Rajiv Gandhi Cancer Institute and Research Centre
A Unit of Indraprastha Cancer Society
Registered under "Societies Registration Act 1860"

News Letter

Vol. XVII No. 1 Price: 50 Paisa

EDITORIAL

World Cancer Day (4th February, 2013)

World Cancer Day is a global observance and not a public holiday. World Cancer Day is an annual global event on 4th February to raise people's awareness of cancer. People, Business groups, Governments and NGO's work together on this day to help general public learn more about different types of cancers, how to watch for it, treatments and the preventive measures.

Let us celebrate World Cancer Day by:

a) Publicizing and creating awareness about cancer in print media as well as screen media.

b) Nationwide campaign targeting patients to help them minimize the risk of cancer within their families.

c) Inviting prominent oncologists and arranging video presentations.

d) Raising funds for cancer research or projects by organizing cultural programs or dinners/get-togethers.

e) Set up public information booths featuring information kits, booklets, posters etc which promote cancer awareness, prevention, risk reduction and treatment.

This year the **World Cancer Declaration** is **Dispel Damaging Myths and Misconceptions about Cancer, under the tagline – "CANCER – DID YOU KNOW?"**

Rajiv Gandhi Cancer Institute & Research Centre will be in line with global advocacy goals focusing our message on the following five myths:

Myth I – Cancer is a disease of wealthy, elderly and developed countries

Cancer is a global epidemic affecting all ages. It knows no barriers of caste, sex, religion or socio-economic status. Rather people of low income group are affected more often.

Myth II – Cancer is a death sentence?

Cancer is curable if detected early and treated early. Many cancers can be cured with modern treatment modalities.

Myth III – Cancer is infectious?

Cancer is not infectious. It does not spread by touching, sharing or kissing.

Myth IV – Cancer is God's will or my fate?

Cancer is not God's will. It is lifestyle disease. With the right strategies, more than 40% of cancers can be prevented.

Myth V – Cancer is just a health Issue!

The truth is cancer is not just a health issue. It has far reaching social, economic, human rights implications.

These myths and lack of awareness of cancer exists even amongst medical folks. It is not uncommon to see patients of rectal cancer (presenting with bleeding PR) being treated as piles for years together; obstructive jaundice (due to malignancy) being treated as infective hepatitis for months without an US abdomen. More than half of Lung Cancer patients receive anti tubercular treatment for more than 3 months before they report to oncologists for cancer treatment. It is not uncommon to see incision and drainage being done for breast cancers or metastatic cervical lymph nodes.

So, cancer awareness is necessary not only for general public but also for first contact clinicians and family physicians. No one contacts the oncologists first; people contact the family physician first for any medical problem. Hence, the need for strong index of suspicion for cancer and appropriate early referral to an oncology centre.

I take this opportunity to express my gratitude to Dr. Reddy's Foundation for Health Education who has taken an initiative to create awareness about Cancer amongst family physicians, non-oncology forums and undergraduates in various medical colleges. PROMOTE (Promotion for Oncology, Training and Education) INDIA is a campaign to educate health care professionals and medical students. This was started in January 2008 with joint initiative of ICON (Indian Cooperative Oncology Network).

Let us unite together in the fight against this global cancer epidemic. Your voice on this day can save millions of preventable deaths by raising awareness; educating people and pressing government to take action against this disease.

Let us make **'Cancer'** only **'a Zodiac Sign'**.

Dr. Dewan A K

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12th ANNUAL INTERNATIONAL CONFERENCE

RGCON 2013

15TH-17TH FEBRUARY

Changing Scenario in Colorectal Cancer

Venue : Hotel Eros Managed by Hilton, Nehru Place, Delhi

INTERNATIONAL FACULTY


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Heinz-Josef Lenz, USA


Sung-Bum Kang, Korea


Herbert I. Hurwitz, USA


Salvatore Siena, Italy


Matthias Max Weber, Germany


Detlef K. Bartsch, Germany


Will Steward, UK


KR Prasad, UK


Peter Gibbs, Australia


Jeanne Tie, Australia


Rohit Joshi, Australia


Yoshito Akagi, Japan


Byung-Soh Min, Korea

CONFERENCE HIGHLIGHTS

- Eminent international speakers
- Symposia on emerging molecules in colorectal cancer
- High quality Panel discussions, Debates on controversial issues, and symposia focusing on specific state-of-the-art diagnostic and treatment modalities.
- Live workshop on:
  - Robotic Surgery
  - Yttrium -90 Microspheres in liver metastasis
  - Stenting in colorectal cancer

