

# Coping with cancer recurrence

DR TAREQ SALAHUDDIN

Your cancer is back, and so is the shock and fear that came with your first diagnosis. The uncertainties are back, too, and you wonder about more cancer treatment and about your future. The distress you feel is normal — some say the second cancer diagnosis can be more distressing than the first.

## What is a cancer recurrence?

When cancer returns after a period of remission, it is considered a recurrence. A cancer recurrence happens because, in spite of the best efforts to rid you of your cancer, some cells from your cancer were left behind. These cells could be in the same place where your cancer first originated, or they could be in another part of your body. These cancer cells may have been dormant for a period of time, but eventually they continued to multiply, resulting in the reappearance of the cancer.

A cancer recurrence means it is the same cancer coming back after some period of time. In rare cases you may be diagnosed with a new cancer that is completely unrelated to your first cancer. This is referred to as a second primary cancer.

## Where does cancer recur?

Your cancer can recur in the same place it was originally located, or it can migrate to other parts of your

body. Recurrence is divided into three categories:

**Local recurrence:** This means the cancer reappears in the same place it was first found, or very close by. The cancer has not spread to the lymph nodes or other parts of the body.

**Regional recurrence:** This means a regional recurrence occurs in the lymph nodes and tissue located in the vicinity of your original cancer.

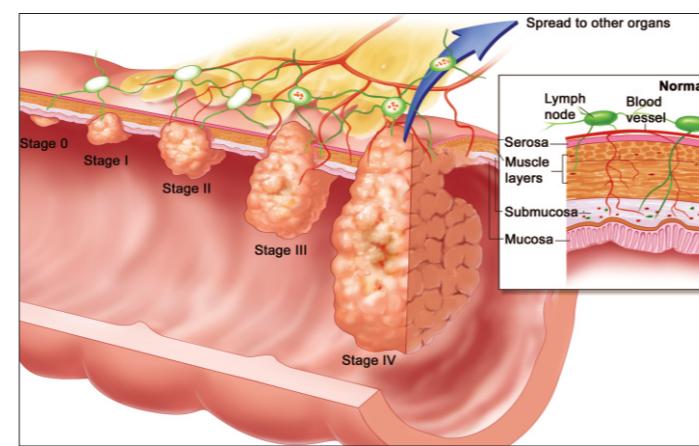
**Distant recurrence:** This refers to cancer that has spread (metastasized) to areas farther away from where your cancer was first located.

Where your cancer recurs depends on your original cancer type and stage. Some cancer types commonly recur in specific areas.

## How are cancer recurrences diagnosed?

Cancer recurrences are diagnosed just like any other cancer. Your doctor might suspect a cancer recurrence based on certain tests, or you might suspect a recurrence based on your signs and symptoms.

Watching for a cancer recurrence is often very different from screening for the original cancer. And the goals of the two are different. For most forms of cancer, a local recurrence may still be curable, so early detection of a local recurrence is very important. For most cancers, a recurrence at a site distant from where the cancer first began means the chance of



cure is not good.

All cancers are different, so it is important to talk with your doctor about what type of cancer you have and what can be done if it recurs at a distance. This can guide what tests you undergo during routine checkups after your initial treatment.

## Can cancer recurrences be treated?

Many gains have been made in the treatment of cancer. In many cases, local and regional recurrences can be cured. Even when a cure is not possible, treatment may shrink your cancer to slow its growth. This can relieve pain and other symptoms, and it may help you live longer.

Consider what you hope to accomplish and what side effects you are willing to endure. Your

doctor will also take into account what types of treatment you had previously and how your body responded to those treatments.

## How to cope with a cancer recurrence

A cancer recurrence brings back many of the same emotions you felt when you were first diagnosed with cancer. Just because you have dealt with these feelings before does not mean they are any easier to deal with this time. Common emotions include:

**Anger:** It is very common and reasonable to be angry that your cancer has returned. You might even be angry with your doctor for not stopping your cancer the first time. Or you might wonder why you put up with the side effects of your original treatment, just to have the cancer recur anyway. But you and your doctor made treatment choices based on the information available at that time. Seeking a second opinion may help you to better understand your choices.

