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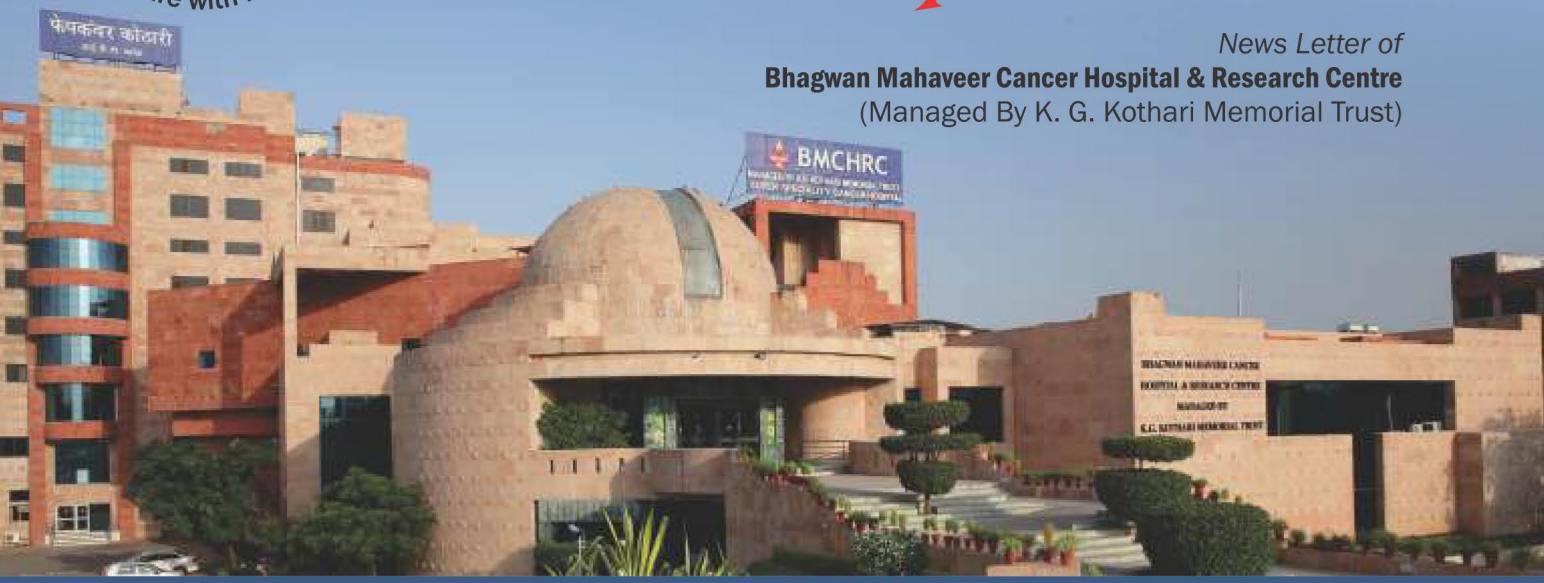
News Letter of
Bhagwan Mahaveer Cancer Hospital & Research Centre
(Managed By K. G. Kothari Memorial Trust)



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EDITORIAL

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

LUNG CANCER

Lung cancer is the most common cause of cancer related mortality world over. The incidence of Lung cancer is increasing (1.8 million new cases per year) and possible reasons for that are increasing smoking habits and environmental pollution in urbanized cities. In India the level of air pollutant in metro cities have gone up drastically so as incidence of Lung cancer (incidence 60 thousand new cases /year).

Common symptoms are Dry cough, blood in sputum, chest pain, shortness of breath , weight loss etc. Investigation includes biopsy of lung mass / pleural fluid cytology, Histopathology with IHC and molecular studies along with imaging like chest CT scan, bone scan, PET-CT, and MRI brain if requires.

Bronchoscopic biopsy and Enodscopic bronchial Ultrasound (EBUS) FNA or Biopsy are also important for mediastinal node confirmation. For early stage operable lung cancer mediastinoscopy is very important for pathological node staging and available at larger center like ours (BMCHRC).

