



Touchlines

The Newsletter of Cancer Support France — Association N° W163000037

Patron: Prof. Alain Daban: parrainée par le Professeur Alain Daban, professeur émérite de la faculté de médecine de Poitiers" et "président d'honneur du Réseau Onco-Poitou-Charentes

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Spring came early this year, after one of the mildest winters we have known so far . Many of you will be sweeping away the winter cobwebs and planning fund raising events for the coming year .

This month we say farewell to CSF Haute-Vienne who have decided to 'go it alone'.

Your continued hard work and support helps you to bring in new members for your region, forge links within the French medical services and spread the word about the really valuable service that **Cancer Support France** provide .

As ever please send in any information ,links and articles that you feel members and friends may find of interest

Editor: Peta Hamilton

Report from the CSF AGM held on 16th March 2016

The officers are:

Penelope Parkinson - President

Steve Nicklen - Vice-President

Stephen Hartley - Treasurer

Tim Forster - Public relations co-ordinator

Pat Lockett - Training Co-ordinator

Although not a member of the Bureau Marisa Raymond has volunteered as Minutes Secretary

"After reviewing the past year and its achievements, especially the first face to face national conseil meeting in Paris in October ,which has led to a more cohesive and forward thinking CSF. We thanked Tony Benstead for his presidency during the last two years.

Looking ahead to building on what has been started, the projects to come bring new challenges and opportunities. Financial support for a Development Campaign has been pledged which will enable these projects to go forward."

Penelope Parkinson—President

At the AGM the following were appointed to the National Conseil. In order of area:

Alpes -Maritime vacant pending their AGM

Basse-Normandie Cathy Allen

Bordeaux Marisa Raymond

Bretagne-Ouest Judith Curl

Charente Maritime Richard Smith

Charente Plus Steve Nicklen

Dordogne Est Pat Lockett

Dordogne Riberac Annora Tiley

Dordogne Sud vacant pending their AGM next week

Gascony Jayne Ray

Languedoc Stephen Hartley

Provence-Gard Tim Forster

Sud de France Penelope Parkinson



AROUND THE REGIONS

Alps Maritime—submitted by Angela Anderson **CSG06 Looking for new people to join our bureau**

As a result of a number of changes within the group, we are seeking help from our members, volunteers and anyone interested in helping on our committee.

Firstly, we would like to thank Michele for all her help in getting the administrative tasks under control. You will be sadly missed. Secondly, thank you to the board members who have resigned, for their tireless help over the past 7 years: Anne, Pauline and Marilyn will continue to volunteer but wish to step away from the board. Thank you for all that you have done so far.

As a result of these changes we are looking for a part time paid administrator to manage the admin.

If you or anyone you know wishes to help, please let me know.

I have agreed to be President and Meta and Eli are going to be directors, although this all has to be finalise and formalised with an extra ordinary general meeting, which you will be notified of shortly.

There are also a couple of other ladies who have expressed an interest in being involved with the board. We need your help and it would be great to know that we too are not alone.

Looking forward to hearing from you.

Very best regards,
Angela Anderson



Quiz Night

Cafe Brun, Biot
Charity event for the
Cancer Support Group 06
in memory of Suzie Turner

Saturday
12th March
Starts at 8pm

Get there for 7pm if
you want to eat
(book a table)
or
there will be Tapas
available during
the quiz.

Teams of UPTO 6 people
OR
sign up on your own and join another
team

Entry fee per team 5Euros per person
All proceeds to go to CSG06

Cafe Brun
44 Impasse
Saint-Sébastien,
06410 Biot, France
04 93 65 04 83

to register contact Gill on
gill@thebendalls.com

Charente-Plus submitted by Peta Hamilton **Bureau News**

At the last CSF Bureau meeting President Joan Hogan reported that a range of new **Cancer Support France** regional networks have been set up. This will enable more English speaking people across France to access help and support from a region close to where it is needed.

