusion, effective communication is an important and often neglected aspect in optimal patient management. Need for formal training in communication skills is being recognised only recently. It will also help the healthcare team to set goals and schedule treatment plans that are in keeping with the patient's desire, family's circumstance and their ethnic/cultural requirements. Channels for effective communication therefore needs to be set up early in the illness and strengthened as the patients' moves from palliation to the terminally ill.

MALARIA CAN TRIGGER CANCER



Malaria can trigger a rare form of cancer called Burkitt's Lymphoma, according to latest research. Some cases have already been reported from India.

In Burkitt's Lymphoma, the immune cells turn cancerous and tumours develop in the lymph nodes, often making the tongue swell and cheeks bulge. The deformities make it increasingly difficult for patients to eat.

Burkitt's Lymphoma proves fatal in parts of sub-saharan Africa where access to necessary medication remains limited. Cases have also been reported from New Guinea, Colombia and India. Scientists believe that Epstein Barr Virus (EBV), a common virus that most kids are exposed to at some point while growing up, commonly causes mononucleosis, reported the online edition of the New Scientist. This infection produces flu like symptoms and usually goes away on its own in a few weeks with the help of plenty of fluids and rest. But the virus typically remains dormant, and thus relatively harmless, in the body. Arnaud Chene and colleagues at the Karolinska Institute in Stockholm reported the findings.

(Mumbai Mirror, June 11, 2007)

2nd Annual CARF Oration 6th October, 2007

Venue :

West End Hotel, Mumbai

The Hon'ble speaker for this year's annual Oration will be the distinguished **Prof. Frans Hilgers**, Consultant Head & Neck Cancer Surgeon and Chairman Dept. Of Head & Neck Surgery and Oncology, The Netherlands Cancer Institute. Prof. Hilgers, is a pioneer in the field of Surgical Voice Restoration & Quality of Life following Laryngectomy with over 100 publications to his name.

As part of the Oration, cutting edge advances in the field of Surgical Voice Restoration & Quality of life will be discussed by the Speaker.

We are sure that this Oration will increase our understanding of the pathophysiology of oncology related voice and speech disorders, potentially leading to improved rehabilitation and / or intervention strategies.

Organizing Secretary

Dr. Rehan A. Kazi

Head & Neck Cancer Surgeon

**One who conceals grief
 finds no remedy for it**

-Turkish Proverb

Cancer Fighting Foods

Berries: The two most widely studied cancer-fighting compounds in berries are ellagic acid (richest in strawberries and raspberries) and anthocyanosides (richest in blueberries). Ellagic acid is believed to help prevent skin, bladder, lung, and breast cancers, both by acting as an antioxidant and by slowing the reproduction of cancer cells. The anthocyanosides in blueberries are currently the most powerful antioxidants known to scientists and are beneficial in the prevention of all types of cancer.

Beans: Beans contain a number of phytochemicals, which have been shown to prevent or slow genetic damage to cells. While this makes beans beneficial for helping to reduce your risk of many types of cancer, specific research has suggested they are especially potent in preventing prostate cancer. As an added bonus, the high fiber content of beans has been connected with a lower risk of digestive cancers.

Cruciferous Vegetables (broccoli, cauliflower, cabbage, kale) Cruciferous vegetables-like broccoli, cauliflower, cabbage, and kale-are rich in a variety of compounds that have been shown to slow cancer growth and development in a number of laboratory studies. Other larger human studies have shown that cruciferous vegetables can help to reduce the risk of lung, stomach, colorectal, prostate, and bladder cancers.

Grapes: Grapes and wine contain a chemical called resveratrol, which has been shown to be a potent antioxidant and anti-inflammatory agent. Resveratrol is thought to work by preventing cell damage before it begins. Red and purple grapes are the richest sources of resveratrol.

Green Tea (decaf): Green tea is a rich source of a class of flavonoids known as catechins. Laboratory studies have shown that the catechins present in green tea are able to slow or prevent the development of cancer in colon, liver, breast, and prostate cells.

