



Rajiv Gandhi Cancer Institute and Research Centre

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



News Letter

Vol. XVII

No.3

Price: 50 Paisa

EDITORIAL

NURSE – DOCTOR RELATIONSHIP

Nursing and Medical Education are undergoing major changes, making the boundaries between doctors as diagnosticians and prescribers of treatment and nurses as obeyers of orders and dispensers of treatment less clear and more permeable. Gender roles have changed with more female doctors and male nurses in evidence. Nurses are becoming more confident and specialized in their fields and as a result want to stand on an equal footing in some areas. Nurses wish to move from dependency to autonomy and mutual interdependency. They want to see themselves as champions of holistic care from prevention to palliation.

It is not surprising that Nurses and Doctors have relationship problems because their conflicts are rooted in human factors such as personalities, attitudes, feelings and communication styles. In hospitals, nurses remain as a subordinate. Nurses have unequal allocation of space for personal offices, differential arrangements for eating facilities and notion that doctor's time is more valuable than nurse's time. Nurses have to prove their competency in every interaction with doctors whereas doctor's competencies are assumed. Nurses have difficulties in voicing their concern particularly if content is critical of Senior Doctor. No matter how gifted she may be, she will never become a reliable nurse until she can obey without question. She is supposed to be simply an intelligent machine for the purpose of carrying out his orders.

Let us look at the major issues contributing to poor Nurse - Doctor relationship:

- Inappropriate, disruptive or abusive behavior by the physician. Disruptive behavior occurs when unwilling doctor fails to attend to nursing call in wards. Such behavior may occur when doctor thinks his orders have not been carried out correctly or timely. Blame game may start whenever there is sudden change in patient's condition. Sometimes doctors pass degrading comments and insults or yell at the nursing staff. Some doctors curse, make inappropriate jokes and refuse to work with particular nurse. Such disruptive behavior may involve any inappropriate behavior, confrontation or conflict, ranging from verbal abuse to physical and sexual harassment. Research shows that disruptive behavior by Physicians significantly contributes to Nurse Burnout, decreased job satisfaction and decisions to leave the job. Various studies reveal that 9% - 31% of nurses leave their jobs due to disruptive behavior of doctors. Doctors who engage in negative behavior with nurses tend to do so because of deeply ingrained personality characteristics related to need for coercive power and self glorification. Some doctors get away with the behavior because many nurses feel intimidated by it and are afraid to address it. Consequently the bad behavior continues unchecked.
- Dismissive attitudes - Doctors focus on cases and files or bed numbers. They may not focus on emotional issues, discharge planning, social and cultural concerns of patients. Nurses feel that doctors don't understand, respect or care to listen to nursing perspective of Patient Care.
- Gender issue – Gender related power issues create problems especially for female nurses in their working relationship. A difference in educational level between most nurses and the physicians with whom they work is another factor affecting balance of power.

- Communication / Collaboration – Poor communication between nurses and doctors is very important factor causing dissatisfaction. If nurses feel disrespected, misunderstood or devalued by the doctors, they feel angry and helpless and avoid communicating. Poor communication leads to misunderstanding, error and ongoing conflict between nurses and doctors.

How can we improve Doctor - Nurse relationship?

Nurses want a respectful work atmosphere and expect physicians to acknowledge the importance of the nurses' role in health care team. We can do much to improve the nature of our relationship based on professional respect, tact and sensitivity. Here are some tips to improve relationship.

- Try to know the names of nurses whom you meet daily
- Familiarize yourself with evolving nursing skills and changes to their roles and responsibilities
- Make sure your clinical decisions are well understood by others
- If there is any sign of disgruntlement with our decision, we should be prepared to be criticized
- Create a culture in which all team members are encouraged to contribute and air their views
- Be prepared to muck in when there is a crisis; especially in uneasy situations with aggressive patients
- Acknowledge and give recognition to nurse's skills whenever the opportunity arises
- Emphasize team approach, mutual dependency on each other's skills
- Meet with Senior Nurses and other Senior Staff to discuss Policy, Philosophy of Care and Management Issues
- Joint presentations and publications on clinical practice
- Increase availability of training and educational programs for nurses and doctors that focus on improving teamwork and working relationships
- Establish a zero-tolerance policy for disruptive behavior
- Empowering nurses – Ensure appropriate nurses competencies. If nurses stay up to date with advances in their specialty, they can take pride in their expertise
- Appoint a Doctor Leader who will take charge of Training and Education Programs
- Place Sr. doctors on nurses recruitment teams, enabling them to gain better understanding and appreciation of the factors that are important to nurses