Lung cancer are of majorly 3 histological types –Small cell carcinoma, Adenocarcinoma , squmous cell carcinoma. Now a days molecular testing for target genes are also a standard part of worke up as we have drugs available to target those specific pathways and the results are excellent and superior to conventional cytotoxic drugs. These are EGFR/ROS-1/ ALK-1/ Met/b-RAF. Drugs acting against them are usually comes in form of pills. In advance stage also they can be use with remarkable success. Chances of these mutations come positive roughly in total is 25 % of total lung cancer cases.

New target discovered in very recent past is PDL-1 and PD-1 receptors in tumor tissue. The drugs act on this basis is known as immuno-oncological drugs. These immune drug basically remove the inhibition of T-cells so that the immune system can start tackling the tumor cells and remove them from body. Now these Immuno-oncologial (IO) drugs are start moving towards first line therapy. Now-a-days, at least in western countries the first thing that patient get is IO drug if patient's tumor is PDL-1 positive. In metastatic setting immunotherapy came in first line in PDL-1 positive tumor and these patient are receiving IO drugs, not the chemotherapy in first line.The approach of giving immunotherapy as neoadjuvant therapy is under trial and gaining success .It may be the case in near future that IO drugs can be use in NACT or adjuvant setting and metastatic setting as first line therapy. Survival of patient has improved dramatically in last 2 decades in stage IV also and now approaching to 3-5 years as many treatment options are available.

INSIDE PAGES

Lung Cancer Treatment

Dr. Prashant Sharma
Consultant
Surgical Oncology Department
BMCHRC

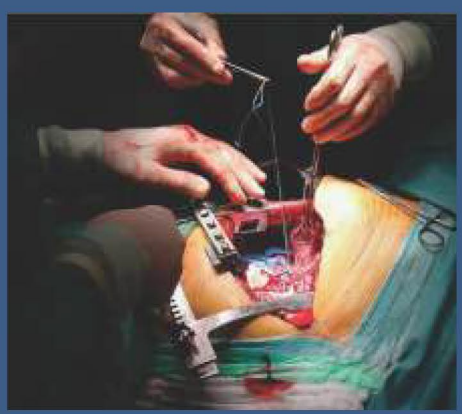
Lung cancer Lung cancer is the most common cause of Cancer death all over the world. Approximately 1.6 Million people die of lung cancer every year. Risk factors for lung cancer are cigarette smoking, pollution, genetic predisposition, factory workers etc. limited stage lung cancer can be treated by ways.

Surgery - When the cancer is limited to a part of the lung, for example in stage 1 or 2, or selected stage 3 cases, it can be easily removed totally along with the adjacent healthy lung tissue and the mediastinal lymph nodes, called radical surgery. Surgery may be performed by open method, video assisted thoracoscopic surgery (VATS) or by robotic surgery.

Open surgery is the traditional method in which an incision is given on the lateral chest wall, ribs are speeded or cut and a good surgical field is created and the surgery is performed. In VATS surgery multiple small incisions are given on chest wall. Endoscope and other working instruments were then inserted and surgery is performed. As we see the tumor on TV screen and don't see & touch the tumor directly, so surgery becomes difficult to perform. It has added benefits of less postoperative pain, better wound healing, early discharge, and less complications. The same surgery can be done with the help of robot. Surgeon sits at the console, sometimes very far from the patient, and does surgery with the help of robot which is present in operation theatre.

Radiotherapy (RT) - with the help of radiation the cancer cells are destroyed inside the body and hence tumor melts. If the tumor is small we can give targeted radiotherapy with minimal side effects called image guided radiotherapy (IGRT). If the tumor is large we can give more dose to tumor and less dose to adjacent healthy tissue by technique called intensity modulated radiotherapy (IMRT). When we give RT after surgery to decrease the chances of recurrence, it is called adjuvant radiotherapy.

In advance cases when we give RT to decrease the symptoms of patient, we call it palliative RT, e.g. when tumor involves bone, we give RT to bone to decrease bony pain.