A new marketing campaign is being launched nationally to raise funds from large businesses. News regarding how this will develop will be reported during the coming year.

We have been asked to help with translation of leaflets into English by the **French National Prostate Cancer** group.

Training

A training day for our Active Listeners was held on 22nd Jan to focus on bereavement training.

Update from La Ligue contre le cancer's post on Facebook

La Ligue have an open forum for all who want advice, including medical advice from professionals in France. This a French language site but may provide some advice to those who can understand the French language or possibly through a translation aid such as Google.

<https://www.ligue-cancer.net/forum>

CSF Charente-Plus—continued

Forthcoming events for Charente Plus this year

Race for life at Angoulême - May

Our annual Open Garden Event at the garden of Richard and Rhiannon Beech – Weekend of 4th and 5th June



As usual we welcome donations of cakes and biscuits from members and friends for the every popular tea stall.

The Cantique Choir - on going events to raise funds around the region , dates to be announced in the next edition of Touchlines.

CSF Dordogne East & Lot—submitted by Julia Hall

Here at **CSFDEL** we have plans for several events during the year. Stalwart supporters Brian and Lorraine Harpwood, will be organising an evening with live music from Brian and Mick, at *Le Théâtre de verdure* in *Puy L'Eveque*, on 6th August. Music lovers bring along your own picnic . There also be a bar

A local English speaking Notaire will be coming along to a " question and answer" session for all members and supporters. The evening will finish with local cheese and wines . Date to be confirmed

Our relationship with *La Ligue Contre le Cancer* continues to strengthen. *La Ligue Espace* in *Gourdon* is now open and we are making a donation to help support this drop in centre. It is situated in the heart of our region. *Any enquiries concerning the above events to : csfdordognelot@yahoo.com*

Garden Party—27th May 2016

Make a date in your diary now and start summer early. **CSF** members, Linda & Paul Garner, are having a Garden Party, in aid of CSF, at Pechnal (near St Denis Catus). Browse the wide variety of stalls and enjoy

Pink Ribbon fun run /walk at Touzac

Saturday, 5th March saw the annual Pink Ribbon 5km fun run/walk held for the 5th year in the small village of *Touzac* in the beautiful Lot Valley (46).

The timings were good even with a bit of a muddy route and despite the weather doing it's very best to ruin the day, there was a good turnout and the Salles des Fêtes was opened up for exhibitors so they could keep dry and peddle their wares!

CSF were represented by two of our number - Dordogne East & Lot who are local to the area and Dordogne Sud who cover our neighbouring department, Lot-et- Garonne; Their President and National President, Tony Benstead attended with his wife Angela along with Active Listener, Cindy Bagley and her very helpful husband Steve. Both Angela and Cindy did the 5km.

Dordogne East & Lot was represented by Margaret York, Pat Lockett and her husband Barry, Carolyn Chamberlain who brought along her friend David from England. Some members and committee members walked the route so thanks to Tish Gowing and Jo Trainer who participated.

Dordogne Sud donated a gift to the Tombola and Dordogne East & Lot gave a small gift for the winner, a local chap called Nathan.

We are grateful to the owner of the local bar, *Le Rendez-Vous – Simone Halley* - for putting our name forward to the organising committee as being one of beneficiaries of this year's proceeds and to Marlies Peters-Poll.



Photo taken at the Touzac Pink Ribbon fun run



HEART PILLOWS

The AAWE (Association of American Wives of Europeans) contacted CSF last autumn and kindly offering to donate their handmade "heart pillows" for use by breast cancer sufferers.

Jane Montandon, of **CSF Dordogne East and Lot**, has a stock of these heart pillows which are FREE to any CSF Association. The only payment required is the cost of postage. If you have any clients who would like them, please contact Jane (details below).

