



# CAF

# News Bulletin

(Official Publication of the Cancer Aid Foundation)

## Drink and be dead..... Is cancer linked to fizzy drinks, x-rays, deodorants...

**FIZZY** drinks could be linked to some cancers of the gullet, scientists reported. Research presented at an American conference found a "very significant correlation" between the growth in popularity of carbonated drinks and cancer of the oesophagus.

But other scientists questioned the conclusions and said more study was needed. Researchers at the Tata Memorial Hospital in India found from US government data that consumption of fizzy drinks in the United States increased five-fold in the last 50 years.

In the last 25 years the rate of oesophageal cancer has increased six fold in white men- the group which consumes most carbonated drinks.

The same trend was found in the UK and Australia, where fizzy drink consumption has also increased. But in countries like China and Japan, where the craze has been much slower to catch on, there was no rise in cancers affecting the oesophagus - which connects the mouth and stomach.

Dr. Mohandas Mullath, head of the digestive diseases department at Tata Memorial Hospital, said; "The surprisingly strong correlation demonstrates the impact of diet patterns on health trends. As the rates may continue to

rise for another 20 years, we believe that more epidemiological studies are urgently required to establish the true association."

The findings were presented to a Digestive Disease Week conference of gastro-intestinal specialists in New Orleans, Louisiana and published in New Scientist.

Lee Kaplan, of Massachusetts

not getting enough calcium in their diet. The scientists behind the new findings - published in the American Journal of Clinical Nutrition recently - said previous studies had linked fizzy drinks with weaker bones but had not established the reasons for this.

There is evidence that teenage girls who drink carbo-

Cancer.

**Experts Disagree:** Dr. Richard Sullivan, Cancer Research UK's head of clinical programmes, said: "Parabens may increase the proliferation of cancer cells in a test tube, but so do a lot of other chemicals. The Increased Proliferation of cells is only one element of causing cancer and it does not prove that parabens are carcinogenic.

**Researchers at the Tata Memorial Hospital in India found that consumption of fizzy drinks in the US increased five-fold in the last 50 years.**

General Hospital, said: "This is only a correlation and doesn't in any way indicate causality. There are a whole variety of things that occur in modern society. Refrigerators are associated with cancer - but they don't cause it."

He added that people who drink large amounts of carbonated drinks may have other lifestyle factors which lead to cancer, such as being overweight.

### Cola Weakens Bones

**FURTHER** research has added weight to the theory that fizzy drinks weaken bones and increase the chance of fractures later in life. Carbonated drinks have been linked to weaker bones in several studies.

But the latest study specifically blames those containing caffeine, such as cola drinks. In the latest test, scientists found caffeinated drinks can cause calcium - the mineral vital for maintaining bone strength - to be lost from the body in urine.

The tendency of youngsters to choose fizzy drinks in general instead of milk means they are

those who avoid them.

### So do deodorants cause cancer?

Research into possible link between breast cancer and anti-perspirant deodorants hit the headlines earlier this month after molecular biologist Dr. Phillipa Darbre reported that chemicals called Parabens were found in 18 out of the 20 breast tumour samples analysed. This is the first study to confirm that parabens may be absorbed by human tissue and it follows up findings a year ago that most breast cancer tumours occur in the upper and outer section of the left breast, whereas most of us are right handed anti-perspirant deodorants are frequently applied in exactly the same place.

### Cut down or cut out

Based on this research, which was published in the Journal of Applied Toxicology, Dr. Darbre, of Reading University, advises all women to "cut down or cut out" anti-perspirants, especially those with a history of breast

### Breast cancer risk increases with age

Cancer is increasing between one and two per cent every year, but this can be explained by many factors. "We are an ageing population and breast cancer risk increases with age. There are also important social and cultural changes which can be linked to the increase in breast cancer. Women are getting their periods earlier, are having children later in life and breast feeding less-which all increase the exposure of the breast to hormones that can increase cancer. If there is a risk it would be absolutely tiny in comparison to other factors we have identified-namely smoking and obesity. It may be obvious but if you smoke, stop, and if you are non-smoker, eat a balanced and healthy diet. People should not stop buying anti-perspirants."

"Parabens have a very good safety record," he says. "You could almost dine on them without a problem. Research shows that very little paraben is absorbed into the skin-and if it is absorbed it is broken down into a completely harmless substance." Dr. Darbre admits that "most deodorants no longer contain parabens because

**We are celebrating The Fourth Anniversary of the Cancer Aid Foundation  
On 20th June 2005**

We are each of us angels with only one wing, and we can only fly by embracing one another.

.....Luciano de Crescenzo.

### Editorial,

## “We share pain”

20th June 2005 is the 4th year of our existence. We still cannot believe that we could achieve what we have achieved. There were times, sitting in a single room writing letters to people about the plight of the cancer patients, requesting them to share the pain and donate. Praying to God for a miracle and miracle did happen.