**Fatigue:** It is normal to feel like you cannot deal with cancer again. Whether it is the side effects of treatment you are dreading or having to tell your friends and family that your cancer is back, you have done it before. Take heart in the fact that you were able to do it the first time, even though you might have doubted yourself back then.

All of these feelings are normal, but that does not mean you cannot do anything about them. Start by thinking back to your first cancer experience. The same coping mechanisms you used then are likely to work now. Whether it was a best friend, a family member or a support group you turned to, you know that that person or group provides good emotional support.

You have other advantages this time around. Rely on these to help you cope. For example:

**You know more now:** Knowing more about cancer and your treatment options can help reduce your anxiety. Think about how much you knew about cancer at your first diagnosis. Compare this to what you know now, such as what treatment involves and what side effects to expect.

**You have built relationships:** You have worked closely with your doctor, and you know your way around the hospital or clinic. This can make you feel more comfortable.

**You have done this before:** Based on your first experience with cancer, you know what is best for you during this time. Whether you needed some time alone or preferred having someone nearby, you can draw on your past experiences to plan ahead.

Use these past experiences to your advantage. They can help you feel more in control when making decisions about your treatment. And do not be afraid to express your feelings to your doctor. The conversation that results can give you a better understanding of your situation, and it can help you make treatment decisions.

gious conference provides a unique forum for the interaction of science, community and leadership, and strengthens an evidence-based policy and programmatic response to the AIDS epidemic. It brings together individuals and organizations from around the world to address current issues in HIV basic, clinical and prevention science. The conferences also provide an opportunity to intensify political and financial commitments to AIDS, and include the largest international conference scholarship programme in HIV/AIDS. This conference will be concluded on 25th of this month.

## Did You Know



## Trimming the waist may trim diabetes, heart risks

People who manage to reduce their waistlines may also lower their risk for diabetes and heart disease, a study suggests.

French researchers found that men and women whose waistlines expanded by 3 inches or more over nine years were at increased risk of developing metabolic syndrome — a collection of risk factors, including high blood pressure and unhealthy cholesterol levels, that raise a person's odds of diabetes and heart disease.

In contrast, women who shed just an inch or more from their midsections had a lower risk of developing metabolic syndrome than women whose waistlines stayed the same.

What is more, a slimmed-down middle benefited women who already had metabolic syndrome at the study's outset, the researchers report in the journal *Diabetes Care*.

Compared with women who had metabolic syndrome and an unchanged waistline, those who lost an inch or more were nearly four times more likely to no longer have the

syndrome at the study's close.

Weight loss also benefited men, but the specific effects of a trimmer waist were no longer evident when the researchers factored in changes in body mass index (BMI), a measure of weight in relation to height.

Both BMI and waist size are important in the risks of metabolic syndrome, diabetes and heart disease, said Dr. Beverly Balkau, a researcher at the French national health institute INSERM and the study's lead author.

However, she said, people can be normal weight based on BMI yet have a large waist, and these individuals are at risk of metabolic syndrome.

While an expanding waistline may mean ballooning health risks, it is at least a health indicator that people can easily track, Balkau noted.

Waistbands that feel tighter than they used to are the giveaway.

Source: *Diabetes Care*, July 2007

## Chronic insomnia linked to depression, anxiety

For some people, chronic insomnia may be a sign of broader mental health problems like depression and anxiety, according to a new study.

In surveys of more than 25,000 Norwegian adults, researchers found that those with chronic insomnia were more likely to also be suffering from depression or an anxiety disorder.

What is more, people who reported insomnia during the first wave of the survey were at increased risk of having an anxiety disorder during the second wave, conducted a decade later.

This, the researchers say, suggests that insomnia may either raise the risk of future anxiety problems, or be a sign that a person is particularly vulnerable to developing anxiety symptoms.

Sleep problems are common in people with depression, anxiety and certain other mental health conditions. But whether insomnia can lead to depression or anxiety is unclear.

To study the question, researchers led by Dr. Dag Neckermann of Haukeland University Hospital in Bergen, Norway, used data from a general health survey that followed 25,130 adults age 20 and older.

