

CanTalk

newsletter



WINTER 2012
No. 63

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Editorial



A man came into my office this week visibly upset about the situation his wife was in with her pain. He felt such a range of emotions: anguish at his own helplessness in being able to stop the pain, anger at this thing called cancer, sadness at the quality of life his wife now had as a result of the pain, and frustration with the doctors and nurses who were doing their best but not getting on top of the situation.

'Having pain is my worst fear,' is a common refrain.

Many people mistakenly equate pain as a sign that their cancer is getting worse, which of course intensifies the fear. No-one wants pain. None of us likes seeing those we love and care about in pain.

Many people have a great suspicion of pain medication, hate taking tablets and will soldier on with pain rather than admit to it. Cancer pain is greatly under-reported and also under-treated. There is no doubt that controlling pain can be a complicated business for some, but many gain relief very easily.

Never before have we had so many different options available to assist in the treatment of pain. There are medical staff who specialize solely in the field of pain, and who are extremely skilled in helping people with what can often be extremely complex individual situations. Relief from pain changes quality of life. Patients need to speak up if their pain is not under control.

This issue focuses on helping you understand more about pain and its management.

Two weeks later and I met up with the man who had come to see me. Things were looking a lot more positive – his wife was taking well to her new pain regime and was back home, a new person. *'I feel I can breathe again - it's so good to see my wife comfortable'*, he said.

Sue Corkill - Editor

Contact: Sue Corkill, Cancer Society Wellington
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Disclaimer

Many of the articles in the publication are sourced from overseas. The inclusion of these items does not imply that procedures, treatments, or tests reported herein are approved of, or available in NZ. These articles are for discussion purposes only. The views and opinions expressed here are not necessarily those of Cancer Society New Zealand.



Starting Pain Medication

Pain is unique because it is subjective, and nurses like myself (and medical staff) have no available direct measuring devices which enable us to determine the severity of your pain, or the effect of the pain treatments we give you.

The words patients use to describe their pain may mean different things to us. So, to lessen any ambiguity around words, we often use pain scales to 'measure' your pain.

One that is frequently used is a numerical scale; where 0 is no pain, and 10 is the worst pain you can imagine. You give us a number before and after your pain medication, which helps us establish whether what we have given you has worked. Before giving pain relief, a patient's condition is assessed by the nurse, to make sure that it is safe to be given at that time.

We use many different drugs to treat pain, from paracetamol to morphine-based products. Often we use them in conjunction with one another; so it is important that patients don't decide to stop using a drug if the pain disappears without their medical team knowing.

Our experience tells us that many people are afraid to take anything with morphine in it because they are scared of becoming addicted. Whilst we all recognise this as a legitimate fear, in actuality the chances of this happening are very rare indeed. Over time your body may well adapt to morphine (or any other pain medication), and some people may need more of the drugs to get the same level of pain relief. This is known as 'drug tolerance'. Our assessment of your pain, coupled with your reporting of your symptoms, allows us to treat you appropriately.

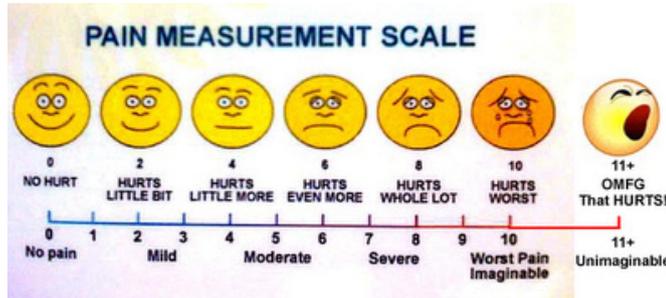
Fear of addiction could well mean that some patients under-report their pain, resulting in under-treatment of their pain, which may then worsen the situation. Usually a short-acting drug is given first. This allows us to adjust dosages quickly and easily until pain is controlled.

The management of pain is something that we do all the time. Patients' pain-reporting is important. This information and the response to medication is continually assessed by nurses and the medical teams, and sometimes dosages, frequency and even the drug given, may need to be changed. Some people find that keeping notes of the type of pain, when it occurs and what might make it worse, is useful to them. It also helps the doctors when they are prescribing medication for you.

If you are given long-acting morphine tablets then these must be taken regularly to keep pain under control. Their effects can last for 12 hours. Short-acting drugs can be taken in between if the pain comes back – what we call 'break-through pain'.

The common morphine-based tablets we use are: oxynorm, oxycontin, sevredol, and M-Eslon;

however, morphine can be given to you in other ways, e.g. intravenously, depending on the severity of your pain. Other drugs such as fentanyl can be given as a patch which sticks to the skin, and releases the medication slowly.



Patients sometimes report some drowsiness or wooziness on starting these medications. We know that this is not a pleasant side-effect, but it does not tend to last long.

Other common side-effects are nausea and constipation. All of these things are easily treated. Patients are always given a script for anti-nausea



and anti-constipating drugs when starting on a drug like morphine. You can then easily take these at home.

The nursing and medical staff will work very hard with you to ensure that any pain you experience is treated well, and that you remain comfortable. None of us want to see our patients in pain. Good pain control means that it is easier to get good restful sleep, your energy levels will be better, quality of life is improved and getting through treatments will be made that little bit easier.

Dawn Macpherson.
 Clinical nurse educator.
 Ward 5 North, Wellington Hospital.



Morphine

Morphine is the oldest and most effective painkiller known.

It was first isolated from the juice of the opium poppy *Papaver somniferum* in 1803 by Serturmer. Nowadays morphine is made synthetically.

Oral morphine was first used for cancer pain in England in the 1950s. It was often in the form of a Brompton Cocktail which contained cocaine, alcohol and either morphine or a derivative diamorphine.

Opioid drugs such as morphine and codeine are the main drug treatment for cancer pain today. They are often used with other painkillers (called adjuvants) to improve the control of pain.

Experience shows that switching between opioid drugs can improve their effectiveness.

The Pain Toolkit
www.pain toolkit.org
 - practical tips on coping with persistent pain.



Myth

'It's just a matter of willpower; I can pull myself out of this pain.'

Fact

The pain is not caused by lack of will power. You need treatment for pain.

**Myths & Facts
 about Chronic Pain
 and Cancer Pain**

What You Need to Know

ANN BERGER, MSN, MD
 Bethesda, Maryland

This book is designed to empower patients and their families to seek treatment for their pain. It explains what causes pain, how to relieve it through drug and non-drug methods and suggests useful questions for patients to ask their health-care team.

Originally published by CME LLC. (Ann Berger, MD: Myths & Facts About Chronic Pain and Cancer Pain: What You Need to Know, 2009).

http://www.nxtbook.com/nxtbooks/cme/mythsfacts_chronicpain/

Other Helpful Resources

Managing Cancer Pain - Cancer Society Information Sheet - http://www.cancernz.org.nz/assets/files/info/Information%20Sheets/IS_ManagingCaPain_oct2010.pdf

Providing Care for Someone In Pain - Cancer Society - Brief Facts - Wellington Cancer Society (ring 0800 226 237 to obtain)

The British Pain Society's Managing Cancer Pain - information for patients. http://www.britishpainsociety.org/book_cancer_pain_patients.pdf

Types and Causes of Cancer Pain. Cancer Research UK. <http://cancerhelp.cancerresearchuk.org/coping-with-cancer/coping-physically/pain/types-and-causes-of-cancer-pain>



The Impact of Mood on Pain - some helpful suggestions

Cancer pain can arise from a number of areas, the cancer itself and some treatments for cancer; it may be worsened from the effects of other diseases. It does not always follow a predictable course so it is not always possible to determine where, when and at what intensity the pain may arise. One thing for sure, though, is that pain is best relieved when treated early and appropriately. In this way it is important for those in pain to be able to evaluate how effective pain management medication is and how tolerable the side-effects are, and communicate this clearly to their doctor or team.

