News Letter

Bhagwan Mahaveer Cancer Hospital & Research Centre

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Editorial

Medical screening has existed for about 60 years, and has a very rich history.

The preclinical identification of disease has been a major component of modern medicine and public health. Screening has contributed to some of major successes of modern medicine.

Various new features has been added to hospital.

GIPAP-'The Glivec International Patient Assistance Program' for the CML & GIST patients, is one of the most comprehensive and far-reaching cancer access program ever developed on a global scale is now available at BMCHRC.

2 TELEMEDICINE- Cancer is a considerable public health issue for all population groups. However, certain subgroups, like those who have inappropriate access to medical facilities are more at risk than others. Providing equitable access to cancer services regardless of patient location is an issue of paramount importance.

3 Post graduate DNB degree in **MEDICAL ONCOLOGY.** Our hospital is already conducting this course in surgical oncology, radiation oncology, anesthesia and pathology.

4 Estrogen&Progesterone receptor and HER2/neu status in the histopathology report has become a standard in cancer breast.

Warm regards

- Dr. Shashikant Saini

Happenings

- 4th Jan. 2009 – **"Gynecology and Preventive Oncology"** workshop was organized at BMCHRC, where about 100 gynecologists from various part of the country participated and shared their views and knowledge about the upcoming modalities in this field. **Mrs .Anila Kothari** and **Col. R. K. Chaturvedi** were invited as guest of honor.

2. 2nd Feb. 2009 – on the occasion **"World Cancer Day"**, cancer awareness program was organized where the actor **Mr. Anupam Kher** met pediatric patients and answered their questions. Patients were also given gifts. An exhibition regarding cancer awareness and eradication was also organized which was enjoyed by children.
3. 18th Feb. 2009 – on the occasion of ninth **"Cancer Survivors Day"** a program was organized in hospital campus . **Smt. Usha Sharma** (Director, Rajasthan Tourism Development) was chief guest. Cancer patients , survivors and their relatives participated and shared their views and gave a ray of hope to those are suffering from cancer. Students from nursing college presented a play about injurious effects of tobacco. Hospital's website was inaugurated by the chief guest.
4. 22nd march 2009 – **Dr. S.H. Advani** gave consultation to about 125 cancer patients.

World Cancer Day

Telemedicine and Oncology at BMCHRC

Telemedicine facility has been started at Bhagwan Mahaveer Cancer Hospital & Research Center Jaipur. It is in communication with SMS Medical college, Jaipur, Sir Gangaram hospital, Delhi etc. In first phase it will be connected to other District Hospitals in Rajasthan and Kerala Cancer network where telemedicine facility is available, and future plan is to connect with other leading cancer centers in country as well international cancer centers.

Cancer is a considerable public health issue for all population groups. However, certain subgroups, like those who have inappropriate access to medical facilities are more at risk than others. Providing equitable access to cancer services regardless of patient location is an issue of paramount importance.

Published cancer statistics may not offer an accurate picture of the number of people affected by cancer in the India , as many cases, particularly rural patients, may go undiagnosed and, consequently, untreated because of the difficulties they have when attempting to access specialty health care services.

Combining the healthcare with modern communication and computer technologies emerges as a discipline of telemedicine that provides for such exotic applications as monitoring a patient over the distance of thousand kilometers, consultations of physicians that have never met, and accessing unimaginable volumes of health related information over the world wide web.

Telemedicine has become a tool to improve access to and practice of health while maintaining quality and reducing cost. The US Institute of Medicine defines the telemedicine as the use of electronic information and communications technologies to provide and support health care when distance separates the participant. It is the hope of the researchers and practitioners, that telemedicine will not only improve health care in rural and remote areas, but also improve the quality of health carets, Examples include as simple applications as the use of telephone for consultations, but also complex telemedicine systems with applications in telesurgery. The distance involved can be as small as across a building or campus, but also across a country, and even across the globe. Broadly speaking, the telemedicine encompasses both clinical and non-clinical applications. Non-clinical applications, such as medical education, administration, management, and dissemination of the health related content over the globe . On the other side, clinical telemedicine relates to the patient care and includes the processes such as teleconferencing, teleconsultation, tele-diagnosis, and tele-monitoring, as well as specialty applications including teleradiology, telecardiology, telepsychiatry, teledermatology, and teleoncology.

