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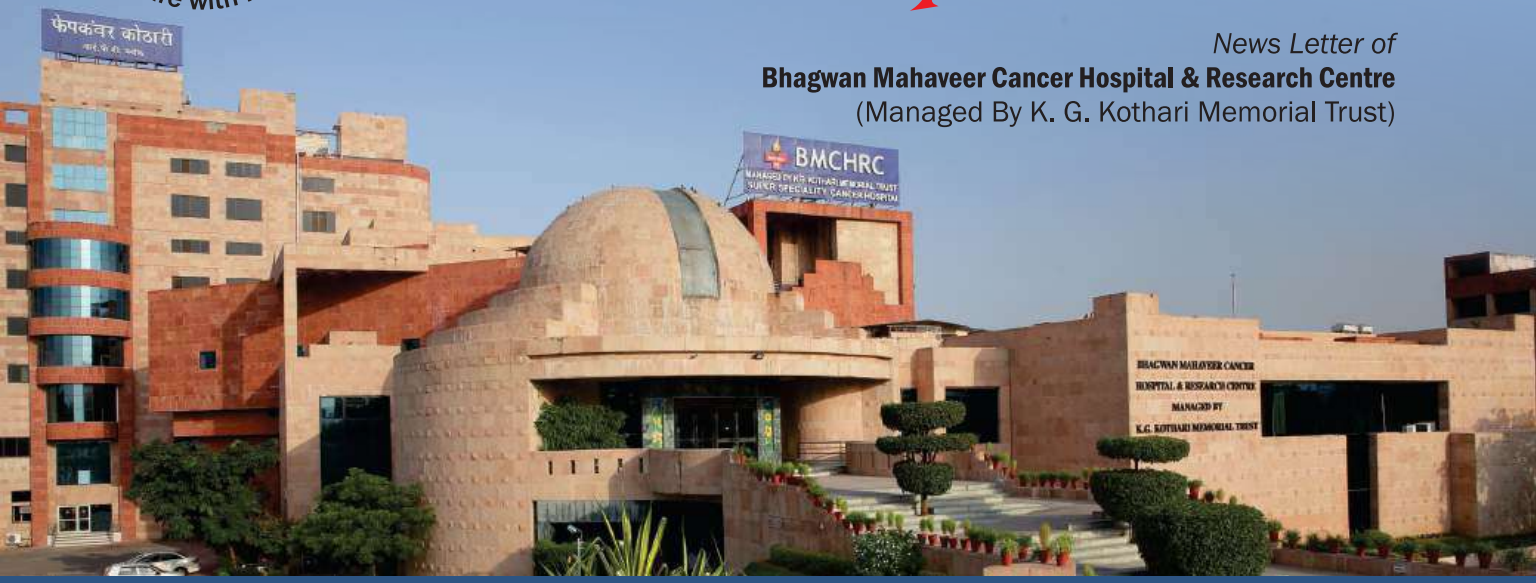
News Letter of
Bhagwan Mahaveer Cancer Hospital & Research Centre
(Managed By K. G. Kothari Memorial Trust)



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EDITORIAL

Avoid Medical Jousting Please!

Dictionary meaning of jousting
A combat between two mounted knights or men-at-arms using lances; to engage in a personal combat or competition.

Medical Jousting
Medical jousting means criticising the treatment that a patient has undergone so far before consulting you.

Why it matters
The bitter truth is that most of us have fallen, at some time or another, into this trap—whether through an obvious remark or a subtle one. Some do it through malice, others through ignorance, but our words leave a lasting impression on patients.

Common Examples

1. Oh! What has been done.
2. If you had come to me first, I would not have treated you like this.
3. Your case has been spoilt; nothing can be done now.
4. Who gave you this scar? This could have been avoided!

A few of us in teaching institutes unknowingly pass remarks to students in front of patients, indirectly poisoning the minds of patients and their families. Quite often we comment on treatments about which we know very little.

A classic example is a patient treated with pelvic radiotherapy for cervical cancer decades ago who later develops cataract. An ophthalmologist may incorrectly attribute the cataract to radiation treatment despite there being no causal relationship.

"Don't criticize what you can't understand."

Implications
Patients lose confidence in doctors, become confused by conflicting opinions, continue seeking multiple consultations, and may ultimately lose trust in the profession itself.

Medical jousting also contributes to increasing medico-legal disputes and damages the image of the medical fraternity.

"Often those that criticise others reveal what he himself lacks." — Shannon L. Alder

Dr. Sheh Rawat *HOD & Senior Consultant*
Director of Academics, BMCHRC

INSIDE PAGES

The New Era of Gynecologic Oncology: Precision Surgery, Innovation, and Hope

Cancer care is witnessing an unprecedented transformation, and nowhere is this more evident than in the field of Gynecologic Oncology.

Gynecologic Oncology is a superspecialty dedicated exclusively to the prevention, diagnosis, surgical management, and comprehensive treatment of cancers affecting the female reproductive tract, including cancers of the ovary, uterus, cervix, vulva, and vagina.

The field has evolved dramatically over the past decade. Traditional cancer surgery often involved large incisions, prolonged hospitalization, significant blood loss, and delayed recovery. Today, advances in minimally invasive surgery, robotic technology, molecular diagnostics, and precision oncology have redefined what is possible in women's cancer care.

One of the most significant advancements has been the widespread adoption of advanced laparoscopic and robotic-assisted surgery surgery. Building upon the success of laparoscopy, robotic-assisted surgery represents the next frontier in surgical innovation. Robotics is not merely a technological advancement—it is a powerful tool that enables surgeons to deliver more precise and patient-centered care.

Through small incisions and magnified visualization, surgeons can perform complex oncologic procedures with remarkable precision. Patients benefit from reduced postoperative pain, less blood loss, shorter hospital stays, faster recovery, and earlier return to normal life. For appropriately selected patients with endometrial cancer and certain early-stage cervical cancers, minimally invasive surgery has become an important component of modern treatment.

Another revolutionary development in gynecologic oncology is Hyperthermic Intraperitoneal Chemotherapy (HIPEC), particularly for selected patients with advanced ovarian cancer and peritoneal surface malignancies. Ovarian cancer remains one of the most challenging gynecologic cancers

because it is often diagnosed at an advanced stage after spreading throughout the abdominal cavity.

HIPEC combines extensive cytoreductive surgery with the delivery of heated chemotherapy directly into the abdomen. After all visible disease has been removed, heated chemotherapy is circulated within the abdominal cavity to target microscopic residual cancer cells. The combination of heat and direct drug delivery enhances treatment effectiveness while limiting systemic toxicity. Clinical studies have shown encouraging results in carefully selected patients, making HIPEC one of the most sophisticated examples of personalized cancer treatment available today.

Despite these technological advances, one message remains unchanged: early detection saves lives. Postmenopausal bleeding should never be ignored. Persistent abdominal bloating, unexplained pelvic pain, abnormal uterine bleeding, or other concerning symptoms warrant timely evaluation. Awareness, screening, HPV vaccination, and prompt referral to specialists remain among the most effective tools in reducing the burden of gynecologic cancers.

Every woman deserves treatment based on expertise, evidence, and compassion, regardless of where she lives. The emergence of advanced gynecologic oncology services, robotic surgery, minimally invasive cancer surgery, and HIPEC in Rajasthan represents more than technological progress—it symbolizes hope, accessibility, and a commitment to excellence.

As Rajasthan's first Gynecologic Oncologist, I have had the privilege of witnessing this extraordinary transformation. Yet the most exciting chapter still lies ahead. Gynecologic Oncology today stands as one of the most dynamic and rapidly advancing superspecialties in medicine, bringing together surgery, chemotherapy, genetics, imaging, pathology, and research in a unified fight against cancer. Our goal is clear: to ensure that every woman with a gynecologic cancer receives specialized care from a trained gynecologic oncologist, supported by the latest scientific advances and delivered with compassion.

The future of women's cancer care has arrived—and it is more precise, more personalized, and more hopeful than ever before.

Dr. Apoorva Tak
Additional Consultant, Department of Surgical (Gynaecologic) Oncology & Gynaecology

Journal of Cancer Research and Therapeutics

Abstract

Journal: Journal of Cancer Research and Therapeutics (Volume 22, Issue 1, January–March 2026)

Title: A randomized controlled trial of probiotics to reduce the severity of oral mucositis in patients with oropharyngeal carcinoma undergoing concurrent chemoradiotherapy

Authors: Saloni Sojitra, Tej Prakash Soni, Nidhi Patni, Dinesh Kumar Singh, Naresh Jakhotia, Sheh Rawat, Anil Kumar Gupta, Tara Chand Gupta, Naresh Ledwani, Harish Singhal, Shantanu Sharma, Ravindra Singh Gothwal

ABSTRACT

Background: While probiotics show promise in reducing chemoradiotherapy side effects like oral mucositis in head and neck cancer patients, robust clinical evidence of their consistent effectiveness is still needed. The objectives of this study were to compare the incidence and severity of oral mucositis, dysphagia, and compliance of radiotherapy treatment between the study arm (oral probiotics, along with concurrent chemoradiotherapy) and the control arm (concurrent chemoradiotherapy alone) in patients of locally advanced carcinoma oropharynx.

