

Buddiee

For Life



**SUPER
SURVIVOR**

***Puleng
Makhetha***

PROF'S CANDID
COMMUNITY

Where is
the study?
Show me
the data

BE INFORMED

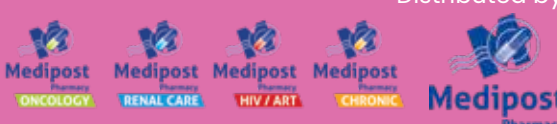
**Demystifying
advocacy**

COMPLEMENTARY
THERAPY

**Yoga
therapy**

EAT WELL

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truth**



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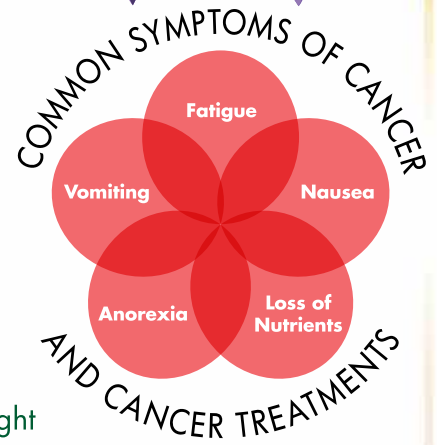
Good nutrition is especially important when you have cancer because both the illness and its treatments can change the way you need to eat. Cancer treatments are known to cause **nausea and vomiting** which can cause weight changes and malnutrition.

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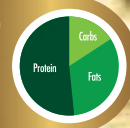
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Mission

Buddies For Life informs and inspires all those who have, or are affected by breast cancer or other cancers. Buddies For Life is committed to working with all stakeholders to find solutions aimed at improving the quality, lifestyle, satisfaction, enjoyment and activities of people affected by breast cancer and other cancers.

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Puleng Makhetha
I'm my own advocate



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WELCOME

by Prof Carol-Ann Benn

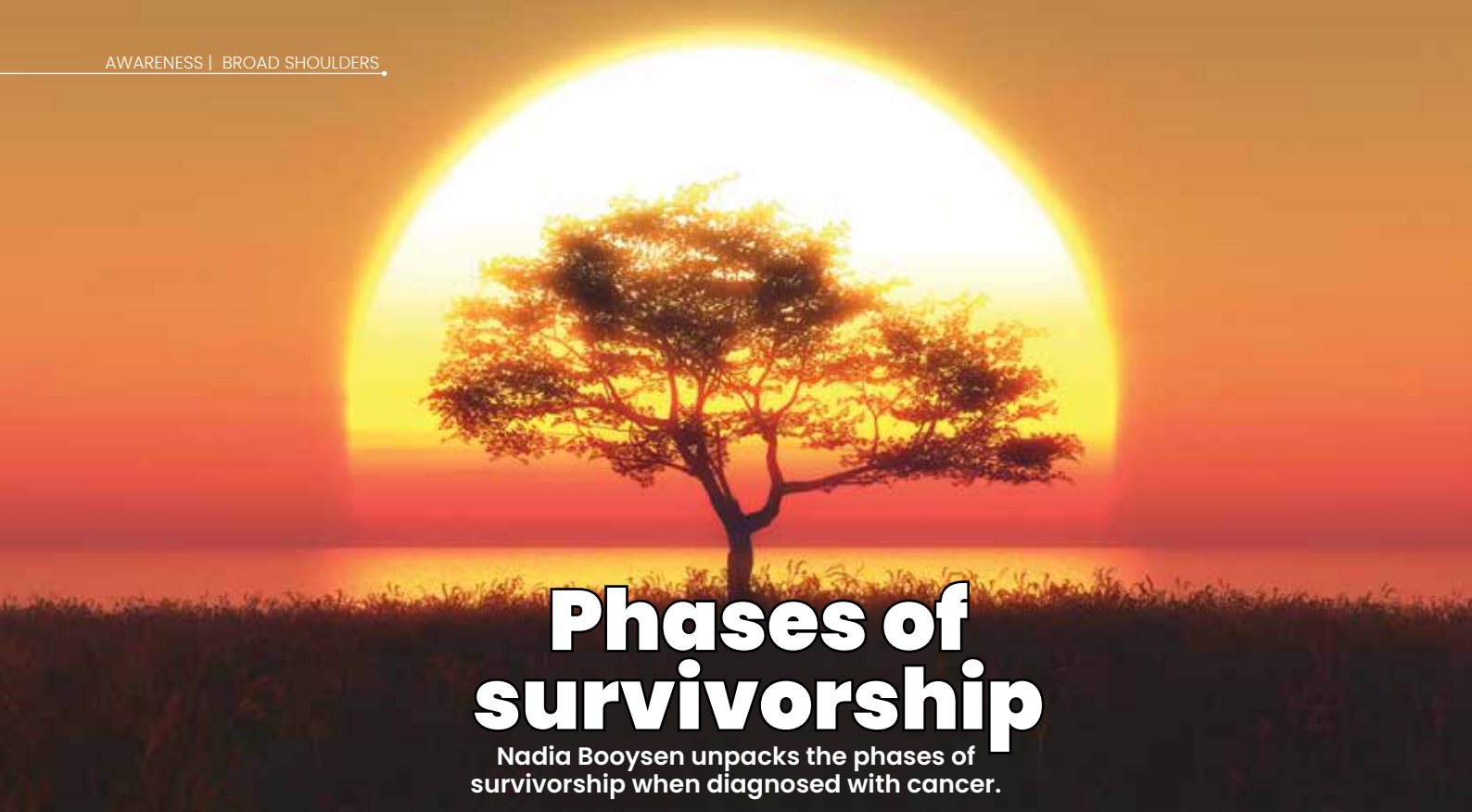
Advocacy starts with knowledge and to do that, we need to assess the source. This is why I looked at *Where is the study? Show me the data*. In this scenario, Tony Robbins' quote, "Identify your problems, but give your power and energy to solutions" is good advice.

Most people who go through a cancer diagnosis know that Bruce Lee's saying, "Knowledge will give you power, but character respect" is so true, and this is seen with our Super Survivor. The fastest way to become the master of your thoughts and emotions is through challenging situations. If your life is going along fairly smoothly, there aren't the same opportunities that enable you to strengthen your power. You see, in the words of Rhonda Byrne, "Even challenges are beautiful opportunities in disguise" and through information and advocacy (power).

As Abraham Lincoln said, "Nearly all men can stand adversity, but if you want to test a man's character, give him power." Power is in knowledge. As doctors, we need to ensure that we use the power of our profession to encourage and provide listening options. Mickey Theunissen put it simply, "Power is no blessing in itself, except when it is used to protect the innocent."

