



CARF

News Bulletin

(Official Publication of the Cancer Aid & Research Foundation)

Member :

UICC (International Union against Cancer), Geneva, Switzerland

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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

FROM CANCER TO MR WORLD



The word cancer usually spells doom and depression. But 41-year-old Mahadev Deka from Assam not only overcame the disease but also went on to win this year's Mr World Musclemania contest in the US

Mahadev Deka had been obsessed with sports for as long as he can remember. He would play football, go wrestling and spend hours at the local vyayam shala (gym).

But it was only at the Assam Engineering College, where he studied civil engineering, that he took up body-building seriously, winning the inter-collegiate title in the final year. He then began concentrating on toning his body and participating in body-building competitions, winning the Junior Mr India in Pune in the late 90s. "Body-building became my ambition, but even prior to this, my obsession was to be fit," says Deka.

Aches and pains are a part of a body-builder's life. So, when Deka felt a shooting pain in his chest while preparing for the Mr Eastern India title back in 2001, he wasn't worried, thinking he had over-stretched. "The physio-therapist wanted me to undergo some tests, but I was focussed on the competition. It was only after the competition when the chest pain persisted and I also got fever, that I went to a doctor who sent me for an x-ray," recalls Deka.

Depression sets in

What followed were a series of tests, which detected a tumour in his chest, followed by chemotherapy in Delhi. Although initially the full import of it had not sunk in, by the third chemo-cycle, he was in depression. "Once Deka called from Delhi and said he felt like throwing himself in front of a

truck. I talked to him trying to keep his spirits up, but my cellphone went dead in the middle of it because a payment was due," says Jitesh Bhattacharya, Deka's friend. "I went through a few hours of nightmare, not knowing what was happening."

The normally positive and upbeat Deka felt bogged down. "I had lost my hair, my voice faltered and I had no energy. It was difficult to keep away the negative thoughts," says Deka.

Strong support by his side

A source of strength during this time was his wife Naina. At that time, they had only been seeing each other, having met during competitions. She was a national yoga champion.

"She is stronger than me. I earlier thought I shouldn't spoil her life by marrying her, but she insisted," says Deka. "I wanted him to fulfill his dream of winning an international title and I wanted to be at his side to support him all his life," says Naina simply.

They married and Deka's treatment too continued. After the chemo cycles came the surgery. Deka willed himself to be positive through this challenge. "I would keep telling myself I am physically fit and I will overcome this disease," he remembers. "In case I got negative thoughts, I would do some light exercise. This gives me the most happiness."

He exercised the day before the surgery as well. "I did bench press, bends, rowing and dumb bells. I slept soundly after my round of exercises. I woke up early and went to the hospital."

Back to the gym

For Deka, the toughest part of the recovery was not being allowed to exercise. The doctors had told him he could not go to the gym for at least a year. But after three months he started to cheat. "He would sneak into the gym for an hour each day," says Dhiren Das, a member of the Assam body building federation. It took two years for Deka to get back on track. It was around then that the president of Indian body building federation, Madhav Pujari, spotted him during a competition and encouraged him to try for the Mr World Musclemania. This June, he won the competition in the 65kg category, having trained hard and lost nine kilos to be eligible for it. He even paid his own way to Miami for the contest. Now the Assam government has recognised his effort by granting him a flat and the oil companies too have chipped in with monetary aid.

Deka works as an assistant engineer in the public health engineering department of the government of Assam. He also runs two gymnasiums in Guwahati.

