



# DARPAAN

एक संवाद बेहतर ~~X~~ कैंसर रहित जीवन के लिए



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

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## EDITORIAL



Seasons greetings and warm wishes. Now a days cancer is very prevalent noncommunicable disease worldwide across all countries and all strata of society. Lot of advances has been made regarding its prevention, early detection, treatment, rehabilitation and end of life care. Chemotherapy, targeted therapy, high precision radiotherapy (IMRT, IGRT), advanced techniques of surgery, reconstructive and orthopedic surgery, Palliative and rehabilitative services, radio diagnosis, nuclear medicine, hematopathology, histopathology, molecular biology etc are the integral part of cancer patient care and

survival. This is the team work of all department, nursing staff and patient's care giver who can make a difference in patients life and thereby in their family. I can firmly say that cancer is curable if detected in early stages, treated promptly and by experts, supported well by care givers and society. Even the advanced stage patient can also get the effective treatment to reduce their sufferings so that they can lead a good quality and meaningful life. We have feel of pride and satisfaction that we are moving with almost same momentum as world is progressing towards cancer treatment.

With warm wishes.

*Aseem k. Samar*

**Dr. Aseem Kumar Samar**

MD, DM, Additional Consultant  
Medical Oncology Department, BMCHRC

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### OUTREACH CAMP & PUBLIC

RELATION  
Sidarth Verma, Karuna Sharma,  
Divya Christy



## MULTIDISCIPLINARY APPROACH

Expanding treatment horizons for Head Neck Cancer has been the major theme of the Indo Global Summit on Head Neck Oncology (IGSHNO 2017-BMCON-IV). The meeting, held in Jaipur (Rajasthan, India) from 24 to 26 Feb. 2017. It was organized by Bhagwan Mahaveer Cancer Hospital and Research Centre (BMCHRC), Jaipur. IGSHNO 2017 has been a successful and landmark event as:

- Approximately 600 participants from India and worldwide including 9 International Faculties & 80 National Faculties as speakers participated.
- Endorsement by renowned national and international associations/societies like FHNO, ISMPO, IASO, APSI, Rajasthan Cancer Society, Surgeons Society of Jaipur (SSJ), ASI – Rajasthan Chapter & Rajasthan Prosthodontic Society.

Scientific program of the IGSHNO 2017 consisted of 4 orations 51 lectures, seven debates, 10 panel discussions, oral paper presentations, e-poster sessions, quiz for postgraduate students, live surgery workshop, prosthodontics workshop for dentists, Radiotherapy contouring workshop for

radiation oncologists, pain & palliative care workshop and “meet the expert session” in 3 separate parallel running halls, all focusing on the head neck cancer multidisciplinary treatment. Dr. Anil D’cruz, Dr Subramania Iyer, Dr P B Desai & Dr Purvish Parikh delivered the orations.



## LIMB SALVAGE V/S AMPUTATION; PSYCHOLOGICAL ASPECT



**Dr. Praveen Gupta**  
DNB, D-Ortho,  
Assistant Consultant,  
Orthopedic Oncology  
Department  
BMCHRC

Current scenario amputation is rarely needed for bone sarcomas. Either primary or metastatic disease, should always offer limb preservation surgeries if possible not only to provide functional capability but psychological stability to the patients and their families.

Psychological disturbances mostly depend on the age of patient. Younger child accept and accommodate amputation and limb salvage both well but their parents cannot accept their amputations and their thought process in favor of limb rather than life. Expandable endoprosthesis and ephiphysial bone transfer are new concepts for limb salvage at this age group and has wonderful results.

Adolescent and adult group rarely accept amputation, at this age life had no meaning without limb. So whatever the disease controls has no meaning for them if you cannot salvage the limb. As most of bone sarcomas (PNET and osteosarcomas) present in adolescent age and this age has full of dreams and charms. They need efficient counseling before preceding any surgery,

disfigurement and solutions should be well accepted.

