In his book, *Escape to the Pole*, Kevin Bigger regales us with a gripping journey that he and trekking partner, Jamie Fitzgerald, faced together, as they trudged unsupported to the South Pole. They showed amazing guts and determination. After one particularly gruelling day he wrote, ‘*I should write in my journal, but the pen is a telegraph pole, my arms are bags of wet cement and my head is filled with static – when it’s not tuned into the Disaster Channel.*’ A sentiment shared by many, I should think, going through cancer treatment and having a bad day.

It’s that knowing that helps. Knowing that others have gone through what you are now going through, can make a real difference to how you, or those around you, choose to think about the cancer experience. That precious link with others who can help pave the way, share tips, and understand your fears and hopes can never be underestimated.

Cancer Connect NZ is a free confidential telephone support service that offers such a valuable link, and can be particularly useful when people are deciding on treatment options. This issue of CanTalk also features another fantastic resource - mycancerexperience.co.nz - that allows people to share their stories and experiences, and reach out to others.

On a different note, this is the last CanTalk I shall write in Wellington, but it is by no means the final CanTalk! My husband and I will be living in Christchurch from October, and I have the exciting challenge of continuing to compile and edit the CanTalk from there. So I will still be seeking your generous contributions and support for articles, but sadly I won’t be physically able to meet with you. I have met so many wonderful people in the last 10½ years and while it is hard to be leaving you all, it is comforting to think that technology will keep me connected with many of you. I will miss you all.

*Sue Corkill - Editor*

Contact: Sue Corkill, Cancer Society Wellington, 52 Riddiford Street, Newtown, or email: info@cancersoc.org.nz regarding any information in (or contributions to), the CanTalk newsletter. This CanTalk newsletter is compiled and edited by Cancer Society Wellington and is available online at www.cancernz.org.nz
What is Bladder Cancer?

The bladder is a hollow, muscular, balloon-like organ that stores urine. It sits in the lower part of the abdomen. Nearly all bladder cancers begin in the urothelium (lining of the bladder). These are called transitional cell cancers (or urothelial cancers). They come in a wide range of forms and can behave in very different ways.

Transitional cell cancers grow from the inside lining of the bladder. They are either superficial or invasive cancers. Most bladder cancers are superficial and tend not to spread to other parts of the body. However, high-risk superficial bladder cancer is likely to recur. Less often, transitional cells grow deeply into the wall of the bladder. These are called invasive cancers and are more likely to spread to other parts of the body. Squamous cell carcinomas and adenocarcinomas are less common bladder cancers.

BCG – Outstanding Success

The story of the Bacillus Calmette-Guerin (BCG) therapy for bladder cancer is a fascinating one. Most of us are familiar with the BCG vaccine being used for the prevention of tuberculosis (TB), and will have been given it as a child. This vaccine is attributed to the work of two men – Albert Calmette, a bacteriologist, and Camille Guerin, a veterinarian, who began working on it in 1908. They spent their entire lives perfecting this vaccine to try and eradicate the deadly disease of tuberculosis in cattle and humans.

In 1915 they were able to administer the first doses to several cows, which became protected against TB, and so began the hugely successful TB vaccine therapy which we still use today. However, not many of us are familiar with the other use of this vaccine which is as a very successful bladder cancer therapy.

In 1929, Dr Pearl at John Hopkins Hospital, USA, made the link between cancer and tuberculosis, when he was able to demonstrate that patients who got TB, had a much lower rate of cancer than those who didn’t. He wasn’t able to explain why this was, however, and it wasn’t until the 1950s that the science really developed and scientists were able to show that the action of immunotherapy was at work. Injecting a vaccine, such as the BCG which contains a live attenuated bacterium, *Mycobacterium bovis*, caused the body’s own defence system to become activated to kill the bacteria in the vaccine, but also killed cancer cells. This led to enormous interest in BCG as a cancer therapy and clinical trials took place in the 1970s for its use in lung, prostate, kidney, bladder and colon cancers, with success only being found in the bladder cancer trials.

In 1990, BCG was approved by the Federal Drug Administration to treat patients with high-grade non-invasive superficial cancers and 30 years on, is still the recommended standard treatment.

Sue Corkill

Bladder Cancer: For people with cancer, their family and friends. Cancer Council Victoria 2007

Did you know?

- In 2009, almost twice as many men (251) as women (110) got bladder cancer in NZ.
- Superficial bladder cancers are treated with surgery (often without a single incision by means of an endoscope), and/or immunotherapy such as BCG therapy, or, sometimes chemotherapy into the bladder.
- Invasive bladder cancer is most commonly treated by surgery, where part, or all of the bladder, is removed. If all of the bladder is removed, drainage is formed by creating a urostomy and the patient has a stoma or opening to the skin. Alternatively, a new bladder can be created from a piece of the bowel - a neo bladder. Radiotherapy is an alternative treatment. Chemo is also given.
My Second Chance at Life

I was diagnosed with bladder cancer 13 years ago at the age of 51. Since then I have received two BCG treatments and gone on to have the occasional operation, or an internal examination, when required. I have always kept really good health, have kept down a full-time physical job, and to look at me you’d be hard pressed to believe I was fighting this disease.

On 4th October 2011, I went for my usual check-up to my specialist; only to find I was discussing that the time had come for me to have my bladder removed, and have a new one formed - a neo bladder. My superficial bladder cancer had become invasive. The operation involved about 9½ hours of surgery. I always knew at some stage I would probably have to have this operation, but had put it in the ‘maybe’ filing cabinet of my mind. Mentally I had always been in slight denial of my cancer. The decision to remove my bladder still came as a bit of a shock, and it took me many days to get my head around it. I was so fortunate to have a wonderful support team of doctors and nurses and to know I could ask as many questions as I wanted to about my surgery.

My partner took me in the morning of surgery and we were both nervous. In the days ahead I was in a lot of pain, and my many medications helped me get through each day. I lost a lot of weight but this was expected and had been explained to me beforehand. I had my up-and-down days and really didn’t feel like seeing visitors or talking too much for the first 10 days.

When I came home, my partner was there to look after me. The first few days I found I was a lot weaker than I thought. I was able to get a shower stool from hospital supplies for showering, which helped, and I soon learnt not to have my showers too hot as this made me feel faint.

After one week at home I went back into hospital to have my catheters removed and came home feeling really good for about 4 hours, then suddenly went a bit off-colour. It turned out I had septicaemia, and I took a week in hospital to come right, after being given a blood transfusion and some antibiotics.

When I came home again for the second time, I just took one day at a time. There are lots of things to learn when you get a neo-bladder. I had to do pelvic floor muscles to strengthen the muscle that stops the bladder leaking. I had leaking which got worse at night when I was lying down.

I would feel a slight leaking and have to get up and go to the toilet to empty the bladder, every 2 hours night after night, and this is still happening after 10 months of training. My bladder capacity, however, has gone from 200ml up to 425ml on a good day. On average while working it holds about 300ml. I drive a cement tanker and my job involves a lot of climbing up and down a ladder when loading. I find that I can get up to only 4 hours before I need to empty the bladder.

