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Oncology Buddies®

MY STORY
Louise Abrahams

KNOW YOUR CANCER
Cervical cancer screening

EMOTIONAL CARE
Why your words matter

REAL TALK
Be aware of scams and overpromises

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A simple way to understand clinical trials

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Your guide to cancer care

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

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Cover by:
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WELCOME

by Laurelle Williams

When reading the articles *Why your words matter* by Dr Lizanne Langenhoven, *Be aware of scams and over promises* by René Botha, and *When Christmas hurts* by Bonni Suckling, it reminds me of how fragile we human beings are.

I'm thankful to our contributors for sharing their knowledge, experience, and reminding us to be self-aware, cautious, kind, and forgiving.

Thank you to Louise Abrahams for telling her story *My journey inwards*. Her vulnerability and continued growth through her ongoing cervical cancer journey is to be applauded. It's great news that some laboratories offer self-sampling HPV tests; read more in *Cervical cancer screening*.

Another word of thanks goes to Prof Vernon Louw for his time and insight on the future of haematology in *Bridging the gap*.

Looking back on this year, these words come to mind: an abundance of opportunities, the realisation of never taking your health for granted, and the even bigger revelation of always put your health first, and the excitement for what the future holds.

Thank you, buddies, go well.

Scan the code to listen to our articles or visit *oncologybuddies.com*

30 MY STORY

Louise Abrahams
My journey inwards

Why your words matter

Dr Lizanne Langenhoven touches on an important topic: why your words matter when speaking to someone who has cancer.

It may surprise you to hear that even as an oncologist, someone who talks to people with cancer every day, I don't always know the right thing to say. After nearly a decade of walking this journey with patients, I've learned that every person's experience with cancer is profoundly unique. Their personalities, fears, families, faith…it all shapes the way they cope.

Despite all my training and best intentions, I've gotten it wrong more times than I care to admit. I've said things that landed badly, tried to comfort in ways that missed the mark, and had to apologise for words that caused unintentional hurt. That's the humbling truth: no one gets this perfectly right.

What matters most is that we try. That we speak with kindness, listen with empathy, and forgive ourselves when we stumble.

THE MESSY TRUTH ABOUT TALKING TO SOMEONE WITH CANCER

When someone you love is diagnosed with cancer, it can feel as if the ground beneath you has shifted. You want to help. You want to say the right thing. But often, fear or uncertainty silences you…or worse, you say something that causes pain when you meant to offer comfort.

It helps to remember that the person with cancer is fighting a battle no one can fully understand. Every word you speak has the potential to either soothe or sting. So, before you talk, it's worth pausing to ask yourself: am I saying this for them…or for me?

WHAT NOT TO SAY

Let's start with the phrases that, though often well-meant, tend to hurt more than they help.

- **"My uncle had the same cancer, and he didn't make it."**
  Please don't. People with cancer don't need horror stories…they need hope.
- **"Everything happens for a reason."**
  While meant to comfort, this can feel dismissive of real pain and fear.
- **"Have you tried this miracle cure I read about online?"**
  Endless advice and unproven remedies can confuse and overwhelm someone already drowning in info.
- **"Others have it worse."**
  Suffering is not a competition. Every person's pain deserves validation.

Even silence is better than these. If you can't find the right words, a simple "I don't know what to say, but I'm here" is more powerful than you might imagine.

WHAT TO SAY…AND DO

You don't need perfect words. What you need is presence.

Here are phrases that tend to open hearts rather than close them:

- **"I'm so sorry you're going through this."**
- **"I can't imagine how you feel, but I'm here to listen."**
- **"You're not alone. I'll try to support you in the ways you need."**

It's less about fixing things, and more about witnessing your loved one's journey with love and humility.

Think of it like a wedding: the bride gets to be the centre of attention on her special day. In the same way, anyone with cancer deserves to make their diagnosis about them, it needs to be their story, their way and pace. No upstaging. No competing narratives. No "Crying babies at the ceremony," as a patient once joked.

When we truly centre the person who is ill, we stop trying to make our discomfort go away and start helping their discomfort ease a little.

LISTEN LIKE YOU MEAN IT

One of my patients told her friends she needed warriors in her corner…people who would speak words of power and courage, not fear or confusion.

That's the kind of listener you can be.

When you talk to someone with cancer:

- Listen fully. Don't interrupt, correct, or jump to advice.
- Be present. Maintain gentle eye contact, an open posture, and a calm tone.
- Validate emotions. Say things like, "I can see how hard this is for you."
- Keep promises. If you offer to help, follow through.

Sometimes, the most healing sentence is simply: "I'm here."

BE GENTLE…WITH THEM, AND WITH YOURSELF

You'll say the wrong thing sometimes. We all do. What matters is what you do next. A sincere apology, an open heart, and the willingness to keep showing up matter far more than perfect phrasing.

Deep and meaningful relationships aren't built on perfection…they are built on trust, forgiveness, and authenticity.

Cancer conversations are rarely neat or easy. They're often raw, emotional, and unpredictable. But when you speak with empathy and listen with love, it doesn't really matter if you fumble your words. What matters is that you care, and that you keep caring.

In the end, your presence is the most powerful medicine of all.

MEET THE EXPERT

Dr Lizanne Langenhoven is a clinical and radiation oncologist at Panorama Mediclinic and forms part of a multi-disciplinary unit of excellence in the treatment of breast cancer at the Panorama Centre for Surgical Oncology.

Image by freepik.com

Be aware of scams and over-promises

René Botha gives sound advice on the warning signs of medical scams and overpromises.

A cancer diagnosis leaves patients extremely vulnerable, fearful, and sometimes desperate. These emotions may make patients easy targets for exploitation. There are many legitimate advances in treatment that extend and improve lives, but there is also a darker industry of scams and false promises preying on those who seek hope. It's crucial for patients and their families to be able to identify and avoid these deceptions when navigating treatment.

Scams in cancer treatment take many different forms, from completely fabricated miracle cures to legitimate therapies marketed with exaggerated claims. Some practitioners promote unproven alternative treatments as replacements for evidence-based medicine, while others sell expensive supplements or devices with no scientific backing. The internet has made it easier for fraudulent providers to reach patients, making this even more dangerous.

The financial stakes are huge. Every year cancer patients spend large amounts of money on unproven treatments and products. Beyond the loss of money, these scams carry devastating consequences: delayed or abandoned effective treatment, disease progression, harmful side effects from unregulated products, and the emotional trauma of false hope followed by disappointment.

THE WARNING SIGNS

There are warning signs that should immediately raise suspicion. Be wary of any treatments that claim to be ***miracle cures*** or guarantee success; legitimate medicine recognises that cancer is a complex disease and patients' individual responses vary. Claims that a treatment works for all types of cancer or has no side effects defy medical reality. Unfortunately, every effective cancer treatment carries some risk of adverse effects.

Another hallmark of scams are ***pressure tactics***. Legitimate healthcare providers encourage patients to take time, seek second opinions, and make informed decisions. Scammers often create artificial urgency, claiming limited availability or suggesting that mainstream medicine is deliberately suppressing their so-called breakthrough treatment. Testimonials and anecdotes may be emotionally compelling, but they are not substitutes for peer-reviewed scientific evidence and clinical trials.

Be especially careful of treatments requiring ***large upfront payments***, particularly for treatments that medical aids do not cover. Some legitimate cutting-edge therapies do have medical aid challenges, these would be provided by your primary oncologist, but this is also how many scams operate. Similarly, providers who discourage communication with your primary oncologist or suggest abandoning proven treatments should raise immediate concerns.

Cancer creates a perfect storm of vulnerability: you face your mortality, experience loss of control, and may feel dissatisfied with conventional treatment options, especially when facing limited choices or serious side effects. This psychological terrain is ripe for exploitation by scammers, offering certainty and hope when legitimate medicine can only offer probabilities and honest uncertainty.

ALTERNATIVE VS COMPLEMENTARY THERAPY

Alternative and complementary medicine exist on a spectrum. While some supportive care approaches, such as acupuncture for nausea or meditation for anxiety, have evidence supporting their use alongside conventional treatment, others make unfounded claims about curing the cancer itself. This is a very important distinction.

Maintain open communication with your oncology team to protect yourself. Discuss any alternative treatments you're considering; competent doctors understand patients' desires to explore all options and can provide guidance on safety and potential interactions with standard care.

Verify credentials thoroughly. Check if the practitioners you are consulting are qualified in the relevant specialties and whether they're affiliated with reputable medical institutions. Research treatments through reliable sources like the National Cancer Institute (NCI) or peer-reviewed medical journals rather than testimonial-based websites or social media.

If something sounds too good to be true, it probably is. Cancer research advances steadily, but breakthrough treatments undergo rigorous testing before becoming standard care. Legitimate breakthroughs are published in scientific journals and reported by credible medical news outlets, not only promoted through paid advertisements or social media campaigns.

Cancer treatment requires navigating complex decisions amid uncertainty and fear. While maintaining hope is important, that hope should be grounded in scientific evidence and honest medical counsel.