By post:

Le Lantier Ouest

Le Cauze

24250 St Martial de Nabirat

Landline: 05 53 31 68 45

Mobile: 06 77 14 37 55

Email: janemontandon@gmail.com

Jane will despatch the pillows to associations as required and will then inform them of the postage cost. Cheques for the postage should be sent to

Suzy Manning,

Treasurer - CSF Dordogne East and Lot,

Lieu dit Labrassalie

46090 Francoules

The AAWE, based in Paris, has been awarded medals for its charity work and they have a very interesting and informative website: <http://aaweparis.org/>

CSF Dordogne Sud—submitted by Penny Parkinson

CSF (National) INCa Conference 4th February 2016

I was pleased to attend, together with Cat from Languedoc, the *INCa (Institut National du Cancer)* Conference in Paris on behalf of *CSF*. It was a most interesting day, introduced by Agnès Buzyn President of INCa and concluded by Marisol Touraine, the Minister for Social Affairs, Health and the Rights of Women.

There were five sessions with ten principal speakers, one of whom was English and gave me a chance to relax after much concentration in French! The topics covered diverse fields from "cancer and the environment" to "the impact of computerisation in the field of health".

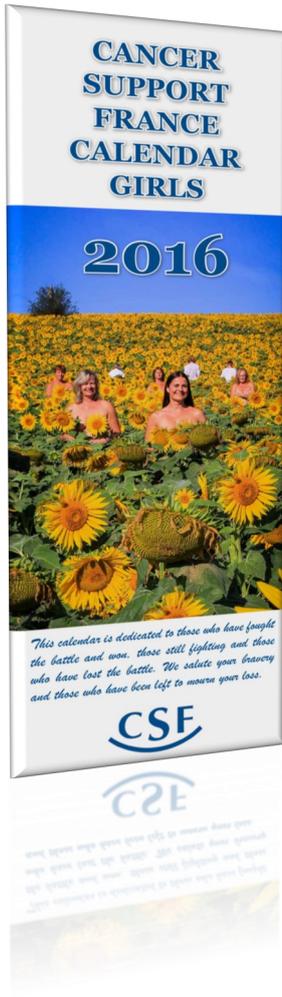
Although advances in cancer treatment were highlighted (helped by the release of new statistics showing that survival rates in many cancers had improved markedly in the last ten years), the challenges remain enormous. The most significant conclusions can be summarised briefly as follows:

- ◆ the relationship between environmental factors and cancer is not, in many cases, scientifically proven, although life style factors of smoking, obesity and alcohol are clearly implicated. Studies are not detailed enough to draw proper conclusions and more research studies are under way looking at chemicals, pesticides, the food chain etc
- ◆ improved communication through mobile phones and computer technology is helping in research. It is changing the face of doctor/patient relationships and making data on us all available to others. This needs to be carefully controlled as it could impact on civil liberties as well as providing faster diagnosis.
- ◆ cancer treatment is becoming more targeted and personalised. This should improve the quality of life of patients and avoid unnecessary side effects. More studies need to be done on cancer treatment for children who tend to be given a smaller adult dose!
- ◆ there have been huge advances in treatment but the costs of drugs mean that not everyone has access to them. The release from patent of some drugs soon should increase their availability but the cost varies widely across the world. This needs to be addressed.
- ◆ those working with patients need better support - GPs and pharmacists need to be kept up to date with advances if they are to best serve their patients. As treatments develop, the patient can often be treated away from the hospital environment, this again means that patient support networks must be better informed to give adequate support.
- ◆ the current Plan Cancer was launched in 2014. It has seen an improvement in survival through prevention and screening and the development of a more personalised approach to treatment. This needs to extend beyond the cancer treatment and look at the effects on the patient's life "after cancer".
- ◆ the "droit d'oubli" has been introduced so that patients after a set period in remission no longer need to disclose their cancer to an insurer. At the moment this is basically 10 years remission after the end of treatment for adults and 5 years for those under 18.

Finally, Mme the Ministre summed up by saying that 2016 will be the year of innovation!

Penelope Parkinson ,President CSF - Sud de France

Calendar Girls—and Boy !



