



## Rajiv Gandhi Cancer Institute and Research Centre

A Unit of Indraprastha Cancer Society  
Registered under "Societies Registration Act 1860"



# News Letter

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### EDITORIAL

#### Cancer Survivorship

Cancer survivorship is an evolving concept with multiple definitions. Prior to the recent evolution of curative cancer therapy, "cancer survivors" were defined as family members left behind after a loved one had succumbed to the disease. Two decades ago, Fitzhugh Mullan, a young physician and cancer survivor, suggested that survivorship was a process with predictable stages, ranging from the acute diagnosis and treatment finally to the phase of permanent survival, when the focus shifts from concerns about risk of recurrence to those impacting long-term quality of survival. The number of cancer survivors has increased more than threefold over the past 30 years by improvements in early detection and therapeutic successes. There are currently nearly 12 million cancer survivors in the United States and more than 25 million worldwide. The number of cancer survivors is expected to increase dramatically over the next few decades, because of the general population growth and the increasing proportion of older adults in the population for whom cancer prevalence rates are the highest.

The challenge for oncologists and other involved clinicians is to understand and meet the complex interplay of biological, psychological, and socioeconomic needs of our surviving patients. Biological sequelae disrupt organ function and cause tissue-specific and systemic comorbidities, which can compromise quality of life (e.g., fatigue, infertility) or cause death (e.g., cardiovascular disease and second malignancies). Psychological sequelae, including depression and distress from fear of cancer recurrence, failure to work effectively, and socially engage with others, are clear detriments to life satisfaction. Socioeconomic consequences such as insufficient income and insurance compound any difficulties associated with daily living.

The multifaceted needs of patients demand a spectrum of actions from clinicians in order to provide them with a life worth living. It is

necessary that clinicians diagnose and treat the chronic physical effects of cancer and its therapy, promote adaptive and rehabilitative lifestyle changes, and campaign for fair socioeconomic treatment by society. The process begins with communication between the clinician and patient regarding details of the treatment, potential sequelae in all the domains, and an outline for ongoing care.

Cancer care is often fragmented among many different specialists. Primary care providers often have limited contact with patients undergoing active cancer treatment. It is recommended that "upon discharge from cancer treatment...every patient should be given a record of all care received and important disease characteristics". Such a survivorship care plan should include information about the likely course of recovery from acute treatment toxicities, as well as the need for ongoing health maintenance or adjuvant therapy such as hormonal therapy after breast cancer. The survivor should receive a copy of this treatment summary and care plan as a record that can be used for consultation and coordination with future physicians.

In USA, several nonprofit organizations provide advocacy for the issues that affect cancer survivors. Several of these organizations provide education, counseling, and links to legal contacts and other types of assistance to help survivors with employment, insurance, or economic issues. There are a few programs of limited financial assistance run through government and charitable organizations that assist with expenses incurred during cancer treatment or transportation to medical appointments. Programs are also offered by several pharmaceutical companies to help provide expensive long-term outpatient medications to cancer patients and survivors.

In India, we should have organizations for cancer survivors who can address the issues of Health insurance, employment and economic aspects.

**Dr. Dewan A. K.**



**Rajiv Gandhi Cancer Institute  
and Research Centre**

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# BREASTCON 2013

## EMERGING TRENDS AND FUTURE DIRECTIONS MANAGEMENT OF EARLY BREAST CANCER

Under the Aegis of  
**The Association of Surgeons of India  
Indian Association of Surgical Oncology  
Indian Society of Oncology**

**Date:** 13th - 14th April 2013

**Venue:** India Habitat Centre, Lodhi Road, New Delhi - 110003, India

### INTERNATIONAL FACULTY

- |  |   |
|--|---|
| ■ <b>Prof. Ismail Jatoi</b><br>University of Texas, U.S.A.   | ■ <b>Dr. Jayant Vaidya</b><br>Whittington Hospital, U.K.                          |
| ■ <b>Prof. Robert Mansell</b><br>Cardiff University, U.K.    | ■ <b>Prof. Giovanni Paganelli</b><br>European Institute of Oncology, Milan, Italy |
| ■ <b>Dr. Amit Goyal</b><br>Royal Derby Hospital, Derby, U.K. | ■ <b>Prof. Christine Brezden-Masley</b><br>University of Toronto, Canada          |