Materials and Methods: A total of 70 patients of carcinoma of the oropharynx were randomized to the probiotics arm (study arm, n = 35) and the non-probiotics arm (control arm, n = 35). All patients received radiotherapy to a total dose of 70 Gy in 35 fractions, along with concurrent weekly cisplatin chemotherapy. Patients in the probiotics arm were given 65 ml of probiotic milk beverage (Yakult) containing 6.5 billion colony-forming units Lactobacillus casei Shirota strain to drink once a day for 7 weeks during chemoradiotherapy treatment.

Results: Incidence of severe mucositis, dysphagia, and significant weight loss was significantly lower in the probiotics arm

compared to the control arm. Patients in the probiotics arm experienced significantly less grade 3 oral mucositis (four patients, 11.43%) and grade 3 dysphagia (six patients, 17.14%) compared to patients in the control arm (12 patients, 34.29% and 13 patients, 37.14%, respectively; P < 0.001). Compliance was not statistically different in both the arms.

Conclusion: In this randomized clinical trial of carcinoma oropharynx patients, probiotics reduced the concurrent chemoradiotherapy-induced severe oral mucositis and dysphagia.

Keywords: Carcinoma oropharynx, chemotherapy, oral mucositis, probiotics, radiotherapy.

Dr. Saloni Sojitra
Senior Resident, Department of Radiation Oncology

Early integration of Supportive and Palliative Care in Cancer: Separating Myths from Reality

As cancer care continues to advance, the focus has expanded beyond treating the disease to caring for the whole person. Palliative Medicine plays a vital role in this approach by addressing symptoms, improving quality of life, and supporting patients and families throughout the cancer journey. However, despite its growing importance, several myths about palliative care persist.

Myth 1: Palliative Care Means Stopping Active Cancer Treatment

Reality: Palliative care is provided alongside cancer-directed treatments such as surgery, chemotherapy, immunotherapy, and radiation therapy. Its goal is not to replace treatment, but to help patients tolerate treatment better by managing symptoms and improving overall well-being.

Myth 2: Palliative Care Is Only for the Last Days of Life

Reality: Current international guidelines recommend early integration of palliative care in cancer patients. Early involvement allows symptoms to be identified and treated before they become severe, while also providing emotional, psychological, and practical support to patients and caregivers throughout the course of illness.

Myth 3: Palliative Care Is Only about Pain Medicines

Reality: Pain management is only one component of palliative care. The palliative care team also addresses fatigue, breathlessness, nausea, anxiety, depression, sleep disturbances, nutritional concerns, emotional distress, and communication regarding treatment goals. The focus is on caring for the whole person, not just the disease.

Myth 4: Pain Interventions Should Be Used Only as a Last Resort

Reality: Modern cancer pain management extends beyond medications alone. For carefully selected patients, interventional procedures such as nerve blocks, neurolytic techniques, and other image-guided interventions can provide meaningful pain relief, reduce opioid requirements, and improve daily functioning.

Effective pain control helps patients sleep better, eat better, stay active, and maintain their ability to receive and tolerate cancer-directed treatments. When integrated at the right time, these interventions become an important component of comprehensive cancer care.

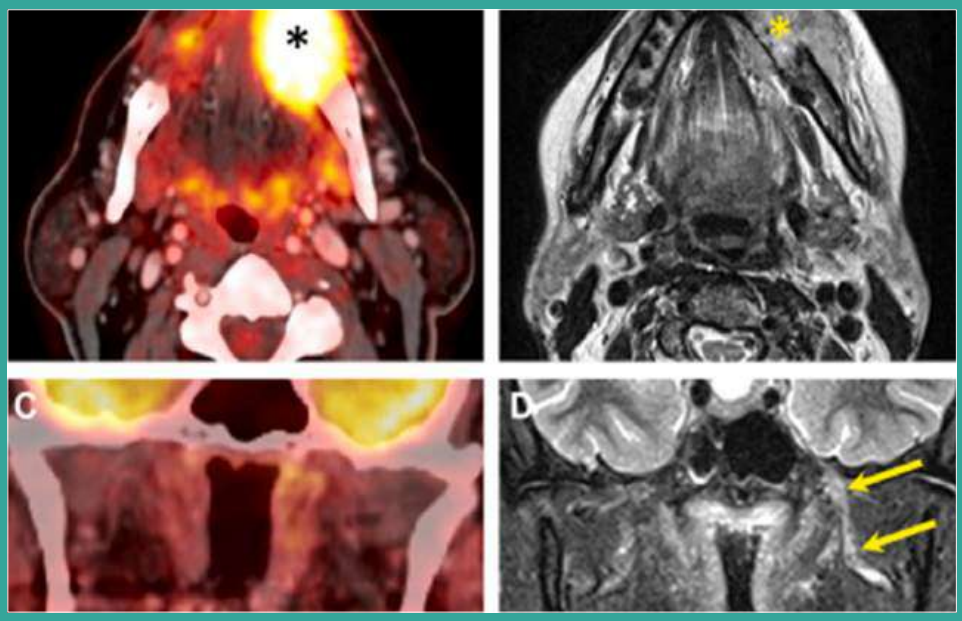
Looking beyond the Myths: Cancer care today is most effective when delivered through a multidisciplinary team involving oncologists, surgeons, radiation oncologists, palliative care physicians, pain specialists, nurses, physiotherapists, nutritionists, psychologists, and social workers.

Palliative care is not about the end of life; it is about improving life throughout the course of illness. By addressing suffering early and comprehensively, it helps patients maintain dignity, independence, and the best possible quality of life while receiving cancer treatment.

"The goal is not to add days to life, but to add life to every day."

Dr. Garima Dixit
Assistant Consultant, Department of Pain & Palliative Care

Multiparametric PET/MRI: Transforming the Imaging Landscape of Head and Neck Cancer



Head and Neck Squamous Cell Carcinoma (HNSCC) remains one of the most challenging malignancies encountered in oncologic practice. Accounting for nearly 90% of head and neck cancers, HNSCC is the sixth most common cancer worldwide and continues to be associated with significant morbidity and mortality. Despite advances in surgery, radiotherapy, and systemic therapy, the overall five-year survival rate remains below 50% in many patient populations. Accurate imaging therefore plays a pivotal role in diagnosis, staging, treatment planning, and post-treatment surveillance.

Traditionally, contrast-enhanced CT, MRI, and FDG PET/CT have served as the cornerstone imaging modalities for HNSCC evaluation. However, the emergence of hybrid PET/MRI has introduced a new era of multiparametric imaging, combining the metabolic information of PET with the superior soft-tissue characterization of MRI in a single examination.

Why PET/MRI?

PET/MRI integrates two complementary imaging techniques. FDG PET identifies areas of increased glucose metabolism, reflecting tumor activity, while MRI provides exceptional anatomical detail, particularly in the complex structures of the head and neck region. The addition of Diffusion Weighted Imaging (DWI) and Apparent Diffusion Coefficient (ADC) mapping further enhances tissue characterization by assessing tumor cellularity.

This comprehensive approach allows clinicians to evaluate tumor morphology, metabolism, and microstructure simultaneously, improving diagnostic confidence and reducing the need for multiple imaging sessions.

Role in Primary Tumor Staging

Accurate assessment of the primary tumor is critical because tumor size, thickness, and depth of invasion are closely linked to aggressiveness and prognosis. MRI has long been recognized as superior to CT for evaluating soft tissue extension, skull base involvement, and perineural spread.

When combined with PET, MRI offers improved delineation of tumor boundaries and identification of metabolically active disease. PET/MRI is particularly useful in detecting occult primary tumors in patients presenting with metastatic cervical lymphadenopathy and an unknown primary site, thereby facilitating early diagnosis and appropriate treatment planning.

Improved Nodal Assessment

Lymph node involvement remains one of the most important prognostic factors in HNSCC. Conventional imaging relies on size criteria and morphological features; however, small metastatic nodes may be missed.

PET/MRI improves nodal characterization by integrating multiple parameters, including nodal size, shape, margins, diffusion restriction, and FDG uptake. Studies have demonstrated that PET/MRI may achieve higher sensitivity for nodal metastasis detection compared with PET/CT, particularly in oropharyngeal and nasopharyngeal cancers. This enhanced accuracy can significantly influence treatment decisions and radiation therapy planning.

Post-Treatment Evaluation: A Major Strength

One of the greatest challenges in head and neck imaging is differentiating post-treatment changes from recurrent disease. Surgery and radiotherapy often produce edema, fibrosis, and inflammatory changes that can mimic tumor recurrence.