One of our members had long hoped to produce a "Calendar Girls" type calendar and that hope was fulfilled with the production of a lovely calendar in time for 2016. Those of you who saw the calendar will know that it advertised all the **CSF** affiliated associations and was a huge success, raising over €500 for **CSF (National)**. Much hard work went in to this, not least by our treasurer who took on the job of "distribution".

Many thanks must go to the brave ladies and one chap who bared various parts in such a good cause, as well as to Philippa who organised and planned the whole venture.

Maybe one to be repeated at a future date!!

CSF Languedoc—submitted by Hilary Galea

New Bureau elected at CSF-Languedoc AGM

Forty-three members attended CSF-Languedoc's AGM, held in *Pezenas* on 19 January, during which a new bureau was elected. All three nominees were unanimously elected in a secret ballot, which included 12 postal votes.

President: Graham Luck

Graham moved to the Languedoc with his wife in 2013, having taken early retirement from a demanding job in engineering management in the UK.

Having volunteered as an Active Listener two years ago, he experienced, first hand, what a big difference CSF can make to people at a difficult time of their life. Graham was also the key organiser of last year's Walk for Life, CSF-Languedoc's main annual fund-raising event, which saw 140 walkers raise awareness of CSF-Languedoc's services as well as over EUR6,000 in October 2015.

Treasurer: Tony Orsman

Having participated in a number of social and fundraising activities since becoming a member of CSF-Languedoc in 2011, Tony became more directly involved when he took on the maintenance of the Association's pages on CSF National's website, and subsequently developed the new CSF-Languedoc website during 2015.

Tony brings his experience in financial and project management to the role of treasurer and hopes that his background will help support other members of the Council in the administration of the Association.

CSF Languedoc—continued

Secretary: Jenny Guest

Jenny was elected secretary of CFS-Languedoc at 2015's AGM, and subsequently took on the role of Joint President with Stephen Hartley following an EGM held in June 2015.

Jenny and her husband moved to Languedoc five years ago. Having herself benefitted from support in the past, she joined CSF-Languedoc to help support others. Jenny previously worked in personnel management, training and quality inspection of training establishments, interspersed with teaching yoga, making and selling crafts and teaching English.

Continuing as key members of the CSF-Languedoc Council are **Cat Hartley** (Client Support) and **Karen Powell** (Publicity and Awareness).

Standing down after six years as Treasurer and the last seven months as Joint President, **Stephen Hartley** was thanked by Graham Luck, on behalf of the membership, for all his hard work. Stephen is going on to become the Languedoc representative at [CSF National](#) and will be involved in the development of a National Guide for CSF.

La Montpellier Reine Fun Run 29th May

Since 2009, *La Montpellier Reine* fun run has taken place every year on Mother's Day to raise awareness of breast cancer and the importance of screening. Each year has seen more participants joining the event, culminating in over 7,280 in 2015.

CSF-Languedoc is entering as a team this year and we'd love you to join us. As well as supporting this important cause, CSF-Languedoc sees *La Montpellier Reine* as a great opportunity to raise awareness about CSF, network with other regional cancer support organisations, and have some fun too. The bigger the team the better!

The 4.5km course starts at the *Jardins de Peyrou in Montpellier* at 10.30am (gates open at 9am) on 29th May. No sponsorship required; donations are discretionary and any funds received will benefit organisations involved in the fight against breast cancer.

If you'd like to find out more, visit <http://www.montpellier-reine.org/> or contact Jenny Guest at jenny.csflanguedoc@gmail.com by 13th May to register for the team.



The language barrier can hinder/slow down a patient's care or be the cause of a mistake or of a lack of understanding for the carer or the person who is ill.

