CANCER IN THE ELDERLY - TO TREAT OR NOT TO TREAT?
CANCER IN THE ELDERLY

DR RAVINDRAN KANESVARAN
Associate Consultant
Department of Medical Oncology, NCCS

Madam L, 85 years old, found a small lump in her breast. She ignored it. She thought it was normal after menopause. Besides it didn’t seem to bother her. Six months later, she noticed the lump had grown and she started to worry. Shy to see a doctor, she went for a traditional massage instead, hoping the lump would disappear. Instead, the lump got bigger and there was blood coming out from the nipple. Alarmed, she went to a doctor and her worst fears were confirmed. She was diagnosed as having locally advanced breast cancer and she was advised to undergo surgery followed by chemotherapy and radiation as part of her treatment. Prior to this diagnosis, she was a very healthy and physically active person who attended aerobics classes! However she and her family felt she was too old to undergo such procedures. Is chronological age alone a good guide to decide on something like this?

TREATMENT FOR CANCER

Treatment for cancer varies, depending on its extent and severity. It takes the following forms: surgery to remove the cancer, chemotherapy by introducing medication into the blood to kill the cancerous cells, radiotherapy for directing radiation to the cancerous tissues, and molecular targeted therapy which are medicines that specifically home in on cancer cells that have a particular marker. Each of these therapies has its list of side effects. These effects may not be as well tolerated in the elderly as compared to the young. It is fears like this that have discouraged many elderly patients from undergoing cancer treatment. The reality is that even amongst the elderly, there is heterogeneity in aging which translates to heterogeneity in terms of their ability to tolerate treatment effects. As such they should not rule themselves out from undergoing treatment based on their age alone. Many other factors should also be taken into consideration.

AN AGING SOCIETY

Singapore is fast becoming an ageing society. By the year 2030, more than 20% of the local population will be considered geriatric based on the World Health Organisation cut off of above 65 years old. There are many implications to having an ageing population, one of it being that more chronic diseases are associated with it. As we age, cardiovascular diseases, stroke and cancer become more common. Four out of five persons aged 65 years and above will have one or more chronic diseases. Once acquired, these chronic conditions can lead to significant morbidity and eventually mortality.

CANCER IN SINGAPORE

Cancer is the leading cause of death in Singapore. Twenty eight people are diagnosed with cancer every day in Singapore. One in four Singaporeans die of cancer. The most common cancer diagnosed in males is colorectal cancer while the commonest cancer afflicting females is breast cancer (Singapore Cancer Registry 2006-2010). Data shows that, as one grows older, the potential for developing cancer increases.

About 60% of malignant (harmful) tumours occur in the age group 65 years and older. Older persons are also 11 times more likely to develop a cancer than persons under the age of 65.

HOW TO ASSESS TREATMENT FITNESS IN THE ELDERLY

Although much progress has been made in the development of newer, more effective therapeutic modalities for cancer, very little of these studies were done in the elderly. As such, little is known on who to treat and how best to treat this large group of cancer patients. Currently, many treatment decisions are based on chronological age and the patient’s performance status (using scales like the Eastern Co-operative Oncology Group (ECOG) functional status scale). Performance status refers to the ability of the patient to mobilise and to perform activities of daily living. This method has time and again shown to be a poor predictor of a cancer patient’s ability to tolerate treatment. Hence, in order to improve on this, oncologists taking the cue from geriatricians have incorporated the use of a comprehensive geriatric assessment (CGA) in their assessment of these patients.

The CGA consists of a number of domains. It typically consists of assessment of a patient’s functional status, co-morbid medical conditions, cognition, psychological state, social support, nutritional status and review of the medications taken by the patient (poly-pharmacy). Each of these individual domains has been shown in many studies to be predictive of survival in elderly cancer patients. In a relatively large study conducted in NCCS two years ago, we found certain factors like age, stage of disease, nutritional status, ECOG performance status, albumin level in the blood and the geriatric depression scale to be predictive of survival. These factors in combination were made into a tool to help survival prediction in cancer patients with rather good accuracy. This study was published in the influential Journal of Clinical Oncology last year.