Middle and early old age patients well accept both type of surgeries but they always gives preference to the life than limb because of their family responsibilities specially male and single women or single parents. Surgical decision for these patients should consider good disease controls as well as active functional capabilities. Limb salvage procedure that can give early return to work and minimum disability should be preferred.

Old age patient again don't want to go for amputation or disability and they always desire least depended life. At this age quality of life is more important than disease control. Ortho –oncologist plays a vital role for limb salvage procedure in conjunction with medical oncologist and radiation oncologist. The team work of multispecialty team can provide best results in terms of quality of life of a patients.





## CERVICAL CANCER SCREENING

Cervical cancer is the second most common cancer among women in India with about one lakh twenty-five thousand new cases diagnosed each year. It is also one of the most common causes of cancer death among women in India with about sixty-five thousand women dying of it each year. Thus, it is one of the major public health problems of India.



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

### What is the benefit of cervical cancer screening?

Screening for cervical cancer helps in detecting cervical cancer at an early stage or pre-cancerous stage (cervical intra-epithelial neoplasia). This pre-cancerous stage in cervical cancer persists for several years before progressing to invasive cancer. At this pre-cancerous stage and early invasive stage, the cancer can be cured with appropriate treatment and death from cancer can be prevented in nearly 100% cases. Overall, screening has resulted in upto 70% reduction in cervical cancer incidence.

### What method is used for cervical cancer screening?

Cervical cancer screening is done by a test called Pap/Cervical smear test. The Pap test is used to find abnormal cells in the cervix that might develop into cancer over time. Pap test is a simple OPD procedure which involves gently scraping some cells from the surface of the cervix using a small spatula or a cytobrush and putting them on a slide. This procedure takes only a few minutes. The cells are then examined under a microscope in the laboratory to see if they are normal/abnormal.

### What procedure is followed during a Pap test?

At a Pap test, your doctor will ask you to remove your clothing from the waist down and give you a drape to cover yourself. You will be asked to lie on the examining table with your legs placed in the stirrups and your bottom to the edge of the table. To perform the procedure, your primary care provider will insert an instrument called a speculum into

your vagina for a clear view of your cervix. She or he will then gently collect a sample of cells from your cervix using a small spatula or a cytobrush. The test takes only a few minutes. Pap tests are safe.

### What preparation is required before a Pap test?

The Pap test yields optimum results if scheduled between 10 to 20 days from the first day of menstrual period. The woman should not be menstruating at the time of test. Following should be avoided 48 hours before the test: Intercourse, douching of vagina, vaginal medications and vaginal contraceptives like creams/ jellies.

### What are the screening recommendations for cervical cancer?

All women should start having Pap test at age 21 or 3 years after first sexual contact. Pap tests should be done once every 3 years up till the age of 65 years.

## ACUTE MYELOID LEUKEMIA



**Dr. Upendra Sharma**  
SMD, DM  
Senior Consultant,  
Haemato Oncology  
Department  
BMCHRC

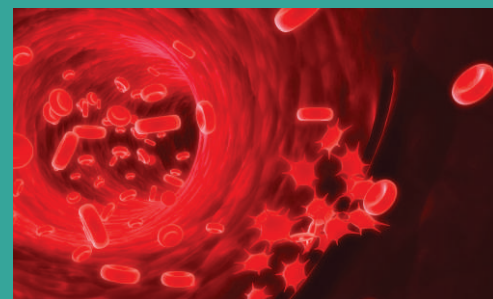
### OVERVIEW

Acute myeloid leukemia (also called AML) is an aggressive cancer of the blood and bone marrow cells. In this myeloid blasts are produced in an enormous and uncontrolled manner, requiring immediate treatment.

Patients with AML have a difficult disease to cure. Today, advances in AML treatment have resulted in improved remission and cure rates.

As infections are the leading cause of morbidity and mortality for patients with AML because of disease or treatment complications. Infections also lead to increased financial burden. With the concept of decreasing infections management of Bhagwan Mahaveer Cancer Hospital has taken a unique initiative of starting AML ward first of its type in the state of Rajasthan. In AML ward we treat exclusively AML patients with three tier barrier facility to prevent infections.