While pain medications are extremely important in the management of acute and short-term pain, persistent pain can carry with it additional complications. Persistent pain can change the ability to function, personality and quality of life. It has long been recognised that a person’s mood can impact on their pain and vice versa. Persistent pain may interfere with normal routines, degrade the quality of life, and rob one of rest, creativity, joy, and peace. Such pain also increases anxiety and stress to its sufferers, their friends, and family.

When pain is not well controlled a person may become more tired, depressed, angry, worried, stressed and lonely. Because pain is regulated by the nervous system, the brain is a key player in how we perceive it. To put it simply, your brain’s ability to filter these pain signals can be negatively or positively affected by factors such as mood and this can influence what gets through.

Ongoing stress, anger, anxiety and depression can negatively impact on the mind, body and nervous system and can even increase pain. In addition, negative emotion can, in turn, lead to greater attention and focus on pain, thereby increasing pain intensity again. This process can easily turn into a

vicious cycle that can further increase the sensitivity in the nervous system and contribute to increasing pain.

There is good news though, in that the nervous system can also work in the opposite direction. Increasing positive attitudes and positive mood, can also positively enhance coping, well-being, decrease pain and contribute to gaining the most out of life. This is why modern approaches to chronic or persistent pain management look wider than medications alone

For many people with cancer, pain may be a part of their every day. However, it doesn’t have to control life. Below are a number of suggestions that people have found helpful in managing pain and gaining the most out of life. These pain management strategies can help draw attention away from the pain, improve mood, and reduce the impact that pain can have on everyday activities and well-being.

1. Support - For a lot of people, talking about issues with friends, family, healthcare professionals, local cancer support groups etc. can help in reducing the impact of stress and suffering. Pain can generate a large range of emotions and talking with others can help lessen, even change, those emotions for the better. Sharing the load or gathering information can be vitally important for coping and emotional well-being.

2. Distraction - is another useful approach. Engaging in meaningful, rewarding or important tasks can help distract, but also help with feeling that one is engaging with life.

Examples of meaningful distraction activities could be doing an enjoyable task, visiting a friend, watching a favourite TV show or going for a walk.



3. Massage, pressure, vibration, heat, cold have long been a part of pain management (please consult your doctor, as with certain treatments like chemotherapy and radiotherapy this may not be appropriate).



4. Hypnosis – is a trance-like stance of high concentration where the person is awake, generally relaxed, and the brain is more open to suggestions that could be helpful - such as generating relief, being able to relax or even generating better mood.

5. Exercise – where possible engage in exercise. It assists with general health, but also assists in cleaning out some negative effects of stress and pain.

6. Imagery – using your imagination to create absorbing mental pictures or situations can harness both distraction and relaxation to assist with pain and related issues.

7. Mindfulness - is a meditative process that involves learning how to quieten and observe the body and the mind.

8. Biofeedback – uses special sensors and computer-based software to measure changes in certain body functions such as heart rate, temperature and muscle tension in response to certain techniques or coaching to better control these. This can assist with stress/tension reduction, relaxation and better coping.

9. Psychology/Counselling - There are also a range of psychological approaches that help with thoughts, feelings and getting on with getting the most out life.

It is important to remember to experiment with what works for you, and remember that certain combinations may work better than others. Always keep your doctor or medical professional informed as there may be some treatment or medical reasons why a certain approach may not be suitable at that time. Remember that the successful management of persistent pain usually includes a wide range of strategies.

*Fran Hurnen
Clinical Psychologist
Hurnen, Psych, Health & Rehab Ltd*

Cancer Update 18–21 July

Cancer Update Week has been held in Wellington annually for the last eleven years, with a different cancer being focused upon each year. We have always been able to attract a high calibre of visiting lecturers who have been outstanding in the time they have given and in the information they have presented.

Cancer Update 2012 is focusing on the causes of cancer that can be controlled. Our visiting speaker will be Professor Dallas English, Director of the Centre for Molecular, Environmental, Genetic and Analytic Epidemiology and a cancer epidemiologist. He is a principal investigator on the Australian Longitudinal Study on Male Health. This study focuses on identifying the social causes of male health. He is also a co-investigator on the Melbourne Collaborative Cohort Study (MCCS), which is based at the Cancer Council Victoria, where he also has an appointment.

We invite you and your friends to attend a public lecture in your area to hear Professor English.

**Cancer Society Wellington
Annual Public Lecture
Cancer Update 2012**

Science Fact or Science Fiction

Latest evidence on lifestyle factors and cancer



Wairarapa: Wednesday 18 July, 12-1.30pm
Masterton Club, Chapel Street, Masterton

Wellington: Wednesday 18 July, 6pm-7.30pm
Spectrum Theatre, Ground Floor, BP House, cnr
of Customhouse Quay & Johnston St, Wgtn

Nelson: Thursday 19 July, 12md-1pm, Nick Smith's
Rooms, 544 Waimea Road, Annesbrook, Nelson

Blenheim: Thursday 19 July, 6pm-7.30pm,
Civic Theatre, Arthur St, Blenheim.

For further information ring 0800 226 237



Keeping the Upper Hand

I've always been one of those people who are fit as a fiddle, seldom get sick and survive on very little sleep.

That was until about 3 months before I was diagnosed with cancer. Those months were filled with intense pain. It hurt to stand. It hurt to sit. I even had pain trying to sleep.

As devastating as the diagnosis was, part of me was relieved to know why I had pain. The pain was real and the specialists who diagnosed me understood. Until then I had GPs and other health professionals doubting me. And of course, I doubted myself, believing that if I just pushed it all to the back of my mind everything would come right. And that's one of the problems with pain. I struggle to recognise it, name it and take responsibility. I constantly live with pain. Most of the time my brain doesn't register it, thanks to medication, I am pain-free.

When I over-do it, or the cancer gets away on me, or for no particular reason at all, a small quiet hum of pain will start in my shoulder blades. Sometimes it's a loud crashing gong in my hips or a sharp piercing in my leg. Hoping it will just go away, I busy myself with distractions. When the pain doesn't go away I need to be responsible and proactive. For me this starts with something low-key such as going for a walk. This might look like going to the kitchen to make a coffee, or if I have time, going for a walk outside. Or I might change my posture, sit in a different chair or stretch. If none of these strategies works I take some low-level pain killers and wait. If that doesn't work, I know it's time to take a stronger medication.

I do NOT have to tolerate pain.

It's taken me a long time to come to the understanding that I do NOT have to tolerate pain. This message was given to me when I was diagnosed and is repeated often by my oncologist nurse, my specialists and the nurses in the Cancer Day Ward.

I used to think that success with my illness was taking zero pain medication. Now I know that success is doing all the activities I want to do in my life despite having cancer and needing to manage my pain.

I used to worry about becoming addicted to medication. I will always be on medication, so that way of thinking for me is futile. If this is a big worry for you – discuss it with your specialist. Like me, you may need to weigh up how much quality you want in your life.

For me, I either control my pain – or it controls me. Pain is a mean monster consuming all my thoughts and energy, making me pale and sick. At times like this I am dying of cancer.

When I take control, the pain is part of my life but doesn't dominate. I live a very full life and I live with cancer. I am thankful to my oncologist nurse, my GP and my cancer buddies, who constantly remind me of how much life there is to be lived.