From yoga to decreasing your lymphoedema risk, let's remember another Tony Robbins' quote, "Your past does not equal your future" and the wise words of Leo Buscaglia, "Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around." See you inside the mag! 🪄





Phases of survivorship

Nadia Booysen unpacks the phases of survivorship when diagnosed with cancer.

Conceptualising survivorship

In oncology, we use words like survivorship, warriors, and winning the fight interchangeably. I grapple with these concepts because the meaning for each person can be different.

What does survivorship mean? Where does it start and end? Many days during treatment feel like the aim is to just survive the day; would that be a phase? What about the period before treatment, when you have biopsies and scans, not knowing? Is that survivorship? This is unfortunately the reality of oncology, the more you ask, the more questions you end up with.

Am I living or slowly dying?

A question I often think about came up recently in a conversation, *Am I living or am I slowly dying?* and it took me to a place of realism that you often envy in others but dread when it might apply to you. Most of all it was heart-breaking.

There truly are no words that will calm those unsettling thoughts. That is why the biggest challenges are often in the mind and not in the body. Some patients are truly living; even if they are driven by the fear of dying. For others, they are slowly dying due to the disease. Then you encounter a group that is in-between, they aren't slowly dying but also not living, merely surviving day by day, often paralysed by fear or halted by side effects of treatment.

Irrespective of where you fit in, the secret is to find a way to live even when you feel like you're slowly dying.

Phases of survivorship

Would you say that you're surviving even when you're slowly dying? Do you still fall within a survivorship group?

I believe that while there is breath, there is hope, however, I don't believe

in giving false hope. Therefore, categorising survivorship is so much more challenging.

With that said, I would categorise the phases of survivorship similar to the phases which often carries the most trauma for patients in retrospect.

1. Diagnosis and clinical workup

This is always traumatic. No one ever wants to hear their name in the same sentence as cancer. Going for scans, bloodwork, seeing doctors for clinical workup in essence means that the reality of being diagnosed with cancer sets in, without knowing if it's life-threatening or not.

2. Treatment

Another distressing period is finding out the severity of the cancer, proposed treatment, meeting your cancer care team, facing an unknown world which you probably heard bad things about, and needing to face this bravely while witnessing tremendously ill patients. This counts for each treatment you go through: chemo, radiation, surgery. Needing to go through each, while your energy becomes less, emotions becomes more, and fears are elevated.

3. After treatment

Where to now? By this stage, as much as you want to run away, you may feel lost without all the support and the people you saw on a weekly basis. You are different, and your body is too. Families and society expectantly wait for you to now be cured and be perfectly

fine the week after treatment. Unfortunately, nothing can be further from the truth.

Re-integration is extremely difficult. Emotions are often internalised after the fact when the body gets stronger and the world has calmed down. This also causes much confusion for family and is partly due to its unexpectedness and delay after treatment has been completed. The pressure to be okay is so high, and grief is never anticipated.

Then there is more

Following all these phases of survivorship, there is another life-long phase, finding a way for cancer not to take over your life, especially mentally. Being able to live life from scan to scan and not feeling like you can't have a life because of it.

One of the saddest aspects is seeing how someone struggled through this journey, and when the time comes for them to live, they are so paralysed by fear that they don't celebrate life. They don't live. They go into survival mode. This was never the reason to take treatment, and overcoming that hurdle internally is extremely daunting and difficult.

Sunrises and sunsets

Every phase of survivorship is like a sunrise and sunset. When you're in a sunrise phase, go out and live. When it's a sunset phase, go outside and lie under the stars, and know that there can be no sunrise without a sunset. Just breathe...the sun will rise again. ☀

MEET THE EXPERT



Nadia Booysen is a cancer survivor and an oncology counsellor (BSW Hons (Social Work) (UP), BA Hons (Psychology) (Unisa), PGDip (PallMed) (UCT)). She consults at the DMO practices: Sandton Oncology, West Rand Oncology, and JHB Surgical Hospital Centres. Serving in oncology is not a profession to her, but rather a way of life. Nadia has a keen interest in mental health and believes that it's an underestimated and stigmatised topic.

New specialised breast clinic at CMJAH

Novartis advances breast cancer patient outcomes through the donation of a specialised breast clinic at Charlotte Maxeke Johannesburg Academic Hospital.



Private-public partnerships ensure equitable healthcare for all.

Novartis, a leading global innovative medicines' company, has donated a breast clinic to Charlotte Maxeke Johannesburg Academic Hospital (CMJAH). To reiterate the need for this clinic, nearly 84% of the South African population relies on the public healthcare sector, which needs significant support and investment from various entities in the private sector.

The formidable impact of breast cancer extends globally, however, SA faces significant challenges, including major disparities in effective breast cancer screening, equitable treatment, and survival along ethnic and socio-economic lines.

This is according to Derrick Ellen who is the Head of Public Affairs at Novartis South Africa. He adds, "This important contribution reflects Novartis' commitment to enhancing healthcare infrastructure and improving access to quality healthcare for more patients in SA."

CMJAH Head of Breast Surgical, Prof Jenny Edge, expressed how the donation will contribute towards patient care. "We are honoured to accept the breast health clinic which will support our mission to provide exemplary healthcare. This donation shows our stakeholders commitment to improving access to quality healthcare and elevating the importance of optimal health outcomes for all patients in SA."

Derrick went on to say, "As an organisation, we are dedicated to improving access to quality healthcare and essential medicines that address society's major healthcare challenges. The effectiveness of medicines depends on the strength and efficiency of the

healthcare system delivering them. Novartis is committed to supporting equitable healthcare access for all South Africans, aligning with the Presidential Health Compact's goals of infrastructure development, skills and capability building, and data surveillance."

Comprehensive care for breast health issues

The newly-established clinic will provide comprehensive care in addressing breast health issues. With a focus on early detection and accurate diagnosis, the clinic aims to provide effective treatment for breast cancer, ultimately enhancing patient outcomes and quality of life. Additionally, the clinic will potentially be used for important research that can inform policy and decision-making.

"We are hoping that this facility can help address critical space shortages, and support training and development, consultations, and will contribute towards data collection for the National Cancer Registry, ensuring the delivery of real impact where it's needed most," Derrick adds.

Challenges of CMJAH


In April 2021, a devastating fire significantly damaged various sections of CMJAH, one of the largest hospitals in the Southern Hemisphere, severely affecting the hospital's operations. CMJAH CEO, Gladys Bogoshi details, "Due to major restrictions, breast cancer patients face long waiting times. Similarly, healthcare professionals struggle with shared consultation spaces and suboptimal treatment environments."