PET alone is highly sensitive but may lack specificity due to inflammatory FDG uptake. Multiparametric PET/MRI overcomes this limitation by combining metabolic and diffusion information.

Recurrent tumors typically demonstrate:

- Intermediate T2 signal intensity
- Restricted diffusion with low ADC values
- High FDG uptake

In contrast, fibrosis often shows very low T2 signal intensity, low ADC values due to the "T2 blackout effect," and only mild metabolic activity. Post-treatment edema usually demonstrates high T2 signal intensity, elevated ADC values, and variable FDG uptake.

The concordance of PET and DWI findings has been shown to provide excellent predictive value, with reported sensitivities approaching 97% and specificities exceeding 90%.

Detection of Perineural Spread and Distant Disease

Perineural spread is a well-recognized pathway of tumor dissemination in head and neck cancers and is associated with poorer outcomes. MRI remains the modality of choice for detecting nerve thickening, abnormal enhancement, and denervation changes. PET serves as a valuable adjunct by identifying metabolically active disease along affected neural pathways.

For distant metastasis assessment and whole-body staging, PET/MRI demonstrates performance comparable to PET/CT while offering the additional advantage of superior soft tissue evaluation and reduced radiation exposure.

Future Directions

The future of oncologic imaging lies in precision medicine. Quantitative biomarkers such as standardized uptake value (SUV) from PET and ADC values from MRI are increasingly being investigated for prognostication and treatment response prediction. Artificial intelligence and machine learning algorithms are also being developed to automate tumor segmentation, predict outcomes, and support personalized therapeutic strategies.

As these technologies mature, PET/MRI is expected to play an increasingly important role in individualized cancer care.

Conclusion

Multiparametric PET/MRI represents a significant advancement in the imaging of head and neck cancer. By combining metabolic, anatomical, and functional information within a single examination, it provides comprehensive tumor evaluation, improves staging accuracy, enhances post-treatment assessment, and supports more informed clinical decision-making. As evidence continues to grow, PET/MRI is poised to become an integral component of modern head and neck oncology practice.

Dr. Harshul Sharma
Consultant, Department of Nuclear Medicine

Paediatric Acute Lymphoblastic Leukemia: A Story of Hope, Science, and Survival

Some storms arrive with thunder. Others arrive in silence.

A fading appetite. A lingering fever. A bruise that cannot be explained. A child who suddenly no longer has the energy to run. While life continues as usual around them, a silent rebellion is unfolding deep within the bone marrow. For countless families, these subtle warnings become the first whispers of Acute Lymphoblastic Leukemia—the diagnosis that arrives like a thunderbolt. Yet behind this daunting name lies one of the greatest success stories in modern paediatric medicine.

ALL is the most common childhood cancer, accounting for nearly 30% of all paediatric malignancies. Today, with advances in paediatric oncology, more than 85–90% of children diagnosed with ALL can be cured for life.

What Is Acute Lymphoblastic Leukemia?

Acute Lymphoblastic Leukemia is a cancer of the blood and bone marrow that arises from immature lymphoid cells called lymphoblasts. Under normal circumstances, these cells develop into lymphocytes, which help protect the body from infections.

In ALL, these immature cells multiply uncontrollably making the bone marrow overcrowded with leukemic cells, leaving little room for the production of normal blood cells. As a result, children develop anemia, increased susceptibility to infections, and a tendency to bruise or bleed easily.

The precise cause of ALL remains elusive. Most children diagnosed with the disease have no identifiable risk factors, although certain genetic syndromes and environmental exposures have been associated with an increased risk.

Recognizing the Warning Signs-

The symptoms of ALL are often nonspecific and can resemble common childhood illnesses. Persistent fever, fatigue, pallor, recurrent infections, unexplained bruising, bleeding from the gums, bone and joint pain, liver or spleen enlargement and lymphadenopathy are among the most frequent presentations.

Awareness of these warning signs among parents and healthcare providers plays a critical role in ensuring timely diagnosis.

The Road to Diagnosis-

The diagnosis of leukemia often begins with a simple blood test. Abnormal findings on a complete blood count and peripheral smear examination raise suspicion and lead to further evaluation.

A bone marrow examination confirms the diagnosis and helps determine the extent of disease involvement. Additional tests such as flow cytometry, cytogenetics, and molecular studies provide detailed information about the leukemia subtype and its genetic characteristics. These investigations help us in risk stratifying the patient and guide individualized treatment strategies.

One of the most important advances in modern leukemia care is the assessment of Minimal Residual Disease (MRD)- Measuring What Cannot Be Seen. Even when a child appears to be in remission under the microscope, tiny numbers of leukemic cells may still persist. MRD testing can detect these hidden cells with remarkable sensitivity and has now become one of the strongest tool for ALL treatment response assessment.

Treatment: A Journey of Precision, Perseverance, and Hope

The treatment of paediatric ALL is one of the most remarkable examples of precision medicine in modern oncology. Far from being a single therapeutic approach, treatment is carefully tailored according to the child's age, leukemia subtype, genetic characteristics, response to therapy, and minimal residual disease (MRD) status.

The journey begins with induction chemotherapy, an intensive phase aimed at achieving remission by eliminating the vast majority of leukemic cells. Subsequent phases of consolidation and intensification therapy are designed to eradicate these residual cells and prevent their return. This is followed by a 2 year of maintenance therapy, safeguarding the child against relapse and allowing a gradual return to normal life.

For a subset of children with high-risk disease, poor early treatment response, adverse genetic features, or relapsed leukemia, chemotherapy alone may not be sufficient. In such situations, allogeneic hematopoietic stem cell transplantation (HSCT) becomes a potentially curative option. The therapeutic landscape continues to evolve and it has paved the way for targeted therapies and immunotherapy. Novel agents such as bispecific T-cell engagers like Blinatumomab, antibody-drug conjugates like Inotuzumab ozogamicin, and CAR-T cell therapies are achieving remissions once considered unattainable, offering new hope to children with the most difficult-to-treat disease.

Looking Beyond the Diagnosis-

Successful treatment of ALL extends beyond chemotherapy. Comprehensive supportive care—including infection prevention, blood product support, nutritional guidance, psychological counselling, and rehabilitation—is essential throughout the treatment journey.

Equally important is survivorship care as cure rates continue to improve. Increasing attention is being given to the long-term health and quality of life of survivors.

The story of paediatric ALL is ultimately a story of hope. What was once a uniformly fatal disease has now become one of the most curable childhood cancer. Every child who returns to school, celebrates a birthday, or dreams about the future stands as a testament to decades of scientific progress and compassionate care.

Today, paediatric Acute Lymphoblastic Leukemia is no longer defined solely by the diagnosis. It is increasingly defined by survival, resilience, and the promise of a healthy future.

Dr. Shivani Mathur
Assistant Consultant, Department: Pediatric Hemato Oncology

DNB Excellence: DNB Achievements & Recognitions

Dr. Mudit Bengani, DNB, Radiation Oncology was honored with the Best Panelist Award in the Rectal Cancer (Lower GI) session at the 1st Annual Oncologic Panels held in Bareilly.

Dr. Subhajit Das (DNB, Palliative Medicine) won 3rd Prize in the PalliQuest Quiz Competition at IAPCON 2026, Hyderabad.

Dr. Tejansh Sharma, Senior Resident, Radiation Oncology, was awarded Second Position in Quiz Competition at BMCON HAEM-2025 held at the Lalit, Jaipur and honoured with Best Panelist Award in the Rectal Cancer (Lower GI) session at the 1st Annual Oncologic Panels held in Bareilly.

Dr. Sakshi Bhatia, DNB, Palliative Medicine secured First Prize at IAPCON 2026, Hyderabad, in the debate category (Against the Motion) on “Community Participation is More Important than Technology for the Growth of Palliative Care

Dr. Salila Sanjay Chandorkar & Dr. Manoj Sharma, DrNB, Medical Oncology, were honored with the First Runner-Up Award in the Quiz Competition at the Immuno Oncology Summit 2026.

Dr. Manoj Sharma, DrNB, Medical Oncology, was awarded First Prize at the 9th Annual International Breast Cancer Conference & Precision Oncology 2025 and Second Prize at Best of ASCO Jaipur 2026 and the Immuno Oncology Summit 2026.

Dr. Akshita Saxena, DNB, Pathology was awarded Second Prize in the Poster Competition at RAJPATHCON-2025 held at Mahatma Gandhi Medical College & Hospital, Jaipur.

Dr. Akshita Saxena, DNB, Pathology won Second Position in the Poster Competition at BMCON HAEM -2025 held at The Lalit, Jaipur.

Dr. Akshita Saxena (Pathology), Dr. Salila Sanjay Chandorkar (Medical Oncology), and Dr. Rahul Gangoda (Medical Oncology) secured Second Position in the Haem Quiz Competition at BMCON-2025 held at the Lalit, Jaipur.

