

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

Vol. 23 (KIDNEY CANCER)

April - June, 2020

www.bmchrc.org

EDITORIAL



KIDNEY CANCER

The landscape for renal cell carcinoma treatment has changed dramatically in recent years, with the addition of three new FDA-approved agents. This brings our arsenal to seven drugs: interleukin-2, the VEGF receptor TKI's sunitinib, sorafenib, and pazopanib, the VEGF neutralizing antibody bevacizumab in combination with interferon, and the mTOR inhibitors temsirolimus and everolimus. VEGF receptor TKIs and drugs that inhibit mTOR signaling have become the mainstay for the management of metastatic disease based on improved progression-free survival or/and overall survival outcomes. Sunitinib has emerged as the current standard of care for first line therapy for patients with good or intermediate risk clear cell RCC. Recently pazopanib has received FDA approval. The survival benefit (Sunitinib V/S interferon; 26.4 v 21.8 months, $p = 0.51$), is modest,

but suggests that additional consideration to questions such as when to initiate therapy (early vs late) may be important to investigate formally. RCCs initially responding to treatment with VEGF TKI therapy eventually develops resistance to these drugs. An alternate mechanism of targeted therapy for RCC is the inhibition of mTOR signaling via disruption of the mTORC1 complex. Temsirolimus and everolimus are mTOR inhibitors approved for RCC. In the front line setting, temsirolimus has continued to be the mainstay for patients with poor risk disease, given the improvement in overall survival and it's good side effect profile. Everolimus was approved based on a study that evaluated this drug after disease progression on one or both VEGF receptor TKIs. Nivolumab, a programmed death 1 (PD-1) checkpoint inhibitor, was recently approved by the US Food and Drug Administration and the European Commission to treat patients with advanced renal cell carcinoma (aRCC) who have received prior antiangiogenic therapy. Approval as second-line therapy was based on superior overall survival (OS) of nivolumab in a large, international, open label, phase III study (CheckMate 025). Nivolumab is the first approved immunotherapy to show a significant OS benefit in second-line aRCC treatment, with a median OS of 25.0 months. Similarly Pembrolizumab is approved in combination with axitinib in NACT setting. Ipilimumab is also approved in combination with

Nivolumab in high risk clear cell RCC in first line setting. All these anti PD-1 agents; immunotherapy are giving prolong progression free survival as well as Overall survival and in some cases chances of permanent cure is also there. All these agents and therapies are available in India and making significant improvement in life of RCC patients in India.

Aseem Kumar Samar

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

INSIDE PAGES

- OVERVIEW AND RISK FACTORS OF RCC
- WHEN SURGERY IS NOT AN OPTION IN RENAL CELL CARCINOMA; THE EVOLVING ROLE OF STEREOTACTIC BODY RADIATION THERAPY
- RENAL MASS CAN BE CURE IN EARLY STAGES BY SURGERY
- TKI HELPS TO INCREASE LIFE IN ADVANCE PATIENTS
- ROLE OF SURGERY IN PATIENTS WITH METASTATIC RENAL CELL CARCINOMA
- ROLE OF IMMUNOTHERAPY IN RCC
- DONATE A LIFE - A UNIQUE WELFARE PROJECT
- MEMORABLE MOMENT - AWARENESS ACTIVITY, INITIATIVE, ACHIEVEMENTS, HAPPENINGS & INTRODUCE NEW SERVICE
- MESSAGE FROM EXECUTIVE DIRECTOR'S DESK

ADMINISTRATION PANEL

Maj Gen S C Pareek, Retd.
Executive Director
Dr. (Brig) A. K. Dhar, VSM
Medical Director
Dr. S. G. Kabra
Director Clinical Services
Dr. Bela Joshi
Director - Administration
Dr. Munawwar Hasan Naqvi
Supt. (HPA)
Dr. Subah Pathania
Medical Superintendent
MEDICAL ONCOLOGY
Dr. Ajay Bapna, MD, HOD
Dr. Naresh Somani, MD, DM