I find it really important to have regular specialist checks and I take my ural satchet drinks, electrolyte drinks and lots of water every day so as not to dehydrate. It hasn’t been easy going through with all of this, but I think it has really given me a second chance at life, which I’m grabbing.

(Name supplied but withheld)

Tips from the Nurse

As continence nurses we aim to ensure that you, the patient, and your family are supported throughout your recovery. It is important to discuss how you feel after surgery, both emotionally, as well as physically, as you adjust to your new situation. This will help you know that your are improving and making progress. It is OK to feel tired and not feel like doing too much in the beginning. A Neo Bladder operation (Orthotopic Bladder Reconstruction) is a big change for people and the following may help:

- Sit down on the toilet, as this will help you use some additional abdominal pressure/straining to help pass urine.
- It takes about 3-6 months to build up your bladder capacity to 400-600ml. Until then you will need to empty your bladder every 2-6 hours night and day.  

Continued page 4
Travelling with a Stoma

Travelling may seem a daunting prospect for the person who has recently been discharged from hospital with a colostomy, ileostomy or urostomy. At this point even changing the bag can take quite a lot of time, so the thought of travelling and coping away from the home environment may be quite scary. However, as you become more confident with managing your stoma, it is important to resume your normal activities and not allow the stoma to control your life. We all need holidays to take time out away from the stress of daily life.

A little bit of preparation will help make your trip more enjoyable and less stressful.

- Always take more equipment than you need. This is particularly important if you are travelling where the climate is humid and/or you will be swimming a lot.
- Arrange a seat by the aisle, especially if you are travelling alone. This prevents you ending up being stuck by the window when the bag is full, and the passenger in the seat next to you is asleep, and is preventing your access to the toilet.
- Avoid eating windy-type foods the day before travelling and keep inflight alcohol intake to a minimum. This helps reduce the volume of gas produced that may be accentuated due to the change in air pressure.
- If you run short of supplies, or need the advice of a stoma nurse, call the local hospital where you are staying. They can put you in touch with him/her.
- Carry a bag containing spare bags, plastic bags and a packet of wet wipes in case clean water is lacking.

- If travelling to a hot climate drink extra oral fluids and take a supply of anti-diarrhoea medication. This is especially important for those people who have an ileostomy.
- Disabled toilets offer more space and privacy than cubicle toilets, and usefully have a hand basin, if you find you need to change in a public place. The sanitary disposal unit can be used for bag disposal if you need to change, but please empty your bag before placing them in these.

Finally – enjoy your time away.

Vicky Beban
Clinical Nurse Specialist Stomaltherapy, HVDHB

Tips from a nurse cont’d

- Pelvic Floor exercises are vital to help regain control of your bladder and need to be done 3-4 times a day.
- About 90% of patients will be continent during the day and 80% will be continent at night.
- It is important to be able to empty your neobladder completely, and so some people may need to pass a catheter into it after passing urine, to ensure there is no urine left.
- You may notice a change in your bowel habit - you may have looser stools or go to the toilet more frequently. This is due to the effect of having your bowel shortened.
- Avoid heavy lifting or driving in the first 6 weeks.
- Make sure you have regular blood tests to ensure that your body is not affected by changes in digestion or absorption that can occur when bowel tissue has been used to form a bladder.

Louise Mills
Clinical Nurse Specialist, CCDHB

Smoking Risk

Smoking is the greatest risk factor for bladder cancer. Those that smoke get bladder cancer twice as often as people who don’t. Certain chemicals in tobacco smoke are absorbed from the lungs into the blood. From the blood, they are filtered by the kidneys and collect in the urine. These chemicals in the urine damage the cells that line the inside of the bladder and increase the risk of cancer. American Cancer Society
On the Receiving End

‘A friendly voice at the end of the phone, a caring sounding person who really seems to understand my cancer and what I have gone through with surgery, and what’s still ahead with chemotherapy - FANTASTIC!’ This was my reaction to the first phone call I received from my new buddy from the Cancer Connect service.

Several weeks after surgery for colon cancer, I visited the Cancer Society in Newtown, to see what it was all about. I have not known many people who have had cancer, so this seemed like a good place to start to help me with all the future unknowns, and to increase my knowledge. I met with one of the lovely nurses, who explained the many, and varied services on offer, and she signed me up to Cancer Connect NZ. Overall I was recovering well and feeling pretty good, getting back to my new ‘normal’ lifestyle. However, a course of adjuvant chemotherapy was due to start in a few weeks’ time and I really had no idea what to expect.

Marie (not her real name) phoned me within a couple of days and I felt an immediate connection with her. Here was someone who had gone though the same surgery and chemo regime planned for me. I had many questions to ask, and Marie was always able to share her knowledge and personal experiences. She called me regularly over the next few months and was a great help as I went through my treatments.

Chemo can be a bewildering and arduous experience. The medication is powerful and the many side-effects can vary from mildly annoying to extremely uncomfortable.  

Cancer Connect Calling

‘I’m sorry. It’s cancer!’ After the numbness, the questions flow: ‘What does it mean?’, ‘Can it be treated?’; and ‘What will the treatment mean to me?’

We have a great health service and medical professionals who help us face whatever lies ahead. But is that enough? Many of us also want to talk to someone who has been through the same thing; to know that we aren’t alone and to hear, first-hand, how someone else has coped with whatever lies ahead.

The Cancer Society has volunteers in NZ and Australia who can make that connection. This is the Cancer Connect network. After receiving so much support during my cancer treatment, I wanted to do something in return, and so I offered to be a Cancer Connect volunteer.

Before being let loose, the Cancer Society taught me some basic skills to support others, and to understand the boundaries of any advice I might be asked to give. The training team is world class and make this an enjoyable experience. The training changed my perspective. I had viewed ‘my cancer’ as different from others. Mine was in my tongue, but others had it in all conceivable parts of the body. As we talked, we saw that we had more in common than separated us.

We then knew we were a support team.  

105 referrals were made to Cancer Connect NZ in Jan - June 2012

We want to do much better than this, but we need volunteers.

Can you help?
On the Receiving End - continued from page 5

The cumulative effects of the drugs tend to leave you feeling a little worse for wear after each treatment. My new telephone friend helped me to prepare for the treatments and medical procedures. By sharing her own experiences, I was better prepared to cope with the unpleasant side-effects as they appeared, which helped me to get through the really difficult times.

Family and friends, the medical team, the community health nurses and the health professionals at the Cancer Society all played an important role in helping me to get through this period. The role of the Cancer Connect buddy, however, is unique, in that here is a friend who in my case had first-hand knowledge of my specific cancer and treatment, and who shared with me what life was like for her, some years down the track.

Thank you Marie and the Cancer Society - I wholeheartedly recommend that others use this great service.

Jan Stickney

Dutch Prostate Cancer resource

The Netherlands Cancer Institute has produced a series of excellent up-to-date videos on prostate cancer treatments for those that speak Dutch.

www.nki.nl/Ziekenhuis and then click on ‘prostaatkanker en behandeling’.