A Story of Strength:
Raj Bala's Inspiring Battle Against Breast Cancer

From fear to freedom:
My Journey of Courage, Hope, and Survival

Life was moving smoothly until October 2022, when a few unusual health concerns began to disturb my otherwise happy and fulfilling life. As a teacher at CSKM Public School, Chhattarpur, New Delhi, I was deeply involved in shaping young minds and balancing my responsibilities as a wife, mother, grandmother, and an educator. Like many women, I initially ignored the symptoms, believing they were temporary.

However, medical consultations and tests soon revealed a reality that changed my life forever—Breast Cancer.

Hearing the diagnosis was one of the most difficult moments of my life. Fear, disbelief, and uncertainty overwhelmed me. Questions about my future and my family filled my mind. Yet, in that moment of darkness, my greatest source of strength was my family, especially my husband, Capt Anil Kumar Malhotra, whose unwavering support never left my side.

The treatment journey was long and challenging. I underwent eight chemotherapy sessions, followed by surgery, radiation therapy, and ongoing hormonal therapy. Chemotherapy brought physical weakness, sleepless nights, emotional turmoil, and the painful experience of losing my hair. Looking in the mirror became difficult, and there were moments when I felt broken and defeated.

But every time I struggled, my husband reminded me that I was stronger than my illness. My kid's love, patience, and encouragement helped me face each day with renewed courage.

A special word of gratitude is reserved for Bhagwan Mahaveer Cancer Hospital & Research Centre, Jaipur, a place that became a beacon of hope during one of the most challenging phases of my life. True to the spirit of “Bhagwan” in its name, the hospital reflected compassion, healing, and humanity at every step of my treatment journey.

I remain deeply indebted to Dr. Naresh Ledwani, Surgical Oncologist, whose vast experience, confidence, and reassuring guidance gave me the courage to face cancer with determination. His calm approach and clear explanations always filled me with hope, even during moments of uncertainty.

My heartfelt appreciation also goes to Dr. Ajay Bapna, HOD Deptt of Medical Oncologist , whose expertise and meticulous care ensured that every stage of chemotherapy was managed with professionalism and compassion. His encouraging words and patient-centered approach helped me endure the most difficult phases of treatment.

I am equally grateful to Dr. Nidhi Patani, HOD Radiation Therapy Deptt , whose dedication, warmth, and commitment to excellence made the radiation therapy phase much less intimidating. Her reassuring presence and attention to detail inspired confidence throughout the treatment process.

The doctors, nurses, and support staff at Bhagwan Mahaveer Cancer Hospital & Research Centre treated me not merely as a patient but as a person fighting an emotional and physical battle. Their kindness, empathy, and unwavering commitment to patient care played a significant role in my recovery.

After months of treatment, countless hospital visits, and many emotional battles, I finally heard the words I had prayed for:

“You are cancer-free.”

Those words brought tears to my eyes and gratitude to my heart. At that moment, I realized that every painful step of the journey had been worth the fight.

Today, I look back not only at the suffering but also at the courage, resilience, faith, and love that carried me through. Cancer changed my life, but it also taught me to appreciate every moment, cherish my loved ones, and never take life for granted.

My journey is proof that cancer may challenge the body, but it cannot defeat a determined spirit supported by family, dedicated doctors, hope, and faith.

Cancer became a chapter in my life, but it did not define my life. Instead, it taught me to cherish every moment, embrace every blessing, and live each day with hope, purpose, and joy.

Raj Bala
A fighter and survivor

Welfare Projects

The hospital is providing 25% free hospital services in OPD and IPD, in this category BPL and Economically weaker patients are included. In addition to this hospital also having welfare project, wherein the entire treatment including the medicine is being provided free.

Donate A Life Project

Under this project complete free treatment is provided to the following treatable Blood Cancers:-

Children 1-14 years of age with:-

1. Acute Lymphoblastic Leukemia Low Risk (ALL)
2. Acute Promylocytic Leukemia (APML)
3. Hodgkin's Lymphoma (HD)

- Project Started in August, 2014
- 291 Children received free treatment
- 182 Cancer Free.
- Expenditure worth ₹11,33,92,924/- till June, 2026.

Anticipated expenditure per patient: ₹5 lacs

Account Name: Bhagwan Mahaveer Cancer Hospital & Research Centre A/C Donate A Life Fund

Account Number : 07021131000885

Bank Name: Oriental Bank of Commerce

IFSC Code: ORBC0100702

Wilm's Tumour (Kidney Cancer) Project

Under this project free treatment is provided to the children suffering from Wilm's Tumour (Kidney Cancer).

- Children in age group 1-10 with confirmed diagnosis of Wilm's Tumour attending the BMCHRC are recommended to be registered in the project category and provided free treatment (Except Outside Investigations) from the date of registration.
- Project started in May 2016.
- 31 patients registered for free treatment.
- Total expenditure till June, 2026: ₹5,28,782/-

Anticipated expenditure per patient: ₹3.5 lacs

Account Name: BMCHRC A/C Kidney Cancer Project

Account Number: 07021132000548

Bank Name: Oriental Bank of Commerce

IFSC Code: ORBC0100702

Freedom From Cancer Project (CML)

Patient suffering from CML Blood Cancer are provided free treatment under this project.

1. After diagnosis of CML-CP by RQ-PCR for BCR-ABL– Test, patient is registered for free Imatinib therapy and treatment as per the approved protocol.
2. The patient is given free treatment (Consultation, Routine Blood Test, Monitoring BCR ABL Test and Supply of Imatinib) as recommended by the consultant.

- August 2015 – June, 2026: 343 patients registered under the project
- 207 are receiving free treatment.
- All 133 patients are cancer free and leading a normal life.
- Expenditure till June, 2026: ₹2,53,78,174/-

Anticipated expenditure per patient per year: ₹20,000/-

Account Name: Bhagwan Mahaveer Cancer Hospital & Research Centre A/C Cancer Mukti Fund

Account Number: 2911582309

Bank Name: Kotak Mahindra Bank

IFSC Code: KKBK0003538

Annual Surveillance & Early Detection of Breast and Cervical Cancer

- Post menopause (40+ age) women at high risk of developing cancer of breast and uterus are offered free annual screening by Mammography & Pap Smear.
- Of female teachers and female employees and spouses of their male counterparts of 40+ age residing in Jaipur and ladies groups were the base target group.
- Second & Last Saturday of every month free screening of the pre registered women was under taken.
- Project started in July, 2014.
- Total 897 women screened till June, 2026.
- Total expenditure till June, 2026: ₹9,24,280/-

Cure Thyroid Cancer Project

Curative Adjuvant Radioactive Iodine Therapy for Residual Thyroid Cancer in females below 45 yrs of age.

- Under this project free Adjuvant Radioactive Iodine Therapy will be provided for residual thyroid cancer.
- Project started in May, 2018
- 32 patients registered and received free treatment
- Total expenditure till June, 2026: ₹24,06,472/-

Anticipated expenditure per patient: ₹40,000/-

Account Name: BMCHRC A/C Cure Thyroid Cancer Project

Account Number: 07021132000486

Bank Name: Oriental Bank of Commerce

IFSC Code: ORBC0100702

Breast Cancer Recurrence Prevention Project

To provide adjuvant hormone therapy in hormone sensitive breast cancer patients.

- Under this project free Adjuvant Hormone Therapy is provided to the ER/ PR Positive Breast Cancer Patient after completion of chemotherapy and radiation.
- Project started in March, 2018
- 31 patients registered
- Total expenditure till June, 2026: ₹5,31,182/-

Anticipated expenditure per patient per year: ₹10,000/-

Account Name: BMCHRC A/C Breast Cancer Recurrence Prevention Project

Account Number: 07021132000193

Bank Name: Oriental Bank of Commerce

IFSC Code: ORBC0100702

Compassionate Cancer Care Project

Account Name: BMCHRC A/C Compassionate Cancer Care Project

Account Number: 50100286689755

Bank Name: HDFC Bank

IFSC Code: HDFC0001844

To provide complete free treatment to the following patients:

- A female patient who has been treated at BMCHRC for Breast, Uterine, Ovary or Colon Cancer, Developing another cancer (Metachronous Cancer, Not recurrence) within 5 years of her previous cancer.
- A female patient who has been treated for any cancer at BMCHRC, her child developing a cancer, the child will be treated totally free.
- Project started in March 2019.
- 3 Families registered
- Total expenditure till June, 2026: ₹16,52,746/-

Save Mother Cervical Cancer Project (SMCCP)

Anticipated expenditure per patient: ₹2,33,000/- (Approx.)

Account Name: BMCHRC Save Mother Cervical Cancer Project

Account Number: 496502010089079

Bank Name: Union Bank of India

IFSC Code: UBIN0549657

Under this project Free external Beam Radiotherapy + Cisplatin F/B Brachy Therapy is provided to the registered patients.