Our vision is that one day most people who have been diagnosed with acute myeloid leukemia (AML) will be cured or will be able to manage their disease and have a good quality of life.



## RECONSTRUCTION OF EXTENSIVE HEAD & NECK COMPOSITE DEFECT WITH CHIMERIC FLAP: A UNIQUE TECHNIQUE



**Dr. Anil Kumar Gupta**  
MS  
Senior Consultant, Surgical  
Oncology Department,  
BMCHRC



**Dr. Umesh Bansal**  
MBBS, MS, DNB  
Assistant Consultant,  
Plastic And Reconstructive  
Surgery Department  
BMCHRC

Over the past 25 years, microvascular tissue transfers have revolutionized the reconstruction of major defects of the head and neck, becoming the method of choice for

most patients. Although most reconstructions can be accomplished with a single free-tissue transfer. The extensive composite oromandibular defects (result of surgical treatment of T3 and T4 tumors) involve the bone, oral lining, external skin, and soft tissue. Reconstruction of such defects to a satisfactory functional and aesthetic outcome continues to challenge the reconstructive surgeon. If these defects are inadequately reconstructed, the patient will have difficulties in eating, speaking, respiration, and retaining saliva, in addition to an undesired cosmetic result.

We present innovative technique for reconstruction of such extensive composite defects, leading to a faster recovery and considerably cutting down the treatment expenses.

The recipient of the surgery, a 42-year-old jaipur resident KalloDevi is being treated at the hospital for left cheek cancer. Post diagnosis it was established that the patient requires surgery for removal of tumor and reconstruction of cheek, pharynx, lower jaw and upper part of neck.

Such extensive composite oromandibular defects are reconstructed by "Double free flaps" for which require more expertise, more time and treatment cost is higher. Here we adopted for a new form of surgery in which skin, muscles and bones of lower part of leg were used to create cheek, jaw and Pharynx. In this technique not only time frame has critically reduced to five hour, but also morbidity is also decreased to large extent, which ultimately transformed to fast recovery.

## MYTHS ABOUT RADIATION THERAPY



**Dr. Naresh Jakhotia**  
MD  
Additional Consultant  
Radiation Oncology  
Department  
BMCHRC

- **RADIATION THERAPY IS PAINFUL.**

**NOT REALLY.** Most patients have no sensation of radiation when the machine is delivering the daily treatment, as it is an X-ray treatment, like simple X-ray or CT scan.

- **RADIATION THERAPY WILL CAUSE ME TO BE RADIOACTIVE.**

**ONLY IN CERTAIN CASES.** If you are treated with external radiation, you will not be radioactive at any time. The radiation you receive delivers its dose to your tissues within an instant — there is no lingering radiation once the treatment machine is turned off. No friends, family, and co-workers will be exposed to radiation.

- **RADIATION THERAPY WILL CAUSE ME TO LOSE MY HAIR.**

**NO. NOT ON YOUR HEAD, ANYWAY.** If you are undergoing just radiation treatment, you won't lose the hair on your head (the hair on exposed skin might come out during radiation, but will grow back).

- **RADIATION THERAPY WILL CAUSE NAUSEA AND VOMITING.**

**NOT USUALLY.** Radiation treatment usually doesn't cause nausea or vomiting.

brain, or gastrointestinal tract. The risk for nausea goes up as the dose of radiation and the size of the area being treated increase. Also, if you're having chemotherapy at the

- **RADIATION THERAPY WILL INCREASE MY CHANCE OF GETTING MORE CANCER.**

**NO.** The purpose of radiation therapy is to reduce the risk of recurrence in post-operative cases. Radiation does not increase your chance of getting cancer. It's true that there is a relationship between radiation and cancer: Adolescent girls receiving chest radiation for Hodgkin's disease have a higher risk of getting breast cancer because the newly developing breast is especially vulnerable to radiation damage.

