



CAF

News Bulletin

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Editorial....

Childhood Leukemia

There is literally a flood of applications for help by children having leukemia which is commonly known as blood cancer. It is of various types requiring chemotherapy treatment costing from Rs.2 lakhs to 12 lakhs.

Cancer Aid Foundation is trying to Cope up with this flood to the best of its capacity.

Childhood leukemia is the most common cancer of childhood and has been increasing slightly in all countries for unknown reasons. Chemical pollutants from car exhaust, including benzene, have long been suspected. There is a population - based case-control, study in the Province of Varese, Italy. This area is characterized by high pollution exacerbated by the weather conditions and limited air exchange. They assessed the level of exposure for 120 cases of childhood leukemia and for 480 control cases matched by age and gender. They used traffic density on nearby main roads, distance between roads and residence, and information on vehicle emissions and weather conditions to estimate benzene concentrations and derived an annual mean concentration of benzene outside the home using a Gaussian diffusion model. The risk of childhood leukemia was significantly higher for heavily exposed children than for children with low exposure. These observations bring further support to the hypothesis that motor traffic exhausts could be involved in childhood leukemia.

The Government and the interested groups must intervene and stop this havoc played by the pollution.

Breakthrough in cancer cure claimed

Australian researchers on Monday unveiled a breakthrough treatment for cancer that uses genetically-altered blood cells to attack and kill tumours.

Melbourne's Peter Mccallum Cancer Centre said it hoped to begin human trials within two years after the treatment proved effective in mice.

Associate professor Joe Trapani said the treatment involved taking hundreds of millions of white blood cells DNA is then genetically altered so that they can recognise the tumour and attack it.

"What we've shown so far is that you can take the cells from the immune system from the animal itself, treat them outside the body to be able to recognise cancer and then inject them back into the body," he said.

"Instead of having a few, perhaps one in 1,000 cells that can recognise the tumour, now we have virtually 100 percent of them that can home in and so the attack on the tumour is much greater."

(The Times of India 21.10.03)

Cheque to Blood Cancer Patient :-



Seen on the occasion L to R: Mr. Aspi Dumasia, Manager -CAF, Mr.Nazir Khan receiving a cheque of Rs.1,25,000/- for Mast. Imran Khan from Mr.Aqeel AbdulRehman. Also seen Prof. A. A. Kazi, Chairman, Cancer Aid Foundation.

Do you need chemo? Now a test can decide

Test can predict if cancer will recur

A new genetic test can help predict whether breast cancer will recur, providing a way to help women decide whether they need chemotherapy, according to researchers.

The test, details of which were presented on Thursday at the San Antonio Breast Cancer Symposium, was not completely accurate, a new study of its effectiveness found. But it represents another step toward "personalised medicine," in which genetic signatures could be used to guide treatment tailored for each patient.

Many women whose breast tumor is removed by surgery get tamoxifen therapy and debate whether also to undergo chemotherapy, which can have debilitating effects. Cancer recurs in only 15 per cent of such women, but many do get chemotherapy. "We do give too much chemotherapy in this country," said Dr. Melody Cobleigh, professor at Rush University Medical Centre in Chicago, who took part in earlier studies of the genetic test. "And the reason we do it is because we can't pick out the people who need it."

The new study was conducted by researchers for Genomic Health, a company based in Redwood City, California, that developed the test, and the National Surgical Adjuvant Breast and Bowel Project, a federally

financed group that conducts clinical trials. The test reviewed the activity levels of 21 genes in a sample of a breast tumor. The gene levels are used to calculate a "recurrence score." To validate its test, Genomic Health tested tumor samples saved from 668 women who took part in a clinical trial in the 1980's. Without knowing how the women fared, it computed the recurrence score. Only 6.8 per cent of the women with a low score were found to have experienced a relapse in the following 10 years, while 30.5 per cent of those with a high score had a recurrence.

The genetic test would be applicable only to women similar to those in the 1980's clinical trial. Those women were newly diagnosed with cancer that had not spread to the lymph nodes. The test did not work for women not treated with tamoxifen.

(The Times of India 21.12.03)

'Kids cope with cancer better than adults'

Like most children, 11-year-old Ashish (name changed) loved to play cricket. So when his team got a chance to play the invincible 'Lagaan' team last september, he grabbed the opportunity with both hands. He ran like a boy possessed as he completed each of his runs. By the end of the match, he was panting, but contented.

To the spectators, Ashish was no ordinary player. His runs were precious, accomplished as they were with a crutch. A few months earlier, Ashish had lost a leg to cancer, but the spirited kid refused to have a runner.

Many children refuse to let cancer weigh them down. In fact, while adults collapse at the mention of the C-word, most children with cancer cope better, says head-and-neck cancer surgeon Dr. Deepak Parekh.

With children, it works both the ways. "In a child, malignancies grow faster as all cell tissues are also growing faster," points out Dr. Parekh. At the same time, children also respond faster to treatment.

