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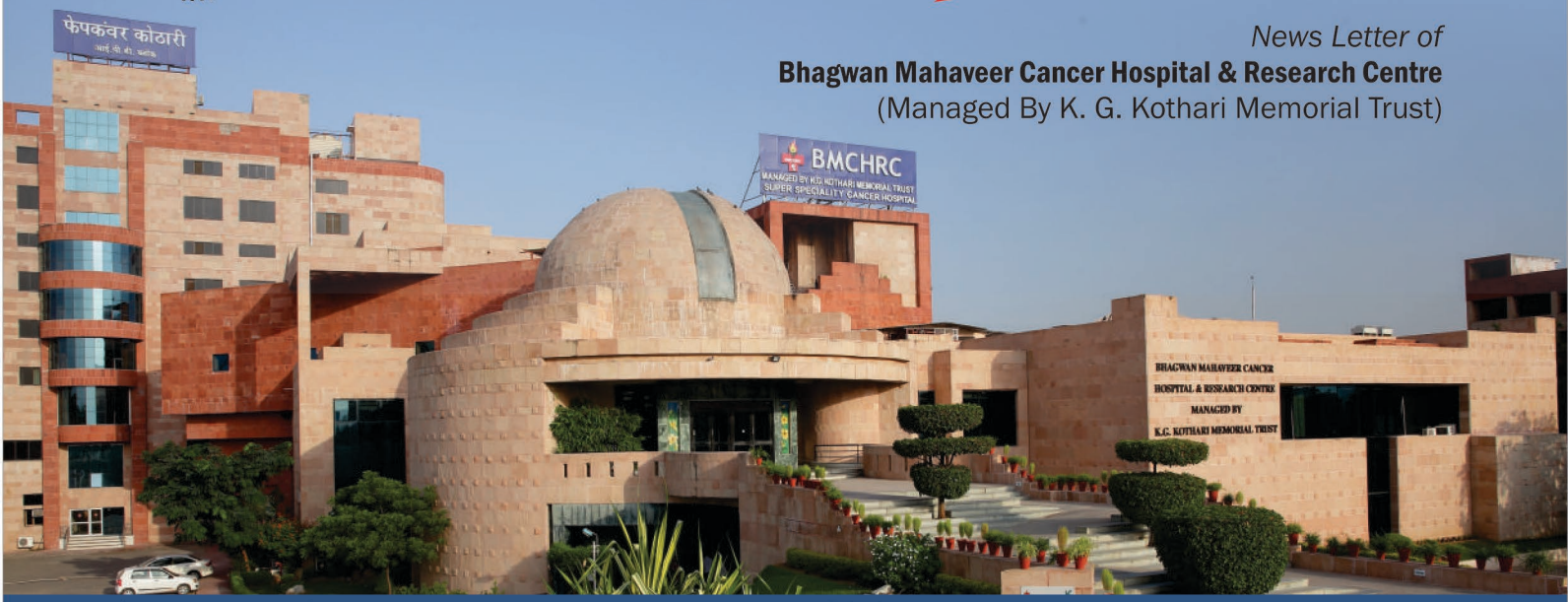
News Letter of
Bhagwan Mahaveer Cancer Hospital & Research Centre
(Managed By K. G. Kothari Memorial Trust)



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EDITORIAL

Hematological malignancy (Blood cancer and lymphomas) were deadly cancer 30-40 years back. But now a day these are the cancer where the treatment of cancer has made most successful impact and saved many lives. Blood cancer is mainly of acute leukemia and chronic leukemia (ALL, AML, CLL, CML, and MM). The treatment results have improved in every type but most successful in treatment of childhood ALL, APML (Acute Promyelocytic Leukemia) where the long term survival is more than 85-90 %. ALL treatment has glorious history and very peculiar thing is that, in last 60 yrs no major drug discovered, but the changing treatment strategies resulted in fantastic results which is possible only because of clinical trials world over and effect of combine collaborative group trial results. APML was almost universally fatal disease before 1980 prior to development of drug ATRA, which has changed the whole treatment paradigm. In year 2001 Arsenic trioxide also added in success story and the complete remission rate approached to 90 %. Almost negligible survival to saving life of 90 % is a huge success in Fatal condition, a worth moment of proud for medical science. Similarly Imatinib has changed the whole scenario of CML management .Now patient with single daily tablet Can live happily for many years. New generation TKI like Desatinib, Nilotinb etc. helped in managing Accelared phase and blast crisis phase of CML patient and now the data are emerging for first line use of more potent newer TKI. Allogenic transplant, at times it was the standard of care for CML patient is almost unseen historical event. The cost of TKI tablets are drastically came down which made treatment more feasible. Multiple myeloma (MM) is also became a chronic disease now and patient can live years together with treatment and frequent drug holidays. Same is true with CLL also and newer TKI targeting specific mutation is also coming in big way.