Garlic (including onions, scallions, leeks, and chives): Garlic contains a number of compounds believed to slow or stop the growth of tumours. One such compound, diallyl disulfide, appears to be especially potent in protecting against skin, colon, and lung cancer, though it is not known exactly how it functions.

Flaxseed: Flaxseed in the form of oil and meal contains phytoestrogens believed to reduce the risk of breast, skin, and lung cancer. Research on the potency of flaxseed as an anti-cancer food is still underway.

islw.stanford.edu

Too many Vitamins tied to Cancer

Men who pop too many vitamins in the hope of improving their health may in fact be raising their risk of the deadliest forms of prostate cancer, especially men with a family history of the disease, researcher said.

Researchers at the National Cancer Institute found men who exceeded the recommended dose taking more than seven multivitamins a week increased the risk of advanced cancer by about 30 percent.

The researchers followed 2,95,344 men over five years to see if there was a link between multivitamin use and prostate cancer. "we didn't see any relationship with overall prostate cancer," said Dr. Micheal Leitzmann, a National Cancer Institute investigator who worked on the study.

He said the increased risk from overuse of multivitamins was linked to more aggressive cancer that has spread beyond the prostate gland or cancer that proved fatal. In men who took too many multivitamins, the risk of aggressive cancer increased by one third, and the risk of fatal prostate cancer doubled compared to those who took no multivitamins, according to the study, published in the *Journal of the National Cancer Institute*.

"We only saw the increase among the subgroup of men who used multivitamins in excessive amounts," Leitzmann said in a telephone interview. The researchers said the association was strongest in men with a family history of prostate cancer and men who also took selenium, beta-carotene or zinc supplements. Just over a quarter of a million men will be diagnosed with prostate cancer in the United States this year, but fewer than 30,000 will die of it because the tumours grow slowly. No studies have yet found that people benefit from taking multivitamin and mineral supplements, and some studies have found that vitamins like A and iron are toxic at high levels.

Beta-carotene has been found to increase the risk of lung cancer in smokers.

(DNA, May 17, 2007)

Drink Coffee and Reduce Cancer Risk

Drinking coffee appears to lower the risk of developing liver cancer, according to findings published in the medical journal *Gastroenterology*. "Data on potential beneficial effects of coffee on liver function and liver disease have accrued over the last two decades," Drs. Susanna Larsson and Alicija Wolk, from the Karolinska Institute, Stockholm, write. Several studies have found an inverse relationship between coffee consumption and liver enzymes levels that indicates a risk of chronic liver disease and cirrhosis.

The researchers therefore conducted a large review, or "meta-analysis," of published epidemiological studies to look at the association between coffee consumption and the risk of liver cancer. The meta analysis included 11 studies involving 2,260 liver cancer patients and 239,146 individuals without liver cancer who served as a comparison group. An inverse association between coffee consumption and liver cancer risk was observed in all the studies, and this association was statistically significant in six studies. For every 2 cups of coffee per day, the investigators observed a 43% reduced risk of liver cancer. "A protective effect of coffee consumption on liver cancer is biologically plausible," Larsons and Wolk point out. "Coffee contains large amount of antioxidants, such as chlorogenic acids," which combat oxidative stress and inhibit the formation of carcinogens.

Furthermore, experimental animal studies have shown that coffee and chlorogenic acids have an inhibitory effect on liver cancer.

(DNA, June 7, 2007)

Attention Readers

If there is any change in your address or if you are receiving more than one mail in two different names at the same address, we request you to kindly inform our office at the earliest.

What is cancer of

What is cancer of the colon and rectum?

The colon is the part of the digestive system where the waste material is stored. The rectum is the end of the colon adjacent to the anus. Together, they form a long, muscular tube called the large intestine (also known as the large bowel). Tumours of the colon and rectum are growths arising from the inner wall of the large intestine.

