



# CARF

# News Bulletin

(Official Publication Of The Cancer Aid & Research Foundation)

Member: UICC (International Union against Cancer), Geneva, Switzerland

Associate Member: INCTR (International Network for Cancer Treatment and Research), Brussels - Belgium

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

## BREAST CANCER

Cancer means uninhibited growth of cells forming a tumour which has the ability to break away & move to other parts. (Distant organs in body like Lung, Liver, Bone & Brain) starting new tumours.

Breast cancer is most common today.

### Risk Factors for Breast Cancer:

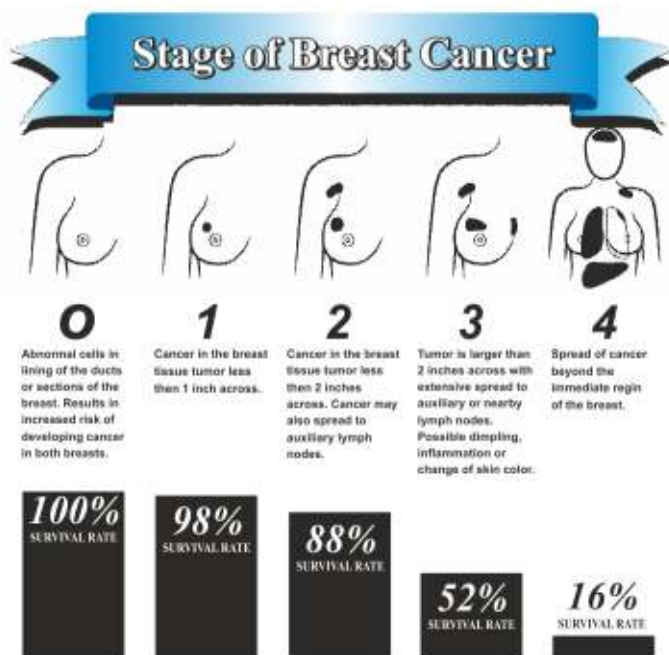
- 1) Age-43 to 46 high risk- 4 to 5 female > 50yrs.
- 2) Family history
- 3) Obesity
- 4) Smoking - changes of life styles.
- 5) Hormone replacement therapy.
- 6) Early Menarche & late menopause.

### Factors that decreases the risk.

- 1) Breast feeding - Beneficial to child & mother both.
- 2) Giving birth - Having children at younger age.
- 3) Healthy weight - As per age & height keep it in control.
- 4) Physical activity - Daily 30 minutes.

### Prevention tips:

- 1) Implementation of breast feeding awareness programme in society.
- 2) Nutritional programme.
- 3) Awareness of physical activities like yoga, meditations, cycling, jogging, etc.
- 4) Contraceptive methods can be used.
- 5) Screening.



### Tips for identification of Breast Cancer.

a) Breast self examination.

Check your breasts about 9-10 days after your period starts. If you don't have periods check on the same day of every month. Depending on your age & time of monthly cycles, breast feel is different. Under the shower it is a good time to check yourself regularly and observe the changes.

### Position for checking breast.

In two position sitting with arms raised behind the neck & lying down with arm raised & pillow under that shoulder-examine with opposite hand-pad of fingers held together with firm pressure in spiral pattern or strip pattern and lastly arm pits with arms at sides.

1) FNAC - A sample of suspicious area / lump removed using thin / thick hollow needle & preparing slides, looked under microscope after staining which confirm & graded by pathologist. (On Biopsy material two more testings can be done in lab.)

a) Hormone receptor study - Estrogen & Progesterone receptors which can be managed by hormone therapy.

b) Hormone Epidermal growth factor type II testing - HERQ is a position present in some types of cancers which helps it to grow, hence they can be managed by targeted therapy.

If you suspect slightest change, see a doctor immediately.

c) Clinical breast examination - The breast surgeon will do a thorough examination of the breast & axilla & general health & will advise screening.

### 2) Diagnostic Techniques:

a) Mammogram, X ray of breasts.

b) Breast Ultrasound - differentiate cysts & solid masses & benign from malignant ones.

c) Magnetic Resonance Imaging (MRI) - for screening women at high risk, determine the size of the tumour & identify other cancers of breast.