Every year we found that more and more donors are sharing the grief & pain and donating generously cutting across the line of religion, caste or class. We salute these Humane Warriors who have been regularly sharing their fortunes for a human cause.

For us, the miracle is our continuous commitment to the cause. In these four years we never lost confidence in ourselves, neither in God nor in His humble beings. In our first year we could only arrange Rs.25,000/- to distribute among cancer patients. Every year the graph rose and last year we could help hundred of patients by distributing Rs. 53 Lakhs. Our target, sky is the limit.

This kind of work can only be done by joining hands together and both hands has to be firm & committed.

Everyday we see people who come by themselves who themselves are not economically sound. But they do come with whatever they have and with such religiousity one can feel their commitment to “share the pain”. We on our anniversary day, wish to thank all the people for their commitment & love. God bless them.

---- Editor

## dead.....

may manufacturers removed them three years ago.” But she remains firm in her conviction that the study suggests to rule out any possible link between parabens and breast cancer.

### X- rays ‘cause 700 cancers a year’ in UK:

LONDON : Scientists believe that the use of x-rays to aid diagnosis causes hundreds of extra cancers each year in the United Kingdom.

Researchers from Oxford University and Cancer Research UK believe that about 0.6% of total cancer risk may be due to exposure to x-rays in hospitals, the BBC reported.

Experts say that doctors should avoid “unnecessary” x-rays and CT scans. However, the benefits of x-rays still outweigh the risk, say doctors, allowing serious medical conditions to be detected and monitored. World wide, x-rays account for approximately 14% of the general population’s exposure to radiation from both man made and natural sources.

The cancer risk from cumulative radiation exposure can be quantified using data taken from those exposed to radiation after the 1954 atomic bomb blasts at Hiroshima and Nagasaki.

The proportion of cancers deemed to be caused by x-rays varies widely from country to country, says the report, published in the Lancet medical journal.

In the US, approximately 0.9 % of cancers were due to diagnostic x-rays, in Germany, 1.3%, and the highest, at 2.9% in Japan, causing more than 7,500 cases a year.

.Cancer is not catching-It will not spread through your family.

.You did not cause the illness, however horrible you think you may have been.

.Having cancer does not always mean a person will die from it. More and more people are living with cancer.

.Find someone you can trust to talk about how you feel and about what is happening in your family.

**TO HIS HOLINESS SAYEDNA SAHAB DR. MOHAMMED BURHANUDDIN, AND BEST WISH TO EVERYONE WHO CONTRIBUTED IN THIS MAGNIFICENT LANDMARK- SAIFFEE HOSPITAL**

**\* FROM CANCER AID FOUNDATION \***



**Prime Minister Dr. Manmohan Singh with Syedna Dr. Mohammed Burhanuddin, the spiritual head of the Dawoodi Bohra Community, at the opening of the Rs,150 crore, state-of-the-art Saifee Hospital**

## Overweight theory on long life under fire



A new study suggesting that people tend to live longer if they are slightly overweight, has been challenged by scientists from the Harvard School of Public Health and the American Cancer Society as well as a heart disease researcher. But authors of the research say that they stood by their conclusions and that the criticisms were based on misrepresentations of what they had done.

The study under attack was published by researchers at the Center for Disease Control and Prevention and the National Cancer Institute. It concluded that people who are overweight but not obese have a lower death risk than people of normal weight. The scientists also reported that being very thin increased the risk of death, even if the thinness was long-standing and not due to illness.

## Breast Cancer: new drug to prevent spread

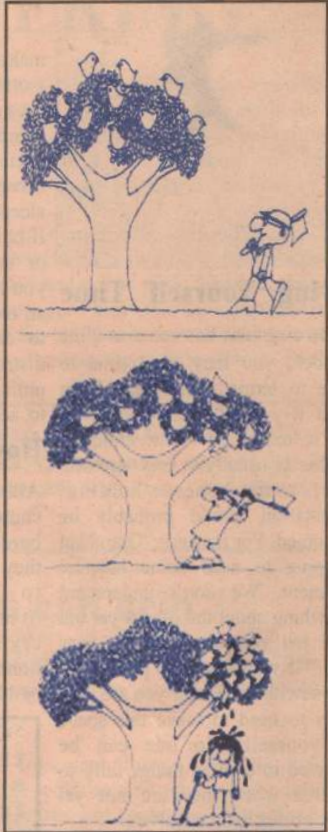
Even as news of singer Kylie Minogue's breast cancer diagnosis made headlines worldwide, closer home, the scenario of breast cancer cases seems to be a cause for concern. The latest statistics in a study conducted by the Tata Memorial centre show a 1% rise in the number of breast cancer cases in India every year. According to oncologist Dr. Rajendra Badwe, Chief of Surgery at the Tata Memorial Hospital, this is a steep rise. "Considering the rate at which our population is growing, it means there are approximately 80,000 to 1,00,000 new cases of breast cancer every year," says Dr. Badwe. What's worse is that women in their 20's are now also at risk. Urban lifestyles also play a part. "Increasing life expectancy, a late first pregnancy, obesity and Hormone Replacement Therapy are the primary reasons younger women are at risk," says Dr. Badwe.