Benign tumors of the large intestine are called polyps. Malignant tumours of the large intestine are called cancers. Benign polyps do not invade nearby tissue or spread to other parts of the body. Benign polyps can be easily removed during colonoscopy, and are not life threatening. If benign polyps are not removed from the large intestine, they can become malignant (cancerous) over time. Most of the cancers of the large intestine are believed to have developed from polyps. Cancer of the colon and rectum (also referred to as colorectal cancer) can invade and damage adjacent tissues and organs. Cancer cells can also break away and spread to other parts of the body (such as liver and lung) where new tumours form. The spread of colon cancer to distant organs is called metastasis of the colon cancer. Once metastasis has occurred in colorectal cancer, a complete cure of the cancer is unlikely. The frequency of colorectal cancer varies around the world. It is common in the Western world, and is rare in Asia and Africa. In countries where the people have adopted western diets, the incidence of colorectal cancer is increasing.

What are the causes of colon cancer?

Factors that increase a person's risk of colorectal cancer include high fat intake, a family history of colorectal cancer and polyps, the presence of polyps in the large intestine, and chronic ulcerative colitis.

Diet and colon cancer

Diets high in fat are believed to predispose humans to colorectal cancer. It is believed that the breakdown products of fat metabolism lead to the formation of cancer-causing chemicals (carcinogens). Diets high in vegetables and high-fiber foods such as whole-grain breads and cereals may rid the bowel of these carcinogens and help reduce the risk of cancer.

Colon polyps and colon cancer

Doctors believe that most colon cancers develop in colon polyps. Therefore, removing benign colon polyps can prevent colorectal cancer.

Ulcerative colitis and colon cancer

Chronic ulcerative colitis causes inflammation of the inner lining of the colon. The risk of colon cancer is much higher than average for patients with chronic ulcerative colitis of long duration. The risk of colon cancer increases significantly after 10 years of colitis.

Genetics and colon cancer

A person's genetic background is an important factor in colon cancer risk. Among first-degree relatives of colon cancer patients, the lifetime risk of developing colon cancer is eighteen percent. Even though family history of colon cancer is an important risk factor, majority (80%) of colon cancers occur sporadically in patients with no family history of colon cancer.

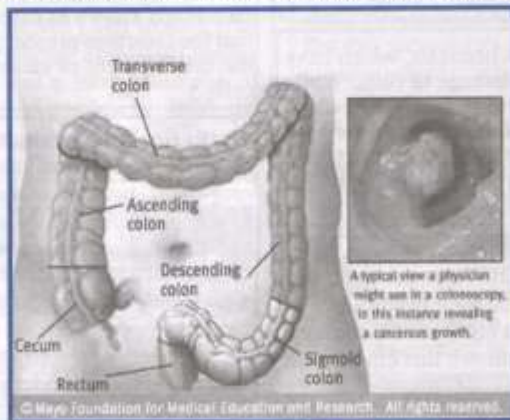
FAP (familial adenomatous polyposis) is a hereditary colon

cancer syndrome where the affected family members will develop countless numbers (hundreds, sometimes thousands) of colon polyps starting during the teens.

AFAP (attenuated familial adenomatous polyposis) is a milder version of FAP. Affected members develop less than 100 colon polyps. Nevertheless they are still at very high risk of developing colon cancers at young ages. They are also at risk of having gastric polyps and duodenal polyps.

HNPCC (hereditary nonpolyposis colon cancer) is a hereditary colon cancer syndrome where affected family members can develop colon polyps and cancers, usually in the right colon, at early ages of 30's to 40's.

MYH polyposis syndrome is a recently discovered hereditary colon cancer syndrome. Affected members typically develop 10-100 polyps occurring at around 40 years of age, and are at high risk of developing colon cancer.



What are the symptoms of colon cancer?

Symptoms of colon cancer are numerous and non-specific. They include fatigue, weakness, shortness of breath, change in bowel habits, narrow stools, diarrhoea or constipation, red or dark blood in stool, weight loss, abdominal pain, cramps, or bloating. Other conditions such as irritable bowel syndrome (spastic colon), ulcerative colitis, Crohn's disease, diverticulosis, and peptic ulcer disease can have symptoms that mimic colorectal cancer. For more information on these conditions, please read the following articles: Irritable Bowel Syndrome, Ulcerative Colitis, Crohn's Disease, Diverticulosis, and Peptic Ulcer Disease.