- This project started in July 2022 and till June, 2026, 19 Patient registered and received treatment worth ₹44,23,937.

Cancer Jaanch Aapke Dwar

This program is designed to detect the most common cancers at an early stage, including breast, cervical, ovarian, oral, lung, and prostate cancers in men and women both.

- The Cancer Awareness & Screening Program "Cancer Jaanch Aapke Dwar" was launched in January 2023.
- A door to door testing facility are being made available to mass under this project through cancer screening bus.
- As part of the program, a Cancer Screening Mobile Van, equipped with a Mammography unit, X-ray machine, laboratory and procedure room.
- Till June 2026, 368 camps were organized, 33,922 people registered and screened. Most importantly, 130 cancer cases were detected early and given timely treatment.





Dr. Apoorva Tak, Additional Consultant, Surgical (Gynaecologic) Oncology & Gynaecology, BMCH, delivered an informative cancer awareness session organized by Shri Agarwal Saloombari Panchayat Sanstha, Beawar. She educated participants about the early signs of cancer, preventive measures, and the importance of regular health check-ups. The session emphasized adopting a healthy lifestyle and seeking timely medical advice for better outcomes. Participants actively engaged and appreciated the valuable health information shared during the program.

On 7th April 2025, the VGU RRC Club and NSS Club visited Bhagwan Mahaveer Cancer Hospital on the occasion of World Health Day. Dr. Nidhi Goyal shared valuable insights on cancer prevention, early detection, and the importance of a healthy lifestyle.

Dr. Naresh Jakhotia, Senior Consultant, Radiation Oncology, delivered a health talk on "Healthy Lifestyle and Cancer Prevention" at Poornima University, Jaipur, on April 16, 2025. He shared valuable insights on cancer prevention, healthy living habits, and the importance of vaccination.

Dr. Apoorva Tak, Additional Consultant, Surgical (Gynaecologic) Oncology & Gynaecology, delivered a health talk on "Women's Health and Cancer Prevention" at RIC, Jaipur, on August 6, 2025. The session was organized by International Vaish Federation Women Wing, District Jaipur. She shared valuable information on women's health, cancer prevention, early detection, and the importance of adopting a healthy lifestyle.

A Health Talk on "Healthy Lifestyle and Cancer Prevention" was conducted by Dr. Nidhi Goyal at Subodh Public School, Rambagh, Jaipur, on August 8, 2025 and Subodh Public School, Sanganer, Jaipur, on August 11th and 13th, 2025. The session focused on cervical cancer prevention, HPV vaccination, and the importance of healthy lifestyle practices.

Dr. Nidhi Goyal delivered a Health Talk on "Healthy Lifestyle and Cancer Prevention" at Maharaja Sawai Bhawani Singh School, Jagatpura, Jaipur, on August 18, 2025. The session focused on HPV vaccine awareness, cervical cancer prevention, and healthy living.

A Health Talk on "Healthy Lifestyle and Cancer Prevention" was conducted by Dr. Naresh Jakhotia, Senior Consultant, Radiation Oncology, at Sanskar School, Jaipur. The session on September 6, 2025, focused on HPV vaccine awareness and cervical cancer prevention.

Dr. Nidhi Goyal, Preventive Oncology Specialist, conducted a Health Talk on "Healthy Lifestyle and Cancer Prevention" at S.S. Jain Subodh Sr. Sec. School, Bapu Bazar, Jaipur on August 29, 2025 and S.S. Jain Subodh P.G. Mahila Mahavidyalaya, Rambagh, Jaipur on August 30, 2025. The session highlighted cervical cancer awareness, cancer prevention, and the importance of adopting a healthy lifestyle.

Dr. Naresh Jakhotia, Senior Consultant, Radiation Oncology, conducted a Health Talk on "Healthy Lifestyle and Cancer Prevention" at Sanskar School, Hanuman Nagar Extension, Sirsi Road, Jaipur on August 23, 2025. The session highlighted cancer prevention, healthy lifestyle practices, and vaccination awareness.

Dr. Nidhi Goyal delivered a Health Talk on "Healthy Lifestyle and Cancer Prevention" at Maharaja Sawai Bhawani Singh School, Jagatpura, Jaipur, on August 18, 2025. The session focused on HPV vaccine awareness, cervical cancer prevention, and healthy living.

A Health Talk on "Healthy Lifestyle and Cancer Prevention" was delivered by Dr. Nidhi Goyal, Preventive Oncology Specialist, at S.S. Jain Subodh P.G. College, Jaipur. During the session on September 9, 2025, she discussed HPV vaccination and cervical cancer prevention.

Dr. Tej Prakash Soni, Senior Consultant, Radiation Oncology conducted a Health Talk on "Healthy Lifestyle and Cancer Prevention" at Shree Kkarni Universe College, Jaipur. The session on September 9, 2025, focused on HPV vaccine awareness and cervical cancer prevention.

A Health Talk on "Healthy Lifestyle and Cancer Prevention" was conducted by Dr. Nidhi Goyal, Preventive Oncology Specialist at Tagore P.G. Girls College, Jaipur. The session held on September 10, 2025, highlighted the role of HPV vaccination in preventing cervical cancer.

Dr. Mitesh Chandra Kaushik, Senior Consultant, Surgical Oncology delivered a Health Talk on "Healthy Lifestyle and Cancer Prevention" at St. Wilfred's College for Girls, Jaipur. The session on September 24, 2025, focused on HPV vaccine awareness and cervical cancer prevention.

A Health Talk on "Healthy Lifestyle and Cancer Prevention" was conducted by Dr. Priyasi Surolia, Psycho-Oncologist at Akashdeep College of Pharmacy, Jaipur. The session on October 4, 2025, highlighted the benefits of HPV vaccination and the importance of cervical cancer prevention.

Dr. Priyasi Surolia, Psycho-Oncologist conducted a Health Talk on "Healthy Lifestyle and Cancer Prevention" at Khandelwal Vaish Girls Institute of Technology, Jaipur. The session held on September 29, 2025, focused on HPV vaccine awareness and cervical cancer prevention.

A Health Talk on "Healthy Lifestyle and Cancer Prevention" was conducted by Dr. Naresh Jakhotia, Senior Consultant, Radiation Oncology at BMCHRC. During the session on September 26, 2025, members of the Kalbelia community were educated about HPV vaccination and cervical cancer prevention.

Dr. Mitesh Chandra Kaushik, Senior Consultant, Surgical Oncology delivered a Health Talk on "Healthy Lifestyle and Cancer Prevention" at Biyani Group of Colleges on World Cancer Day, February 4, 2026. The session focused on breast and cervical cancer prevention, early detection, regular health checkups, and the importance of a healthy lifestyle.

Dr. Sheh Rawat, HOD Radiation Oncology conducted a Health Talk on "Healthy Lifestyle and Cancer Prevention" at Air Force Station, Jalmahal, on February 5, 2026. The session focused on breast and cervical cancer prevention, early detection, regular health checkups, and the importance of healthy lifestyle habits.

Dr. Apoorva Tak, Additional Consultant, Surgical (Gynaecologic) Oncology & Gynaecology and Dr. Shivani Mathur, Assistant Consultant, Paediatric Hemato Oncology conducted an awareness session on women's health, ovarian cancer awareness, thalassemia prevention, anemia, and healthy nutrition at a screening program organized by BMCH. The session focused on the occasion of World Ovarian Cancer Day and World Thalassemia Day, the program encouraged preventive healthcare and early detection among students.

EVENTS

ENTERTAINMENT ACTIVITY FOR CANCER AFFECTED CHILDREN

BMCH organized a fun-filled activity for children on April 24, 2025, within the hospital premises. The Psycho-Oncology team conducted various engaging and enjoyable activities to bring happiness, smiles, and positive energy to the young patients. The event created a cheerful atmosphere and helped make the day special for the children.

HONOURING THE HEALING HANDS

The Hospital celebrated Doctor's Day (UTSAV) with great enthusiasm at Sapta Shakti Officers Institute, Military Station, Jaipur on July 1st, 2025. Chairman Shri Navrattan Kothari appreciated the dedication and hard work of the doctors, while a musical programme featuring poetry and songs added joy to the celebration. The event was attended by senior management, HODs, and doctors, making it a memorable tribute to the healthcare heroes.

ENTERTAINMENT PROGRAM FOR PEDIATRIC CANCER PATIENTS

A special activity for children was organized at BMCH on July 12, 2025. The children enjoyed colorful activities and fun games. Gifts were also distributed, making the event joyful and memorable for them.