Angela Litterick-Biggs

Pain Management Service

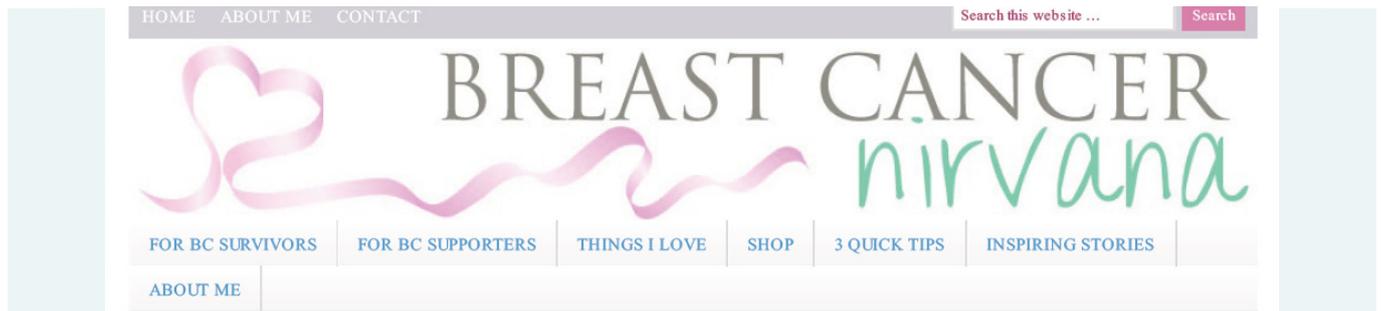
The Wellington Regional Pain Management Service is a specialized multidisciplinary service based at the Wellington Regional Hospital that aims to offer support to those coping with ongoing chronic pain issues.

They provide assessments, advice and input to help people manage their pain as effectively as possible, considering medication but also a wide range of non-medical coping strategies.

The service accepts referrals from the lower half of the North Island and the upper half of the South Island. Where appropriate, cancer patients will also find that the Palliative Care team work closely with the Wellington Pain team.

Patients are referred to the services by their specialist, GP or health professional.

www.healthpoint.org.nz



Why it Helps to Keep a Cancer Blog

APRIL 29, 2012 by ANDREA FAIRBAIRN

My name is Andrea Fairbairn and I was diagnosed with breast cancer in 2007 and again in April 2011. I decided to keep a blog to keep my friends and family informed about my cancer journey. I find telling people about my diagnosis, and the retelling over and over again, quite difficult. Also there are so many appointments, details and updates along the cancer journey; it gets emotionally tiring telling people about all the twists and turns. I thought writing down my experiences would be a good way for family and friends to catch up on my news as and when they choose to.

Benefits of Keeping a Cancer Blog

- **Communication.** You can communicate with a number of people at once without the energy required to physically talk to those people. You are also keeping people up with the latest cancer events.
- **Support and inspiration.** People also communicate back with you via the blog so that is an additional support mechanism.
- **Learning about cancer.** Caring friends or family with no experience of cancer can start to feel familiar with your story and learn about cancer in a safe, non-threatening way.
- **It's safe and private.** You can set your privacy settings so only some people can look at your blog or you can go public if you like.
- **It's therapeutic.** It is writing therapy; go ahead and express your feelings, as that's an important part of your cancer journey.
- **It's fun and creative.** In creative ventures, there is an element of the unknown and a bit of magic. You don't know where this will take you.

About Me



Through my experience of breast cancer, I have created a hub of NZ support services ...[\(Read More...\)](#)

- **A positive ritual or anchor.** It can be an anchor, a touchstone and something positive while going through a roller-coaster cancer ride.
- **A journal or record.** It will be something you can look back on in the future as it is a physical creation - like a journal.

Tips on Setting Up a Blog

- **Choose your blog site.** Set up a free blog: www.caringbridge.org can be created by you or a family member. Private blog sites and websites can also be started at [WordPress](#), [Weebly](#) or [Blogger](#). Don't worry if you're not very tech savvy, the sites are practical and easy to set up.
- **Access.** Change the settings to make it personal or public. You can control your settings and safety.
- **Style.** Play around with the theme, colours, fonts and title to suit your personality.
- **Just write something** – it may be a description of your latest appointment, thanks to people who've been supportive or a joke. Have fun with it and express yourself.
- **Post photos,** as they really add colour and vibrancy to the text.
- **Write regularly and as freely as you can.** You won't be able to access how you felt about today in two months' time so it's good to jot it down today.
- **Share your site.** As you gain your confidence, promote the site a bit wider. My blog had a life of its own and eventually turned into this website - www/BreastCancerNirvana.co.nz

Andrea Fairbairn



When People Don't Act Like You Thought They Would

When people get diagnosed with cancer they naturally want to turn to those they love and are familiar with. They want to be able to share and depend on them, feel their love and support.

It can be very hard to take when this support fails to occur. People can experience feelings of disappointment, confusion, abandonment, anger, grief, isolation or rejection. Often this is intensified when you hear stories from other cancer patients as to how 'lovely and supportive' everyone is to them.

'Cancer' has different experiences and connotations for people. It can trigger stories or memories and people can 'feel' uncomfortable or awkward, from 'I don't want to know' to 'I don't know what to say'.

People can be:

- Fearful
- Anxious
- Too busy with things in their lives
- Don't want to upset you, so say nothing
- Ignore the fact that you are living with this
- Tell you all about themselves or their issues
- Tell you what to do or what the latest remedies are
- Can say things that are judgmental
- Avoid you - like changing aisles in the supermarket
- Stop texting, ringing or talking to you

They may resist with everything they've got - it may even make them 'a little crazy'. It may result in the 'glazed eyes', the 'pity eyes', or the distracted look. Cancer can be confronting on many levels, including challenging us with thoughts of our immortality.

These reactions can come from adult children, parents, close friends or colleagues.

Remember the above reactions are not about you - so don't take it personally.

What Might Help

- Tell people what you would like them to do.
- Let them know you are comfortable talking about cancer and will let them know if you don't want to talk about it.
- Keep people in the loop with group emails, messages on the phone, texting, etc.
- Accept reality - don't fight it. If you don't come from a place of need you'll have more personal power.
- Find support elsewhere - places like the Cancer Society introduce you to many supportive people.
- Invest in yourself and others that do support you.
- Give yourself boundaries. If those you love are hard work, avoid trying to amend things. Look after yourself - not necessarily for always but certainly for now.
- Get rid of your negative thoughts by writing them down (or typing) for your eyes only. Don't let them stay in your mind.
- Don't perpetuate blame - accept it as it is for now.

Marg Alve, Counsellor, Cancer Society Wellington

More helpful tips at Breast Cancer Nirvana:
<http://breastcancernirvana.co.nz/category/personal-development/>

'What lies behind us and what lies before us are tiny matters compared to what lies within us.'

Ralph Waldo Emerson

Questions You Have Asked

Q: I am visually impaired. What cancer care resources are available?

A: The Cancer Society New Zealand has a large number of information booklets that have been produced on specific cancers. These are all available online on our website www.cancernz.org.nz as talking books. Simply go to Information Booklets and click on Listen Online. Other booklets, along with a wide array of fact sheets and the CanTalk newsletter, are also found online, and the Cancer Information Nurses can be contacted on 0800 (CANCER) 226 237 if you don't have access to a computer and require them to be downloaded in large print for you.

There are a growing number of websites that offer podcasts that can also be downloaded to your computer or MP3 player. These offer very interesting up-to-date information on latest treatments and support. Some such as Cancer Network – www.cancernetwork.com – or Cancer Research UK – info.cancerresearchuk.org/news/ podcast offer the latest in factual information from oncology conferences with experts or news.