## FDG-PET/CT SCAN AND CONTRAST - ENHANCED COMPUTED TOMOGRAPHY SCAN IN LOCALLY ADVANCED HEAD AND NECK CARCINOMA TREATED WITH INTENSITY MODULATED RADIOTHERAPY

**Nagarjuna Burela<sup>1\*</sup>, Tej Prakash Soni<sup>1</sup>, Nidhi Patni<sup>1</sup>, JK Bhagat<sup>2</sup>, T Senthil Kumar<sup>1</sup>, Thiru Natarajan<sup>1</sup>**

1 Department of radiation Oncology, Bhagwan Mahaveer Cancer hospital & research Centre, Jaipur, Rajasthan, India 2 Department of Nuclear Medicine, Bhagwan Mahaveer Cancer Hospital & Research Centre, Jaipur, Rajasthan, India

**ABSTRACT:** Accurate tumor diagnosis is important in highly conformal techniques such as Intensity Modulated radiotherapy (IMRT), which aims for high therapeutic ratio. We compared gross Tumor Volume (gTV) (primary and nodal) delineated on 18F-uorodeoxyglucose positron emission tomography ([18F]-FDG-PeT) scan to those delineated on contrast-enhanced computed tomography (CeCT) scan and its impact on staging treated by IMRT. A total of 30 consecutive patients with locally advanced squamous cell carcinoma of head and neck were included in this study. FDg-PeT and CeCT scans were performed with dedicated positron emission tomography-computed tomography (PeT/CT) scanner in a single

session as part of radiotherapy treatment planning for IMRT. After treatment with concurrent chemoradiotherapy, all patients were followed for one year. Three out of 30 patients were excluded from the nal analysis, as there was complete remission in PET/CT after neoadjuvant chemotherapy. For remaining 27 cases, the primary sites were 17 oropharynx, 2 hypopharynx, 7 larynx and 1 unknown primary with secondary neck node. PeT-CT resulted in changes of CT-based staging in 25% patients (up- staged in 3 and down-staged in 4). gTV delineated on PeT vs. CT scan was gTV-PeT (primary) of 20.15 cm<sup>3</sup> vs. gTV-CT (primary) of 18.75 cm<sup>3</sup>, p = 0.803; and gTV-PeT (nodes) of 28.45 cm<sup>3</sup> vs. gTV-CT (nodes) of 21.56 cm<sup>3</sup>, p = 0.589. The mismatch between two target volumes was statistically insigni cant (p = 0.635 for gTV primary, p = 0.187 for nodes). The mean gTV-PeT outside CT for primary was 5.83 cm<sup>3</sup>, and for node was 8.47 cm<sup>3</sup>. Median follow-up was 12 months. One- year loco-regional control was 92%. The target delineation of GTV can be improved with functional imaging [18F]-FDG-PeT/ CT.

## SUCCESS PATH - 2017 MILESTONES

### INAUGURATION OF AML WARD



### INAUGURATION OF HOSPICE WARD



### STARTED LASER SURGERY DEPARTMENT OF SURGERY



### GALLIUM 68 GENERATOR FOR NEUROENDOCRINE TUMORS





# MEMORABLE MOMENT OF 2017

## AWARDS



Dr. Ajay Bapna was honored with an Award by MY FM for his Special Quality Ethical & Evidence based practice in the field of Cancer.



Dr. Naresh Somani was honored with award by Rajasthan Medical Council on Doctor's day for his extra-ordinary performance in Medical Oncology.



Dr. Anjum Khan honored by an award Women of the Future 2017 by Women of The Future Awards – WOTFA.



Sr. Vice Chairperson Smt. Anila Kothari honored by Federation of Social Works and organization & Women progression award by Bulletin Today.