Devieka Bhojwani, founder of Savera, The Women's Cancer Initiative of the Tata Memorial Hospital adds that a lack of awareness about this disease is a grave issue. "Traditionally, cancer is seen as the end of a life, but women don't realise that if the cancer is detected

In the first stage, it can get cured. A mammogram once a year can save their "lives," explains Devieka, who adds that regular health check-ups are unfortunately not on women's priority list. "Women are so concerned about the well-being of their families, that they tend to ignore their own health. And of all the new cases of cancer being diagnosed in India, 40 percent afflict women," says Devieka.

However, there is new hope for preventing the disease. Studies are currently being conducted at the the Tata Memorial Centre on a drug called "Anastrozole", which could even prevent breast cancer. "If successful, the drug could reduce breast cancer cases by 50% at least and could even prevent opposite breast cancer (spreading of the cancer from one breast to the other)," says Dr. Badwe, who warns that if serious preventive measures are not taken now, breast cancer could become an epidemic in the near future.

## Solidarity



## Where do Cancer Patient's go: Accommodation inadequate

According to a report by NGO Cancer Patient's Aid Association, there are 8 lakh new cancer cases every year. A sizeable section of this number of afflicted individuals travel all the way to Mumbai with their families for cancer treatment. And while the city boasts of some of the most advanced cancer treatments, there is a dark side to this tale: the housing requirements for the patients families are woefully inadequate.

"With a 21% increases in India's population from 1991 to 2000, the incidence of cancer is on the rise. Everyday, we treat lakhs of patients coming in from the North and North-Eastern parts of India, apart from all over Maharashtra. The treatment is a long, drawn-out process, (radiation and chemotherapy usually lasts 4-6 weeks) and most of the patient's families face immense problems regarding accommodation, which is a costly affair in Mumbai," states Dr. Surendra Shastri, Head and Professor of the Department Of Preventive Oncology at Tata Memorial hospital. This sad state of affairs has led to numerous families having to stay on pavements and

## 5th June World Environment Day

railway waiting rooms. "Even the most basic guest house costs nothing less than Rs- 250 per day for a single room. Besides, suffering an emotional trauma families also have with day-to-day survival issues," says Neeta More, director, diagnostic services of the Cancer Patients Aid Association. "There are at least 12 shelters in Mumbai which house he families at minimum rates. But even these are not enough," she adds.

Says Suman Singh whose 7-year-old son is afflicted by the disease, "We travelled all the way from Madhya Pradesh for our son's treatment. We put up in a place in Kalyan where they demanded Rs- 8-9,000 as deposit, besides a monthly rent of Rs- 1000." They have finally found an abode at Dr. Mhaskar Hospital which offers lodging for such families at low rates.

But for others like them what might the possible solution be? Dr. Shastri says, "The State Government and the BMC should support hospitals with subsidised accommodations and fee transportation facilities."

## You still want to smoke?

**SHOCK**  
Statistics

6.3

per 100,000 population  
died in 2003

27.8

per 100,000 population  
died in 2003

20.4

per 100,000 population  
died in 2003

Source: WHO

A 20-week-old foetus, aborted due to smoking-related complications, at an exhibition to mark "World No Tobacco day" in Bangkok on Tuesday.

Tobacco companies are having a field day in India and China. They are taking advantage of the fact that there is a glaring lack of awareness among the general public here about the ill effects of tobacco. What is to be lamented is that even now we do not have an effective and widespread health education campaign aimed at reducing tobacco use. Cancer Care India (CACI), an umbrella organisation of cancer support groups, has recently launched a nation-wide cancer awareness programme, which focuses on tobacco. The urgency to do this derives from the fact that more than 50% of cancers among males in this country are in sites that are directly related to tobacco use (oral cavity, throat, voice box, ling). Besides, tobacco is implicated in the incidence of coronary heart disease, cerebro-vascular disease and chronic obstructive lung disease.

# HOW SHOULD I TELL MY FROM



## Giving Yourself Time

If the diagnosis has come as quite a shock, you may need time to come to terms with it and learn about it yourself before you feel able to explain it to the children. As this is usually a very stressful time, some honest 'holding' explanation would probably be welcomed. For instance, "Granddad is going to need some hospital treatment. We don't understand everything about the illness yet but we'll tell you when we do, very soon." If you are a lone parent and the onewith the cancer you are very likely to need to make this space for yourself. No one can be expected to explain things fully to children when they are not yet clear about it themselves.