Deka attributes his successful fight against cancer to his physical fitness. Even the chemotherapy had affected him less than it would have most others. However, his appetite for chicken and fish had not diminished through the chemo cycles. - DNA, August 9, 2009

Thoughts Of



Dr. Rishikesh Pandya

Consultant UroOncologist / Laparoscopic Urologist Mch DNB (Urology), MS (General Surgery), MBBS Fellowship in UroOncology University of Toronto Canada Fellowship in Laparoscopic Urology, Linz, Austria

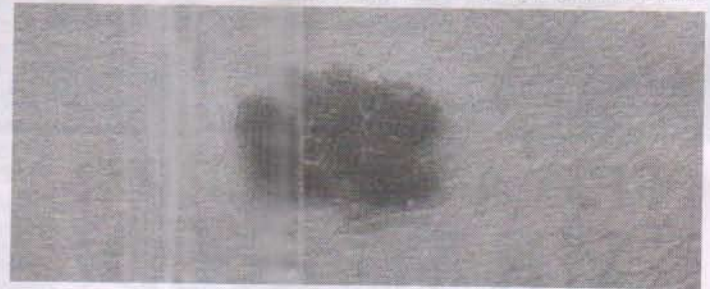
More Joggers' Parks and Nana-Nani Parks have come up in the last 5-7 years than ever before. The definition of old age has changed. We cannot call a person who is 60 or even 70 yrs. an old man. There has been and still further significant change in awareness and attitude is needed towards HEALTH.

As one gets close to and beyond 50 years before he leaves for the office, he prefers to empty his bladder as he is not sure when will he get the next opportunity. He links the increased frequency in passing urine to old age and shrugs it off. Unless he is severely affected he postpones seeking help or treatment. Quality of life is compromised. These are problems because of Benign Enlarged Prostate Gland which is an age related change. It causes various urinary symptoms and later complications like infections, bleeding etc. This can either be treated with medicines or if required by surgery called TURP (transurethral resection of prostate).

Can prostate have cancer? The answer is YES. How many know about this? Very few. There is very little awareness about cancer of the prostate. Globally it is amongst the most common cancer in men above 50 years of age. The National Cancer Registry in its report of 2001/2002 has mentioned that it is third common cancer in Indian men as well. The sad part of the problem that we face in India is, more than 70-75% patients get detected and come for treatment only when the prostate cancer has already spread to the bones in the body. We can get rid of the prostate cancer and cure the patient only if it is detected at an *early stage*. How do we detect it early? There lies the problem. *Prostate Cancer in its early stages may not have any form of urinary symptoms or any other symptoms, signs or indications in the body.* Then how does one come to know about it? The answer is only by *AWARENESS*.

Early stage prostate cancer can be treated completely. The misery, pain and ultimately death because of prostate cancer can be totally avoided by *EARLY DETECTION*. *How is Early Detection done?* First remove the fear of cancer and become more aware. Early detection is done by doing a blood test called PSA (Prostate Specific Antigen) and by getting your prostate checked by an UroOncologist. The UroOncologist inserts a finger through the rectum (anus) to feel the prostate gland. *The PSA and the finger examination of the prostate (DRE) are recommended to be done once in a year for all men above the age of 50 years for the rest of their life or till the age of 75 years.* Prostate cancer is treated by performing specialized surgery (an operation to remove the prostate gland is completely called radical prostatectomy) or by giving specialized radiation.

Gene trigger for skin cancer found



Up to 70% of melanoma skin cancers may be triggered by a gene mutation that causes cells to become cancerous after excessive exposure to the sun, researchers said. The discovery could lead to better treatments for the most deadly form of skin cancer after scientists at Britain's Institute of Cancer Research established that the BRAF gene mutation is often the first event in the cascade of genetic changes leading to melanoma.

- Times of India, April 8, 2009

Human body has cancer killing protein

Last year, he hit the headlines for creating the world's first breed of super mice which are resistant to all forms of cancer.

Now, Mumbai-born and US-settled Dr Vivek Rangnekar, professor of radiation medicine at the University of Kentucky, has in another breakthrough discovered that the Par-4 protein (mass killer of cancer cells) is produced within the human body itself and spreads through circulation to distant organs.

This finding will help scientists to look at ways to increase the secretion of the protein naturally—for example, by certain natural diets—and develop resistance to cancer growth. Scientists can also develop approaches to injecting the Par-4 protein safely to inhibit cancer.