"This situation has compromised the quality of care and patient dignity, leading to a reduction in follow-up visits, which in turn has contributed to advanced disease progression and increased mortality rates associated with breast cancer. Expanding the clinic is essential to meet the rising demand for services, early disease detection, and to improve patient experiences," adds Gladys.

The expanded facility will enhance the patient experience by providing private consultation spaces, ensuring confidentiality, and enabling prompt treatment interventions. By streamlining patient triage and referrals to appropriate care pathways, the clinic will contribute to improved management of breast health, ultimately facilitating earlier diagnosis and treatment.

"Collaborating with various stakeholders in such initiatives has the potential to deliver lasting value in the fight against breast cancer and aligns with the broader health reform objectives in SA", Derrick concludes.

The breast health clinic at CMJAH anticipates servicing thousands of patients annually, providing access to the latest advancements in breast healthcare and treatment.

Through this initiative, Novartis aims to make a meaningful impact on the ongoing battle against breast cancer while promoting the overall well-being of the community being serviced. 

The powerhouse activist

The name Salomé Meyer is synonymous with Cancer Alliance. We catch up with this powerhouse activist and learn how it all started for her.



Salomé Meyer (64) lives in Cape Town, Western Cape with her life partner, Faan.

It was due to losing her breast friend to breast cancer that stirred up an intense drive to make a change in the cancer community. “She left behind a two-and-a-half-year-old child at the young age of 37. I thought, there has to be something I can do to improve cancer care services in SA,” Salomé says.

Twenty-nine years later, Salomé is the director of Cancer Alliance, a collective group of cancer control non-profit organisations and cancer advocates, and has been instrumental and the driving force for equitable access to treatment in cancer care. Her passion for change allows her to fulfil this full-time volunteer job.

Early career

Salomé trained as a medical social worker and worked in government in community development for 15 years. In 1996, she left government services; this is when she lost her best friend.

She then joined the Cancer Association of South Africa (CANSA) as an advisory consultant to develop a bigger footprint and helping hand in previously disadvantaged areas. This paved the way for her to first become a chairperson of CANSA Western Cape and then a board member of CANSA

until 2006. In this time, she assisted setting up CANSA’s advocacy division, advocating for the establishment of the National Cancer Control Plan (NCCP) and improving the South African National Cancer Registry (NCR).

CANSA and the South African Medical Research Council (SAMRC) then approached Salomé to establish The Cancer Research Initiative of South Africa (CARISA), which she did. Here, CARISA continued with the advocacy of the Cancer Regulation and NCCP and launched the Cervical Cancer Research Agenda. Unfortunately, Salomé was let go 18 months later due to her not having a PhD and five years later, CARISA closed down.

The birth of Cancer Alliance

In 2011, the Voice of Cancer Survivor Forum was held where 25 cancer organisations expressed their needs regarding quality of care, attitudes, practices, policies of cancer control, and services in SA to government. Government heard them out and challenged them to form one body that represents all the cancer civil society groups and so Cancer Alliance was formed as the umbrella body. Salomé became a member as an independent cancer advocate.

In 2014, Cancer Alliance joined the *Fix The Patent Law* campaign. “It’s here that I was exposed to the other side of advocacy which is activism. I was

an advisor, an advocate, and now I’m an activist. This was due to Treatment Action Campaign introducing me to advocacy from a human rights perspective, which is a completely different angle than most cancer organisations take. Globally, we are so influenced by the fact that we take money from pharma/industry that we won’t challenge them. But to change the healthcare system, we have to approach government and pharma in a different way. This is when the focus of Cancer Alliance changed; our focus is equitable, affordable, timely access to treatment for all, from a human rights perspective. We realised quiet diplomacy isn’t going to get us anywhere, but responsible activism will,” Salomé explains.

Access to Medicine Programme

In 2017, the Open Society Foundation then granted Cancer Alliance funds for five years. This allowed them to start the Access to Medicine Programme with focus on lenalidomide, bendamustine, trastuzumab as well as other medicines and the first evidence-based report was released in 2018.

“We, at Cancer Alliance, build our advocacy on evidence and we had to work hard. I remember in the beginning a male clinician told us that we are just a bunch of emotional women. So, we had to work hard to get the confidence of the clinical community to value us

in that when we publish a report, it's all backed up by evidence. And, no we aren't emotional," Salomé says.

"How times have changed in a few years, as we now have the clinical community coming to us requesting letters of support for research that they want to do," Salomé adds. "This work done by Cancer Alliance, all of the members collectively, is for the broader community; it's chipping away at the system and slowly changing it. This goes back to the commitment I made in 1996."

Living a meaningful life

On a personal level, Salomé says this chosen career path allows her to live her life meaningfully. She says, "It fulfils me in so many ways. It was my husband, Faan, who told me when I left government services that I needed to remain active and relevant. His support over the years has been a great gift; he allows me to do what I love while living a simple life on pension."

When asked what Cancer Alliance is most proud of achieving, Salomé responds, "The fact that we have published a number of very dedicated reports, a major body of work, from our first one that focused on Patents, our Access to Medicine reports, the Cost of Cancer report, and the last one on a Legal Framework for Cancer. We received a huge compliment the other day when a clinician told us that she is using one of our reports. To hear that we are being quoted and referenced is a major compliment and confirms we are relevant in what we do."

Current focus

She adds the focus of Cancer Alliance now is to establish a National Cancer Institute where public and private sectors are both involved, and a standard of guidelines is formed for all cancers.

"Currently we only have a breast, cervical, and lung cancer policy. This will also require us looking at healthcare professionals' needs to provide the services for cancer patients, as well as palliative care, research, and assessing the legal gaps. So, in the same way that government challenged us to speak as one umbrella organisation, we challenge them to establish a cancer body (National Cancer Institute) that can negotiate cancer care within NHI. We have the support of broader civil society, academic and research institutes, and professional societies. It's now a matter of getting there in the form of collective decision-making of all stakeholders."

Many will be happy to know that Salomé has no intention to retire anytime soon. We look forward to celebrate many more achievements of Cancer Alliance. 📧



LET'S TALK
ABOUT CANCER
CANCER ALLIANCE

Rapid fire questions

What are the strengths and weaknesses of the SA cancer community?

We are dealing with a unique and challenging disease, that is our strength. Our weakness is that we haven't managed to bring it all together as one voice, and that is another focus of Cancer Alliance: the *One Voice* campaign – to bring everyone together, including the clinical units, to speak as one voice.

What does advocacy mean to you?

It's basic human rights, allowing for justice and equity.

What is your ultimate goal on a personal level?

To equip cancer advocates in communities to be that voice.