Thank you to all those who supported us on Daffodil Day. It was another impressive and generous effort despite our economic restraints.

On the Receiving End - continued from page 5

Cancer Connect Calling - continued from page 5

When the Cancer Society receives requests for help, its Christchurch-based team identifies a volunteer who most closely matches the person asking for support. The volunteer is given some basic information and a contact phone number. The task is then to make contact and to learn what support is needed.

I have found that conversations often start with: ‘What was it like for you and how did you cope?’ While every treatment experience is different, the ways we cope with the side-effects have much in common.

At the end of a call, I report back to the centre on how the call had gone, whether I had been able to help, how it had affected me, and any arrangements that had been made for a follow-up call. This is also an opportunity to seek other specialist support for the patient and to monitor our own evaluation of the contact. I sometimes end a call feeling that, although we had talked, I had not been able to provide meaningful support but, so often, the big contribution is just being there, listening and providing inspiration that someone else has been through this, and come out the other side.

I have been privileged, through the scheme, to meet or talk to some wonderful and inspirational people. I would encourage others to become part of this great service.

Brian Sheppard

Help your Whānau & Give Back

Currently we have 0 Māori or Pacific Island Cancer Connect NZ volunteers. Please help make a difference to someone else.

Cancer Connect Calling - continued from page 5

When the Cancer Society receives requests for help, its Christchurch-based team identifies a volunteer who most closely matches the person asking for support. The volunteer is given some basic information and a contact phone number. The task is then to make contact and to learn what support is needed.

I have found that conversations often start with: ‘What was it like for you and how did you cope?’ While every treatment experience is different, the ways we cope with the side-effects have much in common.

At the end of a call, I report back to the centre on how the call had gone, whether I had been able to help, how it had affected me, and any arrangements that had been made for a follow-up call. This is also an opportunity to seek other specialist support for the patient and to monitor our own evaluation of the contact. I sometimes end a call feeling that, although we had talked, I had not been able to provide meaningful support but, so often, the big contribution is just being there, listening and providing inspiration that someone else has been through this, and come out the other side.

I have been privileged, through the scheme, to meet or talk to some wonderful and inspirational people. I would encourage others to become part of this great service.

Brian Sheppard
Questions You Have Asked

Can I wear my breast prosthesis for swimming?

*Heather Shaw from Natural Wear replies:*

Thank you for this question, which is one many women ask me. If a woman has been fitted with her first breast prosthesis, I don’t recommend that she uses it for swimming. However, if a woman is in the position of having an old one she has replaced, then that can be very useful to be recycled as a swimming prosthesis.

Women have several choices when it comes to swimming, and it depends on whether they swim regularly or not. Someone who is only a casual swimmer may like to invest in a bead bag (retails approx. $50.00). These are designed using the cover of a prosthesis which is filled with little glass beads, creating a weighted bag that fits neatly into a pocket sewn into the swim suit. These last extremely well, but eventually the beads will break down and the bag will need replacing. You will know when you notice a little milky stream running behind you in the pool!

I recommend that those who swim regularly invest in getting a proper swim prosthesis, as this will last indefinitely (retails approx. $300).

Mask Memorabilia

Have you kept your mask after your radiation treatment? I work as the Clinical Nurse Specialist for Radiation Oncology, and am involved in a project which is looking at people’s experience with their radiotherapy mask. I’m interested in knowing what people do with their masks after treatment. *(Ed - see photo above)*

If you have a story about your mask, or a photo you’d like to share, please email me; *ruth.wickens@ccdhb.org.nz*, or post to Ruth Wickens, Wellington Blood and Cancer Centre, Private Bag 7902 Wellington.

*Ruth Wickens*

Some women find that these suction well to the skin and don’t require a pocket, but many women prefer the security of a pocket in the swim suit. There is no need to buy a special bathing suit unless you want to. Look for something with a higher neckline as this makes it easier to insert a pocket (which can be done easily by a dressmaker), remember that patterned material is more flattering, and the cross-over style helps conceal any loss to tissue around the top of the breast. Enjoy your swimming and feel confident in how you look.
Sweet to eat

Many myths surround the use of sugar in the diet. Here we clarify the facts from the fiction.

What is sugar?

It is a carbohydrate. It comes in many forms such as glucose, fructose, sucrose and lactose. A complex carbohydrate such as starch is a compound of multiple sugars.

Sugars occur naturally in food with glucose being the most common form. Fructose is found in fruits, root vegetables and honey, whereas lactose is present in milk. Sucrose is common granulated sugar.

Additionally, some foods have sugars added to them during processing. This added sugar may be labelled honey, dextrose, glucose, syrup, molasses or malt extract.

Is brown sugar better for you than white sugar? What about raw sugar and honey?

Raw sugar is a sticky brown substance. During the processing molasses is removed to produce standard white sugar. To produce brown sugar, molasses is reintroduced to give a golden brown colour. Honey is a mixture of fructose and glucose and contains trace amounts of antioxidants. There is no nutritional difference between raw sugar, brown sugar, white sugar and honey and the effects on the body.

Is sugar an important part of a balanced diet?

Starches in foods such as potatoes, kumara, breakfast cereals, rice, pasta, bread, and noodles are in the form of complex carbohydrates (which are compounds of multiple sugars). These foods contain a wide range of vitamins and minerals as well as fibre which are vital for a balanced diet. They should be eaten regularly throughout the day.

The starch in these foods releases sugar slowly into the body. Sugar added to processed foods such as lollies, cakes, biscuits and sweetened drinks is absorbed rapidly into the body. These foods have minimal nutritional benefit and add substantial amounts of calories to the diet which can promote undesirable weight gain.

Does eating sugar make your cancer grow?

There is no direct evidence that eating sugar directly increases the risk, or progression of cancer. All cells in the body require sugar for energy, including cancer cells. If you do not eat enough, the body is able to synthesize it for energy.

Cancer cells have a fundamentally different energy metabolism compared to healthy cells. Cancer cells do require energy to grow but they also require a blood and oxygen supply to proliferate. Blood vessels are crucial in the development of a cancer, in order for it to receive nutrients and oxygen.

What is the future for sugar?

Research is continually taking place to improve understanding of the cancer cell micro-environment and influences on proliferation. This currently includes looking at the effects of blood sugar and insulin levels as well as in vitro (in the test-tube) trials to examine how low carbohydrate diets affect cancer cell growth.

Summary

- Sugar does not feed cancer.
- Starch should be included regularly in the diet as it releases sugar slowly into the body.
- There is no nutritional difference between white, raw, brown sugar and honey.

Linda Williams, New Zealand Registered Dietitian
Go with the Flo....

Flo, our dowager cat, is certainly past her best-by date but still keeps up her kittenish good looks and occasional skittish behaviour. We put this down to the hours she spends in the garden.

After an outdoor hour or so she crashes through the cat-door, zooms through the house bellowing loudly and hunkers down for a snooze. She doesn’t do fear, self-pity, depression or stress, and of course, has no idea she has terminal renal failure but her daily garden routine is clearly integral to her health programme.