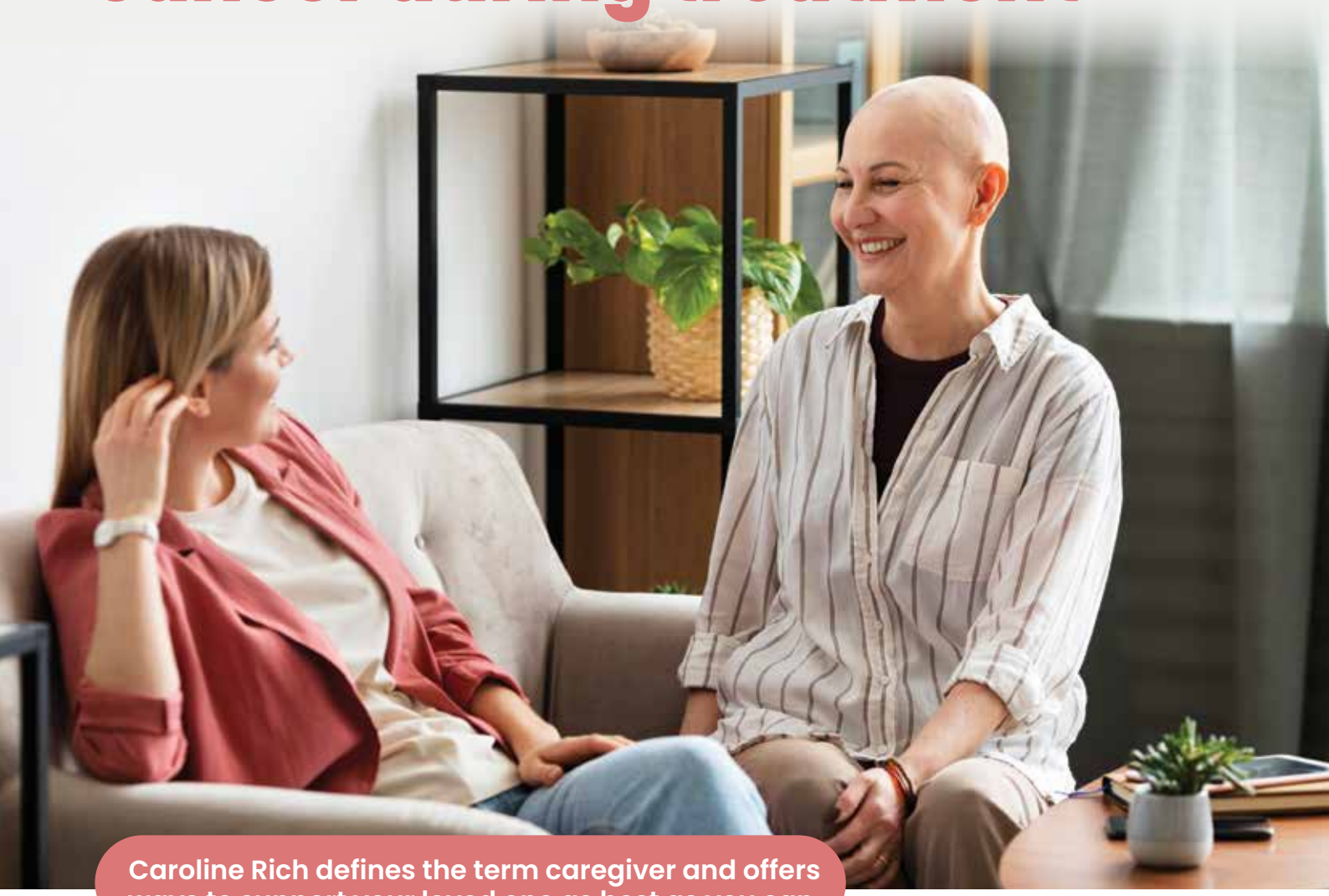
By recognising the warning signs of scams and overpromises, you can protect yourself financially, physically, and emotionally while pursuing treatments that offer genuine benefit. Your oncology team and evidence-based resources are your best allies in this fight.

MEET THE EXPERT

René Botha is a radiotherapist with a special interest in treatment planning. She works in private practice and is based at the Wits University Donald Gordon Medical Centre.

Image by freepik.com

Helping a loved one with cancer during treatment



Caroline Rich defines the term caregiver and offers ways to support your loved one as best as you can.

Your loved one has been diagnosed with cancer, and you want to know what you can do to be supportive and provide the best care for them. This diagnosis can be overwhelming for the loved one, and so too for you as family and friends. The question is: what is the next step? What can I do to help make sure that this person feels supported and take the pressure off them? Also, how do I ensure that I'm strong enough and emotionally available to take on this job? Awareness and knowledge are key to taking on this role.

WHO ARE THE CAREGIVERS?

Caregivers extend beyond the healthcare workers looking after the patient directly. Others can be considered a caregiver or supporter of the patient. Besides family members, close friends can also fulfil this role. Other considered caregivers can be spiritual advisors and members of the community in which the person lives. Essentially, anyone who is close to the patient and wants to get involved and help would be defined as a caregiver.

WHAT IS THE ROLE OF THE CAREGIVER?

A caregiver of a cancer patient plays a critical role in supporting them through their journey. It's advised to gain basic knowledge of the type of cancer and treatments that your loved one will be having. This information needs to come from credible sources (healthcare providers), and not an internet search.

This will help you be more knowledgeable regarding what they may need and what to expect going forward. It's a good idea to identify someone to act as the liaison between all the supporters, the patient, and the healthcare providers. There are many aspects of the treatment that the patient will need to deal with, and each caregiver could play a role in different ways.

EMOTIONAL SUPPORT

Encourage your loved one to be open with you and listen to their fears and concerns. It's good to maintain a positive environment. You may find that it's often difficult to know what to say. Ultimately, the simplest expressions are the most meaningful. Sometimes showing genuine concern and just listening is the best thing you can do. For example, you might say something as follows, "I don't know what to say, but I want you to know I care and am thinking of you or I'm here for you when and if you need me."

It's highly recommended that as the caregiver, you encourage your loved one to see a counsellor who specialises in cancer care. These days, it can often take place online which is more convenient. Even if they don't think they need this help, they may find that it really does help.

PRACTICAL SUPPORT

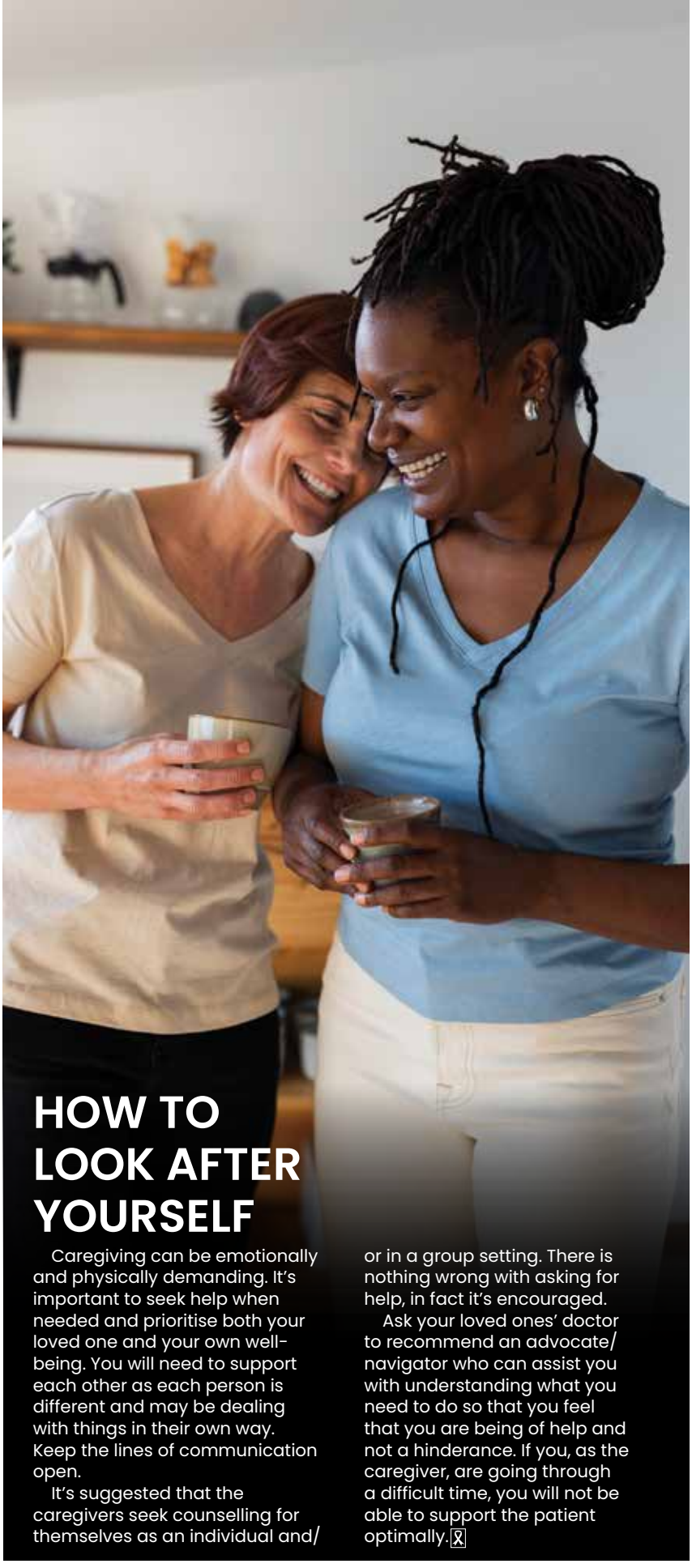
It's a good idea that your loved one jots down questions that they have and make notes during their appointments with the healthcare professionals. Often, they are so worried with what is going on, that they may not remember things being said to them and what questions to ask. Therefore, it's a good idea for you to go with them to these appointments, so you can also make notes. This ensures that the communication of information amongst the caregivers is clear and understood.

Always ask your loved one exactly what they need and what you can do to help to make things easier for them. If you just say that you are there to help, it may be difficult for them to ask for something specific. Some tasks that a caregiver could take on is the day-to-day activities:

- Going to the shops and buying groceries
- Arranging transport
- Looking after children (if relevant)
- Keeping a schedule of appointments,
- Provide pre-cooked meals

Another aspect of how the caregiver can get involved is to assist with medical aid (if your loved one has a medical aid). This becomes a big part of what your loved one is going to go through, and often is the last thing that they want to have to deal with. Find an expert, like a broker, who can co-ordinate this, as it can get quite complicated and frustrating.

In instances that the medical aid won't cover treatments and have declined after motivating, a fundraiser to ensure that the cost of treatment is covered can be set up. *BackaBuddy* is a good platform; this needs to be taken on by one person who would be good at co-ordinating such a campaign.



