Diabetes Discourse

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Quarterly Newsletter of the Bovell Cancer Diabetes Foundation (BCDF)

This Newsletter is a Vital Resource for Diabetes & Cancer Prevention and for anyone Living with Diabetes/Cancer

Our Vision

Enriching lives, one person at a time

Our Mission

 To enrich the lives of people living with or at risk for cancer and diabetes by providing financial resources, support, preventive and management education.

BCDF Activities Include:

- Modest grants to individuals/families affected by cancer or diabetes to enhance their quality of life
- Prevention and management education, and small-group workshops
- Advocacy and referrals to resources for individuals/families affected by cancer or diabetes
- Writing grant proposals and fundraising

BCDF relies on donations to carry out its mission. We are an incorporated, charitable Foundation in the Republic of Trinidad and Tobago. BCDF functions with volunteers only and no paid staff. To contact us with comments, questions or articles, phone 868) 667-2576 or e-mail: adelia@bovellcancerdiabetesfoundation.org; http://www.bovellcancerdiabetesfoundation.org

Disclaimer: This newsletter is meant to educate and inform. It is not to be used as medical advice. Please consult your doctor for medical advice.

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SCHEDULE UPDATE: BREAKFAST POSTPONED!

BCDF 11TH ANNUAL ECO-FRIENDLY, BREAKFAST & DIABETES DIALOGUE MORNING 26/04/2025

Due to the upcoming general elections, our planned breakfast has been moved to:

SATURDAY 21ST JUNE 2025

6:00 a.m. Market Square Scarborough, Tobago

Please make time to vote and then we will catch up over breakfast!

Thanks for your understanding!

P.S. - Remember, to join BCDF for our 11th annual ecofriendly, healthy breakfast on 21/06/2025

Scarborough Market Square 6:00 a.m.

CANCER CORNER WITH...

Dr. Liselle Bovell

Patients Who Quit Smoking, Even Years After Diagnosis, Live Longer



Photo by LumineImages / iStock / Getty Images Plus

FOR NEWLY DIAGNOSED cancer patients, the prospect of starting treatment and enduring subsequent side effects can induce anxiety, even if the prospects of a positive outcome are high.

A behavioral science researcher at the University of Texas MD Anderson Cancer Center in Houston, poses an intriguing question about posttreatment survival. What if patients had an option that improves the functioning of the body, lowers the risk of complications and reduces health care costs? All of these, he says, are real benefits that await a patient who quits smoking following a cancer diagnosis.

"Smoking cessation has a unique dimension that other cancer treatments do not do, and that is [to] improve quality of life." The study was published in JAMA Oncology by Kypriotakis and colleagues. By analyzing health outcomes of more than 4,500 patients who identified as smokers at the time of their cancer diagnosis, the researchers found that those who quit smoking or received cessation treatment, even years after diagnosis, had statistically significant increases to their lifespan. Among patients who received smoking cessation treatment within six months of diagnosis, the study found, 71% survived to the five-year mark, compared with 61% of those who did not receive smoking cessation treatment. By the 10-year mark, 58% of those who got treatment to stop smoking had survived, compared with 52% of those who did not enroll in the program. More than half of all patients in both groups survived at least 15 years. But by examining patients who did not survive that long, researchers found that patients who received tobacco treatment within six months of diagnosis lived about 22 months longer than those who did not. "I think about it as, you have several more birthdays you can look forward to," Cinciripini says. "Several more graduations you can see. You can see more of your grandkids' development, more time with your family." Although the study found the most substantial improvements occurred for those who began tobacco treatment or stopped smoking within six months of diagnosis, it also observed benefits for those who began treatment between half a year and five years after diagnosis. They gained about 14 months of life. Cinciripini savs researchers at MD Anderson were wellpositioned to do the study because the cancer center already offers cessation treatment to all patients who smoke and tracks the efficacy of those programs. Earlier studies indicated that patients with all cancer types, not just cancers associated with smoking, quit at similar rates, and that MD Anderson's programs had fairly high rates of success in getting patients to quit. But what was missing was whether those programs actually extended the lifespans of patients. Because the results showed improved outcomes for patients at all stages of cancer, Kypriotakis believes the study has significant implications for cancer treatment. "There's an urgency of finding something that can prolong survival even by a little. It is really hard to come by," Kypriotakis says. "So we see a great opportunity to use abstinence [from smoking], especially for patients who do not have a lot of other options."



Reprinted from Kyle Bagenstose (2025)

Good to Know...