It’s good for the rest of us, too.

Whether you’re up to head-down, tail-up planting and weeding or snuggled up on a cosy seat, you’ve got flowers to sniff, sun to warm, trees to shelter and vegetables to nourish you back to health. Now it’s spring, life’s bounding forth in all directions: seeds and bulbs cracking through crusty soil, flower and leaf and flowerbuds bursting, fragile growth coming up on ferns, trees and even weeds.

Tui are thrashing the daylights out of kowhai blossom while kereru seek out any overlooked berries, waxeyes sip nectar and sparrows scatter birdseed and crumbs from their table.

Blackbirds are chatty company as they scratch for bugs and worms, especially in newly turned earth, mulch or compost.

Not all of us are sufficiently pain-free or energetic to garden as we begin to recover, or as our cancer progresses, so garden time may be limited to a window view, but I’d be a willing crusader for garden assistants as part of our care plans.

Till then, here are a few ideas:

• Start out taking fresh air and scenery from a chair by an open window or door: 15 minutes a day’s a good start.

• Clear indoor space for a garden room and “specialise” in easy-care orchids, cactus, succulents, ferns, hardy palms, bromeliads, peace lilies and/or anthuriums.

• “Air” plants or epiphytes, including fascinating tillandsias, largely need regular water spraying with a dash of liquid feed added occasionally.

• Bonsai is a lovely garden form and gives you a new skill. Most bonsai are miniaturised outdoor plants, so need just a few weeks inside then time near the door for easy-reach watering.

Moving out:

• Layer clothing for quick changing to avoid sweating and shivering. Choose easy-on, easy-off garments if you have pain from lymphoedema or tight post-op scars.

• Always have a hat even if chemo wasn’t part of your deal. Wear gloves, especially if you’re having chemo. Given what we’ve been through, who needs hang-nails, cracks and splinters on top anyway?

• Forget looks – you’re gardening for your health – wear a silly hat, sunblock, sunglasses, and a mask when working with potting mix, mulch, and compost. And forget pesticides and herbicides. Squash or learn to love slaters, caterpillars, docks, dandelions, etc.

• Have someone set out extra outdoor chairs if you’re likely to tire quickly or get dizzy.

• Tuck a snack and a thermos in your tool basket and eat al fresco.

• Take time to head inside if you smell dinner burning or the loo calls.

• Ignore the phone or take a portable or a cell-phone for summoning help, or when you need something brought out to you. (Don’t push your luck!)

Bethany McLennan
My Cancer Experience

In September we launched a new website for New Zealanders going through cancer – mycancerexperience.co.nz. The website has fresh stories & tips for patients, family members and supporters, written by other New Zealanders who’ve been through it already. There are a full range of different cancer types represented, with extensive personal stories from all ages & sections of the NZ community.

The website answers for cancer patients & their supporters:

“If I could go back in time, and give myself one piece of advice, what would that be?”

A range of tips & stories all give a unique and helpful perspective to readers. Tania, a 33yr old survivor of Bowel Cancer, says it all:

“More people live with cancer than die with cancer. You have a long road ahead of you but all you need to do is just get up each morning and keep on fighting”.

People can use the message facility on the site, to swap thoughts & tips there as well.

The new website is a non-profit venture, but is the result of a prize-winning idea from Startup Weekend, a rapid-fire business contest held recently in Wellington.

The way the contest works, about 50 people pitch different ideas, they are voted on and a final selection of teams emerge, to try to create a workable business concept in 48 hours. They then pitch the business model to a panel of serial entrepreneurs/investors/mentors on the Sunday night.

The mycancerexperience team worked each day from 8am until 1am, to build the website prototype, and market the concept using email & facebook. By Sunday evening over 1,000 members had signed up to endorse the idea (in less than 24hours!).

Competing against 12 other business startups, the MCE team took out the People’s Choice award, plus the judges’ special Honourable Mention for Social Enterprise.

After that weekend, the team set about creating the full website, working evenings and weekends to deliver on the promise of the prototype.
Turban Magic

Recently Sonya and Caroline did a photo shoot at the Cancer Society showing how to create a stylish turban with a simple rectangle of material.

1. Take a rectangle of jersey knit fabric - something not too bulky that has plenty of stretch.
   A suitable size is approximately 160cm x 75cm.
   Fold the fabric in half.
   Hold the raw edge and drape over head, making sure the folded edge is at the front.
   Check that sides are of equal length. (Photos 1-3)

2. Take sides to the back and cross them over each other. Pull reasonably tight at this point so that the hood is feeling snug, but not so tight that it pops back off the head. (Photo 4)

3. Check that the raw edge now falls in the middle of the fabric. Wrap one side across the head using the opposite hand (arm across your body) and tuck it in at the back. (Photos 5-6)

4. Pick up the other side with the other hand, again making sure the raw edge falls in the middle of the fabric. Bring it to the front to lock off the first piece and wrap it across the head. Once the first piece is locked off, you can let it go. (Photo 7)

5. Tuck the ends of the second piece under the hood or side, wherever it feels comfortable. Then tuck the ends of the first piece. Play around with the tucking and placement until you get a feel and a shape that you like. (Photos 8-10)

6. Variation 1: Instead of bringing the sides across the head piece-by-piece, bring both sides across the head and knot off to the side. Tuck the ends at back. (Photos 11 - 12)
   Have fun, play a bit, and remember that it takes a little bit of time to get it right!!! Don't forget to accessorise.

Sonya Hogan
(and a special thanks to our model Caroline)
Book Review

The Ultimate Omega-3 Diet
by Evelyn Tribole
Published by McGraw Hill 2007

The Ultimate Omega-3 Diet is an easily read, informative, well researched book, written by a dietician. It delves into the benefits of omega-3 in the diet, and the importance of balancing the omega-6-to-omega-3 intake.

It starts by describing what omega-3 and 6 fats are. A simple comparison is made referring to the renovation of a building. If you consider omega-6 to be the demolition tools and omega-3 the building tools, it can be seen that when you have too many of one type of tool and not enough of the other, the result is a poorly constructed building. So it is with the balance of these fats.

The author shows a correlation between an increasing intake of omega-6 (relative to omega-3), and the increasing incidence of various diseases such as cancer, arthritis, heart disease and depression. The decreasing levels of omega-3 are also a factor, and the book goes on to discuss the benefits of omega-3 in reducing or preventing such diseases.

The second half of the book discusses how to increase the omega-3 component of the diet, while reducing the omega-6 to a suitable balance, without increasing the saturated fats.

The final chapter is devoted to recipes designed to promote omega-3 intake and balance the omega-6-to-omega-3 intake. Each recipe has a nutritional profile detailing the fat carbohydrate, fibre and protein contents, as well as the omega-6-to-omega-3 contents and ratio. The recipes are wide-ranging and easily made. I had to do a quick Google search to show that flax meal is the same as linseed meal, and is available in supermarkets and health food shops. The Cranberry Orange muffins are delicious.