Dr. Lalit Mohan Sharma, MD
Dr. Pawan Agarwal, MD
Dr. Aseem Kumar Samar, MD, DM
SURGICAL ONCOLOGY
Dr. Sanjeev Patni, MS, HOD
Dr. Anil Kumar Gupta, MS
Dr. Shashikant Saini, MS
Dr. Naresh L. Ledwani, MS, MCH
Dr. Prashant Sharma, MS, MCH
Dr. Shikha Tewari, MS, DNB
Dr. Arvind Thakuriya, MS, DNB
Dr. Mitesh Kaushik, MS, MCH
Dr. Namrata Choudhary, MS, DNB
NEURO ONCO SURGERY
Dr. Nitin Dwivedi, MS, MCH

RADIATION ONCOLOGY

Dr. Nidhi Patni, MD, DNB, HOD
Dr. Tej Prakash Soni, MD
Dr. Naresh Jakhotia, MD
Dr. Dinesh Kr. Singh, DNB
NUCLEAR MEDICINE
Dr. (Brig) J K Bhagat, MD, DRM, HOD
Dr. Arun Kumar Jhajharia, MD
INTERNAL MEDICINE
Dr. Sanjay Guglia, MD
Dr. Devanshu Khatana, Clinical Asst.
ANAESTHESIOLOGY
Dr. Anjum S. Khan Joad, MD, DNB, Director
Dr. Pushplata Gupta, MD, HOD

Dr. Manisha Hemrajani, MD
Dr. Anita Bansal, DNB
Dr. Akanksha Dutt, DNB
Dr. Sachin Bansal, DA
Dr. Deepshikha Jain, DA
Dr. Soumi Hazra Chaudhuri, MD
HEMATO ONCOLOGY
Dr. Upendra Sharma, MD, DM
PATHOLOGY
Dr. Anjali Sharma, MD, HOD
Dr. Kumud Gangwal, MSC PATH & BACT
Dr. Shashi Bansal, MD, DNB
Dr. Deshant Agarwal, MDS
Dr. Shruti Sharma, MD

RADIOLOGY

Dr. Sushma Mahajan, MD, HOD
Dr. Purna Gupta, DMRD
Dr. Madhur Saxena, DMRD, DNB
BLOOD BANK
Dr. K C Lokwani, MD, HOD
BONE & SOFT TISSUE
Dr. Praveen Gupta, DNB, D-ORHO
PLASTIC & RECONSTRUCTIVE
Dr. Umesh Bansal, MBBS, MS, DNB
Dr. Sourabh Rawat, MS, MCH