HOW TO LOOK AFTER YOURSELF

Caregiving can be emotionally and physically demanding. It's important to seek help when needed and prioritise both your loved one and your own well-being. You will need to support each other as each person is different and may be dealing with things in their own way. Keep the lines of communication open.

It's suggested that the caregivers seek counselling for themselves as an individual and/or in a group setting. There is nothing wrong with asking for help, in fact it's encouraged.

Ask your loved ones' doctor to recommend an advocate/navigator who can assist you with understanding what you need to do so that you feel that you are being of help and not a hinderance. If you, as the caregiver, are going through a difficult time, you will not be able to support the patient optimally.

To view reference, visit *oncologybuddies.co.za*

MEET THE EXPERT

Caroline Rich qualified as a radiographer in 1991 and worked in the pharmaceutical industry for 25 years. Her area of expertise became oncology/haematology, and she started working in the NGO space in this field 13 years ago. She now works as a patient advocate, guiding and empowering patients and families through their cancer journey.

Image by freepik.com

The will not to give up

Rex Parsons tells us how thanks to his wife's determination and research, he got further treatment for metastatic melanoma after being told there was nothing more to be done.

Rex Parsons (76) lives in KwaZulu-Natal with his wife, Jean. They have three daughters and two grandsons.

DIAGNOSIS IN 1990

Rex was first diagnosed with malignant melanoma 35 years ago, in 1990, after consulting with a doctor as he had a sore on his back. "The melanoma was removed surgically. I had years of treatment; a self-administered retroviral injection every two days, prescribed by my oncologist," he says.

TWENTY-TWO YEARS LATER

Fast-forward to 22 years later, in March 2012, when after a camping trip, Rex experienced a terrible cough and his wife, Jean, found blood in his hanky.

"We immediately sought medical advice and after an X-ray, I was sent to hospital for scans and a mass was found on my left lung. This was surgically removed with the lower lobe of my lung and I was diagnosed with metastatic melanoma," Rex explains.

Three months later, in June 2012, Jean pleaded with Rex to have a soft tissue scan which he did. Unfortunately, a new mass was found on the upper part of his liver. This was also surgically removed.

Rex started oral chemotherapy and retroviral injections in September 2012. About nine months into this treatment regimen, another scan found a new mass at the back of his liver. This too was surgically removed.

He had CT and PET scans every six months during 2012 to 2015 thereafter once a year until 2024.

NOTHING ELSE TO BE DONE

In 2015, a lesion was found on the heart lining and removed. "I was told chemotherapy wasn't working and there was nothing else they could do. During this time, I also had nodules removed from my oesophagus," Rex says.

A DETERMINED WIFE

Jean was researching cancer treatment and chatting to Rex's sister, who is a doctor in the USA, and they found a trial that was about to start in SA for the drug, ipilimumab, an immunotherapy. They contacted the oncology centre and Rex was one of three advanced melanoma patients to go on this trial from 2015 to 2016.

Rex jokes, "We were known as the million-dollar men by the oncology staff and we called the unit, *our lounge*."

The drug trial was a success and Rex hasn't needed further treatment.

SIDE EFFECTS

Rex explains that his side effects consisted of fatigue, diarrhoea, depression, sore hands and feet, loss of weight, and appetite. "I went from 74kg down to 48kg. Thankfully, I'm now steady at 64kg."

PROSTATE CANCER

In 2023, Rex was diagnosed with prostate cancer. He underwent brachytherapy, radiation as well as hormone therapy and thankfully this cancer is in the all-clear. Though, he still battles with diarrhoea and acid reflux.

SUN SMART

Rex admits when he was young he loved the sun. "I was a young blond boy and today realise the damage I did when sun tanning, using olive oil, and getting badly sunburnt."

Today he tries to stay out of the sun though being a green keeper at a golf course, it's difficult. "I'm kitted out with hats and protective clothing and use sunscreen."

THE WILL TO NOT GIVE UP

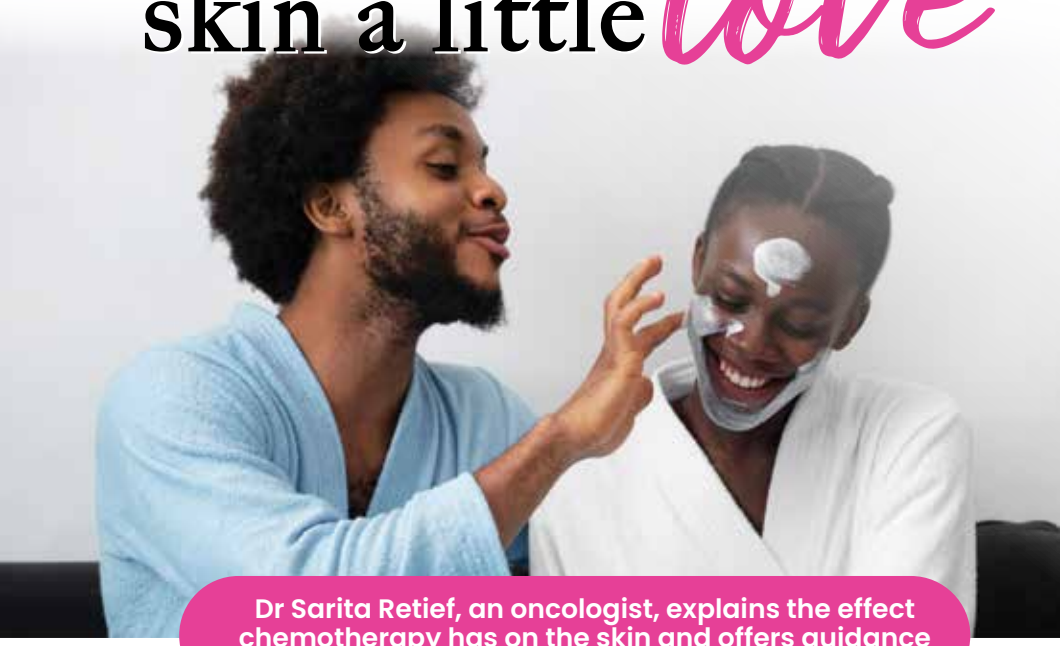
Rex adds that he puts his survival down to the will not to give up, positive mental attitude, the will to survive, and, most of all, his wife's strength and backing throughout all his treatments. "Without Jean I'm sure I would have thrown in the towel."

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*

Image supplied

Give your skin a little *love*



Dr Sarita Retief, an oncologist, explains the effect chemotherapy has on the skin and offers guidance to manage these side effects.

We are so used to regarding our skin only as an object of beauty, going through great efforts in the never-ending quest to look young for as long as possible. But we forget that our skin is the biggest organ and has several other functions.

THE FUNCTIONS OF SKIN

- Protects against micro-organisms, sun, and chemicals.
- Regulates temperature through sweating and constriction of blood vessels. Sweating also excretes waste products.
- Responsible for sensation.
- Produces vitamin D, which is important for calcium absorption and bone health.
- Plays a role in the body's immune system.

All these functions become vital when you are not well, especially if you should go through treatment like chemotherapy. It's therefore of great importance to always keep your skin healthy to be able to function at its best.

HOW DOES CANCER TREATMENT AFFECT YOUR SKIN?

- Your skin can become dryer and prone to itching. This is because cells that produce oils to keep your skin moist are also damaged during treatment.
- Some chemotherapy drugs can cause different types of rashes.
- Your skin becomes more sensitive to sunlight. This increases your risk of sunburn.
- Skin colour can become lighter or darker. This is not dangerous and is reversible when treatment is stopped.
- Nails can also become discoloured, brittle, and develop ridges.
- Some chemotherapy drugs cause hand-foot syndrome. This causes swelling, redness, pain, and even sometimes blisters on the hands and feet.
- Several chemotherapies can damage your sensation. This can be temporary or sometimes more permanent.

TIPS FOR TAKING CARE OF YOUR SKIN DURING CHEMOTHERAPY

- Use a mild fragrance-free moisturiser on your skin several times a day.
- Ensure adequate fluid intake.
- Avoid extreme hot showers and baths that can dry out your skin even more. Rather use lukewarm water.
- Only gently pat your skin dry. Rubbing with a towel can irritate the skin.
- Protect your skin from sunlight by using at least SPF 30 and wearing protective clothing.
- Use only mild fragrance-free soaps and detergents.
- Be aware that your sensation might be less. Be very careful not to damage your skin without noticing it.
- Check your skin, especially your feet, regularly for any damage. Wear soft closed shoes to protect your feet.

Remember that chemotherapy affects skin differently in all patients. It's important to discuss any concerns you have with your treating doctor. It might be necessary to adjust the dosage of your treatment or prescribe specific ointments or medication to help you cope with side effects.

MEET THE EXPERT

Dr Sarita Retief is currently working as a clinical and radiation oncologist at Nelspruit Mediclinic in the private sector. She completed pre- and postgraduate studies at the University of the Free State.

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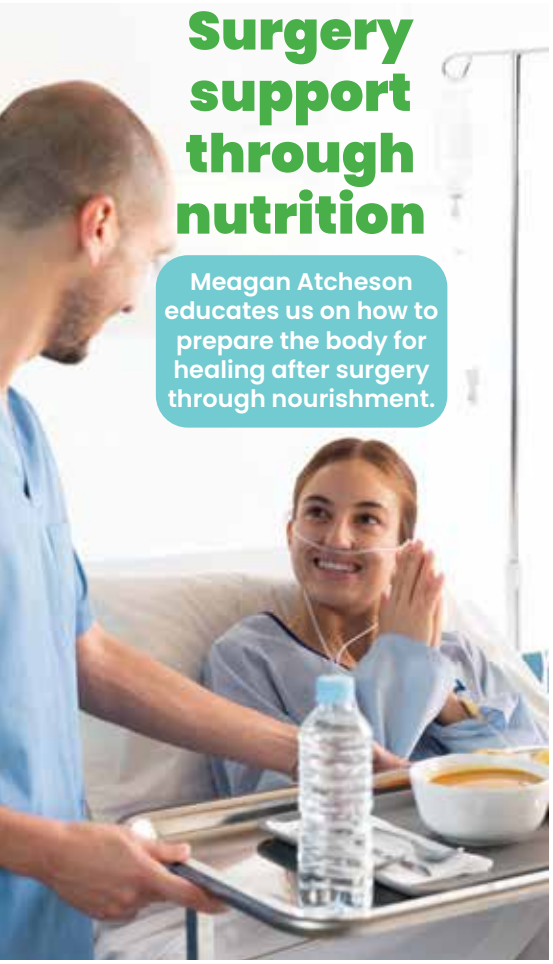
Surgery support through nutrition

Meagan Atcheson educates us on how to prepare the body for healing after surgery through nourishment.