All claims are backed up with a comprehensive reference section. The book finishes with a detailed appendix of the fat content and breakdown for a wide range of foods. This book is a recent addition to the Cancer Society library, but I was so impressed I bought my own copy.

Mary Trounson

Getting Enough Omega-3?

Check it out with this simple test
www.omega-3centre.com/

A wish is a wish

A married couple in their early 60s was celebrating their 40th wedding anniversary in a quiet, romantic little restaurant. Suddenly, a tiny yet beautiful fairy appeared on their table. She said, ‘For being such an exemplary married couple and for being loving to each other for all this time, I will grant you each a wish. The wife answered, ‘Oh, I want to travel around the world with my darling husband’. The fairy waved her magic wand and - poof! - two tickets for the Queen Mary II appeared in her hands.

The husband thought for a moment: ‘Well, this is all very romantic, but an opportunity like this will never come again. I’m sorry my love, but my wish is to have a wife 30 years younger than me’.

The wife and the fairy were deeply disappointed, but a wish is a wish. So the fairy waved her magic wand and poof... the husband became 92 years old.

The moral of this story:
Men who are husbands should remember fairies are mostly female......

Men’s Evening
with Edmund Salem (Counsellor)

Continuing the successful meetings hosted by Mary Potter Hospice and Sweet Louise, invitations are extended to any men who have a family member with a life-threatening illness to attend this evening.

Date: Tuesday 4 December
Time: 6.30pm - 8.30pm with light refreshments
Venue: Wellesley Boutique Hotel
To enrol: Contact Elva Phillips 021 328 835
Library Update with Julie Holt

The Elephant in the Room: Practical advice when the diagnosis is cancer by Bob Ritter, iUniverse Publishing, USA, 2011. A wide range of articles related to issues to do with cancer diagnosis, treatment, and the time after treatment. The book includes tips on doctor-patient interactions, survivor's guilt, being single with cancer and cancer as a chronic illness.

100 Questions and Answers About Pancreatic Cancer, 2nd edition by Eileen O'Reilly and Joanne Frankel Kelvin, Jones and Bartlett Publishing, USA, 2009.

QuickFACTS Basal and Squamous Cell Skin Cancer: What you need to know now. American Cancer Society, USA, 2012.

Coping Successfully with Prostate Cancer, 2nd edition by Dr Tom Smith, Sheldon Press, UK, 2010. This thoroughly updated edition presents the latest thinking and research on prostate cancer. It covers a wide range of topics that those coping with prostate cancer will be interested in.

The Little Pink Book: A complete guide to breast cancer and its treatment by Phillip Yuile, Finch Publishing, Australia, 2011. Written by an oncologist, this is a comprehensive guide about breast cancer.

The Essential Cancer Treatment Guide and Cookbook: Includes 150 healthy and delicious recipes by Jean LaMantia and Dr Neil Berinstein, Robert Rose, Canada, 2012. This excellent book, written by a cancer dietitian and cancer research scientist, provides helpful suggestions for dealing with side effects of treatment. There are also guidelines for dealing with depression, and coping when you have diabetes and cancer.


Chemo: Secrets to Thriving from Someone Who’s Been There by Roxanne Brown et al, Norlightspress.com, USA, 2011. These pages are full of simple ‘top tips’ from the experiences of the author and the many others she talked to.

Breasts: A Natural and Unnatural History by Florence Williams, W W Norton and Company, USA, 2012. Williams weaves together research on nutrition, cancer, psychology and even structural engineering to create a fascinating portrait of the breast.

Planet Cancer: The frequently bizarre yet always informative experiences and thoughts of your fellow natives by Heidi Schultz Adams and Christopher Schultz, Lyons Press, USA, 2010. Planet Cancer is an honest, down-to-earth guide from the online community for young adults with cancer - PlanetCancer.org.


Journey Beyond Diagnosis: Support during and after illness for survivors and those who love and care for them by Greg Pacini, Reedy Press, USA, 2005. Pacini, a counsellor and psychotherapist, likens an illness experience to long-distance travel. He suggests many techniques for making a difficult journey manageable.
8 Top Tips in Reducing Your Cancer Risk

There are so many reports in the media about what might give you cancer and what might protect you from it that it is easy to become confused. The good news is that up to three quarters of some cancers can be prevented. So what are the most important things you can do to keep yourself healthy and to lower your risk of cancer? Here are the eight top tips:

1. Don’t smoke. Smoking is the number one preventable cause of cancer. In addition to causing most cases of lung cancer, it substantially increases the risk of cancers of the upper airway, stomach, mouth, tongue, bladder and liver. The best idea is not to start smoking at all, but the good news is that even if you smoke, your risk of these cancers starts declining about two years after you quit smoking. The sooner you do so, the more your risk comes down. The other good news is that if you stop smoking you decrease your risk of a whole range of other chronic illnesses including heart disease, emphysema and bronchitis.

2. Keep your weight in the healthy range. Being overweight or obese is one of the most important single risk factors for a number of cancers including cancers of breast, colon, kidney, pancreas, uterus and oesophagus. Try and keep your weight in the healthy zone and you’ll also reduce your risk of diabetes.

3. Exercise regularly. You’ll feel better for it and you’ll reduce your risk of two of the most common cancers; colon and breast. You’ll also be less likely to develop heart disease and osteoporosis.

4. Drink little or no alcohol. Drinking alcohol is related to cancers of the breast, colon and liver. Even a little bit of regular alcohol increases the risk of these cancers, so minimise your intake.

5. Eat a healthy and varied diet. Keep your calorie count within a healthy range, and eat plenty of plant-based foods including fruit, vegetables, nuts and whole grains. Keep your diet low in salt, animal fats and processed meats. You’ll reduce your risk of cancers of breast, colon, oesophagus and stomach, and you’ll also reduce your risk of heart disease and diabetes.

6. Avoid excess sun exposure. The sun in New Zealand is particularly harsh and causes thousands of skin cancers every year. Keep out of the sun in the middle of the day, wear protective clothing, hats and sunglasses and use sunscreen.

7. Get regular screening. There is good evidence that being screened regularly for breast, cervical and bowel cancers reduces your risk of dying from those cancers as long as the screening is carried out as part of an organised programme. The evidence for prostate cancer screening is not so clear and it is important to be aware of the risks and benefits before being screened.

8. Avoid chronic infections. Certain chronic infections can increase your risk of cancer. For example, chronic carriers of Hepatitis B and C have a higher risk of developing primary liver cancer, and human papilloma virus (HPV) causes most cervical cancers. So practice safe sex, vaccinate girls against HPV and get Hepatitis B vaccinations if they are recommended.

Dr Diana Sarfaty
Director Cancer Control and Screening Research Unit; University of Otago, Wellington.
Clinical Trial Experience

It was a real shock to me to find out that my biopsy showed the presence of prostate cancer cells despite regular checks since 2008. This huge knock sideways prompted negative reactions about the likely outcome. However, with time and more information on treatment options, I came to a more balanced view. The urologist explained that it was a case of working through a process aimed at treating the cancer – with every prospect of a successful result.