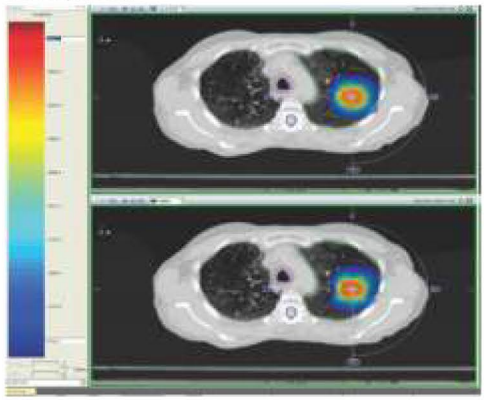


Role of Stereotactic radiotherapy for early stage lung cancer

Dr. Tej Prakash Soni
Consultant
Radiation Oncology Department
BMCHRC

Dr. Dinesh Kumar Singh
Assistant Consultant
Radiation Oncology Department
BMCHRC

The preponderance of evidence suggests that Stereotactic body radiotherapy (SBRT) is associated with excellent local control (☐90% at 3 years) and a favorable toxicity profile for early lung cancer. In patients with higher operative risks, such as the elderly and patients with severe COPD, SBRT may provide a less-toxic treatment with similar oncologic outcomes. SBRT appears to be safe for central tumors, if normal tissue dose constraints are respected.



SBRT delivers the precise and potent radiation with higher dose per fraction while minimizing dose to normal tissues. SBRT differs from conventional radiotherapy in several ways: SBRT prescriptions delivery very high doses (often 54–60 Gy) in a small number of fractions (often 3–8) and SBRT uses advanced imaging technologies (such as four-dimensional CT scans) to account for tumor motion during the respiratory cycle.

Numerous single-institutional studies and pooled analyses have reported excellent outcomes after SBRT treatment for early NSCLC.

In a retrospective study at the VU University in Amsterdam of 676 patients with T1 or T2 tumors treated with SBRT doses of 54–60 Gy in 3, 5, or 8 fractions with median follow up of 33 months, local tumor control was excellent with 2-year and 5-year local recurrence (LR) rates of 4.9% and 10.5%, respectively. Regional recurrence rates were 7.8% and 12.7%, and distant recurrence rates were 14.7% and 19.9%, respectively.

RTOG 0236 prospectively studied medically inoperable 55 patients with peripheral T1N0 or T2N0 NSCLC treated with SBRT to a dose of approximately 54 Gy in 3 fractions. The 3-year control rate of the primary tumor was 97.6%. Overall survival was 55.8% at 2 years, with a median survival of 48.1 months.

In a systematic review of 3771 patients treated with SBRT, Local control at 2 years was 91% (95% confidence interval [CI] 90–93%).

Current indications for SBRT and outcomes

Stage I or II NSCLC patients, who have no lymph node involvement and who are medically inoperable, Cases of tumor recurrence and metastatic lesions can also be treated with SBRT

To date, no randomized studies have compared surgical treatment with SBRT in operable patients; therefore, the only available data are from prospective studies or case series.

Pulmonary tuberculosis and lung cancer have common symptoms

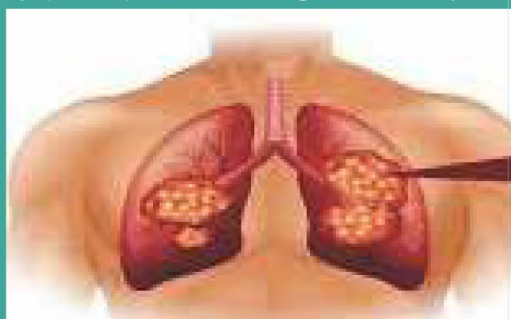
Dr. Naresh Jakhotia
Additional Consultant
Radiation Oncology Department &
Deputy Editor, Darpan

Pulmonary tuberculosis and lung cancer have common symptoms like cough, expectoration, fever, hemoptysis, weight loss, and breathlessness. So, patients with lung cancer are often misdiagnosed as pulmonary tuberculosis leading to delay in the correct management as well as exposure to inappropriate medication.