MEET OUR EDITOR



Laurelle Williams is the editor at Word for Word Media. She graduated from AFDA with a Bachelor of Arts Honours Degree in Live Performance. She has a love for storytelling and sharing emotions through the power of words. Write to editor@buddiesforlife.co.za

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I'm my own advocate



Puleng Makhetha tells her story of having breast cancer at age 32 and how she advocated for herself throughout the journey.



Puleng Makhetha (38) lives in Fourways, Gauteng with her son, Thendo (1).

After accidentally feeling a lump in her breast, Puleng dismissed it but told her sister. It was Puleng's sister who persisted she go to a doctor. The GP confirmed she felt something and referred Puleng for an ultrasound, which confirmed abnormalities. After consulting a breast specialist, in February 2019, a biopsy was done which confirmed HER2+ ER+ ductal carcinoma in situ (DCIS) breast cancer.

"I was only 32 at the time. It was so hard to digest, I stayed at home alone that day and only told my family the next day," Puleng explains.

Due to her age, Puleng requested genetic testing; it came out negative which meant that she didn't have any gene mutations that could cause breast cancer.

Clockwork treatment

Discussions around treatment were like clockwork. Surgery was discussed, which was foreign to Puleng. She wanted to have a lumpectomy, but the breast specialist advised her that since she is so young, it's best to have a bilateral mastectomy with reconstructive surgery.

Puleng heeded her advice and had nipple-sparing surgery with immediate reconstruction (implants) in March. "I remember the plastic surgeon asking me if I was ready for this. My answer was, 'No but I'm going to show up'," Puleng says tearfully.

Puleng admits it took her a long time to look at her new breasts in the mirror. "Even when I had the dressings changed, I would look to the side. I think I expected the bride of Frankenstein, but it turned out pretty good," Puleng says.

Once further testing was done on the tumours that were removed, it was found that the cancer had become more invasive and now chemotherapy was needed. "I agreed to the proposed treatment as I didn't want to face cancer again."

In April 2019, Puleng started treatment which began with a discussion around fertility. Puleng still wanted to have children, however, due to the high-cost of freezing eggs, she opted to proceed immediately with treatment and pursue having a baby at a later stage. Her treatment included 12 weeks of chemotherapy, along with trastuzumab for a year, and a goserelin injection for two years, which shut down her reproductive system during chemotherapy.

"I had pimples all over my face and my hands were constantly itchy so I consulted a dermatologist; a cortisone cream was prescribed. My sisters would take turns taking me to chemotherapy."

Once chemotherapy finished, she was prescribed tamoxifen for five years.

Choosing to have a baby

Puleng finished treatment and started the road to recovery. Two years later, in 2021, at the age of 34, she told her oncologist that she wanted to try and have a baby. He was supportive and stopped the tamoxifen but told her she would have to go back on tamoxifen once she had a baby and it would need to be for five years again.

Since Puleng didn't have a partner, she consulted a fertility specialist. "This consultation left me in despair and was one of the worst I ever had. Basically, he told me that due to treatment, my ovarian reserve was way lower than that of an average 34-year-old and that the eggs that remained were probably not of good quality."

Thankfully, Puleng sought a second opinion. This specialist agreed that her chances were low but said she only needed one good egg. He wrote a motivation letter to her medical aid requesting Puleng have IVF through a sperm donor. Unfortunately, this also fell through as the co-payment of R30 000 needed to be an upfront payment. Puleng tried to negotiate a payment plan but it was denied. "I was devastated," she says.

Conceiving naturally

In 2023, Puleng formed a relationship and her partner was willing to help her have a baby. They noted her ovulation dates and Puleng fell pregnant on the first try. Unfortunately, the relationship didn't last but Puleng will always have a deep appreciation for the father of her child. "I'll always be grateful, he was sent for a specific reason."

During and after the pregnancy, there was ongoing monitoring by her oncologist.

In March 2024, Puleng had a caesarean section and her son, Thendo, was born at 36 weeks. Her mother and sisters were overjoyed and have been the most supportive of her having a child.

In June 2024, Puleng restarted tamoxifen as well leuprolide acetate, another GnRH agonist.



When asked how she is enjoying motherhood, she responds, "It's a paradox, it's hard but so rewarding and fulfilling. Plus, there is this little baby that is mine forever."

To secure her son's future, she applied for life cover but says she has been denied cover as she has had cancer. "I feel discriminated against. I have asked my oncologist to write a narrative and explain that my treatment was successful, but it was still denied. Currently, I'm looking at other options."

Advocating for herself

Puleng goes on to say that it's thanks to other survivors sharing their cancer journeys on social media that helped her advocate for herself. "It's because of these videos that I asked for genetic testing, a bone density test, and a cardiology appointment. I would've been none the wiser if I didn't learn about these risks. Hearing their stories also gave me hope for the future version of myself, to see there is life after cancer. I hope to do the same for others as advocacy to me is representing those who don't know and educating them and spreading awareness. I hope to make the journey easier for the next person," Puleng says. 📌



Where is the study? Show me the data

Prof Carol-Ann Benn outlines essential factors to assess medical information online.

Charlie Brown never gives up, even when he probably should (some cancers when discovered late can be frustratingly complex to manage, and this can drive us to search far and wide for cures). I know I can sometimes be a nuisance and send repeated messages and emails to people who don't want treatment (just reply and let me know what you decide).

So, the blonde Charlie Brown in me thought, how about we learn to check the source of our data when researching options for treatments. In short: where is the study? Show me the data.

Is the data legit? Social media and the internet are full of useful or useless advice. I showed my kids that Henry Cavell was the new James Bond and asked whether they had seen the trailer. My kids (much like bossy Lucy) responded with despair, "Mom, that is fake news."

How do you and your loved ones work out whether the information you are accessing as a cure is actually that? Is it true that big pharma doesn't pay for certain studies so that we have to continue paying for their expensive medication? Why is there no funding for publishing data on natural medication? Are we missing out on these cures?



Medical research is difficult

True story, medical research is difficult, rather like Schroeder trying to write his sonata. As he says, "If everyone left me alone I could get it done." I know this first-hand as publishing in lower middle-income countries is extremely difficult, not dissimilar to publishing on non-mainstream medicines. The amount of times I have sent in an article only to have it rejected, and then to see someone from a reputable non-African country have something almost identical published. This makes me super mad, and I think what is the point of trying to publish?

Well, the point is that you just need to start. Collect your data; create a consent form for patients; apply for ethics and analyse your real-world data. Repeatedly submit and try to publish in reputable journals.

Turning a fail into a success

A good example of this is the tenacity of Dr V. Craig Jordan. Let's digress with a story around the first drug to go on the market for breast cancer: tamoxifen.

