

## EDITORIAL



### CERVICAL CANCER

Cervical cancer is the second most common malignancy after breast cancer and still the most common cancer in rural and poor socio-economic strata women in India. The most important cause found out for this is poor personal hygiene and HPV infection. Cervical cancer can be cured, because it has a long preinvasive period. Early diagnosis and treatment of cervical cancer at women are crucial for reducing the mortality rate. Today, there are many methods for detecting premalignant lesions and one of them is a conventional Papanicolaou test. Infection with human Papillomavirus (HPV), which is transmitted sexually, is considered the main cause and represents the necessary, but not the only factor for the development of cervical cancer. The carcinogenic types of HPV 16 and 18 are responsible for 70% of cervical cancer and about 50% of CIN 3. Primary prevention of cervical cancer is aimed at reducing

incidence, control of causes and risk factors. Cervical cancer vaccine is also an important strategy to effectively prevent cervical cancer provided it should be given in young girls before exposure to sexual contact and the vaccine is freely available now.

Preinvasive and microinvasive stages of cervical cancer are without symptoms. With deeper invasion of the stroma, certain clinical symptoms such as prolonged menstruation, increased vaginal secretions, vaginal bleeding between the two periods, contact bleeding (after coitus), unilateral pelvic pain with spreading in hip joint (infiltration of the pelvic nerve plexus) and nonspecific weight loss happens. In order to diagnose biopsy of cervical growth is essential and to stage the cervical cancer most commonly used tests are cytology, rectosigmoidoscopy, CECT (MRI) of abdomen and pelvis, as well as laboratory analysis.

Treatment options are Surgery or concurrent chemoradiotherapy (in stage I to IV A) and for advance and metastatic disease chemotherapy only. Surgery is useful only in stage I and IIa. Surgical treatment consists of Transabdominal hysterectomy (removal of the uterus), bilateral adnexectomy (removal of the ovaries and the fallopian tubes), upper and middle third of the vagina and lymphadenectomy of the regional lymph nodes. The most commonly used radiotherapy is external beam radiotherapy with intracavitary brachytherapy. Curative treatment modality have high cure rate if the patient diagnosed in

early stage. If patient diagnosed in advanced or metastatic stage (IV) chemo provides good symptomatic relief and prolongation of life. New treatment modalities are also being investigated and found to be useful are bevacizumab and immunotherapy just immersing as a good treatment option. We hope that we can diagnose Indian women early or may be in preventive stage or if they present with diagnosis of cervical cancer we can effectively treat them and cure them.

*Aseem K Samar*

**Dr. Aseem Kumar Samar** Additional Consultant  
Medical Oncology Department, BMCHRC

#### INTERNAL PAGES

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# CERVICAL CANCER PREVENTION AND SCREENING GUIDELINES



**Dr. Tej Prakash Soni**  
Consultant  
Radiation Oncology Department  
BMCHRC

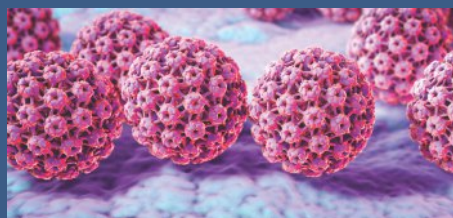
Sexually transmitted human papilloma virus (HPV) infection is the most important risk factor for cervical intraepithelial neoplasia and invasive cervical cancer. Almost 75% of all sexually active adults are likely to be infected with at least one HPV type. However, vast majority of the infections resolve spontaneously and only a minority (<1%) of the HPV infections progress to cancer. Persistent

HPV infection with high risk strains such as HPV 6, 11, 16, and 18 cause nearly all cases of cervical cancer and some anal, vaginal, penile, and oropharyngeal cancers. HPV serotypes 16 and 18 account for nearly 76.7% of cervical cancer in India.

Immunization against HPV can prevent up to 70% of HPV-related cervical cancer cases. Gardasil 9 is the only HPV vaccine currently available in the United States and is now approved for use in males and females between the ages of 9 and 45. Gardasil 9 targets HPV types 6, 11, 16, and 18 along with 31, 33, 45, 52, 58—these cause 90% of cervical cancer cases and most cases of genital warts—making it the most effective vaccine available. In girls and boys younger than 15, a 2-dose schedule is recommended; patients ages 15 through 45 require 3 doses. Vaccination and routine cervical cancer screening are both necessary to prevent this disease along with effective family and patient counseling. Almost all cervical cancer is preventable with proper screening, all women ages 21 to 65 should be screened.

