

EDITORIAL



PLASTIC AND RECONSTRUCTIVE SURGERY

Plastic surgery represents a small but critical component of the comprehensive care of cancer patients. Its primary role in the treatment of cancer patients is to extend the ability of other surgeons and specialists to more radically treat cancer, offering patients the best opportunity for cure. Resection defects that are large, involve functional structures, aesthetically sensitive areas, or are at increased risk for wound healing complications are successfully reconstructed with a wide variety of techniques. Cancer and the complications of cancer treatment can involve virtually any area of the body, and to address every potential circumstance, the breadth of oncologic reconstruction must be

extensive. A multidisciplinary team approach is the optimal method of cancer treatment, and plastic surgical reconstruction has become a critical component of that treatment, with the ability to restore form and function to the involved areas. Every attempt should be made to educate the patient about each available option, providing a detailed comparison of the risks, complications, expected outcomes, and recovery considerations. Additional sources of information that have been helpful include written literature, diagrams, photographs, videos, and discussions with patients who have undergone each procedure (ie, those who have had positive and negative experiences). At BMCHRC we have an excellent team of plastic surgeon who are doing all types of advance plastic surgeries. In past few years they have established themselves in field of plastic surgeons by doing many innovative plastic reconstructions. Their expertise are in Breast, head and neck, genital part, various bone and cartilaginous defects reconstructions. They are expert in microvascular surgery and

successfully doing lymphedema surgery. These all effort not only give confidence to patient and treating doctors but also provide a great satisfaction to care givers and most importantly this uplifts the quality of life of patient and provide an extra mileage to rehabilitation.

Aseem K Samar

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

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Dr. Praveen Gupta, DNB, D-ORHO
PLASTIC & RECONSTRUCTIVE
Dr. Umesh Bansal, MBBS, MS, DNB
Dr. Sourabh Rawat, MS, MCH

MANAGEMENT OF CHEMOTHERAPEUTIC EXTRAVASATION INJURY



Dr. Umesh Bansal
Consultant, Plastic and
Reconstructive Surgery
BMCHRC

Extravasation of chemotherapeutic agents is a rare but notable complication of anti-neoplastic therapy, potentially leading to host tissue necrosis, infection, impairment of function, and delay in administering additional chemotherapy.

Most of cases the site of extravasation is peripheral areas notably with functional impairment of the hand.

The more common sequela is substantial local soft-tissue necrosis, which heals most frequently spontaneously. Less frequent, but more worrisome, are the extensive injuries that require surgical intervention, the most severe of which necessitate radical excision of the involved region with replacement by healthy tissue preferably loco regional flap, if not possible then free tissue transfer is done to cover exposed tendon and rapid wound healing of hand.

If it is not treated properly extravasation injuries can cause serious disability and diminish the quality of life in cancer patients undergoing anti-neoplastic therapy.



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



Dr. Sourabh Rawat
Consultant, Plastic and
Reconstructive Surgery
BMCHRC

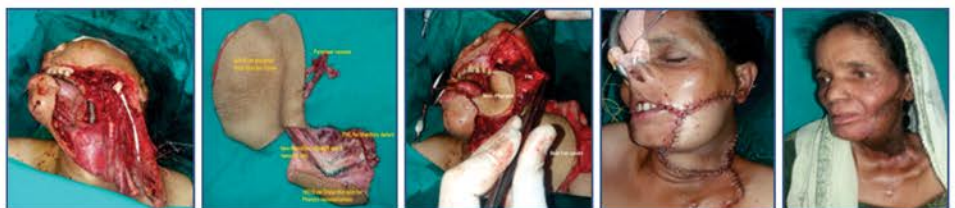
Over the past 25 years, microvascular tissue transfers have revolutionized the reconstruction of major defects of the head and neck, becoming the method of choice for most patients. Although most reconstructions can be accomplished with a single free-tissue transfer. The extensive composite oromandibular defects (result of surgical treatment of 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, 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 skin, oral mucosa, hemimandible 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.



FUNCTIONAL LIMB SAVING SURGERY: THE ROAD LESS TRAVELLED. A PLASTIC SURGEON PERSPECTIVE



Dr. Umesh Bansal
Consultant, Plastic and
Reconstructive Surgery
BMCHRC

Today majority of cancer centres across the globe have shifted from amputation to limb saving surgery without compromising the overall survival rate in cancer of extremities. But a non-functional and Non-sensate Limb is more of a burden to patient requiring special care and precaution. With the advancement in the field of plastic and reconstructive surgery during last decade we are now able to make the salvaged limb both Functional and sensate.

At BMCHRC During last few years we have dramatically improved the success rate of functional limb salvage surgery. Starting from salvaging existing vessels to reconstructing newer vessels (Using vein graft, Bypass, artificial graft), the vascular status of salvaged limb is improved avoiding necrosis or gangrene of the part and ischemic pain.