Others such as *Cancer.Net* or *CancerCare.org* – are especially produced for cancer patients and offer talks on emotional support as well. Many of these offer videos where patients talk and share aspects of their cancer journey. All have archives of their podcasts.

Our Cancer Connect NZ arranges free telephone peer support calls for people diagnosed with cancer and/or their caregivers. It can be immensely reassuring to talk to someone who has had a similar experience.

Lastly there are many DVDs and CDs that can assist with emotional support. The Cancer Society Wellington library for instance has a number of relaxing or meditative type CDs, DVDs that discuss survivorship issues and patients' stories.

We suggest you contact us on our Cancer Information Helpline 0800 226 237 to allow us to help you with the specific information and format you require.

Sue Corkill - Cancer Information Nurse

SCOT Trial

The SCOT trial aims to find out how long chemotherapy treatment needs to be given after surgery for bowel cancer. SCOT stands for 'Short Course Oncology Therapy'.

When a patient has had a bowel cancer removed and it is found that the lymph nodes have cancer in them, chemotherapy is routinely given to improve the chances of surviving the cancer.

Traditionally, chemotherapy is given for 6 months, but it is proposed that 3 months may be enough when we use modern chemotherapy with 5-Fluorouracil and oxaliplatin. The patients will be randomly assigned to treatment for 12 weeks or 24 weeks.

They then will be followed for many years to check for relapse and their outcome. This trial has been started through two trial groups in Scotland and Oxford, UK. Oncology Centres in New Zealand will enter patients through the Australasian Gastro-Intestinal Trials Group (AGITG), once funding has been secured.

This is a very important question since side-effects accumulate the more doses of treatment that are given, especially numbness and tingling of hands and feet, which can be permanent. In addition, there would be costs savings if the expensive oxaliplatin was only needed for 3 months, not 6 months. Patients could get back to normal activity 3 months sooner.

*Professor Bridget Robinson
Chair, Gastrointestinal Cancer Institute (GICI)
Scientific Advisory Committee.*

Ed's note: The GICI has raised \$30,000 so far, but would like another \$30,000 by the end of August, so that 40 New Zealanders can take part in the SCOT Trial. Currently Wellington is funded for 6 patients.

Online CanTalk has Extra Articles

More articles featuring:

- Vitamin D
- Prostate cancer screening
- Getthetools.org - New Men's Health check



www.cancersoc.org.nz/divisions/wellington/divisions/about



The Boundaries and Vagaries of Caring... (and why it should come with a job description)

It doesn't take much to admit that if we listened to the Dalai Lama or read the self-help journals; if we took more stock of how Life Coaches coach, or Counsellors counsel; we'd probably live life differently. We might say 'no' a little bit more. We might care for our own needs before catering to the needs of others. We might empathise more than dramatise. We might reprioritise. Hmmm, or might we...?

To care is 'to give something of oneself to another'.

To varying degrees it implies a level of selflessness and generosity, aimed to benefit a person requiring help.

To be caring is a stellar quality, and to be cared for is a wonderful gift, and yet so easily the balance of each can be skewed to a point that becomes unhealthy – sometimes detrimental.

In an ideal world, patients are helped throughout their cancer journey by friends and family, who support them in a raft of ways – all of them equally important. Looking after an ill person's physical, emotional, financial and practical needs can be an onerous job, and it is a task best shared.

In that ideal world of which I speak, the support network develops naturally around the patient as the various carers morph into their natural roles.

The empathic cater to the emotional needs, the practical to logistical matters, the responsible to the financial arrangements, and the whole package is tied together by the medical team, who are on board and available to attend to the physical aspects of patient care.

Sadly, the ideal world is a far-off planet for many cancer patients and their carers. The care continuum (and I refer to the wider support network, not the clinical pathway) is soon skewed when the balance is thrown out of whack. This is most often the case where the majority of care is offered consistently by one person, or when the patient is demanding of more care than is ethically justifiable.

'Burn-out' is a phrase we have come to know as the situation whereby a person has exhausted all their reserves for the task at hand. We often see this with those coping with a cancer diagnosis.

Where there is a lack of family available, or little or no friends' network to function, the role can sometimes be assumed by a single person. This is difficult for anyone to bear for long, but where that 'carer' role is adopted by someone unrelated to the patient, perhaps not even close – like a neighbour – it may easily become too heavy a burden.

Some patients, perhaps without meaning to, can be very 'needy' and can soon create an environment where the designated 'carer' is overworked and overwhelmed. Sadly, when this does occur, it is a very difficult situation to extricate oneself from if 'you're it' in terms of being the patient's sole support.

A carer can soon lose themselves in the patient's needs, as they put their life and their own needs aside to play the support role. The carer may find they begin to resent the situation, or find their own family and friends are suffering as a result, but feel they are 'in too deep' to change things.



There are no prizes for carrying all the supportive cares on your shoulders, and when burn-out hits it can be pretty traumatic.

How can this be rectified? One answer lies in the community.

Learn to say 'yes' to offers of help. When a patient has a lack of family and friends to call on, there are volunteer groups that can help. A good start is to contact the Cancer Society, talk to the patient's visiting nurse, or seek advice from your own GP.

Spreading the net and seeking help is the very best thing you can do to support the patient and yourself.

Anna Cardno

Manager Wairarapa Cancer Society Centre



CanSurvive Dragonboat Team Brings Home Medal Haul

As the tenth anniversary of CanSurvive approaches, the team has enjoyed its most successful season to date with a crew composed completely of breast cancer survivors. In a Wellington summer that saw the harbour throw some challenging conditions, the team battled on with a new motivating training regime put together by Coach Dave Elliott and Team Captain Carolyn Stephens.

In tandem with the many hours spent training, the team continued their fundraising efforts to raise in excess of \$20,000 to cover the costs of travelling and competing in the Auckland Regatta and the National Regatta held in Ashburton.

Conditions at Lake Pupuke in Auckland soon put paid to myths about Auckland's balmy weather and in winds that rivalled that of Wellington, CanSurvive took the other breast cancer survivor teams by surprise, winning first place in the 200m final and second place in the 500m. The following week the team travelled to Ashburton for the NZ Dragon Boat Nationals, where finally they experienced perfect racing conditions. Buoyed by their success from the previous week, CanSurvive treated rival teams and spectators alike to thrilling neck-and-neck finals in the 200m and 500m, where again they took first place in the 200m and were pipped at the post in the 500m.

Following the finals, the traditional and emotionally moving flower ceremony was held where breast cancer survivor teams rafted their boats together, reflected on the lives that have been touched by breast cancer, and then in tribute scattered flowers into the water. CanSurvive warmly welcomes survivors to become part of the team.

www.sportsground.co.nz/cansurvive

or cansurvivedragonboatteam@gmail.com

Margot Munif

Amazon

.....for Grevel

For four months
all those
Matisse and
Picasso women
draped against
plants,
balconies,
Mediterranean
sea, skies
have taunted
me with the
beautiful globes
of their breasts
as I've filled



my emptiness
with pages of scrawl, with fecund May, its
floods
of green, its irrepressible
wedding-lace white, buttercup gold,
but failed to cover
the image of myself as a misshapen clown

until you reminded me
that in Greek myth the most revered women
were the single-breasted Amazons who
mastered javelins, bows, rode
horses into battle,
whose fierce queens were renowned for their
femininity.

Then recognising the fields I'd fought my way
across
I raised my shield
of glistening words, saw it echoed the sun.