BEST PAPER AWARD
1st Prize: 15,000/-
2nd Prize: 10,000/-
3rd Prize: 5,000/-

Medical Oncology – 3 awards
Radiation Oncology – 3 awards
Surgical Oncology – 3 awards

Submit your abstract before **15th January, 2013**

HIGHLIGHTS OF LIVE WORKSHOP

- Robotic APR / LAR
- Lap APR / LAR / colectomy
- Colonic pouch / coloplasty
- SILS colectomy
- Peritonectomy + HIPEC
- Ultra Low anterior resection
- Intersphincteric resection
- Extralevator APR
- Live direct telecast from Montsouris Institute, Paris by Prof Brice Gayet
- Biodegradable anastomotic ring
- Y90 embolization
- Colonic stenting

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STEREOTACTIC BIOPSY OF DEEP SEATED BRAIN LESIONS: A NECESSITY IN NEURO-ONCOLOGY

Despite advances in the neuroimaging of the brain, an accurate diagnosis of intrinsic lesion of the brain requires tissue sampling and histological verification. This view has been further strengthened by the review of literature which suggests that results of presumptive diagnosis by neuroimaging have been changed by brain biopsy in about 10% of cases. So, appropriate management of progressive, unverified brain lesions should be guided by conclusive pathological diagnosis (Fig.1).

Stereotactic biopsy (STB) is established as a minimally invasive surgical procedure that provides diagnosis of deep seated brain lesions. SB was first developed in 1970`s for intracranial access to various lesions. Since then, it has been evaluated by various authors who have reported that in most cases STB can provide a definitive diagnosis with low risk even for deep brain lesions such as basal ganglia and brain stem. STB is a safe and efficient procedure, particularly in cases with lesions in which a craniotomy and resective surgery are not indicated primarily. Hence, it serves to be an indispensable tool in neuro-oncology.

We, at RGCI & RC, use a Cape Town Stereotactic Pointer (CTSP) system (Fibretek,SA) for stereotactic biopsy. CTSP (Fig. 2) is a frameless navigation system used to localise brain lesions, tumours, cysts etc. The main difference between this system and the other conventional stereotactic systems is that CTSP does not involve placement of a large cumbersome frame on the head fixed with screws. Thus, it increases the patient compliance and is more patient friendly. It can be easily used in children too.

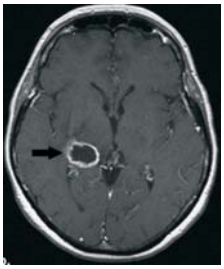

Figure1:
Contrast enhanced T1W axial MRI brain image of a lesion which was diagnosed as high grade glioma on MRI/MRS and turned out to be a tuberculoma on stereotactic biopsy

Figure2:
CTSP system used for stereotactic biopsy

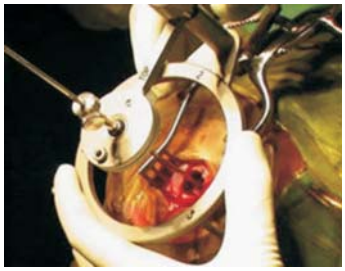

Figure3:
Intraoperative photo showing placement / usage of CTSP for stereotactic brain biopsy

The technique involves, fixing the patient interface, a plastic halo containing three fiducials which correspond to the feet of the tripod, on the scalp with few sutures. The co-ordinates of the fiducials and intracranial target are obtained using a CT or MRI scanner. The patient and calibration data of the system is combined using dedicated MS Windows software in order to determine the target's position relative to the halo and tripod and then the target is approached through a small burr hole (Fig.3). Most cases are performed under local anesthesia or minimal sedation. The patient is discharged usually on the next day of biopsy.