You may have had the opportunity to think about how you might involve your children, or you may be finding everything is happening too quickly and you are not yet ready. In either case it is important that you look after yourself so that you have enough energy and feel well enough energy and feel well enough supported to be able to talk it through with your children. You might find that family and friends can help you with this.

## Choosing The Right Time To Tell

If you do not tell at the outset, you may want to pick a moment for yourself which seems right or you. If, for instance, the adult is to have treatment which will cause sudden hair loss, you may want to explain this beforehand so that it does not come as a shock. Children can be extremely accepting of physical changes if warned of them in a matter of fact way. Don't delay too long if visible symptoms such as vomiting occur. Children will probably be alarmed by these things and will be less fearful if they know the truth. Unlikely explanation will only

make them fear that something worse is happening.

A good time to tell might be when some obvious change to routine occurs, for instance mum being driven instead of driving or dad sleeping in the daytime.

If children overhear a conversation or come across a parent crying, you might feel that they now need an explanation. You may not want to do it immediately if you are distressed. Perhaps you could wait until you feel stronger and ready to accept your children's reactions.

## How do I tell the children?

Although crying together is to be encouraged, it is important not to burden children in such a way that they feel they are being required to do all the supporting.

It might be appropriate to say "I'm crying because it makes me unhappy that Kim is so ill", or "I'm worried about Mum", but

sound less serious, an older child may feel tricked. If the adult's condition deteriorates, children may feel cheated because they believe they would have behaved differently if they had known. It is natural to be tempted to soften the impact by telling a half-truth. Although this is very understandable, it is probably best to try to be totally honest. Try to avoid making promises that may not be kept, such as, "She will be home this weekend." Or "We'll all be able to go on holiday in June". It is better to say something like "If the tests are all finished, we hope she might be able to come home soon".

Expect to have to repeat much of what you have said. New information is difficult for anyone to take in fully the first time. See if you can find ways to repeat what you have said in different words

**'Children pick up on atmospheres they instinctively know when something's wrong. It's more frightening for them to be told nothing- they'll imagine the worst'**

not to frighten children with expressions of overwhelming despair, such as, "I don't think I can carry on". Words like this are alarming to some children, this may seem as if you are going to give up. If, however, you feel you might become too upset, you may do better to pick a time when you are less emotional or feel more positive. If that doesn't seem likely, you might ask someone else whom the children trust to help you for instance, a grandparent or any adult known to the children and whom you trust. It is of course enormously hard for any adult to be the one to break such news, especially if it is at a time when you are no feeling too confident yourself about what is happening. You don't want to hurt your children, but they are likely to be more hurt if they are not told.

## What should children be told?

Children should not be overloaded with information, as this can be too confusing. The simplest rule is that whatever they are told should be the truth. If, for instance, an adult's illness is made to

or mention it again on other occasions that seem appropriate. Don't be frightened to say, "I don't know" to questions for which you don't have answers.



## How do I explain about cancer?

Possible descriptions of cancer, according to the age and development of the child, are: "When someone has cancer, something goes wrong with particular cells. They divide and grow more quickly than normal, go out of control and start to crowd out the healthy cells, forming a growth. Cancer can grow in any part of the body. People with cancer usually need

special treatment in hospital." Some children are particularly preoccupied with their own health. When they learn about cancer their immediate reaction might be fear of getting it themselves. They are most familiar with infections and illnesses like sore throats which can be passed from person to person. Tell the child that cancer is not catching. Not only will they be reassured on their own account but hurtful misunderstandings, such as a child being reluctant to go near the ill person or touch things they have touched, can be prevented. Older children may want to know if cancer is hereditary. The answer is almost always 'no'. Children should be assured that no one will get a cancer just because a parent had it. If you are worried about this, your doctor is the best person to discuss it with.

## What kind of questions are children likely to ask me?

Sometimes a young person will ask a question about the illness, followed by another question on a different subject entirely. This may be surprising to you but could just be a way of avoiding too much information at once and showing you that he or she has taken in enough for now. Then again, minutes later, the illness may be mentioned again. Depending on the age of the child, he or she may ask very direct questions or they might make seemingly flippant comments. Try to take each comment seriously. This is how they start to trust that they will not be criticised or laughed at. If they sense that you are cross or belittling them, they may feel rejected and unwilling to admit to their true feelings in the future. You may find that the foremost questions concern themselves: "Will I still have a party on my birthday?" Or "Will I still be able to go to Judo?" Preoccupied as you are with a loved one's illness, these may seem selfish and inappropriate reactions but young people need to feel a sense of stability and fear too much sudden change.

