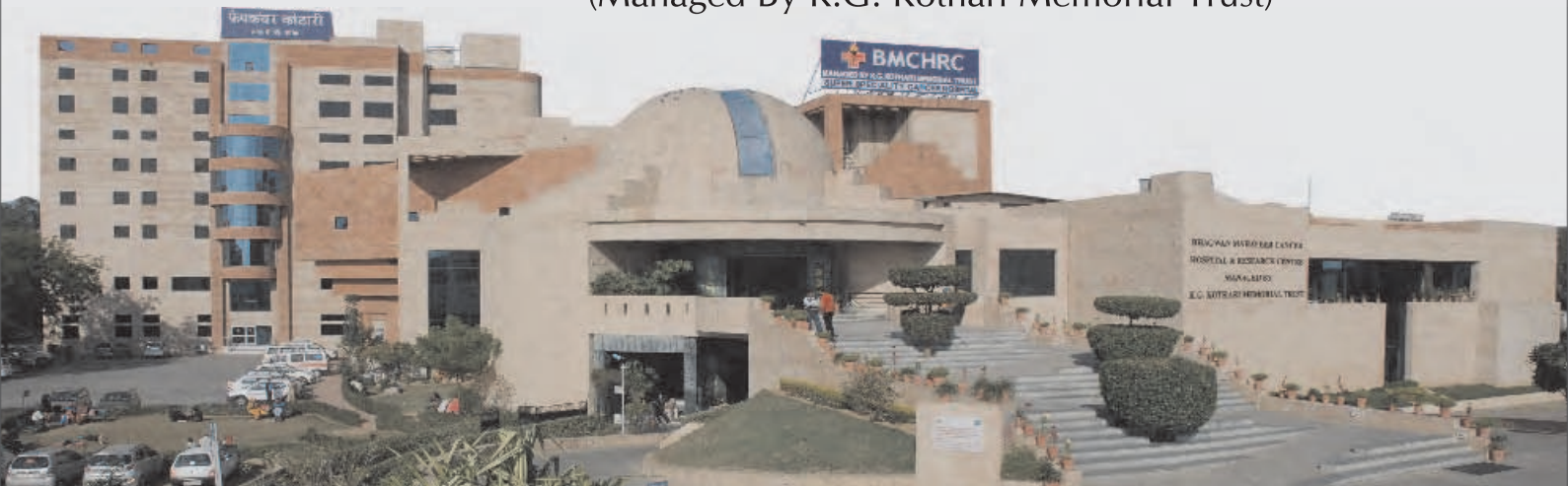




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एक संवाद बेहतर ~~X~~ कैंसर रहित जीवन के लिए

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



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Editorial

Dear Readers,

Season's greetings from BMCHRC family.

Cancer is one of the most rapidly increasing disease. There are one million new cancer cases diagnosed every year in India, and this is expected to rise 5-fold by 2025. Early stage cancers are highly curable and require less money and resources to treat. Patient goes back into the society to be productive and becomes a strong role model as cancer survivor.

The major barriers to early diagnosis and treatment are misbeliefs, wrong and inadequate information, absence of knowledge, low trust in public health services, and inadequate infrastructure. 5-year survival from cancer is currently 60% in the West while it is approximately 30% in India. Improvement in outcome of cancer has been a challenge for many decades in developing countries.

We all know that “prevention is better than cure” applies to cancer as well. Many cancers are preventable (tobacco, alcohol etc). Primary and secondary prevention of cancer is possible. Cancer Vaccine (Prevention of Cervical Cancer) is

available. Cancer needs to be on top priority by the government at central and state level. Education about cancer needs to be incorporated in medical education curriculum as well. Other important measures are increasing awareness and education among general public as well as medical professionals. Education about promotion of healthy lifestyles, avoidance of tobacco use since early childhood, change personal habits including physical inactivity, improvement of cancer registries, and mass screening for some cancers.

Wish you very Happy Prosperous New Year.

(Dr. Lalit Mohan Sharma)

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CANCER BIOMARKERS - CURRENT PERSPECTIVES

In the recent years, knowledge about cancer biomarkers has increased tremendously providing great opportunities for improving the management of cancer patients by enhancing the efficiency of detection and efficacy of treatment. Recent technological advancement has enabled the examination of many potential biomarkers and renewed interest in developing new biomarkers. Biomarkers of cancer could include a broad range of biochemical entities, such as nucleic acids, proteins, sugars, lipids, and small metabolites, cytogenetic and cytokinetic parameters as well as whole tumor cells found in the body fluid. A comprehensive understanding of the relevance of each biomarker will be very important not only for diagnosing the disease reliably, but also help in the choice of multiple therapeutic alternatives currently available that is likely to benefit the patients.