My MRI and CT scans did not show any spread beyond the prostate, which was a relief. The oncologist diagnosed the cancer as T2C (tumour in both lobes but has not spread beyond) with a Gleason score of 7 (4 & 3). However, as he felt that the cancer could have spread further, he recommended a combined therapy approach.

The oncologist explained that normal and successful treatment of similar cases had been achieved through a combination of hormone therapy over a six-month period together with two months of daily radiation therapy (starting after five months of hormone therapy). Having explained this, he mentioned the option of being part of a Boston clinical trial which New Zealand was taking part in. In this trial, half of the patients would receive hormone therapy plus radiation therapy, similar to normal treatment. The other half would receive the same hormone and radiation therapy, plus four months of chemotherapy. The aim of the study was to compare the long-term effect of the addition of chemotherapy to the treatment regime. The chemotherapy drug was to be the same as that successfully used for breast cancer, but at a lower dose.

The choice was therefore to go on the trial or opt for the standard treatment. Going on the trial meant accepting that chemotherapy might be part of my treatment, and I wasn’t keen on this at all. The listed possible side effects of the chemotherapy were rather daunting, especially on first reading, and I couldn’t see much benefit in having it. However, after further investigation and questioning, I changed my mind. I was able to email questions to my urologist, discuss my concerns with my GP, and my wife found some helpful online information.

I decided to go on the trial, accepting that I may be balloted in the half of the patients to have chemotherapy. Advantages of the trial were the additional monitoring during treatment, the follow-up for five years and the earlier start of radiation therapy.

The interactions I had with the urologist, oncologist, my GP and those managing and supporting the trial helped to convince me that this choice would give the best outcome for me. It was good to know that by participating in the trial I would be helping develop more effective treatments for others in the future.

Having made this choice, I made a conscious decision not to do further research on possible options for treatment. I personally don’t find it helpful to read about alternatives or the views of other lay people. I am happy to rely on trusted professional advisers. (One doesn’t become an expert oncologist after a few hours on the internet!)

I have found the personal attention and explanations I have received throughout my treatment impressive, and the staff have been friendly and business-like at all levels. Being on a
trial means that you have a research team looking after you, and I have appreciated their genuine interest in how my treatment is going and their concern at any sign of side-effects or set-backs. I do like the fact that I am closely monitored.

It has taken some adjustment to realise that this treatment has zapped my energy far more than I had anticipated and has meant that work has taken second place. I have been able to work at least half-time, but have found I need much more rest than normal.

The chemotherapy has affected my taste, but by how much varies from day to day. This makes it really challenging for my wife, who is very patient and supportive in providing tempting meals. Like anyone on chemotherapy I have also had to cope with reduced resistance to infection and had several episodes when I got a fever and had to be admitted, but I find that now I know what is involved and how to be alert for it, it is much less of a concern.

I’m still on my treatment, and opting for the Clinical Trial still feels the right choice for me. I like to follow what is going on closely and have found the above chart which I created keeps it easy to understand and check where I am at. I would certainly encourage other men to be open to being enrolled in a trial.

3 Phases of a Clinical Trial

- **Phase 1** trials look at whether a trial treatment is safe or has any harmful effects.
- **Phase 2** trials look at how well a treatment works.
- **Phase 3** trials test a new treatment against the current standard treatment (some trials are carried out after a drug has been licenced).

**Helping Hands**

An old Italian lived alone in New Jersey. He wanted to plant his annual tomato garden, but it was very difficult work, as the ground was hard. His only son, Vincent, who used to help him, was in prison. The old man wrote a letter to his son and described his predicament:

**Dear Vincent,**

I am feeling pretty sad, because it looks like I won't be able to plant my tomato garden this year. I’m just getting too old to be digging up a garden plot. I know if you were here my troubles would be over. I know you would be happy to dig the plot for me, like in the old days.

Love Papa

A few days later he received a letter from his son.

**Dear Pop,**

Don't dig up that garden. That's where the bodies are buried.

Love Vinnie

At 4 a.m. the next morning, FBI agents and local police arrived and dug up the entire area without finding any bodies. They apologized to the old man and left. That same day the old man received another letter from his son.

**Dear Pop,**

Go ahead and plant the tomatoes now. That's the best I could do under the circumstances.

Love you, Vinnie
Bring on those moustaches!

Now that we are in October it is time to start preparing for Movember which is a wonderful way of raising funds for men’s health in particular with prostate cancer and mental illness.

The Cancer Society are recipients of the Movember event so please give support to those mo bros and mo sisters making an effort to raise awareness and funds through the Movember event. Check it out: www.movember.com

From the Desk of Men’s Health

At the Prostate Cancer Foundation conference in July, Dr Lannes Johnson from Waitakare PHO, presented a pilot proposal that would greatly assist GPs and health professionals in making sure that they ask the right questions when a male patient comes in for a health check. Prostate health information, questions or checks vary across GP practice, and this pilot will seek to standardise questions and screening in regards to seeking information about prostate health. This format will use the Medtech 32 system with the algorithm based on the questions developed by the Prostate Health Select Committee working group, which is currently developing the key messaging around prostate cancer. It is hoped that the pilot will commence early next year.

Tane Ora o Aotearoa the National Māori Men’s health coalition is hosting their national men’s health conference in Blenheim on 5-7 December. To register visit www.taneora.co.nz

Since the launch of www.getthetools.org.nz during men’s health week we have had 4,000 hits and now average 70 hits per day. The website changes daily and we also feature monthly prizes as well as showcasing the tool and men’s initiative of the month. Check it out for tips for helping you to be the best healthy weight you can. Watch this space www.getthetools.org.nz

Buck Shelford launches his book on men’s health in October and will embark on a nation-wide tour including Timaru where the Cancer Society has organised a ‘Buck’s night out’. The book is called ‘Buck up: The Real Men’s Guide to Getting Healthy and Living Longer’ and was written with Dr Grant Schofield.

Green Prescription

A green prescription is an individual-written prescription given by a doctor or nurse which prescribes physical activity as part of his/her health management.

The Green Prescription supports you to increase your physical activity and take part in a wide range of sports and other activities. You might benefit from swimming, yoga or any organised programme. This is a national initiative funded by Sport and Recreation New Zealand (SPARC) and Pharmac. In the lower North Island the programme is contracted through Sport Wellington Region. Ask your doctor or practice nurse if you are eligible.

www.sportwellington.org.nz/green-prescription
Wellington, Hutt, Porirua & Kapiti Groups

All these groups below invite support people as well as anyone who has had an experience with any type of cancer.

New members please contact: Virginia Lee on 04 389 0084 or email: virginia.lee@cancersoc.org.nz before attending.