Currently, there are 3 options available for cervical cancer screening: Pap-only testing is performed

every 3 years, Pap-HPV cotesting is performed every 5 years in women older than 30 with past normal screening. The high-risk HPV-only test utilizes real-time polymerase chain reaction to detect HPV 16, HPV 18, and 12 other HPV genotypes. Current guidelines from ASCCP and ACOG state that the high-risk HPV test can be repeated every 3 years if the woman is older than 25 and has had a normal test result. If the HPV test result is positive for high risk HPV 16 or 18 genotypes, then immediate colposcopy is indicated.



# NERVE-SPARING RADICAL HYSTERECTOMY IN CERVICAL CANCER



**Dr. Shikha Tewari**  
Consultant  
Surgical Oncology Department  
BMCHRC

Nerve sparing radical hysterectomy (NSRH), was introduced as one of the treatment options for early stage cervical cancer patients because cervical cancer patients suffer from postoperative complications following radical hysterectomy procedure. Nerve preservation can reduce postoperative complications, such as bladder or sexual dysfunction problems that

occur after a traditional radical hysterectomy procedure.

The NSRH procedure is a valuable method for reducing treatment-related morbidity of extensive surgical procedures. It has been reported that cancerous tissue can be removed to the same degree as with the conventional radical hysterectomy method. Also, the pelvic autonomic nervous tissue can be conserved, which reduces long term complications. However, the surgical advantage of NSRH for improving the treatment quality in patients with cervical cancer, such as in terms of prognostic factors or bulky tumor status, should be further studied.

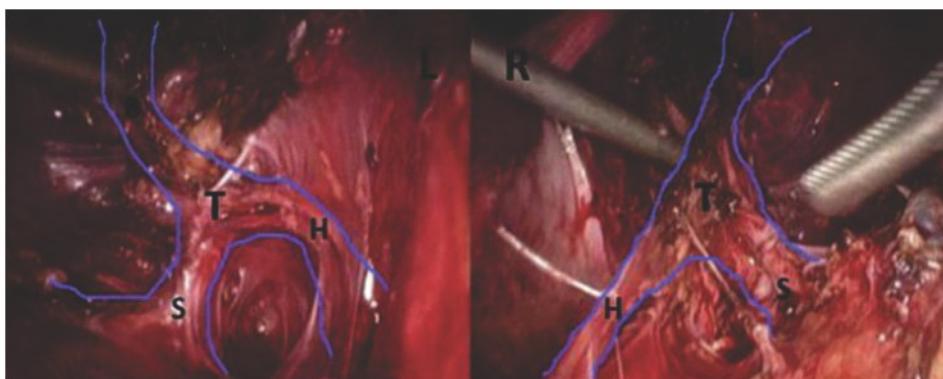


Fig. 1. Inferior hypogastric plexus. B = bladder branch of inferior hypogastric plexus; H = hypogastric nerve; L = left side; R = right side; S = pelvic splanchnic nerve; T = inferior hypogastric plexus.

# KNOWLEDGE, ATTITUDE AND PRACTICE TOWARD CERVICAL CANCER AMONG WOMEN IN RAJASTHAN



**Dr. Subha Pathaniya**  
Dy. Medical Superintendent  
BMCHRC

Cervical cancer is one of the most common causes of cancer related deaths in India. The World Health Organization estimates that of the 500,000 new cases of cervical cancer annually, 80% affect women between the ages of 15 and 45 years who live in developing nations. According to National Institute of Cancer Prevention and Research, one woman dies of cervical cancer every eight minutes in India. Cervical cancer is the third largest cause of cancer mortality in India accounting for nearly 10% of all cancer related deaths in the country.

Length of survival depends on cancer stage at the time of diagnosis. The survival rate of a person becomes better if the cervical cancer diagnosed and treated at earlier stages. Most cases of cervical cancer in India are diagnosed at later and more serious stages which will reduce the survival rate of women with cervical cancer. The prime reason for late stage diagnosis of disease is a lack of awareness about screening and prevention methods of cervical cancer.

Since, I have joined this organization in 2015, we have seen nearly 1876 new cases of cervical cancer. Considering high number of patients with this malignancy, in BMCHRC we have organized screening and prevention camps for women on every second and fourth Saturdays of the month. Till now we have organized 741 cervical cancer detection camps in our hospital, where we have done PAP smear to confirm the malignancy for all females.

Outside hospital also we are continuously make our effort to educate, aware and spread knowledge to the females of rural and urban areas. In that aspect since 2015 we have organized total 394 awareness camps throughout Rajasthan; especially we have covered rural population so that we can provide them adequate knowledge, positive attitude, screening for early detection, treatment and preventive measures.





