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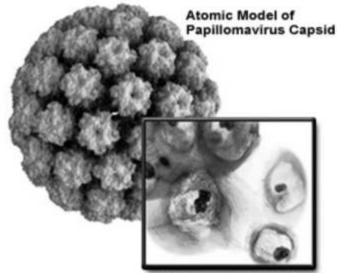
Internet Journal of Head & Neck Surgery [www.ispub.com] - official scientific journal of CARF

# **Human Pappillomavirus Test helps in** detecting cancer

Human Pappillomavirus (HPV) is a virus that infects the skin and the inner lining of body cavities. It is a very common to have HPV infection in your 20's, most do not present with any symptoms and the infection subsides on its own. That is why HPV DNA testing is not recommended in women before the age of 30. Infections can occur in fingers, oral cavity, hands and genitals. Usually this infection is transmitted due to skinskin contact with an infected person or due to sexual contact. Most do not cause any symptoms, some show excess growth like genital warts. But these are not the strains that cause cancer. There are more than 100 variety of HPV's but most are harmless. Only few strains can cause cancer, also known as the high risk or oncogenic type. HPV is present in 99.7% of cervical cancers. The strains which cause cancer are around 13 in number like HPV 16 and 18 have been strongly associated with cervical precursors and cervical carcinoma. Other oncogenic strains are 31, 33,35, 39, 45, 51,52,56,58 and 59 etc.

HPV can cause cancer in the genital area like: vulva, vagina, penis, and anus. Men who have sexual relation with other men can get anal cancer due to HPV infection. Some cancers of the mouth and throat are also responsible due to HPV. Barrier contraceptive such as a condom protects against this infection, as well as other sexually transmitted disease.

In men we cannot test the presence of this HPV virus but in women we can detect whether an individual is infected or not. Molecular HPV testing methods are based on the detection of DNA from high risk HPV types in vaginal and or cervical samples. Combining cytology test such as Pap test along with HPV DNA test is considered an appropriate option for screening women after the age of 30 years. This is known as co-testing. Otherwise HPV DNA test is recommended usually if Pap Smear test shows any abnormal cells, like ASCUS atypical squamous cells of undetermined significance. Or some countries like the US has incorporated this test as a regular screening for cervical cancer, it is done as a co-test with Pap smear every 5 years. Having a positive test does not mean that you will have cervical cancer. Your doctor will explain that if you test positive of any of the high risk strains, you may be referred for colposcopy examination (instrument to visualize cervix under magnification). Depending upon colposcopy examination, a biopsy maybe advised if there are any suspicious lesions. But if colposcopy



Pap Smear with HPV

is normal then one is asked to come after one year for follow up.

However if a women is detected to be HPV positive, it is most likely that her HPV infection is persistent (one of the oncogenic strains). Most cervical cancers that is detected, nearly all cases are due to persistent infection. It takes around 10-15 years from the first cervical abnormality to full blown cancer to occur in the cervix. Treating women who have cervical precursor (cervical intra epithelial neoplasia) therefore greatly reduces the risk of future cervical cancer. However, while an HPV infection is necessary precursor for cervical cancer, a positive test does not mean that one has a precursor, it only means that there is an HPV infection. This individual should be on close follow up and must also understand why follow up is essential.

Focus should be on primary prevention, safe sexual practices, such as using barrier contraception, healthy life style, vaccinating all young girls and boys during prepuberty period. After age 30 years, women should be screened every 5 years till 65 years. If any abnormality is detected the doctor will call them earlier, only if we can detect these pre cursor lesions at an early stage and treat them effectively, we can make a difference in women's lives.

> Dr.(Mrs.) Rajshree Kumar (Consultant, Gyn. Oncologist)



DR. VITTHAL KALE M S , DORL, (KEM Hospital) FELLOW(Head & Neck Oncosurgery) ENT & HEAD-NECK Cancer Surgeon Laser, Sinus Endoscopy & Thyroid Specialist

## Oral Cancer

Oral Cancer is six leading cause of cancer world wide. It is generally socially derived disease. Incidence of oral cancer varies through out the world. High incidence in India France, SE Asia. Age of Onset is generally after 50 years of age Sex ratio is 3:1 as M:F Oral Cancer includes cancer of lips buccal mucosa, tongue, gingiva, retromolar trigone, floor of mouth and hard palate.