Lymphoma treatment is also a success story for medical fraternity. Hodgkins Lymphoma and Non- Hodgkins Lymphoma treatment has produced long-term survival in almost 75 % cases. Rituximab has made huge impact in CD-20 positive NHL. Burkits lymphoma, a highly aggressive lymphoma, is being treated successfully now.

In resent year the new drugs known as immunotherapy are coming at doorstep only to further change the whole treatment paradigm. Though under clinical trials but producing extremely good results in relapse and refractory diseases, namely Nivolumab, Pembrolizumab, Atezolizomab etc. I hope future of lymphoma may be more glorious than ever before.

Dr. Aseem Kumar Samar
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Medical Oncology Department, BMCHRC

INSIDE PAGES

Acute Promyelocytic Leukemia (APML)

Dr. Anuj Gupta
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APML represents a medical emergency with a high rate of early mortality due to hemorrhagic complications particularly CNS and GI hemorrhage. Patients commonly present with petechial rashes, bruises, gum bleeding, bone pain, fever, etc.

APML is characterized by the presence of atypical promyelocytes in the peripheral blood and bone marrow. It is necessary to start treatment without delay as soon as the diagnosis is suspected based upon cytologic criteria (morphology, cytochemistry, and flow cytometry).Treatment should be started before cytogenetic confirmation of the diagnosis.

APML cells typically express CD13 and CD33 are usually negative for CD34, HLA-DR, and CD11b. The diagnosis of APML is confirmed by the identification of the PML-RARA fusion gene the associated translocation t(15;17), by conventional cytogenetics, fluorescence in situ hybridization (FISH), or the reverse transcriptase polymerase chain reaction (RT-PCR) product.

Patient requires treatment under strict supervision of oncologist with drugs like differentiating agents ATRA (all trans retinoic acid) and ATO (arsenic tri-oxide) and may need multiple unit of blood and blood product transfusion along with aggressive supportive care. Cure rate is around 90-95% and mostly without cytotoxic chemotherapy.

Chronic Lymphocytic Leukemia

Dr. Mohit Modi
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CLL is characterized by progressive accumulation of functionally incompetent lymphocytes in the blood, liver, spleen, lymph nodes and bone marrow. CLL cells express B cell markers CD19, CD20, CD21, CD23, and CD24 and characteristically express T cell marker CD5. Deletion of 13q is the most common genetic aberration in CLL. Patients with Del 17p or Del 11q have more advanced disease.

50% patients are asymptomatic at presentation and often diagnosed incidentally when CBC is done for some other reason and found to have high TLC .Symptoms are enlarged lymph nodes, enlarged spleen, repeated infections, bleeding, petechiae, fatigue, weight loss. Disease is suspected by lymphocytosis clonal B cell count >5000/microL and >40% lymphocytes in bone marrow. Diagnosis is confirmed by flowcytometry of blood. Rai staging system is used to know the disease stage and risk status.

Chemotherapy is advised in Rai stage III-IV (anemia; Hb<11 gm/dl and thrombocytopenia <1 lac/dl), rapidly increasing TLC (short doubling time), unexplained fever and weight loss, disfiguring lymphadenopathy and if mass is affecting vital organ function. Oral as well as Intravenous chemotherapy regimens are available and advised according to disease status and patients profile.

Prognosis depends on disease stage at time of diagnosis and high risk features. Most patients live 5-10 years on average or some times more than 10 years if the disease is of low risk.

Role Of PET/ CT In Lymphoma

Dr. Harshul Sharma
Assistant Consultant
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Initial Staging

FDG PET/CT is whole body metabolic imaging which is highly sensitive investigation in initial workup of lymphoma, due to its increased sensitivity as compared to anatomical imaging 9e.g. –CT and MRI) more lesions are picked up, leading to upstaging in 40-50 percent of lymphoma cases and ultimately changing the management/treatment protocol, also in initial evaluation it can also provide more easier site of biopsy.