Increased collaboration between Nurses and Physician – for example, via regular meetings helps move all doctors away from an adversarial, "us versus them" mind set. Nurses are our colleagues. They are not only an extension of you, they also have unique skills, knowledge and talents that the patient needs. If you work collaboratively with nurses, patients' outcome will be better. You can trust that they will do and see that patients get what they need.

Dr. Dewan A. K.

PERSONALISED TREATMENT IN LUNG CANCER

Growing knowledge about the genetic makeup of tumors is leading to a revolution in cancer treatment. Through research, more effective tailored cancer treatments are now available. This means that we are beginning to move away from the use of “one-size-fits-all” chemotherapy and toward the use of targeted drugs designed for specific patients and tumors—that is, personalized medicine.

For many years, doctors knew that certain groups of people benefitted from certain types of treatments. For example, older women with breast cancer tended to benefit more from hormone treatments than younger women with breast cancer. But in recent years, scientists discovered that not all cancers are alike. There are variations of each type of tumor. This was discovered when researchers focused on the genetics of tumors. Our genes are the blueprint for control of every cell in the body. A better understanding of this blueprint means we can find out how different types of tumors work, how they grow, and how to stop them from growing.

Medicines are being designed to target a number of different tumor cell growth mechanisms. With targeted drugs, doctors can select the treatment that is most likely to work for a certain patient and his or her particular type of tumor. This information also means that people for whom the drug would not work can avoid taking it and risking side effects.

A personalized approach to the treatment of Non-Small Cell Lung Cancer (NSCLC) is becoming increasingly possible as more and more oncogenic mutations are identified that allow therapies to be targeted to the activating mutation. The most important mutations are in the tyrosine Kinase Genes, against which two reversible Epidermal Growth Factor Receptor (EGFR) Tyrosine Kinase Inhibitors (TKIs) have been developed. Improved outcomes for patients in whom EGFR mutations have been identified and who were subsequently treated with EGFR TKIs have been reported.

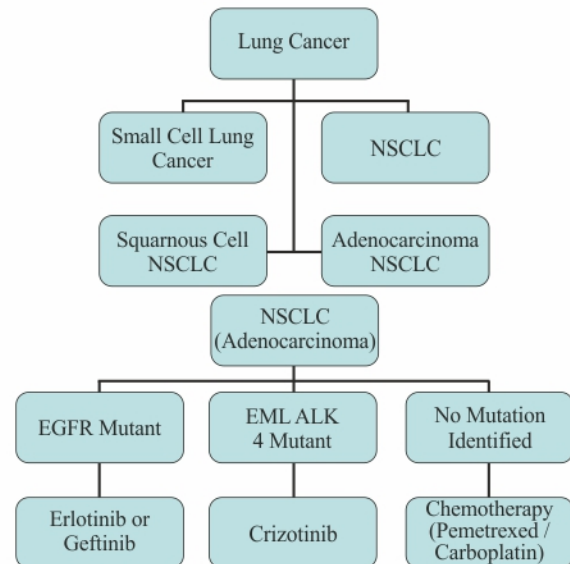
Overall, studies indicate that TKIs produce higher response rates, longer Progression-Free Survival (PFS) intervals, and significantly enhanced quality of life compared with standard chemotherapy in patients with advanced NSCLC with EGFR-activating mutations, especially if previously untreated. It is now

well recognized that mutations of the EGFR Tyrosine Kinase domain tend to occur in patients with Adenocarcinoma who have never smoked or who have a light smoking history - as well as in females.³ EGFR mutations also occur in 30% to 50% of East Asians.