Myra Schneider

Printed with permission by the author from 'Writing My Way Through Cancer', Jessica Kingsley Publishers Ltd, UK, 2003 and 'Multiplying The Moon' Enitharmon Press 2004.

<http://www.esch.dircon.co.uk/>

Book Review

Cancer Made Me a Shallower Person: A memoir in comics

by Miriam Engelberg

Harper and Collins
New York, 2006



Before my surgery, I received a reading booklet of all the things that I should do before surgery. Mostly it was to do with eating (or lack of); getting to and from the hospital and what I was required to do to my body beforehand.

It blatantly avoided any reference to how I might be feeling about my surgery, nor was it even particularly focused on the fact that I was having cancer surgery. It was a wee bit like the airline ticket section headed up 'important things you need to know' - where our eyes glaze over at the thought of reading past the heading. Tickets and surgery are a means to an end - we simply want to get to where we are going as painlessly as possible and are aggravated at any amount of time spent in the 'departure lounge' waiting to get to where we are going - be it waiting for surgery to be scheduled, or anticipating such surgery.

Luckily for me I was able to shoot off to another country before the first lot of surgery (but be warned - this will not make you popular with surgeons), and for my second lot of surgery I took the more sedate approach of staying the night with friends. I mention this because both times my frustration - which was largely caused by not knowing what to expect nor how to deal with it - could have largely been eased by the hospital sending me an entirely different type of reading, particularly Miriam Engleberg's book - *Cancer made me a shallower person*.

Miriam tells her own story of breast cancer via cartoons - ones I found shockingly honest and bleakly funny. The sheer irreverence of using cartoons to tackle such 'a serious topic as

breast cancer' - (say that in your head with your deep and serious voice, please) - instantly appealed.

Interestingly, much of her earlier story coincides with mine - similar ages, family stages, and initial diagnosis and treatment. I found some of her stuff laugh-out-loud funny, as I had either been there, or wished I had said what she had written. But as her story moved on into her later stages of treatment and further diagnosis of metastasis, which I haven't experienced, I stopped laughing and just quietly read - her humour is so pointed that if you haven't been there, I am not sure that you can quite see the funny side. Still, the authenticity of her experience means that her irreverence and flippancy enlightens rather than insults.

As I finished the book my thoughts turned to how would I represent my life as a cartoon? I don't know the answer to that, but I think it would be an interesting exercise to try.

I wonder if in the future we could include cartooning in cancer workshops? This book is thoroughly recommended, and if you or someone you know is experiencing breast cancer, do mention this book. It can be hard to put a smile on a cancer patient's face, but if anything can do it, I think this book probably can.

Reviewed by Nicci Page

Joke



Recently a guy in Paris nearly got away with stealing several paintings from the Louvre.

However, after planning the crime, getting in and out past security, he was captured only two blocks away when his van ran out of gas.

When asked how he could mastermind such a crime and then make such an obvious error, he replied: "I had no Monet to buy Degas to make the Van Gogh."



Vitamin D



Vitamin D - Fact or Fiction

If you read newspapers and magazines, you will probably have seen the frequent articles over recent years on the subject of Vitamin D. If you have read them all you may well be quite confused about the basic facts.

What we know

Vitamin D is a fat-soluble vitamin that acts like a hormone and has an important role in bone health, calcium balance and bone strength.

Low vitamin D levels have been linked to many chronic conditions, including rheumatoid arthritis, multiple sclerosis, respiratory diseases, Type II diabetes and some cancers such as colorectal cancer, breast cancer and prostate cancer.

The one thing that researchers seem to agree on is that we need more research! More research is needed to determine what role if any, vitamin D plays in the prevention and or treatment of these health conditions.

How do we get it and how much do we need?

Most vitamin D is produced from the action of the sun on our skin. Ultra violet B light (UVB) causes the skin to form vitamin D3 which is then converted by the liver and kidneys to vitamin D which can then be used by the body. A healthy person can easily make all their vitamin D requirements in their skin providing they get enough sun.

However, too much sun and sunburn can cause melanoma and other types of skin cancer. This means we need to balance the risk of skin cancer against getting enough sun exposure to ensure that our vitamin D levels are adequate.

Not a lot of vitamin D is found in our food and so it would be hard to reach acceptable blood levels of it through diet alone. Small amounts occur naturally in oily fish (salmon, tuna, sardines, eel and warehou), milk, milk products, eggs & liver.

Common foods that have added vitamin D (fortified) include some margarines, dried milk, yoghurts, soy drinks and liquid meal replacements – check the ingredient list on the packaging.

Supplementation refers to prescribed vitamin D. The standard subsidised tablet 1.25mg (50,000IU) is taken once per month. The evidence is not clear as to the actual amount of Vitamin D that people require. While authorities know that blood levels of Vitamin D below 25 nmol/L are too low, and anything over 125 nmol/L is too high; it is unclear where the optimal level sits and more research is required.

Advice for sensible sun exposure

- Sunburn should always be avoided
- Sunbeds or solariums should not be used
- For most people, some sun exposure is recommended to make Vitamin D
- Vitamin D tablets may be needed to those at high risk of Vitamin D deficiency
- People at high risk of deficiency should discuss their Vitamin D requirements with their GP.

Who are most at risk

- People with naturally very dark skin – this includes people from Africa, the Indian subcontinent and the Middle East, especially if they are covered by veils and full-body-coverage clothing.

- People who completely avoid sun exposure because they have had skin cancer, skin damage from the sun or are on medications that increase the risk (photosensitising, e.g. some cancer medications).
- People with low mobility, who are frail or who are housebound, either in residential care or living in the community, including people who are bed-ridden or chair-bound.

Also at risk

- People who have liver or kidney disease or are on certain medications that affect vitamin D levels.
- People who live in the southern regions and spend little time outdoors in the middle of the day between May & August.

Talk to your GP if you think you could belong to one of these high-risk groups.

Key messages

- Healthy adults, who are physically active and out and about are unlikely to lack vitamin D.
- Between September and April be SunSmart, especially between 10am and 4pm. A daily walk or some other form of physical activity in the early morning or late afternoon is recommended.
- Between May & August some sun on your skin outdoors is important so your body can make vitamin D. (outdoor physical activity in the middle of the day with face arms and hands in the sun).
- Be SunSmart at any time of the year when you are outside in the mountains and/or near snow, ice, water and sand (reflective surfaces).

Raewyn Sutton
Manager Health Promotion,
Cancer Society Wellington

Further information can be found:
Consensus Statement on Vitamin D - <http://www.health.govt.nz/publication/consensus-statement-vitamin-d-and-sun-exposure-new-zealand>

Vitamin D and SunSmart Information Sheet - <http://www.cancernz.org.nz/reducing-your-cancer-risk/sunsmart/vitamin-d/>

Vitamin D and Cancer Patients

It is advisable to inform your GP or oncologist before you consider starting vitamin D supplements. Many studies have investigated the effect of vitamin D levels on the risk of developing breast, colon, prostate and oesophageal cancers, but so far the results have been inconsistent.

It is important to know that vitamin D supplementation is beneficial for some cancer patients. Those who are at most risk are those who deficiencies caused by surgery, chemotherapy or hormonal agents used to manage breast or prostate cancer, or those patients who receive prolonged treatment with steroids. There is no clear evidence to suggest that boosting vitamin D levels during cancer treatment diminishes the effectiveness of the treatment.

The exact vitamin D requirements for an individual vary according to a combination of factors including: age, sex, diet, body weight and sun exposure. As a result it is difficult to accurately measure and interpret levels of vitamin D within the blood.