The diagnostic yield in most series is around 95-98% and our results are similar to that reported in literature. Although STB is a safe, efficient and valuable procedure, it has a morbidity rate ranging from 0.9% to 5% and mortality rate between 0% and 2% in reported literature. The main complications include intracranial bleeding and inconclusive biopsy requiring repeat procedure. The role and experience of the pathologist is also very important in this procedure because the presence of gliosis, necrosis, hematoma and the improper quality of the slide preparation can cause difficulties in establishing a conclusive histopathologic diagnosis. Hence, it should always be performed by an experienced and specialized team consisting of a neurosurgeon, pathologist and radiologist available at a dedicated neuro-oncology centre.

Dr. Ramandeep Singh Jaggi
Consultant - Neuro Surgery

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ONCOLOGY NURSING – ROAD AHEAD

Prior to 1970, the major cancer treatment method was surgery and the role of nurse was limited to inpatient care of the hospitalized surgical patient. As chemotherapy and radiation therapy evolved as treatment methods, nurses looked for opportunities to contribute to cancer care. Now the practice of oncology nursing encompasses the roles of direct caregiver, educator, consultant, administrator and researcher. The oncology nurse functions as a coordinator of care, collaborating with other cancer care providers and team members to provide required care as effectively as possible. Advanced nursing practice in oncology as a direct caregiver implies mastery of the nursing process and the ability to provide, guide and evaluate nursing practice delivered to individuals diagnosed with cancer, their families and the community. In the role of consultant, oncology nurses provide expertise about oncology to colleagues, allied health personnels and healthcare consumers, while as an educator, the oncology nurse designs and performs a variety of patient education activities. As researchers, the oncology nurse identifies and investigates researchable problems. In their work as administrators and managers, oncology nurses create environment conducive to the optimum health of the public and to professional nursing practice.

The nature of oncology nursing care spans the spectrum from prevention and acute care through rehabilitative and palliative supportive care as necessary. Because the field is so diverse, oncology nurses can focus on:- a) Chemotherapy – Biotherapy b) Breast Oncology –Hematology / Oncology c) Radiation – Surgical Oncology d) Gyane Oncology – Head and Neck Oncology e) Bone Marrow Transplant f) Prevention and Early Detection – Symptom Management g) Palliative Care.

We can proudly say that nurses in RGCI & RC are experts in BMT, Stoma Therapy, Palliative Care, Gyane Oncology, Robotic Surgery and Chemotherapy. Nurses can insert PICC lines and can take care of chemo ports. The boom in information technology has made nurses adept in informatics and we are adapting to the changing work flow it has created. We have made remarkable changes in electronic health records (E.H.R.). Now we are using fully electronically generated diet requests successfully. Vitals and other nursing records are being entered in EHR. We have made online communication with HR department and departmental stores. Our intensive care units are completely adapted to online – bar-coded sample collection. We ensure that all the staff nurses get trained at the time of joining.

The oncology nurse actively participates in professional role development including continuing education, quality assessment and improvement, and the review and clinical application of research findings. New generation of nurses need to keep pace with changing scenario. We have 24 hours of induction classes for all new joinees; weekly need based training sessions and soft skill communication classes monthly supported by Dr. Reddy's Foundation.

Oncology Nursing is a great career. Let us have certified courses in oncology nursing at prestigious institutions. Let us accept the challenges and make use of our knowledge in providing expert care.

Ms. Kathleen Glenda Jacobs / Mrs. Krishna Bhatt / Mrs. Victoria Massey

NURSINGCON 2013

Date : Saturday, 9th February 2013 **Timings :** 8.30 am. - 5.30 pm.

Venue : Hotel Crowne Plaza, Rohini, Delhi - 110085, India

For Registrations, please contact : **Ms. Mamta Arora**, Conference Co-ordinator - Marketing
Ph.: +91-11-4702 2478 / Mobile : +91 9953962526 / E-mail : nursingcon2013@rgcirc.org

For more information, please visit www.rgcirc.org

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