# CHILDREN THAT I AM SUFFERING CANCER

Be aware that a child's mind works differently from an adult's mind. The question "Which hospital is dad going to?" might not be looking for reassurance that the hospital is a specialist centre so much as wondering if it is the hospital where the child visited someone else. Young children may have fantasies or totally unrealistic expectations. If you can help the Child to talk about these ideas, you might prevent her or him from becoming frightened or from believing in something unreal. When you need to speak about something sad, try to make some physical contact with the young person while you talk. Putting your arms around them or holding a hand will help to make them feel safe and loved.

## What about changes in behaviour?

Most families find that their relationship with their children improves during an experience of cancer. They feel closer and happier spending time together. A lot of adults worry about what they see as 'bad' behaviour. In fact, only about a third of families in which a parent is seriously ill notice any worsening of behaviour in their children. It is more likely to persist if the illness is long-term and family life is very much altered. Difficult behaviour can take a number of forms and be for a number of reasons. Some children are looking for attention or reassurance. Some may be worried. Others will be reacting to the tension they are picking up from the adults. Children may start by being difficult just to test the adult's reaction. Try to assume that all disruptive behaviour is connected with the illness. It could be for a different reason altogether.

## What is Regression?

Regression means that a child starts behaving like a younger child. It is quite common for a child to regress in some way, for instance by wanting a bottle although he or she can use a cup. Regression may also take the form of getting behind with school work, or appearing to forget things that have already been learned.

Children as old as 12 might start to wet the bed. Any child could become clinging, wanting to stay around the home. Young people of any age might start talking in a babyish voice. Some may have nightmares and not want to sleep alone. They may lose their appetite or else overeat. Others will cry very easily. Adolescents may start to become more dependent again.

## Are there other signs that a child is upset?

At all ages, some children may withdraw from friends. Sometimes, young teenagers will begin to pick fights at school and generally act more aggressively. Some may refuse to go to school at all and become apathetic and self-critical. Such reactions will inevitably be difficult for parents, especially at a time when they themselves are feeling overwhelmed by events. But if children act in these ways, it is not because they are bad or uncaring but because they are experiencing strong and frightening feelings which they don't know how to deal with. They need a great deal of support and love and acceptance at this time. This can be very difficult to give because you have so much else to deal with and in addition the child might reject the support you offer. It is hard to bear this kind of rejection as it can feel so hurtful. If you can muster the energy, the best thing you can do is to keep on offering love and support, even when it does not seem to be appreciated.

**'Kids are all different. My son's reaction to my cancer was awful and he didn't behave very well but now he's well adjusted and I'm very proud of him.'**

## How do I deal with changes in physical appearance?

Children do not necessarily have to be protected from changes in the sick person's appearance, but changes do need to be explained. Children are easily embarrassed by changes. A calm explanation that mum's arm is stiff because of her operation, will probably satisfy a young child. Children can adjust quickly to Jenny's baldness or

Granddad's strange new voice. There is more likely to be a problem if the adult has reacted negatively to the change in her or his body. If a child picks up these negative feelings, they may then feel afraid or worried. If the person looks very different, a child might not even realise that it is the same person, for example after surgery on the face or after gaining or losing a lot of weight.

Adolescents are struggling with their own sexuality. They are likely to be embarrassed or uncomfortable with a relative's mastectomy for example. It helps to be aware of this and not to push them into knowing more than they want to hear. Teenagers may also be embarrassed by changes such as loss of control of the bladder or bowel, or the development of unpleasant smells. Try to explain these as matter-of-factly as possible.

**'I was very open speaking to my children. I talked about gangs of rogue cells forming a tumour. They understood.'**

## How you can help?

So what can you do? How can you help? How should you react? The help that you can give takes two overlapping forms: **emotional and practical**

### Emotional Support:

Listening is usually the most important thing that you can do. As we have already heard, people with cancer feel a huge range of emotions starting at the time of diagnosis and continuing throughout their treatment. But what is certain is that your loved one may feel better for describing their feelings.

*Aaron aged 8 years old explained it to his younger brother this way when his granddad died. "I think dying is like a balloon. If you prick it, the air goes somewhere doesn't it, but you can't blow the balloon up again. And some people believe that when we are finished with our bodies because they have just worn out, the bits of us that laughed and got cross and were clever or stupid or kind turn up again and again in you the children. So that nothing is ever lost. And you won't be lost either. You still belong to someone, you are still an important Member not only of your own family but to other families, your friends and your school."*

### So how can you be a good listener?

### Find out if they want:

Sometimes people don't want to talk. There may even be periods of what seems like denial. Some people need time to absorb the new and adapt to their circumstances. If they only want to talk about everyday subjects or practical issues that's fine. But do give them the opening to talk more deeply. Ask, 'Do you feel like talking?' Don't be offended if they don't. The time may come when they do, just being there is a help.