79TH INDEPENDENCE DAY CELEBRATION

WORLD NO-TOBACCO DAY: PROMOTING A HEALTHIER, TOBACCO-FREE FUTURE

Bhagwan Mahaveer Cancer Hospital organized a World No-Tobacco Day awareness program on May 31, 2025. Chief Guest Hon'ble Governor of Rajasthan Shri Haribhau Bagde encouraged people to quit tobacco and launched the awareness film “Sanson Se Mohabbat” to spread awareness about its harmful effects. Managing Trustee Shri Vimal Chand Surana welcomed the guests, while Senior Vice Chairperson Mrs. Anila Kothari highlighted the hospital's awareness initiatives and free cancer screening programs. Executive Director Maj Gen S C Pareek, retd. shared details of the tobacco cessation project. The event concluded with a collective pledge to promote a tobacco-free and healthier society.

CHAIRMAN SHRI NAVRATTAN KOTHARI'S BIRTHDAY: CELEBRATING A LEGACY OF CARE AND COMPASSION

Chairman Shri Navrattan Kothari's birthday was celebrated on 27th June 2026 with great joy and enthusiasm. A cake-cutting ceremony was held in the presence of Senior Vice Chairperson Mrs. Anila Kothari, Trustee Mr. Sanjay Kothari, the Executive Director, Medical Director, CGO, Mr. Saransh Kothari, doctors, cancer care members, and other staff. To mark the occasion, a week-long celebration was organized, featuring a blood donation drive, the inauguration of the new pharmacy counter, and a cancer screening camp. The celebrations reflected BMCH's unwavering commitment to service, compassion, and the well-being of the community.

BMCH AND LIONS CLUB UNITE FOR CANCER AWARENESS INITIATIVE

Bhagwan Mahaveer Cancer Hospital, in collaboration with Lions Club, organized a Cancer Awareness Seminar during Service Week from 4th to 12th October 2025. The week-long program focused on spreading awareness about cancer prevention, early detection, and healthy lifestyle practices. Students actively participated in a Tiranga campaign and formed a human chain to promote the message of unity and health awareness. A cancer screening camp was also organized to encourage timely health check-ups. In addition, health talks were conducted to educate people about cancer symptoms, risk factors, and the importance of regular screening.

EVENTS

BMCON HEAM: HEALING THROUGH HAEMATOLOGY

Bhagwan Mahaveer Cancer Hospital organized BMCON HAEM: Healing through Haematology from August 15th to 17th, 2025. The pre-conference workshops were held on August 15th, followed by the main conference on August 16th-17th at The Lalit, Jaipur, in collaboration with Indian Society of Hematology and Blood Transfusion (ISHBT) and Blood Banks Society, Rajasthan.

The conference was inaugurated by Rajasthan Legislative Assembly Speaker Vasudev Devnani and Dr. Subhash Verma. More than 300 delegates, including oncologists, researchers, medical practitioners, anaesthesiologists, and residents from across India, participated in the event. Experts discussed the latest advancements and challenges in the treatment of Lymphoma, Myeloma, CLL, ALL, AML, and MDS/MPN/MF.

On the second day, Organizing Secretary Dr. Upendra Sharma highlighted ongoing research and advanced treatment approaches being used in India and abroad. Organizing Chairperson Dr. Geetanjali Agrawal Joshi and Dr. Ajay Bapna shared the objectives of BMCON HAEM 2025, while four hands-on workshops provided valuable practical learning opportunities for participants.

CELEBRATING 28 YEARS OF EXCELLENCE

BMCH and Cancer Care celebrated 28th Foundation Day at the Maharana Pratap Auditorium on October 3rd, 2025. The event began with lamp lighting and a felicitation ceremony to honour doctors, nurses, administrative staff, and support staff for their outstanding contributions. Awards were presented to team members whose dedication and hard work have played an important role in the hospital's success.

Chairman Shri Navrattan Kothari highlighted the institution's achievements, while Senior Vice Chairperson Mrs. Anila Kothari shared plans for future expansion and modernization. Cancer Care Patron Mrs. Sunita Gehlot appreciated the hospital's contribution to cancer treatment and awareness.

A special highlight of the celebration was the powerful monologue “DRAUPADI” by National Monologue Artist Anjana Chandak, which captivated the audience with its impactful performance.

EXPERT SHARES INSIGHTS AT HEALTH FIRST CONCLAVE 2025

As part of the Health First Conclave 2025, a panel discussion featuring leading healthcare experts and policymakers was organized to discuss the future of healthcare and cancer treatment. Representing BMCH, Dr. Prakash Singh Shekhawat, Hemato-Oncologist and BMT & CAR-T Cell Therapy Specialist, participated as a panelist and shared valuable insights on the latest advancements in cancer care, innovative treatment approaches, and improving patient outcomes.

CELEBRATING CHRISTMAS WITH SMILES, LOVE, AND CHEER

A joyful Christmas celebration was organized on December 24, 2025, for pediatric cancer patients and survivors with the support of Cancer Care (Women's Wing) and Dreamz Foundation. The event featured games, music, dance performances, and fun-filled activities that brought happiness to the children..Santa Claus distributed gifts and chocolates, bringing smiles to the children. Executive Director Maj Gen S C Pareek, retd. praised the children for their courage and fighting spirit. The celebration ended with gifts, snacks, and joyful memories.

A HEARTWARMING MOTHER'S DAY CELEBRATION

BMCHRC celebrated Mother's Day with fun-filled activities for children and their mothers, creating joyful moments of togetherness and happiness. Organized by the Psycho-Oncology Department, the event was a heartfelt tribute to the love, care, and dedication of mothers.

The celebration provided a warm and cheerful atmosphere where families enjoyed creative activities and quality time together. The event helped strengthen the special bond between mothers and children, making the day truly memorable for all.

EVENTS

IMSOS 2026 – BMCON SHOWCASES GLOBAL EXPERTISE IN MUSCULOSKELETAL ONCOLOGY

Bhagwan Mahaveer Cancer Hospital, in collaboration with Indian Musculoskeletal Oncology Society, organized the international conference IMSOS 2026 – BMCON in Jaipur. The pre-conference workshops were held on 6 March 2026, and the main conference took place on 7–8 March 2026 at RIC, Jaipur. The inaugural ceremony on March 7 was graced by Lieutenant General Manjinder Singh, General Officer Commanding-in-Chief, South Western Command, as the Chief Guest.

The conference brought together more than 450 bone cancer experts from India and abroad to discuss the latest developments in diagnosis, treatment, research, and challenges related to bone and soft tissue cancers. It served as an important platform for surgeons, oncologists, specialists, and researchers to exchange knowledge and share new advancements in the field.

On the final day, experts discussed "Malignant Bone Tumor – Past, Present and Future," highlighting advancements in bone cancer treatment and the growing role of 3D printing, robotics, and navigation technology in improving surgical precision and patient outcomes. Organizing Chairman Dr. Praveen Gupta presented cost-effective innovative techniques for limb reconstruction. According to Organizing Secretary Dr. Arvind Thakuriya, the conference featured 14 scientific sessions, 44 invited speakers, over 150 faculty members, and more than 400 participants.

BMCH and Indian Army Join Hands for Community Healthcare

A Felicitation and MoU Signing Program was organized by Bhagwan Mahaveer Cancer Hospital on 17 March 2026. During the event, Lt Gen Manjinder Singh, PVSM, AVSM, YSM, VSM, General Officer Commanding-in-Chief, South Western Command; Mrs. Barinderjit Kaur, Regional President AWWA South Western Command; and Maj Gen Amar Ramdasani, AVSM, YSM, MG IC Administration, South Western Command were felicitated for their distinguished contributions.

During the program, the Indian Army and the hospital signed a Memorandum of Understanding (MoU) to strengthen healthcare support for veterans, war widows, and their dependents. Medical equipment worth ₹15 lakh was also donated to ASHA School for the rehabilitation and care of special children. The event was attended by the Chairman, Senior Vice Chairperson, Executive Director, CGO, Medical Director, doctors, and staff members.

Aligning Efforts for Better Cancer Care

A major healthcare workshop "Align for Impact: Strengthening Comprehensive Cancer Care in Rajasthan" was held in Jaipur on April 1, 2026, bringing together government officials, doctors, and healthcare experts. The workshop focused on developing state-specific Standard Treatment Guidelines (STGs) to ensure uniform, high-quality, and accessible cancer care across Rajasthan. Hon'ble Health Minister Shri Gajendra Singh Shekhawat highlighted the government's commitment to strengthening healthcare infrastructure and improving cancer outcomes.

Experts discussed early cancer detection, advanced treatment options, and the role of public-private partnerships in enhancing cancer care services. The workshop concluded with a shared commitment to creating a structured roadmap for standardized cancer care. Maj Gen S C Pareek, retd. , Executive Director, BMCHRC, emphasized the importance of institutional collaboration and a patient-centric approach to building an effective cancer care ecosystem.

