

Free copy

CANCER!

DRUMS!

VOLUME 1, Dec 2013

'a fight against cancer'



Defining cancer

Cancer, HIV and AIDS – Is there a link?

Tongai 'DHEWA' Moyo's tough fighting spirit

'Cancer shaped up my career development path'

Join the

Fight against

Cancer





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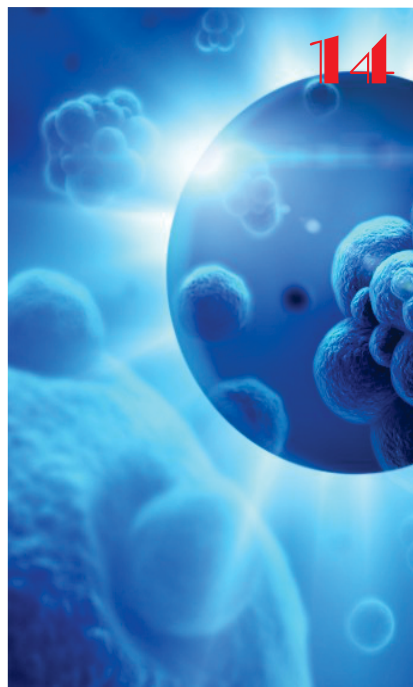
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CANCER OF ZIMBABWE

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WELCOME

INTRODUCTION TO THE CANCER DRUMS MAGAZINE

Beating of drums is a long standing traditional way used by the Zimbabwean indigenous communal leaders and chiefs to gather people for an important announcement. Thus, by the title **"Cancer Drums"** we are calling the indigenous people of Zimbabwe in their own tradition and belief systems (beating of drums) to give an ear to valuable information about cancer.

Thus, the magazine may also contain articles in Zimbabwe's indigenous languages. This magazine complements the Cancer Association of Zimbabwe's other cancer information dissemination strategies and is also meant to give an opportunity for school students and both full time and seasoned article writers to participate in cancer prevention and management issues.

Cancer Drums is the official magazine of the Cancer Association of Zimbabwe. The magazine's main aim is to raise awareness, clear myths and misconceptions about cancer and educate the public on the importance of prevention and early detection and treatment of cancer. The A5 size magazine will be published biannually by the Cancer Association with the assistance of various sponsors and stakeholders. Each issue will have a print run of 5 000 initially.

The editorial team for the magazine works closely with the Cancer Association of Zimbabwe to ensure accurate reporting.

Content of the magazine will include:-

- * Information on the services provided by the Cancer Association
 - * Regular Activities
 - * Forthcoming events
- * Articles on cancer related health issues
 - * International trending news
- * Question and answer section for the Doctor
 - * Nutrition advice and tips
- * Special features focusing on different cancers
 - * Stories from real readers
 - * Inspirational verses and sayings

Distribution

This magazine will be distributed for free through the Cancer Association of Zimbabwe offices and various other centres such as doctor's waiting rooms, hospitals and media distribution companies in Zimbabwe. It will also be given out at various Cancer Association functions.

Advertising and Sponsorship Opportunities

We invite companies and individuals to assist raising awareness of cancer and the activities of the Cancer Association of Zimbabwe to be a part of this initiative through advertising of your products and services in the magazine.

Funds raised through advertising will not only pay for the production of the magazine but will also assist in the necessary funding of the Cancer Association of Zimbabwe to carry out its functions and assistance to all in need.

We invite concerned individuals to also participate by sponsoring a page and having their name placed at the bottom of the page sponsored. Talk to us to find out how you can get involved.



Championing dissemination of information about cancer

Most of us now know someone who has succumbed to cancer and the challenges they faced during diagnosis, treatment, palliative care and subsequently their passing on. Thus, this experience we all have gone through calls for an urgent multi-sectorial and comprehensive cancer prevention control programs from the government, funders, partners and all of us.

Welcome to the Cancer Association of Zimbabwe (CAZ)'s first issue of The Cancer Drums magazine. This cancer information magazine aims to raise awareness, clear myths and misconceptions about cancer and educate the public on the importance of prevention and early detection and treatment of cancer.

Due to lack of adequate information, cancer diseases have now been equated to a death sentence. However, statistics show that one third of all cancers can be prevented, and a third can be successfully treated. It is important that we work to achieve the goals of prolonging lives and successfully treating cancer diseases

Most of us now know someone who has succumbed to cancer and the challenges they faced during diagnosis, treatment, palliative care and subsequently their passing on. Thus, this experience we all have gone through calls for an urgent multi-sectorial and comprehensive cancer prevention control programs from the government, funders, partners and all of us.

In Zimbabwe, access to resources for cancer programmes remains limited, whilst the cost of accessing treatment remains high.

As a result, many cancer patients and their families have limited access to treatment, care and support services. Therefore, the need for us to work together and fight cancer as a team cannot be over emphasized.

It is also unfortunate to note that access to information on cancer prevention, early detection and management remains scanty and concentrated to highly urbanized communities, thus the aim of this magazine is to educate the public on cancer related issues.

Finally, this is your magazine and we would love to hear from you. Feel free to send your inspiring stories, questions and suggestions to us by emailing education@cancer.co.zw or info@cancer.co.zw on our website www.cancerzimbabwe.org

WALK WITH US AND HELP FIGHT
CANCER.



**Mrs Junior Mavu
General Manager ,
Cancer Association
of Zimbabwe**

BULAWAYO NOTIFICATION

**The Cancer Association in Bulawayo is looking for volunteers to help out with counseling of cancer patients . Unfortunately our association is a charity organisation and we can not pay for services. Anyone with personal experience with cancer or has been involved in looking after cancer patients is welcome . Please contact us on
09 61158**



Tawanda Karombo

EDITOR'S NOTE

Drumming the cancer beat

There is a buzz-word these days whenever people talk about cancer. People often emphasize on fighting against cancer.

But I think the new buzz-words about cancer should be about survival and access to information. Until now, when I have had to edit this magazine, I was very ignorant about cancer diseases and I must confess that I am one of the people to have benefited the most from information availed by the Cancer Association of Zimbabwe through this magazine.

So this sets in motion an effort to bring information about cancer diseases and how to handle them to the general populace in Zimbabwe. For a cancer fought without adequate information might as well be lost.

The Cancer Drums magazine is essentially a carrier of information about cancer diseases and it strives to bring to your attention vital information that is useful and demystifies long held misconceptions about cancer

The drum is a traditional signifier or relay of vital information. Its beat calls upon societies and members to give heed to what

would have happened. In like manner, through putting effort into the Cancer Drums Magazine, we are seeking to ask the Zimbabwean society to pay attention, for cancer diseases require our attention.

Traditionally, the drum produces different beats; beats of sorrowness, happiness and attention. Our drum is one of information about cancer diseases; when it beats, please pay attention for it is vital information that we are producing in the Cancer Drums Magazine.

While we have come to associate the face of cancer with cervical and breast cancer, there are a lot of cancer diseases, some of which there is very little information about. It is the role of this magazine to inform the general public in Zimbabwe about other cancer diseases.

So let's beat the drums about cancer diseases in Zimbabwe. Please share this magazine with as many people as possible. The more we know about cancer the better prepared we will be to survive cancer diseases.





CANCER Association of Zimbab

COMMITTED TO RAISING IMPROVING THE QUALITY OF

The Cancer Association of Zimbabwe is a non-profit making organization which was started in 1961. The organisation was formed by a group of cancer survivors and volunteers in a bid to support each other morally, emotionally, spiritually and physically following cancer diagnosis.

The organisation has continued to grow in providing cancer support services and cancer awareness

programmes. The Association is run by a team of board members who have expertise in various areas pertaining to the operations of the organization. The board members give policy direction to the organization, whilst the health professionals and volunteers at the centre are responsible for the day to day running of the institution.

The Cancer Association of Zimbabwe is committed to raising cancer awareness and improving

the quality of life of cancer patients and their families. The organisation uses various strategies to achieve its mission. The strategies include education, supportive and emotional counseling services, medical support and support groups for survivors, patients and families. The organisation also runs a resource-center and is actively involved in cancer advocacy and lobbying.

The Cancer Association of



WE: PROFILING THE VOICE OF HOPE

CANCER AWARENESS AND LIFE OF CANCER PATIENTS,

Zimbabwe has over the years become a hub of hope for many patients who need to debrief and access emotional support. Hundreds of patients have been supported through the emotional journey following a cancer diagnosis. The Cancer Association of Zimbabwe has also conducted hundreds of commemorations, wellness programmes, expos and lectures on cancer.

Print and electronic media materials are also being utilized to

widely disseminate information on cancer diseases which are commonly diagnosed in Zimbabwe. The aim of this kind of information dissemination is to promote healthy lifestyles and to increase public awareness in the prevention, early detection and management of cancer.

Our Work

Awareness Programmes

Prevention and early diagnosis are the thrust of the awareness or education programmes. The Information Unit at the Cancer Association uses internal and external lectures, seminars, talks, discussions, exhibitions and expos to disseminate knowledge.

This includes sharing information on the most common cancers in Zimbabwe, cancer prevention, the importance of diet, the role of change of lifestyles towards wellness and cancer screening procedures.

The media and Information, Education and Communication (IEC) materials such as brochures and posters are also used to disseminate information widely to the general public.

Health Services

In most cases, being diagnosed with cancer instills fear, anger, guilty and other feelings clouded with uncertainty to the patient and the family. Nurse counselors at the Cancer Association of Zimbabwe offer informative, emotional, supportive and psychosocial support to help enable the patient and the family to come to terms as well as cope with their individual condition.

This service entails taking clients through the process of treatment including, surgery, chemotherapy and radiotherapy. These services can be offered at public and private hospitals where patients receive chemotherapy and radiotherapy. Other services on offer include clinical breast examinations, self breast care education and referral for further investigations or specialist care as well as the supply of breast prosthesis following mastectomy.

The Cancer Association of Zimbabwe also offers nutrition guidance and loans medical equipment such as wheelchairs and crutches. The Cancer Centre clinic provides, cervical cancer (VIAC), prostate cancer (PSA Test) and breast (Breast Examination) cancer screening services to facilitate early detection of cancers.

Complementary Therapies

Complementary therapies are those activities or therapies that are used by trained specialists together with patients to support mainstream treatments. They are discussed with the complementary therapy practitioner or counselor and patient in collaboration with the doctor to settle for the best therapy.

The diagnosis of cancer brings about different emotions and distress in cancer patients, and so is its treatment. Complementary therapies play an important role in reducing stress, boosting the immune system, relieving pain, improving circulation, improving sleep patterns and restoring balance to the body system.

Therapies which include relaxation classes, massage, aromatherapy, reflexology, meditation, rife, reiki, shiatsu, and Indian head massage are available at the Cancer Association of Zimbabwe on appointment. Specialist volunteers have over the years been helpful and still offer free complementary therapy sessions to cancer

patients.

Resource Centre

The Cancer Association has a library for use by cancer patients, the general public, students and health practitioners. Brochures with information on cancers, cancer management and complementary therapies are also available at the Resource Centre. The Cancer Association of Zimbabwe is grateful to the people and institutions who donate books and other materials to the library.

Support Groups

The Cancer Association has initiated support groups which offer psychosocial support to cancer patients. Reach for Recovery for breast cancer survivors and is registered with the International Union Against Cancer. Other support groups include, the 'Social Tea Gathering' which offers support to all cancer patients, and the ostomy support group which supports colostomy and ileostomy patients

Advocacy and Lobbying

The Cancer Association of Zimbabwe has over the past 52 years been advocating for improved access to quality cancer prevention and management strategies and services. Engagement at national level as well as participation in regional and international forums has helped to bring the attention of the public, government leaders and health policy makers.