A STRONG FOUNDATION FOR RECOVERY

For many people living with cancer, surgery is an important part of treatment. Whether it's to remove a tumour, take a biopsy, or help relieve symptoms, surgery places extra stress on the body both physically and emotionally.

What you may not realise, however, is that nutrition can make a powerful difference in how well you recover. When you nourish your body with the right nutrients before and after surgery, you give it the tools it needs to fight infection, repair tissue, and regain strength more quickly.

This approach, called peri-operative nutrition, is fast becoming an essential part of cancer care.

WHY NUTRITION MATTERS BEFORE AND AFTER SURGERY

During cancer and its treatments, your body's nutritional needs are higher than usual. Muscle breakdown increases, inflammation rises, and appetite can drop; all of which can make it harder to heal after surgery.

Malnutrition, or simply not getting enough of the right nutrients, can delay wound healing, increase infection risk, and extend recovery time.

By improving your nutrition before surgery and continuing to support your body afterwards, you can strengthen your immune system and feel more resilient through recovery.

WHAT IS IMMUNE-ENHANCING NUTRITION?

Alongside a balanced diet, if preparing for surgery, you may benefit from immune-enhancing oral nutrition supplements. These are specialised drinks designed for people who are malnourished or at risk of poor intake, a common concern in cancer care.

These supplements may contain a unique blend of nutrients like arginine, glutamine, omega-3 fatty acids, and nucleotides. They work together to support your immune system and recovery.

ARGININE: supporting wound healing

Arginine is an amino acid that becomes especially important during recovery. It helps your body make collagen, the protein that closes surgical wounds and repairs tissues.

It also improves blood flow, helping oxygen and nutrients reach healing cells. If you are preparing for cancer surgery, getting enough arginine can support wound healing and reduce post-operative infection risk.

OMEGA-3 FATTY ACIDS: calming inflammation

Omega-3s, the healthy fats found in fish and certain plant oils, help your body manage inflammation.

After surgery, some inflammation is normal, but too much can slow healing. Omega-3s help calm this response, supporting immune balance and potentially helping preserve muscle mass, which is often a concern during cancer treatment.

NUCLEOTIDES: helping cells regenerate

Nucleotides are the small building blocks of DNA and RNA, the materials that make up every cell. When your body is healing, it needs to make new immune and tissue cells quickly, and nucleotides provide the foundation for this process.

Adding nucleotides through nutrition can help your body repair tissues faster and maintain immune strength during recovery.

WHEN EATING ISN'T ENOUGH

After surgery, you might struggle with appetite, taste changes, or fatigue. Even when you're eating small healthy meals, it can be difficult to get enough protein, vitamins, and healing nutrients through food alone.

That's where immune-enhancing oral nutrition supplements come in. These are easy-to-digest, nutrient-rich drinks designed for people recovering from surgery or illness. They provide a balance of protein, healthy fats, and key immune nutrients, such as arginine and omega-3s.

Your healthcare team or dietitian can guide you on how to include these supplements safely in your recovery plan.

SUPPORTING YOUR RECOVERY JOURNEY

Surgery recovery is about more than just physical healing, it's about feeling strong, hopeful, and cared for. Along with your medical treatment, gentle movement, rest, emotional support, and good nutrition is one of the most empowering tools you have.

If you're preparing for cancer surgery, talk to your doctor or dietitian about how to support your body before and after your procedure.

Nutrition is one part of treatment you can control, and every nourishing choice helps you heal from the inside out.

NUTRITION TIPS BEFORE AND AFTER SURGERY

1. **START EARLY.** Begin focusing on nutrition at least 5–7 days before surgery to help your body build reserves.
2. **PRIORITISE PROTEIN.** Include protein-rich foods like eggs, yoghurt, beans, fish, or fortified drinks at each meal.
3. **STAY HYDRATED.** Water, herbal teas, soups, and smoothies help support recovery and hydration.
4. **ASK FOR SUPPORT.** If you're losing weight or struggling to eat, speak to your dietitian about immune-enhancing supplements.
5. **REST AND REFUEL.** Healing requires both nourishment and rest; be kind to your body during recovery.

MEET THE EXPERT

Meagan Atcheson is a registered dietitian specialising in oncology nutrition and complex clinical care. With deep experience working alongside oncology teams, she focuses on maintaining quality of life, managing treatment-related symptoms, and empowering patients through every phase of cancer care with structured yet gentle nutrition guidance.

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USE UNDER MEDICAL SUPERVISION

My journey inwards

Louise Abrahams shares her cervical cancer journey and how she reignited her mind-body connection.

Louise Abrahams lives in Killarney, Gauteng, with her husband and their three children, aged 14, 9, and 7.

Louise's health challenges began in 2016, when a headache was followed by neurological fallout that disrupted her gait, speech, and vision. Investigations found no physical damage to her nervous system. The symptoms were attributed to stress.

Louise accepted this as something she needed to push through. Life's stressors felt unavoidable and she believed the only way forward was to persevere. Looking back now, she reflects that she knew little about stress management then. "Pretending to be okay or sucking it up doesn't qualify as healthy," she says. The dysfunction was episodic, and symptoms would fluctuate with stress.

At the end of 2017, Louise had her third child. She breastfed her daughter throughout her pregnancy and then tandem-fed for six months until she was able to wean her daughter. Her symptoms became severe during breastfeeding, as though her body had a strong aversion to the continued act of giving when she was depleted.

In 2019, her menstrual cycle came back. She bled heavily and felt an unusual tenderness in her abdomen. She was confused by the bright red colour and presence of clots being expelled. Sexual intercourse resulted in bleeding and, eventually, pieces of what she imagines was tumour tissue being loosened and torn away.

"It was terrifying," she recalls, "And even now, the thought of it makes me deeply uncomfortable."

She knew something was wrong. Although she delayed having a Pap smear until March 2019, she eventually made the appointment. She bled significantly during the procedure, and the gynaecologist was kind and gentle but clearly concerned. Louise could sense what was coming.

She had regular Pap smears since the age of 21. Her most recent test had been a year prior, after the birth of her youngest, and had shown no concerns.

FURTHER INVESTIGATION

The Pap smear result confirmed squamous cell carcinoma of the cervix related to HPV 18. Louise had never been diagnosed with HPV before. She reflects, "It's scary that HPV 16 and 18 (cancer-causing strains) are often symptomless and can remain dormant in the body for years."

She remembers feeling embarrassed by the diagnosis, even though her gynae reassured her that almost everyone carries one strain of HPV and that 16 and 18 are commonly and quietly spread. Though meant as consolation, it still felt uncomfortable to share the diagnosis with others.

She was sent for a CT scan and a cone biopsy while waiting to see a gynaecological oncologist. Since she wasn't planning on having more children, a significant portion of her cervix was removed in the hope of achieving clear margins. Unfortunately, results showed no clear margins, and a Wertheim's hysterectomy was recommended. Louise's concern was time away from her children and the sudden end to breastfeeding while she recovered in hospital.

When the CT scan results were reviewed more closely, nodules were identified on her right lung. The tone shifted immediately. A lung biopsy was required; if it confirmed cancer, it would mean Stage 4, and a different treatment plan.

Louise's mother was with her during that consult, and she remembers the tears, fear, and sharp awareness of mortality. The thoracotomy was done through keyhole incisions rather than open chest. It was on a Friday; by Monday, Louise was back at work, determined to save her sick leave for chemotherapy.

"I was trying to be strong and probably quite dissociated from the reality of what this all meant," she says.

Unfortunately, the biopsy confirmed lung metastasis.

CHEMOTHERAPY AND OFF-LABEL MEDICATION

Due to the Stage 4B diagnosis, surgery was no longer beneficial. The cancer was systemic, and a hysterectomy would increase inflammation. Louise began a high-dosage chemotherapy regimen every three weeks. Two weeks after her first session, she lost all her hair. "I felt cross every time I saw a movie with a cancer patient going through chemotherapy who still had eyebrows!" she jokes.

After the first round, she took temporary incapacity leave from work. The forms filled out by nurses included a note about a one-year life expectancy, a procedural detail, but one that brought her to tears.

After the third round, scans showed a stable lung tumour but an advancing primary tumour. The specialist offered her a choice: have a hysterectomy now or begin radiation. Louise was grateful for the choice and opted for the hysterectomy after the fourth chemotherapy treatment.

During this time, Louise began exploring off-label medications that were being studied, in the UK, as part of a metabolic approach to treating cancer. With support from her GP and with her oncologist's permission, she added medications, such as metformin, statins, doxycycline, mebendazole, and celecoxib to her regimen.

She knew this wasn't standard care but felt that the potential risks were minimal given her prognosis.

"It was a personal decision, and I probably wouldn't have taken them if I had an earlier-stage cancer, and definitely not if my oncologist hadn't allowed it," she explains.

After the hysterectomy, scans revealed that the lung had no evidence of disease (NED). Hope began to return. She completed chemotherapy, and radiation was deemed unnecessary. In December 2019, there was officially NED and she scheduled for three-monthly follow-ups.

THE IMPORTANCE OF AGENCY

What Louise found remarkable during treatment was that the neurological symptoms she had been experiencing for years had almost completely disappeared. Initially, she thought they must have been caused by the growing cancer. But when she returned to teaching, in 2020, they resurfaced.