# BRACHYTHERAPY IS AN INTEGRAL COMPONENT IN TREATMENT OF CERVICAL CANCER



**Dr. Naresh Jakhotia**  
Consultant  
Radiation Oncology Department &  
Deputy Editor, Darpan

Brachytherapy is also known as Internal radiation therapy or Sealed source radiotherapy. This technique is there in BMCHRC since 2 decades. It delivers high

radiation dose directly within or adjacent to the tumor. Brachytherapy is commonly used in treatment of cervix, skin, head & neck, prostate and breast cancer.

Brachytherapy is well established as an integral component in the treatment of patients receiving primary radiotherapy for cervical cancer, and in few indications in post-operative setting. It is mainly applied as an intracavitary procedure or in selected case interstitial implants. The procedure consists of positioning specially designed application temporarily left in the patient for a specified time to deliver prescribed dose.

Brachytherapy delivers high level of dose conformity to the tumor target, while reducing the probability of unnecessary damage to surrounding healthy tissues in less time. Brachytherapy is not replaceable with even highest end external beam techniques like Intensity-modulated radiation therapy (IMRT) or Stereotactic body radiation therapy (SBRT). So, these techniques should not be used as an alternate to Brachytherapy in cancer cervix. Computed tomography (CT) or magnetic resonance (MR) Image guided brachytherapy is evolving as preferred brachytherapy planning methods.

## WELFARE PROJECTS

The Hospital is providing 25% free hospital services in OPD and IPD, in this category BPL and Economically poor 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 Promyelocytic Leukemia (APML)
- 3. Hodgkin's Lymphoma (HD)
- Project Started in August, 2014
- 153 Children (ALL - 111, HD - 37 & APML - 5) received free treatment
- 103 Cancer Free.
- Expenditure worth ₹4,29,57,259/- till December, 2019.

**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 2016.
- 10 patients registered for free treatment.
- Total expenditure till December, 2019: ₹11,53,352/-

**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 – December 2019: 227 patients registered under the project
  - 163 are receiving free treatment.
  - All 163 patients are cancer free and leading a normal life.
  - Expenditure till December, 2019: ₹86,21,862/-

**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 749 women screened till December, 2019.
- Total expenditure till December, 2019: ₹7,90,380/-

### 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
- 16 patients registered and received free treatment
- Total expenditure till December, 2019: ₹7,30,159/-

**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
- 25 patients registered
- Total expenditure till December, 2019: ₹1,60,175/-

**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.
- One patient registered
- Total expenditure till December 2019: ₹1,19,251/-

## AWARDS ▶▶

### BEST PATHOLOGIST



Dr. Anjali Sharma HOD Pathology BMCHRC felicitated as Best Pathologist by "Shubh Doctors Award 2019" on 24th June 2019.

### DISTINGUISHED TEACHER AWARD



Dr. Anjali Sharma, HOD Pathology was awarded as "Distinguished teacher" by Association of National Board Accredited Institutions – ANBAI on 22 August 2019.

### GOLDEN PRESCRIPTION AWARD



Dr. Naresh Ledwani Sr. Consultant, Surgical Oncology was felicitated with golden prescription award in the field of Oncology by Honorable Health Minister of Rajasthan Dr. Raghu Sharma on 23rd July 2019. The program was organized by India News Rajasthan.

### BEST ONCOLOGIST OF RAJASTHAN



Dr. Lalit Mohan Sharma, Senior Consultant, Medical Oncology, BMCHRC awarded as "Best Oncologist of Rajasthan" on 19th June, 2019 By Times of India. The award was handed over to Dr. Lalit Mohan Sharma by Health Minister of Rajasthan Dr. Raghu Sharma.

### EXCELLENCE IN PATHOLOGY



Dr. Anjali Sharma HOD Pathology BMCHRC was felicitated with "Excellence in Pathology Award" in field of Pathology on 2nd June 2019 at Rajasthan Doctors Ceremony.

### EXEMPLARY SERVICES AWARD



Pathology Department of BMCHRC was awarded on 15th November 2019 by "Exemplary Services Award" for making Pathology Education learning more enjoyable and less challenging.

### CHIKITSA BHUSHAN AWARD



Dr. Nidhi Patni HOD-Radiation Oncology was felicitated by Jaipur Medical Association on 1st July, 2019 as "CHIKITSA BHUSHAN" award for her commendable contribution in the field of Radiation Oncology.