Potential clinical uses of biomarkers

Biomarkers can be used for patient assessment in multiple clinical settings, including estimating risk of disease, screening for occult primary cancers, distinguishing benign from malignant findings or one type of malignancy from another, determining prognosis and prediction for patients who have been diagnosed with cancer, and monitoring status of the disease, either to detect recurrence or determine response or progression to therapy.

Determination of a patient’s risk of developing a malignancy is helpful if risk reduction strategies (such as lifestyle changes, prophylactic surgery, or chemoprevention) or screening have

been shown to be effective. Biomarkers can be used to screen otherwise healthy persons for risk of developing malignancy. A commonly used but controversial biomarker for screening is Prostate Specific Antigen (PSA).

In patients who have been diagnosed with a cancer, biomarkers can help determine prognosis, or likelihood of disease recurrence independent of treatment. Biomarkers can also be used as response modifiers, or “predictive factors,” for a specific therapy, or for determining which therapy is likely to be most effective. In colorectal cancer, KRAS is a predictive biomarker. Similarly, overexpression or gene amplification of the HER2 gene in breast and gastric cancers predicts for response to anti-HER-2 agents such as trastuzumab.

Overexpression of the estrogen receptor in breast cancer predicts for response to anti-endocrine therapies such as tamoxifen and other hormone therapy.

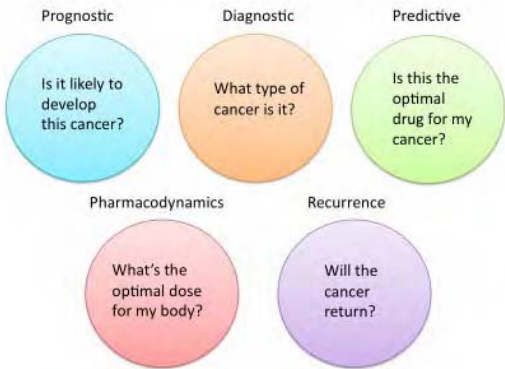
Germ line genetic mutations can also be used to predict adverse reactions to a specific therapy. This is the basis of the field of pharmacogenomics.

In patients who have completed adjuvant therapy, biomarkers can be used to detect early recurrence of disease. For example, CEA is monitored serially following adjuvant treatment for colon cancer with the goal of detecting liver metastases when they are still resectable and potentially curable. Similarly, Alpha Feto-Protein, Beta-HCG, and lactate dehydrogenase are monitored serially in nonseminomatous germ cell tumors in order to detect early disease recurrence. Biomarkers can also be used to monitor response to treatment in the metastatic setting. Circulating soluble protein tumor markers such as CEA, PSA, CA125, the MUC-1 antigens CA15-3 and CA27.29, and CA19-9 are recommended for monitoring response to palliative therapy in metastatic colorectal, prostate, ovarian, breast, and pancreatic cancers, respectively.

In coming years there will be great help in screening for risk of cancer, prediction of treatment outcome, monitoring response to therapy and early detection of relapse with help of biomarkers.

Jitendra Arora
(DNB student Med. Oncology)

Questions that can be answered by cancer biomarkers



BIOMARKER	TUMOUR	APPLICATION
<i>Cancer antigen (biomolecules) based biomarkers:</i>		
Prostate Specific Antigen (PSA)	Prostate cancer	Diagnostic & prognostic
Alpha-Foeto-Protein (AFP)	Hepatocellular carcinomas (HCC)	Diagnostic & prognostic
Cancer Antigen 125 (CA125)	Ovarian cancers & Fallopian tube cancer	Diagnostic & prognostic
Cancer Antigen 15-3 (CA15-3)	Breast cancer	Diagnostic & prognostic
Cancer Antigen 19-9 (CA 19-9)	Pancreatic cancer & Bladder cancer	Diagnostic & prognostic
BRCA-1, BRCA-2	Breast cancer	Diagnostic
Carcinoembryonic antigen (CEA)	Colorectal cancer	Diagnostic & prognostic
Human Chorionic Gonadotrophin (HCG)	Germ cell tumours (ovarian & testicular)	Diagnostic
Thyroglobulin (Tg)	Papillary & follicular thyroid cancer	Diagnostic & prognostic

Catch it early to **save yourself** Early Detection of **Breast and Cervical** Cancer Programme



ABOUT THE PROGRAMME

Register yourself for the Early Detection of Breast and Cervical Cancer Program by filling up a form.