She attributed this to the constant people-pleasing and overstimulation the job required, masking her fatigue and stress. A new fear arose that if she didn't manage her stress response, her risk of recurrence would increase.

After further investigation, she was diagnosed with functional neurological disorder (FND), a psychosomatic brain network disorder. Treatment is focused on building stronger brain-body connection, stress management, and emotional processing. For the first time, Louise began to see her symptoms as communication from her body rather than weaknesses to overcome. She started to honour them as indicators of her needs.

She explains, "Experiencing a chronic illness often leads to a deep sense of disconnection from your body, a feeling that your body has somehow let you down. On top of that, surrendering your body to repeated and often painful testing, filling it with medication, undergoing surgery, and being constantly poked, prodded, and observed can make your body feel like a specimen for fixing."

Later, she came to understand that this sense of disconnection was the very mind-body relationship she needed to repair and care for.

She discovered the importance of boundaries and agency, advocating for and protecting her own well-being as both a priority and a responsibility, not a selfish act.

THE ACT OF CHOOSING HEALING

The following year, 2021, marked the beginning of inward healing. She engaged in talk therapy, was treated for complex post-traumatic stress disorder and severe depression and worked with a physiotherapist. Her team emphasised that recovery from FND required integration of both mind and body.

Louise committed to a consistent yoga practice and, later in 2021, discovered Tension and Trauma Release Exercises (TRE) and neurogenic tremoring. It was a pivotal moment. The tremors felt cathartic, as if her body was finally expressing something it had been holding for years.

Reflecting on her journey, Louise says, "Autonomy and agency are essential to healing."

She remains grateful to the doctors who listened, offered choice, and validated her curiosity and fear.

She went on to study undergraduate psychology and aimed to become a TRE provider, hoping to share the same catharsis and self-connection that transformed her recovery.

COMMUNITY

Louise is grateful for the support of her family, friends, doctors, colleagues, students, their parents, and the wider community. She received kindness in countless forms: presence, hugs, meals, messages, gifts, prayers, tears, and laughter.

She says, "The hopefulness that this created meant I felt less trapped in trauma and fear of death. It helped me find small pieces of goodness in days that felt impossibly heavy, and that kept me going."

Because she wasn't certain how much life lay ahead, Louise began to hold the present more tenderly. Every moment felt magnified, a nourishing meal, a cuddle with her children, time in nature, or even a heart-wrenching cry.

When uncomfortable thoughts surfaced, she no longer hid them; she remembers telling her husband what kind of woman she hoped he'd choose one day if he had to remarry, the kind who would love and mother their children well.

Her family of five lived with her parents, who offered unwavering care and stability. "My mom and dad were there in every possible way," she says. "They went above and beyond anything I could've asked for."

Her siblings visited often, bringing laughter and normalcy to her children's days. Her sister joined her in researching the metabolic pathways of cancer, helping her build a deeper understanding of supplements, diet, and exercise.

She began to see that her family would be held and supported no matter what happened, and that awareness allowed her to focus fully on fighting her way back to health.

NEEDING TO GO WITHIN

After treatment finished, a new challenge emerged, Louise found it difficult to identify with her pre-cancer self. She sometimes found herself wishing for the sickness back, not the suffering itself, but the closeness, attention, and tenderness it brought.

She says, "It felt lonely to carry fears that no one could see anymore, especially when I was supposed to just feel grateful and excited to be alive."

She struggled with anxiety about mortality and noticed how quickly people moved on once she was *better*. The external support that had once held her up faded away, and she realised that the next phase of healing couldn't come from others; it had to come from within.

Louise realised she needed to rebuild inner trust, sense of safety, and connection. It wasn't about fixing herself, but about learning to become her own ally. Through talk therapy and somatic practices, she began to reconnect with her body in a new way, not as something that needed to be controlled or cured, but as a partner in her well-being.

Today, she describes this relationship as a team within herself; mind-body-spirit, each taking turns to lead when one is depleted and working in union as often as possible. She adds, "It's a relationship that needs to be honoured, just like a marriage, through time spent together, conversation and silence, resolving conflict, and meeting each other's needs."

INTIMACY

Louise remembers the gynae-oncologist saying that there is less awareness around cervical cancer because, "Boobs are sexy, and vaginas aren't." This stuck with her because she still experiences it as awkward when someone asks what cancer she had.

She was fearful of sexual intercourse when it was allowed again. She explains that the body is amazingly adaptive, and there is no changed sensation or function. Sex was initially painful, partly due to apprehension, protection, and tension that would arrive physically.

Louise also struggled to get used to the large scar on her stomach, her baldness, and then short hair. Chemo resulted in temporary menopause and Louise felt particularly unsexy, unfeminine, and often irritable with hot flushes and heart palpitations.

Her husband was patient, gentle, and encouraging. She says, "He always affirms me and makes an effort to show his attraction and affection."

Louise feels it's important to know that even if you've one sexual partner that you're still at risk of contracting HPV if your partner has had more than one sexual partner, and that it's best to be vaccinated before becoming sexually active.

She will vaccinate all her children with the newest vaccine because it protects against nine strains of HPV. Louise will also educate her daughter on Pap smears.

WELL-EQUIPPED AND HAPPY

Louise changed careers in 2024 and now offers full time education in TRE and stress management. She manages her own FND symptoms with TRE, yoga, and Pilates and feels excited about and engaged in life even though it's busier than ever. She feels well-equipped to manage rather than suppress stress and makes this a responsibility to eat, move, and connect well.

Photo by Mandy Steenkamp Photography | Follow @mandysteenkampphotography

Cervical cancer screening

Kusha Kalideen highlights the importance of cervical cancer screening and discusses the two options: Pap smear and HPV PCR test.

Cervical cancer, the second most common cancer in South African females, is primarily caused by the human papillomavirus (HPV). HPV is a common viral infection that infects certain cells during skin-to-skin contact, often through sexual activity. There are several types of HPV, which can be classified into high-risk types (which are associated with the development of cervical cancer), and low-risk types (not typically associated with cancer).

While most HPV infections are cleared by our immune systems, there are instances where individuals can't eliminate the virus. A persistent high-risk HPV infection causes infected cells to change and become abnormal over time, which might become cervical cancer.

SCREENING

Regular screening tests can identify women at the early stages of disease or who may be at an increased risk of cervical cancer. When cervical cancer is detected in the early stages of disease, it can be successfully treated.

There are two ways women can screen for cervical cancer: Pap smear or HPV polymerase chain reaction (PCR) test.

PAP SMEAR

A Pap smear uses a liquid-based cytology (LBC) sample that is collected by a trained healthcare professional during a pelvic exam. In a Pap smear test, the cells of the cervix are examined to see if any of the cells are abnormal and may become cancerous, or if there are cancerous cells present.

Unfortunately, a traditional Pap smear can't identify if you are at an increased risk for developing cervical cancer and therefore a Pap smear is repeated every two to three years.

HPV PCR TEST

The HPV PCR test looks for the presence of the virus, HPV, in cells of the cervix and can identify if you are at an increased risk for developing cervical cancer. The LBC sample can be used for HPV PCR testing; however, women can also collect their own sample for HPV PCR testing.

Some laboratories in SA allow women to collect their own vaginal sample for HPV testing with a self-sampling brush or self-sampling swab. These self-sampling kits can be collected at certain laboratory depots, with instructions as to how you can take your own sample. Once completed, the self-sampling kit can be dropped off at the depot and then sent to the laboratory for testing.

HPV PCR TESTING RESULTS

If the HPV PCR test is negative, you don't need to test again for five years.

If the HPV PCR test is positive for a high-risk HPV type, a Pap smear is recommended. A positive test doesn't mean you have cancer or that you will get cancer. It does mean you are at a high risk and require more testing.

WHO SHOULD CONSIDER A HPV PCR SELF-TEST?

HPV self-testing is encouraged as a primary screening method for cervical cancer in women who are 25 years of age and older, and women who are sexually active.

Unfortunately, HPV self-testing is not recommended in the following cases:

- Under the age of 25
- If you're pregnant
- If you have given birth less than six weeks ago
- During menstruation
- If you're experiencing any unusual bleeding, pain, or discharge
- If you have had a total hysterectomy
- If you have a history of pre-cancerous or cancerous changes in the cervix

TAKEAWAY MESSAGE

Regular screening is important for detection of women at an increased risk for cervical cancer. Self-sampling for HPV testing increases access to testing and is a convenient option for screening. Self-sampling kits are available at certain laboratory depots countrywide. Please contact your local testing laboratory to locate your nearest depot that offers self-sampling kits.

To view references, visit *oncologybuddies.com*

MEET THE EXPERT

Kusha Kalideen is a medical scientist specialising in molecular testing of solid tumours to aid in diagnosis, prognosis, and therapeutic options in cancer patients. She currently works at Lancet Laboratories.

Image by freepik.com

A simple way to understand clinical trials

Caroline Rich gives a brief outline of how to understand published clinical trials.

You have been diagnosed with cancer, so what does this mean for you? The doctors will give you information but it's normal to want to learn more about your condition and what may happen to you going forward.

In most cases, you'll go online, and now with AI, detailed information is at your fingertips. As with any research, it's important to ensure that you look at reliable sources, as not all the information will be accurate and properly accredited.

ONE SIZE DOESN'T FIT ALL

As cancer is so common (unfortunately), everyone will know of someone that has had the disease. However, the lay person will not understand how complex it is, as there are many different types and treatment options available.

With medical advances and new treatment options available, things are changing all the time. Each person is different, and these factors need to be taken into consideration when assessing your cancer journey. Examples would be differences in age, general health, habits, gender, etc. This means that you may not respond to treatment the same as another person with your exact type of cancer. The most accurate way to gather information is to research accredited clinical trials that are published in reputable medical journals.

The issue though is that the scientific terms can be daunting and difficult to understand.