Respondents were first surveyed between 1984 and 1986, then again between 1995 and 1997. Anxiety and depression symptoms were

gauged during the second survey, with standard questions used to diagnose the disorders.

In general, the researchers found, people with chronic insomnia during the first survey were more likely to have anxiety disorder symptoms during the second survey — as were respondents who had insomnia during the second survey only.

This suggests that, in some people, insomnia could signal a current anxiety disorder, or be a risk factor for developing anxiety down the road, according to Neckermann's team.

In contrast, there was no evidence that insomnia was a risk factor for future depression. Instead, people with insomnia during the second survey were at heightened risk of current depression — indicating that insomnia and depression commonly co-exist.

The findings, Neckermann told, point to the importance of seeking help for chronic insomnia, as well as being evaluated for any symptoms of depression or an anxiety disorder.

Each of these disorders, the researcher noted, can be treated with non-drug options, like cognitive behavioral therapy.

Source: *Sleep*, July 1, 2007

## Health News

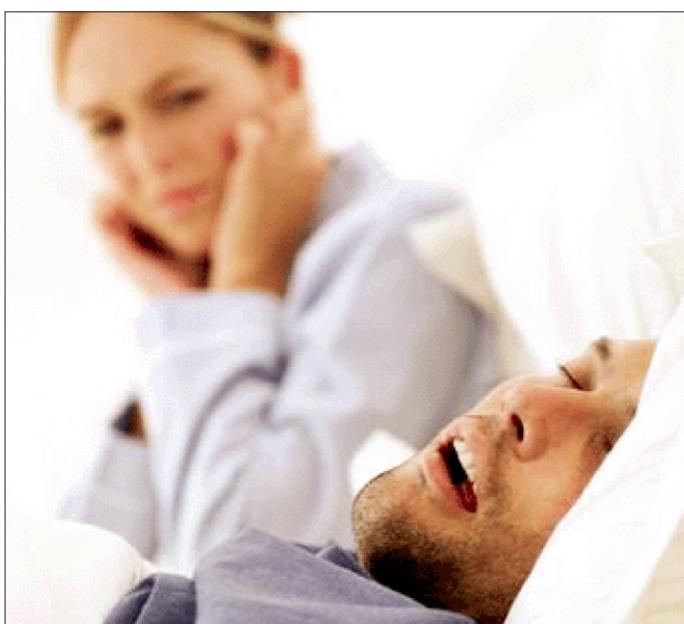
### 4th IAS conference kicks off today

#### STAR HEALTH DESK

With a view to identify gaps, share experience, and increase knowledge and expertise of professionals working in HIV/AIDS, the 4th International AIDS Conference will be convened today in Sydney, Australia.

The International AIDS Society (IAS) and Australasian Society for HIV Medicine (ASHM) jointly organised the Conference, one of largest regular conferences on health issues. This year conference is designed to focus on HIV Pathogenesis, Treatment and Prevention. This presti-

## How to manage the embarrassing snoring



#### STAR HEALTH DESK

Loud and frequent snoring can be more than just a nuisance to your partner. This nighttime annoyance may indicate a serious health condition, and it can disrupt your household and strain your relationships.

Snoring is common. Snoring may be an occasional problem, or it may be habitual. More than one-third of adults snore at least a few nights each week. Snoring occurs when the tissues in your throat relax enough, they vibrate and may partially obstruct your airway and create hoarse or harsh sounds.

To restore peace and quiet as well as domestic harmony, lifestyle changes, such as losing weight or sleeping on your side, can help stop snoring. In addition, surgery is another option that may reduce disruptive snoring in selective cases.

#### What contributes to snoring?

A variety of factors can lead to snoring, including:

Your mouth structure: Having a low, thick soft palate or enlarged tonsils or tissues in the back of your throat can narrow your airway. Any factor causes airflow to be obstructed and vibration may cause snoring.

Alcohol consumption: Snoring also can be brought on by consuming too much alcohol before bed-time. Alcohol acts as a sedative, relaxing throat muscles.

Nasal problems: Chronic nasal congestion or a crooked partition between your nostrils (deviated nasal septum) may be to blame.

Treatment!