An estimated 1.61 million people across the world are diagnosed with lung cancer annually. Lung cancer is the most common cause of death from cancer in men all over the world.

Tobacco smoking active and passive both are the most common risk factor. Other risk factors for lung cancer are Atmospheric and occupational agents known as carcinogens like Radon (well-established lung carcinogen), asbestos, arsenic, bischloromethyl ether, hexavalent chromium, mustard gas, nickel, polycyclic aromatic compounds. Some viruses like HPV, JC, SV40, BK , CMV etc. and old healed tuberculosis may be the cause .Therapeutic radiation taken in past is also a risk factor.

Careful history and examination can help clinician to suspect lung cancer. The common symptom of lung cancer at presentation are chronic cough, breathlessness, chest pain (aggravated by deep breathing), unexplained weight loss and loss of appetite, hoarseness of voice, hemoptysis, non-resolving pneumonia and superior vena cava syndrome (localized edema of face and upper extremities, facial plethora, distended neck and chest veins) and right shoulder pain radiating to right upper arm. Cough is by far the most common symptom at presentation in lung cancer, and any



How To Make The Best Use Of Immunotherapy As First-Line Treatment For Advanced/ Metastatic Non-Small-Cell Lung Cancer (NSCLC)

Dr. Naresh Somani
Sr. Consultant
Medical Oncology Department
BMCHRC

Introduction

Antibodies that target programmed death 1 (PD-1) or its ligand (programmed death ligand 1 (PD-L1) have become mainstays of first-line treatment of advanced/metastatic NSCLC without targetable genetic alterations.

First-line systemic therapy for most patients with advanced or metastatic NSCLC has consisted of platinum-doublet chemotherapy.

Beyond chemotherapy, several targeted therapies have been developed in the subset of tumors harboring actionable alterations, including inhibitors of the EGFR,ALK ROS1, which have been associated with substantially improved outcomes but inevitable emergence of resistance nevertheless . The recent approval of PD-1 or PD-L1 monoclonal antibodies have revolutionized the treatment and outlook for patients with newly diagnosed, metastatic NSCLC, particularly in patients without a targetable oncogene .The initial proof was demonstrated in patients with previously treated advanced/metastatic NSCLC.

The combination of higher efficacy, the potential for durable benefit, the improvement in symptoms and quality of life, and the favorable safety profile led to the rapid establishment of anti–PD-(L)1 as the standard second-line treatment in unselected NSCLC; nivolumab, pembrolizumab, and atezolizumab are all now approved agents in the second line immunotherapy-naive setting.

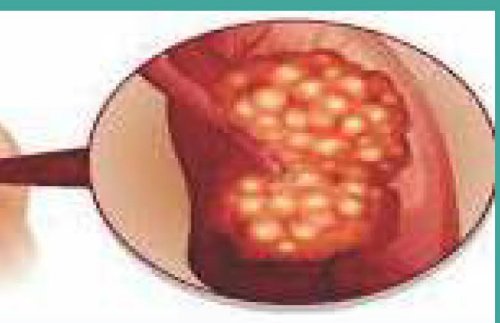
First-Line: PD-(L)1 Inhibitors as Monotherapy and PD-L1 as a Biomarker

The phase3 study established

"new" cough that persists longer than 2 weeks in patients over the age of 40 years who are smokers should be regarded with suspicion of lung cancer.

A missed or wrong diagnosis of lung cancer by clinician or general practitioner can lead to delays in treatment, wrong treatments, or no treatments at all. In developing countries like India, the main delay is accounted by patient's ignorance in reporting to general practitioners. And empirically treating cough/ breathlessness as tuberculosis. So, if after staring anti tuberculosis therapy patent doesn't have resolution of respiratory symptoms after 2 week, He/she should be properly evaluated.