With microscopic neurolysis both motor and sensory segments of nerves are better preserved. Even if a segment of nerve is excised then with the help of recent advancement in topographic mapping a nerve graft is used precisely to bridge the missing

segment. More recently with the advent of free vascularised nerve grafts larger defects of nerve segments are now managed in a better way which previously were considered for amputation. Nowadays even artificial nerve grafts are also easily available in market alleviating the need for donor nerves and henceforth reducing patient morbidity.

Judicious use of tendon transfers, tendon grafts and free functional muscle transfers makes the salvage limb functional and patient independent.

Apart from reconstructing vessels, nerves and tendon plastic surgery also have a critical role in bony reconstruction. Starting from strengthening the native irritated bone using hotdog technique we also replace the excised bone with vascularised bone flap helping patients with early rehabilitation and weight bearing.

In conclusion newer advances in field of microsurgery and reconstructive plastic surgery has dramatically revolutionised the outcome of limb saving surgery and dramatically reduced the amputation rate in cases of cancer of extremities.

MANAGEMENT OF IRRADIATED WOUND IN CANCER PATIENTS



Dr. Sourabh Rawat
Consultant, Plastic and
Reconstructive Surgery
BMCHRC

Cancer treatment is multimodality approach. Generally radiotherapy is used alone or in combination with surgery and chemotherapy. Although radiotherapy is useful to effect tumour death but also causes damage to the surrounding normal tissue. These effects are either acute or can manifest months or years after the treatment, which is often manifested by delayed healing, chronic ulcers and bone necrosis.

Management of acute healing complications- Wound breakdown as well as orocutaneous fistula may develop after surgery for cancers of the oral cavity or pharynx which was previously treated with radiation. Ideally, repair of the wounds or fistulae should be delayed till 12-18 weeks when the catabolic phase is over and use of vascularised tissue for cover should be considered. Exceptions to this would be exposure of the great vessels and their impending rupture where early use of vascular tissue cover should be considered. Both free and pedicled flaps are a good option to repair these defects.

Radiation-induced fibrosis- a chronic progressive changes are seen in irradiated skin and subcutaneous tissue. Clinically, the patients manifest with thickened fibrotic skin in the irradiated site and restriction of movement. The resulting fibrosis can lead to severe functional

problems especially in head and neck cancer patients. For example - intense fibrosis of irradiated soft tissue of face may lead to trismus, fibrosis in the soft tissues of the neck and stricture formation in the pharynx may lead to dysphagia. and the fibrosis in the subcutaneous tissues may lead to a decrease in range of movements in the neck with progressive unsightly appearance of the neck. All these complications requires revision surgery with vascularised tissue transfer.

Nonhealing ulcers may occur in the irradiated area of the trunk and breast after therapeutic radiation of these areas. majority of these cases require radical debridement and cover with a vascular tissue.

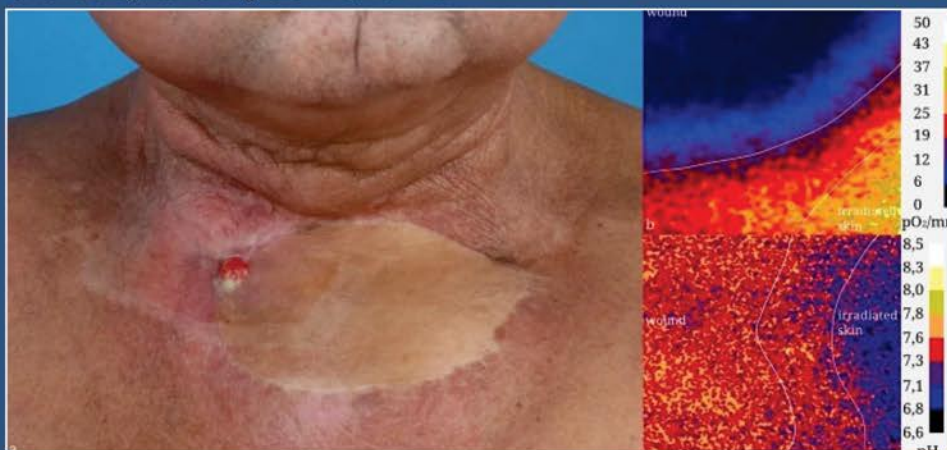
Osteoradionecrosis (ORN) affects the irradiated facial bones especially the mandible. Its incidence has been reported to be between 2 and 22%. for established ORN, the key to successful treatment in these is radical excision followed by covering the wound with

vascularised tissue preferably containing muscle. This not only provides relief from the pain and fistula, but the vascular tissue will also provide the metabolic factors for wound healing.