Risk factors for oral cancer are tobacco chewing ,alcohol consumption ,Viruses (EB,HSV,HPV,HIV), Neglect of oral dental hygiens, dental trauma, lichen planues,

immunosupression & malnutrition. Those uses tobacco & alhohol to have significant risk of Oral Cancer because its contain Nitrosonosoamine which is cacinogenic

Distribution of oral cancer according to locations Tongue 34%, Buccal mucosa 24%, Lips 16%, Retro molar trigone 2%, Gingiva 12%

It may represent as Non healing ulcer over tongue, buccal mucosa, veracious / cauliflower growth over tongue and buccal mucosa .It may present as enlarged cervical lymph nodes.

#### DIAGNOSIS:

- Clinical; History taking, Detail clinical examination of Oral cavity
- 2) Endoscopy for to see second primary
- 3) Biopsy to confirm diagnosis
- Radiological tests; CT/MRI/PET SCAN/USG for staging of muccosa, oral cavity & cervical lymphnodes tumour

TREATMENT: Treatment goal is to eradicate primary tumour and lymph node metastasis to maintain function and cosmetic reconstruction.

Factors affecting choice of treatment is

- 1) Tumour factor
- 2) Patient factor
- 3) Resource factor

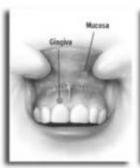
Treatment options are;

- 1) Surgery alone
- 2) Surgery + Chemo Radiation
- 3) Chemo Radiation

#### PROGNOSIS: Depends on

- 1. Location of tumour
- 2. Size & Depth of tumour
- Extension of disease
- 4. Histology of tumour

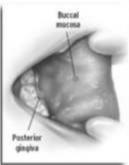
## Thoughts of



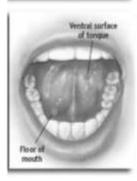


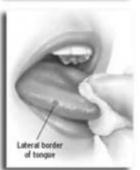












### FREE CANCER INFORMATION LEAFLETS & POSTERS

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

Contact: 2300 5000 / 7000

#### ATTENTIONS READERS!

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

# African bush may help treat kidney cancer

New University of Leeds research has shown why a bush that is only found in some African countries could hold a key to killing renal (kidney) cancer cells. Phyllanthus engleri, also known as spurred phyllanthus, is only found in Tanzania, Zimbabwe and Mozambique. Previous studies have shown that the plant contains a chemical, Englerin A, which kills renal cancer cells - but they have not shown why.

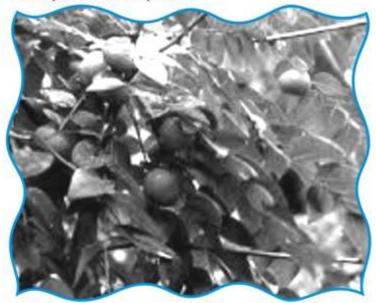
A team led by Professor David Beech, of the School of Medicine at the University of Leeds, has discovered that Englerin A in very small amounts activates a particular protein, TRPC4, and its close relative TRPC5. This triggers changes in the renal cancer cell which kills it.

"Englerin A is particularly interesting because it is selectiveit only kills renal cancer cells and a few other types of cancer cell. Other cell types are resistant to it, so we think Englerin A has a great deal of potential," said Beech.

"This is just the first step on a journey though - our studies have been in the laboratory, not on patients. It could take some years to develop a drug which would effectively target these renal cancer cells in people."

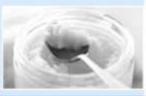
The research showed that the protein activated by Englerin A forms channels that open to allow tiny electrically-charged atoms known as ions to enter cells and trigger changes. This import of ions was studied at a molecular level.

The research has been published in the chemistry journal Angewandte Chemie and was conducted in cell lines developed from cancer patients.



Mumbai Mirror, March 18, 2015

Ghee coats the passageways of your digestive tract to reducing the possibility of cancer.



Mumbai Mirror, Dec 19, 2014

# Holiday boom tied to rise in skin cancer



The legacy of the 1960s package holiday boom and the modern vogue for tanned complexions mean pensioners are now seven times more likely to get the most dangerous type of skin cancer than 40 years ago, new figures have revealed.

Older men are 10 times more likely to be diagnosed with malignant melanoma than their parents' generation and women are five times more likely. Cancer Research UK, which compiled the figures, said the huge increase was likely to be a consequence of British people having greater access to sunny climes since the cost of a holiday abroad dropped significantly in the 1960s. According to the most recent figures, 5,700 over-65s are now diagnosed with melanoma in the UK every year – compared to only 600 in the mid-1970s.