In general your doctor will prescribe the standard dose of vitamin D that is recommended for all adult patients, including those without cancer. It is likely that blood tests to check your kidney function, calcium and phosphate levels will be done every few months. Patients with high calcium levels should not take vitamin D supplements.

Dr Audrey Fenton
Medical oncologist, Wellington Hospital

Importance of Vitamin D

1. Improves muscle strength and immune function
2. It helps reduce inflammation
3. It promotes the absorption of calcium from the small intestine
4. It helps maintain adequate blood levels of the calcium and phosphate needed for bone formation, mineralization (incorporating minerals to increase strength and density), growth and repair.
<http://www.cancer.gov/cancertopics/factsheet/prevention/vitamin-D>

PSA and Prostate Cancer

What is PSA?

Prostate-specific antigen (PSA) is a protein produced by both normal and abnormal prostate cells. Its function is to help liquefy semen. PSA is detected with a simple blood test, as a small amount of PSA normally enters the bloodstream. Prostate cancer cells usually make more of this protein than do healthy prostate cells, and this can cause the PSA levels to rise in the blood. However, the PSA levels can also rise if men have an enlarged prostate gland (very common as men age) or they have an infection of the prostate (prostatitis). If these conditions (along with some other less common conditions) are present the PSA result is considered a 'false-positive' – meaning that the test is saying you might have prostate cancer when you don't.

PSA - a controversial test

The testing of men who do not have symptoms for prostate cancer is controversial. Headlines hit the papers recently with the US Preventive Services Task Force (<http://www.uspreventiveservicestaskforce.org/uspstf08/prostate/prostatesum.htm>) releasing a recommendation that the prostate-specific antigen (PSA) should not be used routinely as a cancer screening test to help detect prostate cancer. This expert panel of cancer experts believes there is insufficient evidence showing the benefits of the test over the potential unnecessary harms.

This bought a swift response from the President of the Urological Society of Australia and New Zealand, Stephen Ruthven, who was quoted as saying *'It's important to remember that most men with prostate cancer do not have any symptoms. The PSA blood test does not diagnose prostate cancer. But it raises a red flag and identifies men who need to have prostate cancer excluded through further investigation via a prostate biopsy'*. (www.nzdoctor.co.nz/un-doctored/2012/may-2012/22/australian-and-new-zealand).



What are the pros and cons of the PSA test?

This helpful chart produced by the Mayo Clinic summarises a number of the pros and cons of the PSA test.

Pros of PSA Testing

- PSA screening may help you detect prostate cancer early.
- Cancer is easier to treat and is more likely to be cured if its diagnosed in the early stages of the disease.
- PSA testing can be done with a simple, widely available blood test.
- For some men, knowing is better than not knowing. Having the test can provide you with a certain amount of reassurance – either that you probably don't have prostate cancer or that you do have it and can now have it treated.
- The number of deaths from prostate cancer has gone down since PSA testing became available

From Prostate Cancer Screening; Should you get a PSA test? <http://www.mayoclinic.com/health/prostate-cancer/HQ01273>

Cons of PSA Testing

- Some prostate cancers are slow growing and never spread beyond the prostate gland.
- Not all prostate cancers need treatment. Treatment for prostate cancer may have risks and side-effects, including urinary incontinence, erectile dysfunction or bowel dysfunction.
- PSA tests aren't foolproof. It's possible for your PSA levels to be elevated when cancer isn't present, and to not be elevated when cancer is present.
- A diagnosis of prostate cancer can provoke anxiety and confusion. Concern that the cancer may not be life-threatening can make decision-making complicated.
- It's not yet clear whether the decrease in deaths from prostate cancer is due to early detection and treatment based on PSA testing or due to other factors.



Kiwi Men Tool Up to Better Health

In our Kiwi ‘number 8 wire’ culture, men’s health has always been a tricky nut to crack for health promoters.

Cancer Society New Zealand in conjunction with its Men’s Health partners, the Movember Foundation and the Mental Health Foundation, funds projects to improve health awareness amongst men. Now, with the redevelopment of an innovative website www.getthetools.org.nz the Cancer Society is confident it has the right tools for the job!

Get the Tools speaks the language of men. Its innovative approach to delivering health information and providing advice is refreshing, with a good dollop of humour in the mix. Men’s health statistics in this country are not great, and Get the Tools is designed to encourage New Zealand men to better protect themselves so they can live to enjoy more birthdays with their friends and family. The website discusses the nuts and bolts of men’s health and includes tools for family, for the workplace and for people with cancer, as well as providing key risk-prevention tips.

The Get the Tools website was launched on Friday 8 June on Wellington’s launch ‘Sweet Georgia’. It was promoted as the ‘Launch on a Launch at Launchtime!’ ‘Like it or not, men talk like men,’ said National Canwork Programme Manager for the Society, Steve Kenny, ‘and Get the Tools really does speak our language. I think Get the Tools is going to be great for our real Kiwi blokes.’

www.getthetools.org.nz

PSA and Prostate Cancer cont’d

New Zealand doesn’t offer a national screening programme for prostate cancer. However, men at higher risk are encouraged to talk to their doctors about the benefits and possible harms of testing from the age of 40 years.

Check out the further useful Cancer Society fact sheets and other information on this subject at <http://www.getthetools.org.nz/the-toolbox/prostate/>

Sue Corkill, Cancer Information Nurse

Other useful resources:

Prostate Cancer Should I be Tested? http://www.prostatehealth.org.au/hip_1.html

PSA Test - https://www.andrologyaustralia.org/wp-content/uploads/Factsheet_PSA-Test.pdf

When Things Get Blue

Good Kiwi blokes are always fine.

‘How you doing?’

‘Fine, mate, yeah. You?’

‘Yeah, good mate.’

You betcha, we’re all good.

Until we’re not.

Maintaining your mental health is key to living a well balanced life, and knowing how to reset the ballast when we find ourselves on an uneven keel is a skill we all need to brush up on at times. It’s OK to ask for help.

Check out the useful tools on **The Toolbox** at <http://www.getthetools.org.nz/the-toolbox/mental-health/>



Library Update *with Julie Holt*

Johns Hopkins Patients' Guide to Cervical Cancer by Colleen C. McCormick, Robert L. Giuntoli II, Jones and Bartlett, USA, 2011.

Johns Hopkins Patients' Guide to Lung Cancer by Justin F. Klamerus, et al., Jones and Bartlett, USA, 2011.

100 Questions & Answers About Mesothelioma, Second Edition by Harvey I. Pass, et al., Jones and Bartlett, USA, 2010.

100 Questions and Answers About Prostate Cancer, 2nd Edition by Pamela Ellsworth, Jones and Bartlett, USA, 2009.

100 Questions and Answers About Lymphedema by Saskia R J Thiadens et al., Jones and Bartlett, USA, 2010.

How We Survived Prostate Cancer: What We Did and What We Should Have Done by Victoria Hallerman, Peter S. Albert, Newmarket Press, USA, 2009. A memoir, a cautionary tale and an honest and inspiring story. Poet and literacy consultant Victoria Hallerman wrote this account of her husband Dean's diagnosis and treatment of prostate cancer. Her book covers everything from redefining intimacy to her anger and loneliness following his diagnosis.

Confronting Hereditary Breast and Ovarian Cancer: Identify Your Risk, Understand Your Options, Change Your Destiny by Sue Friedman, et al., Johns Hopkins Press, USA, 2012. This book covers the difficult questions people have when they are concerned they may have a hereditary cancer. Should you have a blood test that may show whether you have a high likelihood of disease?

Do you treat a disease that may never develop? How do you make decisions now that will affect the rest of your life?