### Show you are listening:

Think about they are saying. (Not what you are going to say next). Try not to interrupt. If they interrupt you let them. Give simple encouragement with nods and phrases like 'yes, I see' and 'tell me more'. Repeat back to them bits of what they have said to show you listened and, if possible, try not to change the subject. If they want to talk something it's because it's important to them.



## News News News

### US Scientists plan to map cancer genome

Opening a new front in the battle against Cancer, federal officials are planning to compile a complete catalogue of the genetic abnormalities that characterise it. The proposed Human Cancer Genome Project, as it is being called for now, would be greater in scale than the Human Genome Project, which mapped the human genetic blueprint. It would seek to determine the DNA sequence of thousands of tumour samples, looking for mutations that give rise to cancer or sustain it. Proponents say a data - bank of all such mutations, which would be freely available to researchers, would provide invaluable clues for developing new ways to diagnose, treat and prevent cancer.

"Knowing the defects of the cancer cell points you to the Broad Institute, a genetic research Center in Cambridge, Massachusetts, and the head of the cancer genome project.

The project would cost roughly \$1.35 billion over nine years, but where the money will come from is still uncertain. For now, the government is likely to start with some smaller pilot projects, officials said.

However, Dr. J Craig Venter, who led a private project to determine the human DNA blueprint, said it would make more sense to look at specific families of genes known to be involved in cancer. But Dr.

Lander and other proponents say the time is right for such an effort because the project has provided he under-laying human DNA sequence with which tumour cells can be compared. In addition, the cost of sequencing is dropping. And discoveries of individual cancer-related genes have already helped lead to new drug therapies.

The proposal, presented last month to an advisory committee to the National Cancer Institute, was drawn up by a group led by Dr. Lander and Dr. Leland H. Hartwell, a Noble laureate. Drafters included Dr. Harlod

. The project would determine the sequence of the DNA in at least 12,500 tumour samples

. By comparing the genetic codes in these samples with one another and with sequences in healthy tissue, it should be possible to pinpoint mutations responsible for cancer

. A databank of all such mutations freely available to researchers may provide clues for new ways to diagnose, treat and prevent cancer



Dr. Eric S Lander

Varmus, a Noble laureate and a former director of the National Institutes of Health, and Dr. Bruce Stillman, President of the Cold Spring Harbor on Long Laboratory Island.

The project would determine the sequence of the DNA in at least 12,500 tumour samples, 250 samples from each of 50 major types of cancer. By comparing the order of the letters of the genetic code in the tumour samples with one another and with sequence in healthy tissue, it should be possible to pinpoint mutations responsible for cancer.

## CANCER SUPPORT

### COIMBATORE CANCER FOUNDATION

GKNM Hospital  
Pappanaicken Palayam  
Coimbatore 641 037  
Tamil Nadu  
Tel : 216211  
Fax : 211611  
e-mail: cancerfdn@coimbatore.com  
Website: www.coimbatore.com/cancerfdn/ccf1.htm

### GLOBAL CANCER CONCERN INDIA

H-16 Green Park Extension  
New Delhi 110 016  
Tel: 6100407, 6197899  
Fax: 6171028  
e-mail: gcci@vsnl.com

### INDIAN CANCER SOCIETY (ICS)

Q5-A Jangpura Extension  
New Delhi 110 014  
Tel: 4319572, 6845230  
Fax: 4314907  
incansoc@nda.Vsnl.net.in  
www.indiancancersocietydelhi.org

### CANSUPPORT

38 Shahpur Jat, 2nd Floor  
New Delhi 110 049  
Tel: 6497154, 6497153  
cansup-india@hotmail.com  
www.cansupport-india.org

### New cancer care facility

Lilavati hospital spruces up its cancer care division by installing a State-of-the-art endosonography machine, which will facilitate treatment of gastrointestinal cancer.

Lilavati vice president Dr. Narendra Tridevi said that responsibility of the private sector in healthcare increases as government budget allocation for health is falling. This technology will help us in proper diagnosis and treatment of gastrointestinal cancer, which is on the rise in India.

Gastrointestinal cancer forms about 10% of all cancer in India. While localised cancers are treated by surgery, chemotherapy or radiotherapy is helpful in relatively advanced cancers. It is important to get an accurate idea of how the disease's spread pattern before deciding on the treatment. The endosonography machine will help us in this detection.

Noted gastroenterologist Dr. Vinay Dhir said that while endosonography helps in finding the extent of the cancer's infiltration, it also helps in detecting other diseases like intractable pain in abdomen, bile duct stones and pancreatic disorders.