WHAT IS A CLINICAL TRIAL?

A clinical trial is a research study paper that is mainly used to test new drugs and treatment options available for different conditions.

There are three different phases of a clinical trial for testing new drugs:

Phase I: Is the drug safe? Looks at effects on the body.

Phase II: Does the drug have an effect? Does it work (efficiency)?

Phase III: Compares this new drug to the standard treatment to see if there is a benefit.

KEY PARTS OF A CLINICAL TRIAL

PURPOSE

Firstly, when looking at a clinical trial, you need to see what the purpose is. What questions are the researchers trying to answer, in other words, what is the outcome? For example:

- How long and how often must the drug be taken (treatment schedule)?
- Is the drug safe and effective?
- What side effects are there?
- Which is the best dose to use?
- Does this protocol improve the quality of life of the patient?

The purpose will be explained at the beginning of the trial, and at the end you will find the results relating to these questions.

PARTICIPANTS

Who was included in the study? Commonly referred to as the cohort or sample. This information will be laid out at the beginning of the trial, and will show the number of participants (patients), the details of the type and stage of the cancer, age, etc.

The idea is to include participants that have very similar characteristics so that the results and outcome can be as accurate as possible. Clinical trials with a higher number of participants hold more weight.

TERMINOLOGY

This is the most daunting aspect of reading a clinical trial, as you may not understand the different terms that are used. Here is the most common terminology used.

Study design

- **Treatment group:** Patients receiving the new drug.
- **Control group:** Standard treatment or placebo (no treatment).
- **Randomised:** Patients are randomly assigned to a group to balance the study.
- **Double-blind:** Neither the patient nor the doctor knows which treatment they are receiving.

Outcomes and endpoints

- **Overall survival (OS):** How long patients live after starting the treatment.
- **Progression-free survival (PFS):** How long the cancer stays stable (does not grow).
- **Response rate (RR):** The number of patients whose cancer shrinks or disappears after treatment.
- **Complete response (CR)**: This shows that the cancer has completely disappeared.
- **Partial response (PR):** The cancer has shrunk, but still present.
- **Stable disease (SD):** The cancer pretty much stays the same.
- **Disease control rate (DCR):** Number of patients with complete response, partial response, and stable disease combined.

FINAL THOUGHT

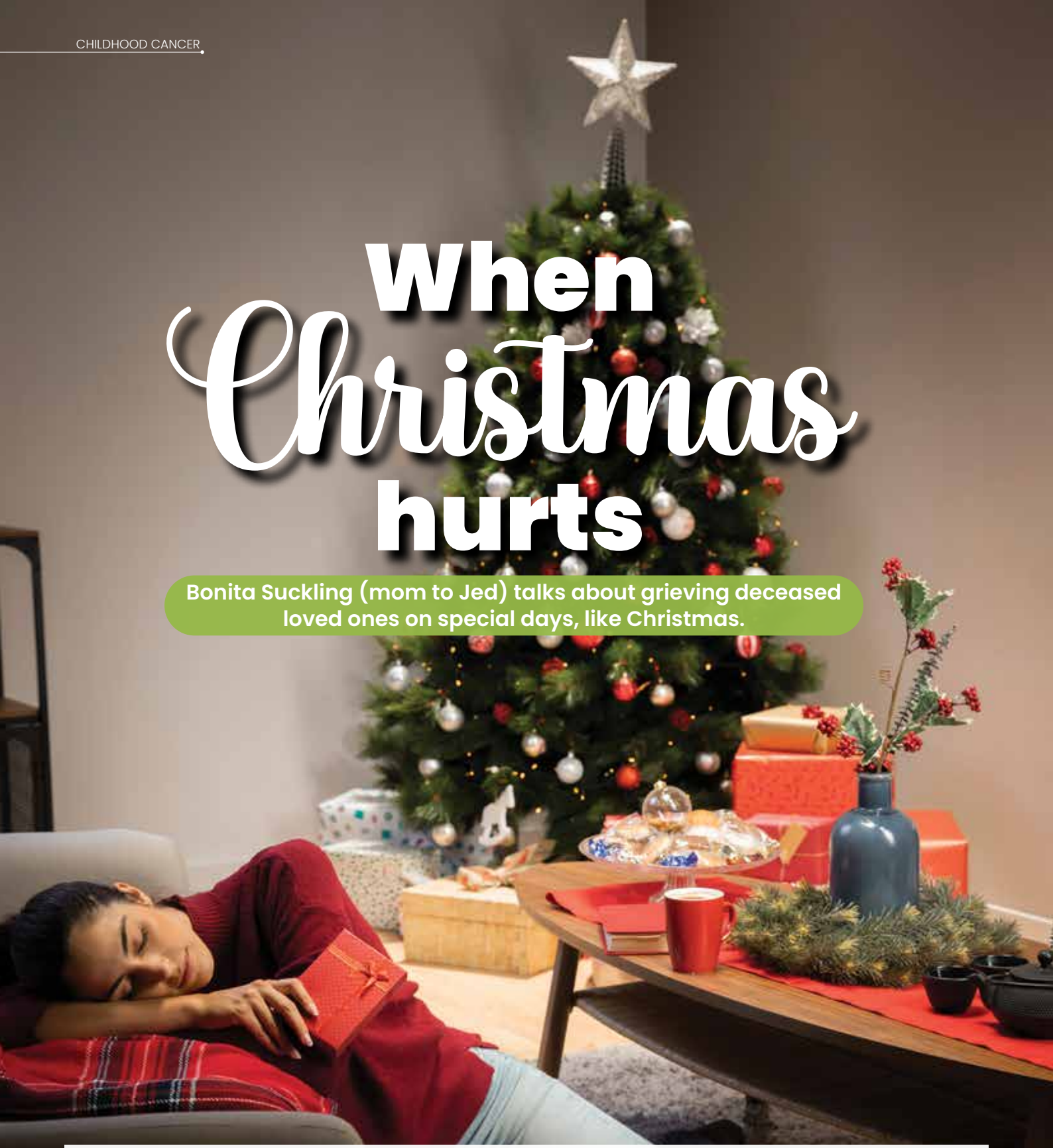
There is information out there with regards to cancer which can create confusion and misunderstandings. It's vital to make sure that you only look at reputable sites and proper scientifically researched data. So, it's a good idea to have a basic understanding of how to read and interpret clinical trials. However, it's always best to discuss your disease with the doctor and nurses first and ask for their guidance as to where you should get further information.

MEET THE EXPERT

Caroline Rich qualified as a radiographer in 1991 and worked in the pharmaceutical industry for 25 years. Her area of expertise became oncology/haematology, and she started working in the NGO space in this field 13 years ago. She now works as a patient advocate, guiding and empowering patients and families through their cancer journey.

When Christmas hurts

Bonita Suckling (mom to Jed) talks about grieving deceased loved ones on special days, like Christmas.



For nearly a decade, I didn't do Christmas. No fairy lights on the balcony. No laughter spilling from the kitchen. Phone off. Silence. Dinner was peanut butter on toast. Birthdays came and went like ordinary days. Holidays had no colour, no music, no reason. Grief moved in and unpacked its suitcase.

I think, in some strange way, I was honouring my son, Jed, by being sad. I wanted the world to see how much I missed him, how deep the hole was. Maybe I didn't have a choice. Maybe it was just the only way I knew how to love him when he wasn't here.

People would say things like, *"If it were my child, I'd never survive."* And I'd nod politely, but inside, those words landed hard. Because I was surviving… barely, some days, but still here.

THEN CAME THE GUILT

Guilt was felt for breathing, for eating, for doing small, normal things like brushing my teeth or laughing at something silly. After hearing it so many times, I started wondering, *wait… are they saying that if it were them, they'd have killed themselves?*

And if that's what they meant, then what did that make me, a bad mother for not dying too? It's absurd, but grief makes your brain twist everything. I remember thinking, *so now I feel guilty for not being dead*. Honestly, the logic was wild. But that's grief for you, it hands you a script that no sane person would ever write.

SURVIVING IS NOT A BETRAYAL

Eventually, I realised that surviving wasn't a betrayal to Jed…it was the bravest thing I could do.

And if I can offer one piece of advice, it's this: be careful with your words around grief. The old clichés and platitudes might sound comforting, but they can land like stones. I've heard them all. My personal favourite? *"God only chooses the most beautiful flowers for His garden."* I know people mean well, but honestly, my first thought is always, *thank goodness you've got weeds*.

When Jed died, everything stopped. I remember the quiet being so loud it almost hummed. People still lived around me, and it felt rude, honestly. They had braais and birthdays and arguments about traffic and potholes, while I was frozen in a world that no longer fit.

For years, I thought happiness and grief couldn't share the same space. I thought smiling meant forgetting and forgetting meant betrayal. So, I didn't smile much.

But grief is a strange teacher. It sits beside you, patient as anything, until you finally look up and realise the world is still happening.

WELCOME BACK GREEN AND RED TINSEL

In December 2022, I decided to put up a Christmas tree again. That same year, I'd finished my postgraduate studies in paediatric palliative care, the best kind of therapy I never knew I needed. I sat in classrooms (and on Zoom calls) surrounded by the most incredible therapists, my classmates, people who understood pain in a way that didn't need words. They gave me language for what I'd been living in for years.

I began to see that my grief wasn't disloyalty or madness. It was complicated grief, the kind that wraps itself around you so tightly, you forget you're allowed to move. That course cracked something open in me. The year 2022 I felt free from the heaviness of grief. It made me realise I wasn't trapped forever.

So that December, I put up the tree. And it wasn't just any tree, it was massive (you had to walk sideways to get past it). It pretty much took over my entire tiny lounge, dripping in cheap tinsel, glitter, and the most ridiculous twinkling lights you've ever seen. It was like Christmas had exploded and left the evidence right there in my tiny nest. Totally over the top.

But after 10 years, I figured I had a decade of Christmases to catch up on. It was both hilarious and healing.