The use of the CGA has been found not only to better predict survival in elderly cancer patients but also has also shown to predict their toxicity from chemotherapy as well. Again, the use of the CGA has shown that it is important to assess the elderly cancer patient holistically and not merely base their treatment tolerance on age alone.

Unfortunately CGA use in the clinics is limited by a number of factors including its time consuming nature. As such researchers are currently working hard at coming up with shorter and more user friendly versions of this tool. In NCCS, the use of the CGA is still limited to a few select clinics on a research basis. We hope to someday extend this to all our elderly cancer patients.
# SEMINARS / FORUMS / TUMOUR BOARDS / SMC-CME ACTIVITIES
For Medical Professionals

## FEBRUARY 2013

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<thead>
<tr>
<th>Date</th>
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<th>CME Pt</th>
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<tr>
<td>1, 8, 15, 22</td>
<td>5.00 pm</td>
<td>NCSS Tumour Board Meetings</td>
<td>1</td>
<td>V. Kalai / Lim Shufen</td>
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<tr>
<td>6, 13, 20, 27</td>
<td>4.30 pm</td>
<td>Breast Tumour Board Meeting</td>
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<td>5</td>
<td>12.00 pm</td>
<td>Weekly Combined Clinical &amp; Radiology Reviews</td>
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<td>Low Peak Wah / V Kalai</td>
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<td>5, 19, 26</td>
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EFFECTIVE TREATMENT IN A FRACTION OF THE TIME

To enable patients to have better control of breast cancer, it is common practice for patients to receive radiation therapy after surgery. The treatment has just been made easier for our patients when NCCS launched intra-operative radiation therapy or IORT last month.

VERONICA LEE tells you more.

In managing breast cancer, patients can choose to have a mastectomy or breast conserving surgery with equally good control of the patient’s cancer. Even though breast conserving surgery involves removing only the part of the breast with the tumour and a rim of normal tissue, followed by radiation treatment that can take up to six weeks, many patients still choose to have a mastectomy as they were afraid that the cancer would recur and they don’t like the inconvenience of radiotherapy.

Indeed, according to Dr Wong Fuh Yong, radiation oncologist at NCCS, recurrence can occur in about one-third of patients. However, what is not known to many is that recurrences often happen only in the region of the original tumour and occurances in the same breast may not necessarily be a true “recurrence”, but instead a new cancer that is not related to the original cancer. Trials conducted in this area also suggested that the rate of cancers development does not improve even when radiation treatment is given to the whole breast-and only the region near the original tumour will respond to post-operative radiation treatment.

The findings paved a new way in how our oncologists can treat patients more efficiently and provide partial breast irradiation since whole breast irradiation is not always needed and normal organs around the tumour site such as skin, lungs, ribs and heart can be spared of irradiation. A smaller dose of radiation is now possible and the treatment duration can be shortened to as low as a fraction of the six weeks needed previously to irradiate the whole breast.

The treatment which is called intraoperative radiation therapy (IORT) involves the use of the IntraBeam® device to irradiate patients during the surgery to remove the tumour. An applicator with a spherical end, of which the size is carefully selected so that it fits snugly against the walls of the excision cavity, is inserted to give the patient the entire course of radiation in one dose. The patient is under anaesthesia while the dose is administered thus sparing her of any inconvenience and discomfort that she may sometimes experience if radiation therapy was administered conventionally.

While the benefits from the new technique are obvious, not all breast cancer patients will be suitable for such a procedure. Dr Wong said: “Patients with high risk diseases such as large tumours, lymph nodes with cancer or were diagnosed at a younger age are less suitable as the risks in more distant disease in the breast are higher and such a technique may not be adequate to address them. Suitable patients are selected based on the stage of their cancer and how aggressive the cancer is. These patients must also have node negative cancer.” Although the treatment now seems to be suitable for women who are 50 years old and above, Dr Wong revealed that a study is ongoing to explore the use of IORT in younger patients.

NCCS, which sees close to 1,300 breast cancer patients annually, had treated 11 patients successfully since piloting the treatment as a trial in June 2012. The patients have coped well and experienced minimal side effects.