Colon cancer can be present for several years before symptoms develop. Symptoms vary according to where in the large bowel the tumour is located. The right colon is spacious, and cancers of the right colon can grow to large sizes before they cause any abdominal symptoms. Typically, right-sided cancers cause iron deficiency anemia due to the slow loss of blood over a long period of time. Iron deficiency anemia causes fatigue, weakness, and shortness of breath. The left colon is narrower than the right colon. Therefore, cancers of the left colon are more likely to cause partial or complete bowel obstruction. Cancers causing partial bowel obstruction can cause symptoms of constipation, narrowed stool, diarrhoea, abdominal pains, cramps, and bloating. Bright red blood in the stool may also indicate a growth near the end of the left colon or rectum.

What tests can be done to detect colon cancer?

When colon cancer is suspected, either a lower GI series (barium enema x-ray) or colonoscopy is performed to confirm the diagnosis and to localize the tumour.

A barium enema involves taking x-rays of the colon and the rectum after the patient is given an enema with a white, chalky liquid containing barium. The barium outlines the large intestines on the x-rays. Tumours and other abnormalities appear as dark shadows on the x-rays.

Colonoscopy is a procedure whereby a doctor inserts a long, flexible viewing tube into the rectum for the purpose of inspecting the inside of the entire colon. Colonoscopy is generally considered more accurate than barium enema x-rays, especially in detecting

the colon and rectum?

small polyps. If colon polyps are found, they are usually removed through the colonoscope and sent to the pathologist. The pathologist examines the polyps under the microscope to check for cancer. While the majority of the polyps removed through the colonoscopes are benign, many are precancerous. Removal of precancerous polyps prevents the future development of colon cancer from these polyps.

If cancerous growths are found during colonoscopy, small tissue samples (biopsies) can be obtained and examined under the microscope to confirm the diagnosis. If colon cancer is confirmed by a biopsy, staging examinations are performed to determine whether the cancer has already spread to other organs. Since colorectal cancer tends to spread to the lungs and the liver, staging tests usually include chest x-rays, ultrasonography, or a CAT scan of the lungs, liver, and abdomen. Sometimes, the doctor may obtain a blood test for CEA

(carcinoembryonic antigen). CEA is a substance produced by some cancer cells. It is sometimes found in high levels in patients with colorectal cancer, especially when the disease has spread.

What are the treatments and survival for colon cancer?

Surgery is the most common treatment for colorectal cancer. During surgery, the tumour, a small margin of the surrounding healthy bowel, and adjacent lymph nodes are removed. The surgeon then reconnects the healthy sections of the bowel. In patients with rectal cancer, the rectum is permanently removed. The surgeon then creates an opening (colostomy) on the abdomen wall through which solid waste in the colon is excreted. Specially trained nurses (enterostomal therapists) can help patients adjust to colostomies, and most patients with colostomies return to a normal lifestyle.

The long term prognosis after surgery depends on whether the cancer has spread to other organs (metastasis). The risk of metastasis is proportional to the depth of penetration of the cancer into the bowel wall. In patients with early colon cancer which is limited to the superficial layer of the bowel wall, surgery is often the only treatment needed. These patients can experience long term survival in excess of eighty percent. In patients with advanced colon cancer, wherein the tumour has penetrated beyond the bowel wall and there is evidence of metastasis to distant organs, the five year survival rate is less than ten percent. In some patients, there is no evidence of distant metastasis at the time of surgery, but the cancer has penetrated deeply into the colon wall, or reached adjacent lymph nodes. These patients are at risk of tumour recurrence either locally or in distant organs. Chemotherapy in these patients may delay tumour recurrence and improve survival.

Chemotherapy is the use of medications to kill cancer cells. It is a systemic therapy, meaning that the medication travels throughout the body to destroy cancer cells. After colon cancer surgery, some patients may harbour microscopic metastasis (small foci of cancer cells that cannot be detected). Chemotherapy is given shortly after surgery to destroy these microscopic cells.

Radiation therapy in colorectal cancer has been limited to treating

cancer of the rectum. There is a decreased local recurrence of rectal cancer in patients receiving radiation either prior to or after surgery.