**CanX**
2nd Wednesday of each month, 5.30pm - 7.30pm, Cancer Society, 52 Riddiford St, Newtown. This support group is for young adults under 50 years affected by cancer.
Facilitated by Gay Dungey & Helen Meehan

**Upper Hutt Evening Support Group**
2nd Wednesday of each month, 7.30pm - 9.00pm, Silverstream, Upper Hutt
Facilitated by Claire Laurenson

**Porirua Cancer Support Group**
1st Friday of each month, 10am - 12 noon
20 Ngatitoa Street, Elsdon, Porirua
Facilitated by Natalie Kini
Contact Natalie: 04 238 4914

**Myeloma Support Group**
This warm group holds informal lunches 4-6 weekly in rotation at Kapiti, the Hutt Valley and Wellington. All those with Myeloma and support people are invited. Members are also willing to talk to any newly-diagnosed patient by phone or individual meeting.
Contact Audrey Swallow: 04 298 3117 (Kapiti)

**Prostate Cancer (PALS)**
4th Tuesday of each month, 7.30pm - 9.00pm, Cancer Society, 52 Riddiford St, Newtown. The group regularly invites speakers and enjoys discussion, sharing experiences, gaining of perspective and support.
Contact Paul Kane: 021 029 88258

**Spirited Women**
1st Wednesday of each month, 12 noon - 2.00pm Cancer Society, 52 Riddiford St, Newtown.
Bringing some lunch to share. Speakers invited every 2nd month.
Facilitated by Elva Phillips and Martina Cziharz

**Hutt Valley Breast Friends**
1st Tuesday of each month, 7.00pm - 9.00pm St Mark’s Church, 58 Woburn Road, Lower Hutt.
Facilitated by Claire Laurenson & Janice Brown

**Spirited Women - Kapiti**
Breast Cancer Shared Lunch
3rd Wednesday of each month, 12.30pm - 2.00pm Kapiti Community Centre, Paraparaumu.
Bring some lunch (sharing it is optional).
Contact Judy Dickie: 04 298 8514 or email: judyd@cancersoc.org.nz

**Mareikura Support Group for Māori & Whānau**
3rd Friday of each month, 10am - 12 noon Warrimoo St, Paraparaumu
Contact Miriama: 04 902 7095 or email: miriama@horatepai.org.nz
What’s On in Our Centres

Wairarapa

- Lymphoedema Service available - see pg 20
- Have you completed or nearly completed your breast cancer treatment? **MOVING ON ...After Breast Cancer** is a 4 week (2 hourly) programme commencing 18 October - 8 November.
- **Living Well with Cancer.** New programme commences in the Wairarapa 25 September.
- **Blood Cancer’s Support Group Lunch and Discussion Meet,** (including those with Lymphoma, Leukaemia or Multiple Myeloma). All partners welcome. 6 October at 12 midday. RSVP to Cancer Society Wairarapa, or Willie Simonsen Co-ordinator on (06) 379 5989.

Contact Cancer Society Wairarapa 06 378 8039 or email: enquiries@cancersoc.org.nz for these and all other supportive initiatives.

Blenheim / Marlborough

- Coming up in October /November - **Prostate Cancer Network** evening, and also **Breast Cancer Network** meeting - dates and venues for both TBA
- **Living Well** programme - starts 5 November - please ring office for further information
- **Relay For Life Launch** –outside Cancer Society in the Forum Square 5pm Thursday 18 October

We warmly invite people to drop in and see us, borrow books from our library and take part in our CanSupport programmes and talks which are very similar to what you see advertised in CanTalk. To receive the local newsletter please contact Margot Wilson 03 579 4379.

Nelson

- **Carers and Partners Support group** 18 Sept
- **Smoking Cessation training** in Motivational Interviewing (Sept and Oct)
- **Look Good Feel Better** - 16 Oct & 4 Dec
- **Living Well** programme Motueka - 3 & 10 Nov

For further information about these and other CanSupport programmes, eg. weekly meditation and swimming, talks, ongoing support groups for those with prostate cancer, breast cancer, lymphoedema, Lost Chord club and more; Contact Linda Lucre or Sue: 03 539 3662 or email: info@cancemelson.org.nz

Wairarapa Groups

Jacinta Buchanan co-ordinates and facilitates all the Wairarapa Networking/Support Groups. For any information about any group:
Contact: 06 378 8039

Womens Support Group
3rd Wednesday of each month, 11am - 1pm
Cancer Society - 140 Dixon St, Masterton
Co-facilitated by Ngaire Potangaroa

Mens Support Group
A group for men coping with any type of cancer. Every 4th Wednesday, 12.30pm - 2.30pm. Cancer Society - 140 Dixon St, Masterton. Co-facilitated with Brent Matthews.

South Wairarapa CanSupport Social Network Group
Meets socially every 3 months
Facilitated by Gayle Bright 06 306 6128

Myeloma & Blood Cancer Support
Luncheon Meeting with Anita Wootton, Support Services Coordinator, Leukaemia and Blood Foundation - 6 October 2012
Coordinator: Willie Simonsen - 06 379 5989

Independent groups in Masterton supported by Cancer Society Wairarapa

Wairarapa Breast Cancer Support Group
1st Monday of each month, 10am - 11.30am
Facilitated by Doff Simmonds 06 304 9748.

Wairarapa Prostate Cancer Support Group
1st Tuesday of each month, 1.30pm - 2.30pm
Facilitated by Robert Brader 06 370 8699.
Other Supportive Services

Look Good ... Feel Better
Leigh Renai – Coordinator
A free programme for women with cancer. Learn, through hands-on experience, techniques to help restore your appearance and self-image during chemotherapy and radiation treatment.
Not to be missed – this is a real treat!
Contact us at the Cancer Society 04 389 8421

Art Therapy
With Mary Brownlow
An opportunity for cancer patients or those close to them to express their feelings or fears through drawing, painting or working with clay.
Art Therapy is particularly good for children who have a parent with cancer. It allows them to express their fears and feelings in a very safe, supportive way.
Fee: $25.00 waged or $10.00 if unwaged.
Call Fiona Pearson on 04 389 0053
Art therapy also offered in the Wairarapa
Contact Cancer Society 06 378 8039

Massage
Bobbie-Joe Wilson
Tuesdays between 9am-3pm
Fees on a sliding scale of $15-$40
Relaxing, soothing massages to help both mind and body. Subsidised by the Cancer Society and offered at the Cancer Society Rooms, 52 Riddiford St, Newtown.
Contact us at the Cancer Society on 04 389 8421 to make an appointment.

CanNow – Moving Forward
Information nurses offer a one-on-one programme to promote wellbeing for women after early breast cancer. Discuss your concerns, regain direction and energy after cancer.
Contact us: 04 389 8421 or info@cancersoc.org.nz

Silky Pillows
The Silky Pillow is a soft kidney-shaped satin pillow which can be worn under clothing to protect your body from knocks and assist with a comfortable night’s sleep after surgery or radiotherapy. Also excellent in providing a little extra support under the car seatbelt when in the car. Silky Pillows are made by women of various Inner Wheel clubs for those who have had breast surgery or treatment. We would like to offer them also to others who may like additional comfort following abdominal, chest or bowel surgery.
Free of charge.
Contact us at the Cancer Society – 04 389 8421

Lymphoedema Assessment & Management Clinic – Loam
This subsidised service offered by the Cancer Society closed in June 2012. Capital and Coast District Health and the Hutt Valley District Health Boards have as yet not made any decision around funding this service and so at present there is no publically funded service in the Wellington area.
Funded service still available in the Wairarapa.
Contact us at the Cancer Society Wgtn – 04 389 8421 for providers or Cancer Society Wairarapa Centre 06 378 8039
In order to support those with cancer, the Cancer Society runs classes and courses for anyone currently in treatment, or for those who have received treatment. Any whānau/families affected by cancer are also welcome. Our courses are held in Kapiti, Porirua, Hutt Valley and Wellington.