Radiation-induced plexopathy- This condition is particularly seen in patients who have been treated with chest radiation for breast carcinoma. Progressive fibrosis of the brachial plexus roots develops and the risk for development of this plexopathy is lifelong.

Radiation-induced lymphoedema- Lymphatic dysfunction is common after radiotherapy. The lymphoedema may affect the head and neck or the extremities.

Microvascular free tissue transfer has been extensively used in the reconstruction of the irradiated areas with good rates of success. Chronic wounds with exposed devitalised bone and fistulae need surgical intervention and vascularised flap reconstruction for closure.



HOT DOG TECHNIQUE - "LIMB PRESERVATION SURGERY WITH ORTHOPEDIC ONCOLOGY AND PLASTIC SURGERY TEAM"



Dr. Praveen Gupta
Additional Consultant
Orthopedic Oncology Department
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13 yrs old child, a case of Osteosarcoma distal femur away from physis and epiphysis, non Metastatic post Neo-adjuvant Chemotherapy. There are few Options for limb salvage as well as salvage of growth potential with their

drawbacks. Customized growing implants are a good option but chances of failure are high and they have enough cost.

Recycling of tumor bone after treatment with Radiation or Liquid Nitrogen, is a well established procedure for limb preservation for certain variety bone cancers especially Diaphyseal bone lesion with minimal bone destruction. These recycled bones usually take 8-9 months for union at parental bone and prone to fracture lifelong.

Free fibula bone transfer is a commonly used procedure to fill diaphyseal defect of long bone for malignancy as well as non malignant conditions. The transported fibula takes more than 2 years to be strong as femur and very prone to repeated fractures too.

What is new in Hot Dog Technique, the vascularised fibula inserted in to dry recycled bone and replant to parent defect with suitable orthopedic implants and performed microvascular anastomosis of fibular vessels with femoral vessels.

With this technique the bone union was complete within 6 months postoperatively that provides sufficient strength to walk without support with fully functional knee joint.



LYMPHEDEMA SURGERY- VASCULARIZED LYMPH NODE TRANSFER (VLNT)



Dr. Umesh Bansal
Consultant, Plastic and
Reconstructive Surgery
BMCHRC

Vascularized lymph node transfer is one of the methods used in the surgical treatment of lymphedema (arm/ leg swelling). The procedure involves replacing lymph nodes damaged or removed by previous breast / genital cancer treatment with healthy lymph nodes from another part of the body (mostly supraclavicular

and submental lymph node) This can help restore the lymphatic drainage of the arm / leg and can improve limb lymphedema.

The blood supply to the transplanted lymph nodes is connected to blood vessels in either the wrist, ante-cubital area (inner elbow), or in the axilla (underarm) in upper limb and in case of lower limb lymphedema lymph nodes are transplanted in dorsum of foot.

In case of recurrent ca breast who have previously undergone breast conservative surgery and simultaneously having lymphedema of upper limb, Lymph nodes can be

transplanted to the axilla (armpit) at the same time as breast reconstruction with a DIEP flap.

VLNT method can permanently reduce or even eliminate lymphedema in some cases. Thus it helps to get rid of pressure garments or pumps and improving quality of life.



IMMEDIATE TOTAL FUNCTIONAL PENILE RECONSTRUCTION IN PENILE CANCER PATIENTS

Penile squamous cell carcinoma (SCC) is a rare but critically damaging malignancy. The mainstays of therapy had been radical surgery with total or partial penectomy. this strategy has often led to poor cosmetic results, difficulty in urinating while standing, and sexual dysfunction in many men. Negative impacts are subsequently reported in the quality of life for these men and their partners.

Total penile reconstruction can provide functional, aesthetic and psychosocial benefit to the patients. The primary goal of performing a phalloplasty are to facilitate standing micturition, protective sensation, sexual penetration, and natural aesthetics.



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Generally phalloplasty may be performed for penile trauma, congenital defects or gender dysphoria. It requires multiple stages to get desired goals. In penile cancer patients it is challenging to reconstruct total functional phallus within stipulated time (4-6 weeks) without complications like wound, urethral fistula etc. by the end of three weeks so that adjuvant treatment can be delivered without delay.

At our centre, with refined advanced microsurgical techniques total penile reconstruction is most commonly employed using radial artery forearm free (RAFF) flap, with



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Consultant
Surgical Oncology Department
BMCHRC

the second most common technique being the anterolateral thigh (ALT) flap. With these technique reconstruction can be done in same sitting with minimal donor site morbidity.



BREAST RECONSTRUCTION IN CANCER PATIENT AFTER MASTECTOMY



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Consultant, Plastic and
Reconstructive Surgery
BMCHRC

Breast reconstruction makes women physically whole again after breast cancer. It restores something that nature provided but cancer has taken away. Unfortunately, many breast cancer patients are not offered the option of breast reconstruction after mastectomy or lumpectomy.