Children have much better immune systems, but the key to sustaining their spirits is to detect cancer early, experts stress. "If detected in the initial stages, children have an 85 to 100 per cent chance of a complete recovery," says Dr. Parekh. "Unfortunately, a lot of cancer cases among children are detected late. As each stage passes, the recovery rate slips by 20 per cent. Stage IV cancer would thus have a 20-30 per cent possibility of getting cured."

Admittedly, the incidence of cancer among children is pegged at a low two per cent of all cancer cases. At the same time, experts stress that awareness is critical to recovery. "There have been instances of children who have overcome the disease and gone on to become doctors," says medical oncologist Suresh Advani.

Experts underscore the need to get rid of the fear and stigma attached to the disease. "There are a lot of remedies available today," says Dr. Parekh. A bone-marrow transplant from a sibling can ensure a child can live a long and happy life.

Though cancer is a mystifying disease and has only generalised symptoms, it can be detected early if some health patterns are watched. Fever that doesn't go away for 15-20 days, wounds that take several weeks to heal and frequent blue blotches after falls are some signs that all may not be well with the child. "A child springs back from a fall faster than an adult. He shouldn't get blue patches too often," explains Dr. Parekh.

Common cancers among children are the cat's eye reflex, characterised by an opaque sheen in one eye and leukemias. Lymphomas, or lumps in any part of the body, are also a common cancer among children.

The rehabilitation of such children is very important, doctors stress. "It is necessary for a child with cancer to function in a normal environment, go to school and so on," says cancer surgeon Dr. Raman Deshpande, who is part of C Kids, an initiative of the Asian Institute of Oncology, which aims to sensitise society towards children with cancer.

Unlike adults, though, child survivors may have to live with the after-effects of chemotherapy and radiation. Long-term exposure to chemotherapy can leave some children with complications like sterility. "The potential is there," says an expert.

Similarly, a girl who survives ovarian cancer may have problems conceiving a child. Or, a survivor may also develop another malignancy later on. "Treatment can leave a deficit in their functioning," he points out. The key, therefore, is early detection.

(The Times of India - 06.01.2004)

Inauguration of the Administrative Office of **CANCER AID FOUNDATION** on Sunday, 8th Feb. 2004 at 10.30 a.m. By Shri Guntant Seth, Fmr. Leader of the Opp., MCGM.



The Adm. Office ready for inauguration.....



Shri Guntant Seth being presented with bouquet by Prof. A. A. Kazi, Chairman, Cancer Aid Foundation.



The Tape is cut and the Office is inaugurate by Shri Guntant Seth.



L.R.: Mr. Samad Patel, businessman from London, Mr. Rahim Koita- Trustee, Mr. Zafar Saifullah, Patron of the Foundation looking on



L.R.: Prof. A. A. Kazi, Mr. Rahim Koita, Mr. Zafar Saifullah, Fmr. Cabinet Secretary, Govt. of India, Dr. A. M. Nalk, Mr. Guntant Seth and Mr. Sohail Lokhanawala Fmr. M.L.A.



Mr. Samad Patel, businessman from London being presented with bouquet by Prof. A. A. Kazi.



Section of the gathering - Ladies -appreciating the new Adm. Office and complimenting Mrs. Rashida A. Kazi - Trustee.



Mr. Amin S. Kazi was the announcer and he did his job superbly.



Mr. Firoz Khan from Bhiwandi - Dist. Thane got the First Prize for his highest collection of donations during the year.



Mr. Sohail Lokhandwala Fmr. M.L.A. and the Trustee speaking on the occasion.



Section of the gathering on the occasion.



At the end of the function, E tv. Interviewed Mr. Jafar Saifullah, our Patron about the work being done by Cancer Aid Foundation. The programme was shown on Etv in the evening & night on the same day.

Drugs may prevent breast loss

A new drug which shrinks breast cancer tumours could save thousands of women from the devastating loss of a breast.

Arimidex reduces the lump in size so it can be removed without the need for a mastectomy - one of the greatest fears for women diagnosed with the disease.

It also works for women for whom the tumour is so big. It is classified as "inoperable" and they could not normally have surgery, say doctors.

A new study shows that 12 weeks' treatment with Arimidex led to half the women facing a mastectomy being able to have breast-conserving surgery instead.

Professor Ian Smith of the Royal Marsden Hospital, London, one of the researchers involved, said the drug could potentially help up to 5,000 British women avoid mutilating surgery each year.

"This treatment gives them a 50-50 chance of reducing the size of the tumour so they can have conserving surgery. It's an option most women are very pleased to be offered."

"There is no question about it. This should be an option for doctors treating this type of cancer." - Agencies.

Mid-Day - 22.03.2004

Cheque to Blood Cancer Patient :-



Seen on the occasion L to R: Mr. Nasir Bulsari, Jt. Secretary - CAF, Mr. Shaikh Maqsood Gulbaz receiving a cheque of Rs.1,25,000/- for Mast. Tanveer Shaikh from Mr. Aqeel AbdulRehman. Also seen Prof. A. A. Kazi, Chairman, Cancer Aid Foundation.