Other Mutations in NSCLC: In the last 2 years, a lot of interest has been placed on EML ALK 4 mutations in Lung Cancer. These mutations are mutually exclusive to EGFR mutations and occur in 5 % of NSCLC patients. Crizotinib was granted an accelerated approval for patients with ALK positive NSCLC in view of dramatic responses seen in clinical trials.

To conclude, a lot of progress has been made in the treatment of NSCLC. Gone are the days when every patient irrespective of the type of cancer, got the same treatment. We are now moving to the concept of right drug for the right patient at right dosage. With the advent of these new targeted agents, patients with NSCLC are living longer with a better quality of life.

Classification & Management of Lung Cancer in 2013



Dr. Ullas Batra
Consultant - Medical Oncology



BREASTCON 2013

EMERGING TRENDS AND FUTURE DIRECTIONS

MANAGEMENT OF EARLY BREAST CANCER

Date: 13th-14th April 2013 | **Venue:** India Habitat Centre, Lodhi Road, New Delhi- 110003, India

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

For Registrations, please contact: Dr. Ashish Goel, +91 9818714549 / Dr. S. Veda Padma Priya, +91 9717953526 or write to breastcon2013rgci@gmail.com



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RGCON 2013 - HIGHLIGHTS



Rajiv Gandhi Cancer Institute & Research Centre, Delhi, held its 12th Annual International Conference from 15th to 17th February 2013 at Hotel Eros (Hilton), Nehru Place, New Delhi. Like every year, this year too, RGCI & RC adhered to its tradition of academic excellence. In keeping with the rapid changes in the Management of Colorectal Cancers, the theme of the conference was very aptly chosen as “**Changing Scenario in Colorectal Cancer**”.

The first day, 15th February 2013 was, dedicated to live surgical workshops and video workshops during the morning and afternoon. The operation included **Robotic LAR / APR** by Dr. Byung-Soh Min, from Korea, **Lap Colectomy / LAR / APR** operated by Dr. Sung Bum Kang, from Korea, Intersphincteric Resection by Dr. Yoshito Akagi, from Japan and Peritonectomy and HIPEC by Dr. Shivendra Singh, from RGCI & RC. They were complemented by an interactive panel discussion by eminent surgeons from all over the country and abroad. Following this, there was a live video presentation from “**Institut Mutualiste Montsouris, Paris**” by Dr. Brice Gayet.

The formal inauguration of the conference was held in the evening the same day. This was indeed a glittery and spectacular session. The dias was adorned by the presence of the Chief Guest, Mr. Sriprakash Jaiswal, Minister of Coal, and the Special Guest, Dr. V. Shantha, along with other dignitaries from RGCI & RC as Mr. Rakesh Chopra, Chairman, Mr. D. S. Negi, CEO, Dr. A. K. Dewan, Medical Director, Dr. D. C. Doval, Director - Medical Oncology & Research and Dr. Sunil Gupta, Organizing Secretary of RGCON 2013. The inauguration was auspiciously marked by the lighting of the lamp as per the Indian customs and release of the souvenir by the Special Guest, Dr. V. Shantha, Chairman, Cancer Institute Adyar, Chennai, Padmashree, Padma Bibhushan, Magsaysay Award for Public Service. In a very ceremonious moment, the LIFE TIME ACHIEVEMENT AWARD was presented to Dr. V. Shantha for her relentless service to the ailing patients of cancer and her dedication and devotion to her profession and humanity. Like every year, the prestigious Dr. P. S. Raman Memorial Award for the best paper published in 2012 was awarded to Dr. Gauri Kapoor, Director - Pediatric Hematology Oncology, for her paper entitled "Experience with High Dose Methotrexate Therapy in Childhood Acute Lymphoblastic Leukemia in a Tertiary Care Cancer Centre".

Evening session was a brain storming session on **Emerging Molecules in Colorectal Cancer** which included lectures by foreign delegates and a very interesting panel discussion. The lectures, delivered on very new molecules like "Bevacizumab" by Dr. Herbert I Hurwitz, USA, "Cetuximab" by Dr. Heinz - Josef Lenz, USA, "Regorafenib" by Dr. Andrea Sartore Bianchi, Italy, and "Aflibercept" by Dr. Will Steward, UK were indeed very enlightening.