By combining reconstructive excellence with cosmetic surgery expertise, it is possible to provide patient with the best and most natural results possible.

Women have several reconstructive options regardless of the type of breast cancer surgery being performed. After a mastectomy, options range from implants to "flap" techniques (including DIEAP flap, SIEA flap, TUG flap, PAP flap, LTP flap, fat grafting etc.) which use the patient's own tissue to recreate a "natural", warm, soft breast. Flap procedures are also strongly recommended instead of implants if

the patient has had or will be having radiation. Besides it these procedures generally provide superior and much more "natural" results long-term than implants. Women also enjoy the added benefit of a flatter abdomen with results like a "tummy tuck" in case of DIEAP flap reconstructive procedure.

Breast reconstruction can be Immediate or Delayed, depending upon when the reconstructive process begins. Immediate reconstruction is performed at the same time as the mastectomy and provides the best cosmetic results. Advantages include keeping the natural breast skin (skin sparing mastectomy) and less scarring. Immediate reconstruction enables the patient to wake up from the surgery "complete" and avoid the experience of a flat chest and psychological trauma.



Delayed reconstruction usually takes place several months after the mastectomy. Patients having radiation may be advised to delay the surgery for several months to get best results, as it allows the chest tissues to heal as much as possible after the radiation.



WELFARE PROJECTS

The Hospital is providing 25% free hospital services in OPD and IPD, in this category BPL and Economically poor patients are included. In addition to this Hospital also having welfare project, wherein the entire treatment including the medicine is being provided free.

DONATE A LIFE PROJECT

Under this project complete free treatment is provided to the following treatable Blood Cancers:-

Children 1-14 years of age with:-

1. Acute Lymphoblastic Leukemia Low Risk (ALL)
 2. Acute Promyelocytic Leukemia (APML)
 3. Hodgkin's Lymphoma (HD)
- Project Started in August, 2014
 - 161 Children (ALL - 116, HD - 37, APML - 6 & Osteosarcoma - 2) received free treatment
 - 112 Cancer Free.
 - Expenditure worth ₹4,74,61,317/- till December, 2020.

Anticipated expenditure per patient: ₹5 lacs

Account Name: Bhagwan Mahaveer Cancer Hospital & Research Centre A/C Donate A Life Fund

Account Number: 07021131000885

Bank Name: Oriental Bank of Commerce

IFSC Code: ORBC0100702

WILM'S TUMOUR (KIDNEY CANCER) PROJECT

Under this project free treatment is provided to the children suffering from Wilm's Tumour (Kidney Cancer).

- Children in age group 1-10 with confirmed diagnosis of Wilm's Tumour attending the BMCHRC are recommended to be registered in the project category and provided free treatment (Except Outside Investigations) from the date of registration.
- Project started in May 2016.
- 12 patients registered for free treatment.
- Total expenditure till December, 2020: ₹15,52,156/-

Anticipated expenditure per patient: ₹3.5 lacs

Account Name: BMCHRC A/C Kidney Cancer Project

Account Number: 07021132000548

Bank Name: Oriental Bank of Commerce

IFSC Code: ORBC0100702

FREEDOM FROM CANCER PROJECT (CML)

Patient suffering from CML Blood Cancer are provided free treatment under this project.

1. After diagnosis of CML-CP by RQ-PCR for BCR-ABL - Test, patient is registered for free Imatinib therapy and treatment as per the approved protocol.
 2. The patient is given free treatment (Consultation, Routine Blood Test, Monitoring BCR ABL Test and Supply of Imatinib) as recommended by the consultant.
- August 2015 - June 2020: 240 patients registered under the project
 - 171 are receiving free treatment.
 - All patients are cancer free and leading a normal life.
 - Expenditure till December, 2020: ₹1,04,54,100/-

Anticipated expenditure per patient per year: ₹20,000/-

Account Name: Bhagwan Mahaveer Cancer Hospital & Research Centre A/C Cancer Mukti Fund

Account Number: 2911582309

Bank Name: Kotak Mahindra Bank

IFSC Code: KKBK0003538

ANNUAL SURVEILLANCE & EARLY DETECTION OF BREAST AND CERVICAL CANCER

- Post menopause (40+ age) women at high risk of developing cancer of breast and uterus are offered free annual screening by Mammography & Pap Smear.
- Of female teachers and female employees and spouses of their male counterparts of 40+ age residing in Jaipur and ladies groups were the base target group.
- Second & Last Saturday of every month free screening of the pre registered women was under taken.
- Project started in July, 2014.
- Total 778 women screened till June, 2020.
- Total expenditure till December, 2020: ₹8,12,980/-

CURE THYROID CANCER PROJECT

Curative Adjuvant Radioactive Iodine Therapy for Residual Thyroid Cancer in females below 45 yrs of age.