The team headed by Dr Rangnekar has also found that Par-4 protein is capable of killing cancer cells when applied from outside. Until this discovery, scientists believed that Par-4 protein had to be present inside cancer cells to kill them. Since it isn't easy to deliver large amounts of the protein inside cancer cells, scientists have been studying other methods to target and kill cancer cells. Par-4, after being secreted by human tissues, has also been found to kill only cancer cells. It doesn't harm normal cells, proving that they aren't toxic. - Times of India, July 25, 2009

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

Oral sex can lead to throat cancer

A virus contracted through oral sex is the cause of some throat cancers, say US scientists. Herpes Papilloma Virus (HPV) infection was found to be a much stronger risk factor than tobacco or alcohol use, the Johns Hopkins University study of 300 people found. The New England Journal of Medicine study said the risk was almost nine times higher for people who reported oral sex with more than six partners. HPV infection is the cause of the majority of cervical cancers.

- Times of India, April 9, 2009

Men more at risk of cancer death

Men are 60% more likely to develop cancer than women, and 70% more likely to die from the disease, warn health experts. According to Cancer Research UK, the unwillingness of men to adopt a healthy lifestyle and visit the doctor might be behind the gender gap. And lifestyle changes have been found to reduce the incidence of cancer by almost 50%. Researchers examined data on all cancers from 2006 and 2007, and found delays in reporting symptoms could be fuelling the gender divide in cancer mortality.

- Times of India, June 16, 2009

Blast of light can cure breast cancer



Here's some good news for those suffering from breast cancer—scientists have developed what they claim is a new treatment which could destroy tumours with a blast of laser light.

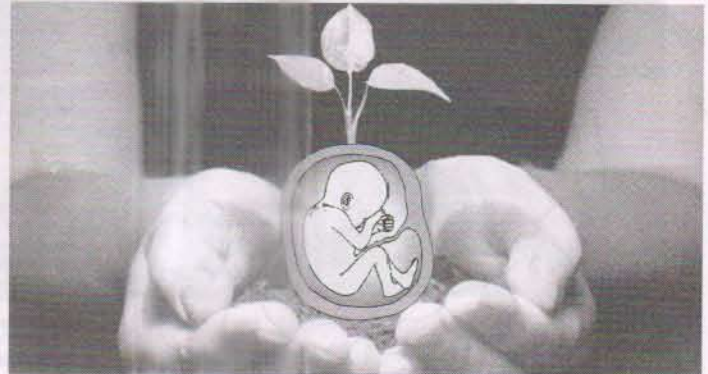
In fact, a team of British surgeons has developed the revolutionary treatment for breast cancer, which involves no surgery, can be carried out in only a few minutes and doesn't harm healthy cells.

The team plans to start clinical trials of the "photodynamic therapy" this year. During PDT, a drug is injected into the patient's bloodstream that makes the cancer cells sensitive to light. According to the researchers at the Royal Free Hospital, London, when a low level laser beam is shone at the cancer through the skin, the cells self-destruct.

- Times of India, July 1, 2009

Fertility tool offers cancer survivors hope

Ovarian transplant method will help women who have recovered regain reproductive role



French doctors have unveiled a new technique for transplanting the ovaries of women who have lost their fertility as a result of cancer treatment. The technique described by Pascal Piver of the Limoges University Hospital in central-western France, has helped a young woman who had been menopausal for two years to give birth to a healthy baby girl.

Using a two-step process, they restored fertility to the woman after she had undergone chemotherapy treatment for sickle-cell anaemia, a disease in which red blood cells become dangerously misshaped.

Ovarian transplants, pioneered in 2004, entail removing an ovary from a woman before she undergoes cancer therapy. The organ is frozen and then thawed and returned to the patient after her treatment.