NEW APPROACH IN PROVIDING HOLISTIC CARE FOR CANCER PATIENTS

A new dimension has been added to the meaning of cancer care for NCCS patients. Instead of just the norm of doctors and nurses doing their rounds to meet the patients, the medical team now includes the allied professionals.

These allied staff will include speech therapists, dietitians, physiotherapists, clinical psychologists, wound care nurses and medical social workers coming together to offer the patient a true measure of comprehensive care. This multi-disciplinary round was initiated by the Head and Neck Service for its in-patients in Singapore General Hospital.

Called the “quality of life team”, they joined the doctors and nurses each morning on their ward rounds to listen to the needs of the patients and offer their input and expertise where appropriate. The term ‘QOL round’ is apt as it emphasizes the importance of holistic care in the management of cancer patients.

The weekly round takes place every Tuesday at 0845 hr and usually lasts for about an hour, during which the entire team will go from bed to bed where the condition of each patient will be discussed in detail. Typically, the medical team will summarise the patient’s medical conditions followed by inputs from the various allied health professionals in their respective fields of expertise. The management plan of the patient is then reviewed, taking into consideration fresh insights provided by members of the QOL team.

The new format was introduced in Feb 2012 because of the increased awareness of the multi-faceted needs of patients receiving treatment for Head and Neck Cancer. These patients often require complex major surgery which may carry significant morbidity and in some cases complications may arise that leads to prolonged hospitalisation.

In addition, major surgery for head and neck cancer may alter the physical appearance or may result in the loss of or impairment of important function such as speech and swallowing. The clinical psychologist and social worker help these patients cope with psychosocial issues that are often under-diagnosed by the medical staff.

The expert care provided by allied staff are invaluable as they ensure that these patients receive the best possible holistic treatment that will increase the chances of full recovery and minimise possible complications. The presence of wound care nurses ensures that wound complications are swiftly dealt with by dedicated staff with specialised skills. All the above play a critical role to facilitate a smooth post-op recovery and potentially shorten the length of stay.

“We believe that integrating auxiliary care teams into regular clinical rounds will ensure best treatment outcome for our head and neck cancer patients,” explained Dr Tan Hiang Khoon, Senior Consultant, Department of Surgical Oncology from NCCS. It is noteworthy that this new initiative was first suggested by members of the speech therapist team who first expressed the wish to join the doctors for their morning round so that they can better understand the medical plans for their patients. The initial experience with the speech therapist was so mutually beneficial and educational that they decided to invite all the other allied staff to participate.”

He said that ever-reliance on the clinician to provide the treatment plan may not be in the best interest of patients.

“It is an enriching experience to learn from all the other auxiliary care professionals. As clinicians, we come up with patient management plans based on medical knowledge. Increasingly, growing emphasis is placed on the overall well-being of patients apart from just ensuring their survival.

“We tend to overlook the non-clinical profile of patients or how they would respond to the prescribed treatment psychologically and socially. This may affect the patients as their specific needs are not met and their quality of life suffers.”

Dr Tan believes the new approach places greater focus on patients’ preferences and needs. “Professionals in their respective fields share information about a patient’s medical conditions, physiological and social needs and preferences, support network and even financial status. It reminded us all that the care for a patient is more than just the treatment of his illness.”

“We are thus more empowered to provide a plan that addresses the patient’s needs and preferences more holistically. We are able to take a differentiated approach that would provide an enhanced level of care, which translates into greater patient satisfaction that could help in their recovery and overall well-being,” he added.

Ms Tan Yee Pin, NCCS clinical psychologist and medical social worker, who is part of the quality of life team, said that such an approach provides patients and their families with more holistic care: “The approach provides the various healthcare professionals involved with a common platform to discuss and allows a better integration of care among the various disciplines for the benefit of our patients. Information sharing from other disciplines helps us appreciate the various facets that can impact the patient’s well-being. Mutually beneficially, we hope to provide better care for our patients and their families.”

BY VERONICA LEE
Singapore is experiencing a rapidly aging population. By year 2030, the number of its residents aged 65 and above will increase to 900,000 from the current 300,000. Aging is linked to a higher risk of cancer. In the USA, more than 60% of cancer cases were found in persons aged 65 and above.