Response Evaluation/Interim PET-CT

Once treatment is started in lymphoma after 2or 4 cycles of chemotherapy interim PET-CT is done to see response of chemo given, if response is inadequate then treatment can be change by the clinician, improving the overall management of patient. Interim PET-CT has its role established in especially in Hodgkin's lymphoma and diffuse large B cell lymphoma.

Follow up PET-CT-To Detect Recurrence after End of Treatment

PET-CT is important diagnostic investigation to detect recurrence/relapse of disease in patient treated for lymphoma. Generally follow up PET-CT is done after 6 months/ whenever clinical suspicion is there.

CNS Directed Therapy For Acute Lymphoblastic Leukemia

Dr. Tej Prakash Soni
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BMCHRC

Acute lymphoblastic leukemia (ALL) is the most common cancer diagnosed in children. The central nervous system (CNS) is an important site of involvement by ALL. CNS space is considered a sanctuary site and known for ALL relapse. Oral and intravenous chemotherapy drugs, with some exceptions, penetrate poorly from the blood into the CNS. CNS involvement by leukemia is found in about 5–10% of cases at diagnosis. CNS disease status at diagnosis is classified according to CSF findings and neurologic involvement. Patients with CNS involvement require intrathecal administration of chemotherapy (including metotrexate, cytarabine, dexamethasone) beginning during remission induction as CNS prophylaxis.

Cranial irradiation is a very effective form of CNS-directed therapy, but its efficacy is offset by substantial rates of secondary neoplasms, endocrinopathy, neurocognitive dysfunction, and neurotoxicity.

Early intensive systemic and intrathecal chemotherapy could reduce the CNS relapse hazard to a negligible level, permitting the omission of cranial irradiation in most of the patients. A meta-analysis of 10 randomized trials of CNS-directed therapy among 16626 children, has confirmed that cranial RT can be replaced by intrathecal chemotherapy in most patients with ALL. Hence, most contemporary pediatric protocols limit the use of prophylactic cranial irradiation (PCI) for only those at highest risk of CNS relapse such as those with documented CNS leukemia at diagnosis (≥5 WBC/μL with blasts; CNS3) and T-cell phenotype with high presenting WBC count. ALL patients with clinically evident CNS disease (≥5 WBC/hpf with blasts on cytospin; CNS3) at diagnosis are treated with intrathecal chemotherapy and cranial radiation (usual dose is 18 Gy). In a trial conducted between 1990 and 1995, the Berlin-Frankfurt-Münster (BFM) group demonstrated that a reduced dose of prophylactic radiation (12 Gy instead of 18 Gy) provided effective CNS prophylaxis.

Radiation Therapy For Solitary Plasmacytoma And Multiple Myeloma: (ILROG)-2018 Guidelines

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Plasma cell neoplasms account for approximately one-fifth of mature B-cell neoplasms .The majority (~95%) are diagnosed as multiple myeloma, where there has been a tremendous progress in systemic therapy approaches with novel drugs over the last two decades, resulting in improvements in disease control and survival. In contrast, a small proportion of patients with plasma cell neoplasms present with a localized plasmacytoma in the bone, or in extramedullary (extraosseous) soft tissues, and definitive RT is the standard treatment. RT provides long term local control in the solitary bone plasmacytomas, and is potentially curative in the extramedullary cases. Currently, the standard of care for SBP and SEP is definitive local RT as it provides excellent local control (85-90%) that may translate into a durable remission and even cure. Typically surgery is pursued prior to RT with definitive RT in the postoperative period, usually 4-6 weeks after surgery to allow adequate healing.

Based on consensus opinion of the ILROG panel, the following dose guidelines are recommended (with 1.8–2 Gy daily fractions):

- Solitary bone plasmacytoma < 5 cm: total dose 35 – 40 Gy*
- Solitary bone plasmacytomas ≥ 5 cm: total dose 40 – 50 Gy
- Solitary extramedullary plasmacytomas:total dose 40–50 Gy**

In small, well defined or post excision with positive margin, 40 Gy is acceptable.