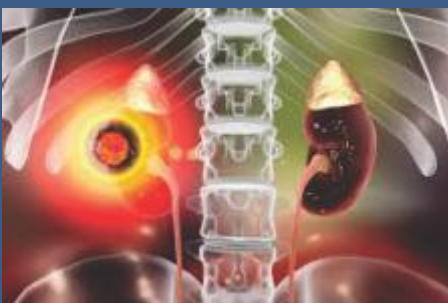
OVERVIEW AND RISK FACTORS OF RCC



Dr. Tej Prakash Soni

Consultant
Radiation Oncology Department
BMCHRC

Renal Cell Carcinoma (RCC) is the 7th most common cancer in men, and the 10th most common cancer in women. Risk factors for RCC include tobacco, obesity and hypertension. RCC is more common in patients with end-stage renal failure, acquired renal cystic disease, tuberous sclerosis syndrome, and post-kidney transplantation. Approximately 3% of all RCCs are hereditary and associated with autosomal dominant syndromes, the most commonly von Hippel-Lindau (VHL) disease. VHL gene is a 2-hit tumor-suppressor gene. In the tumor cell, the inactivation of VHL leads to increased activity of the hypoxia-induced factor (HIF) and ultimately to over expression of VEGF and platelet-derived growth factor (PDGF). Some RCCs are characterized by mutations in the mTOR pathway. Patients with bilateral RCC should be tested for the germline mutations. Approximately 50% of RCC are currently detected incidentally. RCC have frequent association with paraneoplastic syndromes such as hypercalcaemia, unexplained fever, erythrocytosis and Stauffer's syndrome. Diagnosis of RCC is usually suggested by Ultrasound and CT scan (abdomen-pelvis) for assessment of local invasiveness, lymph node involvement or distant metastases. MRI is helpful to study the local spread of tumor and venous involvement by tumour thrombus. Contrast-enhanced chest, abdominal and pelvic CT scan is required for staging of RCC. A renal tumour core biopsy provides histopathological confirmation of malignancy and especially recommended before treatment with ablative therapies and in metastatic RCC before starting systemic treatment. Clear cell RCC represent 80% of malignant renal tumours in adults, with the remaining 20% include types I and II papillary, and chromophobe RCC. The prognostic factors are tumour histological subtype, the ISUP nucleolar grade, sarcomatoid and/or rhabdoid differentiation that defines a grade 4 tumour, presence of necrosis, presence of microscopic vascular invasion, nodal and distant metastasis. Various treatment strategies are used to treat RCC like surgery and systemic treatment like TKI or Immunotherapy. Chemotherapy is largely ineffective in treatment of RCC.



WHEN SURGERY IS NOT AN OPTION IN RENAL CELL CARCINOMA: THE EVOLVING ROLE OF STEREOTACTIC BODY RADIATION THERAPY



Dr. Naresh Jakhotia

Consultant
Radiation Oncology Department &
Deputy Editor, Darpan

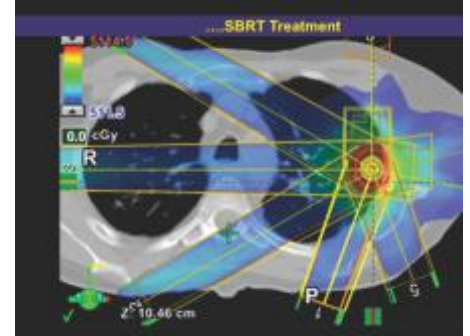
Historically, Radiation therapy has played a limited role in the management of renal cell carcinoma because early studies showed that it had no benefit in the neoadjuvant or adjuvant settings. Thus, radiation has typically been employed for only palliation of metastatic sites.

As the ability to deliver conformal high-dose-per-fraction radiation became available, studies began to show excellent local control when treating oligometastatic sites of renal cell carcinoma with stereotactic body radiation therapy (SBRT).

Recently, SBRT has been studied in the management of the primary tumor in nonsurgical patients with localized renal cell

carcinoma. Excellent local control rates and low rates of treatment-related toxicity were reported with single-fraction (26 Gy) and multi-fraction (36 to 45 Gy in 3 fractions or 40 to 50 Gy in 5 fractions) regimens.

While the evidence to date is limited by small cohort sizes and variability in treatment approaches, the reported outcomes are promising. Ongoing studies will continue to define how renal SBRT fits into the management of patients who are not eligible for surgery.



RENAL MASS CAN BE CURE IN EARLY STAGES BY SURGERY



Dr. Prashant Sharma

Consultant
Surgical Oncology Department,
BMCHRC

Patients with renal mass usually present with symptoms like hematuria or flank pain. Many times patients are asymptomatic and on investigation they are found to have renal mass. Renal mass is sometimes an incidental diagnosis on a routine health checkup or sonography scan done for some other reason. Majority of the renal masses are malignant hence we treat all the renal masses considering as if they are cancerous. After diagnosis of a renal mass, CT scan or MRI scan of the abdomen and a bone scan as required, to know the spread of the cancer in the body. According to the extent of the disease staging is done. Stage 1 is the tumor localised to kidney and size is less than 7cm. Tumor larger than 7cm but still confined to kidney is stage 2. When the tumor comes out of kidney to involve the blood vessels or the lymph nodes it is stage 3. Stage 4 being the disease spread all over the body called metastasis. According to the stage of tumor, treatment is decided.