TREATMENT OPTIONS IN ELDERLY PERSONS WITH CANCER

The treatment plan for cancer in an elderly patient depends on the type of cancer, the stage of disease and the general health status of the patient. The goal of treatment may be cure, control of disease, or symptom control for as long as possible. Your doctor may offer surgery, radiation therapy, chemotherapy, hormone therapy, biological therapy, or a combination of a few modalities for cancer treatment.

This article will focus on drug therapy for cancer treatment. Chemotherapy uses drugs that kill cancer cells. Most of the time, it is given by mouth (oral) or injected through a vein (intravenous). Oral chemotherapy medications are usually dispensed to patients to be taken at home. More often than not, intravenous chemotherapy medications are given in a cancer centre or in a hospital by specialist nurses. However, certain intravenous chemotherapy drugs that need to be administered over long hours can be given via a portable infusion pump which can be brought home by patients.

Chemotherapy is usually given in cycles. The interval between each dose is dependent on the type of cancer and medications prescribed.

Side effects of chemotherapy depend on the medication type and the dose prescribed. Besides killing cancer cells, chemotherapy may cause damage to other normal cells that grow rapidly, for example blood cells, hair follicles and oral lining. Common side effects of chemotherapy are:

- Tiredness
- Bruising or bleeding easily
- More prone to infections / fever

CO-EXISTING HEALTH CONDITIONS

Some elderly patients may have other chronic conditions, for example hypertension, diabetes and so on. When dealing with the physical, emotional and social challenges that come with a cancer diagnosis, patients may neglect the care of their other conditions. However, how you manage your chronic condition is closely related to the success of your cancer therapy. Your doctor or healthcare provider can work with you to reduce the risk of interactions between cancer therapy and your chronic medications, aggravation of a chronic condition by the cancer treatment, interruption to cancer treatment due to worsening of chronic condition, and slower recovery after cancer treatment because of other chronic conditions.

SPECIAL CONSIDERATIONS IN ELDERLY PATIENTS

In order to prescribe the most appropriate cancer therapy to you, your doctor may need to understand the following:

- your kidney and liver health;
- your nutritional status;
- your ability to carry out self-care needs;
- your ability to care for tasks that allow independence in the community;
- your physical performance (that is, a measure of mobility, balance and fall risk);
- your other disease conditions and medications (including over-the-counter medications and health supplements) that you are taking;
- your ability to make decisions;
- your psychological status;
- your social support

QUESTIONS TO ASK YOUR DOCTOR BEFORE YOUR TREATMENT STARTS:

- Has the cancer spread? If so, where? What is the stage of the cancer?
- What is the treatment goal? What are the treatment choices? Which do you recommend? Why?
- What are the expected benefits of each kind of treatment?
- What are the risks and possible side effects of each treatment?
- How can side effects be managed?
- What can I do to prepare for treatment?
- How often will I have treatments? How long will treatment last?
- Would a clinical trial be appropriate for me?

USEFUL INFORMATION

CANCER SCREENING RECOMMENDATIONS

Health Promotion Board, Singapore
http://www.hpb.gov.sg

CARING FOR ELDERLY PATIENTS

Aging Care.com
http://www.agingcare.com

CANCER IN OLDER ADULTS

Cancer.net
http://www.cancer.net/coping/age-specific-information/cancer-older-adults

REFERENCES:


年长癌症病患的治疗方案

年长癌症病患的治疗方案，须视癌症类型、癌病阶段及病患整体健康状况而定。治疗目标可以是治愈、控制病情或尽可能控制症状。医生可能建议进行手术、放疗、化疗、激素治疗、生物治疗，或结合几种治疗方式。

本文将着重于癌症的药物治疗方案。

化疗使用可杀死癌细胞的药物。这些药物多数时候，它是通过口服或静脉注射。一般上，口服化疗药物是让病患在家服用的。静脉注射则通常是由专科护士在癌症中心或医院里执行。不过，某些需要长时间注射的静脉注射化疗药物，可通过便携式输液泵注射入体内，所以病患可以带回家进行化疗。