**Dr. Miss Jayamala Shankarrao Shinde**  
M.B.B.S. M.S. (ONCO & GEN. SURG.)



# Thoughts of



**Dr. D. P. Rebentisch**  
MD, DMRT  
Consultant  
Dept of Radiation oncology  
Wanless hospital  
Miraj

## Cancer treatment:

Non-communicable diseases including cancer are already emerging as major public health problems in India. Maharashtra, being a progressive and relatively prosperous state. These diseases are related to habits and have a long latent period and need specialized infrastructure and human resource for treatment. The risk factors for most cancer prevailing in Maharashtra are tobacco, dietary habits, and alcohol consumption. With the control of infectious diseases in our state, cancer is on the rise.

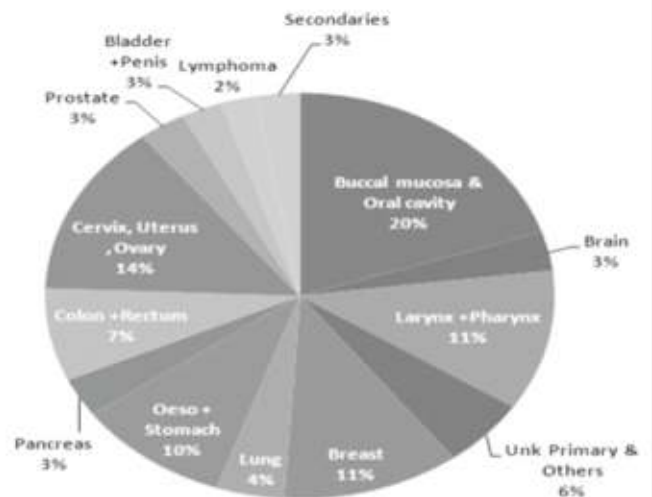
Globally the burden of new cancer cases in 2000 was estimated to be around 10 million with more than half of these cases originating from the developing world population. Although estimates vary it is estimated that by the year 2020 there will be almost 20 million new cases. Worryingly, it is not only in the number of new cases that will increase, the proportion of new cases from the developing world will also rise to around 70%. The magnitude of the problem of cancer in the Indian Sub-Continent in terms of sheer numbers is the most alarming.

From the population census data for India in 1991, 609,000 new cancer cases were estimated to have been diagnosed in the country. This figure had increased to 806,000 by the turn of the century. The estimated age standardized rates per 100,000 were 96.4 for males and 88.2 for females. The most common cancers found in males were cancers of the oral cavity / head & neck lung, pharynx, oesophagus, and stomach (Figure 1a) while among females cancers of the cervix, breast, ovary, oesophagus and oral cavity were common, {Indian J Cancer. 1998 Mar; 35(1): 10-8}

## Causes of common cancers:

One of the major reasons for the high incidence of oral cancer is due to use of tobacco in any form. It is estimated that around 40% to 50% of the men and 15% to 25% of the women use tobacco on a regular basis in the area surveyed by our hospital. Tobacco is mostly chewed or applied to teeth /gums or snuffed tobacco related cancers account for about 50% of all cancers in males and 25% of all cancers in females. In other words these cancers account for more than one third of all cancers in both sexes.

## Cancer Incidence

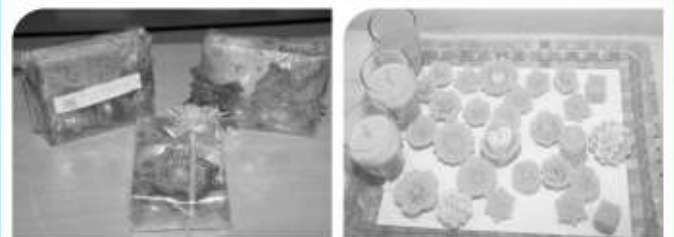


**Cancer Incidence in catchment area  
Males & Females**

## Tobacco Consumption Risks:

Prevention and early detection of cancer can highlight the risks associated with tobacco use and to advocate effective methods to eradicate tobacco. All of us know how dangerous the tobacco leaf is, we have come across, use of dried stems of the tobacco plant as kitchen fuel it often produces a lot of smoke and a pungent doer; this is widespread in nearby villages, dried tobacco plant is used to bake jawar bread [bhakri], resulting in high incidence in respiratory illnesses and may play a role in lung and stomach cancer. Our dept of community health has been actively engaged in educating villagers about dangers posed by this type of kitchen fuel.