This work has also helped to bring government attention on Non Communicable Diseases (NCD) in general. Issues raised by the Cancer Association of Zimbabwe include policies, high cost of accessing chemotherapy and radiotherapy, limited access to cancer treatment in the public health sector, as well as poor resourcing of cancer programmes.

The National Conference on Cancer Prevention and Control, organized with support from the National Health Care Trust and other partners was a historic success. The conference was held on the 16th of September 2011 under the theme; 'Bringing the Cancer Burden on the National Health Agenda' and was attended by over 80 delegates.

Tariro Home for cancer patients

The home was opened in 1974 to accommodate both male and female cancer patients who were receiving radiotherapy in Harare. The patients from distant places stayed at Tariro and were ferried from the home to Parirenyatwa Radiotherapy Centre then back to the home. They stayed for about six to eight weeks, received meals, enjoyed relaxation periods and received emotional support from the resident nurse/matron.

In August 2002, due to economic hardships, inadequate food supplies and lack of transport services the home was temporarily closed. Services for cancer patients were thereafter concentrated at the Cancer Centre. After considering the plight of cancer patients and the limited infrastructure needed to support them at the Radiotherapy Centre, the Cancer Association is working towards the re-opening of the centre. We are appealing for well wishers to support this noble cause in cash or kind.

Our Friends and Partners

The Cancer Association could not have been what it is today, without the moral, resource and technical support received from all our generous friends, partners and volunteers. The Association continues to receive support from well wishers and volunteers in cash and kind. As an institution that relies on donations, we are indebted to the invaluable support we get from our friends and clients.

Our Achievements:

- The Cancer Association has over the years made strides towards accomplishing its mission. The following are some of the key success milestones attained;
- The Cancer Association has become a centre of hope for many patients needing to debrief and get emotional support. Hundreds of patients have been supported through the emotional journey following a cancer diagnosis
- The Cancer Association has been represented internationally at the World Cancer Conference in Geneva and the work at the Cancer Association is widely recognized the world over
- Hundreds of commemorations, wellness programmes, expos and lectures on cancer have been organized and the awareness role

continues to grow from strength to strength

- Information, education and communication material on common cancers and arising issues have been produced and distributed widely
- The Association has become a consistent voice for patients and health professionals working with cancer patients at different policy forums
- Successfully organized the first national conference on cancer prevention and control in Zimbabwe on the 16th of September 2011 under the theme; 'Bringing the Cancer Burden on the National Health Agenda'.

Our Challenges:

- The rising disease burden due to cancer has resulted in a surge in the demand for cancer and related services, beyond the current capacity of the organization
- Dwindling resources as traditional donors are struggling in the current economic environment, is limiting the ability of the organisation to scale up awareness programmes especially to marginalized communities.
- Limited human resources base.
- Lack of information technology equipment such as laptops, cameras and screens.
- Research evidence to guide cancer programming remains scanty.

Despite all the above challenges, the Cancer Association of Zimbabwe remains committed to its mission . Every day, we hear many stories of our clients who have not been allowed to have a cancer diagnosis to weigh them down and these stories continue to motivate us. We are always moved and motivated by this quote which we would like to share with you; **'Feed your faith and your fears will starve to death'**



defining cancer

Most causes are preventable.

Memory Mataranyika

Learning what causes cancer and what the risk factors are, is the first step in cancer prevention. Except for genetic cancer which cannot be avoided

Cancer refers to the development of **abnormal cells** that divide uncontrollably and have the ability to infiltrate and destroy normal body

tissue. There are many kinds of cancer. Each type of cancer is unique with its own causes, symptoms, and methods of treatment. There are various causes of cancer these are Tobacco use, Genetics, Diet and

Physical inactivity and Radiation

Mainly there are four standard methods of treating cancer, which are surgery, chemotherapy, radiation therapy, and immunotherapy / biologic



of cancer are

No matter where a cancer may spread, it is always named from the place where it started.

therapy.

When initially diagnosed with cancer, a cancer specialist (called an oncologist) will provide the patient with cancer treatment options. An oncologist will recommend the best

treatment plan based on the type of cancer, how far it has spread, and other important factors like age and general health. Ultimately, it is the patient who makes the treatment decisions based on doctor's

recommendations, possible second opinions, and other information gathered from qualified professionals.

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LETTERS TO THE EDITOR

Is my girlfriend suffering from cervical cancer?

"She will need to be examined and this will include general physical examination and a vaginal examination to look for any signs to suggest cervical cancer. The symptoms that she is having could also be attributed to other things"

response

Your girlfriend needs to be seen by a Health Professional such as a nurse or doctor. This can be done at your nearest clinic or hospital.

She will need to be examined and this will include general physical examination and a vaginal examination to look for any signs to suggest cervical cancer. The symptoms that she is having could also be attributed to other things such as infection of the uterus so this will also have to be checked by the nurse or doctor.

A test which looks for cervical cancer, which is called a PAP Smear or VIAC test will also have to be carried out. She can also visit the Cancer Association at 60 Livingstone Avenue, Harare, or the nearest clinic.

hie, how are you? My girlfriend is suspecting she has cervical cancer and she has stressed about that so I wanted to know what we should do whilst there is still time.

She is experiencing abnormal discharges during her periods. Some fleshy stuff, abnormal bleeding and sometimes some yellow discharge. She fails to sleep and experiences slight headaches and back pain.

So we wanted to know the move we can take whilst there is still time because I am worried t hat it is going to get serious and it might be very expensive for the cure since both of us do not have any finances. Please help me out coz she has been so stressed.

Cervical Cancer quick facts

Regular Pap smear tests decreases a woman's chances of developing cervical cancer by 5 times

High number of pregnancies increases risk.

Women who smoke are 2 times more at risk than non-smokers.

Usage of contraceptives is a factor of cervical cancer.

It is the 1st most common cancer affecting women.

Cervical cancer is caused by a common virus known as human papillomavirus (HPV).

Each year, about 500,000 women worldwide are diagnosed with cervical cancer and more than 270,000 die from it.

Regardless of age, all females risk exposure to the HPV virus as it can spread via skin contact and sexual intercourse.

Sexually transmitted infections like Chlamydia, Herpes may cause cervical cancer.

Early sexual experience increases risk of cervical cancer.



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CERVICAL CANCER AWARENESS
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17



Prostate cancer



1 in 11 men will suffer from Prostate Cancer. This is a type of cancer which affects the prostate gland. . The prostate is a small gland , about the size of a walnut found in man. It is situated at the base of the bladder and surrounds the first part of the urethra. It produces a thick white fluid which mixes with sperm to form semen. Its growth and the way it works is dependent on the male sex hormone, testosterone, which is produced in the testes.

- Certain medical procedures.
- Certain medications.
- An enlarged prostate.
- A prostate infection.

Because many factors can affect PSA levels, your doctor / nurse is the best person to interpret your PSA test results.



At what age should it be done and how often?

Prostate cancer usually affects men 50 years and over, it is rare in men under 50 but not unheard of, more so if there is a family history of prostate cancer in one's family. Prostate cancer usually shows no signs and symptoms in its early stages, therefore it is imperative for all males over 50 years of age to go for screening even without experiencing any signs and symptoms.

What is the PSA test?

Prostate cancer screening means looking for cancer before it causes symptoms. This helps to find cancer at an early stage when it may be easier to treat. Prostate-specific antigen, or PSA, is a protein produced by cells of the prostate gland. The PSA test measures the level of this protein in a man's blood. For this test, blood is taken and send to the lab for analysis or a rapid test can be done at your doctor's rooms or clinic, where a prick on the finger is done and blood is taken and put on a strip and the result is read after a few minutes .

The higher a man's PSA levels the more likely that he has prostate cancer, however, a raised PSA level does not necessarily mean one has cancer as there are other causes for having a raised PSA level such as:

Where can this be done?

The Cancer Association of Zimbabwe Clinic is currently offering the rapid PSA test or visit your family doctor.

When do I get the results?

The results for a rapid PSA test is available after 10 - 15minutes or while you wait.. If the result is Positive then a referral is made for further investigations.



CANCER WARNING SIGNS



- ❖ *A sore that does not heal*
- ❖ *Nagging cough or hoarseness of voice*
- ❖ *Problems with passing urine*
- ❖ *Indigestion or difficulty in swallowing*
- ❖ *Thickening or lump in the breast elsewhere*
- ❖ *Obvious change in a wart or mole size or appearance*
- ❖ *Unusual discharge or bleeding from breast, penis and or vagina*
- ❖ *Change in bowel movement, constant constipation or diarrhoea*

CANCER CAN BE CURED IF DIAGNOSED AND TREATED EARLY.

Visit the nearest health facility if you notice any of these signs!

ZVIRATIDZO ZVEGOMARARA

1. Ronda risingapore
2. Chikosoro chisingapere kana kushoshoma kwenzwi
3. Kunetseka pakurasa mvura kana kuti weti
4. Kufufutirwa kana kunetseka nekumedza zvekudya
5. Kuzvimba kana kuita bundu mumazamu, kana mudzimwe nhengo dzemuviri
6. Kushanduka kwemhopo, pamakuriro kana pamatarisiro ayo
7. Kushanduka kwezinobuda kana kubuda ropa munyatso yezamu, munhengo yepasi yemurume kana yemukadzi, isiri nguva yekutevera
8. Kushanduka kwemafambiro emudumbu – kugara munhu akapatirwa, zvichiteverwa nemanyoka



WHAT IS COLOSTOMY ?



The purpose of a colostomy is to allow stool to bypass a diseased / damaged section of the colon. This means if one has a colostomy, stool is no longer eliminated through the anus but drains from the colon through the stoma into a bag or pouch (colostomy

A colostomy is an operation done to create an opening from the colon (or large intestine), through the walls of the abdomen. One end of the healthy colon is brought out through the abdominal wall, usually on the left side.

The edges of the bowel are stitched to the skin of the abdominal wall to form an opening called a **stoma**. The purpose of a colostomy is to allow stool to bypass a diseased / damaged

section of the colon. This means if one has a colostomy, stool is no longer eliminated through the anus but drains from the colon through the stoma into a bag or pouch (colostomy bag) attached to the abdomen.

A person who has a colostomy has no voluntary control over the passing out of stool thus the colostomy bag has to be worn at all times. Most colostomy stool is softer and more liquid than stool that is passed normally.

The texture of the stool depends on which part of the intestine was used to form the

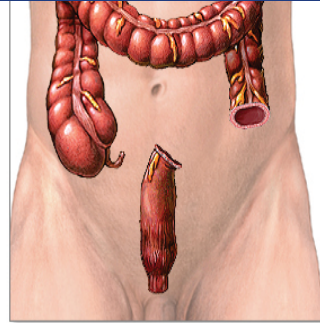
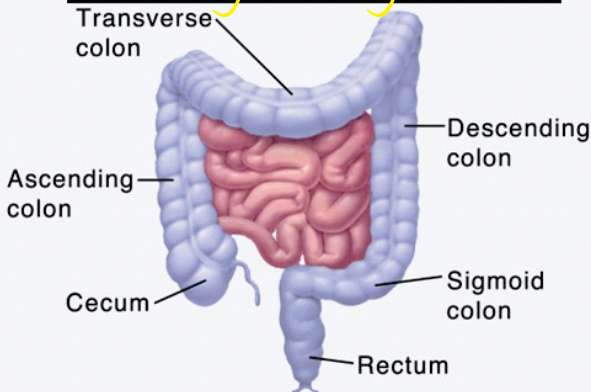
WHAT IS COLOSTOMY ?