化疗一般按周期计算，化疗的周期是根据癌症类型和药方而定。

化疗的副作用也因药方种类和剂量的不同而有所差异。除了杀死癌细胞外，化疗也可能损害其他迅速生长的正常细胞，如血液细胞、毛囊及口腔内膜。化疗的常见副作用如下：

- 疲劳
- 容易瘀伤或出血
- 更容易受到感染/发烧
- 食欲不振
- 脱发
- 皮肤问题
- 反胃及呕吐
- 腹泻或便秘
- 口腔或嘴唇溃疡
- 皮肤问题

进行治疗前，应向医生提出以下问题：

- 癌细胞是否已扩散？如有，扩散到哪里？癌症处于哪个阶段？
- 治疗目标是什么？有哪些治疗方案？你建议采用哪个方案？为什么？
- 每个治疗方案的预期效果是什么？
- 每个治疗方案有哪些风险和可能出现的副作用？
- 如何应对副作用？
- 如何为治疗作好准备？
- 我多久需要进行一次治疗？治疗时间多长？
- 我适合进行临床试验吗？

实用信息

癌症检查建议
新加坡保健促进局
http://www.hpb.gov.sg

年长病患的护理
Aging Care.com
http://www.agingcare.com

老年人的癌症
Cancer.net
http://www.cancer.net/coping/age-specific-information/cancer-older-adults

癌症援助热线
新加坡国立癌症中心
www.nccs.com.sg

慢性病患：在治疗癌症的同时，也照顾好其他慢性疾病
Cancer.Net

参考文献：
Salitui MA.《癌症的治疗》[可在线阅读：http://www.agingcare.com/Articles/cancer-treatments-for-the-elderly-116315.htm；最近评估日期：26/10/2012]

OUTREACH – PUBLIC FORUMS & CANCERWISE WORKSHOPS

**Bilingual Public Forum – Role of Traditional Medicine In Cancer Care**
**TOPICS:**
- Overview Of Traditional Medicine
- How it complement conventional cancer treatment
- Potential herb and drug interactions
- Understanding the side effects

**Date, Time, Venue:**
23 February 2013, Saturday
- **MANDARIN SESSION**
  - Time: 9.15am to 10.30am
  - Registration: 9am to 9.30am
  - Peter & Mary Fu Auditorium
  - National Cancer Centre Singapore
  - 11 Hospital Drive, Singapore 169610
- **ENGLISH SESSION**
  - Time: 11.15am to 12.30pm
  - Registration: 11am to 11.15am

**Registration:**
- **FREE ADMISSION**
- Strictly no admission for children below 12 years old. Registration is a MUST as seats are limited.
- **REGISTRATION IS BY PHONE ONLY**
- Please call: 6225 5655 / 6236 9432 / 6236 9447
- Monday to Friday: 9am to 5pm

**Bilingual Public Forum – Colorectal Cancer**
**TOPICS:**
- Anatomy & functions of the colon and rectum
- Common bowel problems
- What is Colorectal Cancer?
- Risk factors & Signs and Symptoms of colorectal cancer
- Early detection & prevention
- Screening & diagnostic procedures
- Treatment options
- New development in Colorectal Cancer

**Date, Time, Venue:**
16 March 2012, Saturday
- **MANDARIN SESSION**
  - Time: 9.15am to 10.30am
  - Registration: 9am to 9.30am
  - Peter & Mary Fu Auditorium
  - National Cancer Centre Singapore
  - 11 Hospital Drive, Singapore 169610
- **ENGLISH SESSION**
  - Time: 11.15am to 12.30pm
  - Registration: 11am to 11.15am

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- **REGISTRATION IS BY PHONE ONLY**
- Please call: 6225 5655 / 6236 9432 / 6236 9447
- Monday to Friday: 9am to 5pm

**CancerWise Workshop – Targeted Therapies In Cancer Treatment**
**TOPICS:**
- What are targeted cancer therapies?
- How do targeted cancer therapies work?
- How are targeted therapies developed?
- What are the targeted therapies available?
- Side effects of targeted therapies