So, this health guide is a Charentais initiative – conceived by Jean-Bruno MARTIN (GP in Aunac and regular duty doctor at SAMU Emergency Centre 15), Rémy LOYANT (Head of SAMU 16) and Sharon MILLWARD (Translator).The guide is set out as 8 themes (heart, bleeding, temperature, fall...). Each sentence or phrase is numbered and is in both French and English. In a situation where someone does not know how to say/get the words out correctly, it is then possible to say just the number –or add the number to the corresponding sentence as an extra aid. The Charente Emergency Services have copies of this guide, know it and how it works.

To download this guide (pdf – 311Ko). This guide has been produced by the communication service of the Angoulême Hospital Centre (Girac) and printed by the Regional Health Agency and the PETR of the Ruffec Region.

Doctor's Notes

This will be a new regular feature in Touchlines ,where our resident General Practitioner, Dr Sarah Cousins will be writing on a variety of topics around the subject of cancer. Which she hopes that our readers may find interesting and helpful.

Editor.

Dr Sarah Cousins is a GP in the West Midlands with an interest in cancer care and palliative care. Within her practice she is the cancer and palliative care lead and has previously worked in various hospital hosts including at a chemotherapy unit. She lives in Worcestershire with her husband .

Lung Cancer

I hope my previous article was helpful and informative. This article will look at lung cancer which is one of the most common cancers. Unfortunately the number of people diagnosed is continuing to increase, especially amongst women.

The greatest cause of lung cancer is smoking, including passive smoking. Other causes may be exposures at work such as to asbestos or dusts.

Symptoms of lung cancer include:

- cough
- pain in the chest
- coughing up blood
- weight loss
- breathlessness
- hoarseness
- weakness
- chest infections that do not settle

A chest X-ray is normally the first test to look for lung cancer, and sometimes chest x-rays done for other reasons may show a cancer. Other investigations performed include CT scans, camera tests (a bronchoscopy) to look at the lungs and to take samples for diagnosis, biopsies of lymph glands and sampling of fluid around the lungs.

Types of lung cancer include small cell lung cancer, non-small cell lung cancer and mesothelioma.

Treatment for lung cancer depends on the extent of the lung cancer. Small cancers, presenting early, with no spread, in fit patients, can be treated with removing part, or all of a lung. Along with radiotherapy or chemotherapy this may be with the aim of curing the condition. Radiotherapy and chemotherapy are used when cure is not possible to control the disease to improve quality of life and improve survival. If treatment to control the disease is no longer possible, or the person does not want this supportive treatment to control symptoms is offered for example pain relief or draining fluid around the lungs.

Unfortunately despite all the treatments available lung cancer, compared to other cancers, the outlook is not that great.

Cancers from other parts of the body can spread to the lungs. This is called secondary lung cancer, and can present with the same symptoms as a cancer that has started in the lungs. There however will be differences in the treatment options as now the cancer has spread the aim usually moves away from cure.

It is never too late to stop smoking. Stopping smoking, even at a later age, will reduce the risk of lung cancer, and the risk of other smoking related conditions. Have a chat with your doctor about support for stopping smoking and if you have any concerns about your health please see your doctor, this article is for information only and not to replace consulting your own doctor.

Long-term effects of continuing adjuvant tamoxifen to 10 years versus stopping at 5 years after diagnosis of oestrogen receptor-positive breast cancer: ATLAS, a randomised trial

Introduction

For women with oestrogen receptor (ER)-positive breast cancer, treatment for 5 years with adjuvant tamoxifen substantially reduces the rate of recurrence not only during the treatment period but throughout the first decade, and reduces breast cancer mortality by about a third throughout the first 15 years (including years 10–14), with little net effect on other mortality.¹ Although 5 years of tamoxifen is more effective than is 1–2 years of treatment,^{1,2} whether 10 years of treatment would have an even greater effect on breast cancer recurrence and mortality in ER-positive disease is not known.^{3,4} Conversely, treatment with 5 years of tamoxifen can cause side-effects such as endometrial cancer and thromboembolic disease,^{1,5} and continuing tamoxifen for an additional 5 years is likely to increase these side-effects.