### KEY TOPICS

- |  |  |
|--|--|
| ■ Recent Advances in Breast Imaging              | ■ Neoadjuvant Chemotherapy and Breast Conservation |
| ■ Surgical Considerations in Breast Conservation | ■ Hormonal Therapy in Early Breast Cancer          |
| ■ Breast Oncoplasty : state-of-the-art           | ■ APBI, IORT & IART                                |
| ■ Targeted Therapy in Breast Cancer              | ■ Survivorship issues in Breast Cancer             |
| ■ Management of The Axilla                       | ■ Update on In-situ Cancers                        |

### HIGHLIGHTS OF THE CONFERENCE

- Plenary Sessions and Key Note Addresses
- Panel Discussions and Case Capsules
- Master Video Session
- Meet the Professor Session
- Posters and Oral Presentations



### ORGANIZING COMMITTEE

- |   |   |  |
|---|---|--|
| <b>Dr. D. C. Doval</b><br>Chairman - Organizing Committee<br>Director - Research & Medical Oncology | <b>Dr. Kapil Kumar</b><br>Organizing Secretary<br>Sr. Consultant - Surgical Oncology & Chief of Breast Services | <b>Dr. Ullas Batra</b><br>Treasurer<br>Consultant - Medical Oncology |
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DD / Cheque to be made in favour of **Rajiv Gandhi Cancer Institute, Conference Account**, payable at Delhi

**LAST DATE FOR ABSTRACT SUBMISSION - 15<sup>th</sup> MARCH 2013**



## CHANGING SCENARIO FOR CHILDHOOD LEUKEMIA

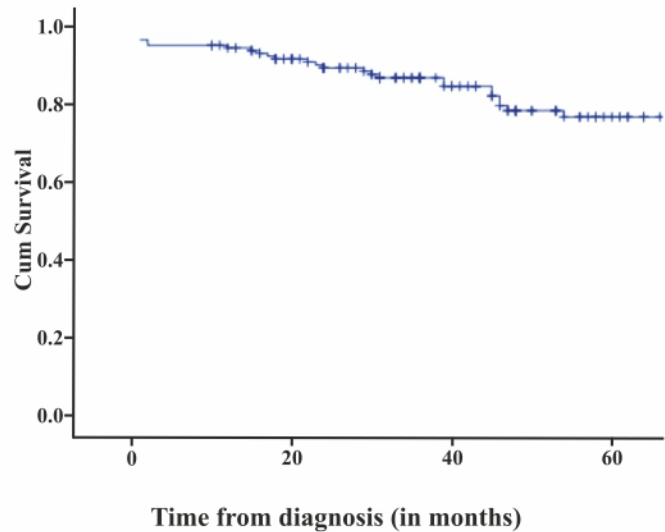
According to the National Cancer Registry of the ICMR childhood cancer contributes to 2-3% of total cancer burden in India with approximately 45000 children diagnosed with the disease every year as against nearly 8 lakh adults. Despite the small numbers, it is noteworthy that curing a young child saves a great many years of productive life.

Leukemia is the most common cancer in children and adolescents. It accounts for about 1 out of 3 cancers in children. Nearly three-quarter of these are acute lymphoblastic leukemia (ALL). Recent progress in the therapy of childhood ALL has secured 5 year survival rates of more than 80%. What it means is that most of these children can be expected to have a normal life expectancy.

These excellent results have been possible by developing a risk and response based therapy. In yesteryears all children with ALL were treated in exactly the same way. Advances in molecular and genetic studies have clearly shown that each leukemia has a unique genotype. This information helps the doctor to choose the most effective drug combination. Recent research has also revealed that each individual patient responds to the chemotherapy differently depending on his or her genetic make-up, also known as pharmacogenomics. The same dose of medicine may cause severe side effect in one person and none in another. Based on all these factors we group the ALL patients as low, moderate and high risk. Low risk patients have the lowest risk of relapse and best chance of cure (>90%). Using all the above information, treatment is planned for each child this treatment schedule is called protocol.