Surgical treatment of the renal mass has potential to cure the disease in early stages.

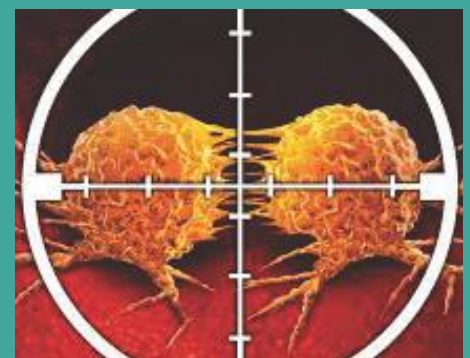
a. Nephron sparing surgery - when tumor is located to either of the pole of kidney and the tumor is small it can be removed with healthy margin of renal tissue and rest of the kidney (function) can be spared; this is called nephron sparing surgery or partial nephrectomy.

b. Radical nephrectomy - When tumor is large or it involves the central part of the kidney it warrants removal of whole kidney with its coverings.

c. Laparoscopic surgeries - The surgeries on kidney either partial nephrectomy or radical nephrectomy can be easily performed via laparoscopic approach. The specimen is put inside a polythene bag and can be removed from a small incision at the abdominal wall.

d. Retroperitoneal lymph node dissection - When the tumor is found to be present or suspected to be present in the the adjacent lymph nodes, they should be removed to give the best chance of cure to the patient.

e. Palliative nephrectomy - Some times in stage 4 also if the renal tumor is causing difficulty to the daily routine of the patient or it is giving symptoms like hematuria or pain we remove the kidney along with the tumor to give better life to the patient. Sometimes before starting specific treatment we have to remove the primary tumor along with the kidney.



TKI HELPS TO INCREASE LIFE IN ADVANCE PATIENTS



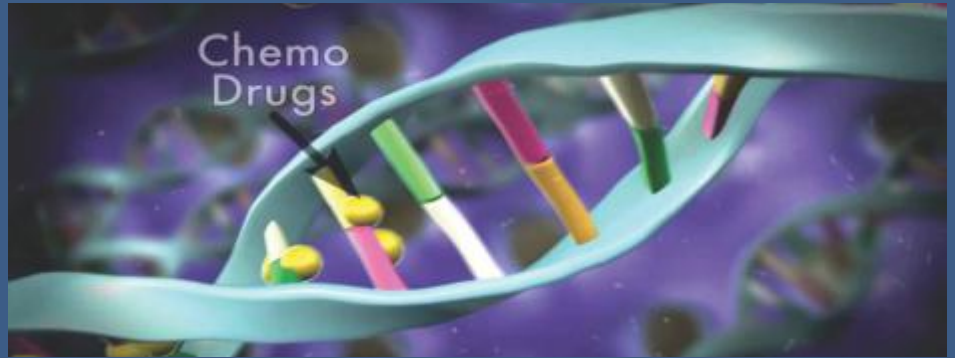
Dr. Mohit Modi

DNB, Trainee
Medical Oncology Department
BMCHRC

Renal cell carcinoma (RCC) is highly resistant to systemic chemotherapy, having poor prognosis with metastatic disease, with 5 year survival rate <10%. In metastatic RCC, Tyrosine kinase Inhibitors (TKIs) such as Sunitinib, Pazopanib, Sorafenib, Axitinib, Cabozantinib are viable treatment options in both first line as well as second line settings post-immunotherapy. It is vital to do risk stratification according to IMDC (International Metastatic RCC Database Consortium) scoring system and choose best suitable TKI agent for particular patient. While

TKIs have improved survival in metastatic RCC patients, toxicity of TKIs should also be kept in mind, the most common being Fatigue, Hand-foot syndrome, skin rash, mucositis and hypertension.

Careful patient selection, tailoring of TKI doses, and careful toxicity management are very essential for optimum therapy. These drugs have given great hope and increment in life span of stage IV patient, which was dismal before arrival TKI.