Teleoncology project can provide rural areas w oncology(cancer related) services such as patient evaluati second opinion consults, and comprehensive supportive care of cancer patients including follow-up visits,

The plans for future developments will offer an exciting new way to practicing oncology medicine over the region, by providing high quality and efficient oncology care to remote patients, on-the-spot triage of emergency patients and continuum of oncology services including remote post surgical monitoring, follow-up visits, pain management, radiology consultations, and patient education.

Academic advantages are :

DNB Teaching programs may be telecasted to other Telemedicine centers. CMEs may be telecasted to rural and remote places to update the knowledge of the doctors.

- Dr Shashikant Saini

Post Graduate Medical Education in Oncology: Another first by BMCHRC

Bhagwan Mahaveer Cancer Hospital & Research Center since its inception had many first to its credit in the field of oncology in Rajasthan. Apart from being first and only comprehensive cancer center in Rajasthan, it started many new ventures first time in Rajasthan e.g. Linear Accelerator, Regular Oncology Conferences (BMCON), Medical & Surgical Oncology Departments, Out Reach Program in form of regular early cancer detection camps and check up programs in various part of Rajasthan as well other states.

Medical education traditionally has been domain of medical college but with changing time and in modern medical era which is diagnostic and machinery based, government set ups are sometimes lagging behind especially in higher and super specialty courses. Post graduate courses in radiation oncology, pathology and anaesthesia started in BMCHRC 3 years back in form of DNB degrees.

Post doctoral courses in surgical and medical oncology followed and now first and only center of Rajasthan which is conducting DNB degree courses in these two super specialties. In this state government medical colleges do not have comprehensive oncology departments, BMCHRC scored over and has well organized medical oncology & surgical oncology departments. Round the clock availability of DNB residents various branches of oncology and allied branches has improved quality of medical care of patients suffering from cancer.

"Quality care at affordable price" is motto of BMCHRC. Hospital management of BMCHRC has provided all basic infrastructure to run DNB training successfully in various oncology disciplines smoothly and effectively e.g. library, seminar rooms and teaching equipments and adequate man power.

Regular publication in reputed index journals by various consultants of BMCHRC encourage DNB trainee students to engage themselves in academic activities.

A separate clinical trial department is another feather in crown of the BMCHRC. Post basic oncology nursing course is another first by BMCHRC which provide M.Sc. degree in oncology nursing education.

TEAM: "Together Everyone Achieves More" is basic philosophy of all health professionals working at BMCHRC .Aim is to achieve more in academics, quality care and multi disciplinary management of patients suffering from cancer.

Dr. Naresh Somani

Role of Screening in Cancer

Screening is the process of early diagnosis of a disease ie identification of disease or risk factor in its pre symptomatic or preclinical stage. Concept of screening developed way back in 1940.

Impact of screening on human health slowly progressed, from obvious changes in the vital statistics such as the decline in incidence of syphilis, to less obvious changes such as the decline in mortality of cancer of the cervix, to finally more subtle changes, such as the impact of mammographic screening on breast cancer mortality.

Methods of evaluation had therefore to adapt, evolving from simple surveys to case-control studies, cross sectional studies, population based studies and now randomized controlled trials.

A report by the National Cancer Policy Board and the Institute of Medicine, estimated that a 19% decline in the rate at which new cancers occur and a 29% decline in the rate of cancer deaths could be achieved by 2015 through changes in behavior and greater dissemination of proven technologies, including cancer screening.

ADVANTAGE OF SCREENING

Improved prognosis for those with screen-detected cancers.

The possibility of less radical treatment

The optimal outcome is a reduction in cancer mortality.