- Under this project free Adjuvant Radioactive Iodine Therapy will be provided for residual thyroid cancer.
- Project started in May, 2018
- 19 patients registered and received free treatment
- Total expenditure till December, 2020: ₹10,56,189/-

Anticipated expenditure per patient: ₹40,000/-

Account Name: BMCHRC A/C Cure Thyroid Cancer Project

Account Number: 07021132000486

Bank Name: Oriental Bank of Commerce

IFSC Code: ORBC0100702

BREAST CANCER RECURRENCE PREVENTION PROJECT

To provide adjuvant hormone therapy in hormone sensitive breast cancer patients.

- Under this project free Adjuvant Hormone Therapy is provided to the ER/ PR Positive Breast Cancer Patient after completion of chemotherapy and radiation.
- Project started in March, 2018
- 26 patients registered
- Total expenditure till December, 2020: ₹2,40,886/-

Anticipated expenditure per patient per year: ₹10,000/-

Account Name: BMCHRC A/C Breast Cancer Recurrence Prevention Project

Account Number: 07021132000193

Bank Name: Oriental Bank of Commerce

IFSC Code: ORBC0100702

COMPASSIONATE CANCER CARE PROJECT

Account Name: BMCHRC A/C Compassionate Cancer Care Project

Account Number: 50100286689755

Bank Name: HDFC Bank

IFSC Code: HDFC0001844

To provide complete free treatment to the following patients:

- A female patient who has been treated at BMCHRC for Breast, Uterine, Ovary or Colon Cancer, Developing another cancer (Metachronous Cancer, Not recurrence) within 5 years of her previous cancer.
- A female patient who has been treated for any cancer at

BMCHRC, her child developing a cancer, the child will be treated totally free.

- Project started in March 2019.
- Two patient registered
- Total expenditure till December 2020: ₹2,16,515 /-

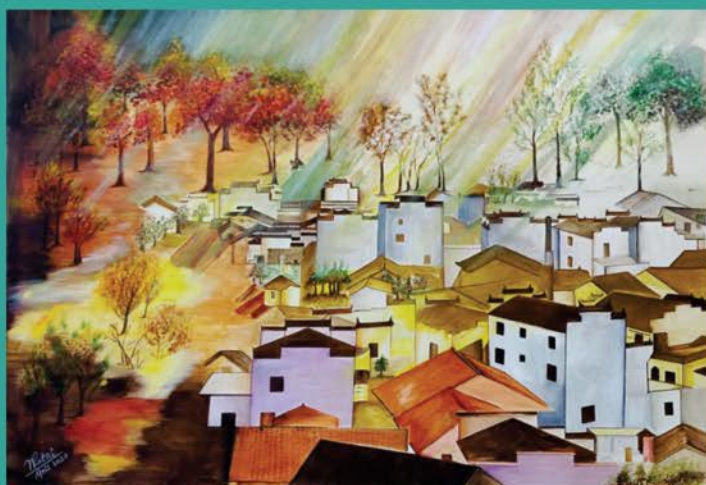
PROUD MOMENT



Bhagwan Mahaveer Cancer Hospital and Research Centre join hands with CAHO- Consortium of Accredited Health care.

Dr. Nidhi Patni's art work has been covered widely by International Journal of Radiation Oncology. Dr. Nidhi is the first Indian female whose art work has come on the cover page of an International Journal.

MEMORABLE MOMENT



INTRODUCE NEW SERVICE ▶▶

Launch of Special Evening OPD

BMCHRC have started an Evening OPD so that person can avail world class cancer treatment facility at their convenient time. Under this Dr Brig. A.K. Bhar, VSM, Medical Director and Director-BMT Service and Dr Mitesh Chandra Kaushik, Additional Consultant, Department of Surgical Oncology are providing consultation during 5 to 7pm on Monday to Saturday. Under evening OPD patient is getting consultation, diagnosis and treatment facility.

VOICE OF WARRIORS - A MUSICAL PROGRAM



On the occasion of Diwali BMCHRC & Cancer Care organized a musical program "Voice of Warriors" on 11th November 2020. Medical and non medical employees of the organization including Dr. Nidhi Patni, Dr. Naresh Somani, Dr. Pawan Agarwal and Dr. T P Soni took part and showcased their magic of voice. Through the program Chairman of the organization Shri Navrattan Kothari and Sr. Vice Chairperson Smt. Anila Kothari wished Diwali to all.

LIVE AWARENESS DRIVE ON FACEBOOK PLATFORM ▶▶



FB Live on Kidney Cancer Prevention & Its Management by Dr. Prashant Sharma, Surgical Oncologist on 11th July 2020. Dr. Prashant interviewed by Dr. Rajan Deep Singh, DNB Surgical Oncology.