## 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**





### Urine test may detect early-stage pancreatic cancer

A combination of three proteins found at high levels in urine can accurately detect early-stage pancreatic cancer, new research has found. The discovery could lead to a non-invasive, inexpensive test to screen people at high risk of developing the disease. "For a cancer with no early stage symptoms, it is a huge challenge to diagnose pancreatic cancer sooner, but if we can, then we can make a big difference to survival rates," said study co-author Nick Lemoine, director of Barts Cancer Institute, Queen Mary University of London. Although there is no universal cause of pancreatic cancer, people at higher risk of developing the disease include those with a family history of pancreatic cancer, heavy smokers, the obese and people over 50 years with new-onset diabetes. The new test could also distinguish between this cancer and the inflammatory condition chronic pancreatitis.

The study looked at 488 urine samples: 192 from patients known to have pancreatic cancer, 92 from patients with chronic pancreatitis. The study looked at 488 urine samples: 192 from patients known to have pancreatic cancer, 92 from patients with chronic pancreatitis and 87 from healthy volunteers.

A further 117 samples from patients with other benign and malignant liver and gall bladder conditions were used for further validation. When compared to urine samples from healthy patients, patients with pancreatic cancer were found to have increased levels of each of three proteins - LYVE1, REG1A and TFF1. Patients suffering from chronic pancreatitis also had significantly lower levels of these protein than cancer patients. When combined, the three proteins formed a robust panel that can detect patients with early-stage pancreatic cancer with over 90 percent accuracy, the findings showed. "With pancreatic cancer, patients are usually diagnosed when the cancer is already at a terminal stage, but if diagnosed at stage two, the survival rate is 20 percent, and at stage one the survival rate for patients with very small tumours can increase up to 60 percent," Lemoine pointed out. The study was published in the journal *Clinical Cancer Research*.

Mumbai Mirror- Aug 4, 2015

### Clear link between smoking and prostate cancer found

Smoking is a known risk factor for the development of various forms of cancer. However, when it comes to the link between smoking and prostate cancer, the findings of previous studies have been contradictory. Now, for the first time, an international study led by MedUni Vienna and Basle University Hospital, has provided evidence of a clear link.

The study, which was recently published in *European Urology*, the world's leading journal in the field of urology and nephrology, shows that, following removal of the prostate gland due to prostate cancer, smokers and ex-smokers have a much higher risk (specifically twice the risk) of recurrence of prostate cancer. "Our study findings underline the importance of informing a prostate cancer patient about the negative effects of smoking," says Shahrokh Shariat, who set up the study together with Malte Rieken from Basle University Hospital. According to the study findings, the negative impact of smoking on the risk of biochemical recurrence will have been offset within ten years of quitting. Hence, Shariat recommends: "It is never too late to quit smoking. On the contrary: as our study shows, it makes sense to quit, even if you are already suffering from prostate cancer." It is still not clear, in scientific terms, whether smoking is associated with the development of prostate cancer. Older studies indicate that there is a clear association but recent studies show the opposite. However, what is proven is that smoking increases the risk of dying from prostate cancer.



Studies associate grapes with prevention of cancer, heart disease, high blood pressure and constipation. They also reduce the risk of obesity and overall mortality.

Mumbai Mirror - July 27, 2015





## Palliative Care – the 4<sup>th</sup> Arm of Cancer Management

Cancer is an increasing public health problem. Each year, globally, about 9 million people develop cancer and by the year 2030, this figure is expected to have risen to 15 million. Two third of these cases will be in developing countries which have only 5% of the global cancer control resources. The main reasons for the rising incidence of cancer are ageing populations, western lifestyles and the increasing use of tobacco, particularly in the developing countries. The battle against cancer continues to be intense, with valiant efforts to defeat the disease and ensure a cure. The success can be measured by longer survival and higher cure rates for many individuals diagnosed with cancer. Yet for many, cancer remains a disease that inevitably progresses to the advanced stage and results in death.