Reasons for having a colostomy done

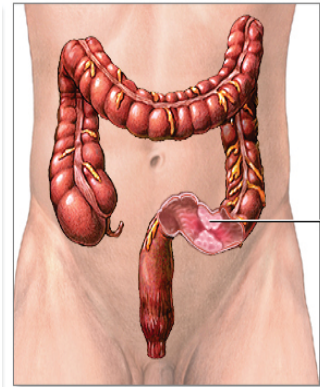
A colostomy surgery may be performed to correct the following diseases and conditions:

- Birth defects such as blocked or missing anal opening (imperforate anus)
- Bowel infections such as diverticulitis
- Inflammatory bowel disease
- Injury to the large intestine or rectum such as gunshot wounds
- Intestinal obstruction
- Rectal or colon cancer

The digestive system



Diseased colon is removed



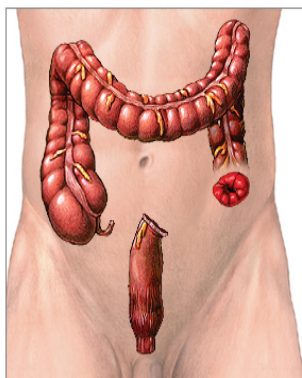
Intestinal obstruction



How the digestive system works:

A colostomy will not change the way your digestive system works. In normal circumstances when food is chewed and swallowed, it passes through your oesophagus (swallowing tube), into your stomach where it is broken by stomach acids and chemicals.

From the stomach, the food goes into your small intestine where the nutrients are absorbed into the blood



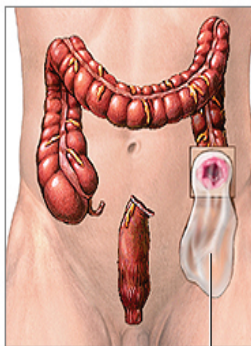
Healthy
bowel tissue
is stitched to
the abdomen
(colostomy)

Before

Colostomy



Diseased portion
of colon



Colostomy bag



more important it will be to protect your abdominal skin after a colostomy.

Complications/ Challenges of a colostomy:

- Bleeding inside your belly
- Infection inside your belly
- Prolapse of the colostomy (falling in of the stoma)
- Blockage or narrowing of the colostomy opening (stoma)
- Scar tissue in your belly causing intestinal obstruction
- Skin irritation
- Development of a hernia
- Damage to nearby organs during surgery



stream. Any food not digested and absorbed in the small intestine goes to your large intestine or colon as waste or stool ready to be eliminated from the body.

Stool stays loose and liquid during its passage through the upper colon. There, water is absorbed from it, so the stool gets firmer as it nears the rectum. The ascending colon goes up the right side of the body. The stool in the ascending colon is liquid and somewhat

acidic, and it contains digestive enzymes.

The transverse colon goes across the upper abdomen, and the descending and sigmoid colon goes down the left side of the body to the rectum. In the left colon, the stool becomes progressively less liquid, less acidic, and contains fewer enzymes. Where the colon is interrupted determines how irritating to the skin your stool output will be. The more liquid the stool, the



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CERVICAL CANCER IS THE MOST CANCER AFFECTING WOMEN IN ZIMBABWE. ACCORDING TO THE ZIMBABWE NATIONAL CANCER REGISTRY, CERVICAL CANCER ACCOUNTED FOR ABOUT 30.2% OF ALL CANCERS IN ZIMBABWEAN WOMEN 2010.

World wide , Approximately 530 000 WOMEN ARE DIAGNOSED WITH CERVICAL CANCER PER YEAR WITH STATISTICS SHOWING THAT EVERY MINUTE , ONE WOMAN IS DIAGONISED WITH CERVICAL CANCER . It is a MAJOR CAUSE OF DEATH IN WOMEN AND EVERY 2 MINUTES A WOMAN DIES FROM CERVICAL CANCER.

CERVICAL CANCER IS A DISORDER RESULTING FROM THE ABNORMAL GROWTH OF CELLS OF THE LINING OF THE CERVIX WHICH IS THE OPENING TO THE WOMB. THIS DISEASE MAINLY AFFECTS WOMEN AGED 45 AND 55 YEARS OF AGE. IT IS ALSO NOW BEING DIAGONISED MORE IN THE YOUNGER WOMEN FROM THE AGE OF 18 YEARS ONWARDS

Causes of Cervical Cancer

Cervical cancer is mainly caused by a virus which is called HPV (Human Papilloma Virus). The majority of HPV virus infections are sexually transmitted through the exchange of body fluids.

There are 2 major types of HPV virus, the low risk and the high risk types. The low risk types e.g. HPV 6 and 11 can cause genital warts and the high risk types e.g. HPV 16 and 18 cause cervical cancer. The factors that increase an individual's risk of acquiring the HPV infection also increase the risk of developing cervical cancer.

Some of the factors include; early onset of sexual activity, multiple sexual partners, unprotected sexual infection and HIV infection.

Signs and Symptoms of Cervical Cancer

However, Cervical cancer presents with symptoms which include abnormal vaginal bleeding which could be post-menopausal, heavy menses and bleeding between menses. Abnormal vaginal discharge is also a common symptom. It is very important to understand that the majority of cervical cancer patients does not show any symptoms in the early stages of the disease.



Cervical cancer mainly presents with symptoms affecting the female reproductive tract and these include; abnormal vaginal bleeding which could be post-menopausal, heavy menses and bleeding between menses. Abnormal vaginal discharge is also a common symptom.

Other symptoms such as pain in the abdomen, backache, leg swelling and fatigue can also occur and these usually point towards advanced disease.

Screening and Early Detection of Cervical Cancer

Screening for cervical cancer entails looking for changes on the cervix in women without symptoms to enable prevention of cancer by treating pre-cancer changes and also early detection of cancer.

Screening methods that are available include VIAC i.e. Visual Inspection with Acetic Acid and Cervicography which is a method for diagnosing early pre-cancer changes which is now commonly used in Zimbabwe. The other screening test is the Pap smear test which is the scraping of cells from the cervix to look for pre-cancer changes.

These screening tests should begin usually 3 years after a woman begins sexual activity but not later than 21 years of age. It is recommended that women have these tests done regularly which is usually yearly or less often but not longer than 3 year interval. These tests are being offered at the Hospitals, City Council clinics, Family Planning and Wellness clinics.

Vaccination

Prevention and early detection have been found to reduce death from cervical cancer. The methods of prevention include vaccination against the high risk HPV viruses which cause cervical cancer.

Vaccination has been found to reduce the chances of infection with HPV virus significantly. It is recommended that young girls of pre-pubertal ages 9 to 13 years before they become sexually active should undergo vaccination against HPV to reduce their risk of developing cervical cancer in future.

It is administered by a trained health professional such as a nurse or doctor. It is important to remember that even after vaccination, women who are eligible for screening should continue to be screened for cervical cancer regularly with the VIAC or Pap smear tests.

Light skinned people likely to develop skin cancer

Skin cancer is a cancer which starts in the cells of the skin. The skin is the body's largest organ. It protects the organs inside your body from injury, infection, heat and ultraviolet light from the sun. The skin helps control your body temperature and gets rid of waste materials through the sweat glands.



asking in the sun or sun bathing is a common practice amongst most of us, the sun is good and we need Vitamin D too. However, over exposure to the sun is detrimental to our health.

The sun radiates rays, known as ultraviolet (UV) rays. These rays are known to damage our skin cells resulting in uncontrolled growth of the skin cells. UV rays are most prominent in the 10am to 3pm sun, when the sun's rays are strongest. In fact we can go by the rule anything in excess is not good for us.

UV rays levels have small fluctuations during the day and are

present year-round, even in the winter and on cloudy days. In as much as cancer has remained in the shadows of other conditions like HIV and malaria, skin cancers have also remained in the shadow of other cancers like breast, cervical and prostate cancers.

Skin cancer is a cancer which starts in the cells of the skin. The skin is the body's largest organ. It protects the organs inside your body from injury, infection, heat and ultraviolet light from the sun. The skin helps control your body temperature and gets rid of waste materials through the sweat glands.

It also makes vitamin D and stores water and fat. According to the Zimbabwe National Cancer Registry 2010 statistics, Non-Melanoma of the Skin was the 3rd (11.3%) most common cancer in adult males and the 4th (6.4%) leading cancer in adult females in Zimbabwe.

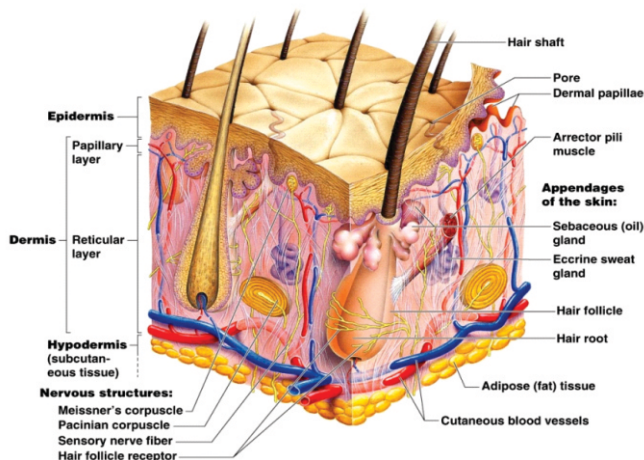
It is interesting to note that Non-melanoma of the Skin is in the top ten in both Non-Black males and females and not in the top ten for both Black males and females. This is because light skinned people, albinos or people who do not have skin pigmentation (melanin) are more likely to develop skin cancers compared to people with the pigmentation

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PHOTO COURTESY OF ERIN R. BLUHN

Understanding the skin

The skin has two main layers - the epidermis and the dermis. The layer at the surface is called the *epidermis*. Below the epidermis is the *dermis*. Beneath the dermis is a layer of fat, and then the deeper structures such as muscles and tendons.



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from the sun's rays. Melanin causes the skin to tan in fair skinned people. Dark skinned people have more active melanocytes

Skin cancer is classified either as melanoma or non-melanoma.

Melanoma ('malignant melanoma')

This type of skin cancer develops from melanocytes. They are also found in other places other than the skin, for in-stance eyes, mouth and GI tract, so they can be non-cutaneous (non skin) melanomas but they are rare. This is the most dangerous and aggressive type of skin cancer. If left untreated it can spread to other parts of the body and can be fatal.

- Grows quickly over weeks to months
- Can appear as a new or existing spot, freckle or mole that has

changed colour, size or shape

- Can grow anywhere on the body
- not just areas exposed to the sun

- Occurs most frequently on the upper back in males and on the lower leg in females

Non-melanoma.

These are divided into:

Basal cell carcinoma (BCC) is skin cancer which develops from basal cells. This is also sometimes called a "rodent ulcer". It is by far the most common skin cancer, accounting for between 75% and 90% of all skin cancers.

- Look for small, round or flattened spots that are red, pale or pearly in colour. Some are scaly like a patch of eczema
- May become ulcerated, bleed and fail to heal
- Grows slowly over months or years

Usually found on the upper body,

The epidermis is made up of 3 types of cells: Basal cells are the bottom layer of cells in the epidermis and are continually being made deep in the epidermis. Squamous cells are in layers above the basal layer.

They make a substance called keratin which is a hard 'waxy' material. Melanocytes; these cells are found deep in the skin be-tween basal cells, dotted about at the bottom of the epidermis. They make a pigment called melanin which gives colour to your skin.

The melanin is passed to the nearby skin cells to protect them

head or neck

Squamous cell carcinoma (SCC) is skin cancer which develops from keratinocytes. These are layers that are above and alongside basal cells, the skin that you can see and touch.