### Cancer Doctors Stunned That Drug for Symptoms Treats Blood Disease

Doctors were stunned when a drug they hoped would relieve the symptoms of a deadly blood disorder started treating the disease itself. In nearly half of the people who took experimental drug Revlimid, the cancer became undetectable. Specialists said Revlimid now looks like a breakthrough and the first effective treatment for many people with myelodysplastic syndrome, or MDS, which is even more common than leukemia. Dr. David Johnson, a cancer specialist at Vanderbilt-Ingram Cancer Center who is familiar with the research but had no role in it, said: revlimid + is not yet the market but almost certainly will be: because of these findings.

## Gene therapy offers new hope

**Seoul:** A team of South Korean scientists say they have found a way to produce than body's own cancer-killing cells through gene therapy, offering new hope to cancer sufferers.

The team said they had found that a gene called vitamin D3 up-regulated protein 1 (vdup1) plays a crucial role in directing stem cells to diversify into immune cells known as natural killer (NK)

Cells. NK cells are large, granular blood cells known as lymphocytes that are able to eliminate virus-infected cells as well as tumor cells.

"Stem cells can develop into various cells and organs in the body," said the leader of the

Team, Inpyo Choi of the state-financed Korea Research Institute of Bioscience and biotechnology in the central city of Daejeon.

"We have found that when hematopoietic stem cells diversify into NK cells, the gene, vitamin d3 up-regulated protein 1 (vdup1), plays a decisive role," he said.

"We've also succeeded in developing technology needed to induce stem cells obtained from a patient's bone marrow to diversify into immune cells and activate them," he said. "This is the first step toward developing new treatments using our own immune system to fight cancers."

## CANCER RESEARCH



Information

**M**ost people describe nausea as 'feeling queasy' or 'feeling Sick'. Sometimes we feel nauseated for a while after eating a rich meal, for example. This feeling gradually goes away as our food is digested. Nausea may be followed by vomiting. However, even when vomiting has stopped, the nausea may still be there. Often it's more difficult to stop someone feeling sick than to stop them being sick. Vomiting is the forceful emptying of the stomach. It's an action to protect us from being 'poisoned' by substances taken into our bodies. An example of this is an attack of food poisoning caused by 'foreign' bacteria when food hasn't been stored or cooked properly. Retching or 'vomiting on an empty stomach' may also occur before, after or separate from vomiting. No one knows why this happens.

If you have had treatment before which made you feel sick or be sick, just the thought of having a similar treatment may make you feel sick, even before you have it. This is called **anticipatory nausea and vomiting**. It's quite common in people having several courses of chemotherapy, for example. If there's no obvious reason for your nausea or vomiting, your doctor may ask for some tests to find out the cause.

**When may nausea or vomiting occur?**

Nausea or vomiting occurs whenever the brain's vomiting centre is stimulated. **After and operation** you may wake up feeling sick. Nausea may last for up to 24 hours, until the effects of the anaesthetics have worn off. Modern anaesthetic cause much less post-operative nausea and vomiting. **If you have had an operation on your stomach or bowel**, you will have a thin tube inserted up your nose and down into your stomach. This is called a **nasogastric tube**. It will drain off any fluid and stop you from being sick. However, you may still feel nauseated for a few days. The tube won't affect your ability to speak.

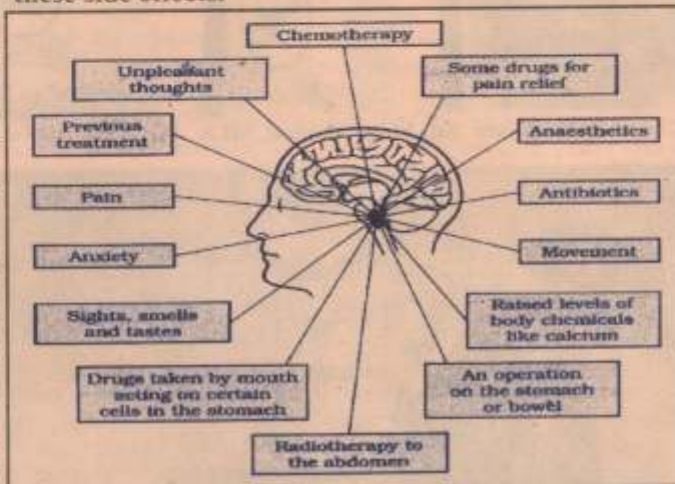
**During radiotherapy**

very few people became nauseated it depends on which part of the body is being treated. Some people feel sick at the beginning of a course of treatment and find that nausea often disappears within a day or two. Others start to feel sick later on. Do tell the radiogra-

**N a u s e a**

Nausea and vomiting are side effects of certain anti-cancer treatments. They may also be due the illness itself. Ill health, admission to hospital or regular visits for treatment may cause anxiety. This can also affect how much nausea you feel and how well you cope with it.

People react differently to treatment, such as radiotherapy and chemotherapy. Some have very few problems. However, if nausea or vomiting does occur, there are medicines and other ways to reduce or prevent these side effects.