Headline news: A failed post-coital contraceptive, ICI 46,474

ICI 46,474 was not a contraceptive in humans. The drug induced ovulation and could potentially be used as a pro-fertility agent. So, ICI 46,474 was relaunched as a fertility drug. Was this a reason for the baby boom? Imagine a new contraception on the market; free love, hippie lifestyle and eek! failed contraception with now not one but three babies.

At this stage, a very clever scientist Dr V. Craig Jordan noticed that it had an effect on breast cancer. Unfortunately, he had no CV because he had no publications. His mentor gave him the following advice, "Tell them the story so far; each paper should take no longer than two weeks to write-up and link together a series of studies with a theme." And, voila! Tamoxifen was launched as the first drug to manage breast cancer in 1971.

Complex musical composition

So, Lucy asks Schroeder what the answer to life is and he shouts, "Beethoven it is! Clear and simple." Well drug research is a bit like complex musical composition.

There is a lot of funded drug development; research involving biotech development, patents, consents, moving drug studies from the Petri dish to the person, from advanced cancer to early stage cancers, and this takes a whole heap of money and time.

Research studies require consent, data collection, and repeated analysis, and there is no reason why this can't be done with so-called natural medicines. I say so-called as almost everything is either medicinal or poisonous at certain doses, from exercise and oxygen to chemotherapy drugs and cannabis.

Tips and tricks to evaluate medical information online

Here are tips and tricks for assessing what you read and how you can evaluate medical information online.

1 Question the source

Lucy, with her strong opinions and dispensing advice for 5 cents and looking out for her brothers Linus and Rerun, would tell you to *question the source*. She would tell you to always examine the credentials of the information's author. If their qualifications are unclear or absent, consider this a warning sign. Confident and strong Lucy would tell, as a powerful women's rights advocate, to be aware of possible conflicts of interest, especially if the content seems to promote a specific product. In her bossy way she would say, "Such articles often serve as sales pitches, so treat them as such."



2 Assess the website's editorial policy

Linus, the voice of reason amongst his peers, would tell you to *assess the website's editorial policy*. Credible health-related websites should generally have a medical editorial board and a clearly defined editorial policy. As a deep thinker, he would suggest that you verify whether the site is from a respected health organisation and whether its content is reviewed by certified medical professionals. Being a student of philosophy, he would end off by reminding you to keep in mind that the internet is unregulated, and anyone can create a site to claim anything.



3 Evaluate the evidence level

Sally, Charlie Brown's sister, being inquisitive would suggest you *evaluate the evidence level*. Medical claims should be supported by evidence. Demand, like Sally would, the answer by understanding the following: the highest level is a randomised-controlled trial showing improved outcomes compared to existing treatments, known as evidence-based medicine.

However, because such trials can be expensive and aren't always available for every condition, there's also evidence-informed medicine. This approach allows the use of other scientific data, like case studies or laboratory research, when higher-level evidence is lacking. Sally when faced with a question that she can't answer, with a classical philosophical flippant *Who cares?* and as we all do, I suggest you understand the above.



4 Beware of oversimplified narratives

Woodstock is not a great flyer and doesn't even know what type of bird he is. Much like receiving a cancer diagnosis is undoubtedly challenging, and it's natural to seek simple solutions. Like Woodstock, you may feel small and inconsequential and should therefore *beware of oversimplified narratives*.

Be cautious of authors who make sweeping statements, such as natural therapies are always good or who suggest that healthcare providers are intentionally hiding cures. The universe boggles Woodstock, much like these narratives often ignore the complexities of cancer research and treatment. For instance, some effective chemotherapies are derived from natural sources, while certain natural substances can be harmful. It's crucial to recognise that dedicated healthcare professionals are committed to improving cancer treatments; there is no one-size-fits-all solution. So,

Woodstock knows that Snoopy is the friend of friends; please ensure you have one in the medical field to help you unravel medical narratives.

>>continue page 12



5 Watch for logical fallacies

Pigpen, in his own personal dust cloud, would tell you to *watch for logical fallacies*. Be mindful that correlation does not imply causation. Like him you need a clear mind and conscience to understand, if someone achieves remission after taking a supplement, it doesn't mean the supplement caused the remission. Like Pigpen, who has dignity and respect, understand that cancers have natural progression, which can include improvements.

Additionally, other concurrent treatments might be responsible for any positive changes. Over-extrapolation is also common, implying that results from a specific study or test tube can be applied to all forms of cancer in humans can be misleading. While lab findings are significant, they do not always translate to real-life outcomes.



6 Remember your medical team is there to help

Like Franklin, the busy kid who is always available to help his friends, *remember your medical team is there to help*. Medical material can be complex and overwhelming. As you review information, jot down any questions or concerns. This way, during your next appointment, you can discuss them with your doctor, who can provide clarity and guidance.



7 Use the Snopes website

Snoopy's personality is a little bittersweet and that is why he is your reminder to *use websites like snopes.com*. This is an excellent way to fact-check information and combat misinformation. Remember like Snoopy is not your average beagle, Snopes offers rigorous investigations into a wide array of claims, from viral social media posts to urban legends, and provides clear explanations based on credible sources and research.

Like Snoopy's strong personality, check the authenticity of sensational claims, so you can develop a more informed perspective and avoid being misled by false information.

Additionally, relying on such fact-checking platforms promotes critical thinking and encourages a more discerning approach to the content consumed online.

Like Snoopy, a book lover and writer, collector of fine arts and root beer connoisseur, whether navigating health-related claims or social issues, utilising Snopes can empower you to make well-informed decisions and engage in discussions based on verified facts. Check your data and have Snoopy's attitude of whether you win or lose; be a disaster or a hero. Face the facts by verifying them irrespective of whether you like the answer to ensure best cancer care.



Find your Charlie Brown team



Loyal, determined, dedicated and responsible. Ensure the practice or unit where you are undergoing treatment is accredited and that patient data is recorded and reviewed. Most reputable units have a consent form explaining that data will be anonymously collected and reviewed.

The consent is so that there can be independent review. Is the data around your treatment being recorded and published? Collecting retrospective data and publishing it is the only way we ensure that the information highways have access and provide sensible accurate outcomes review. For example, if your doctor suggests you need a bilateral mastectomy, you can confirm that internationally this is not the first choice on most reputable international medical oncology consensus sites (ASCO, NCCN, SEER, ST Gallen).

