



CARF

News Bulletin

(Official Publication of the Cancer Aid & Research Foundation)

Associate Member :

- UICC (International Union against Cancer), Geneva, Switzerland
- INCTR (International Network for Cancer Treatment and Research), Brussels - Belgium

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

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

The big FAT truth about **CANCER**

Doctors have long feared that being fat can give you cancer. But medical studies have confirmed it. Nearly a quarter of women in the world are obese and a third overweight. And the number increases as you get older, with 68 per cent of women aged between 55-64,

overweight or obese. Women defined as overweight have a body mass index between 25 and 29.9, while a BMI of 30 or more is considered obese. The relationship between BMI and cancer risk depends on age - the older you get, the more damaging the effects of being overweight.

HOW MUCH IS TOO MUCH?

The bad news is you don't have to be obese to be at an increased risk of cancer. Just being overweight with a BMI of 25-29 is dangerous.

WHAT HAPPENS?

Obesity causes the body to produce more of the hormone oestrogen - an excess of which is linked to breast and ovarian cancer. Being fat also leads to an increase in insulin and this hormone also seems to encourage the growth of cancers.

WHICH CANCERS ARE TRIGGERED BY IT?

Breast
Weight gain any time after 35 is linked to breast cancer in post-menopausal women. This is because when a woman's ovaries shut down after the menopause, fat cells become the main source of oestrogen production. So, heavier women are exposed to more oestrogen than before, which can fuel the growth of abnormal breast cells.

Ovarian

Obese women have a two to four times greater risk of developing ovarian cancer than women of a healthy weight. Those who are obese get more aggressive cancers and are likely to die from the disease.

Cervical

Survival rates from cervical cancer are much lower among obese women than among their thinner counterparts.

Colon

Apple-shaped women, who store fat around their tummies, are more likely to have problems than the pear-shaped, who store fat on their hips and bottoms.

Oesophageal

Excess weight is a major risk factor in oesophageal cancer, with half of all cases caused by excess body fat. If your BMI is

over 30 you have twice the risk.

Kidney

Doctors attribute more than a quarter of all kidney cancers to excess body weight. Obese women have two to four times the risk of slim women.

Gallbladder

An increased danger of gall bladder cancer has been found in obese women. This may be due to the higher frequency of gallstones in overweight women. They are considered a strong factor for developing cancer.

Lung

Although smoking is by far the biggest risk factor, women whose BMI is in excess of 30 are twice as likely to develop the disease as those below 30.

Liver cancer

If you have a BMI of 30 or more, you have an increased likelihood of liver cirrhosis (a pre-cancerous condition) and you're four times more likely to develop liver cancer.

Thyroid

This cancer occurs three times more often in women than men - specifically younger women of child-bearing age. Although its causes are uncertain, scientists believe high body fat may be a risk factor.

(Mumbai Mirror, November 20, 2007)



CARF - Associate Member of **INC**TR

We are pleased to announce that CARF has been approved as an associate member of INCTR (International Network for Cancer Treatment and Research).

INCTR is dedicated to helping build capacity for cancer treatment and research in countries in which such facilities are presently limited. The aim is to create a foundation on which to build strategies designed to lessen the suffering, reduce the number of lives lost, and promote the highest quality of life for children and adults in these countries who are unfortunately struck by cancer and increase the quantity and quality of cancer research throughout the world.

The INCTR is located at the Institut Pasteur in Brussels. It currently has branches in the USA, France, Brazil, Egypt and Nepal and offices in the UK, India and Tanzania.

Thoughts Of



Dr Pilloo P. Hakim

**M.S. (ENT); FRCS (LON.); DLO (LON.);
Prof. Emeritus, Dept of ENT &
Head & Neck Oncology,
Sir J.J. Group of Hospitals and
Grant Medical College, Mumbai.**

The word '**CANCER**' instills fear in people, but today it should be approached as a curable disease, provided it is detected early and treated in a correct manner. It is this concept which needs to reach the public, giving them courage to complete the necessary treatment.

It is the cancer based support groups like Indian Cancer Society, CARF and CPAA, which are in the best position to do this. Having worked with all three, one realizes their total commitment to the cause. All of them aim at creating an awareness, rendering financial aid and rehabilitation. However, each NGO works individually, often duplicating activities. Co-ordination is necessary for them to reach a common goal.

Head & Neck Cancer is common in India, and being tobacco-related, is largely preventable. Though easily detectable, the majority of cases reach the hospital in an advanced stage of the disease.