**Date, Time, Venue:**
16 March 2012, Saturday
- Session will be conducted in English.
  - 1pm – Registration
  - 1.30pm to 4pm – Workshop starts
- Function Room, Level 4
- National Cancer Centre Singapore
  - 11 Hospital Drive, Singapore 169610

**Registration:**
- **FREE ADMISSION**
- Strictly no admission for children below 12 years old. Registration is a MUST as seats are limited.
- **REGISTRATION IS BY PHONE ONLY**
- Please call: 6225 5655 / 6236 9432 / 6236 9447
- Monday to Friday: 9am to 5pm

**CancerWise Workshop – Basics Of Cancer Part 1**
**TOPICS:**
- What is cancer?
- How does cancer spread?
- Terms to describe the type of cancer
- What causes cancer?
- Risk, Signs & Symptoms
- Preventive & Screening
- What are Cancer Tumour Markers?
- Common Types of Tumour Markers
- How are Tumour Markers used?
- Can Tumour Markers be used as a screening tool for cancer?
- Types of Screening tests for Men & Women

**Date, Time, Venue:**
13 April 2013, Saturday
- Session will be conducted in English.
  - 1pm – Registration
  - 1.30pm to 4pm – Workshop starts
- Peter & Mary Fu Auditorium
  - National Cancer Centre Singapore
  - 11 Hospital Drive, Singapore 169610

**Registration:**
- **FREE ADMISSION**
- Strictly no admission for children below 12 years old. Registration is a MUST as seats are limited.
- **REGISTRATION IS BY PHONE ONLY**
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The Chinese have a saying “旁观者清”. It means bystanders understand one’s situation more clearly than oneself. Indeed, many of us lead such hectic lifestyles that we often have little time to spare for ourselves. And, in this instance it was a mother who noticed something unusual about a bulge on her daughter’s throat. Catherine Tay, a 27 year-old former sales executive, shares her story.

**THAT WAS A CLOSE SHAVE!**

An her mother’s insistence, Catherine undertook some blood tests. It suggested that she might have a thyroid disease. She was then referred to a surgical oncologist at the National Cancer Centre Singapore (NCCS). Dr Tan Hsiang Khoon found Catherine had not just a thyroid nodule on the right side of her throat. She also had several smaller nodules around the neck region.

Fortunately for early detection, these nodules were still benign, and surgery was not a necessity. To be sure, and taking into consideration her busy lifestyle, Catherine decided to rid herself of the nodules. Between conventional and robotic surgeries, she opted for the latter, which requires only three pin-hole excisions and less scarring.

The three-hour surgery was successful. The post-surgery effect was a hoarse voice, some pain and soreness in the throat. But these side effects were overcome soon enough. Two years on, Catherine’s condition is well-managed. All she needs are annual follow-ups at NCCS, for blood tests and ultrasound scans as routine examinations.

Recounting her experience, Catherine wished she had led a healthier lifestyle. “I was a frequent drinker and smoker due to stress,” she confessed. “Before I knew it, I was developing symptoms of thyroid disease.”

Now Catherine is a changed person. She is cautious about her food choices, and makes an effort to steer clear of carcinogenic substances. She has quit smoking. She avoids hard liquor.

She looks at life with a different perspective. She is grateful for having a caring husband who gave her encouragement during her time of need. Then there is her four-year old daughter whom Catherine is determined to see her through to adulthood. Catherine quit her job and spends time also giving care to her parents.

Her advice to those who may face a similar predicament - stay strong and make the brave and right decision. “Don’t worry,” she said, “Face up to reality; do not make decisions that hurt yourself. Better days are ahead… stay positive.”
MDM LEE SOO CHEE...THROUGH MY EYES...

MS DEBBIE TAN
Senior Executive Community Partnership
Division of Community Outreach and Philanthropy

A famous quote by Confucius (孔子) – “仁者不忧, 智者不惑, 勇者不惧” – enlightens that one who has the compassion is able to return kindness, empathy and forgiveness when negativities fall upon them; one who has the wisdom is able to rise above all the intricacies of mankind and to appreciate what is right from wrong; and one who has the courage is fearless in facing life challenges and is able to brave through all adversities. These are the values that Mdm Lee Soo Chee, an artist and calligrapher, holds close to her heart and inspires her to look ahead.