BMCHRC has organized to conduct these tests at 3 PM of last Saturday of every month.

Inform the program desk of BMCHRC of your intention to visit and fix an appointment.

Visit the hospital on the appointed day - the tests will be done and reported.

The screening program is of value only if you are willing to undergo screening every year. One does not know when the cancer may appear in the post menopausal period.

BE READY TO BEAT IT

WHY ARE THE TESTS NECESSARY ?



Breast cancer



Cancer of cervix

Are the two major cancers that afflict post menopausal women.

Post menopause (45+ age) women have a very high risk of developing cancer of breast and uterus – the two most common cancers of women in India.

Mammography & Pap Smear

Are the two internationally recommended screening methods for early detection of these cancers

Detected in early stage of their occurrence the two cancers are eminently treatable with high cure rate

The only recognized method to prevent these cancers is secondary prevention – that is women at risk, willingly and of their own, undergoing, annual check up to find if she is

developing or has just developed a cancer.

It is possible for the doctors to recognize and detect a cervical cancer in its precancerous state by a Pap Smear Test.

Also by sophisticated Mammography test, breast cancer is detected in its primary stage when it is eminently curable.

HOW WE CAN HELP YOU?

Bhagwan Mahaveer Cancer Hospital offers to create awareness and help in early detection by

Offering a free annual screening

Awareness about this cancer prevention goes a long way to fight these fatal cancers of women.

By Mammography and Pap Smear

Consultation by gynaecologist

All female of 45+ age who are working school/colleges residing in Jaipur and near by area.

Other women based organisations

To enable them to detect Breast and Cervical Cancer early as and when it occurs. i.e. much before you are likely to become aware of its presence.

Awareness about this cancer prevention goes a long way to fight these fatal cancers of women.

CATCH IT BEFORE IT CATCHES YOU THAT IS YOUR BEST CHANCE FOR CURE



Donate a *life*

HELP A CHILD FIGHT CANCER

ABOUT THE PROJECT

- The project aims to provide free treatment to children aged 10 years and below suffering from the following treatable Blood Cancers
 - Acute Lymphoblastic Leukemia Low Risk (ALL)
 - Acute Promyelocytic Leukemia (APML)
 - Hodgkin's Lymphoma (HL)
- Treatment by experienced and knowledgeable doctors as per internationally approved Chemotherapy protocols
- Higher cure rate of over 90%
- The cured child can lead a full productive life
- Highest Cost/Benefit Ratio of all treatable cancers

ABOUT THE AID

- The project to provide free treatment to eminently treatable childhood cancers will be managed through a dedicated "Donate A Life Fund Account"
- The entire treatment bill, including medicines, will be picked up by the Project and paid from the Fund Account.
- All donations received for the project will go to the Donate A Life Fund Account. Interest accrued will remain with the fund.

JOIN HANDS WITH US

- You can make a difference to the lives of children suffering from Cancer by joining our program 'Donate A Life'.
- A Donation of ₹ 5.00 lacs to the 'Donate A Life Fund' will enable BMCHRC for full treatment of a child with treatable Blood Cancer and also cover all supporting costs & other facilities including Bed, Investigations, Doctor Consultation, Nursing, Medicine etc.
- Patrons wishing to contribute part treatments are also welcome to participate in the program.
- Donations to be made in the name of "Bhagwan Mahaveer Cancer Hospital & Research Centre A/c Donate A Life Fund" payable at Jaipur.