ROLE OF SURGERY IN PATIENTS WITH METASTATIC RENAL CELL CARCINOMA



Dr. Pulkit Nag

DNB, Trainee
Medical Oncology Department
BMCHRC

Surgery continues to play an important role in the management of patients with metastatic renal cell carcinoma (RCC) in one of several ways.

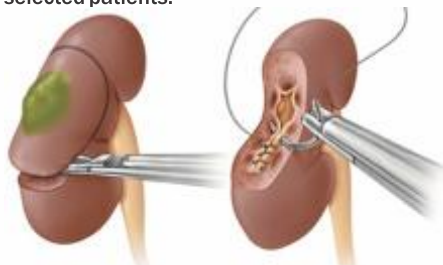
CYTOREDUCTIVE NEPHRECTOMY (Debulking) - For patients who have favorable (no risk factor) or low-intermediate risk (one risk factor) metastatic RCC at presentation, a good performance status, and a resectable primary tumor with low tumor burden outside the kidney, we suggest upfront debulking nephrectomy. In such patients, cytoreductive nephrectomy should be performed before systemic therapy (either antiangiogenic therapy or immune checkpoint inhibitor therapy). This is supported by various retrospective and prospective studies like CARMENA AND SURTIME TRIAL.

METASTASECTOMY - For patients with one to three readily resectable metastases at presentation

or who relapse following initial surgical treatment (nephrectomy) but have a disease-free interval >1 year, we suggest metastasectomy rather than immediate initiation of systemic therapy (Grade 2C). This approach has been associated with prolonged disease-free survival in selected patients.

PALLIATIVE NEPHRECTOMY - Nephrectomy has been used to control severe local symptoms from the primary tumor such as significant pain or bleeding needing blood transfusions.

CONCLUSION - Although surgery has pivotal role to play in non-metastatic RCC, but evidence suggested that even in metastatic RCC, surgery has a significant role in form debulking, palliative and resection metastasis, which eventually affects the survival in carefully selected patients.



ROLE OF IMMUNOTHERAPY IN RCC



Dr. Neha Rawat

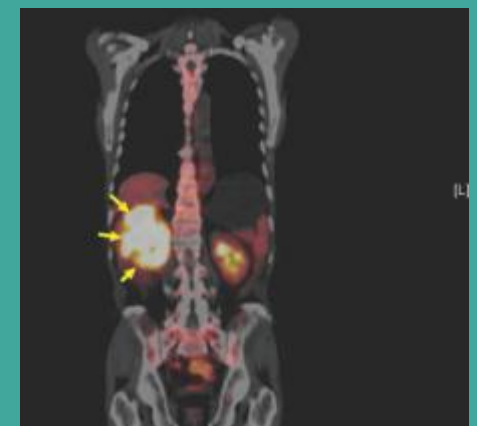
DNB, Trainee
Medical Oncology Department
BMCHRC

Patients with metastatic renal cancer continue to present a therapeutic challenge. The use of immunotherapy is based on the following 3 observations: (1) recognition of spontaneous regression, (2) presence of a T-cell immune response, and (3) tumor regressions associated with cytokine treatment. In patients with metastatic disease, administration of

interleukin-2 (IL-2), interferon-alpha, or the combination produces responses in 15% to 20% of patients. The subset of patients most likely to benefit from cytokine treatment include those with few symptoms (ECOG performance status 0 to 1) and/or limited pulmonary disease.

Various approaches to treating renal cancer using cytokines and/or adoptive immune

therapy can produce tumor regression in a small subset of patients. Various new drugs have got approved for treatment of RCC like Pembrolizumab, nivolumab, Ipilimumab etc. These immune drugs are better tolerable with very minimal side effects and offers good quality of life and longer survival.



DONATE A LIFE A UNIQUE WELFARE PROJECT

With an objective of gifting a complete happy life with holistic health and wellness, this programme has been initiated by BMCHRC to extend free treatment for the treatable blood cancers (Acute Lymphoblastic Leukemia Low Risk (ALL), Acute Promyelocytic Leukemia (APML) and Hodgkin's Lymphoma (HL)) in the children aged between 1 and 14.