A NEW CHAPTER IN COMFORTABLE AND ADVANCED CHEMOTHERAPY CARE

The inauguration of the Day Care Chemotherapy Center was held on March 7, 2026 by Lt Gen Manjinder Singh, PVSM, AVSM, YSM, VSM, General Officer Commanding-in-Chief, South Western Command. This initiative will support better treatment facilities and patient care at BMCH. Lt Gen Manjinder Singh appreciated the world-class healthcare services provided by BMCHRC and highlighted the importance of quality cancer care. The Chairman, Senior Vice Chairperson, Executive Director, CGO, Medical Director, doctors, and staff members were also present at the event. The centre was established with the generous support of Shri Manoj Gupta, who donated 63 chemotherapy couches under a CSR initiative, significantly strengthening patient care services. Shri Manoj Gupta also formally launched the centre, marking an important step towards enhancing treatment facilities for cancer patients.

BMCH Celebrates Nurses Day with Enthusiasm and Joy

BMCH celebrated Nurses Day on May 6, 2026, with great enthusiasm and joy. A week-long series of activities was organized for the nursing team, including nursing station decoration, poster competition, skit performances, games, quiz competitions, and cultural programs. The celebrations encouraged teamwork, creativity, and participation among the nurses. The event was graced by Senior Vice Chairperson Mrs. Anila Kothari, Executive Director Maj Gen S C Pareek, retd, Medical Director Dr. Geetanjali Joshi, Chief Nursing Officer- Mr. Rituraj Sevak, HODs, and the entire nursing staff.The event concluded with prize distribution for the winners, making the celebration memorable and enjoyable for all.

EVENTS

Hon'ble Vice President of India Graces 23rd Cancer Survivors' Day

Bhagwan Mahaveer Cancer Hospital & Cancer Care proudly celebrated the 23rd Cancer Survivors' Day on April 25, 2026, at the Maharana Pratap Auditorium. The event brought together cancer survivors, healthcare professionals, and dignitaries to honor the spirit of survival and spread awareness about cancer prevention and early detection.

The celebration was graced by Shri C.P. Radhakrishnan, Hon'ble Vice President of India, as the Chief Guest, along with Shri Haribhau Kisanrao Bagde, Hon'ble Governor of Rajasthan, and Shri Gajendra Singh Khimsar, Hon'ble Health Minister of Rajasthan. During his address, the Vice President appreciated BMCH's contribution to cancer care and described cancer survivors as "true warriors." He emphasized the importance of a healthy lifestyle, regular health check-ups, timely screening, and avoiding tobacco and junk food to reduce the risk of cancer.

The Governor and Health Minister also highlighted the importance of early cancer detection and praised BMCH's "Cancer Jaanch Aapke Dwar" mobile screening initiative. More than 800 cancer survivors from across the country participated in the event and shared their inspiring journeys. Survivors were felicitated for their courage and determination, making the celebration a powerful message of hope, awareness, resilience, and collective responsibility in the fight against cancer.

New Microwave Ablation Facility Strengthens Cancer Treatment Services

The Microwave Ablation Facility was inaugurated on June 5, 2026 at BMCH by Shri Sanjiv Kumar Singh, CMD, Hindustan Copper Ltd. This advanced facility will strengthen BMCHRC's cancer treatment services by providing minimally invasive, image-guided tumor ablation for patients. Established with the generous CSR support of Hindustan Copper Ltd., the facility will help deliver more precise treatment, faster recovery, and improved patient outcomes. Shri Sanjiv Kumar Singh appreciated BMCH's commitment to providing advanced cancer care and supporting innovation in healthcare. The Chairman, Senior Vice Chairperson, Executive Director, CGO, Medical Director, doctors, and staff members were also present on the occasion. The launch of this facility marks another significant step towards enhancing cancer treatment services for patients.

Celebrating the Spirit of Vande Mataram with a Grand Tiranga Yatra

On the occasion of 150 years of "Vande Mataram," Bhagwan Mahaveer Cancer Hospital and Lions International, Jaipur organized a Grand Tiranga Yatra from Jai Club to Central Park. The event celebrated the pride of the Tricolour and promoted the values of unity and patriotism. Citizens enthusiastically participated with their families and friends, making the rally a memorable success.

79TH INDEPENDENCE DAY CELEBRATION

Jayati Bhatia Brings Joy to Young Warriors

Jayati Bhatia is a prominent Indian television, film, and theater actress visited the Pediatric Ward of Bhagwan Mahaveer Cancer Hospital on May 16, 2026, and spent memorable moments with children undergoing cancer treatment. She interacted warmly with the young patients, fulfilled their wishes, and distributed gifts, bringing smiles, happiness, and encouragement to the children and their families.

Hospital Visit by Chief Secretary of Rajasthan


Chief Secretary of Rajasthan, Shri V. Srinivas, visited Bhagwan Mahaveer Cancer Hospital on May 19, 2026, to review the hospital's facilities and services. During his visit, he toured various departments and interacted with doctors, healthcare professionals, and staff members. He appreciated the hospital's advanced infrastructure, patient-centric approach, and quality cancer care services. Shri Srinivas also praised the dedication, compassion, and commitment of the entire team. His encouraging words were a source of pride and motivation for the BMCH family.

AWARDS

BMCH honored in the Health Category at News18 Rajasthan's Digital Transformation Conclave on 22nd March 2025. The award was received by Mrs. Anila Kothari, Senior Vice Chairperson, from Dr. Manju Baghmar, State Minister of Public Works, Women & Child Development, and Government of Rajasthan

BMCHRC was honoured with the **Outstanding Contribution Award** at the **Healthcare Outlook Conclave** (H.O.Con 2025) held on **October 4, 2025.** The award recognizes the hospital's dedicated efforts and significant contribution towards advancing healthcare and serving society.

Bhagwan Mahaveer Cancer hospital awarded for its outstanding excellence in comprehensive cancer care on October 16, 2025. The award was presented by Dr. Premchand Bairwa, Hon'ble Deputy Chief Minister of Rajasthan, and Mr. Gajendra Singh Khimsar, Hon'ble Health Minister of Rajasthan to Mrs. Anila Kothari, Senior Vice Chairperson of BMCHRC at First India News Rajasthan.

Bhagwan Mahaveer Cancer Hospital got award for its excellence in Onco Services by Akashvani Jaipur at the 67th Akashvani Sangeet Sammelan on November 21, 2025. The award was presented to Maj Gen S C Pareek (Retd.), Executive Director of BMCHRC, on behalf of the hospital.

Bhagwan Mahaveer Cancer Hospital was honored with an award by Dainik Bhaskar for excellence in patient-centric cancer care on February 7, 2026. The award was presented by Shri Gajender Singh Khimsar, Hon'ble Health Minister of Rajasthan, and received by Dr. Geetanjali Agarwal Joshi, Medical Director, on behalf of the hospital.

Mrs. Anila Kothari, the Senior Vice Chairperson, received the City Icon Award from Dainik Bhaskar on 30th April 2025.

The award was presented to her by **Diya Kumari, Hon'ble Deputy Chief Minister of Rajasthan.**

Shri Vimal Chand Surana, managing trustee received the City Icon Award from Daink Bhaskar on 30th April 2025.

The award was presented to her by Diya Kumari, Hon'ble Deputy Chief Minister of Rajasthan

Smt. Anila Kothari, Senior Vice Chairperson, was honored with the Lifetime Achievement Award 2026 on April 5, 2026, at Maheshwari Public School. The award was presented in the presence of Chief Guest Diya Kumari, Hon'ble Deputy Chief Minister of Rajasthan, and Guest of Honour Madan Rathore, BJP State President and Member of Rajya Sabha.

Maj Gen S. C. Pareek (Retd.), Executive Director, received the Veteran Achievers Award at the South Western Command Felicitation Ceremony on 19 January 2026, during the 78th Army Day Celebrations.

Dr. Ajay Bapna, Director & HOD, Department of Medical Oncology, was honored with the prestigious "Doctors Glory Award 2025" by Dainik Bhaskar for his excellence and outstanding contribution to cancer treatment. The award was presented by Shri Gajender Singh Khimsar, Hon'ble Health Minister of Rajasthan & he was honored with the prestigious "Jaipur Shree" Award on January 16, 2026. The award was presented by Jaipur Pravasi Sangh (Reg.), Mumbai, in recognition of his outstanding contribution to cancer treatment and patient care.

Dr. Apoorva Tak, Surgical Oncology, Surgical (Gynaecologic) Oncology & Gynaecology has been certified in the specialized technique of Pressurized IntraPeritoneal Aerosol Chemotherapy (PIPAC) after completing training at the National Cancer Centre Singapore. This accomplishment highlights her dedication to continuous learning and bringing the latest advancements in cancer treatment to patients at BMCH.