Tips for quitting smoking

- Cut down: Try cutting the amount you smoke in half
- Find distractions: Try chewing gum, sucking on hard candy, or going for a walk
- Change your routine: Try doing something different when you normally smoke
- Get help: A doctor, pharmacy, or stop smoking service can help you find a method that works for you.

HYDRATE LIKE A PRO, KEEP YOUR BLOOD SUGAR LOW



Proper hydration is important to normal body function as well as healthy physical activity. Drinking the right amount of fluid before, during and after physical activity is vital to providing your body the fluid it needs to perform properly.

Hydration Goals

The overall goal is to minimize dehydration without over-drinking. Individuals have different hydration needs. Some practical ways to monitor hydration are:

- *Urine color*. The color of the first morning's urine void after waking is an overall indicator of hydration status. Light colored urine is a sign of adequate hydration. Darker colored urine, the color of apple juice, generally indicates insufficient fluids are being consumed throughout the day
- Sweat loss. Change in body weight before and after exercise is used to estimate sweat loss. Follow customized fluid replacement plans that consider thirst, urine color, fluid intake, sweat loss and body weight changes that occur during exercise.

Minimize Dehydration

- Dehydration can occur during any type of physical activity or in any type of weather. It does not have to be hot. You do not have to visibly sweat. You can become dehydrated in swimming in the water
- Dehydration results when we fail to adequately replace fluid lost through sweating. Stay well hydrated before physical activity and throughout the day by consuming adequate amounts of fluids, especially during and after exercise

Be alert for conditions that increase your fluid loss through sweat.

- *Air Temperature:* Higher the temperatures increase sweat losses
- *Intensity:* The harder you work out, the more you perspire

- Body Size and Gender: Larger people sweat more. Men generally sweat more than women
- Duration: The longer the workout, the higher the fluid loss
- Fitness: Well-trained athletes perspire more than less fit people. Why? Athletes cool their bodies through sweat more efficiently than most people because their bodies are used to the extra stress. Thus, fluid needs are higher for highly trained athletes than for less fit individuals
- When you swim, your body temperature rises and your body sweats to keep from overheating. You may not notice because you are in the water, but you can become dehydrated. Swimmers, from athletes to families splashing around, need to drink fluids before, during and after swimming, even if you do not feel thirsty

Signs You May Be Dehydrated

Know the signs of dehydration. Signs may include:

- Intense thirst
- Exhaustion or increased perception of effort
- Increased body temperature
- Faster breathing and pulse rate
- Confusion
- Fainting

A Guide to Staying Hydrated

- Make hydration a part of your routine to replace fluid losses
- Drinking is the only way to rehydrate and cool your body from the inside out
- On average, adults should drink about 8 cups of water every day
- To estimate your daily water intake, divide your weight in pounds by two. Example, if you weigh 150 pounds, aim to drink about 75 ounces (slightly more than 9 cups) of water daily OR If you exercise often, live in a hot place and sweat a lot, drink more water. The research suggest drinking 8 ounces more water for every 30 minutes of exercise or being in hot weather.

Reprinted from: Ellis E. 2020. Hydrate Right. Academy of Dietetics & Nutrition.

MANY DIAGNOSED WITH TYPE 2 DIABETES MAY ACTUALLY HAVE A DIFFERENT FORM OF THE DISEASE



When Phyllisa Deroze was told she had diabetes in a Fayetteville, North Carolina, emergency department years ago, she was handed pamphlets with information on two types of the disease. One had pictures of children on it, she recalled, while the other had pictures of seniors. Deroze, a 31year-old English professor at the time, was confused about which images were meant to depict her. Initially, she was diagnosed with Type 2 diabetes, as shown on the pamphlet with older adults. It would be eight years before she learned she had a different form of diabetes — one that did not fit neatly on either pamphlet. The condition is often called latent autoimmune diabetes of adults, or LADA for short. Patients with it can be misdiagnosed with Type 2 diabetes and spend months or years trying to manage the wrong condition. As many as 10% of patients diagnosed with Type 2 diabetes might actually have LADA, said Jason Gaglia, an endocrinologist at the Joslin Diabetes Center in Boston. Deroze and three other LADA patients who spoke with KFF Health News, all Black women, are among those who were initially misdiagnosed. Without the correct diagnosis — which can be confirmed through blood tests - they described being denied the medicines, technology, and tests to properly treat their diabetes. Three of them wonder if their race played a role. "That does seem to happen more frequently for African American patients and for other minoritized groups," said Rochelle Naylor, a pediatric endocrinologist at the University of Chicago who researches atypical forms of diabetes. "Doctors, like any other person walking