Early trials of continuing adjuvant tamoxifen to 10 years versus stopping tamoxifen at 5 years^{6–8} recruited relatively few patients. Although some of these studies had adverse early results,⁹ the small numbers of patients meant that these adverse results could have been due to the play of chance, so larger trials were needed.^{3,4,10}

Moreover, as 5 years of tamoxifen has a prolonged carryover effect after treatment ends, with a substantial reduction in mortality throughout the first 15 years, trials of continuing beyond 5 years of tamoxifen should eventually be followed up to beyond 15 years.⁴ The UK adjuvant Tamoxifen—To offer more? (aTTom) trial randomly allocated 7000 women, most with unknown ER status, to continue tamoxifen to 10 years or stop at 5 years, but has yet to report long-term findings.^{11–13} We report results from the global Adjuvant Tamoxifen: Longer Against Shorter (ATLAS) trial, which randomly allocated 12 894 women to continue tamoxifen to 10 years or stop at 5 years. Our main analyses of breast cancer outcomes involve only the 6846 women with ER-positive disease (sensitivity analyses shown in the appendix include the other women); side-effect analyses include all 12 894 women, regardless of whether the ER status of their disease was positive, negative or unknown.

Background

For women with oestrogen receptor (ER)-positive early breast cancer, treatment with tamoxifen for 5 years substantially reduces the breast cancer mortality rate throughout the first 15 years after diagnosis. We aimed to assess the further effects of continuing tamoxifen to 10 years instead of stopping at 5 years.

Methods

In the worldwide Adjuvant Tamoxifen: Longer Against Shorter (ATLAS) trial, 12 894 women with early breast cancer who had completed 5 years of treatment with tamoxifen were randomly allocated to continue tamoxifen to 10 years or stop at 5 years (open control). Allocation (1:1) was by central computer, using minimisation. After entry (between 1996 and 2005), yearly follow-up forms recorded any recurrence, second cancer, hospital admission, or death. We report effects on breast cancer outcomes among the 6846 women with ER-positive disease, and side-effects among all women (with positive, negative, or unknown ER status). Long-term follow-up still continues. This study is registered, number ISRCTN19652633.

Interpretation

For women with ER-positive disease, continuing tamoxifen to 10 years rather than stopping at 5 years produces a further reduction in recurrence and mortality, particularly after year 10. These results, taken together with results from previous trials of 5 years of tamoxifen treatment versus none, suggest that 10 years of tamoxifen treatment can approximately halve breast cancer mortality during the second decade after diagnosis.

Long-term effects of continuing adjuvant tamoxifen – continued

Findings

Among women with ER-positive disease, allocation to continue tamoxifen reduced the risk of breast cancer recurrence (617 recurrences in 3428 women allocated to continue vs 711 in 3418 controls, $p=0.002$), reduced breast cancer mortality (331 deaths vs 397 deaths, $p=0.01$), and reduced overall mortality (639 deaths vs 722 deaths, $p=0.01$). The reductions in adverse breast cancer outcomes appeared to be less extreme before than after year 10 (recurrence rate ratio [RR] 0.90 [95% CI 0.79–1.02] during years 5–9 and 0.75 [0.62–0.90] in later years; breast cancer mortality RR 0.97 [0.79–1.18] during years 5–9 and 0.71 [0.58–0.88] in later years). The cumulative risk of recurrence during years 5–14 was 21.4% for women allocated to continue versus 25.1% for controls; breast cancer mortality during years 5–14 was 12.2% for women allocated to continue versus 15.0% for controls (absolute mortality reduction 2.8%). Treatment allocation seemed to have no effect on breast cancer outcome among 1248 women with ER-negative disease, and an intermediate effect among 4800 women with unknown ER status. Among all 12 894 women, mortality without recurrence from causes other than breast cancer was little affected (691 deaths without recurrence in 6454 women allocated to continue versus 679 deaths in 6440 controls; RR 0.99 [0.89–1.10]; $p=0.84$). For the incidence (hospitalisation or death) rates of specific diseases, RRs were as follows: pulmonary embolus 1.87 (95% CI 1.13–3.07, $p=0.01$ [including 0.2% mortality in both treatment groups]), stroke 1.06 (0.83–1.36), ischaemic heart disease 0.76 (0.60–0.95, $p=0.02$), and endometrial cancer 1.74 (1.30–2.34, $p=0.0002$). The cumulative risk of endometrial cancer during years 5–14 was 3.1% (mortality 0.4%) for women allocated to continue versus 1.6% (mortality 0.2%) for controls (absolute mortality increase 0.2%).