### CHIKITSA BHUSHAN AWARD



Dr. Anil Gupta Senior Oncologist-Surgical Oncology felicitated by Jaipur Medical Association on 1st July, 2019 as "CHIKITSA BHUSHAN" award for his commendable contribution in the field of health Surgical Oncology.

### BEST EMPLOYER AWARD BY WORLD HRD CONGRESS



BMCHRC felicitated by World HRD Congress as one of the Best Employers of Rajasthan 2019 on 1st July 2019.

Award was received by Maj Gen Subhash Chand Pareek, Retd, (Executive Director, BMCHRC)

## HAPPENINGS ▶▶

### INAUGURATION OF RADIOTHERAPY MACHINES



The latest machines of Radiotherapy-True beam STX, Halcyon Linear Accelerator and Brachytherapy were inaugurated on Monday 16 December 2019 by Honorable Chief Minister of Rajasthan and Chief Guest of the program Mr. Ashok Gehlot at BMCHRC. Medical and Health Minister of Rajasthan, Dr. Raghu Sharma and Mrs. Sunita Gehlot also graced the event with their presence. On this occasion Chairman of the hospital, Mr. Navrattan Kothari informed that hospital management is working on many other projects to make BMCHRC a state-of-the-art Hospital with cutting edge technology.

### 22ND FOUNDATION DAY OF BMCHRC AND CANCER CARE



22nd Foundation Day Of BMCHRC and Cancer Care (Women's Wing) was Organized On October 23, 2019 at Entertainment Paradise. The Mesmerize Unique program was presented by Miracle On Wheels. Chief Guest of the program was Chief Minister of Rajasthan Mr. Ashok Gehlot & Guest of Honor was Medical and Health Minister of Rajasthan Dr. Raghu Sharma.

Cancer Care Patron Mrs. Sunita Gehlot, Hospital's Chairman Mr. Navrattan Kothari, Managing Trustee Mr. Vimalchand Surana and Sr. Vice Chairperson Mrs. Anila Kothari also graced the event with their presence.

### RAJ AROICON 2019 "BMCON-VI"



A World- class scientific conference "BMCON-VI" RAJ AROICON 2019 was organized by BMCHRC on 13th to 14th September 2019. More than 25 internationally acclaimed faculties delivered talk on various aspects of High precision radiation oncology such as IMRT/IGRT, SRS, SBRT, DIBH, VMAT, Rapid Arc Radiotherapy & Brachytherapy. More than 30 scientific sessions along with 46 research papers were presented in the conference.

Dr. Nidhi Patni (HOD-Radiation Oncology Deptt.) was the organizing secretary of BMCON-VI.



## HAPPENINGS

### INAUGURATION OF OPERATING MICROSCOPE



Inauguration of Operating Microscope M 530 OHX installed at Neuro Oncology Department, BMCHRC, under the CSR Initiative of Power Finance Corporation Ltd on 18th July 2019. Machine was inaugurated by Chairman & Managing Director of PFC Mr. Rajiv Sharma.

### YOGA DAY CELEBRATION



International Yoga Day was celebrated at BMCHRC on 21st July 2019.

### INDEPENDENCE DAY CELEBRATION



On the occasion of 73rd Independence Day, BMCHRC recognized its medical and non medical staff for their stellar performance in their respective field.

## HEALTH TALK

### WOMEN'S DAY



A seminar on Early detection of Cancer in Women was organised at Bhagwan Mahaveer Cancer Hospital and Research Centre in association with Women of The Future Awards- WOTFA. The Awareness Lecture was delivered by HOD & Sr. Consultant Radiation Oncology Dr. Nidhi Patni & Dietitian Arpana Sharma.

### HEALTH TALK ON CANCER AWARENESS



Health Talk on cancer awareness was organized at BMCHRC on the 21st death anniversary of its founder trustee Shree Vidya Vinod Kala Ji on 21st July 2019. Ladies from Rotary Club Round Town, Marugandha and Rotractors attended the session delivered by Dr. Naresh Jakhotia and dietician Mrs. Aparna Sharma.

### CANCER OUT- TOGETHER WE CAN



Bhagwan Mahaveer Cancer Hospital & Research Centre and Cancer Care launched state's first cancer awareness campaign "Cancer Out- Together We Can" on 1st May 2019 in the form of Nukkad Natak.

The Guest of Honor for the programme was Jaipur Collector Mr. Jagroop Yadav and Chief Guest was Justice Jasraj Chopra. The aim of the campaign was to spread awareness about cancer and leave a message about cleanliness and healthy life style. More than 100 Nukkad Natak benefiting 20,000 people have been organized.