Pancreatic Cancer: A Patient and His Doctor Balance Hope and Truth by Michael J. Lippe, Dung T. Le., Johns Hopkins Press, USA, 2011.

An inspiring and informative account about the experiences of a person diagnosed with pancreatic cancer and his oncologist during treatment.

Perspectives on Complementary and Alternative Medicines (CAMS) edited by Ian N. Olver, Monica Robotin, Imperial College Press, UK, 2012. Professor Ian Olver, oncologist and CEO of Cancer Council Australia, and Monica Robotin from Cancer Council NSW have compiled this book covering a wide range of CAMS from Chinese medicine to spirituality and prayer. It also gives the interaction between CAMS and hospital treatments. The perspectives of patients, doctors and CAMS practitioners are included.

A Little Aloud – an anthology of prose and poetry for reading aloud to someone you care for edited by Angela MacMillan, Chatto and Windus, UK, 2010. As Stephen Fry says 'Reading aloud is pleasure. Pure pleasure' and reading aloud to someone you are caring for can be therapeutic in many ways. This wonderful collection will get you started.

CD Relax – learning to relax...techniques to help cope with cancer, compiled by Cancer Council Queensland Australia, 2002. This popular CD uses music and voice to teach relaxation skills

Shimmering Images - a handy little guide to writing memoir by Lisa Dale Norton, St Martin's Press USA, 2008. If you are interested in writing about your personal experiences, arm yourself with this inspirational guide to bring your writing to life.



Wellington, Hutt, Porirua & Kapiti Groups

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

New members please contact:

Virginia Lee on 04 389 0084 or email:

virginia.lee@cancersoc.org.nz before attending.

Between 22 Aug - 7 Oct contact 0800 226 237 or email: info@cancersoc.org.nz

CanX

2nd Wednesday of each month, 5.30pm - 7.30pm, Cancer Society, 52 Riddiford St, Newtown. This lively group caters for those under 50yrs affected by cancer.

Facilitated by Gay Dungey & Helen Meehan

Upper Hutt Evening Support Group

2nd Wednesday of each month, 7.30pm - 9.00pm, Silverstream, Upper Hutt

Facilitated by Claire Laurenson

Porirua Cancer Support Group

1st Friday of each month, 10am - 12 noon

20 Ngatitua Street, Elsdon, Porirua

Facilitated by Natalie Kini

Contact Natalie: 04 238 4914

Myeloma Support Group

This warm group holds informal lunches 4-6 weekly in rotation at Kapiti, the Hutt Valley and Wellington. All those with Myeloma and support people are invited. Members are also willing to talk to any newly-diagnosed patient by phone or individual meeting.

Contact Audrey Swallow: 04 298 3117 (Kapiti)

Prostate Cancer (PALS)

4th Tuesday of each month, 7.30pm - 9.00pm, Cancer Society, 52 Riddiford St, Newtown. The group regularly invites speakers and enjoys discussion, sharing experiences, gaining of perspective and support.

28 August there will be a discussion around exercise regimes helping to deal with consequences of hormone therapy.

Contact Paul Kane: 021 029 88258

Spirited Women

1st Wednesday of each month, 12 noon - 2.00pm,

Cancer Society, 52 Riddiford St, Newtown. Bring some lunch to share. Speakers invited every 2nd month.

Facilitated by Elva Phillips and Martina Cziharz

Hutt Valley Breast Friends

1st Tuesday of each month, 7.00pm - 9.00pm, St Mark's Church, 58 Woburn Road, Lower Hutt
7 Aug - speaker Di Graham on lymphoedema management and education

Facilitated by Laurie Lawler & Claire Laurenson

Spirited Women - Kapiti

Breast Cancer Shared Lunch

3rd Wednesday of each month, 12.30pm - 2.00pm
Kapiti Community Centre, Paraparaumu.

15 August - speaker Marion Sherley on Lymphoedema education and management. Bring some lunch (sharing it is optional).

Contact Judy Dickie: 04 298 8514 or email: judyd@cancersoc.org.nz

Mareikura Support Group for Māori & Whānau

3rd Friday of each month, 10am - 12 noon
Warrimoo St, Paraparaumu

Contact Miriama: 04 902 7095 or email: miriama@horatepai.org.nz

What's On in Our Centres

Wairarapa

- Cancer Update Free Public Lecture - 18 July, 12-1.30pm, Masterton Club, Chapel Street, Masterton All welcome.
- Grief Recovery course commences July. Anyone interested in this 4 week course contact the Wairarapa Centre.
- Monthly opportunities for fittings of breast prosthesis and bras continue to be offered at the Centre. Appointments necessary.

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

Blenheim / Marlborough

- Look Good Feel Better - 13 August
- Cancer Update Free Public Lecture - 19 July, 6pm-7.30pm, Wishheart Room, Civic Theatre, Arthur St, Blenheim.
- Local newsletter coming out in July with CanSupport activities for our area.

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

Nelson

- Cancer Update Free Public Seminar - 19 July, 12 midday with Professor Dallas English
- Look Good Feel Better – 7 August
- Smoking Cessation – Training for Health Professionals – September and October

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



Wairarapa Groups

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

Contact: 06 378 8039

Womens Support Group

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

Mens Support Group

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

South Wairarapa CanSupport Social Network Group

Meets socially every 3 months
Facilitated by Gayle Bright 06 306 6128

Myeloma & Blood Cancer Support

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

Independent groups in Masterton supported by Cancer Society Wairarapa

Wairarapa Breast Cancer Support Group

1st Monday of each month, 10am - 11.30am
Facilitated by Doff Simmonds 06 304 9748.

Wairarapa Prostate Cancer Support Group

1st Tuesday of each month, 1.30pm - 2.30pm
Facilitated by Robert Brader 06 370 8699.

Other Supportive Services



Look Good ... Feel Better

Leigh Renai – Coordinator

A free programme for women with cancer. Learn, through hands-on experience, techniques to help restore your appearance and self-image during chemotherapy and radiation treatment.

Not to be missed – this is a real treat!

Contact us at the Cancer Society 04 389 8421

CanNow – Moving Forward



Information nurses offer a one-on-one programme to promote wellbeing for women after early breast cancer. Discuss your concerns, regain direction and energy after cancer.

Contact us: 04 389 8421 or
info@cancersoc.org.nz

Art Therapy

With Mary Brownlow

An opportunity for cancer patients or those close to them to express their feelings or fears through drawing, painting or working with clay.

Art Therapy is particularly good for children who have a parent with cancer. It allows them to express their fears and feelings in a very safe, supportive way.

Fee: \$25.00 waged or \$10.00 if unwaged.

Call Fiona Pearson on 04 389 0053

Art therapy also offered in the Wairarapa
Contact Cancer Society 06 378 8039

Silky Pillows

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

Free of charge.

Contact us at the Cancer Society – 04 389 8421

Massage

Bobbie-Joe Wilson

Tuesdays between 9am-3pm

Fees on a sliding scale of \$15-\$40

Relaxing, soothing massages to help both mind and body. Subsidised by the Cancer Society and offered at the Cancer Society Rooms, 52 Riddiford St, Newtown.

Contact us at the Cancer Society
on 04 389 8421 to make
an appointment.

Lymphoedema Assessment & Management Clinic – Loam

This subsidised service offered by the Cancer Society closed in June 2012. Capital Coast and Health and the Hutt Valley District Health Boards have as yet not made any decision around funding this service and so at present there is no publically funded service in the Wellington/Wairarapa area.