- Grows over months and may spread if not treated
- Look for scaly red areas that may bleed easily, ulcers or non-healing sores that are often painful, especially when touched
- Often found on lips, ears and scalp

Other risk factors

Other factors which increase the risk of developing an SCC or BCC include the following:

- Age
- A family history or personal history of skin cancer.
- Skin type or people with red or fair hair, blue eyes and freckles.
- Using sun beds or similar tanning machines which emit UV light.
- Chronic damage to the skin such as a solar keratosis (actinic keratosis). This is a small, rough, bump which develops on the skin.
- A diet high in fat and low in vitamins.
- Certain chemicals (such as arsenic used in insecticides, chicken feed or creosote).
- Immune suppression-weakened immune system e.g. people who have AIDS and people who have had transplants.
- Some rare inherited disorders are associated with an increased risk such as albinism.
- People with a high number of moles (50-100).



Causes and risk factors for skin cancers

Skin cancers are mostly due to over exposure to ultraviolet (UV) radiation from the sun. Damage from ultraviolet portion of the sun may become worse due to the thinning of the earth's ozone layer. People most at risk of skin damage are people with white or fair skin, albinos, people with areas of vitiligo (white patches of the skin with little or no pigment) and fair skinned people.

Children's skin is most vulnerable to cancer, as their skin is easily damaged. People who have a history of freckling in childhood, or frequent or severe sunburn in childhood are most at risk of developing skin cancer as adults. (The damage to the skin can occur many years before a cancer actually develops.) Also, people who have worked outdoors for much of their life and had long-term exposure to the sun are at risk.

What are the general symptoms of skin cancers?

- Loss of normal skin markings
- Change in colour of the skin
- Toughening of the skin or hard, raised, red or red-grey, pearly or shiny skin growth that may have faint veins on or around it.
- Persistent skin ulcer (a pit or crater, often surrounded or covered with a crust)
- However, untreated they continue to grow locally and can cause damage to nearby structures e.g. may erode





Skin cancers prevention

1. Most skin cancers (non-melanoma and melanoma skin cancers) are caused by excessive exposure to the sun.

- Avoid the damaging sun effect by:

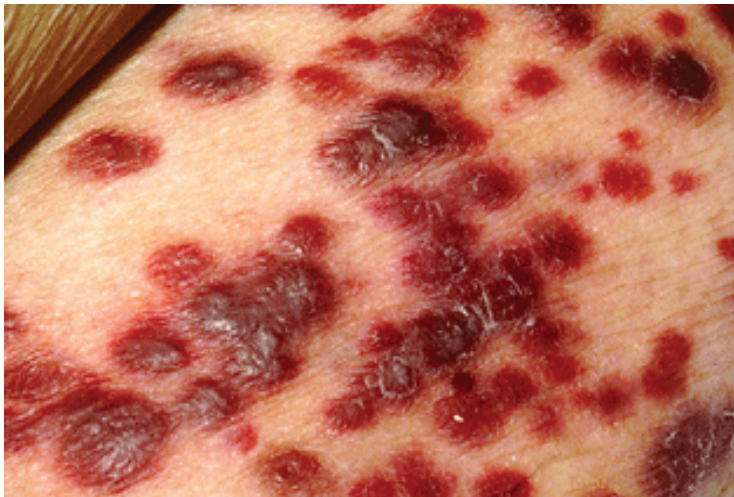
- Staying indoors or in the shade as much as possible between 10am and 3pm.

- Covering up with clothes and a wide brimmed hat when out in the sunshine.

- Applying sunscreen of at least Sun Protection Factor (SPF 15) (SPF 30 for children or people with pale skin) which also has high UVA protection. SPF means that it will take 15 times longer to produce sunburn if no sunscreen was used. (Apply 30 to 60minutes before going into the sun to allow full skin absorption).

- Use umbrellas or use natural shades

2. Children should be protected from the sun. It is very important to make sure that children are well protected from the sun's rays. There is some evidence that a sun burn in childhood could increase the risk of skin cancers developing later

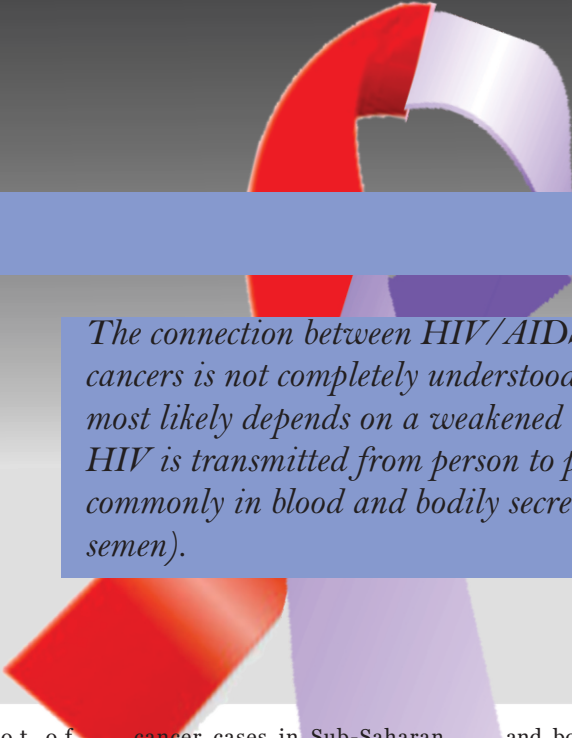


Checking your skin

Over 95 per cent of skin cancers can be treated successfully if detected early and treatment is sought early. A significant number of skin cancers are detected by people themselves or a family member. It is important that we all check our skin regularly at the beginning of every new season, in order to identify if there are any skin changes. If you have been diagnosed with a skin cancer in the past, you may need to check more often. Ask your GP or dermatologist what is right for you.

SKIN CANCER

MYTH BUSTING



The connection between HIV/AIDS and certain cancers is not completely understood, but the link most likely depends on a weakened immune system. HIV is transmitted from person to person most commonly in blood and bodily secretions (such as semen).

There is a lot of misconception and myths regarding supposed linkages between cancer diseases and HIV and AIDS.

Cancer is a group of diseases which are caused by abnormal growth of body cells. Although cancer itself is not infectious, essentially meaning that it cannot be transmitted from one person to another, many cancer diseases that affect populations in Africa, are related to infectious agents.

In Zimbabwe, the HIV and AIDS pandemic is augmenting the rate of HIV-related cancers, with 60% of new cancers being associated with HIV and AIDS. Zimbabwe is severely affected by the AIDS epidemic, with a prevalence rate of about 13.6%.

Regional statistics also show that seventy percent of cervical

cancer cases in Sub-Saharan Africa are caused by the human papilloma virus (HPV), which is sexually transmissible. Other infections of interest are hepatitis B and C and schistosomiasis (bilharzia).

As the nation joins the international community in commemorating the World Aids Day on the 1st of December under the theme; **Zero new infections, Zero deaths and Zero Discrimination**, it is important that we explore the relationship between HIV and AIDS and cancer.

The connection between HIV/AIDS and certain cancers is not completely understood, but the link most likely depends on a weakened immune system. HIV is transmitted from person to person most commonly in blood

and bodily secretions (such as semen).

The Acquired immune deficiency syndrome (AIDS) is a disease of the immune system caused by infection with the human immunodeficiency virus (HIV). A person with HIV is highly vulnerable to life-threatening conditions because HIV severely weakens the body's immune system.

People living with HIV/AIDS have a high risk of developing certain cancers, such as Kaposi sarcoma, non-Hodgkin lymphoma and cervical cancer. Studies have shown that people infected with HIV are 1000 times more likely to be diagnosed with Kaposi sarcoma, at least 70 times more likely to be diagnosed with non-Hodgkin lymphoma and at least 5 times more likely to be



diagnosed with cervical cancer compared to people who are HIV negative.

For people living with HIV, these three cancers are often called “AIDS-defining conditions,” meaning that if a person with an HIV infection has one of these cancers it can signify the development of AIDS. Interestingly, these three types are among the most common cancers in Zimbabwe.

However, it should be noted that not everyone with any of these cancers is HIV positive.

Considering that the great

majority of HIV and AIDS infections in Zimbabwe (about 98%) are hetero sexually acquired, observing the ABC strategy of HIV and AIDS prevention becomes pertinent to the prevention of cancer in the country.

The ABC strategy – which entails **A**bstinence/delay of sexual debut, **B**eing faithful/partner reduction, and **C**ondom use – is key to understanding and combating the sexual transmission of HIV.

The introduction of anti-retroviral therapy (ART) has resulted in decreased mortality

and morbidity, and the majority of people in developed countries infected with HIV are living with only mild to moderate immuno suppression because of wide access to anti-retroviral therapy.

This programme is also critical to the prevention and control of cancer in the country and should be supported. Thus, the Cancer Association of Zimbabwe supports the National Behaviour Change programme which aims to reduce new HIV and AIDS cases and improve access to HIV prevention services.



Myth and misconceptions fuel the disease burden and mortality (death) due to cancer, as they increase stigma and reduce chances of cancer patients seeking effective treatment early. This results in lost opportunities for successful treatment of the disease. It also increases lost opportunities to prevent the disease.

Cancer myth / misconception 1 -
Cancer is a death sentence

Contrary to the popular myth that "cancer is something you die from," cancer should be viewed as something "you can learn to live with." Yes, cancer can cause death, but new breakthroughs in early detection of cancer have made it much more treatable. It is estimated that 40% of cancer patients reach or exceed the five year survivor mark. It is also

estimated that about a third of all cancers are curable. Chances of cure depend on the type of cancer, stage of cancer and the individual. Improved education and access to preventative care is bringing improved cancer outcomes to patients. Screening helps detect cancer at early stages when it is most likely to be cured.

Cancer myth / misconception 2 -
If I receive radiotherapy or chemotherapy it will kill me

Effective and well administered treatment is known to improve the quality of life of cancer patients or even cure the disease. Precautions and due care is taken in cancer treatment delivery. This is accompanied by careful monitoring of patients throughout the treatments course. Early detection and prompt treatment

is central to the success of radiotherapy and or chemotherapy. In Zimbabwe, the majority of cancer patients (about 80%) in Zimbabwe present for treatment when it is too late (3rd and 4th stage) for treatment to be effective, resulting in increased premature deaths from cancer. Diagnosis of cancer at earlier stages of disease can enhance chances of successful treatment outcomes and greatly increases chances of a successful cure.

Cancer myth / misconception 3 -
Surgery or needle biopsy can disturb cancer cells, causing them to spread to other parts of the body

There is no evidence supporting that surgery cannot cause cancer to spread. To the contrary, surgically removing cancer is often the first and

BUSTING

most important treatment. Some people feel worse during recovery than they did before surgery.

For most types of cancer, there is no conclusive evidence that needle biopsy (a procedure used to diagnose many types of cancer) causes cancer cells to spread. There are exceptions, though of which doctors and surgeons are aware of.

Cancer myth / misconception 4 - *Some types of cancer can be contagious / infectious*

No type of cancer is contagious (can spread from one person to the other). However, there are two known contagious viruses, HPV and Hepatitis C that can cause cancer. HPV is a known risk factor for cervical cancer and Hepatitis C causes liver cancer. Both viruses can be transmitted through unprotected sexual intercourse, although Hepatitis C is more often transmitted through blood to blood contact such as sharing needles and transfusions. HIV and AIDS also increase the risk of developing cancer by weakening the immune system.

Cancer myth / misconception 5 - *Certain cancers only develop in people who are HIV positive*

The connection between HIV/AIDS and certain cancers is not completely understood, but the link likely depends on a weakened immune system. HIV is transmitted from person to person most commonly in blood and bodily secretions (such as semen). Acquired immune deficiency syndrome (AIDS) is a disease of the immune system caused by infection with the human immunodeficiency virus (HIV). People living with HIV/AIDS have a high risk of developing certain cancers, such as Kaposi sarcoma, non-Hodgkin lymphoma and cervical cancer. Studies have shown that people infected with HIV are 1000 times more likely to be diagnosed with

Kaposi sarcoma, at least 70 times more likely to be diagnosed with non-Hodgkin lymphoma and at least 5 times more likely to be diagnosed with cervical cancer compared to people who are HIV negative. **However**, not everyone presenting with any of these cancers is HIV positive, as they can also develop in people who are HIV negative.