Project started in August, 2014 & anticipated expenditure per patient is Rs. 5 lacs. 155 Children (ALL - 113, HD - 37 & APML - 5) received free treatment including medicines (worth Rs 4,56,40,923/-) till June, 2020. Now

114 children are receiving treatment and of which 109 are Cancer Free.

In addition to this hospital also having seven welfare projects, wherein the entire treatment including the medicine is being provided free.



AWARENESS ACTIVITY ▶▶

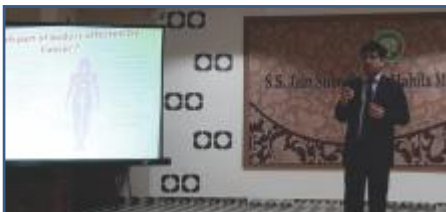
HEALTH AWARENESS WEEK ON WORLD CANCER DAY

On the occasion of World Cancer Day a Health Awareness Week to create maximum awareness about Cancer was organized.

Under this initiative, Cancer Awareness Sessions highlighting "Reason of Cancer, Symptoms & Way of Prevention" were conducted at various Educational Institutes & Community clubs by Senior Oncologists- Dr. Lalit Mohan Sharma, Dr. Prashant Sharma, Dr. Arvind Thakuria, Dr. Naresh Jakhotia & Dr. Dinesh Singh.

Some of the key Institutions who got benefited through these awareness sessions were- Reliance Industries, JECRC University, Sitapura, Kamla Poddar Institute, Subodh PG Girls College, Biyani College, LBS Collage, Vidyasharm School, Tele Performance Ltd & Marwari Yuva Manch. In addition to sessions, a cancer awareness exhibition was also displayed at Kanodia College.

Also, for the first time in the history of "Jaipur" a Flash Mob with the theme "Fight against Cancer" was organized at Gaurav Tower in collaboration with Kamla Poddar Institute in which Group of 20 students performed on Live Music & shared the awareness about "Reasons & Myths related to Cancer".

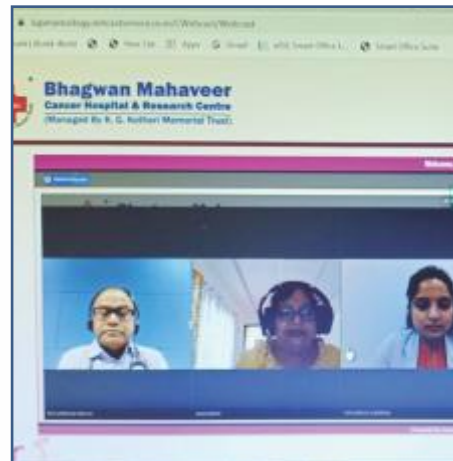


WEBINAR ON WOMEN'S HEALTH & CHALLENGES

A webinar on "WOMEN'S HEALTH & CHALLENGES" was organized on International Day of Action for Women's Health, 28th May 2020.

The webinar was moderated by Dr Lalit Mohan Sharma, Senior Consultant, Medical Oncology, BMCHRC & noted dignitaries like- Dr Harsha Agrawal from Delhi, Dr Pooja Talikotti from Bengaluru and Dr Swati Srivastava from Jaipur participated as Speakers.

More than 1200 Members of Prominent Social Clubs & Communities of Rajasthan attended the Webinar.



AWARENESS DRIVE ON WORD NO TOBACCO DAY

On the occasion of World No Tobacco Day a Cancer Awareness Drive was organized by BMCHRC to make common people aware about ill effects of tobacco.

Three webinars were organized on this day in association with Taxila Business School, JECRC University and Rajasthan Prantiya Marwari yuva manch.

These webinar were moderated by Dr Lalit Mohan Sharma, Senior Consultant, Medical Oncology, BMCHRC & Dr. Harsha Agrawal from Delhi, Dr. Ram Kumar Solanki, Dr. Pawan Singhal and cancer warrior Mr. S K Verma from jaipur joined as speakers.