Being in this field over the past 35 years, and having treated many patients through a Government Hospital, one realizes where the lacunae lie:

- 1) Foremost is the delay between diagnosis and treatment, mainly due to emotional distress, which leads patients to consult practitioners of Alternate Medicine and quacks. Financial constraints often compound the problem.
- 2) Rehabilitation has only recently come into focus, and needs to continue to maintain a good quality of life for the patient.
- 3) There is inadequate documentation of cancer patients.
- 4) In spite of a large number of cancer patients in India, there have been few clinical trials of any standing, nor any path-breaking research in this field.

My personal view is that maximum benefit to cancer patients would come from a trained team of dedicated social workers, to see that a cancer patient once diagnosed, follows the given line of treatment, through to the end.

Treatment-compliance needs to be ensured by financial-aid, which is ably being done by NGOs

Activities of NGOs should include :-

- surveys and documentation of cancer patients;
- contribution towards training programmes and workshops for personnel involved in Cancer Management;
- Funding clinical trials in association with pharmaceutical companies;
- Talks on prevention and ill-effects of tobacco related habits, tobacco, gutka and smoking, particularly in school children.

Let the aim of this century be prevention, early detection and improved quality of life go together with research to eradicate the scourge of cancer.

Mumbaikar develops anti-cancer gene in US

Vivek Rangnekar, one of Mumbai's own who is now settled in the US, has created the world's first breed of super mice that are resistant to cancer, even the highly aggressive forms. Dr. Rangnekar, professor of radiation medicine at the University of Kentucky, who spent over 25 years of his life in Matunga, a central Mumbai suburb, created the breed with a more active tumour-suppressor Par-4 gene. Carrying this gene made them completely invulnerable to cancer. Not only did they not develop tumours, they even lived longer than the control animals, indicating that they had no toxic side-effects. Reporting this breakthrough in the journal *Cancer Research*, Dr. Rangnekar, who studied at Don Bos School and the Indian Education Society School a Dadar, said the gene offered the potential, unlike most other cancer treatments, of destroying cancer cells without harming normal cells. Rangnekar told *TOI*, "We found that these mice with the super protein killed the cancer cells which were produced inside their body, both artificially and spontaneously. What's most exciting is that through our cell culture studies, we know that this killer gene only destroys cancer cells. It does not harm normal cells at all and there are very few such molecules in both animals and humans." Rangnekar, who completed his bachelors from M V College in Andheri, his masters from Harkisondas Hospital and PhD from Bombay University before completing his post-doctoral studies from the University of Chicago, now plans to breed these super mice with other types of animals that are prone to cancers of the lung, breast and colon to see if they become resistant to these cancers.

(Times of India, November 29, 2007)

Thankyou Donors



Rupesh Deshmukh is a 5 year old boy from Latur suffering from Acute Lymphoblastic Leukemia (a type of blood cancer).

After some initial treatment, due to dire poverty, his parents gave up on his treatment. His uncle Mr. Ankush Deshmukh, a poor farmer himself took up the challenge and brought him to Mumbai and thanks to financial help given by CARF was able to re-start his treatment at Bai Jerbai Wadia Hospital under Dr. Nirav Buch and Bharat Agarwal.

He has successfully undergone the chemotherapy cycles and will soon be on maintenance therapy.

Thanks dear donors, it is only due to your generous support and help he is on the road to recovery.

Leukaemia

Leukaemia is a type of cancer which affects the blood cells. In the UK, leukaemia is the 12th most common cancer in adults, affecting more men than women. It is the most common cancer in children.

Cancer

The building blocks of the body are cells, which normally repair and reproduce in a controlled process. With cancer, this process goes wrong and cells divide and grow in an uncontrolled way. The body is made up of many different types of cells, such as skin, nerve, muscle and blood cells. With leukaemia, it is white blood cells that are affected.

About leukaemia

White blood cells are produced by the bone marrow, the soft spongy centre of bones. They then pass from the bone marrow into the blood stream and lymph system. White blood cells are involved in various functions of the immune system (the body's defence system), which protects the body from infections. In leukaemia, some blood cells do not grow properly, but remain within the bone marrow and continue to reproduce in an uncontrolled way. These cells fill up the bone marrow and prevent it from making healthy white blood cells. This means the body is less able to fight off infections.

The bone marrow is also able to make other types of blood cells, such as red blood cells and platelets. Problems can result from a reduction in number of these cells. For example, a lack of red blood cells leads to anaemia, which can result in breathlessness and fatigue. A lack of platelets can lead to problems with the blood-clotting system, resulting in bruising.