Age is a risk factor for skin cancer and, as with all cancers, part of the reason for the increase in incidence is that people are simply living longer.

However, the scale of the change in skin cancer rates indicates that a change in our attitude to tanning and the desirability of darker skin tones are also factors. Cancer Research UK said that getting sunburnt just once every two years could triple the risk of malignant melanoma.

Professor Richard Marais, a skin cancer expert at the charity's Manchester Institute, said the increased rate of melanoma was a "worrying" trend. "It's very important for people to take care of their skin in the sun. It's also important for them to keep an eye on their skin and seek medical opinion if they see any changes to their moles, or even to normal areas of skin," he said.

Times Of India Apr 7, 2015

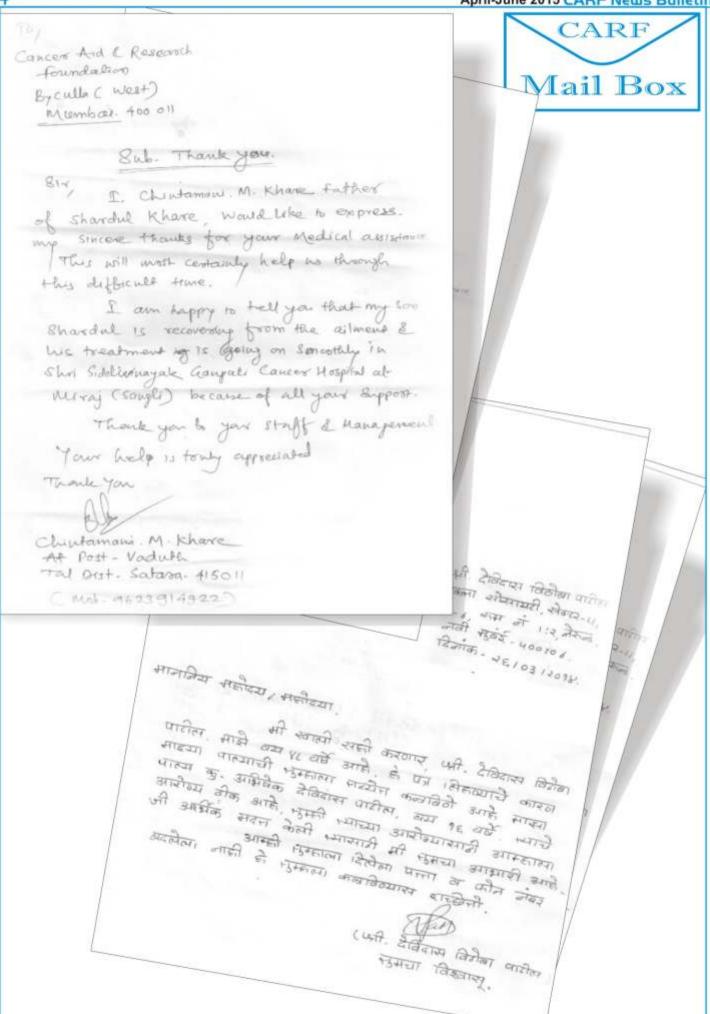
## New Vaccine Could Help You Quit Smoking

Researchers at the Scripps institute are working on a nicotine vaccine that could put an end to the addiction. The



vaccine will get the body's immune system to treat nicotine like a foreign invader. The research appears in the Journal of Medical Chemistry.

Mumbai Mirror, Jan 23, 2015





# एक कदम















In our Employee Engagement plan every time we do some recreational activity in order to reduce stress & fatigue from our employees & motivate them for the new heights. This time our agenda of Employee Engagement Plan was Swachh Bharat Abhiyaan through which we spread awareness amongst our employees & society to remove dirt & scrap from our surrounding.

"We took step ahead to make our surrounding HEALTHY & CLEAN now its your turn....."



## **World Anti Tobacco D**





















World Anti Tobacco Day was celebrated by Cancer Aid & Research Foundation (CARF) with great zeal and vigour at Kalachowki Police Station on 30th May, 2015. All faculties, officers & employees of police force attended and participated along with their family members.