ONLINE AWARENESS DRIVE INITIATIVE

During Corona pandemic BMCHRC started online awareness drive Initiative in the form of Facebook Live Sessions.

The first program was organized on "COVID-19: Cancer Treatment & Mental Health" by Dr Aseem Kumar Samar, Senior Medical Oncologist & Arti Hota, HOD, Psycho Oncology Department, BMCHRC on 19th June-2020.

Aim of the session was to aware masses about cancer treatment in corona pandemic and its impact on mental health.



INITIATIVE

PLEDGES TO STAND IN SOLIDARITY IN CORONA PANDEMIC

As the nation comes together to fight COVID-19 pandemic, Cancer Care Women's Wing of BMCHRC continues to extend its humble services to vulnerable communities and frontline workers in the guidance of Chairperson Mrs. Anila Kothari. PDSM Golechha Memorial Trust and Mr Vibhu Jain Benara, Managing Director, Benara Udyog Limited Agra also supported this drive.

Under this Drive

- **Fed more than 55000 people.**

The Food distribution drive was started from 29th March 2020. At the initial level, Cancer Care wing started food distribution to those people who were migrating from Jaipur due to lockdown. At that time one vehicle daily covered 40 to 50 km distance in city and distributed food packets. After sometime when migration stopped and people started residing in shelter homes Cancer Care Wing collaborated with District Administration of Jaipur & distributed food packets to the people living in shelter homes. More

than 5000 people were helped with ready-to-eat food packets.

• Distribution in Slum Area

Along with the distribution of ready to eat food packets, Cancer Care wing also distributed raw food items (Rice, Lentils & flour), Daily utility items & masks to selected slum areas of Jaipur.

• Grain & water pots for Birds & Animals

In order to take care of Animals & Birds during COVID-19, Cancer Care wing kept Grain & water pots in the city & ensured that all these pots are refilled time to time.

Donation in COVID 19 CM Relief Fund

Shri. Navrattan Kothari, Chairman, BMCHRC donated ₹11 Lakhs in 'Chief Minister Relief Fund COVID 19 Relief Fund' on 27th March 2020.



ACHIEVEMENTS

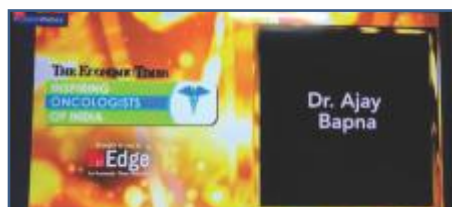
APPRECIATION FOR WORK FOR HUMANITY



Mrs. Anila Kothari, Senior Vice Chairperson of BMCHRC & Chairperson, Cancer Care (women's wing) was appreciated by Chief Minister of Rajasthan Mr. Ashok Gehlot for her humble service to vulnerable communities, frontline workers, Birds & Stray Animals in Covid-19 Pandemic.

MOST INSPIRING ONCOLOGIST OF INDIA

Dr. Ajay Bapna, Director & HOD, Medical Oncology Department, awarded as "Most Inspiring Oncologist of India" on 30th June 2020 by The Economics Times.



Dr. Ajay Bapna is the only Oncologist from Rajasthan who is awarded with this honor.

HAPPENINGS

BMCHRC IDOL AWARD

On International Nurses Day, 12th May 2020 an E-Cultural Program "BMCHRC Idol Award" was organized in which Nursing staff showcased their Singing, Dancing, Poetry and Monoact talent through video sessions.

Mr. Vivek Indoria, Infection Control Nurse got BMCHRC Idol award in Individual category & Best team performance award was handed over to Palliative team.

WORLD HAND HYGIENE DAY CELEBRATION



Infection Control team of BMCHRC celebrated World Hand Hygiene Day 2020 on 5th May 2020

Theme of the program was "SAVE LIVES: Clean Your Hands". Under the celebration, members of infection control team educated patients & their attendants about hand hygiene process through live demo and explained them that hand hygiene is one of the most important measure to prevent the transmission of bacteria in hospitals and other places.