Multiple Myeloma Palliation with Radiation Therapy

Patients with compression fractures or impending fractures of weight-bearing bones should be first considered for surgical stabilization prior to RT. The following dose/fractionation guidelines are recommended for palliative RT in multiple myeloma:

For bony sites, where the goal is limited to symptom relief: hypofractionated regimen with total dose of 8 – 30 Gy (e.g. 8 Gy in 1 fraction, 20 Gy in 5 daily fractions, or 30 Gy in 10 daily fractions, delivered as 5 fractions per week). A single 8 Gy fraction is preferred for bone disease in patients with poor survival.

Coverage with glucocorticoids is recommended for cases with nerve root or spinal cord compression (e.g. dexamethasone 4 mg qid)

*** ILROG - International lymphoma radiation oncology group**

Febrile Neutropenia

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Cancer patients receiving cytotoxic chemotherapy may adversely affect TLC (total leucocyte count)and ANC (Absolute neutophil counts) . It is critical to recognize neutropenic fever early and to initiate empiric systemic antibacterial therapy promptly in order to avoid progression to a sepsis syndrome and possibly death. Fever in neutropenic patients is defined as a single oral temperature of >38.3°C (101°F) or a temperature of >38.0°C (100.4°F) sustained for >1 hour, an ANC <500 cells/microL. Patients with profound prolonged neutropenia are at particularly high risk for serious infections. Because neutropenic patients are unable to mount robust inflammatory responses, serious infection can occur with minimal symptoms and signs. Integrity of the GI mucosa is at risk for invasive infection due to colonizing bacteria or fungi that translocate across intestinal mucosal surfaces. In such patients, fever is often the only sign of infection. Infections in neutropenic patients can progress rapidly, leading to hypotension and/or other life-threatening complications.

Mortality of Febrile neutopenic patient is 25-35 % if patient presented late in the hospital.

Fever in a neutropenic patient should be considered a medical emergency. Broad-spectrum antibacterials should be given as soon as possible (within 60 minutes of triage) .Antibiotic should be started at full doses, adjust doses for renal and/or hepatic function. The aim of empiric therapy is to cover the most likely and most virulent pathogens that may rapidly cause serious or life-threatening infection in neutropenic patients.An empiric antifungal agent should be added after four to seven days in high- risk neutropenic patients who have persistent or recurrent fever and in whom reassessment does not yield a cause.

What Is Leukemia (Blood Cancer)?

Dr. Upendra Sharma
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Leukemia is a type of cancer found in blood and bone marrow and is caused by the rapid production of abnormal white blood cells. These abnormal white blood cells are not able to fight infection and impair the ability of the bone marrow to produce red blood cells and platelets. Leukemia can be acute or chronic; lymphocytic or myelogenous. There are four broad classifications of leukemia:

Acute Lymphocytic Leukemia (ALL)

Acute Myelogenous Leukemia (AML)

Chronic Lymphocytic Leukemia (CLL)

Chronic Myelogenous Leukemia (CML)

Patient may present with Fever, chills, night sweats, flu-like symptoms, Weakness, fatigue, Swollen or bleeding gums, Headaches, Enlarged liver and spleen, Swollen tonsils, Bone pain, Paleness, Pinhead - size red spots on the skin, Weight loss etc. If any of these symptoms appears, the person should contact doctor and should be evaluated properly various blood tests are available like - CBC, PBF, Flow cytometric marker studies, Bone marrow aspiration and biopsy.

How is Leukemia Treated?

Doctors can treat leukemia in different ways. Sometimes, doctors treat leukemia right away. Other times, if the leukemia is slow-growing and not causing symptoms, doctors might watch it closely until treatment is needed. The right treatment for patient will depend on the type of leukemia, where it has spreaded, age of patient, and other comorbidities. Treatment for leukemia can include chemotherapy, immunotherapy, radiation therapy, bone marrow transplant etc.

THE ONLY PRIVATE HOSPITAL DOING FREESHIP WORTH ₹10 CRORE PER YEAR

Free Treatment to BPL & Financially Deprived Patients

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.

YEAR	TOTAL OPD	OPD FREE	PERCENTAGE	TOTAL IPD	IPD FREE	PERCENTAGE
2013 - 14	97,427	23,498	24.12%	23,362	5,961	25.52%
2014 - 15	1,08,438	24,759	22.83%	27,174	6,932	25.51%
2015 - 16	1,17,735	25,109	21.32%	25,870	6,864	26.53%
2016 - 17	1,29,870	32,779	25.24%	26,603	6,910	25.97%
2017 - 18	1,25,597	31,253	24.88%	25,687	6,405	24.93%

IN ADDITION TO FREESHIP TO BPL AND GPF THE FOLLOWING WELFARE PROJECTS ARE BEING RUN TO PROVIDE FREE TREATMENT TO CANCER PATIENTS AS PER THE PROJECT CRITERIA

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
- 112 Children (ALL - 81, HD – 26 & APML - 5) received free treatment
- Treatment continuing in 85 children. (27 out)
- 71 Cancer Free. 14 on Treatment
- Expenditure worth ₹2,80,81,655/- till June, 2018.