Funding from Cancer Research UK, UK Medical Research Council, AstraZeneca UK, US Army, EU-Biomed.

This is an overview of a paper from The Lancet. Reference :2013 Mar 9; 381(9869): 805–816. doi: 10.1016/S0140-6736(12)61963-1

If you wish to read the paper in more detail please go to www.ncbi.nlm.nih.gov/pmc/articles/PMC3596060/ Many thanks to Sylvie Cottam for submitting this helpful and informative article. Editor

DRYATHLON –WINNING HERE!

Article sent in by Touchlines reader Angela Huskisson, currently living in the UK



I started upon my first Dryathlon last year and was so encouraged by it all that I have entered for it once again. The wonderful thing is that no specific training is required, or as they say, ‘just add willpower.’ So no crazy running regime, no sweating it out in a gym, no general madness- unless of course you enjoy that kind of thing too! Basically, bearing in mind that we are only 31 days in; it’s all about giving up the drink for January thus creating a completely Dry January. I haven’t found it hard at all, but I have consumed an inordinate amount of chocolate in substitution.

However, I have managed to raise in excess of £300 for Cancer Research UK just this year so that can only be a good thing.

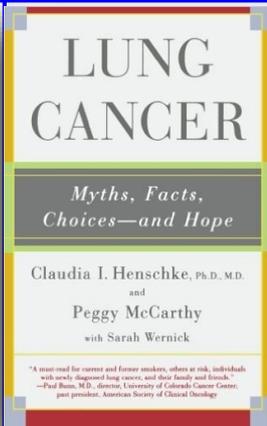
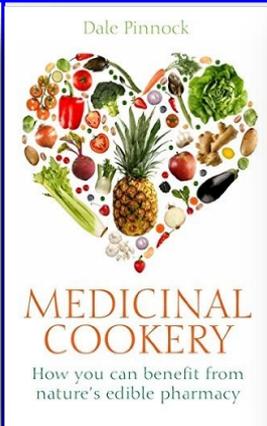
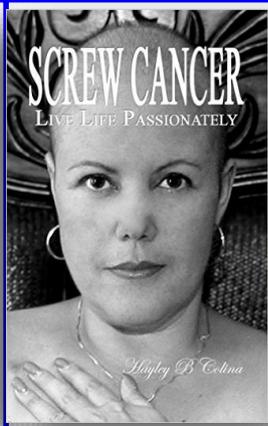
People have been so generous with their donations- even £1 is a kindness. My philosophy being, if I can find 100 hundred sponsors; well, you can do the maths. There’s so much support and encouragement all the way and some great videos available on *YouTube* including one to create some mega mocktails if that is your want. Donations are set up through *Just Giving* which makes it really easy for friends and family to drop in their money either through debit or credit card or the brilliantly conceived PayPal. You are also offered a good old fashioned sponsorship form where people sign up and pay up at the end if that is a preference. I found it easier to collect up the money and pay it from my end, directly through my PayPal account as this also includes gift aid which can automatically add an extra 25% for UK taxpayers in sponsorship at no extra cost to the giver. This is such a great idea which can generate huge amounts of cash for such a worthy cause and it would be wonderful to accelerate this throughout the European Community So, just a thought as we hope this little germ of an idea across the channel to perhaps see if this great fundraising thinking might work well in other places too.