Aim to celebrate this day is to recognize nurses and Paramedic Staff as front-line heroes who are helping us in fighting with COVID-19 pandemic.

REPUBLIC DAY CELEBRATION



On the occasion of 71st Republic Day, Managing trustee Vimal Chand Surana and Trustee Shri Sanjay Kothari unfurl the national flag along with Treasurer Trustee Dr Prem Singh Lodha & Executive Director Maj Gen. SC Pareek in hospital premises.

EMOTIONAL IMMUNITY SESSION

On the occasion of International Yoga Day BMCHRC conducted sessions on "Boosting up your Emotional Immunity" for its employees & patients on 20th & 21st June 2020.

PHOTO CAPTION



In order to support battle against novel corona virus hospital staff lighted lamps on 5th April 2020

INTRODUCE NEW SERVICE

LAUNCH OF TELE-CONSULTATION SERVICE

To support patients during COVID-19 Pandemic, BMCHRC Introduced Tele-Consultation Service on 1st May 2020. Cancer patients can now avail video consultation from Medical, Surgical & Radiation Oncologist from the comfort of their home with the help of this service.





MESSAGE FROM EXECUTIVE DIRECTOR'S DESK

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 kidney cancer which is a common cancer. It is twofold more common in males and median age at diagnosis is 64 years. As patients are generally asymptomatic in the early stages of disease, they tend to be diagnosed once the disease has already spread. For adequate staging the following investigations need to be performed – Imaging with abdominal computed Tomography (CT) scan and Chest X ray; and when clinically indicated Bone scan, Magnetic resonance imaging of brain and CT Chest.

The tumours are graded from Grade 1 to 4. They independently affect 5- year survivals which ranges from 89 percent in grade 1 to 46 percent in grade 3-4. Over the years, there has been a doubling of the five-year survival rate of patients, probably due to early detection of tumours at smaller sizes. Even in stage IV disease, with advent of newer targeted therapies, immunotherapy and tailoring treatment based on risk, the survival is no longer dismal. 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 PET CT and Gamma Camera of world class technology and having recent upgradation in its infrastructure for providing better services. The hospital is also planning for initiation of

separate Reconstructive Surgery Department soon.

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 alongwith treatment under Ayuhsman Bharat Mahatma Gandhi Rajasthan Swasthya Bima Yojana.

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)

WILMSTUMOR

ANNUAL SURVEILLANCE & EARLY DETECTION OF BREAST & CERVICAL CANCER

BREAST CANCER RECURRENCE PREVENTION PROJECT

CURE THYROID CANCER PROJECT

COMPASSIONATE CANCER CARE PROJECT

Best Regards

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

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.

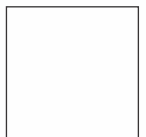
TO GET ASSOCIATED, PLEASE CALL

Toll Free 1800 121 1711 | +91 96100 29567

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

To

.....
.....
.....



If undelivered please return to

Dr. Aseem Kumar Samar, Editor / Dr. Naresh Jakhotia, Deputy Editor

BHAGWAN MAHAVEER CANCER HOSPITAL & RESEARCH CENTRE

Jawahar Lal Nehru Marg, Jaipur 302017, India

Email: aseem.samar@bmchrc.com

UPCOMING ISSUE - PLASTIC AND RECONSTRUCTIVE SURGERY

Printed and Published by Maj Gen SC Pareek and Dr. Aseem Kumar Samar on behalf of BMCHRC, at The Print Palace.

Designed By : KGK Brand Management Team, KGK Group | Hospital Address : Jawahar Lal Nehru Marg, Jaipur 302017, Rajasthan, India

Toll Free 1800 121 1711 | T: +91-141-2717777 | E: info@bmchrc.org, bmchrc@hotmail.com | www.bmchrc.org |