GRIEF CHANGES SHAPE

The pain didn't stop, but something loosened inside me. It wasn't joy instead of sadness, it was both, all tangled.

That's the thing nobody tells you about grief: it doesn't end; it just changes shape. It becomes part of your wiring. You carry it into new moments, new laughter, new people. It's there when you dance. It's there when you cry. It's there when you love again.

These days, I do Christmas. The tree goes up. There's laughter spilling out of the kitchen again. Music that is too loud, too merry and perhaps too Christmas… Always a special ornament for Jed on my over-the-top tree.

I still miss him with everything in me. But now I join dinner, wrap gifts, laugh at bad jokes, and wear the hat from the cracker (I still get the worst cracker gift, I gave them 10 years to get that right). I finally get it: grief and happiness can live side by side. They don't cancel each other out.

If you're reading this and you're grieving, please know this…you're not broken for wanting to smile. You're not betraying anyone for finding joy. You're allowed to laugh while your heart aches. You're allowed to decorate the tree and still cry when you hang the star.

Happiness doesn't mean you've stopped loving them. It means you're still alive, still carrying them forward in a world that doesn't stop spinning.

So, this year, let the light back in. Wear the cracker hat. Read the cracker joke. Eat the food. Tell the stories. Say their name.

Invite grief to sit next to your joy at the table. Because love doesn't disappear, it just learns to speak a new language.

MEET THE EXPERT

Bonni Suckling is the founder of Rainbows and Smiles Foundation. In 2022, she completed her Paediatric Post Grad Diploma, a testament to her dedication to improving paediatric healthcare. She has played a pivotal role in establishing paediatric palliative care support groups, offering solace and guidance to families. She is also a gym instructor and endurance athlete.

Images by freepik.com

THE SCIENCE BEHIND REFLEXOLOGY

Fiona Hardie highlights the science behind reflexology and the benefits of it as a complementary therapy for oncology patients.

The quote,
"If we go all-out for the cure, we could be disappointed, but if we go all-out for peace, there is always healing",
from Australian massage therapist, Petrea King, really sums up the importance of adding a healing therapy that incorporates touch, such as reflexology.

WHAT IS REFLEXOLOGY?

Reflexology is a treatment of the body via stimulation of corresponding reflexes on the feet. It's a comforting, powerful modality that supports you, the patient, during chemotherapy and radiation.

Not limited to the feet, reflexology can also be enjoyed on the hands, face, and ears. Stimulating specific points triggers the related organs or systems, allowing blocked energy to flow and healing to begin. The body is thus treated holistically for optimal health.

It must be pointed out that reflexology is not a foot massage. Apart from following strict protocols in a session, a well-qualified reflexologist would have studied for at least two years, completed numerous case studies, and passed many exams and assignments to practice.

Her or his knowledge of anatomy, physiology, and pathologies will also be extremely good; it's really because of this extensive and focused training that sets reflexology apart.

Not only that, the sheer efficacy of it as a treatment for pain relief, lowering of anxiety, and keeping the body's systems in balance during trying times elevates it as a complementary therapy.

INTERESTING FACTS

- In 1932, Sir Charles Sherrington won the Nobel Prize in the UK for his research on nervous system reflexes.
- His co-recipient, Edgar Adrian, discovered that nerve response to stimulus doesn't depend on depth or strength of stimulus. Indicating that gentle pressure is effective in reflexology.
- Sir Henry Head, an English neurologist, proved there is a neurological relationship between the pressure applied to the skin and the response in internal organs.
- Dr William Fitzgerald, an ear, nose, and throat specialist, discovered that applying pressure to specific areas of the mouth, tongue, throat, feet, hands, and other joints can numb sensations in corresponding parts of the body.

These were all men of science and medicine, proving reflexology is not merely a foot massage.

THE BENEFITS OF REFLEXOLOGY

- **Reduction of stress and anxiety**

A cancer diagnosis and treatment can place immense psychological strain on you. Reflexology stimulates the parasympathetic nervous system, helping to shift the body from a state of stress (sympathetic dominance) into one of rest, recovery, and repair. Studies have shown that patients often experience deep relaxation, reduced anxiety levels, and an improved sense of emotional well-being following sessions.

- **Pain and symptom management**

A 2013 study, by the University of Portsmouth, found that reflexology treatments reduced pain by 40% and increased pain tolerance by 45%. Reflexology is a popular therapy used to alleviate oncology treatment associated pain and symptoms. Neuropathy, musculoskeletal discomfort, and generalised pain can be significantly reduced with regular sessions.

- **Support for nausea and digestive discomfort**

Chemotherapy and radiotherapy frequently cause nausea, constipation, and loss of appetite. Reflexology assists digestive balance by stimulating related reflexes on the feet, such as those linked to the stomach, liver, and intestines. Many patients report reduced nausea and improved digestion, helping them maintain better nutritional status during treatment.

- **Improved sleep and fatigue relief**

Due to reflexology's impact on the parasympathetic nervous system (rest and digest system), the chronic fatigue and poor sleep are alleviated as the body relaxes thanks to balance brought to the nervous and endocrine systems. As we all know, there is not much more restorative and healing than a restful and deep sleep.

- **Emotional and psychological support**

Apart from the physical relief, reflexology offers a quiet, nurturing experience. Simply having a caring reflexologist working on those feet, listening if needs be and just being attentive is in and of itself a grounding, healing experience. Patients often say they feel more hopeful, positive, and have an enhanced feeling of well-being after a session.

REMEMBER

Reflexology doesn't aim to cure, and a reflexologist may not diagnose, but by bringing relaxation and balance to the whole individual, healing may be encouraged and put in motion. As an adjunct to medical treatment, reflexology can be extremely beneficial to your overall experience.

To view reference, visit *oncologybuddies.com*

MEET THE EXPERT

Fiona Hardie has settled into a new, gentle rhythm in the Overberg region of the Western Cape and is focusing her energies on Pilates, Bowen therapy, reflexology, and breathwork to bring relief from pain and stress to her clients. Hosting workshops and doing corporate breathwork sessions are new additions to her services which she finds great joy in doing.

Image supplied

Medical Schemes Open Season 2026

The Council for Medical Schemes offers guidance when choosing a medical scheme or benefit option.

DID YOU KNOW?

You can download the guide on *How to Choose a Medical Scheme* in the following languages:
- English
- Afrikaans
- Zulu
- Setswana

It's open season for medical scheme members. Most schemes have now announced their 2026 contribution and benefit updates, which take effect from 1 January. Whether you're happy with your current option or thinking about switching, be sure to review your choices and finalise your decision by December.

With so many options available, choosing the right one can feel overwhelming, but you don't have to figure it out alone. The Council for Medical Schemes (CMS) has put together a quick guide to help you make an informed decision.

CHOOSING A MEDICAL SCHEME OR BENEFIT OPTION

Contact your current or potential scheme for an information brochure and get familiar with the scheme rules and benefits before choosing an option that fits your needs and budget.

Remember, you may also use a healthcare broker that is registered with the CMS to review benefit options, but this isn't compulsory.

Before you commit, take a moment to:

- Understand your rights and the fine print that could influence the scheme's decision-making process. While it's important to provide information, such as medical history, your medical scheme cannot charge you more because you are older or living with an illness. Contribution differences may only be based on:
  - Income
  - Number of dependants
  - Both
- Familiarise yourself with the Prescribed Minimum Benefits (PMBs) to know what your scheme will cover in full if you use a Designated Service Provider (DSP), and any co-payments and limits that may apply if you choose a non-DSP. You can learn more about DSPs and emergency care by visiting *medicalschemes.co.za*
- Review the medicine formularies because if your prescribed medicine is not on the scheme's approved list, you have to make out-of-pocket payments.
- Find out what late joiner penalties or waiting periods may apply to you if you are joining a new scheme. You can read more on disclosure of information, as failure to do so may lead to denied claims or even termination of membership.
- It is also essential to know the difference between medical scheme coverage vs. health insurance.

The CMS is committed to helping you make informed choices and protecting your rights as a medical scheme member.

The Council for Medical Schemes offers a variety of resources to help you stay informed. Access materials, such as the CMScript, which outlines various conditions covered under the Prescribed Minimum Benefits (PMBs) on *medicalschemes.co.za*

CMS
Council for Medical Schemes

Image by freepik.com

The marriage of CHEMO-IMMUNOTHERAPY in haematological malignancies

Dr Jasmine Ramiah discusses how chemo-immunotherapy complements each other in haematological malignancies and the promising prospects for the future.

The evolution of chemotherapy over the last few years has been striking, now involving immunotherapy, which harnesses the immune system.

Marrying chemo-immunotherapy holds promise for improved efficacy and better long-term outcomes especially for haematological malignancies. Although palatable and promising, balancing toxicities, timing, patient selection, and understanding the delicate biology between resistance and synergy becomes intricate.

INTRODUCTION TO THE ROLE PLAYERS

The foundation of the treatment of haematological malignancies remains chemotherapy, often referred to as the backbone of care used in phases, namely induction, consolidation, or maintenance phases.

Immunotherapy in haematological malignancies covers a range of modalities and targets an array of immune related cells and antigens, such as monoclonal antibodies (anti-CD20), immune checkpoint inhibitors (anti-PD-1/PD-L1), bispecific T- or NK-cell engagers, adoptive cellular therapies (CAR-T cells, CAR-NK cells), and donor lymphocyte infusions (DLI). Their target and utility are different in each haematological malignancy.

SYNERGY IN ACTION

Why marry the two modalities since each one has been shown to be efficacious singly? The concept of synergy involves, for example, exposing targetable antigens on the tumour cell which immune therapies may respond more efficaciously towards or reduce the immunosuppressive microenvironment lowering immunological barriers.

Reducing measurable residual disease (MRD) through complementing chemo-immunotherapy deepens the response and may be especially relevant post-haematopoietic stem cell transplant with, for example, a donor lymphocyte infusion.

Overcoming resistance can be achieved by marrying the two approaches to target different aspects of the tumour cell, enhancing immune recognition and overcoming chemotherapy-induced resistance.