SCREENING FOR CANCER CERVIX

Cervical cancer is one of the leading cancer as well as leading cause of cancer deaths among women in developing countries. Pap (papinocolaou) smear, is the screening method of choice in developed countries.

Since the implementation of pap smear screening program in 1949, the incidence rate of invasive cervical cancer has decreased from more than 30 per 100,000 women to less than 5,and the mortality rate has decreased from 12 to about 3 per 100,000.

CURRENT RECOMMENDATIONS FOR SCREENING CANCER CERVIX ARE

Screening should start approximately 3 years after the onset of sexual activity ,and the interval is variable from 1 to 3 years.

More than one-half of invasive cervical cancers occur in women who have never been screened, or at least not within the previous 5 years.

SCREENING FOR BREAST CANCER

Breast cancer is one of the most significant health concern across the world.

It is the most commonly diagnosed cancer in women and the second leading cause of cancer death in women. The risk of being diagnosed with breast cancer increases with age.

Screening significantly contributed to the 23.5 percent decline in breast cancer mortality from 1990 to 2000.

National Cancer Institute has an online tool *(http://www.cancer.gov/bcrisktool)*.

CURRENT RECOMMENDATIONS FOR SCREENING BREST CANCER ARE

For women 40 years and older who are at average risk, most major health organizations endorse mammographic screening every one to two years, and every year after age 50 as long as the woman is healthy.

The clinical breast examination may also be important, because up to 10 percent of breast cancers may be clinically evident while being silent mammography. For those with breast cancer genetic mutations, mammography should begin at age 25, or at an age 10 years younger than the youngest case diagnosed in the family.

CONCLUSIONS FOR ROLE OF SCREENING IN CANCER

Medical screening has existed for about 60 years, and has a very rich history.

The preclinical identification of disease has been a major component of modern medicine and public health. Screening has contributed to some of major successes of modern medicine.

Screening facilities are available at BHAGWAN MAHAVEER CANCER HOSPITAL and screening and early detection camps are organized regularly at hospital and various parts of Rajasthan.

- Dr. Shashikant Saini

Breast Cancer- Debunking Common Myths & Misconceptions

One in 7 women will develop breast cancer in her life. But do most women really know about this disease? It causes more anxiety in women than necessary.

A) MYTH-"You can get breast cancer only if you have family history" FACT-80-85%of women with breast cancer have no family history of disease. Its important all women 40yrs old be screened for breast cancer.

B) MYTH- I am too young to worry about breast cancer. FACT-Breast cancer can affect women of any age. This disease is more common in post menopausal women,25%females are <50yrs.

C) MYTH- If I have breast lump ,its cancer. FACT-Most breast lumps felt are not cancer. All lumps should be checked thoroughly.

D) MYTH- Herbal remedies and dietary supplements can help treat breast cancer. FACT-No herbal remedy, dietary supplement or alternative therapy has been scientifically proven to treat breast cancer.

E) MYTH-If I am diagnosed with breast cancer, it means I am going to die. FACT-10 year survival rates of breast cancer are 90%.It can recur at any time, most likely in first 5-10yrs.

F) MYTH -Mammogram is normal, I don't have to worry about breast cancer. FACT –Mammogram is a screening tool. It assess changes in breast over time.

G) MYTH-If you have small breasts, you are much less likely to get breast cancer. FACT-Any one can get breast cancer.

SOURCE-University Of Michigan Comprehensive Cancer CENTER.

- Dr. Seema Singh

GIPAP – Hope for CML patients at BMCHRC

For its breakthrough cancer therapy Glivec, Novartis designed The Glivec International Patient Assistance Programme ,or GIPAP, one of the most comprehensive and far-reaching cancer access program ever developed on a global scale. The 'Direct-to –Patient' model is designed to provide the drug directly to individual patients by their treating physicians. Glivec is accessible to eligible patients who are properly diagnosed with Philadelphia chromosome-positive chronic myeloid leukemia (CML) patients and to patients with c-Kit (CD117) unresectable and/ or metastatic gastrointestinal stromal tumors (GIST).