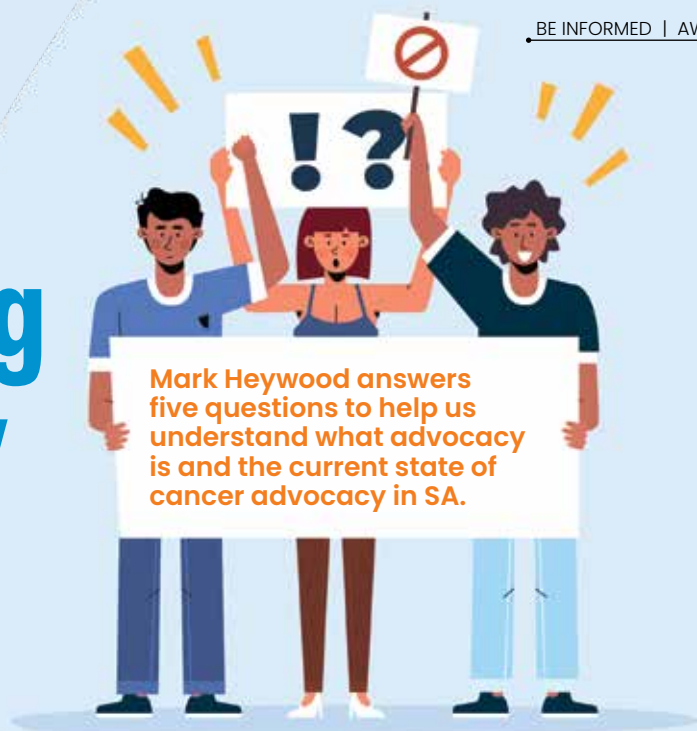
Find a Charlie Brown unit lovingly looking after Snoopy; this is how we should care for patients. Kind and patient by nature, wearing our hearts on our sleeves in our bid to help others. 🐶

MEET THE EXPERT



Prof Carol-Ann Benn heads up an internationally accredited, multi-disciplinary breast cancer centre at Netcare Milpark Hospital. She has a professorship at University of Pretoria and lectures locally and internationally. In 2002, she established the Breast Health Foundation.

Demystifying advocacy



Mark Heywood answers five questions to help us understand what advocacy is and the current state of cancer advocacy in SA.

1 What is advocacy?

Advocacy in general means when people or a person take steps to try and advance a particular issue. Advocacy doesn't necessarily start with saying what we want but starts with educating people about an issue, so they have the knowledge they need to be able to engage with that issue.

In a sense, advocacy is quite an abstract term unless you attach it to a particular issue or cause and something you want to achieve through talking to other people, lobbying, writing, research, and so on.

2 What is advocacy in cancer care?

In the case of cancer, for example, advocacy means how do we work to ensure there is better awareness of cancer, how do we work to ensure there is better care and better access to medicine.

We know in SA that cancer is a significant disease and there is a lot of fear and stigma around it, and we know that the healthcare system is not responding in the way that it could and in the best ways to ensure cancer prevention, diagnosis, care, and treatment. Like so many things in our society, cancer is marked by inequalities; if you're dependent on the public healthcare system, you are far less likely to get the care, diagnosis, and treatment you need.

Cancer advocacy is targeting the people who run healthcare systems, whether they are private or public, to try and ensure those systems have the resources to meet all of the need and not just a fraction.

For most of my life, I worked on advocacy for HIV/AIDS and I feel like I have neglected cancer. It almost feels like the advocacy we did around HIV successfully, to get people access to treatment needs to be repeated around cancer to create the same levels of awareness, resources, and care that was built with HIV.

3 Can anyone get involved in advocacy?

The answer is yes. To some extent, everyone should get involved in advocacy. Wherever you are, there is an opportunity for advocacy. If you're a doctor, nurse or healthcare worker and you see areas in the clinic, hospital or practice that could be run better, where there could be better care provided, more sensitivity, then there is space for advocacy.

If you're a person living with cancer, there is a space for advocacy in your community for better understanding, side by side other people, for better access to diagnosis and treatment.

We need to demystify advocacy; advocacy is not something for specialists or people like me. Advocacy is about the steps and the measures we do to try and better our own lives and the lives of people around us.

For me, advocacy is integral to community and cohesive society.

4 What is the current state of cancer advocacy in SA?

It's growing stronger. We have organisations like Cancer Alliance which are uniting many different stakeholders and seeking to give a voice to the broad cancer community. This advocacy involves talking more to the government and putting pressure on them to improve cancer services. It also involves talking to all the people in the community.

As a board member of Cancer Alliance, I feel the organisation is growing in stature and importance. But with that said, we need to do more. There are people living with cancer or may be undiagnosed who feel isolated, unsupported, and discriminated against and we have to become a voice for all of those people.

When we talk about *One Voice* in the cancer community, it means gathering many voices, people working in many areas, and combining the many small voices into one large, effective, loud, well-informed, persuasive voice that can make a difference and bring about improvement.

5 What is needed to improve cancer advocacy in SA?

The biggest thing that is holding cancer advocacy back in SA is the lack of funding to allow organisations to carry out advocacy and activism, to build bridges between each other, to go into communities and advocate for cancer awareness.

Fear and stigma are also barriers. As with HIV, there's a certain point where you reach a critical mass, you've spoken long enough, loudly enough, and to enough people who have been persuaded that we begin to get a response to cancer that matches the challenges we face. But as we sit here today, that is not the case. There is a lot of work to be done, and I would urge every person and organisations to have a discussion on what they can do to advocate; start working today. [▶](#)

MEET THE EXPERT



Mark Heywood is a human rights and social justice activist. He co-founded SECTION27, Treatment Action Campaign, ARASA, Corruption Watch and Save South Africa. Mark stepped down from SECTION27 in 2019 and was the founding co-editor of *Maverick Citizen* from 2019 to 2024. Recently he founded The Justice and Activism Hub.

Latissimus dorsi skin and muscle flap explained

Dr Johan van Heerden details the breast reconstruction technique: latissimus dorsi skin and muscle flap.

History of latissimus dorsi skin and muscle flap

The latissimus dorsi skin and muscle flap (LDF) was originally described in 1906 by Iginio Tansini. It fell from favour but was rediscovered in 1970 and until today remains a very useful source of autologous (obtained from your own body) tissue for various reconstructive needs.

Why use LDF in breast reconstruction?

Flaps were and will always be part of the armamentarium of breast reconstruction. The LDF not only is very close to the breast region, but it is also a flap that can supply well vascularised muscle, skin and fat, which can all be exploited to improve the vascularity, skin coverage, and volume in breast reconstruction.

LDF can be used on its own or in combination with expanders or implants. It's not necessary to use the LDF in every patient, but when skin coverage or blood supply is compromised to the breast area, the LDF is a reliable lifeboat to use.

Specific scenarios

With lumpectomies (removal of tumour and breast tissue), the resulting volume loss can be replaced with the LDF, and in the modern era, there are multiple variations like perforator skin and fat LDF, that can be used to replace the volume loss, without the use of implants or expanders.