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.
- Till 31st June, 2018, six patients registered for free treatment.
- Total expenditure till June, 2018: ₹7,38,657/-

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.

- Aug-2015 – June-2018: 172 patients registered under the project
- 135 are receiving free treatment. (37 Ousted)
- All 135 patients are cancer free and leading a normal life.
- Expenditure till 30th June, 2018: ₹49,70,466/-

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.
- Last Saturday of every month free screening of the pre registered women was under taken.
- Project started in July, 2014.
- Total 550 women screened till June, 2018.
- Total expenditure till June, 2018: ₹5,48,580/-

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
- 3 patients registered and received treatment till 30.06.2018.

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
- 13 patients registered till 30.06.2018.

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

CURE VOCAL CORD CANCER PROJECT

Under this project early stage (T1 – T2 N0 M0) Vocal Cord Cancer after histopathology confirmation will be provided free adjuvant Radiotherapy by 3DCRT.

- Project approved and sanctioned by Trust Board on 26.06.2018

Anticipated expenditure per patient: ₹60,000/-
Account Name: BMCHRC A/C Vocal Cord Cancer Project
Account Number: 07021132000531
Bank Name: Oriental Bank of Commerce
IFSC Code: ORBC0100702

New Initiatives

BMCHRC Initiated "Cancer Free Ajmer" Campaign

Bhagwan Mahaveer Cancer Hospital & Research Center in association with Dainik Navjyoti organized Mega Health Camp & Health Talk on 10th June 2018 at Ajmer. Activity was inagurated by Ajmer Collector Arti Dogra & saw the presence of Medical Oncologist Dr Aseem Kumar Samar, Surgical Oncologist Dr Shashikant Saini & Radiation Oncologist Dr Naresh Jakhotia who gave free consultation in camp. For early detection of Breast & cervical cancer in females, mammography & pap smear test were done free of cost in the camp.

Memorable Moment - Happenings

NURSES ARE STRONG LINK BETWEEN DOCTORS AND PATIENTS: RAKESH VERMA

On the occasion of International Nurses' Day BMCHRC organized 2 day event in the hospital on 11th & 12th May-2018. Chief guest of the ceremony was Mr. Rakesh Verma, Member Secretary, Center for Good Governance, Rajasthan.

PRESS CONFERENCE ON ILL EFFECTS OF TOBACCO

On the occasion of World No Tobacco Day BMCHRC organized a Press Conference on 30th May 2018 in which HOD, Radiation Oncology Dr. Nidhi Patni, Medical oncologist Dr. Lalit Mohan Sharma & Surgical oncologist Dr. Naresh Ledwani addressed media.

CITY KIDS SHARED MESSAGE OF "CHOOSE LIFE NOT TOBACCO" THROUGH FLASH MOB

In order to spread awareness among youth & common man, On the occasion of "World No Tobacco Day", Bhagwan Mahaveer Cancer Hospital & International Institute of Fashion Design (INIFD) organized Flash Mob on 2nd June-2018 at World Trade Park & Gaurav Tower.

MEDICAL OFFICERS OF RAJASTHAN DISTRICTS TRAINED FOR PALLIATIVE CARE

National program for palliative care was organized by government of Rajasthan at BMCHRC on 9th June 2018. Under this program, Dr. Anjum Khan, HOD, Department of palliative care, BMCHRC trained 32 medical officers and nursing staff of different district of Rajasthan.

HEALTH TALK WAS ORGANISED ON CANCER PREVENTION

Bhagwan Mahaveer Cancer Hospital & Research Centre in association with Rotary Club Jaipur Citizen & Rotary Club Jaipur South organized Health Talk on Cancer Prevention on 17th June 2018 at hospital auditorium. Senior Consultant, Medical Oncologist Dr. Lalit Mohan Sharma was keynote speaker of the talk.