In India, lack of awareness of cancer symptoms, lack of access to available treatment facilities either due to poverty or distance from cancer treatment units and general apathy amongst the population leads to 80% of cancer patients presenting to the hospital at an advanced stage of their disease.

The traditional treatment for cancer is multidisciplinary & includes Surgery, Chemotherapy & Radiotherapy. **However the new specialty of Palliative Care is becoming the 4<sup>th</sup> Arm of Cancer management** as most of the patients will require it during the trajectory of their disease. The burden of cancer is not borne by the patient alone it affects the entire family therefore unlike the other specialties who concentrate on treating the patient alone, in Palliative Care the unit of care is the whole family

According to the WHO definition **Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.**

### Palliative care

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death

- Offers a support system to help the family cope during the patient's illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
- Will enhance quality of life, and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

**Thus Palliative Care** is an issue that affects us all because *we would like our lives - & the lives of those we love – to end peacefully & comfortably.*



### Dr. Firuza Patel

Ex-Professor - RADIO THERAPY,  
PGIMER, Chandigarh.



### CARF Birthday Wishes

Mrs. Wardha S. Nadiadwala	6 July	Mr. Uttam Prakash Agarwal	11 Aug.
Mrs. Geeta Gawli	20 July	Prof. Dr. Rehan Kazi	24 Aug.
Mr. Anup Jalota	27 July	Adv. Aziz H. Visram	31 Aug.
Shri Bhaskar Jadhav	1 Aug.	Rev. Fr. Joe Pereira	6 Sept.
		Mr. Mahesh Bhatt	20 Sept.



## Lectures By Eminent Doctors

**Dr. Vitthal Kale**

**Topic : Oral Cancer**



CARF arranges lectures of well known doctors on "cancer" every month in its Library. Dr. Vitthal Kale-Head and Neck Cancer Surgeon gave the lecture on "Oral Cancer". He explained about oral cancer facts, symptoms, prevention, treatments and prognosis. Tobacco and alcohol are the main causes for oral cancer. Method of treatment for oral cancer include surgery, radiation and chemotherapy.

**Dr. Vishal Asthikar Arune**

**Topic : Organal Cancer**



Second talk was given by Dr. Vishal Arune on "Organal Cancer". He gave brief about the organs in the body and said it is the most common cancer in human beings.

Cancer is the uncontrolled growth of abnormal cells in the body. It is named for the organ or type of cell in which it starts growing. Cancer can occur anywhere in the body. In women, breast cancer is most common. In men, it's prostate cancer. Lung cancer and colorectal cancer affect both men and women in high numbers.

There are five main categories of cancer:

Carcinomas begin in the skin or tissues that line the internal organs.

Sarcomas develop in the bone, cartilage, fat, muscle or other connective tissues.

Leukemia begins in the blood and bone marrow.

Lymphomas start in the immune system.

Central nervous system cancers develop in the brain and spinal cord.

The talk was attended by around 45 patient & families who listened attentively and participated by asking questions for their problems. Doctor answered their queries and guided them accordingly. Mrs. Rashida Kazi appreciated doctor's efforts. The patients found the talk informative.

### 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**

### ATTENTION 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](mailto:erpmanager@cancerarfoundation.org) , [carf@cancerarfoundation.org](mailto:carf@cancerarfoundation.org)







Master Sandeep Teklal a 12 years old boy is a cancer survivor. He is now on maintenance and regular check up. He has also joined school and doing well. As it is our regular practice of distributing nutritious products to patients, Master Sandeep is provided with PediaSure by Mr. Shamshi Mulla, CEO and Mrs. Savita Nathani, COO

## Survivor Story



Master Anuj Kumar

Life's battle is not always won by the stronger or faster person. But sooner or later, the person who wins is the person who thinks he can. One such heart-warming story begins with **Mr. Anuj Kumar Verma**, a 24 years old survivor from Bihar who displays immense courage in his struggle against **Hodgkins Disease** (a type of

blood cancer). Anuj at the age of 21 yrs. started getting fever and severe pain in his right leg with swelling and redness around the skin. His family had consulted various doctors but there was no improvement in his condition, ultimately doctors transferred him to Mumbai.