Most sessions are FREE but occasionally costs apply. Koha or donations appreciated.

Enrolment is required for all programmes. Each workshop has a minimum and a maximum limit. To enrol please contact Virginia Lee on 04 389 0084 or email: virginia.lee@cancersoc.org.nz.

In Wellington: Focus on Gynaecological cancer - with a panel of health professionals

Date: Saturday 10 November
Time: 1-4pm
Venue: Cancer Society, 52 Riddiford St, Newtown
To enrol: Contact Virginia Lee 04 389 0084 or email: virginia.lee@cancersoc.org.nz.

This workshop is for women treated for any gynaecological cancer, and will be facilitated by Hazel Nesor from the Cancer Society. It is planned to have a number of speakers on the panel, including a gynaecological oncology nurse, radiation therapist, and a sexual health counsellor, who will talk about the latest treatments for these cancers, management of chemotherapy and radiotherapy side-effects and the impact on sexual health and intimate relationships.

In Wellington: Nordic Walking with Leanne Toledo Cortés

Date: Starting Tuesday 30 October for 5 weeks
Time: 10.30am - 12.00 for an hour class
Venue: Meet at Wilton House Carpark, Otari Bush Reserve, off Churchill Drive, Crofton Downs. Or contact us for transport from the Cancer Society, 52 Riddiford St, Newtown.
To enrol: Contact Virginia Lee 04 389 0084 or email: virginia.lee@cancersoc.org.nz.

Nordic Walking offers great exercise in a scenic environment. A lowish level of fitness is required - ie the ability to stand/walk for 45 minutes. Walking with poles is a great way to build or maintain a degree of fitness for those in treatment, recovery and beyond. Also open to whānau/family or carers. The Cancer Society supplies the poles (limited number only), and some transport to the walking venue.

To get specific details of the walk track or to arrange transport to the venue, please call or email Virginia.

Lee Toledo Cortés works as a Health Promoter at the Cancer Society and is a Nordic Walking instructor.
Upcoming Living Well programmes in Your Area:

Living Well classes can help dispel cancer myths by presenting straightforward information and answers to your cancer-related questions within a safe small-group setting. The more you know about what is happening during, and after cancer diagnosis and treatment, the better equipped you will be to handle each step of your journey. It is offered to anyone with any type and stage of cancer, and their whānau/family, partners, carers or friends.

Please contact Hazel Neser on 04 389 8421, email hazeln@cancersoc.org.nz or Virginia Lee on 04 389 0084, email Virginia.lee@cancersoc.org.nz to enrol in any programme. Prior registration required.

Living Well for those treated for Colorectal Cancers
Date: Held over 2 Saturdays - 27 Oct & 3 Nov
Time: 12.30 - 4.30pm
Venue: 52 Riddiford St, Newtown, Wellington
Facilitators: Hazel Neser & Claire Laurenson

Living Well in Kapiti
Date: Monday 15 October for 6 weeks (excluding Labour Monday)
Time: 6.30pm-8.30pm
Venue: Kapiti Health Centre,
Facilitators: Judy Dickie and Sue Jamieson
Contact Judy Dickie Kapiti Coordinator 04 298 8514 or email judyd@cancersoc.org.nz

Living Well in Upper Hutt
Date: Held over 2 Saturdays - 1 & 8 Dec
Time: 12.30 - 4.30pm
Venue: Wesley Centre, Upper Hutt
Facilitator: Hazel Neser

Living Well for those treated for Head & Neck Cancers - yet to be confirmed. Ring if interested.

Lymphoedema Education and Management with Hilary Bartle

These information sessions are offered to those with any cancer that has affected the lymph nodes. Those living with, or at risk of, lymphoedema, and family/whānau are welcome.

To enrol: Contact Virginia Lee 04 389 0084 or email: virginia.lee@cancersoc.org.nz.

In Lower Hutt: Tuesday 30 October
Time: 6.30pm - 8pm
Venue: Small meeting room, Dowse Art Museum, 45 Laings Road, Lower Hutt

In Wellington: Tuesday 20 November
Time: 6.30pm - 8pm
Venue: Cancer Society, 52 Riddiford St, Newtown.

In Porirua: Thursday 6 December
Time: 6.30pm - 8pm
Venue: To be confirmed

In Wellington: Cancer Focus talk - Bowel Cancer with Dr James St John

‘Reducing risk for Bowel Cancer: family history, diet and lifestyle’.

Date: Thursday 29 November
Time: 7pm - 8.30pm
Venue: Cancer Society, 52 Riddiford St, Newtown.
To enrol: Contact Virginia Lee 04 389 0084 or email: virginia.lee@cancersoc.org.nz.

James St John is a gastroenterologist with a special interest in familial cancer and population screening for bowel cancer. He has been associated with the Australian National Bowel Cancer Screening Program since its inception in 2001 and was closely involved in establishment of clinical services for familial bowel cancer.

In Kapiti: Tai Chi Qi Qong with Christine Lenk

Date: Starting Thursday 18 October for 6 weeks
Time: 12.30pm - 2.30pm
Venue: Kapiti Uniting Parish, Raumati Rd, Raumati
To enrol: Contact Judy Dickie 04 298 8514 or email: judyd@cancersoc.org.nz
CanTalk

☐ Please add me to the CanTalk Newsletter mailing list
☐ Please remove me from the CanTalk Newsletter mailing list
☐ I have some questions/would like some more information – (supply daytime phone number or contact)
☐ I would like to receive my CanTalk Newsletter by email. (Insert email address below)

FIRST NAME: ___________________________ SURNAME: ___________________________
ADDRESS: ___________________________
PHONE: ___________________________ EMAIL: ___________________________

Please tick one of the following options
☐ Patient ☐ Caregiver ☐ Other (please state)

Cancer diagnosed with or cancer/s interested in: ___________________________

Any comments on this issue: ___________________________

Send to Cancer Society – Wellington Division, PO Box 7125, Wellington 6242;
Visit 52 Riddiford Street, Newtown, Wellington 6021; phone 04 389 8421 or email Sue Corkill – info@cancersoc.org.nz

Please contact your local Cancer Society office.
Nelson: 03 539 3662
Blenheim: 03 579 4379
Wairarapa: 06 378 8039

For Cancer Information and Support phone 0800 CANCER (226 237)
or go to www.cancernz.org.nz