Leukaemia is the most common cancer in children, but cancer is generally rare in children, and leukaemia affects nine times as many adults as children.

Types of leukaemia

There are many types of leukaemia, named depending on the type of white blood cell affected, and how quickly the disease develops. Only the common types are discussed here.

The two main types of leukaemia are acute and chronic. **Acute leukaemia** tends to affect younger people. The symptoms develop rapidly, and it can quite quickly become life-threatening if not treated. The most common form affects white blood cells called lymphocytes. This is called acute lymphocytic leukaemia (ALL).

Chronic leukaemia tends to affect older people. The disease gets worse slowly and has a more prolonged progression. With chronic leukaemia, the white blood cells are almost fully grown and normal when they enter the blood stream. They can function, but not as well as they should do. One type of leukaemia called chronic myeloid leukaemia (CML) affects a particular type of white blood cells called myeloid cells. It has two phases, a chronic phase that may last several

years, during which symptoms develop slowly, followed by a more aggressive phase (accelerated phase), where symptoms become rapidly worse.

What causes leukaemia?

The cause of most cases of leukaemia is not known, although there are some risk factors that increase the chance of developing the disease. These include:

A weakened immune system - this may be a result of drugs that suppress the immune system (such as those used for organ transplants), high doses of radiation (such as in radiotherapy for another cancer), or diseases that affect the immune system (such as HIV)

- Age - chronic leukaemias are more common over the age of 40
 - Smoking
 - Certain genetic conditions, such as Down's syndrome
 - Previous chemotherapy for another cancer
 - Other blood disorders, such as aplastic anaemia, a rare condition where the bone marrow fails to produce blood cells correctly
- Contact with a chemical called benzene, one of the chemicals in petrol and a solvent used in the rubber and plastics industry

Symptoms of leukaemia

The symptoms of leukaemia vary greatly, depending on the exact type of disease and how advanced it is. Few or no symptoms may occur in the early stages, especially in people with chronic leukaemia. Many symptoms are vague, such as fever, headaches, weight loss and night sweats.

Symptoms of leukaemia may include:

- Tiredness, breathlessness and pale skin (due to anaemia reduction in number of red cells in the blood)
- Frequent infections that do not get better (due to reduction in white blood cells, which fight infection)
- Abnormal bleeding from gums and cuts (due to a reduction in platelets which are important for normal blood clotting)
- Increased bruising (due to platelet reduction)
- Heavier periods in women (due to platelet reduction)
- Nosebleeds (due to platelet reduction)
- Abdominal pain, due to an enlarged spleen or liver
- Swollen lymph glands (glands in the neck, groin and under the arms)
- Bone pain, due to the pressure of cell build-up

- Swollen gums, and occasionally, swollen testicles

Diagnosis

Leukaemia can be diagnosed from a blood test to measure the number of blood cells and look for any abnormal cells. People with suspected leukaemia are referred to a specialist doctor, usually a haematologist (an expert in the treatment of blood disorders).

Other tests are often performed to investigate the type of leukaemia and how far it has progressed. These include blood tests, X-rays, CT scans, removal of bone marrow for microscopic analysis and genetic analysis of the abnormal cells. These tests are all very important because they help guide the treatment.

Diagnosis, investigation, treatment and follow-up for people with leukaemia usually takes place at specialist centres, in hospitals.

Treatment

The effectiveness of treatment for leukaemia depends on the type and stage of the disease. Acute leukaemia often goes into remission (the symptoms go away; the disease is under control but not necessarily cured). However, many people with acute leukaemia have a relapse (the disease returns).

Chronic leukaemias develop more slowly than the acute types, but respond less well to chemotherapy and are rarely cured.

Acute leukaemia

Acute leukaemia is treated with chemotherapy to destroy the abnormal cancer cells. Mixtures of drugs are given into a vein in a series of treatment courses.

Medicines are available which reduce the side-effects of chemotherapy such as nausea. Hair may fall out during treatment but it re-grows once the chemotherapy has stopped. Some people may be able to use "cold caps" which cool the scalp and help prevent hair loss.

If the leukaemia returns (relapses), intensive treatment may be given. This involves a bone marrow or a stem cell transplant. Bone marrow or stem cell transplants allow much higher doses of chemotherapy to be given.

Before transplantation, very high doses of chemotherapy and sometimes radiotherapy are given to destroy all the bone marrow, both abnormal and normal. This improves the chance of completely curing the leukaemia.