this planet, we all have implicit biases that impact our patient experiences and our patient care delivery." In a recent survey, for example, 55% of people of African descent adults said they believed they needed to be careful at least some of the time about their appearances to be treated fairly during medical visits. Hospital software used to treat patients has been investigated for discrimination. Even a common test used to manage diabetes can underestimate blood sugar levels for patients who have sickle cell trait. LADA has nothing to do with race, but misconceptions about race, weight, and age can all lead doctors to misdiagnose LADA patients with Type 2 diabetes, said Kathleen Wyne, an endocrinologist at the Ohio State University. Type 2 diabetes develops in people, whose bodies cannot properly regulate their blood sugar levels. Type 2 accounts for at least 90-95% of diabetes cases globally and has a high prevalence among people of African descent. It can often be managed with lifestyle changes and/or oral medications. LADA is more akin to or even thought to be another form of Type 1 diabetes, an autoimmune condition once called "juvenile diabetes" because it was most often diagnosed in children. Type 1 occurs when the body attacks its cells that produce insulin — the naturally occurring hormone that regulates blood sugar by helping turn food into energy. Without insulin, humans cannot survive. LADA is difficult to diagnose because it progresses slowly. Typical LADA patients are over 30 and do not require injectable insulin for at least six months after diagnosis. But, like Type 1 patients, most will eventually depend on injections of insulin for the rest of their lives. That delay can lead physicians to believe their patients have Type 2 diabetes even as treatment becomes less effective. "If you have someone who comes into your office who is obese and/or overweight and may have a family history of Type 2 diabetes - if you are a betting person, you bet on them having Type 2 diabetes, Gaglia said. "But that is the thing with LADA: It unmasks itself over time." Mila Clark finally saw an endocrinologist, more than four years after being diagnosed with Type 2 diabetes. During that visit, she recounted her struggles to manage her blood sugar despite taking oral medications and

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POSTER COMPETITION RESULTS CONGRATULATIONS!

Category: DRAWING

Age Group: 6-9 years

Winner	School
1. Kim Harris	Ebenezer Methodist

Age Group: 10-15 years

Winner	School
1. Ariel King	L'Anse Fourmi Methodist
2. Chennai Mills	Ebenezer Methodist
3. Eli Francis	Ebenezer Methodist

Category: <u>COLOURFUL</u> Age Group: 6-9 years

Winner	School
1. Jomella Murphy	Ebenezer Methodist
2. Kaija Dillon	Charlotteville Methodist

Age Group: 10-15 years

Winner	School
1. Ajaje Joefield	Whim A.C.
2. Aaron Cunningham	Whim A.C.
3. Elisha Francis	Ebenezer Methodist

Category: OTHER

Age Group: 6-9 years

Winner	School
1.	L'Anse Fourmi Methodist

Age Group: 10-15 years

8	
Winner	School
1. Aiden Eastman	Ebenezer Methodist

Special Prize: Colourful (10-15 years)

Ariana Alleyne

Alesha Phillips Patience Hill Gov't

Anaya Franklyn

Congratulations to all!

OUR 2024 POSTER GALLERY

Category: Colourful (6-9 years)



 ${\it Jomella~Murphy-Ebenezer~Methodist}$



Kaija Dillon – Charlotteville Methodist



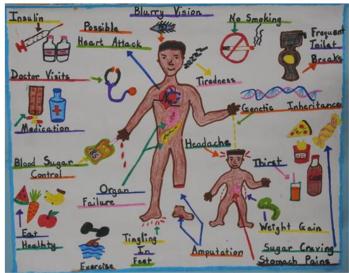
Aiden Eastman – Ebenezer Methodist – Other (10-15)

OUR 2024 POSTER GALLERY

Category: Colourful (10-15 years)



Ajaje Joefield – Whim A.C.



Aaron Cunningham – Whim A.C.