FB Live on Benign Bone Cancer by Dr. Praveen Gupta, Orthopedic Onco Surgeon on 25th July 2020. Dr. Gupta interviewed by Dr. Rishikesh Nilapwar, DNB Surgical Oncology



FB Live on Head & Neck Cancer Prevention, Diagnosis & Its Management by Dr. Anil Kumar Gupta, Senior Surgical Oncologist on 5th Sept 2020. Dr. Gupta interviewed by Dr. Mitesh Chandra Kaushik, Assistant Consultant, Dept of Surgical Oncology, BMCHRC.



FB Live on Lung Cancer Prevention, Diagnosis & Its Management by Dr. Naresh Somani, Senior Medical Oncologist on 5th Dec 2020. Dr. Somani interviewed by Dr. Pulkit Nag, DNB Medical Oncology.

EVENTS ▶▶

WISHES FULFILLMENT OF CANCER PATIENTS



Mr. Vibhu Jain Benara, Managing Director, Benara Udyog Limited, Agra fulfilled the wishes of children suffering from cancer on 5th Aug 2020. During covid pandemic more than 70 children's wishes have been fulfilled. On behalf of Mr. Benara, wishes have been regularly fulfilled for cancer-affected children. This small effort not only fills the patient with joy but also boosts their morale, strength and most importantly their hope and will to win over cancer.

GLIMPSES OF DOCTOR'S DAY CELEBRATION AT BMCHRC



Mrs. Anila Kothari, Sr. Vice Chairperson, BMCHRC felicitated doctors for their services.



KGK Entice team felicitated Doctors with Appreciation Certificate.

23RD FOUNDATION DAY CELEBRATION



Bhagwan Mahaveer Cancer Hospital & Research Centre, Jaipur and Cancer Care (Women's Wing) Celebrates its 23rd Foundation Day on 23rd October 2020. On this occasion "Betaab Dil - The legend of Madan Mohan program" from Niche entertainment, Pune was organised. Due to COVID-19 Pandemic the program was organized on online platform.

SBI LIFE DONATED FOR CANCER PATIENTS



SBI Life has donated Rs 20.34 lakh under CSR for Freedom from Cancer (CML), welfare initiative of Bhagwan Mahaveer Cancer Hospital & Research Centre. On this occasion, Chairman of the hospital Mr. Navarattan Kothari, Vice-Chairperson Mrs. Anila Kothari, Treasurer Trustee Dr. Prem Singh Lodha, Executive Director (Major General) S.C. Pareek and Jaipur Region Manager of SBI Life Insurance Mr. Satyanarayan Praturi and Regional HR Yajuvendra Singh were also present.

INDEPENDENCE DAY CELEBRATION



On 15th Aug 2020, BMCHRC celebrated 74th Independence Day of India. On this occasion, Chairman Shri Navrattan Kothari unfurls the national flag along with Managing trustee Shri Vimal Chand Surana, Sr. Vice Chairperson Smt Anila Kothari, Treasurer Trustee Dr. Prem Singh Lodha and Executive Director Maj Gen S C Pareek, retd BMCHRC.

CHRISTMAS DAY CELEBRATION



Christmas day celebration was organized for Cancer Survivors and affected children by Bhagwan Mahaveer Cancer Hospital & Research Centre, Jaipur and Cancer Care (Women's Wing). In this online celebration, children showed their talent through dance and drawing. Chief guest of the program Padam Shree Gulabo Sapera appreciated the performance of the children. Saumya Sharma, Artist and Vijay Sharma, Art Curator also judged the event. On this occasion gift distribution activities organized at hospital to bring smile on face of cancer affected children.



FB Live on Blood Cancer Prevention, Diagnosis & Its Management by Dr. Upendra Sharma, Hemato Oncologist on 22nd Aug 2020. Dr. Sharma interviewed by Dr. Pulkit Nag, DNB Medical Oncology.



FB Live on Breast Cancer Prevention & Its Management by Dr. Nidhi Patni, Director & HOD, Dept of Radiation Oncology, Dr. Ajay Bapna, Director & HOD, Dept of Medical Oncology, Dr. Sanjeev Patni, Director & HOD, Dept of Surgical Oncology on 8th Aug 2020. Doctors were interviewed by Dr. Mitesh Chandra Kaushik, Assistant Consultant, Dept of Surgical Oncology, BMCHRC.



FB Live on Ovarian Cancer Prevention, Diagnosis & Its Management by Dr. Aseem Kumar Samar, Senior Medical Oncologist on 10th Dec 2020. Dr. Samar interviewed by Dr. Anish Bhatia, DNB Surgical Oncology.