On their visit to Mumbai, doctors conducted several investigations and diagnosed him as a case of Non Hodgkins Disease. The moment his parents received this news that their child has been diagnosed with cancer, they were shattered and shocked. Ultimately Anuj was admitted at Tata Memorial Hospital. They approached **CARF** for financial help, after they came to know from some of the hospital sources. With CARF's financial support, Anuj's treatment started. He underwent number of chemotherapy cycles.

Anuj writes :“The staff at CARF was very supportive, knowing that I have been away from home, they treated me with lot of affection whenever I visited them. I am very well now, only I am feeling more forgetful now-a-days. Money was the major hurdle during my cancer treatment as I come from a poor family background but it was because of CARF that I am completely fine today.

Presently, I am studying mechanical engineering and preparing for my final exams. After completing my engineering I will start working to support my family.

At CARF I have learned three things of life. “LIVE with Energy, Enthusiasm and Empathy”.



CARF donated a wheel chair to cancer patient. Mrs. Rashida Kazi - Chairperson handed over the same on Friday 3rd July,2015 at CARF Office.

Wheel Chair Gift for Cancer Patient

## Malhar



We arranged cancer awareness drive at Malhar (Annual Festival of St. Xavier's College). The students were educated by CARF about cancer through cancer awareness leaflets and CARF news bulletin. A charity sale was also held.

## Stay Alert!!!!!!



**Take care of your valuable donations & be alert of fake calls / messages.**

Dear Well-wishers,

Of late, some of our donors have been receiving calls from unauthorized people and few unknown NGOs who claim to be associated and having collaboration with us.

These people make false statements that they are working for one of our Projects and convincing to donate and issue a cheque in favor of their institutions.

We urge you to be wary of such calls. **We never ask to draw cheque in favor of any other name. We accept cheques only in favor of 'Cancer Aid And Research Foundation.'**

After all, your small contribution does a revolutionary change in the life of a cancer patient. Be assured that we keep all your personal information confidential.

If you receive these calls, please report them to us immediately by writing to **fake.email@cancerfoundation.org** or by contacting on **022-2300 5000**

Yours sincerely,  
**Cancer Aid And Research Foundation**  
 Byculla Municipal School Building, Ground Floor, N. M. Joshi Marg,  
 Near 'S' Bridge, Byculla (W), Mumbai - 11.  
 India. Tel.: 091-22-2300 5000/7000, 2305 3602, 6455 6280-6303  
 (24 Lines), Telefax: 2300 8000  
 Website: www.cancerfoundation.org  
 Email: carf@cancerfoundation.org | cancerfoundation@yahoo.com



- Registered under the Bombay Public Trust Act, 1950.
- Donations exempted under 80G of the Income-Tax Act, 1961
- E-mail: cancerarfoundation@yahoo.com | carf@cancerarfoundation.org
- Website: www.cancerarfoundation.org
- Funding and services for cancer treatment including Surgery, Radiotherapy and Chemotherapy.
- 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
- Providing career guidance and Rehabilitation to cancer patients and their relatives



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

Adm. Office: **Cancer Aid & Research Foundation** Municipal School Bldg., Ground Floor, Near 'S' Bridge, N.M. Joshi Marg, Byculla (W), Mumbai - 400 011. Tel. No : 0091-22-2300 5000 / 2306 4442 / 6455 6280-6303 (24 Lines) TeleFax: 2300 8000

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

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CARF will be participating in the Mumbai Marathon 2016. We want your support by purchasing a charity Bib from us, the proceeds of which will be utilized towards the funding and services for cancer treatment of poor and needy cancer patients, or, you can even support by way of donation. Hence our earnest appeal to you, to join hands in the United Fight Against Cancer.



**COME JOIN US TO FIGHT AGAINST CANCER**

For further enquiry please contact :

Tabassum Khan :23005000  
Email :dgm2@cancerarfoundation.org  
cancerarfoundation@yahoo.com

**You can make a difference...**

**PLEASE DONATE GENEROUSLY and help CARF**  
save lives of the poor and needy cancer patients

JOIN US AT :   

BOOK-POST

*If undelivered  
please return to :*



*To,*

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