Treatment depends on stage and molecular reports of the individual patient. Treatment options include Chemotherapy, Radiation therapy, Surgery, Immune therapy and targeted therapy.



Video Mediastinoscopy Or Super Mediastinoscopy

Dr. Shashikant Saini
Sr. Consultant
Surgical Oncology Department
BMCHRC

Treatment outcome of early stage lung cancer is excellent but before this it's utmost important to identify correct staging. The guide lines suggest whole body PET CT with contrast for staging of lung cancer. If there are no distant metastases, the status of the mediastinal lymph nodes becomes critical in determining the right treatment strategy. In case of absence of distant metastases but presence of suspicious mediastinal lymph nodes on PET CT; American, European as well NCCN guidelines recommend pathological staging of mediastinal node before deciding the treatment .The false-positive rate of PET scan in discrete medistinal node enlargement is approximately 20% TO 25% or even this false positive rate may be more high in INDIAN patients because of other infective or inflammatory pathology eg tuberculosis and sarcoidosis. This makes invasive biopsy even more important.Mediastinal staging can be done by

1. Endobronchial ultrasound (EBUS)

2. Esophageal ultrasonography (EUS) and

3. Conventional Mediastinoscopy or video mediastinoscopy.

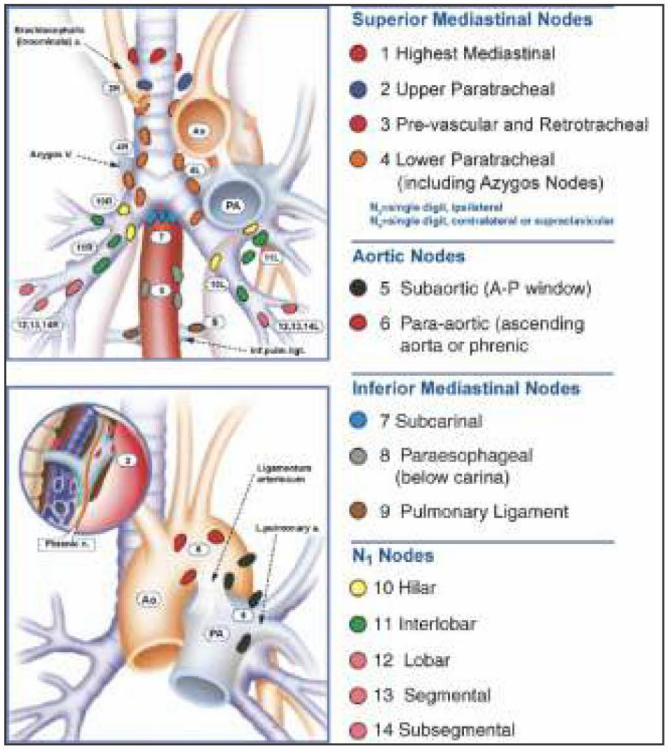
Whilst EBUS can sample the majority of lymph node stations it cannot be used for nodes

situated beyond the reach of the bronchoscope (stations 3, 5, 6, 8, 9). Most of these however, can be reached via an endoscopic ultrasound (EUS) approach and this has led to the development of a combined EUS and EBUS technique to "completely" stage the mediastinum However, the institutional availability because of cost of instrument and expertise is an important constraint. In many reports, the false-negative rate of EBUS has been approximately 20%, In these cases of suspicious mediastinal nodes and negative biopsy results from endosonography surgical staging of the mediastinum by mediastinoscopy is advised.

video mediastinoscopy has a false-negative rate of approximately 2% only and also provides adequate tissue to established the diagnosis as well for immunohistology (IHC) which is must for deciding about the chemotherapy drug specially in Adenocarcinoma histology .

We are please to share with you that here in Bhagwn Mahaveer Cancer Hospital and Research Center we are doing all types of thoracic procedures (Lung Resections, Mediastinal Tumor Excision ,Chest Wall Tumor Excision with Reconstruction, Video Assisted Thoracic Procedures , Pleurodesis and Esophagectomies with Stapler Anastmosis and now we are having latest model of Video Medistinosocope from Karl Storz also called SUPER MEDIASTIONOSCOPE because of its accessibility to most of the mediastinal lymph nodal stations and high accuracy.