With mastectomies (removal of tumour, breast tissue, sometimes including the nipple, areola, and lymph nodes) where there is large skin loss or after radiotherapy, the LDF can be used in

combination with expanders or implants to recreate the breast mound.

It's also possible to use this flap in the immediate or delayed setting.

In bilateral mastectomies (removal of both breasts), the flaps can be used from both sides if indicated.

Is there a downside to LDF?

The latissimus dorsi muscle is a large and strong upper limb muscle. The loss is significant, but fortunately the remaining muscles around the shoulder girdle compensates for the loss, and most patients will not recognise the loss of the muscle, except in a few instances where a patient participates in professional sport, like mountaineering or swimming.


The additional donor site pain and sometimes seromas (body fluid accumulation) can add to the morbidity of breast reconstruction surgery. Hospitalisation duration and risk for bleeding may also be increased due to more extensive surgery.

During the procedure, you will need to be turned on your side to elevate the flap, and this adds significant additional theatre time to the procedure.

In conclusion

As always, it's essential to discuss the indications and options with your plastic surgeon during consultation. Remember to ask your surgeon for pre- and post-op photos.

It's my opinion that the LDF should be used for more complicated second stage procedures, and the extent of surgery discussed in detail with the patient.

The LDF is often used in practice and will remain one of the most reliable and predictable sources of autologous tissue to use alone or in combination with implants in specific breast reconstructive scenarios. 

MEET THE EXPERT



Dr Johan van Heerden is a plastic and reconstructive surgeon based at Cintocare Hospital, Pretoria and is part of the multi-disciplinary breast cancer team at Life Groenkloof Hospital. He recently passed the Certificate of Competence in Breast Cancer with The European School of Oncology.



Lymphatic mapping

Erika van der Mescht, a physiotherapist, explains what lymphatic mapping is and how it assists in early intervention of lymphatic disease.

What is lymphatic mapping?

Lymphatic mapping, aka fluoroscopy guided lymphoedema mapping, is one of the latest developments in the diagnostics and treatment of lymphoedema which has been boosted by the help of near-infrared imaging (NIR).

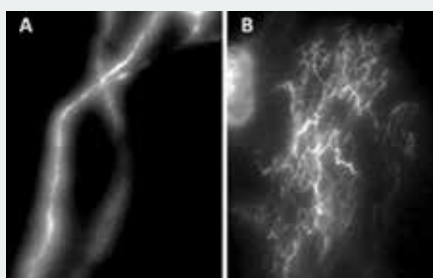
NIR can identify and visualise, in real time, the superficial lymphatic collectors allowing for the observation of dermal rerouting, dermal backflow, and the functional lymphatic pathways. In simple terms, the therapist can view the lymphatic system thereby gaining valuable knowledge of your lymphatic system and find the best drainage pathways for a more effective treatment.

The therapist is now able to perform the best manual lymphatic drainage (MLD) techniques that are specific to you, thereby enhancing and improving the overall results.

Lymphatic mapping is performed using a photodynamic eye as a NIR camera. The photodynamic eye together with Verdyne (ICG) allows the lymphatics to be observed in real time. The ICG is used at 100th of the dose that is used in other surgeries, (angiology and ophthalmology). It's not a new medicine, it's only a much smaller dose of a well-known substance, injected sub-dermally. This procedure is covered by a few medical aids.

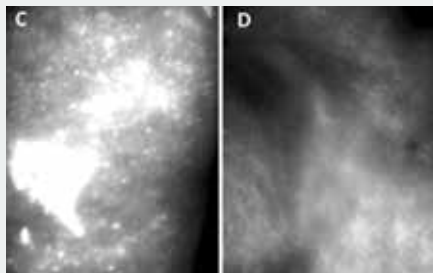
What is seen during the mapping?

We look for normal, healthy valvular flow of the lymphatic vessels and further identify abnormal lymphatic flow patterns.



Healthy vessels

Dermal rerouting



Star dust

Dermal backflow

What are the benefits?

- According to these abnormal lymphatic adaptations, your therapist will adjust your lymph drainage pathways to have more effective treatment.
- The report will guide the therapist of what changes need to be made to get you the most comfortable and effective compression garments if indicated.
- The possibility for lymphatic surgery is assessed and referred if needed.
- The basics of self-lymphatic drainage that your body would benefit from the most will be explained.
- A comprehensive report of the mapping will be given to ensure that any medical professional involved with your care can understand your lymphatic pathways.

The benefits to your medical team

- If you need future surgery, suggestions on what could possibly be done to prevent further damage to the lymphatic system can be given.
- Knowing where the lymphatic vessels are functioning could help the nursing staff understand when and where to avoid procedures like IV treatments, blood pressure assessments, etc.


Better management of lymphatic disease

We now have an improved understanding of the lymphatic pathways and their drainage abilities. Lymphatic mapping has enhanced therapists' technique regarding hand contact positions, movements, and pressure that are most effective in draining the lymphatic pathways.

Early identification of lymphoedema is crucial in the advanced treatment of swelling. Research has found that radiation and certain surgical procedures can result in the development of swelling in the affected areas.

Screening the affected areas before swelling is noticed will give information to optimise treatment early, and is crucial in preventing the long-term and more serious side effects.

A screening programme in cancer patients can recognise the presence of lymphoedema and result in early intervention of lymphoedema. This is done by the means of initial screening directly before and after treatment which can include surgery and/or radiation. These screenings can be repeated as needed depending on what is seen initially for 24 months.

Lymphoedema is a chronic condition and early recognition ensures that the symptoms are managed early often before visual changes have occurred. Screening can prevent the deterioration of lymphoedema in the affected area. 

MEET THE EXPERT



Erika van der Mescht has dedicated her physiotherapy career to helping patients with lymphoedema and secondary to cancer physiotherapy needs. She is based in Centurion, Gauteng.

The salty truth

Lailaa Cajee explains why cancer patients should cut back on salt.

Salt is everywhere. It's in your morning toast, your favourite crisps, and that emergency pack of soup in the cupboard. While it adds flavour and is essential for bodily functions, too much salt is like an uninvited guest at your heart's party; it overstays its welcome and causes serious trouble.

For cancer patients, heart health is even more crucial. Your body is already fighting on multiple fronts, and excess sodium can add unnecessary strain.

So, let's talk salt; what it does, how much you need, and how to cut back without losing flavour.

Why is salt a big deal?

Salt (sodium chloride) is the main source of sodium in our diets. Sodium helps muscles move, nerve function, and keeps fluid levels balanced. But too much of it can raise blood pressure, overworking your heart and arteries. Over time, this increases the risk of heart disease, kidney damage, and strokes.

For cancer patients, the risks are even higher. Chemotherapy can already weaken the heart, and studies suggest excess sodium can worsen inflammation – something to avoid when managing cancer-related inflammation.

