

News Letter

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EDITORIAL CHILDHOOD CANCERS

Most people are well aware of "Pinkoctober" - the month of pink ribbons and the disease that symbolizes breast cancer. But September was the month of "goldribbons", which represented our littlest victims of cancer. In 2010, President Obama declared September as National Childhood Cancer Awareness Month to "honor the young lives taken too soon and the survivors who face chronic health challenges." I applaud the campaigns initiated by RGCI&RC in the month of September. Kudos to Dr. Gauri Kapoor (Director Paediatric Haemato Oncology) who organized Paediatric Cancer awareness lectures for parents, displayed posters and released information booklet on childhood cancer.

In India approximately 50,000 children annually or 137 children per day are diagnosed with cancer. Only 25% of these manage to get proper treatment. Two in 5 will not survive and of those that do survive 3 out of 5 will have effects later in life from their cancer treatment. The 5 yr survival for all childhood cancers is 80% in Western World but the situation is grim in India. It is therefore important to introspect and take stock of the current challenges and opportunities to plan the future. We need to focus on three areas:- (1) Infrastructure & Manpower, (2) Research & (3) Education & Training.

- 1) **Infrastructure & Manpower** - Till 1990 most children were being treated by adult oncologists and some of the Paediatricians. There was no Paediatric Oncology Centre in the country till 1985 when first dedicated Paediatric Cancer Unit was started in TMH, Bombay. Even now more than half the medical colleges & cancer centers don't have either the facilities or the expert manpower for treating childhood cancer. Facilities like immunophenotyping, cytogenetics, trained oncology nurses and blood components etc are limited. Apart from poor infrastructure and lack of trained manpower, socio cultural factors and lack of awareness contributes to poor outcome of childhood cancers in India.
- 2) **Research** - There is lack of hardcore epidemiologic data on childhood cancer in India. The age standardized rates for childhood cancer are highest (108/million) in metros and lower (53/million) in rural areas. But these differences could reflect underdiagnosis in rural areas with limited resources. Marked male preponderance of Hodgkin's disease, lower incidence of brain tumors and higher incidence of retinoblastoma in India merits further analysis.

Worldwide, the outcome of Paediatric cancer has improved through adaption of guidelines and clinical care pathways and systematic enrolment of patients in clinical trials conducted by various national cooperative groups. As many as 90% of children suffering from cancer in the West get enrolled in clinical trials but less than 15% are enrolled in various trials in India. We need to have national cooperative clinical trial groups in Paediatric Oncology and develop clinical care pathways and guidelines for our set up.

- 3) **Education & Training** - We should have DM & DNB courses after MD (General Paediatrics) in Paediatric Oncology. There could be fellowship programmes in Paediatric Haemato Oncology or Bone Marrow Transplantation. We need to educate family Physicians and Paediatricians in early diagnosis and prompt referral to tertiary care centre. We have fellowship programme (2 yrs) in Paediatric Haemato Oncology at RGCI&RC. Paediatricians are welcome at our Institute for observership for 1 to 3 months. Nurses need to be trained. Their role in dealing with childhood cancer is different from adult cancers. Nurses need to take care of child, parents, siblings and extended family members when planning & implementing care. A good nurse is one who can be a friend, teacher, parent and nurse to the child.

In conclusion, Pediatric Oncology in India needs a concerted and multidimensional effort to reach international standards. "To receive good quality health care" should become the fundamental right of every child. We may echo the dream of a legendary Danny Thomas, the Founder of St. Jude Children's Research hospital that "No child should die in the dawn of life".

Dr. Dewan A K



CHILDHOOD CANCER: EARLY DIAGNOSIS – WHY IS IT IMPORTANT?

• How common is cancer in children?

In general, cancer in children and teenagers is uncommon, accounting for less than 3% of all cancer. It is estimated that the annual incidence of childhood cancer in India is about 50,000 as opposed to 12,000 in the USA.

• What are the risk factors for childhood cancer, how can we prevent it?

A risk factor is anything that changes your chance of getting a disease such as cancer. Different cancers have different risk factors. Certain lifestyle-related risks have been implicated in adult cancers like smoking in lung cancer, tobacco chewing in oral cancer etc. These factors usually take many years to influence cancer risk, and they are not thought to play much of a role in childhood cancers. Therefore although prevention does not have a major role in children, early diagnosis is important.