Customer relationship management in a cancer hospital

Cancer, as a disease, is much different in nature from other diseases. As a part of the treatment, the patient is required to frequently visit the hospital. This means the hospital needs to interact with the patient continuously for a period of time.

Moreover, cancer being one of the killer diseases, patients do not hesitate to switch to other hospital if they are dissatisfied with the services provided, since no one

likes to take any chances. Even if a hospital gives the best treatment for cancer, there is a significant probability for the treatment to fail. In such cases, it happens that the patient or his relatives blame the hospital for the failure.

It is the duty of the hospitals to make the patient and relatives understand that they are providing a good treatment. These facts demand cancer hospitals to have a well-planned Customer Relation Management (CRM) programme.

The customer relationship programme in a cancer hospital has two wings. One is the customer care activity when the patient gets treatment in the hospital as an in-patient. The second is customer care after discharge. The customer relationship management during the in-patient period, requires care in two major things. One is the human aspect while second is the procedural aspect. Here we are assuming that the quality of the treatment given by the hospital is good. Similarly, the post-discharge customer care management also has two important things. First, the maintenance of the records for each patient and second, the regular interaction with the patients. Both are complementary to each other.

In - Patient CRM

The most important issue in the 'in-patient' CRM activities is the human aspect. Which means that every employee in the hospital, who is interacting with patients, should show real care and concern in his words and deeds in dealing with patients. All the employees, right from the chief doctor to the ward boy should understand that it is their duty to ensure customer satisfaction.

The employees should be given proper training in these regards. Besides, the employees should ensure that the patient develops faith in treatment given in the hospital. Patients should be made to understand that the hospital is doing their level best to cure him/her.

The second thing is the procedural part. The hospital should have well defined procedures for activities. The employees should be clear about the procedures and the same has to be instructed to the patients whenever needed. This will help the patients in avoiding hassles.



PATIENT: "But doctor," said the worried patient, "are you sure I'll pull through? I've heard of cases where the doctor has made a wrong diagnosis, and treated someone for pneumonia who has afterwards died of typhoid fever."

DOCTOR: "Nonsense," spluttered the affronted physician. "When I treat a patient for pneumonia, he dies of pneumonia."

For example, if the cancer hospital has displayed the chart, it will help the patient to understand about macro level procedure for treatment.

Post - Discharge -CRM

Next comes the post-discharge activities. The most important thing in the post discharge CRM activities is 'maintaining data-base'. Traditionally hospitals expected the patients to maintain records. But in this competitive market, the hospital should also maintain the records of the patients on its own. They should maintain a computerised database of each and every patient in detail. This is important in the cancer hospital, as the patient generally need to visit the hospital regularly. This database will help in the other CRM activity of the post - discharge period, i.e. 'maintaining relationship with the patients.

Let us see how it helps. For seeking treatment for cancer, even after getting discharged from the hospital, the patient needs to come again for further treatment or check up at regular intervals. If the hospital maintains a database, it can send reminders to the patient one-week before the re-visit date and to get the confirmation that the patient would be coming. Besides, the hospital can send greetings to the patients on birthdays and anniversaries. This will make patient feel special and the hospital cares for him.

Besides, the database will help in understanding the profile of patients who are visiting the cancer hospital.

The hospital can list out the geographical areas from which most of the patients suffer from cancer, the kind of cancer from which most of patients suffer, the stage in which they come, most important referral sources, number of insured and non-insured patients etc.

One of the most important activities in the post-discharge CRM is creating 'Cancer Rehabilitation Centre'. There are lots of social insecurities that are attached with Cancer. For example, a woman suffering from breast cancer may loose her breast as part of the treatment. All these people feel a sense of social insecurity. A club can be formed for the patients of the hospital to nullify the insecure feelings.

This club would contain patients suffering from cancer and the people who have already been treated. All these people can meet from time to time at a place where everything would be organised by the Cancer Hospital. The patients who have already been treated may give moral support to the patients undergoing treatment. Besides, the club would employ a psychiatrist to counsel the patients.

Doctors can help clear some of the myths in the patient's mind which will help not only in retaining the existing patients but also getting favourable word of mouth.

Express Healthcare Management - 01.01.2004

Visits.....Dr. K. E. Mukadam, MD, DVD, well known Cosmetic Dermatologist visited the office of

the Foundation on 11th March 2004 and expressed complete satisfaction over its working

You are welcome to visit the office and give suggestions if any.

Foundation office is open on all working days - Monday to Friday from 10 a.m. to 6 p.m. - and on Saturday from 10 a.m. to 1 p.m.

- Registered under the Bombay Public Trust Act, 1950
- Donations exempted under 80G of the Income-Tax Act, 1961
- E-mail: canceraidfoundation@yahoo.com
- Website: canceraidfoundation.org
- ✓ Monetary help to needy cancer patients to complete their treatment
 - ✓ Rent-free accommodation in Mumbai to outstation poor cancer patients
 - ✓ Return railway fare to outstation poor cancer patients
 - ✓ Spreading awareness of the dangers inherent in prevailing social practices
 - ✓ Initiating steps for early detection of cancer
 - ✓ Printing literature on cancer etc.



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