Cancer myth / misconception 6 - *Cancer causes hair loss*

Cancer does not cause hair loss. Hair loss is a side effect of cancer treatments, like chemotherapy and radiation therapy. Not everyone who has chemotherapy or radiation loses their hair either. The good news is the hair will grow again about six months after treatment.

Cancer myth / misconception 7 - *Cancer is one disease*

Cancer is one word that represents not

one, but more than 200 different types of diseases. It is a group of diseases with common feature of abnormal growth of body cells. Cells are the basic unit of life, the building blocks of body organs and tissue. Under normal circumstances cells divide and multiply in a controlled orderly manner for growth, to repair worn out and injured tissues as the body needs them to keep healthy. When cells become old or damaged, they die and are replaced with new cells. However, sometimes this orderly process goes wrong. When this happens, cells do not die when they should and they continue to multiply without control forming a mass or tumour. These growths are considered either benign (not cancer) or malignant (cancer). Malignant growth can spread to other body organs (metastasis) and destroy or disturb function (invasive). Cancer is always named after the part of the body where it starts, even if it spreads to other body parts later.



Cancer myth / misconception 8 -

Cancer is a disease of the elderly and developed countries

Cancer does not discriminate. It is known to affect all ages and socio-economic groups. However, the greatest increases in cancer are occurring in developing countries. Cervical cancer is a striking example between developed and developing countries. "Over 85% of the 275,000 women who die every year from cervical cancer are from developing countries. If left unchecked, by 2030 cervical cancer will kill as many as 430,000 women per year," according to Union for International Cancer Control (UICC). Some cancers are also known to be common in certain age groups and races.

Cancer myth / misconception 9 -

If your close relative(s) had cancer, you will have it too

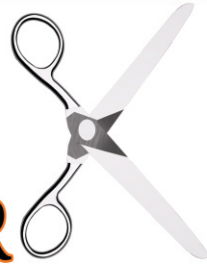
While it is true that some cancers are genetic, this does not mean that one will definitely develop cancer because of their heredity. Cancers such as breast cancer, ovarian cancer and colorectal cancer are a few of the cancers that can be passed down genetically. If a parent has these cancers, the cancer gene may be passed to their child. If a child inherits the gene, it only raises the likelihood of developing cancer, not guaranteeing a cancer sentence. Regular screening for the respective cancer(s) is very important in these groups of people.

Cancer myth / misconception 10

- Cancer is my fate

Conservatively a third of the most common cancers can be prevented through lifestyle. However, lifestyle will play an exclusive role in one's overall health, energy and vitality. Lifestyle can be the difference between developing cancer at age 40 or 70. The difference is an improved quality of life. Healthy lifestyles can substantially reduce cancers that are caused by alcohol, tobacco, unhealthy diet and physical inactivity. Simply by improving one's diet, physical activity level and maintaining a healthy body weight could prevent a third of the most common cancers.

Infections also form another group of important cancer risk factors. Many cancers in the African population are related to infectious agents and in Zimbabwe, the HIV and AIDS pandemic is augmenting the rate of HIV-related cancers, with 60% of new cancers being associated with HIV and AIDS. Regional statistics also show that, seventy percent of cervical cancer cases in Sub-Saharan Africa are caused by the human papilloma virus (HPV), which is also sexually transmissible. Other infections of interest are hepatitis B and C and schistosomiasis (bilharzia).



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Are dental braces important for my children?

One of the common questions I get asked by parents all the time is: “does my kid need dental braces?” Even at birthday parties, once parents hear that I am a dentist, they pull me aside and ask me to quickly peep into their children’s mouths to ascertain whether the crooked teeth will straighten out on their own.

A modern parent must place matters to do with her and her family’s health uppermost on the list of her priorities. The whole family must look good and confident. All this may be difficult to achieve if one is not able to trust her/his smile, has bad breath, cavities, loose teeth, bleeding, inflamed gums with food particles collecting in between teeth.

This is where a visit to the dentist becomes important. One of the causes of poor dental health is dental malocclusion, which can present as crooked teeth, open bite, deep bite, “jetting out of upper front teeth, crowded/bunched up teeth in the front, narrow tooth arches, “drifted teeth”, space shortage, extra-big teeth etc.

Normal or good alignment of

teeth not only contributes to optimum oral health but also goes a long way in the overall well-being, confidence and a positive personality of an individual.

Parents often wonder if the benefits of the dental braces make them worth the time and expense. When considering dental braces parents should always remember that dental braces are normally the last resort. It is important to visit

your dentist regularly in order to receive preventive dental care.

That way many expensive orthodontic procedures can be avoided. For example, by simply preserving baby teeth until their shedding time by way of getting them filled by an ordinary dentist, a parent can prevent having to use dental braces or other expensive procedures.

Crooked and crowded teeth are



Why is orthodontics so important?

hard to clean and maintain. Such problems can contribute to teeth decay, gum disease and tooth loss. A bad bite can also cause abnormal wear of tooth surfaces, difficulty in chewing and/or speaking, excess stress on supporting bone and gum tissue, and possible jaw joint problems.

There's also the emotional side of an unattractive smile. When you're not confident in the way you look, your self-esteem suffers. Children and adults whose malocclusions are left untreated may go through life feeling self-conscious, hiding their smiles with tight lips or a protective hand.

Finally, without treatment, many problems become worse. Orthodontic treatment to correct a problem may prove less costly than the additional dental care required treating the more serious problems that can develop if the condition is left unchecked.

However, the advantages of orthodontics do not stop with cosmetics alone. Patients receive important medical benefits as well. By ensuring the teeth and jaws are properly aligned, it is possible to prevent or alleviate potential physical

health problems. When the teeth are aligned properly, there is a reduced chance of decay, fewer cases of gum or periodontal disease and a decrease in the risk of injury.

Straight teeth are easier to keep clean and thus collect less plaque, a risk factor in periodontal disease. Reducing periodontal disease can also reduce the chances of inflammation that is often associated with an increased chance of stroke and heart disease. In addition, when teeth are straight, they are less likely to be broken in an accident. Thus the correction is helpful in protecting the natural smile and allowing individuals to keep their teeth through their entire adult life.

Braces can be used to help close gaps and spaces in order to reduce the need for bridges or other oral devices later in life.

If the teeth are in need of orthodontic correction but left untreated, the individual may suffer tooth decay, digestive difficulties and periodontal disease. When the teeth are misaligned, surfaces may wear abnormally, the chewing may be

inefficient and the gum tissues and bones that support the teeth stressed.

By taking steps early in a child's life, the cost of care is often much less than that of treating the serious problems that can develop as the individual ages and experiences increased wear and tear on the teeth.

While the physical benefits alone may be enough for many parents to consider braces for their children, there are also many psychological benefits. Once the teeth are straightened, many teens have greater confidence, a key component for building success and confidence in tasks they are asked to do. This can also lead to greater self-acceptance, enhanced attractiveness and an increased sense of well-being.

The benefits of orthodontics have long been documented through both scientific studies as well as personal observations. They begin with a great smile. The smile is often the first impression others have of an individual. It is a large part of one's identity as well as how a person is perceived by peers. Improving the smile is one of the greatest investments one can make.



Before treatment



After treatment

6 months after start of treatment

The dental braces (orthodontic treatment) are typically used in a variety of cases where someone has bad tooth alignment. Orthodontic treatment is a long term treatment procedure, going for several months and for this reason it requires good commitment from child and parent alike.

Good oral hygiene (brushing, flossing) and proper eating habits according to instructions from the dentist or Orthodontist, are a must. Treatment typically starts off by taking of specialized x-rays, tooth models, pictures of the face and teeth etc.

A contract is often drawn out and appropriate motivational sessions arranged. Braces work by slowly moving and shifting teeth into new and good positions by applying light pressures. Bands, wires and elastics are placed on the teeth to move them in the right direction. This takes place

slowly and carefully over an extended period of time, months or years.

It is important to continue to wear the braces or appliance for however long your dentist or orthodontist recommends for successful outcome. If you quit at any point during treatment, the teeth can shift back into their old bad positions.

Orthodontic treatment may be provided by your dentist or an orthodontist, a dentist who specializes in the diagnosis, prevention and treatment of dental and facial irregularities. It will depend on the orthodontic experience of your dentist and the severity of your case.

Since abnormal bites usually become noticeable between the ages of 6 and 12, orthodontic treatment often begins between ages 8 and 14. Treatment that begins while a child is growing helps produce optimal results. That doesn't mean that adults can't have braces; healthy teeth can be orthodontically treated at any age.

Treatment plans will vary based on your situation, but most people are in treatment from one to three years. This is followed by a period of wearing a retainer that holds teeth in

their new positions. Today's braces are more comfortable than ever before. Newer materials apply a constant, gentle force to move teeth and usually require fewer adjustments.

While you have braces it's important to maintain a balanced diet for the health of your teeth. Of course, a healthy diet is always important, but eating too many sugary foods with braces can lead to plaque build-up around your brackets that could permanently stain or damage your teeth.

Avoiding foods like popcorn, corn on the cob, chewing gum, whole apples, and other sticky foods is also a good idea. Ask your dentist about foods to avoid while you are in treatment. Not all of us are born with beautiful smiles, but with good oral hygiene, and a little help from orthodontics, you can have a beautiful and healthy smile.

Dr farayi Moyana



Before treatment



After treatment 6 months

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The importance of palliative care in cancer management

"You matter to the last moment of your life, and we will do all we can to help you not only to die peacefully, but also to live until you die." - Dame Cicely Saunders

Most people believe that palliative care is only for clients who have advanced and incurable diseases. In contrast, palliative care includes symptom management for anyone with troublesome symptoms.

Palliative care is also important for people suffering from diseases that fail to respond well to treatment and also for people who experience complications and side effects. Emphasis is on pain relief both during acute (short term) and chronic illness and at the end of life (terminal) care, with the aim of improving the quality of life of the client.

Patients and families including children facing life threatening illnesses such as cancer need special care and treatment of pain and other distressing symptoms, so that they remain comfortable at any stage of illness. The patients and families have a right to experience good or improved quality of life through palliative care.

According to the World Health Organisation (2002), palliative care is an approach that improves the quality of life of patients and their families facing the problem 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, both physical, psychosocial and spiritual.

More generally, however, the term "palliative care" may refer to any care that alleviates symptoms, whether or not there is hope of a cure by other means; thus, palliative treatments may be used to alleviate the side effects of curative treatments, such as relieving the nausea associated with chemotherapy. It usually involves use of different pain killers, from mild pain killers such as paracetamol to strong pain killers such as morphine.

Hospice care is a type of palliative care for people who are in their final weeks or months of life or end of life care. Hospice care is different from Palliative care which is for a person of any age, whether or not his or her illness is terminal.

During palliative care, focus is on care independent from efforts to cure the diseases but the two are not exclusive and palliative care integrates both symptom control and treatment of the disease or condition. It is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy, radiation therapy or antiretroviral therapy (in HIV and AIDS patients) and includes those investigations needed to better understand and manage distressing clinical complications.

Palliative care encompasses the whole self, caring for the physical, emotional, and spiritual needs of patients and their families. It improves quality of life by active participation, early identification, prevention, and relief (treatment) of pain and suffering. It includes impeccable assessment and meeting physical, social, emotional and spiritual needs to relieve suffering and support the best possible quality of life for the patients and their families regardless of the disease or need for other therapies.

Does palliative care shorten life?

All evidence to date indicates that life is prolonged when pain and symptoms are controlled. The patient can eat and sleep better and the family is at peace. This improved quality of life allows the patient to live until death!