There is a vomiting centre in the brain which can be affected by many things.

phers or your doctor if you suffer from nausea. You can be given drugs to control it and it's very unlikely that your radiotherapy will need to be suspended. Nausea may continue for a couple of weeks after the end of treatment. **Chemotherapy** is usually given over several months. In most cases each treatment is followed by rest period. Nausea or vomiting may occur a few hours after treatment but sometimes it can start sooner. Generally vomiting stops within 48 hours and nausea within 72 hours. Occasionally sickness may last longer. If this happens contact the hospital or your family doctor (GP). Some chemotherapy tablets may also cause sickness. If so, take them before you go to bed then you'll be asleep when you're most likely to feel sick.

**Anticipatory nausea or vomiting** may be prompted by something which reminds you of a previous treatment that caused sickness. If you are worried about this, do talk to your doctor, nurse or any of the staff caring for you. Support can be offered to help you cope with anticipatory sickness. **What may I feel like?**

Nausea comes in waves and may make you want to vomit. It often occurs before or after vomiting. You may suddenly feel cold, clammy and dizzy and appear pale. You may also notice your breathing and heart rate change. Most people produce extra Saliva just they vomit.

Actually being sick may relieve your nausea. However, after vomiting you will probably feel weak and shaky and need to rest for a while.

**-What drugs may be prescribed?-**

Drugs used to prevent or control nausea and vomiting are called **anti-emetics**. Anti-emetics can be given in various ways:

- Tablets or capsules
- Syrup or liquid
- Injection
- Suppositories

After an operation you will probably be given anti-emetic injection into a vein (IV) or sometimes into a muscle. During radiotherapy nausea is uncommon and, if it does occur, can usually be controlled by tablets. You must take the tablets regularly to keep blood levels of the drug steady and get the best effect.

When you receive

intravenous (IV) chemotherapy, you will also be given an anti-emetics injection.

This will be followed by a course of tablets which you can take at home. If you can't keep tablets down, you can be prescribed Suppositories to insert into your rectum (back passage). From there the drug is absorbed into your blood stream.

**REMEMBER SICKNESS MAY BE NOTHING TO DO WITH YOUR ILLNESS OF TREATMENT. YOU MAY HAVE PICKED UP A 'TUMMY BUG' OR EATEN SOMETHING WHICH HAS UPSET YOUR STOMACH.**

Some anti-emetics have side effects, such as drowsiness or feelings of restlessness. When you start your treatment your doctor, nurse or pharmacist will also explain in detail when and how you should take your anti-emetics and why you should take them regularly.

**-What about eating and drinking? -**

Don't force yourself to eat when you're feeling sick. It's more important to drink plenty liquid than to have three meals a day. Try sipping clear, cold fluids, such as water and soft drinks, slowly through a straw. Fizzy drinks like soda water and ginger ale are quite refreshing.

Lemon, peppermint or ginger teas have a pleasant taste and are also help to avoid alcohol as this can cause dehydration.

You may find sucking ice cubes helps to freshen your mouth. These can be flavoured with cordials and fruit juice. Crushed ice may make a drink more enjoyable. Some people find sucking lemon-flavoured sweets or mints reduces nausea.

Cold food or food served at room temperature, such as a sandwich, is usually less likely to upset you. Also avoid very sweet, spicy or greasy food and stay bread or plain biscuits. Dry toast or ginger-nut biscuits may help settle your stomach. Try to breath through your mouth because food smells often make nausea worse. Avoid foods with a strong smell. When you feel nauseated, ask friends relatives to help prepare and served food.

## Opening of the offices of Cancer Aid Foundation by dignitaries on 14/04/2005



Founder Prof. A. A. Kazi Add. Comm. V.L. Patankar Adv. Yusuf Abhrani, MLA Mr. H. M. Dalwai, Patron Mr. Ali. M. Shamsi Social Activist



Mr. Johny Joseph, IAS, Mun. Comm. MCGB cutting ribbon to open the Programme Dept.

Dr. Rehan A. Kazi Proposing vote of thanks

Dy. Mun. Comm., MCGB Dr. Alka Karande Opening Of Accounts Dept.

**Visits:**

- \* Mr. Z. Bandukwala Hon. Gen. Secretary, Indo Arab Society, "The Foundation needs all the help & encouragement from the citizens of Mumbai." I wish all success to Prof. A. A. Kazi.
- \* Dr. Irfan Khatib, "This Institute is an inspiration to all of us not only as medical practitioners but also has human beings." May the blessings of the almighty be with your Association.

### CANCER AID FOUNDATION

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  - ✓ 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.
  - ✓ Free projection of films on Cancer Awareness in Schools and Institutions



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**Chief Editor Dr. Rehan A. Kazi, MS. DNB, DLORCS (Eng.), DOHNS (Eng.) ● Editor - Asif Ali Khan**

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