CANCER AFFLICTED KIDS PAINTED THEIR IMAGINATIONS

Bhagwan Mahaveer Cancer Hospital and Research Center organized painting competition for Cancer affected kids in its premises on 29th June-2018. Theme of the competition was "My Imagination" & kids who have survived from Cancer & who are currently been treated at the hospital took part and filled colors in their imagination.

Residential Facility For Patients

ACHARYA HASTI BHAWAN

BMCHRC has a 24/7 residential complex by the name of "Acharya Hasti Bhawan" for the families/attendants of the patients who are admitted in hospital. It is situated within the premises of the hospital for the convenience of Patients and their families. Acharya Hasti Bhawan has been developed by Trust and offer following facilities to patient's attendants-:

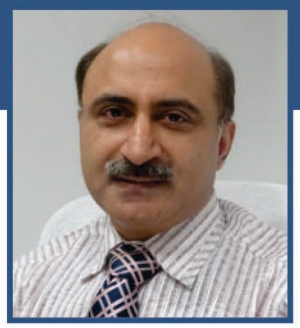
- 166 rooms (A.C/ Non A.C)
- Free Dormitory facility for poor patient.
- Nominal Charges starting from ₹ 100 to 600 per day (depending on the category of room).
- Water Cooler at each floor.
- Separate kitchen for Patients/ attendants staying in DHARAMSHALA
- Canteen, which offers Food @ just ₹ 11 for patient's attendants.

SHRUTI CHARITABLE TRUST

Shruti Charitable Trust (SCT), a non-profit, non-government organization. Trust provide facilities for stay, food, and transportation for patients and their near relatives who are undergoing treatment in Jaipur. It is situated at Palriwala Bhavan, 325, Khawas Ji ka Rasta, Opposite Hawa Mahal, Badi Chopar, Jaipur.

KAVITA CANCER CARE CENTRE

Kavita Cancer care centre "St. Jude India child Care Center", A non-profit organization, has been developed by Balaji Charitable Trust and provide facilities for stay, food, and transportation for Cancer affected children (1-14 year) and their family who are undergoing treatment in Jaipur. It is situated at near Vidhya Sagar School, Pratap Nagar, Sheopur Road Jaipur.



Message From Medical Director's Desk

Patient First - What Matters To You, Matters To Us

Patient care is always our top priority – this comes with the commitment that everything we do, no matter how large or small, should always contribute to improving outcomes and experiences for the people we care for, in our hospitals.

Patient First: Putting the care of patients, first and foremost; is our long-term approach to transforming hospital services for the better. Our goal is to provide the best possible healthcare experience.

This new BMCHRC approach is driven by 6 key principles:

- Continuous improvement of our services through small steps of incremental change
- Constant testing of the patient pathway to find new opportunities to develop
- Encouraging front-line staff to lead the redesign processes
- Cultural change across the organization
- Equal voices for all
- The patient at the heart of every element of change.

That patient focus is directly supported by our values and behavior, kindness and understanding, fairness and transparency, working together and excellence. We want to create a culture in which we see *"everyone passionate about delivering excellent quality every time"*

The Patient First initiative has to be supported by strong foundations of improving quality, underpinned by financial stability, the best leadership, culture and workforce.

We are committed to:

- Relationships: Making sure patients and families have stronger voices and are fully informed and involved in decisions about their healthcare.
- Personalized care experience: Partnering with patients, families and communities when developing, delivering and improving healthcare services.
- Investing in people, projects and technologies that strengthen patient and family centered care. The greatest investment we can make is to empower and support the entire BMCHRC caregiver community to act on what matters to patients and families.

We aim to create a respectful and supportive workplace for staff, so they can deliver safe, quality care. There's overwhelming evidence that patients receive better care in organizations where staff are motivated and feel they are able to make a difference. That's why we're investing in staff and supporting them to make lasting improvements to services.

How Will We Know That We Are Getting Better?

- Improving patient satisfaction
- Reducing mortality and avoidable harm
- Reducing waiting times
- Happy staff, who believes CARE is BMCHRC's top priority
- Managing our budget

This is the start of PATIENT FIRST journey – we can't do it, without you.

What matters to you and your family drives everything we do.

Best Regards

Dr. Atul Adaniya
Medical Director

SAVE LIFE | HELP PATIENTS | DO CHARITY | FULFILL WISH

Your support will add to our fervor and
will help the underprivileged in successfully overcoming the ailment.

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