• Can childhood cancers be diagnosed early?

Cancers in children are often difficult to pick-up at first. This is because the initial symptoms can overlap with much more common illnesses or injuries. Children often get fevers or have bumps or bruises that might mask the early signs of cancer.

• What are the factors that lead to delay in diagnosis of cancer in children?

Lack of awareness in general public and among general practitioners about the disease and its treatment. Availability and access to a cancer unit. Distance from a cancer centre. These lead to detection in advanced stages with many complications that greatly reduce the chance of successful treatment.

• What are the common symptoms of childhood cancer?

The common symptoms are as below:

1. An unusual lump or swelling
2. Unexplained paleness and loss of energy
3. Easy bruising
4. An ongoing pain in one area of the body
5. Limping
6. Unexplained fever or illness that doesn't go away
7. Frequent headaches, often with vomiting
8. White reflex in eye or squint

If any of the mentioned symptoms persist or progress despite proper treatment the child requires further tests and evaluation.

• What simple tests can help in early diagnosis?

Complete blood count with peripheral smear examination, plain x-ray, ultrasound and biopsy from lump or mass in addition to a thorough physical examination.

• How are childhood cancers treated?

Treatment depends upon the type of cancer and its stage. One or more of the three main treatment modalities are required i.e. chemotherapy, surgery, radiotherapy. Treatment requires a team approach and involves many professionals other than nurses and doctors including psychologists, social workers, nutritionists, playroom teacher who can support and care for the patient as a whole and the entire family.

• What is the success rate of this treatment?

Most childhood cancers respond well to chemotherapy. If cancer is diagnosed early and treated properly cure rates can be as high as 85%.

• Is Bone Marrow Transplant useful in childhood cancer?

BMT is reserved for those cases where there is relapse and conventional chemotherapy is unable to provide cure.

• What can be done to make sure your child gets the best treatment?

Treating children is different from treating adults.

The first treatment of cancer is the most important. If not treated properly the first time the cancer cells develop resistance and then chances get reduced.

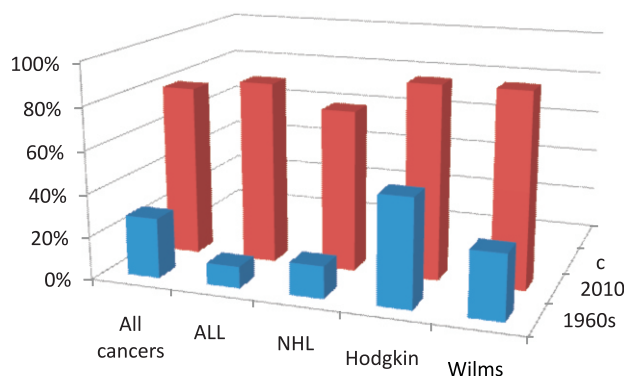
Therefore, it is best for a child to get treatment at a hospital or treatment center where many children have been treated for cancer i.e. in a Pediatric Cancer Unit.

• What are the latest researches in childhood cancer?

The latest advances in this field are attempting to provide treatment with minimum side effects.

Our Pediatric cancer unit prides itself in application of latest technology and advances in the field of human genetics and pharmacogenomics in childhood cancer therapy. This helps in delivering personalized medicine by tailoring therapy to the needs of each individual child thereby providing high cure rates as well as good quality of life.

Progress in childhood cancer
projected survival rates



Survival rates of common Pediatric Cancers
(acute lymphoblastic leukemia (ALL), non-hodgkin's lymphoma, hodgkin lymphoma, wilms tumor (kidney))

Dr. Gauri Kapoor MD, PHD

Director & Head

Department of Pediatric Hematology & Oncology

WORLD SEPSIS AWARENESS DAY (13th SEPTEMBER)

Sepsis awareness day was celebrated on 13th September 2012 by Infection control team of Rajiv Gandhi Cancer Institute and Research Centre.

What is Sepsis? It is a deadly medical condition characterized by whole body inflammation triggered by infection. It is also called as "BLOOD POISONING" which is treated in intensive care units with IV fluids and antibiotics. If not treated appropriately, the patient can land up into multi-organ failure. So, **early diagnosis** is important.