- Donors will be suitably recognized at functions and events organized by the hospital and also introduced to the children undergoing treatment.
- Donations made to this fund are exempt under section 80 G of Income Tax Act 1961
- For Overseas contribution we have registration under FCRA 1976.
- If you have any query related to donation process, please feel free to get in touch with us. You can either call us at +91-141- 5113109 & 5107777 Extn.242/365 in between 10 am to 5 pm or email us at donatealife@bmchrc.com



PREVENTION OF CANCERS

1. Tobacco is the single largest causative factor for 40% of cancers as well as 30% heart attacks. India is unique to have smoked as well as non smoked tobacco users. India has second highest tobacco users (China is first) in world. Rajasthan is second highest in Smoking/tobacco usage. Most people start the tobacco habits between age 11-15 years. Education about tobacco hazards should be incorporated since early school syllabus. All health care workers including doctors, nurses, paramedicals, pharmacists, and undergraduate students must have basic knowledge about the health hazards of tobacco consumption. Tobacco cessation clinics should be encouraged at district hospitals and cancer centers. The policy of imposing more tax on tobacco products is probably not leading to reduction in tobacco usage.
2. Cervical Cancer is top most female cancer in India. Sexual hygiene is one of the key risk factors for cervical cancer. It spreads through HPV (16 and 18) and HSV mainly. Worldwide cervical cancer screening by PAP smear has been very effective in prevention as well early detection of cervical cancer. Other cost effective screening tests are VIA (Visual inspection after acetic acid application) /vinegar test for mass rural population. Health care workers/ ANMs/ multipurpose workers can be trained for this purpose. Pap smear screening has been shown to save many lives worldwide.
3. Prostate cancer is topmost cancer in men. Screening is very useful in early detection. The cure rates of first stage in prostate cancer is more than 95%. Simple digital rectal examination along with PSA (Prostate Specific Antigen) in blood can pick up early prostate cancer.
4. Importance about healthy diet, active lifestyle with physical activity, sexual hygiene and breast self-examination (being breast aware), should be taught in schools, in villages, (through the gram panchayat,



Anganwadi, and accredited social health activist workers) and in semi-urban/urban areas (through the resident welfare associations and other societies) at various levels.

5. Clinical screening for oral cancer especially in high-risk population (tobacco chewing) by visual examination, toluidine blue staining. National cancer registry program is doing a great job with the collection and publication of cancer registry data. This will help stakeholders to optimize screening strategies for population at high risk for certain types of cancer in different parts of the country. For example, epidemiologic studies for certain cancers in areas of high incidence- gall bladder cancer in the Ganges belt (Kanpur, Allahabad, Banaras), colorectal cancer in Goa, stomach cancer in southern and northeastern states, may guide us for preventive strategy.
6. Hepatitis B remains major cause of Hepatocellular carcinoma. Vaccines are available for Hepatitis B and Cervical cancer are vaccine preventable cancers. With very little investment we can expect good long term outcome.

Lalit Mohan Sharma

HAPPENINGS



14th November 2014 | Childrens Day Celebration



14th November 2014 | PICNIC with Cancer Children



28th February 2014 | Cancer Survivor's Day



12th May 2014 | Nurses Day Celebration



31st May 2014 | Tobacco Free Jaipur Rally



11th October 2014 | Palliative Care Day



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 : 7665435579

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

MESSAGE FROM MEDICAL DIRECTOR'S DESK



The Bhagwan Mahaveer Cancer Hospital and Research Centre Jaipur, became functional on 23 Oct 1997, since then the hospital is providing comprehensive care to the cancer patients and have completed important milestone of treating one hundred thousand patients till now.

Cancer is considered one of the dreadful disease. It needs a correct and accurate diagnosis along with effective planned multimodality treatment in most patients. With support from K G Kothari Memorial Trust and other government and non-government organization we are able to serve the cancer patients. Our effort in this direction lies in having fully equipped machineries and infrastructure to diagnose and treat

any type of cancer. We are thankful to Government of Rajasthan for supporting by CMRF and other professional support. Our hospital is empanelled for ESI, ECHS, CGHS, Railway, Govt. of Rajasthan and many other organizations. We provide free services to BPL and financially challenged patients.

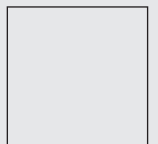
I would like to pay my gratitude to patient and their family members who had faith and trust in us and helped us in achieving this height. We are committed to provide continues and quality care to these patients and will serve them with smile.

Dr (Maj Gen) S C Pareek
Medical Director

A Warm Thank You from BMCHRC Team



To _____



If undelivered please return to

Dr. Lalit Mohan Sharma Editor

Email : drlalit2003@yahoo.com

BHAGWAN MAHAVEER CANCER HOSPITAL & RESEARCH CENTRE

Jawahar Lal Nehru Marg, Jaipur 302017, India

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Phone : 91-141-2700107, 2702106, 20, 2702899, 5107777 | Fax : 91-141-2702021 | Email : info@bmchrc.org , bmchrc@hotmail.com | www.bmchrc.org