Mediastinal Lymph Node stations fig.



pembrolizumab monotherapy as a first-line treatment option for patients with metastatic NSCLC having PD-L1 expression of tumor proportion score ≥50%.

The median OS for pembrolizumab was 30.0 months with pembrolizumab versus 14.2 months with chemotherapy.

The clinical benefits associated with pembrolizumab monotherapy also included reduced toxicity and improved quality of life compared with platinum-based chemotherapy.

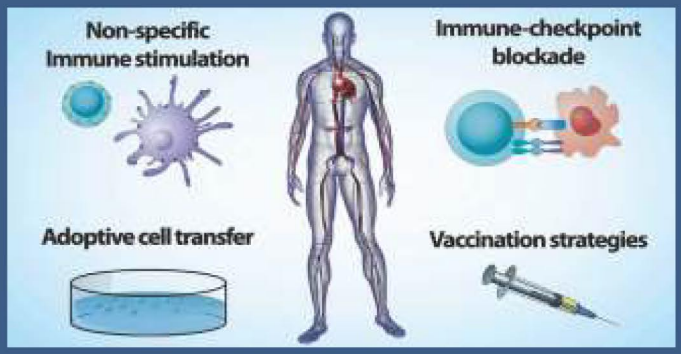
First-Line Combinations: PD-(L)1 Inhibitors Compared With Platinum-Based Chemotherapy:

Several studies have evaluated PD-(L)1 blockade plus chemotherapy and largely concluded that this approach is reasonably safe and has at least additive efficacy.Phase 3 studies of platinum-based chemotherapy with or without pembrolizumab, have quickly changed the treatment approach for patients with newly diagnosed nonsquamous and squamous NSCLC.

Chemotherapy plus pembrolizumab has recently been adopted as a standard of care for most eligible patients with newly diagnosed NSCLC without a targetable oncogene.

For patients with negative PD-L1 expression,it is also favored to use the combination of chemotherapy plus pembrolizumab given the survival benefit seen in these patients.

In summary. immune oncology treatment as single agent or in combination with chemotherapy has largely changed the scenario of first line treatment of NSCLC and now is considered as standard of care.



Memorable Moment

Awards

FELICITATED FOR CONTRIBUTION IN CANCER TREATMENT

On the occasion of Rajasthan Divas, Social Worker & Senior Vice Chairperson of BMCHRC Mrs. Anila Kothari was felicitated for "Outstanding contribution in field of cancer treatment" by honorable Chief Minister of Rajasthan Shri Ashok Gehlot. The program was organized by Kavya Foundation at Birla Auditorium on 30th March 2019.

WOMEN ACHIEVER AWARD 2019

Mrs. Anila Kothari, Senior Vice Chairperson, Bhagwan Mahaveer Cancer Hospital & Research Centre, Jaipur was felicitated by Arya Group of College as Women Achievers Award 2019 on the occasion of International Women's Day 8th March 2019.

Dr Ajay Bapna, HOD & Sr Consultant, Department of Medical Oncology felicitated with "Rajasthan Gaurav 2019" award by Sanskriti Yuva Sanstha on 2nd March 2019.

Happenings

BREAST RECONSTRUCTION AWARENESS PROGRAM

An Awareness Session was organized on "LIFE BEYOND BREAST CANCER" by Bhagwan Mahaveer Cancer Hospital and Research Centre on 19th Feb 2019 at MPS Auditorium, Pratap nagar, Jaipur. Breast Cancer Survivors, patients & their attendants participated in this program. Dr Bhagwat Mathur, Breast Reconstructive Surgeon, UK delivered key note address and briefed about breast reconstructive options and their importance to breast cancer survivors, leading doctors & NGOs who are working in field of cancer awareness through panel discussion.