Mr. Abhay Kumar Yavle ACP, was the Chief Guest for the day. He was felicitated by Mr. Shamshi Mulla, CEO with a bouquet of flowers followed by felicitation of Mr. Shekhar Tawde, Sr. PI (Kalachowki Police Station) by Mrs. Savita Nathani, COO. Mrs. Tabassum Khan, DGM felicitated Adv. Rajdeep Lehri and Mr. Mustafa Mulla was felicitated by Mr. Zia Raie.

ACP Abhay Kumar Yavle complimented CARF for the good work and service they are rendering to the poor cancer patients. He explained in brief the plight of the cancer patients and when they cannot afford the costly treatment, how CARF comes to the aid of such needy poor patients not only by providing financial help but moral support too.

The highlight of this event was the Medical Camp for the police personnel and family. About 100 policemen/policewomen participated in the camp for medical check-up and pathology tests. Dr. Kale, Dr. Fatima Syed along with their team conducted the medical camp.

CARF is grateful to Mr. Ashok Dudhe, Deputy Commissioner of Police, Zone-4 for granting permission to hold this event/camp on 'World Anti Tobacco Day' and for all the support and courtesy rendered to CARF.

### Cancer Survivor

Master Shubham Buchade 14-year-old survivor who displays immense courage in his struggle against Non Hodgkin Lymphoma(a type of blood cancer). In October 2012, symptoms of fever , vomiting and blurred vision led to blood and bone marrow tests on the young boy, which revealed he was suffering from Non Hodgkin Lymphoma. Realising that the disease is extremely serious in children-which can result in a quick death, if not treated in time, Shubham's family took it very hard as he is their only son. His father being the sole bread earner in the family with limited income could not afford huge treatment expenses. He approached CARF for help. With CARF financial support-Shubham's treatment started.

Shubham decided to face his fear bravely and underwent 5-cycle of chemotherapy treatment, during Mr. Shubham Buchade

which he was physically too weak to even sit up. Being so ill and missing school was the toughest part of his challenge, but family and friends kept him motivated throughout. Today he has successfully completed his chemotherapy and is presently under the maintenance phase and comes for follow up once in a year.

Currently he had completed his 10th standard exams and waiting for his results to continue further studies. But he is grateful that he gave it his all and will continue, with God's blessings, to be a survivor.

# Talk by Dr. Tolia on Acupuncture-Holistic Approach to Cancer Care

Date: 26th March 2015, Venue: Cancer Aid and Research Foundation Library.

It was a well attended event with participants who came forward with good queries. Mrs. Rashida Kazi appreciated doctor's efforts. The doctor was very cooperative and his lecture motivated each & everyone specially the cancer patients who were present. The patients showed interest and benefitted by the talk.









## CARF DRIVE

CARF Drive which is a revolutionary drive is held throughout Mumbai twice in a month to spread awareness to fight cancer with strength. In this drive we stick our SMILEY stickers with a message of NO SMOKING & UNITED AGAINST CANCER on all the commercial & private vehicles. We also distribute free guide books, News Bulletins, leaflets etc to all the vehicles owners to create cancer awareness and to make them aware of ill effects of Tobacco consumption and smoking. We arrange the CARF Drives at petrol pumps, parking lots & malls etc. NSS students (Volunteers) of different colleges, such as Jai Hind College, Churchgate, K.C. College, Churchgate etc also participated in our Cancer Awareness Drive.

















## CARFSCREENING

CARF has its own Cancer Education Facility and spreads awareness through medium of screening documentary films on cancer in various B.M.C schools through-out Mumbai and private schools like Tadwadi School, Umar rajaab School, etc.,colleges & corporates. In our fight against cancer we make the young generation aware about the ill effects of Tobacco and Gutkha.









- Registered under the Bombay Public Trust Act, 1950.
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- · E-mail: cancerarfoundation@yahoo.com | carf@cancerarfoundation.org
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- Cancer Research.
   Cancer Awareness and Education through CARF News Bulletin, Patients information leaflets and e-news letters. • Cancer screening and Detection Programme. • Anti Tobacco and Anti Cancer advocacy . Free Ambulance Service provided to cancer patients all over Mumbai . Counseling for cancer patients and their families . Cancer hotline. . Recreational activities for cancer patients • Providing free Anti Cancer Drugs, Prosthesis and Instruments to needy 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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All views expressed in the CARF News Bulletin belong to the author. The Foundation need not necessarily subscribe to them.

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## CHARITY SALE

All proceeds from the sale of articles made by poor cancer patients will go towards their welfare.

> For inquiry call on: 2300 5000









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save lives of the poor and needy cancer patients

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