Early signs are- abnormal body temperature, rapid heart rate, Confusion, low blood pressure and rash. Awareness of sepsis among general public is important so as to reduce the number of sepsis deaths and keeping this in view presentations on sepsis and a live skit was organized for OPD patients, their attendants and staff.



Dr. Neelam Sachdeva
Sr. Consultant (Microbiology)

MYELOMA PATIENT'S MEET 2012



AAPBITI, only the person who has gone through that phase, may share what are the problems and what are the best ways to handle it? With this theme Myeloma group at Rajiv Gandhi Cancer Institute and research center had organised a Multiple Myeloma patient, family and physician reunion on 22nd September 2012, at Hotel Crowne Plaza, Rohini. The Program was attended by about 200 patients and their relatives.

Sh. D S Negi, CEO, RGCI & RC; **Dr A K Dewan**, Medical Director, RGCI & RC; **Dr S K Aggarwal**, HOD Medicine, ESIC, Basai Darapur; **Dr D C Doval**, Chief of Medical Oncology & Director Research, RGCI & RC; **Mrs. Rekha Gulabani**, President, Cancer Sahyog; **Dr Amitabh Sandilium**, Medical Superintendent, RGCI & RC; **Dr Vineet Talwar**, Senior Consultant, Medical Oncology, RGCI & RC; **Dr Dinesh Bhurani**, Senior Consultant, Dept. of Hemato-oncology, RGCI & RC were present to grace the occasion.

Dr Shishir Seth, Consultant Hemato-oncology and BMT unit welcomed all the guests and delegates. **Dr Dinesh Bhurani** briefed all present about Myeloma and the concept of meeting.

Invocation Song “**Himmat Se Kaam Lenge**” by Mrs. Indu Goswani and Dr Santosh Gupta gave a moral boost to the patients.

During the meeting patients and relatives shared their experiences with each other and Doctors.

In an interactive question answer session, consultants answered all the queries which were raised by patients and their relatives.

The program was concluded by vote of thanks by **Dr Narendra Agarwal**, Consultant Hemato-oncology and BMT unit.

DEPARTMENT OF DENTAL SURGERY AT RGCI & RC

Department of Dental Surgery was established on 14th October '2011 in RGCI&RC with the vision of providing quality dental treatment to the cancer patients and has successfully completed one year.

Oral cancer has a prevalence of 130,000 cases per year and accounts for 9.4 % of all cancer patients in India.

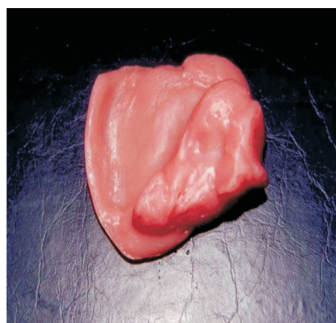
The department has provided dental treatment to 450 patients till date.

With our team of specialists we help to create functional and esthetic rehabilitation of oral cancer patients. Dental department is actively involved in screening of precancerous oral lesions, patient education and counseling, treatment of routine dental problems during pre, intra and post oncosurgery, chemotherapy and radiation. The special focus is on rehabilitation of patients with maxillary and mandibular defects with obturators, mandibular guidance appliance, extra-oral prosthesis, occlusal correction appliances, and dental guards and customized prosthesis.

We soon aim to provide state of art, laser treatment to our patients which will treat precancerous conditions, help in diagnosis of cancerous condition and thus help us to create a cancer free society.



CASE STUDY:



Hemi-maxillectomy Patient with Definitive Obturator

ANNUAL DAY CELEBRATION OF RGCI & RC - 16th FOUNDATION DAY



The 16th Foundation Day of RGCI & RC was celebrated on Saturday, 29th September 2012 at Hotel Crowne Plaza, Rohini which was attended by a gathering of around 1000 people including Governing Council & Management Committee members along with Sr. Consultants & employees with their family members.

In addition to the Cultural Program, awards were given to the best performers as well as to the best players.

The whole event was organized & celebrated with great enthusiasm & team spirit.

Rahul Gupta
 GM-Strategic Development

Mr. D. S. Negi (C.E.O.)
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