### SUPPORT BY SBI LIFE INSURANCE



SBI Life Insurance supported Chronic Myeloid Leukemia (CML-CMY) project run by BMCHRC from their CSR Grant on 1st April 2019.

### CHILDREN'S DAY CELEBRATION



Cancer Care, Dreamz foundation and BMCHRC organized musical program, games, birthday celebration and painting competition for cancer affiliated kids on 14th November 2019.

### PATIENT SAFETY DAY



International Patient safety day was celebrated at BMCHRC on 17th September 2019 wherein entire staff of hospital wore orange color attire indicating patient safety. The premise of hospital was decorated with orange lights & a Quiz Competition among the floors highlighting the importance of Patient Safety was also conducted.

### CHRISTMAS DAY CELEBRATION



Christmas day celebration was organized by BMCHRC & Cancer Care on 25th DEC 2019. Senior Vice Chairperson Mrs. Anila Kothari distributed gifts to cancer affected children. A Yoga & storytelling session was also organized which saw the Dance performance of cancer affected children.

### SESSION ON REASONS & WAYS OF PREVENTION FROM CANCER



Health talk of Dr. Naresh Jakhotia on Most Common Cancers in Females, Reasons & Ways of Prevention from Cancer along with Free mammography & PAP Smear Check up camp for the members of Maheshwari Club, Shyam Nagar was organized.

### A LECTURE ON CANCER AWARENESS & PREVENTION



Dr. Arvind Thakuriya, Surgical oncologist, BMCHRC delivered Lecture on Cancer Awareness & Prevention at Adarsh Vidhya Mandir, Bassi on 10th May 2019.



# MESSAGE FROM EXECUTIVE DIRECTOR'S DESK

Warm greeting from Bhagwan Mahaveer Cancer Hospital & Research Center (BMCHRC), Jaipur.

At the outset, I would like to take this opportunity to convey my sincere gratitude for all the cooperation and support rendered by you / your organization in the hospital.

This newsletter has been very well received by the doctors as well as the management and we are grateful to you for your contribution in making this newsletter a success.

The current issue of the newsletter focuses on cervical cancer. It is second most common cancer in India in women accounting for 22.86% of all cancer cases in women but because it develops over time, it is also one of the most preventable types of cancer. Risk of development of cervical cancer is higher in women of rural areas as compared to their urban counterparts.

As per the cancer statistics, one woman dies of cervical cancer every 8 minutes in India. Early detection and treatment of Cervical Cancer can help to increase the survival chances of these women and it can be achieved by the help of screening. The relative five year survival averages to 48.7%. I take this opportunity to highlight the latest advances in our institution.

BMCHRC through its team of qualified doctors and experienced staff aspire to provide patient care with globally accepted standards. For this the institute recently has installed Halcyon LA and Brachytherapy. Halcyon LA is highly equipped machinery with latest technologies like Rapid Arc, IMRT, IGRT, 3DCRT, etc. It not only minimizes the time taken in treatment but also the negative impacts caused due to long duration of treatment. Brachytherapy is another addition to infrastructure of the hospital providing best services in Gynecological issues.

We endeavor to accomplish our goals by providing the best treatment to patients of all strata and also provide free hospital

services upto 25% (Except Medicine) of the total IPD & OPD patients and also provide treatment under Ayushman Bharat Mahatma Gandhi Rajasthan Swasthya Bima Yojana.

We are empanelled with Government of Rajasthan, Central Govt. of India and Major organization like- ECHS, CGHS, ESI, Railways etc along with most of the TPA's and Insurance Companies of repute.

The hospital's unique voluntary support group, "Cancer Care - (Women wing)", has been the epitome of care and compassion, providing patients and caregivers with emotional, psychological and moral support within their reach at all times. It's headed by Mrs. Anila Kothari, Senior Vice Chairperson. It is also involved in several welfare schemes under its umbrella like-

**DONATE A LIFE**

**CHRONIC MYELOID LEUKEMIA (CML)**

**WILMSTUMOR**

**ANNUAL SURVEILLANCE & EARLY DETECTION OF BREAST & CERVICAL CANCER**

**BREAST CANCER RECURRENCE PREVENTION PROJECT**

**CURE THYROID CANCER PROJECT**

**COMPASSIONATE CANCER CARE PROJECT**

Best Regards

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

**SAVE LIFE | HELP PATIENTS | DO CHARITY | FULFILL WISH**

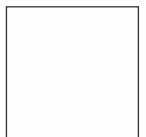
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**UPCOMING ISSUE - KIDNEY CANCER**



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