In April 2004, an acute dengue fever struck Mdm Lee and put her into a deep coma. She woke after more than a week, but was torn by a dilemma between life and death. She had to make a painful decision, that her limbs would have to be amputated in order to live. A perfectionist, who appreciates beauty in life and is manifested by her love for Chinese painting and calligraphy, her loss made her feel that she was imperfect without her limbs – her utmost regret in life.

Mdm Lee is a devout Buddhist. We clicked at first sight, an unexplainable chemistry. She is like a motherly figure to me, but yet there is no generation gap between us. We could talk very comfortably and share our sentiments about the religion. It is her strong belief in her religion and her undying passion for Chinese art that keeps her in one piece and one mind. These are her treasures of life and something that completes her even without her limbs.

As Mdm Lee continued sharing with me her life experiences – her childhood, her family, her appreciation of Chinese painting, I could see the smile on her face and feel the sincerity flowing through her eyes and the soothing calmness emerging through her voice. This is how Mdm Lee exudes her personality as a cheerful, humble and benevolent lady. The most touching part of her story is when she related her history, her family, her appreciation of Chinese painting, and calligraphy that she chose to go through a painstaking process of restoring a prosthetic right limb. I could see that the love for art as being a core motivator and a guiding light that makes her continue fighting for her passion.

Her magnificent strength and positivity in life makes me feel inferior and guilty. The challenges most of us face are nothing compared to hers. Her fighting spirit encompassing her enormous mental strength, her perseverance and willpower to live, and her strong beliefs and values, not limited by her physical incapability, are motivating and empowering to me. I believe it will be so for many other cancer patients and cancer survivors too!

From her support for the cancer cause, many would have thought that Mdm Lee had been affected by cancer, but this is not true. Her affinity with the fight against cancer by giving through her artistic talents began more than a decade ago. She was then a doctor in Singapore General Hospital. She was then seeking opinion for another medical condition with the current NCCS Director, Professor Soo Khee Chee, who was then a doctor in Singapore General Hospital. She was touched by Prof Soo’s caring and his passion in helping patients fight against cancer. The cancer cause soon became part of her philanthropic endeavours.

As Mdm Lee continues pursuing her love for art despite health challenges and physical limitations, she also donates her paintings to the Centre to raise funds for cancer research and for needy cancer patients. “At any given point, it would be a foolishness to think of the world, and of its contents, as if one has no power to influence or determine them, or as if one has no power to form a new one, and to have it, if one so choose, be a better one,” she said. But more impressive is her perseverance to pursue the passion of her life, her love and appreciation for the Chinese painting and calligraphy that she chose to go through a painstaking process of restoring a prosthetic right limb. I could see that the love for art as being a core motivator and a guiding light that makes her continue fighting for her passion.

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10,000 RUNNING FOR HOPE

On 18 November 2012, for the first time, the Run For Hope (RFH), co-organised by NCCS and the Four Seasons Hotel Singapore and Regent Singapore, had its largest turnout of 10,000 runners in its history of running for cancer research. Its first ever city-run at the Padang was officiated by the Minister of Health, Mr Gan Kim Yong, who also participated in the 3.5km family fun run/walk.

In addition to memorable moments from supporting the worthy cause, runners enjoyed the scenic view of Marina Bay as they ran for hope, passing by iconic landmarks such as the Esplanade, Marina Barrage, and Gardens by the Bay (for the 10 km running route). They were also entertained by emcee-volunteers Neil Humphrey, Linda Black, Simon Wong, Steve Lai, Sharda Maxine Harission and comedians Rishi Budhrani and Sharul Channa. Some lucky runners also went home with fabulous hotel-sponsored wins.

Donations to the cause continued via the website and pledges after the run. $433,668.28 was raised to date for NCC Research Fund, breaking previous years’ RFH records, in aid of strengthening NCCS research capabilities and accelerating the speed of research to benefit patients earlier.

“It's such a refreshing change from our previous years - the atmosphere, scenic views, smooth execution and all. Positive feedback echoed in my ears after the run and without any doubt, many from running enthusiasts to first-time runners and walkers are looking forward to sign-up for RFH 2013!” said cancer survivor and RFH ambassador, Ezzy Wang.