Elisha Francis – Ebenezer Methodist

From Page 6 ... Many diagnosed with Type 2...

making significant changes to her diet and exercise regimen. "What you just explained to me, I believe, is a classic case of LADA," Clarke recalled being told. "Has anybody ever tested you for Type 1 antibodies?" Both Type 1 diabetes and LADA are autoimmune conditions. therefore patients will have antibodies that Type 2 patients typically do not have. But, as Clarke recounted, getting tested for those various antibodies is not always easy. Clarke, now 34, had leaned into her Type 2 diagnosis when she received it in 2016 at age 26. She started a blog with nutrition and lifestyle tips for people with diabetes called "Hangry Woman," and garnered tens of thousands of followers on Instagram. Clarke said she wanted to fight the stigma around Type 2 diabetes, which stereotypes often associate with being overweight. "Some of the harshest comments that I had gotten were from people with Type 1 who were like, 'We are not the same. I did not cause this. I did not do this to myself," Clarke said. "Well, neither did I." Clarke also felt her initial doctor thought she just was not working hard enough. When she learned about continuous glucose monitors, wearable electronic devices that allow patients to track their blood sugar around the clock, she asked her doctor to prescribe one. The monitors are recommended for patients with Type 1 and, more recently, some with Type 2. "He flat-out told me, 'No. It is going to be too much information, too much data for you," she recalled. Clarke switched to a different doctor who she felt listened better and who prescribed a continuous glucose monitor. The new doctor referred Clarke to the endocrinologist who had her tested for antibodies. The test came back positive. Clarke had LADA. "In the health care system, it is really hard to vocalize your needs because you come off as aggressive, or you come off as a know-it-all, or you come off as disrespectful," Clarke said. "My intuition was right this whole time, but nobody believed me." Some doctors disagree, but Ohio State's Wyne argues that every diabetes patient should be tested for at least the most common antibody associated with Type 1.

Modified from Bram Sable-Smit & NBCNews.com

OUR 2024 POSTER GALLERY

Category: Colourful (12-15 years) - Special Prize



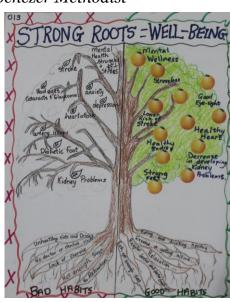
Ariana Alleyne, Alesha Phillips, Anaya Franklyn Category: Drawing (6-9, 10-15 years)



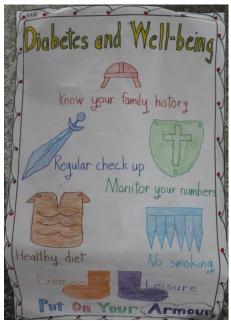
Kim Harris – Ebenezer Methodist

Category: Drawing (10-15 years)

Ariel King L'Anse Fourmi Methodist



Category Drawing (10-15 years)



Chennai Mills – Ebenezer Methodist



Eli Francis – Ebenezer Methodist Category: Other (6-9 years)



L'Anse Fourmi Methodist

LEND A HAND, TOUCH A LIFE: VOLUNTEER WITH THE BOVELL CANCER DIABETES FOUNDATION



In every community, there are quiet heroes working tirelessly to uplift others - and you have the chance to become one of them. The Bovell Cancer Diabetes Foundation (BCDF) is a beacon of hope for individuals and families facing the challenges of cancer and diabetes in Trinidad and Tobago. With a strong focus on education, early detection, advocacy, and support, BCDF is transforming lives one person at a time. But this vital work cannot happen without the energy and compassion of dedicated volunteers.

Why Volunteer?

Volunteering is not just about giving your time; it is about making a difference. Whether you have a few hours a month or a few days a year, your contribution matters. When you volunteer with BCDF, you become part of a movement that brings comfort, knowledge, and care to those who need it most.

Your involvement can help achieve:

- Jamboree, screenings, and public education sessions that raise awareness and promote early detection
- Support: Help offer emotional encouragement, practical guidance, and a listening ear to individuals and families coping with cancer and/or diabetes
- Encouragement: Assist with programmes that educate people about healthy living, prevention, and managing chronic illness
- Fundraising and Events: Join the team behind impactful events that fund our

education programme and services.

Communication: Use your skills in writing for our newsletter, organizing, or tech to support BCDF's behind-the-scenes efforts.

What You will Gain

Volunteering is a two-way street. Along with the satisfaction of helping others, you will gain:

A sense of purpose and belonging

- New skills and experiences
- Connections with like-minded individuals
- A deeper understanding of health and wellness in your community

How to Get Involved

It starts with a simple step: reaching out. Whether you are a student looking to give back, a professional eager to share your skills, or a retiree with time and wisdom to offer, the Bovell Cancer Diabetes Foundation welcomes you. Your time can make a lasting difference in someone's journey toward prevention, management, health and wellbeing

To learn more, visit us on:

Facebook, Twitter and WhatsApp [334)590-3073] www.bovellcancerdiabetesfoundation.org bovellcancerdiabetesfoundation@gmail.com

Together, we can stamp out cancer and diabetes in our country. Join us today and help turn hope into action.