DATA-DRIVER DECISIONS

The consensus recommendations from the Society for Immunotherapy of Cancer (SITC) stress that immunotherapies have become integral in multiple myeloma, lymphoma, and acute leukaemia. For example, the anti-CD20 target therapy ritiximab has deepened remission and improved outcomes in mature B-cell lymphomas.

Furthermore, novel revolutionary cellular immunotherapies, such as CAR-T cell therapy, has produced remarkable remissions in relapsed or refractory acute B-cell lymphoma and other aggressive mature B-cell lymphomas after failing prior lines of chemotherapy.

Another cellular immunotherapy is immune checkpoint inhibitors which have been promising in Hodgkin lymphoma and in some other aggressive lymphomas in combination with chemotherapy.

CONSIDERATIONS AND CONSTRAINTS

The most serious and recognised complication is toxicity-related complications. Chemotherapy is toxic as an entity; immunotherapy carries its own specific risks (cytokine release syndrome (CRS), immune-related adverse events, and graft-versus-host disease in donor settings). The combination can amplify risk, this, however, can be attenuated by meticulous dosing, consideration of patient co-morbidities, and prophylactic protocols instituted to recognise potential complications.

TIMING AND SCHEDULING

When to give immunotherapy relative to chemotherapy matters. Immunotherapy given too early might be less effective, however, delaying the administration may result in poor efficacy.

IMMUNE SUPPRESSION AND RECOVERY

The haematological malignancy compounded with chemotherapy results in immunosuppression and conversely immunotherapy requires a functioning immune milieu. Balancing immunosuppression (risk of infection, poor immune recovery) with the necessity to administer potentially immunosuppressive therapy is a delicate process.

FINANCIAL TOXICITY AND ACCESS

Cellular immunotherapies (CAR-T) are expensive, complex to manufacture, and require infrastructure, such as a high-care facility and high-care nursing. This limits administration within our local setting.

RESISTANCE AND ESCAPE

Tumours may down-regulate target antigens, mutate, or employ immune checkpoint pathways to escape immunotherapy. Combination strategies must anticipate escape mechanisms and neoantigen presentation.

THE FUTURE: OPTIMISING THE MARRIAGE

The future lies in safely administering immunotherapy employing the correct timing. Identifying biomarkers for which patients may benefit, thoughtful combinations of chemo-immunotherapy, optimising toxicity management may ensure safety and efficacy simultaneously.

The novel cellular therapies are regarded as off the shelf and are manufactured, for example, CAR-T or CAR-NK. The allogeneic CAR allows for accessibility and a reduction in financial toxicity.

CONCLUSION

The synergy of chemotherapy and immunotherapy in haematological malignancies represents one of the most dynamic frontiers in oncology. When effectively combined, these treatments can produce deeper remissions, reduced relapse, and potentially cure in settings that were once considered refractory.

The path is complex and intricate, however, can be navigated with careful attention to patient selection, timing, toxicity, resistance mechanisms, and access.

As research continues to illuminate the biology of immune-tumour interactions and the microenvironment and as novel immunotherapies mature, the marriage of chemo-immunotherapy is likely to become less of an experimental arrangement and more of a standard paradigm and standard of care in treating haematological malignancies.

MEET THE EXPERT

Dr Jasmine Ramiah is a clinical haematology subspecialist (trainee) at Inkosi Albert Luthuli Central Hospital where her passion for haematology first took root in 2016. She expanded her expertise by specialising in haematopathology and qualified as a haematopathologist in 2024, sharpening her diagnostic acumen and broadening her clinical perspective.

17th Annual Haematology Oncology Conference

19 - 21 September 2025 | Century City Conference Centre, Cape Town

HAEMATOLOGY IN ACTION

BRIDGING THE GAP

We chat to Prof Vernon Louw, President of the South African Clinical Haematology Society, about the recent 17th Annual Haematology Oncology Conference.

What was the goal for HaemOnc 2025?

The theme for HaemOnc 2025, *Bridging the Gap*, captured the central mission of the meeting, namely to close the distance between discovery and delivery, laboratory and clinic, data and patient, regions and resources, and between different generations of clinicians and scientists.

A key element of our vision was to bridge the gap between clinicians and scientists, pathology and clinical medicine, and the laboratory and the bedside.

The goal was to create an environment where everyone (basic scientists, haematopathologists, clinical haematologists, oncologists, technologists, pharmacists, and patient advocates) could engage as one community.

Was that goal achieved?

Yes, I believe it was. HaemOnc 2025 brought together over 380 delegates, 14 international speakers, and seven outstanding local experts. The energy in the sessions, the quality of discussion, and the sense of community all reflected how far we've come as a field. We saw bridges being built not just in science, but in relationships, collaboration, and shared purpose.

What was the highlight?

There were many highlights, from the academic excellence of the presentations, which showcased world-class content from both international and local speakers, to the lively engagement during the best abstract and poster sessions.

The pre-conference hereditary haemorrhagic telangiectasia (HHT) workshop provided a rich learning platform on a rare but important condition, while the Nursing Symposium stood out as a dynamic and empowering forum for our nursing colleagues.

The conference dinner was another memorable moment, filled with joy, warmth, and a strong sense of celebration. It captured the essence of what HaemOnc stands for, not only the pursuit of scientific excellence but also the strengthening of friendships and community within our field.

How does HaemOnc benefit healthcare professionals?

HaemOnc acts as an accelerator of knowledge translation. It exposes clinicians to cutting-edge science, practical updates, and real-world insights that can immediately enhance practice. It also cultivates mentorship, fosters collaboration, and inspires innovation, all essential ingredients for professional growth in a rapidly evolving field like haematology.

In turn, how does HaemOnc help patients?

Ultimately, patients benefit most when healthcare professionals are informed, connected, and motivated. Every new idea tested, every collaboration formed, and every skill sharpened at HaemOnc will hopefully translate into improved diagnostics, pathways to care, and better treatment outcomes.

Our goal is always to ensure that the knowledge shared at the conference reaches the bedside as well as closing the gap between evidence and access, the latter being a big challenge in SA.

What does the future of haematology in SA look like?

The future of haematology in SA is one of growth, integration, and innovation. We are seeing a new generation of talented clinicians and scientists emerging, strong partnerships across institutions, and increasing emphasis on patient blood management, personalised medicine, and equitable access to care.

Our challenge (and opportunity) is to continue bridging the gaps between urban and rural services, between public and private systems, and between local realities and global advances. A huge focus remains accessing new and effective but very expensive treatments for patients both in the public and private sector. With collaboration and vision, I'm optimistic that SA will remain a leading force for haematology on the continent.

About Prof Vernon Louw

Prof Vernon Louw is currently the Executive Head of the Department of Medicine at Stellenbosch University and Honorary Adjunct Professor in Clinical Haematology at the University of Cape Town.

Before this, he headed the Division of Clinical Haematology at Groote Schuur Hospital and the Department of Internal Medicine and the Division of Clinical Haematology at the University of the Free State.

He trained in Internal Medicine at Stellenbosch University and completed his subspecialist training in Clinical Haematology at the Katholieke Universiteit Leuven in Belgium.

His main clinical and research interests are in iron deficiency and its clinical consequences and how this affects patient blood management (PBM).

Image by freepik.com

A new breed of cancer fighters

Dr Andrew Robson unpacks how smart science and smarter tech are changing the game as cancer fighters.

The body's inherent ability to recognise and destroy cancer cells is a fascinating topic albeit exceptionally complicated. We have touched on this before where we discussed the unique ways animals have evolved to be resistant and, in some cases, even immune to cancer.

Yet, in both humans and animals, cancer often finds ways to fight back and hide in plain sight. Modern medicine is learning how to guide the immune system back to the fight, and one exciting tool leading this charge is called a bispecific T-cell engager (BiTE).

TRAINING THE BODY'S SOLDIERS

Think of T cells as the immune system's guard dogs. They're trained to attack anything that looks suspicious, however, cancer cells are skilled at disguising themselves.

A BiTE acts like a bridge that connects a T cell directly to a cancer cell. One end of the BiTE attaches to a protein on the cancer cell while the other end attaches onto the T cell. Once connected, the T cell can't ignore the target cell and releases toxic enzymes that destroy the cancer cell.

The first approved BiTE, blinatumomab, is already helping people suffering from lymphoblastic leukaemia, a form of blood cancer, and is an immunotherapy.

In veterinary oncology, similar immune-guided approaches are being explored for cancer treatments in companion animals. This gives us valuable clues about what works and what doesn't, across species.

WHEN GUARD DOGS OVERREACT

Because BiTEs effectively sensitise the immune system, some patients experience an over-reaction known as cytokine release syndrome (CRS) which they experience as a sudden wave of inflammation.

Doctors mitigate this by starting with reasonably low doses and making use of anti-inflammatory medicines. Researchers are also designing smarter BiTEs that only activate near tumour tissue, reducing collateral damage.

AI JOINS THE TEAM

Another ally in this story is artificial intelligence (AI). AI programmes can scan enormous genetic and imaging databases to find cancer specific flags that BiTEs can target. They can also help predict who might be at higher risk for side effects and match patients, human or animal, to the most suitable therapy or clinical trial.

In both veterinary and human medicine, AI is becoming the quiet expert in the background, turning mountains of biological data into insights that has the potential to improve safety and speed up discovery, provided it is used correctly and responsibly.

A SHARED FUTURE

What makes this partnership between BiTEs and AI so inspiring is its universality. Cancer biology isn't limited by species, what we learn in one can guide treatment in another. Whether in people or in pets, these technologies are helping medicine do what it does best, give the body the tools to heal itself, more precisely and more safely than ever before.

MEET THE EXPERT

Dr Andrew Robson, a veterinarian based in Mpumalanga, holds a Master of Science Degree and has a special interest in companion animal health and well-being. Passionate about improving pet health and fostering the human-animal bond, he is also a proud dog dad.

Images by freepik.com