Then normal bone marrow cells, donated from a close relative or carefully removed from the person's own bone marrow, are infused into the bloodstream with a drip.

Stem cell transplant involves transplanting stem cells (the most basic type of cell, from which all types of blood cells develop), rather than bone marrow cells. Stem cells can be harvested (collected) from a leukaemia patient's own blood or from a donor. New alternatives, which are currently experimental, include harvesting stem cells from umbilical cord blood or placentas of new born babies.

Chronic leukaemia

Treatment for chronic leukaemia depends on its type and stage. Often treatment is not started unless there are symptoms. In the early stage, treatment aims to control symptoms by reducing the number of abnormal cells in the blood.

Biological therapy may be an option for certain types of leukaemia, such as chronic myeloid leukaemia (CML). This involves treatment with natural substances (such as a protein called interferon alfa that helps the immune system fight leukaemia).

As the condition becomes more advanced, treatment may consist of mild chemotherapy, blood transfusion and antibiotics for infections. Some evidence indicates that in chronic myeloid leukaemia, bone marrow transplantation can prolong life if performed during its chronic phase.

Another available treatment is monoclonal antibodies. Antibodies are proteins that are produced by certain cells in response to infection. They usually attach themselves to bacteria or viruses and help to destroy them. A type of specifically manufactured monoclonal antibody that recognises and selectively destroys leukaemia cells can be infused into the body. An example is alemtuzumab (MabCampath), which is used to treat chronic lymphocytic leukaemia (CLL)

<http://hcd2.bupa.co.uk>

JOIN US

Being a member of the CARF team is a unique opportunity to put your special talents to work for the good of others, in an innovative and people-centered professional environment. Everyone who works with CARF has a role in saving lives. You too, can make a difference and an important personal commitment to the people in your community and around India who courageously fight cancer everyday.

Would you like to be part of our work? We would love to have you join us.

Why volunteer ?

Volunteering for the CARF means you have an opportunity to save lives and fulfill your own. When you volunteer, you can:

- Make a meaningful difference in your community
- Help cancer patients and their families
- Have flexible options and opportunities that fit your schedule
- Build relationships and networks that last a lifetime
- Learn and grow personally and professionally
- Involve your family and friends.

Contact : Ms. Tabassum :2300 5000

e-mail:cancerarfoundation@yahoo.com

PILLS MADE FROM RICE, BERRIES MAY HELP FIGHT CANCER

British scientists are studying four different pills made from isolated chemical compounds in Thai sticky rice, bilberries, red wine and spices that may help prevent cancer.

Professor Will Steward, a cancer and molecular medicine expert, said the compounds appear to reduce the risk of cancer in some people and that their study was the latest step in the fight to find drugs that stop cells becoming malignant.

The compounds are tricetin, found in Thai sticky rice, resveratrol from red wine, curcumin found in turmeric, and anthocyanins groups of antioxidants derived from bilberries. They may prevent tumours in breast, colon and prostate, reported the online edition of Daily Mail.

Steward's work at the University of Leicester is based on evidence that villagers in Thailand, who eat a lot of sticky rice, are less likely to develop breast cancer.

"We know they are safe to use but we want to establish if they are effective in humans," Steward said.

"We want to be more scientific about developing a tablet that can have an effect by focusing on the chemical compound that already appears to reduce the risk in some people." The pills should be available in the market by 2010.

(Mumbai Mirror, October 4, 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 (Manager PR - CARF)



CARF wishes all its
readers a very happy
and prosperous
New Year



FRUIT COMPOUND FIGHTS HEAD & NECK CANCER

Lupeol, a compound in fruits like mangoes, grapes and strawberries, appears to be effective in killing and curbing the spread of cancer cells in the head and neck, a study in Hong Kong has found.

An experiment with mice showed lupeol worked most effectively with chemotherapy drugs and had almost no side effects, scientists at the University of Hong Kong said in a report published in the September issue of the journal Cancer Research. It can suppress the movement of cancer cells and suppress their growth and it is found to be even more effective than conventional drugs (eg. cisplatin), said Anthony Yuen, a professor at the University of Hong Kong's surgery department. It's even more effective if we combine it with chemotherapy drugs, and has very little side effects," he said.

The team plans another round of animal test and hopes to proceed eventually to human clinical trials, though it would not commit itself to a time frame. Head and neck cancers involve cancers of the nose, oral cavity, throat, voice box, thyroid and salivary glands and they more commonly afflict Asians than Westerners.