18TH CANCER SURVIVORS DAY

18th Cancer Survivors Day was organized by Bhagwan Mahaveer Cancer Hospital and Research Centre & Cancer Care on 28th February 2019. The Program was organized with the aim of enhancing the morale of the patients suffering from cancer and to celebrate their victory. More than 1000 Cancer survivors including cancer affected kids participated in this celebration. The chief guest was Justice Manish Bhandari & Justice Jasraj Chopda, Mr Bajrang Lal Agarwal, Cancer Survivor Madan Mohan Lal graced the event with their presence.

CANCER AWARENESS RALLY

To spread the awareness among masses BMCHRC's Medical & Non medical staff participated in AU Finance Marathon organized on 3rd Feb 2019.

BMCHRC Staff & Cancer Care members participated in Jaipur Women's Car Rally organized by Rotary Club Jaipur citizen on 17th March 2019.

HAPPENINGS

STORY TELLING PROGRAM FOR CANCER AFFLICTED KIDS

Cancer care organized a story telling program in collaboration with Jawahar Kala Kendra for the cancer afflicted Kids on 11th Jan 2019 at BMCHRC. The famous story teller Kapil pandey delivered the toontoon bird story to kids who enjoyed it to their fullest.

REPUBLIC DAY CELEBRATION

On the occasion of 70th Republic Day BMCHRC recognized its Star medical and non medical staff for their performance in their respective fields.

WORLD CANCER DAY CELEBRATION

On World Cancer Day, Psycho Oncology Department organized stress relief and motivational program for cancer patients on 4th Feb 2019,

VALENTINE'S DAY CELEBRATION

BMCHRC celebrated Valentine's Day with Cancer afflicted Kids & gift were distributed on 14th Feb 2019.

ORIGAMI GIFTS DISTRIBUTION TO CANCER AFFLICTED KIDS

On the occasion of International Women's Day, Women wing of Indian Medical Association (IMA) made beautiful Origami items for cancer affected kids &distributed it on 12th March 2019.

HEALTH TALK

HEALTH TALK ON "HEALTHY LIFESTYLE AND CANCER PREVENTION

BMCHRC organized Health Talk on Healthy Life Style & Cancer Prevention at Pareek Collage on 19th Jan 2019. Radiation Oncologist Dr. Naresh Jakhotia was the keynote speaker of health talk and delivered presentation on Healthy Life Style & Cancer Prevention.

HEALTH TALK ON HEALTHY LIFESTYLE

Health talk was organized for Teleperformance company employees on healthy lifestyle by Medical Oncologist Dr. Lalit Mohan Sharma on 4th Feb 2019.

WAY TO DIAGNOSE CANCER ON EARLY STAGE

A Health Talk on Cancer Awareness & Prevention was organized at government women's polytechnic college Jaipur on 9th March 2019. Medical Oncologist Dr. Lalit Mohan Sharma was the keynote speaker of health talk and delivered presentation on "How to Diagnosis Cancer on early stage".

EMPLOYEES TOOK PLEDGE TO SAY NO TO TOBACCO

BMCHRC organized health talk on say no to tobacco for employees of RSWM limited an LNJ Bhilwara Group company, Ringas on 4th Feb 2019. Radiation Oncologist Dr. Dinesh Kumar Singh delivered presentation on the side effects of tobacco & smoking.

EARLY SIGN & SYMPTOMS OF CANCER WAS DISCUSSED

BMCHRC organized health talk on early detection of cancer at Animal Husbandry Department, Rajasthan on 8th March 2019. Medical Oncologist Dr. Lalit Mohan Sharma delivered talk on early sing & symptoms of cancer. Employees of Animal husbandry department & members of Loins Club Jaipur took part in the talk.

SIDE EFFECTS OF TOBACCO WAS DISCUSSED

BMCHRC in association with Lions club Ajmer west organized Cancer Awareness Health Camp & Health Talk at Indoor stadium, Ajmer on 24th march 2019. Camp was started with health Lecture delivered by Dr. Prashant Sharma, Surgical Oncologist on side effects of tobacco.