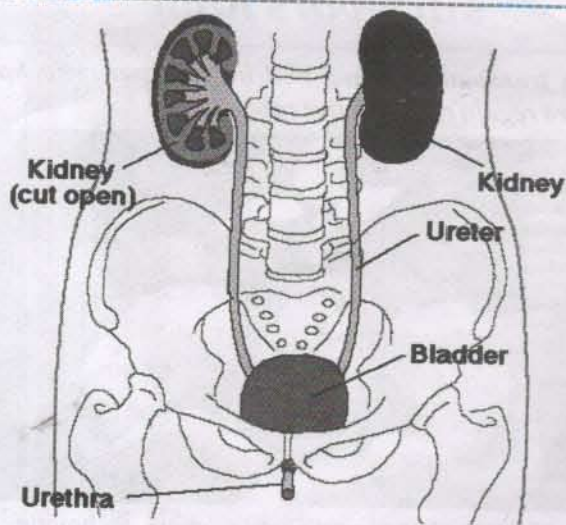
Cancer Cure : Doctors hope the method will enable young women who have been cured of cancer to become pregnant. But one of the biggest challenges in this surgery is encouraging the transplanted tissue to grow blood vessels. If the blood supply is insufficient, the ovary does not respond to hormonal cues that prompt it to ovulate. The new technique entails a two-phase procedure in which tiny pieces of the stored tissue are stitched in place three days before the real transplant.

"The first graft encourages the growth of blood vessels and paves the way for the ovary to become fully functioning in a shorter time-scale," the researchers said. After the transplant, the patient started ovulating in four months and become pregnant after another two months, without the need for in-vitro fertilization (IVF).

Piver said the technique had also been used on a second patient whose ovary had been in storage for 10 years. She is now pregnant after IVF. "We believe that it represents a considerable advance on the methods of ovarian transplantation used until now," Piver said.

"We hope that it will enable more young patients who have been cured of cancer to regain their reproductive health and become pregnant with their own children," he said. The new technique has been described at the 25th annual conference of the European Society of Human Reproduction and Embryology.

- DNA, July 1, 2009

BLADDER CANCER**URINARY STRUCTURES**

Of the three main types of bladder cancers, the most common is transitional cell carcinoma. Less common bladder cancers include squamous cell carcinomas and adenocarcinomas.

A patient's treatment and survival rate depend on how deeply the cancer has invaded the bladder, and if it has spread to surrounding or distant sites.

SYMPTOMS

The most common symptom of bladder cancer is blood in the urine. This symptom is usually painless, and is not always visible to the naked eye. Often, the diagnosis of bladder cancer is delayed because bleeding is intermittent. Other symptoms include an increased frequency of urination, an increased urgency to urinate, feeling the need to urinate but not being able to, and painful urination.

If you have one or more of these symptoms, it does not mean that you have bladder cancer. However, it is important to see a doctor so that any illness can be diagnosed and treated as early as possible.

DIAGNOSIS

Bladder cancer is most often diagnosed by examining cells in the urine under a microscope and by inspecting the bladder with a cystoscope -- a slender tube fitted with a lens and a light that is inserted into the bladder through the urethra.

If cancer is suspected, a tissue sample is removed during the cystoscopic procedure and examined under a microscope. If cancer is confirmed, computed tomography (CT) may also be needed to determine the stage of the cancer -- whether the cancer is confined to the bladder or whether it has spread to other parts of the body, such as the lymph nodes, lungs, bones, or liver. Research is under way at Tata Memorial Centre to determine if magnetic resonance imaging (MRI) and positron emission tomography (PET) can more accurately diagnose and stage bladder cancer.

TREATMENT

Treatment for bladder cancer varies greatly depending on the stage of disease at the time of diagnosis.

Superficial Bladder Cancer

The majority of bladder cancers are transitional cell carcinomas (TCC) that are confined to the lining of the bladder. The standard treatment for superficial bladder cancer is minimally invasive surgery using a cystoscope to remove the tumor.

Invasive Bladder Cancer

Surgery to remove the bladder is the most common treatment for invasive bladder cancer -- cancer that has spread into or beyond the muscle layer of the bladder wall -- and provides the best opportunity for a long-term cure for most patients.