Now- I’m just going to settle down with a rather nice glass of Provence Rose as it’s February

THE BOOKSHELF



The purpose of the Bookshelf feature is to identify books that could be supportive to those affected by cancer. It is not intended as a review and in no way constitutes any endorsement by CSF. Most books are available on Amazon.co.uk.



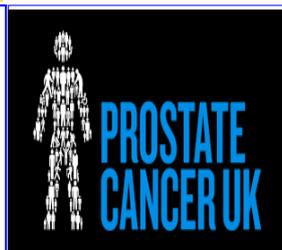
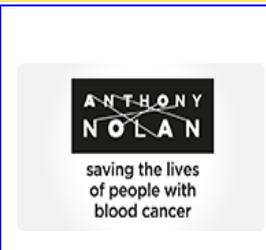
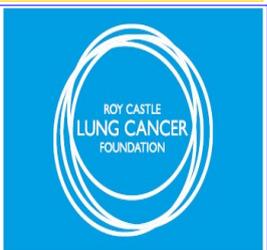
This book is written for both doctors and patients (or for all curious readers) and explains treatment with HIFU (High Intensity Focused Ultrasound). With this technology we can treat successfully Benign tumours (Uterine Fibroids, Uterine Adenomyosis, Breast Fibroadenoma) and Malignancies (Liver, Pancreas, Bone, Breast, Kidney, Soft Tissue, Metastatic cancers). Thanks to HIFU today we can make surgery without a scalpel and cuts - with ultrasound we can treat tumours with very high accuracy and precision,

Hayley B. Colina, a Florida attorney, motivational speaker, lecturer, columnist, author and founder of EQ Women Succeed LLC tells her story about surviving lung cancer that metastasized to the brain. She tells of living life passionately; no matter what circumstances life throws at you. Her personal stories and lessons show you how to turn your life from ordinary to extraordinary. Hayley shows and encourages you to dare to live your life like others only dream of living. To go after your dreams to live your life your way and with your terms.

Dale Pinnock explains how the healing power of foods stretches even beyond the realms of vitamins and minerals, and involves a far more complex and beautifully wondrous group of biological compounds – phytochemicals. He shows how, when delivered in the right way, many of these compounds can work in a very similar way to medicinal plants and even pharmaceutical drugs, but minus the side-effects. He highlights the benefits of each food and shows how to prepare dishes and recipes that are not only delicious but have a medicinal property that makes them a powerful addition to someone's overall disease treatment

Lung cancer kills more women than breast cancer, more men than prostate cancer. This authoritative book presents new lifesaving strategies for those already diagnosed and those at risk (including ex-smokers). Lung cancer is deadly because it's usually found late. Dr. Claudia Henschke's groundbreaking research on early diagnosis, published in Lancet, made headlines worldwide. Now, for the first time, she offers specific recommendations based on her latest findings: who needs to be checked and how to get tested. People with lung cancer often are told, "Nothing can be done." Not so -this comprehensive and compassionate book can help:

'We do have biological LIVE and DIE mechanisms within us. . . the state of mind changes the state of the body by working through the central nervous system, the endocrine system and the immune system. Exceptional patients manifest the will to live in its most potent form . . . ' writes Dr Bernie Siegel. Drawing on his clinical experience Dr Siegel show how, by reaching out to others, we can alleviate stress and release the body's healing mechanisms



For the blind and partially-sited, don't forget listening books can be sent to France via Calibre Audio Library: www.calibre.org.uk

USEFUL INFORMATION

Association Siège Social

Mairie
Le Bourg
16350 BENEST

National Help-line
Telephone: 0800 240 200 (*local call cost*)

(your call is taken on an answerphone and is free - there is a short message in English - we will reply to you as soon as possible and normally within 24 hours)

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Treasurer:
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Website: www.cancersupportfrance.org
Internet Forum: <http://csf-forum.org>

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Touchlines

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