Goals of palliative care treatment:

Its main goal is to achieve the best quality of life available to the person with cancer or other conditions by relieving suffering, controlling pain and other distressing symptoms and enabling the patient to live as normal a life as possible or to improve quality of life for both the patient and the family.

- to provide psychological and spiritual care
- to provide a support system to help the individual live as actively as possible, and a support system to sustain and rehabilitate the individual's family

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 patients' illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, 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

How can I work with a palliative care team?

Good communication is a large part of palliative care. Your palliative care providers will encourage you to listen to your feelings and to talk about what is most important to you. They will also try to explain things to you and your loved ones in ways you can understand. You may talk about anything and everything during a palliative care visit including;

- Treatment
- Pain and medicine side effects.
- Emotional and social challenges, such as helping your family get along better.
- Spiritual concerns
- Goals and dreams.
- Hospice care.

Advance directives.

Advance directives are instructions to your doctor and loved ones about what kind of care you want if you become unable to speak for yourself.

Who provides palliative care?

Palliative care is a partnership of patient, medical specialists and family. The team supports you and your family every step of the way, not only by controlling your symptoms, but also by helping you understand your treatment options and goals. This team may include;

- Palliative care physicians
- Specialists or general practitioners
- Nurses, Nursing assistants or home health aides
- Social workers
- Pharmacist
- Chaplains / church
- Physical, massage and occupational therapists

Volunteers

If you think you could benefit from palliative care, speak with your doctor about it today. Patients and families can access palliative care services from hospices, hospitals and organisations such as Island Hospice Harare, Seke Rural, Mutambara Mission Hospital and Mashambanzou Care Trust, among others.

A full list and contact details of palliative care services providers can be obtained from Hospice and Palliative Care of Zimbabwe (HOSPAZ).

Cancer Information Team (Cancer Association of Zimbabwe)

National Conference on Cancer Prevention & Control

'Bringing the Cancer Burden on the National Health Agenda'

16 September, 2011. Jameson Hotel, Harare



1.0. Introduction

The Cancer Association of Zimbabwe (CAZ) with support from its partners convened the National Conference on Cancer Prevention and Control under the theme 'Bringing the cancer burden on the national health agenda,' on 16 September 2011 in Harare.

The conference was part of efforts to bring the disease burden due to cancer on the agenda of policy makers, programmers, health workers, civil society, the corporate sector and other stakeholders.

It was attended by delegates from diverse backgrounds including the Ministry of Health and Child

Welfare (MoHCW) and other government departments, WHO representatives, health workers, civil society, members of the corporate sector and the media.

The conference was guided by the following objectives:

- To collectively assess the work of the Cancer Association of Zimbabwe over the past 50 years
- To share good practices in cancer prevention, treatment and management



- To review the existing public policies, practices and resourcing of the national cancer programme
- To consolidate ideas and recommendations for the national cancer control programme

National Cancer Registrar Mr Eric Chokunonga



WE RESOLVE THE FOLLOWING;

- (1) Integration of cancer control in Community, School and Workplace Health Promotion Programmes
- (2) Availing of free screening (including pap smears, clinical breast examinations and PSA) at primary health level
- (3) Resourcing of the current National Cancer Control Strategy development process by government
- (4) Health Systems Strengthening – improvement on human resources for health (HRH), financing, medical equipment and medical products
- (5) That cancer be made a standalone issue, with an established multi-sectoral national cancer task force / council
- (6) Decentralisation of the cancer prevention and control programme with structures similar to those of the National AIDS Council (NAC)
- (7) Development of a Cancer Business Forum
- (8) Increased targeted cancer funding from fiscus
- (9) Advocacy and lobbying for increased political will
- (10) Addition of cancer to the list of notifiable disease in the long term
- (11) Lobbying for the inclusion of cancer in the journalism curricula .

Viva Primary Health Care!

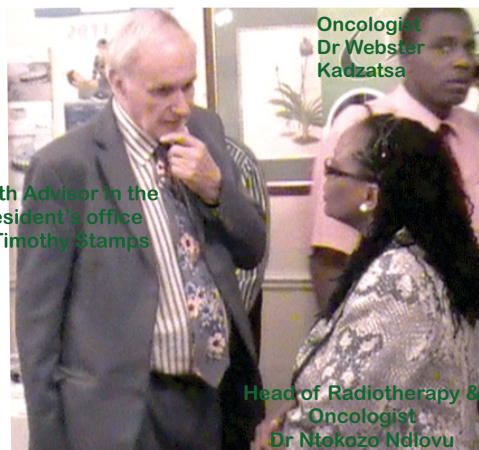
RESOLUTIONS

National Conference on Cancer Prevention & Control

Harare, September 16, 2011

The landmark National Conference on Cancer Prevention and Control organized by the Cancer Association of Zimbabwe was held on the 16th of September 2011 under the theme; 'Bringing the Cancer Burden on the National Health Agenda' and was attended by over 80 delegates including political leaders, cancer experts, government officials, cancer survivors, civil society organisations, media, Non Governmental Organisations and the private sector.

Having noted that cancer is now killing more people than HIV and AIDS, TB and Malaria combined globally. Also noting that Zimbabwe sees, on average, 7000 cancer cases each year and only a fraction of these – some 700 to 1500 is treated and that the HIV and AIDS pandemic is augmenting the rate of HIV-related cancers, with 60% of new cancers in Zimbabwe being associated with HIV and AIDS.



Join the
Fight against
Cancer



"...protecting people and the environment against radiation and its effects...."

Radiation and You:

Should I be concerned about it? Is it safe? Is it harmful? Some people say it is nothing to be concerned about, but others say even a little is too much—what should I believe?

What is radiation?

Radiation is energy moving through space, and it can take many forms, including x-rays, gamma-rays. Radiation can be used for **imaging** and for **therapy**. Diagnostic imaging techniques using radiation include X-rays, computed tomography (CT) scans, and radionuclide (nuclear medicine) studies. Therapeutic techniques include radiation for the treatment of cancer or an overactive thyroid gland. When considering radiation exposure from imaging and radiation therapy treatment, the benefits generally outweigh the risks.

Radiotherapy and Nuclear Medicine

During radiation therapy, high doses of ionizing radiation (much higher than those used for imaging tests) are directed at the cancer, resulting in the death of the cancer cells. However, this can lead to DNA mutations in other cells that survive the radiation, which may eventually lead to the development of a second cancer.

Imaging and Paediatrics

Paediatric patients are at the greatest risk of developing cancer from radiation exposure. Rapidly growing cells are at greater risk of damage from ionizing radiation and children have a long life ahead of them, therefore the chance of detecting a slow growing cancer is higher when compared to someone exposed later in life.

How is one protected from medical radiation exposure?

The Radiation Protection Authority of Zimbabwe (RPAZ) ensures protection of people and the environment using the provisions of the Radiation Protection Act [Chapter 15:15]. All facilities must be licensed and regularly be inspected. If you are going for a medical examination you need to carry your past imaging records to avoid unnecessary radiation exposure. Consult your physician for a list of medical facilities which have been licensed by RPAZ.

Did You Know?

Our bodies are radioactive.

Our bodies are naturally radioactive, because we eat, drink, and breathe radioactive substances that are naturally present in the environment.

A baby can be exposed to radiation while still in the womb.

This can occur when the mother's abdomen is exposed to radiation from outside her body. Pregnant women should consult with their physicians if they have any concern about radiation exposure to their foetus. During examination, the x-ray beam is focused only on the area of interest to minimize radiation doses to other areas of the body.



"Cancer shaped up my

My mother was not happy at first since she wanted me to go to university but I promised her that education is a key for emancipation only if you have the desire for assisting other people in your community.

It all started in September 1998 when I was in grade four (4). As I was playing with other pupils, I felt a sharp throbbing pain in my abdomen. What followed next was worse and horrible; I had blood in urine (haematuria). I was scared to tell my mother but she discovered something strange on my abdomen, it was distended and she was worried that I ate something from another pupil's lunch box. I swore to her that had not shared lunch boxes with someone else at school.

After two weeks my mother took me to a hospital in Chiredzi where an x-ray was taken. The doctor suggested that I should be transferred to a central hospital although he did not tell my mother what I had.

After one week, my mother informed my school head about the situation, of which the headmaster granted me permission to go and seek treatment.

I then went to Parirenyetwa Hospital in November 1998 and was reviewed by Dr Chitsike who administered chemotherapy before surgery was done after which I was discharged home. I then went back to Parirenyatwa in January 1999, was transferred to Harare hospital, and an operation was done to remove my affected left kidney.

The operation started at around 11am and was completed at around 16:00 hours. I still remember my mother was in shock when she was taken to the theatre waiting room to view the massive big kidney that had been removed.



career development path

The following month, I started receiving my chemotherapy on a monthly basis until the first year was over. Chemotherapy was painful and I lost my hair while my nails turned black and my skin even looked unpleasant.

I still remember other children looking at me worried and shocked at what had happened to the real me they knew before. I am glad all my classmates and school teachers understood what I had gone through.

After my first year of chemotherapy administration and treatment, there was an organization that was based at A4 oncology at Parirenyatwa making dreams come true projects for children suffering from cancer. When they asked me about my wish I told them that I wanted to see the president, and my mother was worried about how they could make that happen, but to my surprise they organised a home visit made by the president in

Harare at my aunt's place in Ashdown park.

The main purpose of Dream Foundation was to make wishes come true for children with cancer as this would assist them psychologically and spiritually to refrain from thoughts of death.

After administration of



chemotherapy and radiotherapy during my first year of treatment, my second year was for reviews at Parirenyatwa Hospital after every 3 months. My third year was for reviews after every 6 months, and then from there on I came for reviews on a yearly basis.

Everything had normalized by now. My hair, my nails, and

my lifestyle had somehow changed for the better. I am glad I am still alive after what I went through.

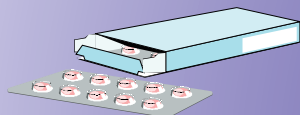
It gave me the will power to further my education up to advanced level after which I decided to study nursing so that I can find an opportunity to assist other children and adults affected with cancer. However my mother was not happy at first since she wanted me to go to university but I promised her that education is a key for emancipation only if you have the desire for assisting other people in your community.

I am still furthering my education and currently working for Kidzcan Zimbabwe children's cancer relief organization.

I feel like I have done justice to myself and the community at large. What I can conclusively advise is that early detection saves lives, it is important to have regular health assessment by health professionals so that anything that affects your body system can be corrected early

WOMEN WITH EPILEPSY

Epilepsy has specific implications for women in respect of their gynaecological and obstetric health. Some women experience an increase in seizure during the pre-menstrual period which may be due to hormonal fluctuations. An increase in medication during the P.M.P may solve the problem.



CONTRACEPTION

The choice of the contraceptive method for women with epilepsy is influenced by the anticonvulsant therapy being used. Some anticonvulsants (Carbomezapine and Phenytoin) may reduce the effectiveness of oral contraceptives so an adjustment in dose of anticonvulsants may be necessary or an alternative method of contraceptive may be recommended.

SEX DRIVE

People with epilepsy sometimes express concern that their sex drive may be affected by their epilepsy or by the anticonvulsant drugs that they are taking. Research in this area has been very limited but there is no evidence to suggest that either the medication or the epilepsy lowers sex drive. If you are concerned that may be affected seek advice of your doctor.

FERTILITY

Many people with epilepsy establish happy relationships and produce healthy children. Limited research has been carried out and results have shown that there are some women who do experience reduced fertility. To date there has been no evidence to suggest that anticonvulsant drugs affect fertility



.BEFORE PREGNANCY

The best time to ask questions and weigh up any risks is before pregnancy beings.