## CELEBRITY VISIT AT HOSPITAL



Balika vadhu fame Smita Bansal visit



TV actor & social activist Kunika Sadanand Visit



Nandita Puri w/o Lt Om Puri visit



Founder of Isha Foundation Padma Vibhushan Sadguru (Shri Jaggi Vasudev) visit



International tennis player Lavanya Singh Visit



Cancer Affected Children met with bollywood actor Tiger Shroff



Cancer Affected Children met with bollywood actor Irfan Khan



Indian Music Director Anandji Virji Shah visit

## HAPPENINGS



Survivor Day Celebration on 18th Feb 2017



SBI Life Insurance Company handed over a cheque of ₹20 lakh to support Freedom from Cancer (CML) initiative on 24th Nov 2017



Rare surgery Manjit - A Large Soft Tissue Sarcoma (9Kg) with Neuro Vascular involvement was removed with the reconstruction of the vessels from the opposite leg - 17 April 2017



Quit tobacco campaign May 2017



Nurses Day Celebration on 12th May 2017



Yoga Day Celebration on 21st June 2017



First Nerosurgery on 25th July 2017



Story telling session for kids on 12th Aug 2017



Unique Organ reconstruction Surgery Briefing to Media on 4th Aug 2017



29th foundation day celebration on 29th October 2017



Palliative Month Celebration in Oct 2017



Hospital Participate in HSS fair from 16 to 20th Nov 2017



Foreign delegates visit on 29th Nov 2017



Pranic healing session on 6th April 2017





## MESSAGE FROM MEDICAL DIRECTOR'S DESK

Dear Doctor

Bhagwan Mahaveer Cancer Hospital and Research Center (BMCHRC), a 200 bedded, NABH Accredited, super specialty cancer hospital has been in the forefront in crusade against cancer through various activities. We try to contribute our bid to spread awareness, education, early diagnosis, treatment and rehabilitation of cancer patients.

BMCHRC through its team of qualified doctors & experienced nursing staff aspire to provide patient care with globally accepted standards using cutting edge technology like Radio Iodine Therapy ( First & Only In Rajasthan For Thyroid Cancer Patients), Gallium-68 (Generator For Neuroendocrine Tumors and Prostate Tumors), Linear Accelerator ( First In Rajasthan with technology of rapid Arc, IGRT, IMRT and 3DCRT) , Laser Surgery, Sentinel lymph node biopsy, Neuro-Oncology & Ortho Oncology for the diagnosis & effective management of cancer.

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

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

To serve & make our society Cancer Free, BMCHRC also run Welfare Initiatives like:

- **Donate A Life** - Provide Free Treatment to Children Aged 14 Years And Below Suffering From the

treatable Blood Cancers (ALL, APML, HL). This project started in August 2014. Under this project 96 children are registered and received free treatment.

- **Freedom from Cancer** - Offers free treatment for the patients suffering from Chronic Myeloid Leukemia (CML) Blood Cancer This project started in August 2015. Till now 141 patients registered under the project. All these patients are cancer free and leading a normal life.
- **Wilms Tumor** - Children suffering from kidney cancer are treated FREE. This Project Started in May 2016.
- **Annual Surveillance and Early Detection of Breast and Cervical Cancer.** This screening program started in July 2014. Under this program total 512 women were screened for Breast cancer by mammography & Cervical cancer by pap smear.

Patients at BMCHRC are always backed by the generous moral support by our ladies wing "Cancer Care" which is at all times accessible to facilitate patients and their attendants. It is headed by Sr. Vice Chairperson Mrs. Anila Kothari.

Best Regards

**Maj Gen SC Pareek (Retd.)**  
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.

**TO GET ASSOCIATED, PLEASE CALL**  
**Toll Free 1800 121 1711 | +91 96100 29567**

*Contributions made are eligible for income tax exemption under section 80G.*

To

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If undelivered please return to

**Dr. Aseem Kumar Samar, Editor**

**BHAGWAN MAHAVEER CANCER HOSPITAL & RESEARCH CENTRE**

Jawahar Lal Nehru Marg, Jaipur 302017, India

Email: aseem.samar@bmchrc.com



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Toll Free 1800 121 1711 | T: +91-141-2700107 | F: +91-141-2702021 | E: info@bmchrc.org, bmchrc@hotmail.com | www.bmchrc.org