EDUCATIONAL EVENT

ADVANCEMENT IN THE TREATMENT DISCUSSED

INTERNATIONAL SPEAKER PROGRAM
Friday, 17th July 2020
06:30 pm to 08:30 pm

Dr. Noopur Raje
Prof. Medicine, Harvard Medical School
Director, Multiple Myeloma Program,
Medical Oncology, Massachusetts General Hospital,
Boston, USA

Program Director:
Dr. Ajay Bapna
Director & Head, Dept of Medical Oncology,
BMCHRC, Jaipur
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BMCHRC organized an International Speaker Program on "Advancement in the Treatment of Myeloma (Bone Marrow Cancer)" on 17th July 2020.

Main Speaker of the Program was Dr. Noopur Raje, Prof Medicine, Harvard Medical School, Medical Oncology, Massachusetts General Hospital, Boston, USA explained about advances in treatment of R/R Myeloma.

'Top five practices changing myeloma papers' and 'Advances in treatment of newly diagnosed myeloma' was discussed by Myeloma Experts Dr. (Prof.) M.B. Agarwal from Bombay Hospital, Dr. (Prof.) Manju Sengar from TMH, Mumbai and Dr Upendra Sharma from BMCHRC. The program director was Dr. Ajay Bapna, Director & Head, Dept of Medical Oncology, BMCHRC.

BIOSTATISTICS USEFULNESS IN CURRENT ERA

Biostatistics: Usefulness in Current Era
Wednesday, 29th July 2020
06:30 pm to 08:00 pm

Program Director:
Dr. Ajay Bapna
Director & Head, Dept of Medical Oncology,
BMCHRC, Jaipur
M: +91 98291 75011

BMCHRC organized national webinar on "Biostatistics Usefulness in Current Era" on 29th July 2020. Padma Bhushan Dr. SH Advani, Bio-Statistics expert Mr. Biswajit Sen, Dr. Senthil Rajappa and Dr. Aseem Samar took part and discussed on Endpoints in cancer studies, design considerations and biostatistics from clinician's perspectives. Webinar director was Dr. Ajay Bapna, Director & HOD Dept of Medical Oncology, BMCHRC.

STRATEGY FOR THE TREATMENT DISCUSSED

PIKING the right strategy for the treatment for PIK3CA mutated HR+/HER2-ABC
Saturday, 8 August 2020
8:45 pm - 8:30 pm

INTERNATIONAL FACULTY
Dr. Stephen K. Chia
M.D., F.R.C.P. / Co-Chief, BCOP
Research and Health Care Advisory Committee
Professor of Medicine,
Dept of Medicine, USC

**Medical Oncologist and Chief,
Provincial Breast Tumour Group,
and Chief, BC Breast Tumour Group,
BCCA - Vancouver Cancer Centre**

Program Director:
Dr. Ajay Bapna
Director & Head,
Dept of Medical Oncology,
BMCHRC, Jaipur
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BMCHRC organized national webinar on "PIKING the right strategy for the treatment for PIK3CA mutated HR+/HER2-ABC" on 8th August 2020. Main speaker of the program was breast cancer specialist Dr. Stephen K Chia, University of Vancouver, Canada. Cancer expert Dr. Hemant Malhotra, Dr. Amit Rauthan, Dr. Manoj Mahajan, Dr. Deepak Shukla, Dr. Tara Chand Gupta, Dr. Hemant Dadhich and Dr. Aseem Samar took part and discussed on the subject. Webinar director was Dr. Ajay Bapna, Director & HOD Dept of Medical Oncology, BMCHRC.

BE AWARE & BE SAFE

Any body can get cancer

Program Director:
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On the occasion of National Cancer Awareness Day BMCHRC organized an interactive webinar "Be Aware & Be Safe". IAS Mugdha Sinha, Secretary- Art, Literature, Culture & Archaeology, Government and Dr. Arvind Thakuriya, Surgical Oncologist, BMCHRC were speakers of the program. Webinar was moderated by Dr. Prashant Sharma. JSGIF Northern Region, Amity University, Jaipur, Marwadi Yuva Manch Jaipur Capital and Jaipur Moomal, MJPR University, International Vaish Federation, Lions Clubs International, Rotary Club Jaipur Citizen and JECRC were associate partner in this drive.

THANK YOU DOCTOR FOR SECOND LIFE

On the occasion of Doctor's day BMCHRC organized "Thank you Doctor for Second Life" campaign. Under this campaign people shared their thank you messages through social media, radio and phone. Lucky winners of the campaign were awarded by hospital.

CANCER SCREENING AND TREATMENT

BREAST CANCER EXPLORING CURRENT DETECTION SCREENING AND TREATMENT
NATIONAL WEBINAR SERIES 2020-21

Dr. Lalit Mohan Sharma
Senior Specialist, BMCHRC, Jaipur

Anu Ban varghese
Assistant Prof.