Managing Director of Towers Watson Singapore, Mr Robert Wilkes came in first, followed closely by SCDF Commissioner Eric Yap and CEO of Superbrands, Mr Mark Pointer in the Executive Challenge.

Missed signing up last year? Save the date and sign up early for 17 Nov 2013! Visit www.runforhopesingapore.org.sg or fb.com/RunForHopeSG for more.

BUDDIE THE BADGER JOINS YOU IN FIGHTING CANCER

At the RFH, NCCS also introduced a new team member – Buddie the Badger, the NCCS mascot that represents tenacity and fearlessness – to cheer society on in the fight for a cancer-free tomorrow.

In a recent qualitative study with close to 50 cancer survivors, caregivers and members of the public, the importance of collective fighting spirits and having a never-give-up attitude was evident. Amongst the creative concepts presented to boost optimism and public concern in the cancer cause, the idea of a distinctive mascot that represented positivity and tenacity was warmly welcomed especially by survivors and caregivers.

Known to be one of the most tenacious and fearless animal, the small-sized honey badger that takes on fights with larger predators such as lions and bears, symbolises the key attitudes essential in overcoming the dreaded big C. Its family-oriented nature also highlights the realistic need for family and community support.

All ready to pick a fight with cancer, Buddie the Badger will be cheering on NCCS team and all cancer-fighters through various staff and community outreach activities from 2013.

More than 10 senior management executives from large corporations stepped up to RFH’s new Executive Challenge, taking the lead to support RFH.

Supporting the worthy cause can also be in the form of sharing your expertise and time.

Special thanks to:
Creative hotshop, Arcade, for giving time and developing ideas (including the creation of NCCS mascot) with us to promote community engagement in aid of the cancer cause.

All individuals and organisations involved with the Voices of Hope, Lean On You and Run For Hope projects.
The National Cancer Centre Singapore (NCCS) organised an outdoor kite cum picnic event for Breast Cancer Awareness Month (BCAM) 2012 at the Marina Barrage on 3 November.

Kites, a symbol of freedom and emancipation, were used to convey the message of freedom from breast cancer through early detection and prompt treatment. This specially designed concept for the Pink Ribbon Kite is a shocking pink loop on the kite (600cm long x 550cm wide) with two-metre long pink tails stitched to the sides.

The commemorative T-shirts depicted a family running on the grass and flying the pink ribbon kite, as a symbol of the liberation from fear and despair and the joy, happiness and hope that families give to breast cancer survivors.

The event was supported by The Layangman and his team of “Layang Kakis”, the band SEYRA and the 501st Legion Singapore Garrison who came to do their part to bless the participants.

Participants enjoyed the picnic and music amidst breathtaking views of Singapore city.

The event was well attended by some 360 adults and children despite the inclement weather, to celebrate the triumphs of breast cancer survivors and to reflect on those who have lost their battle to the disease.
NCCS STUDIES NEW TECHNOLOGY TO TREAT CANCERS

The National Cancer Centre Singapore will be conducting studies to develop a new technology that can help to treat cancer cells that may be left behind after an operation.

There is always a post-surgery risk that tumour cell residues may remain in the abdominal lining when removing abdominal tumours.

The focus for the research will be on abdominal cancers, starting with advanced ovarian cancer. Prof Soo Khee Chee, NCCS director, said: “Besides the abdominal cavity, there are also other areas in the body which are difficult to target with conventional therapies such as ovarian, gastrointestinal and hepatobiliary cancers.

“Instead of high-dose chemo treatments, if we can significantly kill off microscopic residual tumors using this approach, survival rates would improve and recurrence would be lessened,” said Prof Soo when speaking to the media at the new clinical and laboratory facility under construction at Singapore General Hospital. The facility will be equipped to move directly from preclinical to Phase I work with the same research team.

The Master Research Collaboration Agreement was signed between SingHealth’s Singapore General Hospital, National Cancer Centre Singapore and Australia’s Sirtex Medical Pte Ltd to explore the potential of a new technology called Carbon Cage Nanoparticles. It was signed on 5 December.