Salt and South African food

Let's be real, South Africans love their salt. Whether it's biltong, boerewors, magwinya (vetkoek), or atchar, many of our local favourites are packed with sodium. Even everyday foods like bread can contribute up to 25% of your daily salt intake.

A study in *The South African Medical Journal* found that the average South African consumes around 7–8 grams of salt per day. That's double the recommended amount.

How to read food labels

- 5% sodium or less per serving = low sodium (great choice).
- 20% or more per serving = high sodium (better to avoid).

Taking a few seconds to check labels can make a big difference in managing your sodium intake.

MEET THE EXPERT



Lailaa Cajee is a pharmacist with a diploma in nutrition and extensive expertise in oncology. Her career encompasses chemotherapy preparation, patient counselling, and the training of future oncology pharmacists. She has a particular professional focus on the critical role of nutrition in cancer management and recovery, striving to integrate evidence-based nutritional strategies into comprehensive oncology care.

Why cancer patients should care about salt

Cancer and its treatments already put strain on the heart and kidneys. Too much sodium can worsen this by causing:

- High blood pressure
- Fluid retention and swelling
- Increased inflammation

Cutting back on salt can also help manage bloating and discomfort, making you feel better overall.

Six easy ways to cut back on salt without losing flavour

1. Flavour first, salt second

Use fresh herbs, garlic, ginger, lemon juice, or vinegar instead of salt. Spices like cumin, paprika, and chilli flakes add depth without the sodium hit.

2. Watch those sauces

Tomato sauce, soya sauce, and salad dressings are loaded with salt. Opt for low-sodium versions or make your own.

3. Rinse and repeat

Canned foods like beans and vegetables are often preserved with salt. Rinse them under water to remove excess sodium.

4. Reduce salt gradually

If you cut back slowly, your taste buds will adjust, and you won't even miss the extra salt after a few weeks.

5. Ditch processed foods

Chips, frozen meals, and processed meats are some of the worst offenders. Stick to fresh whole foods as much as possible.

6. DIY snacks

Instead of reaching for salty chips, try unsalted nuts, fresh fruit, or homemade popcorn with herbs instead of salt.

Final thoughts

Small dietary changes can make a big impact. For cancer patients, protecting your heart can be just as important as fighting the disease.

Being mindful of your salt intake doesn't mean giving up on flavour—it's about making smarter choices that support your health. With a few simple swaps, you can enjoy delicious meals while looking after your heart. Your body will feel the difference. 🧂

How much is too much?

The World Health Organization (WHO) and the American Heart Association (AHA) recommend:

- 2,300mg (1 teaspoon) per day for the general population.
- 1,500mg (¾ teaspoon) per day for people at risk, including cancer patients.

Yoga therapy: proven support for cancer recovery

Ann Stewart highlights the research of how yoga therapy aids in cancer recovery.

When faced with cancer, many patients may wonder what they can do to help their bodies heal and cope with treatment. The answer is yoga therapy.

Unlike conventional exercise, yoga therapy is gentle, adaptable, and deeply restorative. It's not about pushing limits but meeting your body where it is. Through mindful movement, breathwork and guided relaxation, yoga therapy supports your whole being (body, mind and spirit) in a way that traditional workouts cannot.

Yoga therapy is more than just movement; it's a powerful tool for healing, resilience, and self-care. It guides you toward greater peace, energy, and strength, one breath at a time.

Why yoga therapy stands out

Most forms of exercise focus on building strength and endurance, which can be overwhelming during cancer treatment. Yoga therapy, however, prioritises nervous system regulation, deep healing, and mindful movement, making it accessible even on the most challenging days.

A study conducted by the University of Cincinnati Cancer Center found that yoga therapy can reduce cancer-related fatigue by up to 37%. Additionally, research published by the Society for Integrative Oncology highlights yoga as a recommended complementary

therapy for improving sleep quality and reducing stress hormones in cancer patients. More importantly, it provides a sense of control, a way to reconnect with your body and emotions in a safe, compassionate space.

Managing cancer-related fatigue

Fatigue is more than just feeling tired, it's a profound exhaustion that doesn't improve with rest. Yoga therapy helps by gently increasing circulation, supporting lymphatic flow, easing muscle stiffness, and making daily activities more manageable.

Movements are personalised to your needs; simple breath-linked stretches in bed or gentle chair-based postures. The goal isn't to work harder but to replenish energy without strain.

Emotional resilience: more than just coping

Cancer can affect mental health, and stress can negatively impact healing. Yoga therapy offers proven tools to shift the body from fight-or-flight mode into a state of deep rest and recovery. Simple techniques, like diaphragmatic breathing and yoga nidra (guided

relaxation), help reduce anxiety and improve emotional resilience.

Through one-on-one or small-group sessions, you can be guided through personalised practices that make you feel supported, seen, and empowered in your healing journey.

Beyond stress relief: the deeper healing of yoga therapy

Unlike standard relaxation techniques, yoga therapy is scientifically designed to engage the parasympathetic nervous system, the body's natural healing state. With consistent practise, it can:

- Lower stress hormones, reducing inflammation.
- Enhance oxygen flow, improving overall vitality.
- Improve digestion and immune function, supporting overall well-being.

Getting started

If you're curious to experience the benefits of yoga therapy through cancer recovery, reach out today to explore how it can support your journey. You'll be enthused by the experience and really encouraged by the results. 🧘‍♀️



Yoga therapy can reduce cancer-related fatigue by up to 37%

MEET THE EXPERT



Ann Stewart is a certified yoga therapist (C-IAYT) based in Johannesburg, Gauteng and the founder of The Institute of Integrated Wellbeing (instituteofwellbeing.co.za). Her training allows to combine evidence-based movement, breathwork, and relaxation techniques to support cancer patients, survivors, and their families.

2025 WEBINARS

Join our monthly webinars with breast cancer specialist Prof Carol-Ann Benn and leading healthcare experts.

Each session explores essential topics tailored for breast cancer patients, providing insights, guidance, and support.

Don't miss this opportunity to stay informed and empowered on your journey.



[Visit mybreast.org.za/webinars/](https://mybreast.org.za/webinars/)

BOSOM BUDDIES SUPPORT GROUP DATES 2025

10 MAY	30 AUGUST
21 JUNE	11 OCTOBER
19 JULY	22 NOVEMBER

Join us for our support group meetings, where breast cancer patients, their friends and families have an opportunity to mix with other patients and survivors, as well as to listen to talks on issues related to breast cancer.

Venue: 18 Dorbie Street, Auckland Park
Netcare Rehabilitation Hospital

Time: 9h30 for 10h00

Info: <https://www.breast.org.za/events/>

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