Other treatments have included the use of localized infusion of chemotherapeutic agents into the liver, the most common site of metastasis. Additional experimental agents considered for the treatment of colon cancer include the use of cancer-seeking antibodies bound to cancer fighting drugs.

Other treatments attempt to boost the immune system, the body's own defense system, in an effort to more effectively attack and control colon cancer. In patients who are poor surgical risks, but who have large tumours which are causing obstruction or bleeding, laser treatment can be used to destroy cancerous tissue and relieve associated symptoms. Still other experimental agents include the use of photodynamic therapy. In this treatment, a light sensitive agent is taken up by the tumour which can then be activated to cause tumour destruction.

Colon Cancer at a glance

Colorectal cancer is a malignant tumour arising from the inner wall of the large intestine.

Colorectal cancer is the third leading cause of cancer in males, fourth in females in the U.S.

Risk factors for colorectal cancer include heredity, colon polyps, and long standing ulcerative colitis.

Most colorectal cancers develop from polyps. Removal of colon polyps can prevent colorectal cancer.

Colon polyps and early cancer can have no symptoms. Therefore regular screening is important.

Diagnosis of colorectal cancer can be made by barium enema or by colonoscopy with biopsy confirmation of cancer tissue.

Treatment of colorectal cancer depends on the location, size, and extent of cancer spread, as well as the age and health of the patient.

Surgery is the most common treatment for colorectal cancer.

What is the follow-up care for colon cancer?

Follow-up exams are important after treatment for colon cancer. Follow-up exams include a physical examination by the doctor, blood tests of liver enzymes, chest x-rays, CAT scans of the abdomen and pelvis, colonoscopies, and blood CEA levels.

What does the future hold for patients with colorectal cancer?

Colon cancer remains a major cause of death and disease, especially in the Western world. A clear understanding of the causes and course of the disease is emerging. This has allowed for recommendations regarding screening for and prevention of this disease. The removal of colon polyps helps prevent colon cancer. Early detection of colon cancer can improve the chances of a cure and overall survival. Treatment remains unsatisfactory for advanced disease, but research in this area remains strong and newer treatments continue to emerge. New and exciting preventive measures have recently focused on the possible beneficial effects of aspirin or other anti-inflammatory agents. In trials, the use of these agents has markedly limited colon cancer formation in several experimental models. Other agents being evaluated to prevent colon cancer include calcium, selenium, and vitamins A, C, and E. More studies are needed before these agents can be recommended for widespread use by the public to prevent colon cancer.

How does exercise help prevent colon cancer?

Your large intestine is kind of like a sewage plant. It recycles the stuff your body can use and stores the waste for disposal. The longer waste sits in the colon or rectum, the longer toxic materials have to leach out of the solidifying stool and back into your tissues. Exercise gets your body moving, which gets the waste in your body moving. This is because exercise stimulates peristalsis, a wave-like muscular contraction that helps push waste through your colon. Research indicates that exercising can decrease colon cancer risk by up to 40%. Exercise also tends to reduce the incidence of other risk factors for colon cancer, like obesity and diabetes.

[Http://www.medicinenet.com](http://www.medicinenet.com)

Morning sickness means low cancer risk

If there's any good news about morning sickness, this may be it. Women who experience nausea and vomiting during pregnancy may have a lower risk of breast cancer later in life, according to new research. Dr. Jo Freudenheim from the university at Buffalo in New York reported the finding at the annual meeting of the Society for Epidemiologic Research. Freudenheim and her colleagues interviewed 1,001 women with recently diagnosed breast cancer. Pregnancy associated nausea and vomiting was associated with about a 30% lower risk of breast cancer. Greater severity and longer duration of the symptoms reduced the risk even further.

(The Times of India, June 25, 2007)

An aspirin a day can also lower bowel cancer risk

Daily use of aspirin could cut the risk of getting bowel cancer by more than a third, say researchers. An Oxford university study showed that taking one 300mg tablet a day for more than five years reduced incidence of the disease, which kills nearly 16,000 people a year in Britain. Millions are already taking small doses of aspirin every day to reduce the chance of suffering a second heart attack or stroke. However, the painkiller can have serious side-effects, including stomach bleedings. As a result, the researchers warned in the Lancet medical journal that widespread use of aspirin as a preventive treatment against bowel cancer was not recommended. But they argued that the potential benefits might outweigh the dangers for those at increased risk of the disease through family history or other factors.