Some of the risk factors include smoking, excessive alcohol consumption, chewing betelnut and diets rich in preserved foods, like salted fish. Such cancers are difficult to treat. Fifty percent of victims are typically diagnosed in advanced stages, when cure rates would be so low they would be considered inoperable. Surgeries on the head and neck are always difficult because they involve the removal of large areas of diseased skin and soft tissues and surgeons need to first figure out how to cover up these open wounds before they can try to excise the tumours.

Yuen said lupeol also found in vegetables, olive seed, figs and saw palmeto appeared to block a natural protein NFkB, which helps cells repair and grow, even cancer cells. In the experiment, Lupeol was given to mice infected with malignant head and neck cancer cells. From the animals models, not only did it suppress the spread, the tumour got smaller. Compared to conventional drugs, lupeol reduced the size of the tumour far faster, said Terence Lee, another member of the research team. Conventional drugs made the mice a lot thinner, but lupeol mice retained their bulk. Emaciation is usually viewed as a bad sign in the fight against cancer. Yuen hopes lupeol can be applied to other cancers that are similarly dependent on the NFkB protein to grow and spread. It may be possible to use (lupeol) in other cancers because it is able to suppress the NFkB protein, which is activated in many cancers like prostate cancer, breast cancer, liver cancer, Yuen said.

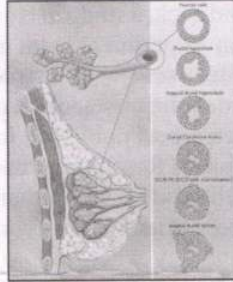
(The Free Press Journal, October 17, 2007)



If breast cancer detected early, 98% Survive

As many as 98 out of every 100 women, whose breast cancer is detected while the lump is still very small, survive the disease.

According to a new study that emphasises on early detection of breast cancer, scientists from Australia's National Breast Cancer Centre have found that women whose cancers were 10 mm or less in diameter had a 98% chance of passing the five-year survival milestone. But this survival rate



decreased to 73% for women with the tumour that is 30 mm or more in diameter and to 49% for women with advanced cancer.

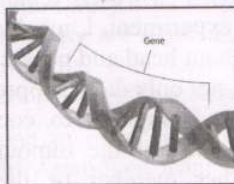
Indira Jasuja, president of Cancer Sahayog India, said: "Women actually have a better chance of surviving breast cancer if they are over 40 years old when diagnosed. Early diagnosis is vital in such a disease. Every 20 women in a 1,000 women in India are suffering from breast cancer."

The Australian study examined 10,000 women diagnosed with breast cancer in 1997. For younger women, those with cancers 10 mm or less had a 95% survival rate while those whose growths had passed 30 mm had only a 67% chance of survival.

(The Times of India, October 4, 2007)

Genes that slow both ageing and cancer found

Researchers in the US have identified a batch of genes that not only prevent cancer but slow the ageing process in worms, and say they are now looking to see if the genes have the same properties in humans. Many of the genes in the worms are already known to have counterparts in humans, and the team at the University of California, San Francisco, say they hope to better understand some of the processes that ageing and that mimic the cause both genes might help people both avoid cancer and also live longer,



they wrote in Sunday's issue of the journal Nature Genetics. Biologist Cynthia Kenyon is perhaps best known for discovering that a change in just one gene, called daf-2, could double the life span of small roundworms called *Caenorhabditis elegans*. She and graduate student Julie Pinkston-Gosse screened as many genes as they could that were affected by daf-2. They looked at 734 in total, and found that 29 of them either stimulated tumour growth or suppressed it. (The Times of India, October 16, 2007)

Expert discovers test to shorten cancer treatment

An Australian scientist has created a world first chemotherapy test that could help save the lives of millions of cancer patients as well as shorten their treatment, the University of New South Wales said on Monday. Phillip Hogg, a professor and co-director of the university's Lowy Cancer Research Institute, has developed a dye that allows doctors to determine if chemotherapy treatments are working just 24 hours after they have begun. Cancer patients now have to wait for up to six months before they find out if the painful treatment process is actually killing cancer cells. Often, if the first round of chemotherapy does not work, new combinations of drugs are prescribed and the process begins again. "The process, as it stands now, means cancer patients go through a lot of trauma and many don't have the time to waste on ineffective therapies," Hogg told Kyodo News.