AWARDS

Dr. Naresh Jhakotia, Senior Consultant, Radiation Oncology, represented BMCHRC as a panelist at the 2nd Annual GIOS Conference on Indian Consensus Guidelines for Anal Canal Cancers, held from 12–14 September at Le Méridien, Kochi. He actively contributed to expert discussions on advancing evidence-based cancer care and developing standardized treatment guidelines for anal canal cancers.

Dr. Praveen Gupta, Consultant, Orthopedic Oncology received multiple certificates of appreciation and participation at the 15th Asia-Pacific Musculoskeletal Tumor Society Meeting, held from October 8th to 11th, 2025, at The Westin Nusa Dua, Bali, Indonesia. He presented on "Extra-Corporeal Radiotherapy for Biological Limb Salvage: A Wise Augmentation to Strengthen the Recycled Bone Can Improve Outcomes Without Affecting the Histopathology," "Salvage of Infected Endoprosthesis Post Bone Tumor Limb Salvage Surgery: Single Staged Primary Closure (SSPC) Approach With Chemical Treatment In Vivo and Local Antibiotic Irrigation and Infiltration Post-Operatively," and "Internal Ray Excision: An Innovative Method for Tumors of Small Bones of Hands and Feet to Preserve the Functional and Cosmetic Outcomes,"** while also participating in the scientific sessions of the conference.

Dr. Ajay Bapna, Director & Head, Dept. of Medical Oncology, BMCH, has been conferred with the Lifetime Achievement Award at Best of ASCO India (BOAI) 2026, Jaipur.

This prestigious recognition honors Dr. Bapna's exceptional lifelong contributions to medical oncology, cancer research, education, and patient care.

MILESTONES

HPV Vaccination: A Powerful Step towards a Cancer-Free Future

Cancer Care and BMCH launched the HPV Vaccination Drive under its Cancer Jaanch Aapke Dwar (CJAD) initiative. The drive aims to prevent HPV-related cancers while promoting cancer awareness, early screening, and timely diagnosis. More than 400 HPV vaccinations have been administered under this initiative, helping protect people from preventable cancers. Under the guidance of Chairman of Cancer Care Mrs. Anila Kothari, the Cancer Jaanch Aapke Dwar initiative has expanded across 20 districts. So far, 369 screening camps have been organized, 33,967 individuals have been screened, 388 suspected patients have been identified, and 130 cancer cases have been detected, reflecting cancer care and BMCH commitment to saving lives through prevention, early detection, and timely treatment.

Successfully Completed 176 Bone Marrow Transplant

BMCH has reached a remarkable milestone by successfully completing 176 Bone Marrow Transplants till 30th June 2026. These include 107 Autologous BMTs and 69 Allogeneic BMTs, performed by our experienced Haematologists, Oncologists, and Transplant Specialists. Our expert team provides comprehensive care with advanced diagnostics, modern treatment, and dedicated supportive services throughout the transplant journey. This achievement highlights BMCH's growing excellence in bone marrow transplantation and advanced cancer care. With compassion, innovation, and clinical expertise, we continue to improve patient outcomes and quality of life. BMCH remains dedicated to giving every patient a new hope and a healthier future.

Excellence in HIPEC Cancer Surgeries

Our Surgical Oncology Team is highly experienced in performing HIPEC (Hyperthermic Intraperitoneal Chemotherapy) surgeries for patients with advanced and complex abdominal cancers. This specialized treatment combines expert cancer surgery with heated chemotherapy to help remove and destroy cancer cells more effectively. Led by skilled surgical oncologists, the team uses advanced surgical techniques, modern operation theatres, and the latest medical technology to ensure safe and precise treatment. Every patient receives a personalized treatment plan through a multidisciplinary approach involving experts from different cancer specialties. The team focuses on achieving the best possible outcomes while preserving the patient's quality of life. With expertise, innovation, and compassionate care, BMCH is committed to providing world-class HIPEC treatment, faster recovery, improved survival outcomes, and comprehensive support throughout every stage of the patient's cancer journey.

THE STETHOSCOPE AND THE SPREADSHEET

Medical Expertise and Administrative Discipline in Indian Hospitals

India's hospital leadership debate is framed as a battle — the Stethoscope against the Spreadsheet. It is the wrong frame. The question is not who should lead, but how clinical wisdom and administrative discipline can serve a single purpose. That purpose is medicine. Administration exists to support clinical care — not to replace it, constrain it, or outrank it.

Three Phases: How We Got Here

Under the British Raj, hospitals were military institutions run by the **Indian Medical Service (IMS)**. The Senior Surgeon held absolute authority; logistics, finance, and patient flow were afterthoughts. Order came from the doctor's personal discipline, not from systems designed to sustain it. The weakness was never the doctor — it was the absence of infrastructure around the doctor.

Independence changed the ambition. The 1960s brought formal hospital administration education: **AIIMS** opened a Department of Hospital Administration, and the **National Institute of Health Administration and Education (NIHAE, 1964)** acknowledged, for the first time nationally, that running hospitals demanded its own professional discipline.

The third shift came in 1983 with **Apollo Hospitals.** Dr Prathap C. Reddy demonstrated that attracting private capital and meeting international standards required business rigour. Professional CEOs, CFOs, and Operations Managers entered the boardroom alongside Chief Surgeons for the first time. The stethoscope and the spreadsheet were seated at the same table. Making them serve a common purpose would prove far harder.

The Conflict and Its Cost

The clinician acts on the individual in front of them; the administrator acts on the system that will serve thousands. Neither orientation is wrong. But one must set the direction. India's deepest answer has been the **Medical Superintendent** — a doctor holding an MHA, fluent in both worlds. It is the right instinct. Fluency in two languages, however, is not the same as knowing which one carries the meaning.

History is unambiguous. The **Bhore Committee (1946)** laid the visionary foundation: free care, a three-tier system, the doctor as social physician. The **Mudaliar Committee (1959)** delivered the necessary correction: stop building broken centres; strengthen what exists; bring professional management to bear. Both committees succeeded most when their chairmen understood medicine and administration. Dr Mudaliar was both. That duality was not incidental — it was the point.

No figure embodied this synthesis more completely than **Dr Bidhan Chandra Roy.** As Chief Minister of West Bengal, he grew health centres from 70 to 271 in nine years, established India's first polio clinic, and co-founded the IMA and MCI. Yet each morning, before affairs of state, he spent an hour treating the poor — without charge. This was not ceremony. It was governance: a deliberate guard against the executive detachment that strips physician-leaders of clinical credibility and moral authority. He governed like a clinician — diagnosis first, prognosis, then a measurable treatment plan.

Evidence from 370 hospitals clarifies what history suggests. Physician-led institutions deliver superior patient outcomes and satisfaction; administrator-led institutions deliver stronger financial performance. The data does not declare a tie: outcomes are the purpose, financial performance is the means. The Cleveland Clinic and Mayo Clinic resolve this through structural integration — physician CEOs with administrative partners at every level, clinical data driving operational decisions, governance that refuses to let either expertise dominate at the expense of the other.

A Way Forward

The tension plays out daily across every Indian hospital — in discharge paperwork delayed after brilliant surgery, in equipment procured without budgets to sustain it, in scheduling gaps that quietly erode what clinicians work to achieve. Military medicine makes this visible: a field hospital functions not through individual brilliance but through systems under pressure — logistics, triage protocols, chain of command. The best surgeon in a regiment is not necessarily the best medical officer. Leadership demands different muscles. But those muscles must never forget what they carry.

In a cancer institution, integration is existential. Every delayed investigation alters a patient's prognosis in real time. Every bed management failure compounds a family's worst week. Clinical excellence can be undone by scheduling gaps or a billing process that exhausts patients before treatment begins. The answer is not to choose between clinical and administrative priorities — it is to refuse that choice. They are the same concern, seen from different angles. The angle that faces the patient must never be lost.

The physician who steps into executive responsibility carries something no MBA can confer: the memory of standing across from a patient and delivering a diagnosis that changed a life in seconds. That weight must not be shed at the boardroom door. It is what keeps every budget meeting, every process review, every staffing decision anchored to its true purpose. Three disciplines define this integration in practice.

Clinical presence — not ceremony, but a structural guard against executive detachment. Dr Roy's daily hour with patients was not charity; it was governance. **Data-driven management** — applying the clinical method of diagnosis, prognosis, and measurable treatment to operational problems, so that administrative decisions carry the same rigour as clinical ones. **Institutional buffering** — the professional bodies Dr Roy co-founded were not trade unions; they were shields, ensuring no physician-leader need standalone against political interference or financial pressure. The balance sheet must serve the patient — and without a sound balance sheet, there is no hospital to serve them. Both truths must be held at once.

The stethoscope and the spreadsheet are not rivals. They are instruments of the same purpose: the restoration of health. But they do not have equal standing — one listens to the patient, and the other must follow. India's history has given us the framework. Our obligation is to build the culture.

Best Regards

Maj Gen S C Pareek, Retd. *Executive Director, BMCHRC*

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