(The Times of India, May 12,

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 : Ms. Tabassum :2300 5000

e-mail:cancerarfoundation@yahoo.com

FREE CANCER INFORMATION LEAFLETS & POSTERS

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

If you wish to avail of these leaflets & posters, please call us at the numbers given below and we will be glad to send them to you.

Contact : Ms. Tabassum : 2300 5000 / 7000

New treatment for child leukaemia

A prototype method of treating infants with a form of leukaemia boosts their chances of survival compared with the standard drug regimen, according to a paper published in next Saturday's Lancet. In general, children with acute lymphoblastic leukaemia have a good chance of survival - about 80% today, compared with only 10% 40 years ago. But this success rate drops significantly in infants aged under 12 months, where it fails to a range of 17-45%.

(The Times of India, July 21, 2007)

Smoking could ruin your sex life

Smoking could ruin your sex life as it can increase the risk of erectile dysfunction among men, says a new study. And the more cigarettes smoked, the greater the risk, found the research that studied 7,684 men between the ages of 35-74.

The researcher led by Jiang He, professor of epidemiology at the



Tulane University School of Public Health and Tropical Medicine in New Orleans, examined the association between cigarette smoking and erectile dysfunction. They used questionnaires to assess the participants - none of whom had vascular disease.

The study found that there was a significant statistical link between the number of cigarettes that men smoked and the likelihood of them experiencing erectile dysfunction, reported science portal EurekAlert.

The link between smoking and erectile dysfunction was even stronger in participants with diabetes. Although erectile dysfunction is not a life-threatening condition, it compromises well-being and quality of life.

Smoking is already known for causing 87 per cent of lung cancer deaths. It is also responsible for many other cancers and health problems.

(Mumbai Mirror, July 29, 2007)

CARF'S 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. The Club has a library well stocked with leaflets, posters and videos on larynx cancer. The Club also has a national advice help line on valve related issues. 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)

We at CARF are honoured by the visit of.....



Smt. Meira Kumar, Honourable Union Minister, Social Justice & Empowerment, Govt. Of India, New Delhi



Noted film actor Irfan Khan and his wife



Mr. Simon Colings (L) C.E.O. The Resource Alliance, London & Shri. Khobragade Uttam (M) General Manager, B.E.S.T



Noted Marathi film actors Ms. Vibhavari Pradhan & Pandharinath Kamble (Paddy)



Mrs. Sanjana Ghadi, Director, Mumbai Co-op Bank Ltd.

AN APPEAL

Please donate generously and help CARF save the lives of poor & needy cancer patients.

*"We make a living by what we get
We make a life by what we give"*

- Winston Churchill



Mr. Sami Khatib (L) President Anjuman- I-Islam and Mrs. Neelam Fazal Master (R), Treasurer , Cancer Aid Foundation - Kokan, addressing a gathering of male & female well-wishers of CARF respectively

Drawing Competition for a cause



Greeting card making competition was organized at CARF. These cards will be presented to cancer patients on September 22, The World Rose Day.

Congratulations

*to
Prof. A. A. Kazi
from
The Management
& Staff of CARF*



Prof. A. A. Kazi, Chairman, Cancer Aid & Research Foundation being awarded *Eakta Forum Award* for Social Service at the hands of Shri. Vilasrao Deshmukh, Hon'ble. Chief Minister, Maharashtra State.

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
- ✓ Funding and services for cancer treatment including Surgery, Radiotherapy and Chemotherapy
- ✓ Cancer Research
- ✓ Cancer Education through CARF News Bulletin, Patient information leaflets and e-news letter.
- ✓ Cancer screening and Detection Programme.
- ✓ Anti tobacco and cancer advocacy.
- ✓ Free ambulance service provided to patients all over Mumbai / Thane dist.
- ✓ Counselling for cancer patients/their families and cancer hotline



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