Contact us at the Cancer Society Wgtn –
04 389 8421, or Wairarapa 06 378 8039 for
private providers

CanSupport Programme: What's on July - Sept 2012

Attendance at any of our courses or classes is open to anyone who is currently in treatment or those who have received treatment and any whānau or family of those affected by cancer. Our courses are held in Kapiti, Porirua, Hutt Valley and Newtown.

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

Enrolment is required for all programmes. Each workshop has a minimum and a maximum limit.

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

In Virginia's absence (22 Aug to 7 Oct 2012) please contact 0800 226 237 or info@cancersoc.org.nz to enrol in any class

In Wellington: Exploring Relaxation

with Mr Bobbie-Joe Wilson

3 separate sessions offered

Dates: Tuesday 24 July - 6.30pm-8.30pm

Monday 6 August 10am-12md

Saturday 22 September 1-4pm

Venue for all: 52 Riddiford Street, Newtown.

To enrol: Contact Virginia Lee 04 389 0084/ 0800 226 237 or email info@cancersoc.org.nz

Be nurtured, enjoy some relaxation and time out to refresh your soul! Times vary to cater for your schedule. Come to some, or all if you wish, as each session will be different.

Bobbie-Joe Wilson is the massage and relaxation therapist with the Cancer Society in Newtown.

In Porirua: Creative Art Experience

with Christine Thomson

2 separate classes offered

Dates: Saturday 11 August, 1-4pm

Saturday 18 August, 1-4pm

Venue for both: Paremata Boating Club, Paremata Rd, Paremata.

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

No artistic experience or skill required for this 3 hour class. A chance to brighten up winter with colour and creativity. Attend one or both as your schedule allows.

Christine Thomson provides training, counselling and art therapy to private clients, and facilitates art groups in the community. She has worked with a range of mediums including ceramics in an established art therapy service. She believes in the joy and healing power of art, and that all of us can develop a creative practice.

Healthy-Steps *moving you to better health with the Lebed Method*

Saturdays, 9.15am - 10.15am, St John's Church Hall, Johnsonville

Mondays, 6pm-7pm, 52 Riddiford St, Newtown

Thursdays, 10.00-11.30am, DanzPort, Upper Hutt



Wednesdays, starting 25 July for 8 weeks, 6-7pm at St Marks Uniting Church, 58 Woburn Rd, Lower Hutt.

Sponsored by Hutt Mana Trust.

Costs: (Negotiable on individual basis) \$40.00 for 8 weeks. Free trial lesson offered

Contact: Di Graham 04 934 3083 (Johnsonville & Lower Hutt)

Naena Chhima 04 389 8421 (Wgtn)

Kathryn Clark 04 526 7370 (Upper Hutt)

Men's Evening

with Edmund Salem (Counsellor)

Continuing our successful meetings hosted by Mary Potter Hospice and Sweet Louise, we again invite any men who have a family member with a life-threatening illness to attend the next Men's Evening.

Date: Wednesday 8 August

Time: 6.30pm - 8.30pm with light refreshments

Venue: Wellesley Boutique Hotel, Ground Floor Bar, Maginnity St, Wellington

To enrol: Contact Elva Phillips 021 328 835



Upcoming Living Well programmes in Your Area:

Living Well offers practical ways of living well, building knowledge, confidence and self-help skills wherever you are in your cancer journey. It is offered to anyone with any type and stage of cancer, and their whānau/family, partners, carers or friends. Please contact Hazel Nesor on 04 389 8421, email hazeln@cancersoc.org.nz or Virginia Lee on 04 389 8421, email virginia.lee@cancersoc.org.nz to enrol in a programme.

Kia Ora e Te Iwi

Date: Tuesday 8th August 2012 for 6 weeks

Time: 5.30pm-7.30pm

Venue: OraToa Health Centre, Ngatitōa Street, Elsdon, Porirua

Facilitators: Natalie Kini and Hazel Nesor

Living Well in the Hutt Valley

Date: Wednesday 19th September for 6 weeks

Time: 6.30pm-8.30pm

Venue: St Mark's Church hall, 58 Woburn Rd, Lower Hutt

Facilitators: Claire Laurenson and Hazel Nesor (to be confirmed)

Living Well in Wainuiomata

Date: Saturday 6th and 13th October 2012

Venue: Wainuiomata Marae Outreach Office, Wainuiomata Community Centre, Queen Street

Time: 12.30pm- 4pm

Facilitators: Hazel Nesor and Linda Olsen

Living Well - in Wellington

Date: Monday 8th October 2012

Time: 12.30pm-2.30pm

Venue: Level 3, Wellington Blood & Cancer Centre, Wellington Hospital

Facilitators: Hazel Nesor and Janis Nathan

Lymphoedema Education and Management

To enrol: Contact Virginia Lee 04 389 0084 or email: virginia.lee@cancersoc.org.nz. Alternatively ring 0800 226 237 or email: info@cancersoc.org.nz

In Lower Hutt - (any cancer related) - Di Graham

Date: Saturday 14 July, 2pm-3.30pm

Venue: St Marks Church, 58 Woburn Rd, Lower Hutt

In Lower Hutt - (Breast cancer related) - Di Graham

Date: Tuesday 7 August, 7-9pm

This group will meet as part of the regular August meeting of Breast Friends, a support group for those with breast cancer.

Venue: St Marks Church, 58 Woburn Rd, Lower Hutt.

In Wellington - (any cancer related) - Hilary Bartle

Date: Thursday 23 August, 7pm-8.30pm

Venue: 52 Riddiford St, Newtown.

In Wellington - (Breast cancer related) - Hilary Bartle

Date: Wednesday 1 August, 12md-2pm

Venue: 52 Riddiford St, Newtown

In Porirua basin/Tawa - (any cancer related) - Di Graham

Date: Saturday 8 September, 2pm-3.30pm

Venue: Compass Health Rooms - 130 Main Rd, Tawa

At Kapiti - (Breast Cancer related) - Marion Sherley

Date: Wednesday 15 August, 12.30-2pm

Venue: Spirited Women support group - Kapiti Community Centre, Ngahina St, Paraparaumu

All sessions invite those living with, or who are at risk of lymphoedema following cancer treatment, along with interested family/whānau.

What am I entitled to?

with Virginia Lee

Individual appointments offered.

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

This 50 minute session will cover entitlements and how to access and navigate health and social services. Questions welcomed.

Virginia has 20 years health social work experience and works for Cancer Society Wellington in Newtown.



The Cancer Society's free support services can help you or someone you care about

- understand cancer
- talk with others
- understand treatment
- find support

ANY CANCER, ANY QUESTION
0800 CANCER (226 237)
Cancer Information Helpline

Wellington
(04) 389 8421

Kapiti
(04) 298 8514

Nelson
(03) 539 3662

Marlborough
(03) 579 4379

Wairarapa
(06) 378 8039

Visit the Wellington Division at
52 Riddiford St,
Newtown Wellington
6021

Email: info@cancersoc.org.nz

www.cancernz.org.nz

CanTalk

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

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Please tick one of the following options

- Patient
- Caregiver
- Other (please state)

Cancer diagnosed with or cancer/s interested in: _____

Any comments on this issue: _____

Send to Cancer Society – Wellington Division, PO Box 7125, Wellington 6242;

Visit 52 Riddiford Street, Newtown, Wellington 6035; phone 04 389 8421 or email Sue Corkill – suec@cancersoc.org.nz



Newsletters with local content are available in Nelson, Wairarapa and Blenheim

Please contact your local Cancer Society office.

Nelson: 03 539 3662

Blenheim: 03 579 4379

Wairarapa: 06 378 8039

For Cancer Information and Support phone 0800 CANCER (226 237)

or go to www.cancernz.org.nz