### What goes into making childhood ALL therapy successful ?

1. Strict adherence to treatment protocol is mandatory. Treatment indiscipline leads to development of resistant leukemic clone and failure. Not only does this require careful planning by the treating pediatric oncology team but also the compliance of the family and family physician.
2. Prevention and timely management of infection is a critical component of therapy. Leukemia is a disease of the white blood cells. Therefore the body's ability to fight germs and infections is compromised. This causes the germs and infections to spread rapidly in the body, leading to life threatening conditions as well as delay in leukemia treatment.



Survival of Children with acute lymphoblastic leukemia:  
5 yr overall survival rates at  
Rajiv Gandhi Cancer Institute & Research Centre, Delhi

3. Moreover first time treatment has the best chance of success. Therefore it is important to take the initial phase of therapy in an experienced centre.

We also strongly advocate that childhood cancer is curable if diagnosed early and treated appropriately. Hence the department participates in various National and local, awareness programs for the lay public as well as the practitioners to aid early recognition.

The Pediatric Oncology unit at RGCI & RC, Delhi is unique as it provides advanced treatment with a human touch to all children upto 18 years of age. Emphasis is not only on providing what is the best and latest treatment but also social and psychological support to the patient and family. This is possible because of the various members in the Pediatric team that include a teacher, counselor, chemotherapy nurse, pediatric nurse co-ordinator, in addition to the multidisciplinary team of oncology doctors.

**“The human spirit is stronger than anything that can happen to it”**

**Dr. Gauri Kapoor MD, PhD**

Director Department of Pediatric Hematology Oncology  
Rajiv Gandhi Cancer Institute & Research Centre, Delhi

## RGCI & RC ALUMNI MEET



RGCI & RC, Delhi organized an Alumni Meet of Doctors, who worked in this institute in the past, on Saturday, 2nd February 2013 at Hotel Crowne Plaza, Rohini, Delhi. The meeting was followed by Dr. Raman Chadha Oration.

The aim of RGCI Alumni was to develop a platform for the continuous growth of RGCI & RC, its graduates, students and the community.

The purpose of this meet was also:

- To provide opportunities to strengthen the bond amongst the members and to maintain an umbilical connection with RGCI & RC
- To unite members and students and to foster a sense of pride
- To facilitate opportunities for members to participate in joint research, CME's, conferences etc., both National and International

Dr. Raman Chadha Oration was delivered by Dr. A. Jena, Sr. Consultant, Department of Molecular Imaging and Nuclear Medicine, Indraprastha Apollo Hospitals on **"Understanding Cancer Neoangiogenesis - A step forward : An indigenous venture"** which was original research work by Dr. A. Jena and well appreciated by one and all. RGCI & RC intends to hold such meetings annually.

Faculty of RGCI & RC

## MUSCULOSKELETAL ONCOLOGY UPDATE 2013



Musculoskeletal Oncology Update was organized by RGCI & RC, Delhi on Sunday, 3rd February 2013. The conference, focusing specifically on tumors of bone and soft tissue, saw eminent speakers from across the country speaking on various issues related to musculoskeletal oncology and interacting with an enthusiastic audience. The attending delegates consisted of about 150 doctors that included orthopedic surgeons and oncologists not only from Delhi and NCR, but also from various other parts of North India.

The various topics covered in the conference included bone and soft tissue sarcomas, benign bone tumors and metastatic bone disease. The consensus and controversies existing in this highly specialized field were discussed in detail, and the delegates benefitted by directly interacting with speakers with a rich experience in the subject. Limb saving surgery for bone and soft tissue sarcomas, multimodal management, and issue related to diagnosis of bone and soft tissue tumors were the core areas covered in detail. The conference was appreciated by the speakers and the delegates alike, and the success of this unique conference has encouraged us to hold similar meetings in future.

**Dr. Akshay Tiwari**

Consultant Orthopaedic Oncology  
Rajiv Gandhi Cancer Institute & Research Centre, Delhi

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