HEREDITY

It is understandable for people with epilepsy to be concerned about "passing on" their epilepsy to their children. The question of heredity is a complex one. Firstly the cause of the epilepsy must be considered e.g. If the epilepsy was caused by head injury there is no chance of you "passing it on". If one parent has epilepsy the odds may rise. If both parents the odds are even higher. What can be inherited is a low seizure threshold which may result in a tendency to have seizures. If there is an established hereditary pattern in your family and you yourself have epilepsy discuss the facts with your doctor who may advise genetic counseling.

YOUR MEDICATION AND YOUR BABY

Taking medication during pregnancy can be worrying for a mother-to-be. Therefore it is very important to get medical advice as soon as possible so that the drug can be started before pregnancy begins. It is unlikely that the doctor will withdraw the drug completely because any sudden change may result in increased seizures. In most cases the treatment can be adapted so that the risk to the unborn child is very small. If the fetus absorbs some of the medication it will pass out of the baby's system over the first few days after birth.



The changes that take place in women's body during pregnancy may lead to alternation in the seizure pattern. There may be an increase in seizures during this period or they may become less frequent or sometimes stopping altogether. If seizures do occur it is natural for a mother to worry about harming her unborn baby. This anxiety is very real and a mother should be encouraged by the facts that many women with epilepsy have trouble free pregnancies and produce normal healthy children.

Some anticonvulsants are responsible for reducing vitamin K in the blood stream which can affect the clotting mechanism of the blood. In some cases the doctor may recommend that vitamin K is taken before deliver by the mother and by the baby for short period after birth.

MEDICAL CHECKS

It is essential for you to take your prescribed medication during pregnancy and to see your doctor or clinic as required for drug level monitoring so as to reduce to a minimum the risk of seizure occurring. Keep your doctor informed about any seizure you have.

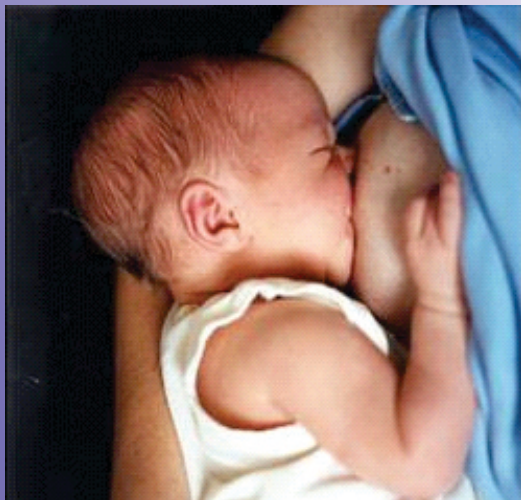
LABOUR

The delivery is not likely to be any different from any other deliver but it is essential that the midwife knows you have epilepsy. You should have plenty of sleep after the baby is born because deprivation of sleep makes seizures more likely to occur. Your visitors should co-operate but not staying to long when they visit.



AFTER DELIVERY – BREAST FEEDING

You should discuss this with the doctor or midwife to find out what is best for you and the baby. In most cases epilepsy is not a contraindication to breast feeding. You may be encouraged to sit on the floor with pillows around you while feeding so that if a seizure does occur the risk to the baby is minimized.



BATHING AND CHANGING YOUR BABY

Do not bath your baby unaccompanied. Change the baby in the cot or, when you at home use a waterproof baby mat on the floor.

During the first few months when the baby is waking up at night ask your partner to help by attending to the baby sometimes.

Supplementary feeding at night may be necessary and advisable, so that you get as much rest as possible. Ask your partner to help in this way.

MENOPAUSE

Epilepsy sometimes stops at menopause. Very little research has been done on this subject, but it has been established that some anticonvulsant drugs have an effect on calcium metabolism. Therefore hormone replacement should be considered for women with epilepsy



Cancer & Spirituality perspective

We don't ask people to stop taking medication. Doctors treat; God heals. Medical doctors do their work, just as ministers of God do. Medical doctors are anointed with the power of nature by God. There is nothing bad in using medication. It is important to believe that God is the God of nature and that when nature seems to be limited, God is not.

There is a nice plaque hanging on the front wall of a doctor's consultation room which reads: "WE TREAT, GOD HEALS!" What a true statement! Doctors diagnose the problem and create an atmosphere for healing to occur, but it is God who really does the healing.

There are times when medical science fails to treat the problem. But even then God can bring about healing because he is a healing God.

In January 1998 the World Health Organisation (WHO) re-defined its definition of health to include the spiritual aspect of it. According to this global health body, health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.

Commenting on this revised definition, Dr. Khayat from the WHO notes that there was a general feeling from the very beginning that a fourth dimension (spirituality) was missing from this definition.

He further notes that, "There has been a growing awareness of what Arnold Toynbee referred to as a 'spiritual vacuum' in many parts of the world, especially in the industrialized countries in the West – a vacuum that led to widespread psychological insecurity with the consequent adverse effects on mental and physical health."

Today medical practitioners are more frequently faced with conditions which do not only affect the physical being of their patients, but conditions such as cancer which gnaw away at the patient's emotions, fears and dreams for a normal life.



Treatment alone not enough

Radiotherapy, chemotherapy and or surgery alone are not enough for these patients. Failure by medical practitioners to also attend to the spiritual needs of such patients limits their success in managing or curing the physical condition or disease. There is overwhelming evidence on the role of spirituality in patients dealing with terminal conditions such as cancer.

Dr. Khayat gives one example from a World Health Assembly, in 1983. "Dr F. Mellbye, a Norwegian delegate, deplored signs, in his country at least, of deterioration in mental health, manifested in

ality – a Believer's ective

“WHEN PRAYING FOR HEALING, ASK GREAT THINGS OF GOD AND EXPECT GREAT THINGS FROM GOD. BUT LET US SEEK FOR THAT HEALING WHAT REALLY MATTERS, THE HEALING OF THE HEART, ENABLING US TO TRUST GOD simply, FACE GOD HONESTLY, AND LIVE TRIUMPHANTLY.” - ARLO F. NEWELL



problems such as alcoholism, drug abuse, criminality, social mal-adjustment and general unhappiness and fear of the future, at a time when the economic and social situation of his country was quite promising.

“What was lacking, he claimed, was not political or administrative understanding of the gravity of such problems, but basic knowledge within the behavioral sciences, and scientific measures and means of understanding the human character. Dr Mellbye called at that time for an expansion of research into the behavioural determinants of health.”

As a result of high level researches, today it is agreeable by doctors and scientists alike that the spiritual aspect is very important as far as one's well being is concerned. According to Dr. Herbert Eradat, an oncologist and survivor of acute lymphocytic leukemia, "Spirituality in oncology is not a new concept," Eradat said.

"An article in the Journal of Clinical Oncology reported that as many as 88 percent of patients report that spirituality is at least somewhat important and is frequently extremely important.

Anne Coscarelli, a psychologist and founding director of the Simms / Mann Center, once said; "Cancer is a disease that changes most parts of a person's life — the mind, body and soul of an individual. Medicine alone is not enough. We need to integrate medical science with what we have learnt about optimizing psychological well-being, including spirituality, to heal patients with cancer and their families."

We don't ask people to stop taking medication. Doctors treat; God heals. Medical doctors do their work, just as ministers of God do. Medical doctors are anointed with the power of nature by God. There is nothing bad in using medication. It is the same medication that sustains people before they come to church. However, it is important to believe that God is the God of nature and that when nature seems to be limited, God is not.

According to the National Cancer Institute, spirituality may be de-fined as an individual's sense of peace, purpose, and connection to others, and beliefs about the meaning of life. It is acknowledging that there is a power or authority above you – the high order.

God heals

The inscription you will find in hospitals which reads, 'We treat and God heals' is an acknowledgement that there is a superpower above mankind; an authority we can rely on when man and his scientific knowledge seems to be limited.

In Exodus 15:26, God says, "...I am the LORD, who heals you". Healing is an act of setting right or re-pairing what was previously damaged. No damage is irreparable for God. According to Joe Abraham, every organ in your body is created by God. His hands have designed your blood vessels and cells.

He even knows your blood group. God can create organs that are not there. He can also repair organs that may not be working well. It is not just the body that God heals. He repairs the area of emotions and brings in emotional health. He also works in the area of the spirit and brings spiritual healing and health. God is not only interested in healing a person, but he is also interested in bringing healing to everything connected to the person. He works on the person's career, relationships, income and assets.

God is in the business of repairing lives, not breaking lives. On the cross, Jesus was broken so that we may be repaired and restored back to health. If you are dealing with some damage that has happened to you, whether it is physical, marital, emotional, financial, spiritual or relational, Jesus is interested in setting you right.

His healing power is still powerful to destroy all the schemes of the devil. Remind yourself that nothing can damage God's love for you. Take rest in His healing promises found in the Bible. Visualize these promises coming true in your life. Confess these with your mouth.

With spiritual and psychological care, cancer patients can still have that other side of life, the side that is alive and hopeful, the side that brings you that kind of feeling that you are stronger, more self-assured, and better able to face challenges – often with a greater purpose and meaning in life.

University of California at Los Angeles (UCLA) professionals (psychologists, chaplains, oncologists and oncology social workers) who facilitated during the UCLA conference held this year also echoed these same sentiments.

"We in medical oncology are starting to recognize the value of spiritual care provided along with conventional treatments – not just surviving the can-cer but also about what it takes to really heal," they agreed.

Dr. Eradat said it is important for oncologists to assess the spiritual needs

support in many different forms – medical, religious, spiritual and psychological is key.

The essence of spirituality

Scientists and the church however, have agreed that Man has an age limit. And as, it is appointed unto men once to die (Hebrews 9:27a). If there is to be one reality today, it is that we will all die. The only difference is when and how. Spirituality is at this point not at all about evading death, but preparing



of a patient, along with their organ function. Calling himself a religious person, Dr. Eradat said tending to his spiritual needs helped him endure and survive his cancer diagnosis.

"Cancer tends to be one of the cruelest diseases, and we usually cannot tell a patient why they have it," he said. "Cancer is one of the most anxiety-inducing words a patient can hear, so anything that can be done to reduce that anxiety would be very helpful."

Eradat said patients often ask oncologists to work together with their religious and spiritual leaders to let them know what issues may arise and need to be addressed. Anne Coscarelli, a psychologist who also participated in the conference said that the literature suggests that those with more social support do better during their diagnosis and treatment of cancer, so providing

for it. Spirituality is thus very important for patients who are terminally ill and the dying.

Death is certain, but dying should not necessarily be painful and depressing for the patient and his or her family, but it should be peaceful and hopeful. This is the reason a lot of effort is being put on developing hospice care and improvements are being made in bereavement counseling.

Balboni and others (2010) report that patients with advanced cancer whose spiritual needs are met by the medical team have greater odds of receiving hospice care at the end of life. Receiving spiritual care is also associated with better quality of life at the end of life.



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BLELUK stands for;

B – Building
L -- Leaders of
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L -- Love
U -- Understanding &
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We believe in the adage that says “when planning for a year plant maize; when planning for a decade plant trees and when planning for life train and educate society”. Training inevitably enhances skills in employees who form the most valuable asset in any dynamic organization. Human capital development is strategic tool for corporate excellence. Excellence is a conscious decision that the corporate world need to make. BLELUK is ready to partner with such corporates in developing distinctive competence through their human capital.

Our Strategic Business Units

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LIFE COACHING SERVICES

Our life coaching services inspire you and help you to define your life purpose. It connects you to your passion and your purpose becomes crystal clear. Our programs are here to help people adjust to changes in life and cope with worthwhile. These include:

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2. Personal Branding Coaching
3. Focus Life Coaching
4. Addiction Recovery Coaching
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6. School Prefect Leadership Development
7. Career Coaching (Chances & Choices)
8. Profession Life Coaching Training



OBITUARY

Tongai 'Dhewa'Moyo's tough fighting spirit

Musician continued to work hard despite illness

Tawanda Karombo

Tongai Moyo is best remembered as the face of hard work, smart dressing and well-rehearsed choreography in the Zimbabwean music industry. His work ethic was one of putting his fans first and during his live shows, the fans would often ask for more even when he had exhausted his playlist.