GIPAP can be offered to patients who can not benefit from any reimbursement or insurance scheme, are unable to pay for treatment privately as determined by pre-established socio-economic criteria, are in developing countries that have minimal reimbursement capabilities, are in developing countries where regulatory approval for Glivec has been obtained, are in developing countries where no generic versions of imatinib are available.

As Novartis main partner in the administration of GIPAP , the Max Foundation is responsible for reviewing and verifying patients' eligibility according to specific medical requirements provided by Novartis and performing socio-economic evaluations. Now GIPAP facility is available at BMCHRC where poor patients of CML and GIST can be benefitted.

- Dr. Ajay Bapna, Dr. Naresh Somani

ER/PR and HER-2/NEU (IHC FOR BREAST CANCER)

Importance of ER/PR and HER-2/NEU as prognostic markers and in deciding line of treatment in breast cancer is well established. Its assessment and incorporation in report of breast cancer case now has become a standard practice.

BMCHRC, Jaipur is one of few centre in Rajasthan where facility for ER/PR and HER-2/NEU testing is available on nominal charges.

- Dr. C. L. Pande

Newsmakers

1. **Dr. Naresh Somani** presented a paper on SPECIFIC INHIBITOR OF EGFR (GEFITINIB) IN REFRACTORY NON SMALL CELL LUNG CANCER IN INDIAN CONTEXT at API conference, New Delhi (Jan 2009). He also attended ISMPO conference, ICON conference, Patna (March 09) and panel discussion on histology of lung cancer in RGCON (March 09)
2. ISMPO Chennai (Feb. 09) : **Dr. Naresh Somani, Dr. Sanjeev Patni, Dr. Lalit Mohan Sharma** and **Dr. Nitin Khuteta.**
3. **Dr. Lalit Mohan Sharma,** attended ICON Patna, RGCON Delhi, Post San Antanio Meds, Mumbai.
4. **Dr. Vibha Bhargav** attended 2nd National Conference of AIDS Society of India (Feb–March 2009) at Birla Convention Centre, Jaipur.
5. **Dr. Pawan Agarwal** attended 11th Breast Cancer "St Gallen" conference 2009 in Switzerland in March 2009.
6. **Dr. C. L. Pandey** attended "an update on lymphoma pathology" in Nov. 2008, organized by Dept. of Pathology TMH, Mumbai. She also attended and chaired the session of "National CME on neoplastic and neoplastic lesions of cervix" in March 2009.
7. **Dr. Seema Singh** attended XV National CME in Haematology and Haemato-oncology, Mumbai, in Jan 09; XIV Indo-US International CME in Surgical Pathology, Cytology and Haematology (Feb. 09) at Agra. She also participated in National CME on "Precancerous Lesion Cervix" (March 2009)
8. **Dr. Nidhi Patni** attended a group discussion "talk show" at Dainik Bhaskar. She also participated in workshop on the role of Erbitux in head and neck malignancy at South Korea.
9. **Dr. Rajesh Pasricha** attended RGCON (March 2009), New Delhi; International Conference on Medical Physics and Radiology, SMS Hospital , Jaipur
10. **Dr. Shashikant Saini** attended EVIDENCED BASED MANAGEMENT OF CANCER conference at TATA MEMORIAL HOSPITAL MUMBAI, RGCON 2009 DELHI.
11. **Dr. Anjali Sharma** attended National CME 2009 on Cervical Cytology at Jaipur.
12. **Dr. Rateesh Sareen** (DNB resident) won the 2nd best oral case Presentation award for his paper "Synovial Sarcoma of Lung" under guidance of **Dr. Mrs. C. L. Pande Senior** Consultant & Head, Department of Pathology, BMCHRC, Jaipur (TRANSAPC Feb, 2009).
14. **Dr. Anjum Khan** attended the 16th International Conference on Palliative Care at AIIMS, New Delhi.

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If undelivered please return to :

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