(The Times of India, October 9, 2007)

DNA test could detect cervical cancer early

A DNA test for the virus that causes cervical cancer helps detect potentially dangerous lesions earlier than the commonly used papsmear technique, Dutch researchers said on Thursday. The test could mean fewer screenings for women and ensure that they receive earlier treatment for lesions that might lead to cancer, they said in Lancet. "It is a better test because you pick up more lesions," Chris Meijer, a pathologist at VU University Medical Centre in Amsterdam, said. "And because you pick them up earlier, you have more time to treat the women." The DNA test screens for evidence of infection by high-risk types of the human papillomavirus that cause cervical cancer. The study suggests the DNA test is better at indicating which women are at risk of precancerous lesions and should therefore have a biopsy, Meijer said.

(The Times of India, October 5, 2007)

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

CARF Visited by



Prof. Frans Hilgers (C) Chairman, Dept. of Head & Neck Surgery, The Netherlands Cancer Institute



Noted film & theatre personality Ms. Dolly Thakore

Mr. Qadeer Baig, Country Representative, Pakistan World Population Foundation, Islamabad

Shri Bhanudas Borale (C) Education officer, B.M.C. Mumbai



2nd
C
A
R
F
Oration



The 2nd CARF Oration was held at Hotel Westend, Mumbai on 6th October, 2007. Eminent Doctors from all over Mumbai were present. On this occasion, Dr. Rehan Kazi's book "Voice Prosthesis, A Multidimensional Assessment of Post Laryngectomy Speech" was released by Prof. Frans Hilgers

Meet Our Staff



Dr. Rizwana Shaikh

Manager
(Public Relation Dept.)

Dr. Rizwana gets immense satisfaction when she sees a smile on the face of cancer patients who are on the road to recovery.

Dr. Rizwana who is with CARF since the last two years said "Different kinds of patients walk in for financial help. Most of them are so poor and illiterate that they are not even aware of the seriousness of the situation. Seeing small children suffer breaks my heart but at the same time it encourages me to help them get back the smile on their faces."

Cancer treatment being very expensive can be a big drain on the purse. She remembers a simple man bring his wife who was suffering from cancer of the ovary to CARF for help. He returned a very satisfied and happy man, after his wife responded positively to the treatment and her reports were normal. He expressed his gratitude very humbly by offering his honorary services in any which way to CARF.

Dr. Rizwana concludes by saying "I wish to thank Prof. A. A. Kazi, Chairman, CARF and Dr. Rehan Kazi, Head & Neck cancer surgeon (Sec-General, CARF) for having so much faith in me and encouraging me to give in my best. And also my parents for all their support"

"When one door of happiness closes, another opens, but often we look so long at the closed door that we do not see the one that has been opened for us. -Helen Keller

Congratulations to
Dr. Rehan A. Kazi, Head & Neck Cancer Surgeon, Secretary General - CARF for being appointed as **Asst. Prof. - Grant Medical College & Sir J. J. Hospital, Mumbai.**



In addition Dr. Kazi is also elected as a member of the Royal College of Physician and Surgeons of Glasgow (MRCPS- Glasgow)

DIPLOMA IN OTOLARYNGOLOGY HEAD & NECK SURGERY (DOHNS)

CANCER AID & RESEARCH FOUNDATION pleased to announce for the very first time in Asia the preparatory course for the **DIPLOMA IN OTOLARYNGOLOGY HEAD & NECK SURGERY (DOHNS)** exam, conducted by Royal College of Surgeons, England. Faculty will include renowned Specialists from U.K. and India.

This course which will be held at Saifee Hospital from **7th to 9th March, 2008**, offers young trainees in ENT an excellent value 3 - day training & revision for this prestigious exam.

For further information and registration contact:

Dr. Rehan A. Kazi

MS, DNB, DLORCS (Eng), DOHNS (Eng), MRCPs (Glasgow), PhD (London)
UICC fellow

Head & Neck Cancer Surgeon

Email : drrehankazi@gmail.com : Mobile : 9819988111

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



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.**
Tel. No :091-22-2300 5000. TeleFax: 23008000

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

- Chief Editor: Dr. Rehan A. Kazi - Head & Neck Cancer Surgeon, MS, DNB, DLORCS (Eng), DOHNS (Eng), PhD (Lon) • Sr. Editor: Mrs. Shahina Kara
- Publisher: CEO : Ms. K. S. Syed • Asstt. Manager (Publicity & Publication) : Ms. Tabassum Khan • Photography: Mr. Shahnawaz Ukaye
- Layout: Mr. Saleman Shah • Printed at: Print world, (Mr. Shamshi Z. Mulla +91-9890241699) Bhiwandi, Dist, Thane