For patients whose tumors require surgery to remove the entire bladder, it is also necessary to remove the surrounding lymph nodes to help prevent cancer recurrence or metastasis. In women, this procedure also involves the removal of the lower portion of the ureters, the uterus, fallopian tubes, the ovaries, and sometimes part of the vaginal wall and the urethra. In men, the prostate gland, the lower portion of the ureters, and sometimes the urethra are removed. After removing the bladder, surgeons must create a new way for the body to store and eliminate urine. The historical approach, called an ileal conduit, required a patient to wear a bag on the outside of the body to collect urine. During this procedure, a conduit for the urine was created using a segment of the small intestine. It transferred urine directly from the kidneys and ureters, and required a stoma on the skin to funnel the urine into the collection bag.

For people whose urethra has been removed, an internal bladder is created and then attached directly to the abdominal wall. A stoma is attached to the internal bladder, and the patient inserts a catheter into the stoma to eliminate the stored urine. It takes about three to five minutes to empty the bladder this way.

Many patients with muscle-invasive bladder cancer are treated with chemotherapy before or after surgery, using M-VAC or other regimens that have fewer side effects, to help prevent the recurrence of cancer.

Link : <http://tmc.gov.in/cancerinfo/bladder/bladder.htm>

ATTENTION READERS !

To enable us to communicate with you effectively, we request you to kindly send us your email ID and change of address if any, to carf@cancerarfoundation.org

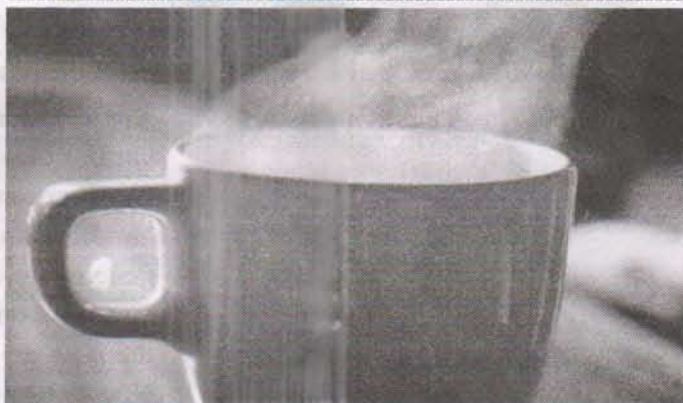
Mushrooms, Green tea Fight Cancer



Mushrooms and green tea can help women lowering their breast cancer risk, according to a new study. The study has sought to determine the protective qualities of the traditional diet in China, where the incidence of the cancer is up to five times lower than in western countries, according to the Age. Min Zhang, University of Western Australia, found eating as little as 10 grams, or less than one button mushroom, daily could protect against breast cancer.

-The Times of India, March 19, 2009

Steaming hot tea linked to cancer



Drinking black tea at temperatures of 70c or higher increases risk of oesophageal (food tube) cancer, a study by Iranian experts, reported in The British Medical Journal, has found.

-DNA, March 28, 2009

Heavy drinking increases cancer risk

Heavy drinkers of beer and spirits face a much higher risk of developing cancer than the population at large, says a group of Canadian epidemiologists and cancer researchers. Their findings, published in the current issue of the journal Cancer Detection and Prevention, show that people in the highest consumption category increased their risk of developing oesophageal cancer sevenfold, colon cancer by 80 per cent and lung cancer by fifty per cent.

In all, the researchers found statistically significant relationships between heavy consumption of beer and spirits and six different cancers. Moderate drinking (less than daily) and wine consumption did not show the same effects, however.

