

# 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:** A regional recurrence occurs in the lymph nodes and tissue located in the vicinity of your original cancer.

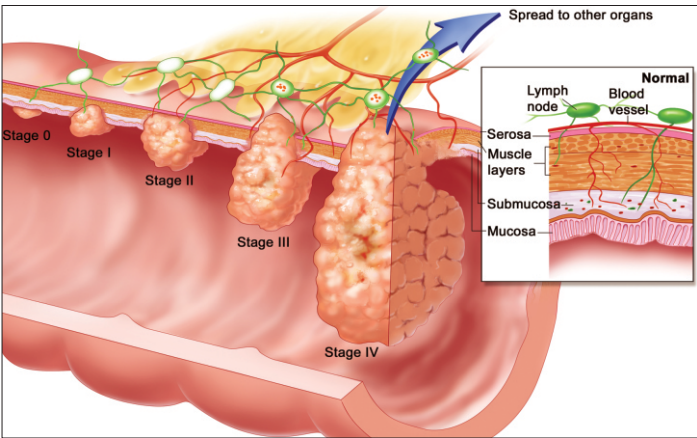
**Distant recurrence:** This refers to cancer that has spread (metastasized) to areas farther away from where your cancer was first located.

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 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:

**Distress:** When you ended treatment for your initial cancer, you slowly started to move on with your life, thinking the cancer was gone. In the weeks, months or years that passed, cancer became less and less a part of your daily life. The shock of having cancer come back after you assumed it

was gone can cause distress — sometimes more so than your first diagnosis did.

**Self doubt:** You may doubt the wisdom of your past treatment decisions or the lifestyle choices you made since your last cancer experience. But you did not cause your recurrence. Do not doubt your judgment as you make decisions about your current cancer treatment.

**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.

## 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-

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. Beverley 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 Neckelmann 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 Neckelmann'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, Neckelmann 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

# 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 one 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 increased may cause snoring.

Alcohol consumption: Snoring also can be brought on by consuming too much alcohol before bedtime. 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. Sleep apnea is also considered an important factor of snoring.

## 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

palate to keep your air passage open. If you choose to use an oral appliance, you should be checked by a dentist at least once every six months during the first year, and then at least annually after that, so he or she can check the fit and assess your current signs and symptoms to be sure that your condition is not worsening.

! Traditional surgery (called uvulopalatopharyngoplasty), Laser surgery, Radio frequency tissue ablation (somnoplasty) Continuous positive airway pressure (CPAP) are the other options of treatment evaluated by the surgeon.

## !Self-care

! To prevent or quiet snoring, try these tips:

! If you are overweight, lose weight. Being overweight is a common cause of snoring. Loose throat tissues are more likely to vibrate as you breathe, and extra bulkiness in the throat narrows your airway.

! Sleep on your side. Lying on your back allows your tongue to fall backward into your throat, narrowing your airway and partially obstructing airflow.

! Nasal strips. Adhesive strips applied to your nose help many people increase the area of their nasal passage, enhancing their breathing.

! Don't use an oral or spray decongestant for more than three days in a row for acute congestion unless directed to do so by your doctor.

! Limit or avoid alcohol and sedatives. Avoid drinking alcohol at least four hours before bedtime, and let your doctor know about your snoring before taking sedatives or hypnotics. Sedatives and hypnotics (sleeping pills) and alcohol depress your central nervous system, causing excessive relaxation of muscles, including the tissues in your throat. In addition, if you stop breathing due to obstructive sleep apnea, it may take longer for you to begin breathing again because alcohol, sedatives and hypnotics blunt the brain's ability to arouse from sleep.

# Jaundice: Myths still prevail

MD RAJIB HOSSAIN

A well-educated executive of a leading private company in Dhaka, who was also the former debate champion, was greatly scared of jaundice. It was not the discomfort of the condition that he minded. It was rather the restrictions on his diet that he abhorred.

Of course, he was perfectly justified. During his illness and long after he had recovered, he was condemned to a zero fat, boiled, colourless (no Haldi) curry without spice and bland vegetarian diet.

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-

# 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.

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.

## What should be eaten?

A well-balanced, hygienically prepared diet is what is required for this condition. Meals should be small but taken frequently.

Nausea is a common symptom in the early phase of viral hepatitis. During this period it is advisable to avoid strong flavors as this could precipitate nausea.

There is absolutely no taboo in eating non-vegetarian food too, provided it is cooked adequately and hygienically.

## 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

# Facts about blood transfusion safety

DR MANI LAL AICH LITU

... Blood is the most precious gift that anyone can give to another person — the gift of life. Every second, every day, someone in the world needs a blood transfusion to survive. A decision to donate your blood can save a life.

There is a constant need for a regular supply of blood because blood can be stored only for a limited period of time before use. Regular blood donation by sufficient number of healthy people is needed to ensure that blood will always be available whenever and wherever it is needed.

There are some diseases like thalassaemia, haemophilia where regular blood transfusion is mandatory for the patients. They are constantly in need of blood.

## What happens when blood is donated?

Safe blood saves life. Whether it is the first time you give blood or you are a regular donor, the blood service must make sure that you come with no harm for the person who receives it.

Before you give blood, you should be checked properly including your medical history, any medication you are taking and about your current health status and lifestyle. These questions will be asked only to safeguard your own health and the health of the person receiving



your blood.

Donating blood is very simple which usually takes only about 10 minutes to donate blood. After taking rest for 10 to 15 minutes you will be able to return to your normal activities, although you should avoid strenuous activity for the rest of the day. You should drink plenty of fluids over the next 24 hours.

## Does it hurt or harmful?

Just squeeze the inside of your elbow tightly and you will get a quick idea of what the needle feels like. All you should feel is a gentle pressure, but no pain. Blood donation is very safe and any discomfort or problem during or after donating is very uncommon.

It is notable that giving blood does not make you weak. Blood cells are destroyed after 120 days cycle

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 per cent 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.