HEALTH TALK ON EARLY DETECTION OF CANCER

Health talk on "Early Detection of Cancer in Women & Healthy Diet" at Indian Oil Corporation Limited, Rajasthan State Office was organized by HOD & Sr Consultant (Radiation Oncology) Dr Nidhi Patni & Dietitian Aparna Sharma on ....

TALK ON PREVENTIVE ONCOLOGY

Health talk on preventive oncology was organized for Jaipur's Jain community by HOD & Sr. Consultant, Medical Oncologist Dr. Ajay Bapna on 10th March 2019. Participants form all the sectors including medical, business, education and judiciary took part.

HEALTH TALK ON EARLY DETECTION OF CANCER

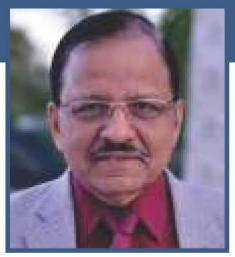
BMCHRC organized health talk on early detection of cancer in women at Maharaja Sawai Bhawani Singh School, Jagatpura on 30th March 2019 The talk was delivered by HOD & Sr Consultant Radiation Oncology Dr. Nidhi Patni.

HEALTH TALKS ON HEALTHY LIFE STYLE AND CANCER PREVENTION

BMCHRC organized health talk on healthy life style & cancer prevention for students of Vedanta PG Girls College, Ringas on 4th Feb 2019. Radiation Oncologist Dr. Dinesh kumar singh was keynote speaker of health talk and delivered presentation on healthy life style & early diagnosis of cancer.

WOMEN'S DAY CELEBRATION ON 8TH MARCH 2019

HOLI CELEBRATION ON 19TH MARCH 2019



Message From Executive Director's Desk

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

Warm greetings from Bhagwan Mahaveer Cancer Hospital & Research Centre (BMCHRC), Jaipur.

At the outset, I would like to take this opportunity to convey my sincere gratitude for all the co-operation and support rendered by you / your organization to the Hospital.

This news letter 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 news letter focuses on lung cancer. As you are aware the incidence of lung cancer is rapidly increasing. Diagnosis becomes a challenge as many a time symptoms are mistaken for Tuberculosis. This leads to delayed diagnosis and it is too late for curative surgery leaving behind only the option of palliative care.

Awareness programmes can help reduce lung cancer burden on society by promoting screening high risk groups like chronic and heavy smokers, people with occupational hazards (working in silica, coal, asbestoes industry) and people living in highly polluted environment. I take this opportunity to highlight the latest advances in our institution:

BMCHRC through its team of qualified doctors & experienced nursing staff aspire to provide patient care with globally accepted standards. For this the institute recently has installed state of the art Truebeam STx linear accelerator. The features that make it very special are that it can deliver 6 to 7 weeks radiation in 1to 5 days. With this innovative technology, it can treat moving organs like lungs with the precision of a millimeter. Other special facilities in the Hospital's armamentarium are the state's first AML Ward for blood cancer patients, Radio Iodine Therapy for Thyroid cancer patients and PET scan for Cancer screening. Gallium-68 for treatment of Prostate Cancer, Laser Cancer Surgery and Neuro & Ortho Oncology services. The Uro-oncology has started w e f 29th April 19 and Neuro-oncology will start from 15th May 2019.

We endeavor to accomplish our goals by providing the best treatment to patients of all strata and also provide free hospital services upto 25% (Excepted Medicine) of the total IPD & OPD patients.

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 Sr. Vice Chairpeson Mrs. Anila Kothari. It is also involved in several welfare schemes under its umbrella like-

- DONATE A LIFE
- CHRONIC MYELOID LEUKEMIA (CML)
- WILMS TUMOR
- ANNUAL SURVEILLANCE & EARLY DETECTION OF BREAST & CEREVICAL CANCER
- BREAST CANCER RECURRENCE PREVENTION PROJECT
- CURE THYROID CANCER PROJECT

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UPCOMING ISSUE - CERVICAL CANCER

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