The research conducted by Dr Andrea Benedetti of McGill University compared people who drank heavily with against groups who abstained or drank only very occasionally. They also looked for trends across categories: non-drinkers, weekly drinkers and daily drinkers. The results were astounding. "We saw increased risk for esophageal cancer, stomach cancer, colon cancer, liver cancer, pancreatic cancer, lung cancer and prostate cancer," Benedetti said. "The strongest risk was for esophageal and liver cancer." The researchers used data originally collected for a large occupational cancer study conducted in Montreal in the 1980s. The information was a treasure-trove, said Benedetti. The data also included information about non-occupational factors such as drinking alcohol, smoking, cigarettes, and socio-economic status. "For the most part we showed that light drinkers were less affected or not affected at all," said Benedetti. "This adds to the growing body of evidence that heavy drinking is extremely unhealthy in so many ways." -Mumbai Mirror, August 5, 2009

New super cereal can help fight obesity, cancer



A new study has shown that soy cereal, developed by a professor of food and nutrition, not only helps tackle obesity but cut cancer risk also. Soo-Yeun Lee from the University of Illinois has come up with a cinnamon-flavoured soy cereal that can reduce the risk of prostate and breast cancer. Unlike other breakfast cereals that can contain high levels of sugar and fat, the soy cereal has 10 grams of protein and five grams of fibre into each bowl. Soy contains isoflavones – plant hormones – which is said to offer protection against osteoporosis and protect against some cancers.

-The Times of India, May 26, 2009

Eat broccoli, keep stomach cancer at bay



Regular intake of 70 grams of three-day-old broccoli sprouts suppresses helicobacter pylori (*H. pylori*) infection which is linked to stomach cancer, gastritis and ulcer, according to a study in Cancer Prevention Research, a journal of the American Association for Cancer Research. *H. pylori* infection is one of the most common stomach bugs affecting people globally and a major cause of stomach cancer. "Broccoli has recently entered the public awareness as a preventive dietary agent." Jed Fahey, a faculty research associate in the department of pharmacology at Johns Hopkins School of Medicine, Said.

-DNA, April 11, 2009

The power of youth is undeniable. With the intention of gaining the support of youth in its fight against cancer, CARF once again set up its stall at the Malhar Festival organised by

Xavierites in their college. Students from various colleges who attended the festival were very enthusiastic in lending a helping hand. Many young students donated generously and they sportingly displayed stickers with cancer information on themselves and other belongings. CARF News Bulletin and cancer awareness leaflets were distributed.



CARF screened cancer awareness films at Forbes & Company Ltd, Thane on August 3, 2009. More than 100 employees attended this session.



CARF expresses its heartfelt gratitude to Ms. Heena Kamdar, Trustee MCKS, Food For Hungry Foundation for generously donating Rs. 3.5 lac for seven cancer patients at a function held on August 13, 2009 at CARF.





As part of its cancer awareness endeavour CARF screened cancer informative films at various schools in Mumbai - Jawahar Vidyalay (Goregaon), Camoo Jafar High School, Muslim Ambulance Nursing Society (Mohammed Ali Road), Hume High School (Byculla), Hashmiya High School (Masjid Street), D. B. Kulkarni Vidyalaya (Naigaon), Tahiri High School (Sarang Street)



ROSE DAY

CARF lives up to its motto of bringing joy and relief to the lives of young patients by celebrating ROSE DAY, on September 22, 2009 with children admitted in the J. J. Hospital's pediatric ward. Dr. R. S. Inamdar, Dean of J. J. Hospital was the Chief Guest of the Function. Toys, Biscuits and roses were given to all the young patients.



The Chairman and Trustees take immense pleasure in cordially inviting you to the
4th Annual CARF Oration



Our Hon'ble Speaker

Dr. Purvish M. Parikh

MD, DNB, FICP, PhD,
ECMO, CPI, MBA
Medical Oncologist & Hematologist
Managing Director (India) &
Vice President (USA),
AmeriCares India Foundation,
Mumbai

Subject :

*"The real story of cancer
in India -
what others don't tell you"*

Date : 5th December, 2009 Time : 3.00 to 6.00 pm

Venue : Yashwantrao Chavan Pratishthan,
Gen. Jagannath Bhosale Marg, Next to
Sachivalaya Gymkhana, Mumbai - 400 021.

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save the lives of poor and needy cancer patients

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- ✓ Providing free Cancer Drugs, Prosthesis & Instruments, to poor cancer patients.



The Govt. of India has also permitted us to receive overseas contributions under FC(R) Act, 1976 vide 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

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