Program Director:
Dr. Ajay Bapna
Director & Head, Dept of Medical Oncology,
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In association with MJPR University BMCHRC organized webinar on Breast Cancer screening and treatment. Speaker of the webinar Dr. Lalit Mohan Sharma, Senior Consultant Medical Oncology delivered presentation on breast health. He talked about importance of breast self examine and clinical screening.

BREAST CANCER AWARENESS TALK

Bhagwan Mahaveer Cancer Hospital and Research Center organized Breast Cancer Awareness Talk on 20th Oct 2020. Speaker of the talk Dr. Mitesh Chandra Kaushik, Consultant Surgical Oncology delivered presentation on breast health. He talked about importance of breast self examine and clinical screening program. Talk was chaired by Maj Gen Dr S C Pareek, retd Executive Director and directed by Dr. Ajay Bapna, Director & HOD Dept of Medical Oncology. Dr. (Brig) Anil Dhar, Medical Director also talked about importance of awareness program.

CANCER AWARENESS TALK

स्वस्थ जीवनशैली एवं कैंसर रोकथाम
28 नवंबर 2020, शनिवार
दोपहर 2 बजे

Dr. Mitesh Chandra Kaushik
Senior Specialist, BMCHRC, Jaipur

Program Director:
Dr. Ajay Bapna
Director & Head, Dept of Medical Oncology,
BMCHRC, Jaipur
M: +91 98291 75011

In association with Brahma Samarjit Sarv Brahmin Mahasabha BMCHRC organized awareness talk on Cancer Prevention on 28th Nov 2020. Speaker of the talk Dr. Mitesh Chandra Kaushik, Surgical Oncologist delivered presentation on Healthy Life Style & Cancer Prevention.

TIPS FOR HEALTHY LIFE

Dimensions of Health

1. Physical dimension.
2. Mental dimension.
3. Social dimension.
4. Spiritual dimension.
5. Emotion dimension.
6. Internet dimension.
7. Other - Philosophical / Cultural/ Nutritional/ Educational.

In association with Amity University, Jaipur BMCHRC organized an interactive webinar on tips for "Healthy life & Cancer Prevention" on 27th November 2020.

Special Guest of the webinar Prof. (Dr.) Amit Jain, Pro-Vice Chancellor, Amity University talked about importance of the awareness program. Speaker of the webinar Dr. Lalit Mohan Sharma, Medical Oncologist, BMCHRC gave tips for healthy life to students and faculty members. Dr. Sharma also talked about various ways of cancer prevention.

INFECTION PREVENTION AND CONTROL WEEK



Infection Control department of BMCHRC organized "Infection Prevention and Control Week" from 19th to 23rd Oct 2020. Under this various activities were organized such as infection prevention and control awareness training: Break the chain of Infection, Trained the trainers and quiz competition. DNB students, Residents doctors, nursing staff and other medical service providers participated in the activities.

NASHA UKTI- SAY NO TO DRUGS

THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS
Presents NASHA UKTI SAY NO TO DRUGS
FRIDAY, 9th OCTOBER | 12 PM - 1 PM

Speaker:
ARATI HOTA
Psycho-oncologist, Psychotherapist
Head, Psycho-oncology Department
BMCHRC, Jaipur

Program Director:
Dr. Ajay Bapna
Director & Head, Dept of Medical Oncology,
BMCHRC, Jaipur
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BMCHRC organized Nasha Mukti-Say No To Drugs program on 9th Oct 2020. The program was organized in association with Lions International and Lions Club Jaipur Central Spine. Speaker of the program Dr. Arati Hota, Head, Psycho-oncology Dept explained about side effects of drugs and its impact on human body.



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 Plastic and Reconstructive Surgery. Complete cancer care includes more than just medical treatment to fight the disease. Many patients also need surgery to repair the effects of their disease. Reconstructive surgery for cancer patients plays an important role in treatment and recovery journey. This surgery can help restore normal function to affected parts of patient's body after cancer treatment and can improve quality of life. It can include skin, bone and tendon grafts, scar revisions, artificial implants and local flap surgery.

Cancer treatment can results into organ dysfunction or sometimes change the appearance of patient's body, which can affect their sense of self and self-confidence. More so if these defects are inadequately reconstructed this leads to malfunction of the physiological process of that organ. The Reconstructive Surgery Department of BMCHRC is able to reconstruct any part of the body damaged by cancer. In many cases, they can restore not only form and appearance, but function as well. Cancer patients are better able to return to life after treatment feeling confident and capable. The reconstruction done in this hospital by microvascular surgery has been a very successful start as depicted in the newsletter.

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 C - Arm Imaging System, MRI and FISH of latest

technology and having recent upgradation in its infrastructure for providing better services.

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 Ayuhman 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

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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

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UPCOMING ISSUE - BLOOD CANCER



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