Being the usual easy-going and humble man of the people, he would call back his band on stage and give the fans one or two more songs and they adored him for this. He was usually full of energy and zest during live shows and introduced some of the most memorable dance moves music lovers have never seen.

But beneath that hard work and determined face, something deep within his very being, was slowly gnawing at him and his life, yet he chose to fight on and soldier on. We all work hard and exhibit commitment to whatever we do in our lives as much as Tongai Moyo did. We all love our work and commit to doing it in the best way possible. And as much as we may thrive on determination, we may never know that something is also eating into our very being and lives; something so cancerous that it requires knowledge and access to information to handle well.

Tongai Moyo's battle with cancer defied all odds; he continued to work hard, even to his last days. His work required that he physically be present during live shows, something that came along for him as pressing and demanding.

We remember him for a battle well fought and his battle should also

inspire others suffering from various cancer diseases. We should never give up our battles in life and hard-work, whenever we can, is something that should be encouraged.

Moyo had good relations with most of the people he worked with except for his reported fall-out with Alick Macheso, a fellow Zimbabwean musician. However, the two appeared to mend their relations which had showed signs of breaking apart and Macheso has been hugely helpful in propping up Tongai Moyo's son, Peter Moyo who has since taken over from his father as the frontman of the band he left behind. Tongai Moyo battled Non-Hodgkin's Lymphoma cancer, which he had been diagnosed with in 1998. Due to the nature of his condition, which required continuous funding to treat the cancer he was suffering from, he had to keep working hard to raise funding. Most people were not aware that deep down and behind all the hard work was a man who was suffering in silence. He revealed that at times he had to go for treatment before going for rehearsals or shows.

“For the rest of the year I have had to go to the hospital before going on stage. I have tried to slow down on shows but then again, I need money to meet the medical expenses,” Tongai Moyo was quoted saying a few months before he succumbed to Non-Hodgkin's Lymphoma cancer. The Lymphoma Research Foundation website says Lymphoma is the most common blood cancer. The two main forms of lymphoma are Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL).

It says Lymphoma occurs when lymphocytes, a type of white blood cell, grow abnormally. The body has two main types of lymphocytes that can develop into lymphomas: B-lymphocytes (B-cells)

and T-lymphocytes (T-cells). Cancerous lymphocytes can travel to many parts of the body, including the lymph nodes, spleen, bone marrow, blood or other organs, and can accumulate to form tumors.

Non-Hodgkin lymphoma is the most common cancer of the lymphatic system, a part of the immune system. Since the early 1970's, incidence rates for NHL have nearly doubled, the website further says.

Non-Hodgkin lymphoma is not a single disease, but rather a group of several closely related cancers. The World Health Organization estimates that there are at least 61 types of NHL. Although the various types of NHL have some things in common, they differ in their appearance under the microscope, their molecular features, their growth patterns, their impact on the body and how they are treated.

Non-Hodgkin lymphomas are broadly divided into two major groups: B-cell lymphomas and T-cell lymphomas. B-cell lymphomas develop from abnormal B-lymphocytes and account for 85 percent of all NHLs. T-cell lymphomas develop from abnormal T-lymphocytes and account for the remaining 15 percent of all NHLs. Non-Hodgkin lymphomas may also be classified as indolent (slow-growing) or aggressive (fast-growing).

Symptoms

Common signs and symptoms of NHL include swelling of the lymph nodes (which is often but not always painless), fever, night sweats, unexplained weight loss and lack of energy. While most people who have these complaints will not have NHL, anyone with persistent symptoms should be seen by a physician to make sure that lymphoma is not present.

ATTENTION LADIES! GET CERVICAL CANCER SCREENING

INTRODUCING CERVICAL CANCER SCREENING

Visual Inspection with Acetic Acid & Cervicography (VIAC)

VIAC is now the commonly used method of screening for cervical cancer today. **It is reliable and faster.** Results will be interpreted immediately and **you receive your results during the same visit.**

*All sexually active women are at risk of developing cervical cancer which is mainly caused by the Human Papilloma Virus (HPV). HPV is a sexually transmitted virus, thus all sexually active women are at risk of developing cervical cancer throughout their lifetime. **HIV increases your chances of getting cervical cancer, so knowing your HIV and AIDS status is also important***

Get regular cervical cancer screening, at most three years after first sexual contact. These can be repeated annually or every two years.

EARLY DETECTION SAVES LIFE !!



MAKE A BOOKING NOW

Cancer Association of Zimbabwe

60 Livingstone Avenue, Cnr 6th St, Harare

Tel: 707444 / 705522

Email: cancer@iwayafrica.co.zw

Website: www.cancerzimbabwe.org



Treatment Options

Many effective treatment options exist for NHL patients, including:

- watchful waiting
- chemotherapy
- radiation therapy
- stem cell transplantation
- novel targeted agents
- newer versions of established agents

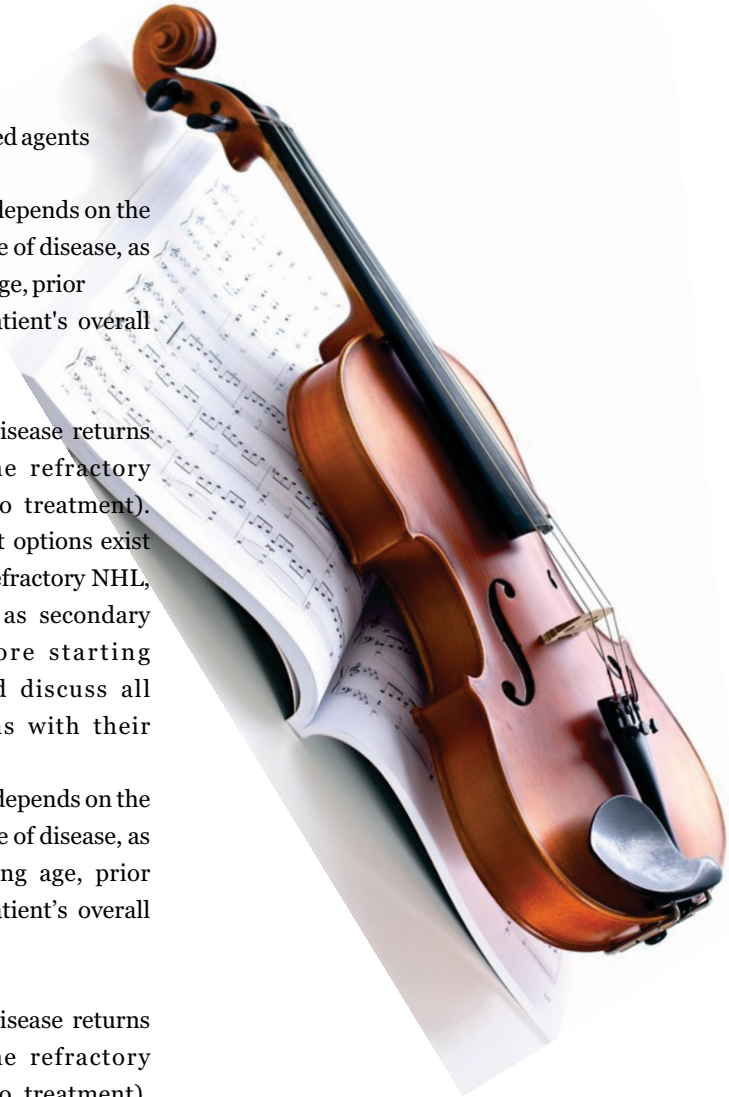
The form of treatment chosen depends on the type of lymphoma and the stage of disease, as well as other factors including age, prior therapies received and the patient's overall health.

Some patients may relapse (disease returns after treatment) or become refractory (disease does not respond to treatment). However, numerous treatment options exist for patients with relapsed or refractory NHL, which are often referred to as secondary therapies. However, before starting treatment, patients should discuss all available treatment options with their physician.

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treatment, patients should discuss all available treatment options with their oncologist.



THE CANCER ASSOCIATION OF ZIMBABWE

The Cancer Association of Zimbabwe relies on your donations to continue supporting people with cancer and educating communities on cancer.

3 ways in which you can help



1

STANDING ORDER

REGULAR DONATION

(NOT TO BE USED FOR YOUR SUBSCRIPTION)

Name.....

Address.....

.....

.....

Email.....

Cell.....

Please Pay the Cancer Association of Zimbabwe

CABS Building Society:

Account Number 9014749658

The sum of (in figures).....

The sum of (in words).....

.....

Date of first payment.....

And thereafter on the same date every
month/quarter/year *(Please delete as appropriate)*
until further notice.

Signature.....

Date.....

2

ONCE-OFF DONATIONS

I enclose a cheque /deposited slip payable to the

Cancer Association of Zimbabwe for

\$.....

Name.....

.....

Address.....

.....

Please mail cheque / deposit slip to:

The General Manager,

60 Livingstone Avenue, Harare, Zimbabwe

3

LEGACIES

If you would like to leave something to the Cancer

Association of Zimbabwe in your **Will** please

contact the General Manager, The Cancer

Association of Zimbabwe on

Telephone: +263(4)707444/705522/707673 **Fax:**

+263 4 707482

Email: manager@cancer.co.zw and

cancer@iwayafrica.co.zw



MEMBERSHIP FORM

Member Details

Name:

Mailing Address:

Telephone (H)

(W)

Mobile Phone:

Applicant's signature:

Membership type:

☐ Individual \$20 annually

☐ Corporate Sponsor minimum \$50 annually

I wish to become a member of the Cancer Association of Zimbabwe, and enclosed is my cheque / deposit slip.

For Office Use

Renewal Date: _____

CANCER ASSOCIATION OF ZIMBABWE

60 Livingstone Avenue, cnr Sixth Street,

P.O. Box 3358

Harare, Zimbabwe

TEL: 263-4-707444/ 705522/ 707673

Email: cancer@mweb.co.zw

Website: www.cancerzimbabwe.org



All Cancers
Lavender



Appendix Cancer
Amber



Bladder Cancer
Marigold/Blue/Purple



Brain Cancer
Grey



Breast Cancer
Pink



Carcinoid Cancer
Zebra Stripe



Cervical Cancer
Teal/White



Childhood Cancer
Gold



Colon Cancer
Dark Blue



Esophageal Cancer
Periwinkle



Gallbladder Cancer
Green



Head & Neck Cancer
Burgundy



Kidney Cancer
Orange



Leiomyosarcoma
Purple



Leukemia
Orange



Liver Cancer
Emerald Green



Lung Cancer
White



Lymphoma
Lime Green



Melanoma
Black



Multiple Myeloma
Burgundy

der/Bile Duct

Kelly Green

Leuk Cancer

y/Ivory

ancer

sarcoma

a

ncer

Green

ncer

na

a

Myeloma

y



Ovarian Cancer

Teal

Pancreatic Cancer

Purple

Prostate Cancer

Light Blue

Sarcoma/Bone Cancer

Yellow

Stomach Cancer

Periwinkle

Testicular Cancer

Orchid

Thyroid Cancer

Teal/Pink/Blue

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email: info@savannapharma.co.zw

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Avondale, Harare

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Greetings Pharmacy Westgate

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Harare

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Did You Know...



cancer does not:

take away **HOPE**

take away **COURAGE**

take away **FAITH**

take away **STRENGTH**



Location

60 Livingstone Avenue

Harare

Opening Hours

Monday to Friday

8am-5pm

Contact us at:

04 764276

dmkamba@oncopharm.co.zw



Cancer Centre pharmacy