The first line of treatment is lifestyle changes, such as losing weight, avoiding alcohol close to bedtime and changing sleeping positions. If lifestyle changes do not eliminate snoring, doctor may suggest:

Oral appliances: Oral appliances are form-fitting dental mouthpieces that help advance the position of your tongue and soft

## Jaundice: Myths still prevail

DR RAJIB HOSSAIN

**Medical science says that dietary restrictions and complete bed rest in jaundice are just a tradition. It delays recovery and have no medical justification. Hygienically prepared high-energy diets with non-vegetarian items can actually speed up your care.**

The twist in the tale is that even after I showed him clear and overwhelming medical evidence that indicates that such dietary restrictions are just a tradition and have no medical justification, he was hesitant to accept it. Such is the power of folklore and entrenched custom.

What is the current wisdom on diet in jaundice? General views concerning bed rest, diet and working capability in viral hepatitis have been evolving over the last 30 years. Yet, many in the medical fraternity, well educated person think otherwise.

#### Why the custom?

The symptoms that characterise jaundice are nausea, listless-

ness, the deep yellow in the whites of eyes and skin and the fact that an important digestive organ, liver, which metabolises fats, carbohydrates and proteins, is affected, causes all these dietary myths to float around.

Anti-inflammatory substances in commonly available foods such as turmeric, works for the liver too. Yet the yellow colour of turmeric is viewed as a potentially aggravating substance for the sufferers.

The food dished out to such patients is colorless (no haldi), flavorless (no fat, no spices) and lacking in essential nutrients, fat and calories. Of course taste is as big a casualty as nutrition.

#### Restricted diet harmful

The restricted diet causes a delayed recovery. Even for a healthy individual, a prolonged zero-fat diet in the form of boiled vegetables and with the all time

favorite radish juice is debilitating enough. Of course, it does make sense to avoid potentially harmful products for the liver, such as alcohol and hepato toxic drugs, but the rest of the restrictions are completely unjustified.

Scientific evidence in the journal *Gastroenterology* says extra calories are needed for recovery of health. The liver cells need nutrients to recover from the inflammation. Poor nutrition only delays recovery and high-energy diets shorten the course of the disease (which is equally true for any other disease condition).

#### Prevention

Avoid raw foods when sanitation and hygiene is suspect.

Drink properly boiled or filtered water.

Consume adequately cooked food as cooking destroys virus.

Patients must wash hand thoroughly to avoid spread by contamination.

#### Treatment

Take plenty of fluids

Stay on normal diet

Avoid exertion

Use supplementary vitamins if recommended by physician

Get symptomatic treatment for nausea/pain in abdomen.

## Facts about blood transfusion safety

DR MANI LAL AICH LITU



and new cells produced by normal physiology of our body. So every three months, you have the opportunity to someone's life by donating blood and can make your blood useful rather destruction.

#### In which conditions we need blood?

In our country, transfusion is most commonly used to support medical and surgical procedures and treatment of conditions mainly for women with complicated pregnancies and also in leukaemia, aplastic anaemia, thalassaemia, sickle cell disease and haemophilia.

More than 529000 women in the world die each year during pregnancy or childbirth, 99 percent of them in developing countries. While the demand for blood is increasing, blood shortages are

common. More blood donors are needed to replace those that are lost every year due to ill health, retirement and relocation.

#### Things to consider

Blood for transfusion should always be screened for HIV, hepatitis B, hepatitis C and syphilis, but in more than 40 countries including Bangladesh, not all donated blood are tested for these infections. Testing is not reliable in everywhere in the country because of constraints of resource, facilities, lack of basic laboratory quality and some other stuffs.

Adequate stocks of safe blood can only be assured by regular donation by voluntary blood donors, because the prevalence of blood-borne infections is lowest among these donors. It is higher among the professional blood donors.

Safe blood transfusion can save lives, but often transfusions are prescribed when simpler, less expensive treatments might be equally effective. This exposes some patients to the needless risk of infections or severe transfusion reactions due to incompatibility of blood groups. Safe clinical transfusion practices are fundamental for transfusion to be truly life-saving with minimal risk.

The writer is an Advisor of Sandhani National Committee.