The 2nd Day of the conference promised a plethora of topics, including Epidemiology, Hereditary Colorectal Cancers, Screening and recent advances in imaging and their implications in Colorectal Cancer Management.

Dr. Andrea Sartore Bianchi, Italy, spoke in great detail on "Role of Biomarkers in Colorectal Cancer and it's implications", a topic that interests all Colorectal Oncologists alike.

Dr. Heinz - Josef Lenz, USA, in his inimitable style held the attention of the audience with his talk on "Role and the Impact of Molecular Markers on treatment decisions in the metastatic setting". Dr. Peter Gibbs, from Australia presented his views on "First Line Therapy – SIFLOX and FOXFIRE".

"Curative Intent Treatment for Colorectal Liver Metastasis" was discussed by various specialists who presented their respective evidences. "Perspective of Medical Oncologist" was presented by Dr. Heinz - Josef Lenz, USA, "Surgeon's Perspective" by Dr. K. R. Prasad, from UK. "Perspective of Radiation Oncologist" was placed by Dr. Swarupa Mitra, Delhi and "Interventional Radiologist's Perspective" by Dr. M. C. Uthappa, from Bengaluru. "A Glimpse into the Future of New Radiation Techniques for Rectal Cancer" was presented by Dr. B. Ajai Kumar from Bengaluru.

One of the highlights of RGCON 2013 was the number of debates. Debates were very well moderated by panels of chairpersons encouraging exchange of opinion with the house as well. The scientific contents and hospitality were immensely appreciated by everyone present. The conference came upto the expectations for providing a comprehensive and upto date multidisciplinary perspective on Epidemiology, Biology, Diagnosis, Management and Future Directions for Colorectal Cancers.

Dr. Swarupa Mitra, Consultant - Radiation Oncology

Dr. Sunil Gupta, Sr. Consultant & Chief of Head & Neck - Medical Oncology

Dr. Shivendra Singh, Sr. Consultant & Chief - GI Oncosurgery & Liver Transplant Services

NURSINGCON 2013 - HIGHLIGHTS



Nursingcon 2013, was organized by the Department of Nursing on 9th February 2013, at Hotel Crowne Plaza, Rohini, Delhi. The theme of the conference was "Care Beyond Cure - Oncology Nursing with a Difference".

The conference began with a lamp lightening ceremony by the Chief Guest - Major Gen. H. J. Bhullar, VSM, Guest of Honor - Ms. Sneha Lata Minocha, Mr. D. S. Negi, CEO, Dr. A. K. Dewan, Medical Director, Dr. D. C. Doval, Director - Medical Oncology & Research, Dr. Amitabh Sandilium, Medical Superintendent and Ms. Kathleen Glenda Jacobs, Chief of Nursing.

Eminent speakers from across Delhi & NCR deliberated on various topics related to Oncology Nursing and focused on latest developments for better patient care. Main topics covered, in the conference, were, management of patient posted for Radiotherapy, Chemotherapy complication, Prevention of Infection in Lines, Barrier Nursing, Nutritional Support, Palliative Care, Vascular Access, Challenges in EMR, Legal issues of Nursing Documentation and Stress Management for Nurses. There was a panel discussion on "Cancer Nursing Workforce - Training, Retention and Growth Path". A workshop on Stoma and Drain Care, Oral Hygiene Care and Wound Care Management was also conducted. A video clip on PICC line and Port Insertion was shown to delegates. A skit was performed by the staff of RGC & RC on "Importance of Hand Hygiene Practice and Prevention of Infection".

The conference was attended by eminent Nursing Leaders, Managers, Staff Nurses, Infection Control Nurses, Nursing Educators, Executives and Students from all Leading Hospitals.

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

LUNG CANCER CONCLAVE - HIGHLIGHTS



Rajiv Gandhi Cancer Institute & Research Center, Delhi, organized a meeting on Lung Carcinoma on Wednesday, 6th March 2013 as LUNG CANCER CONCLAVE, which was held at Hotel Taj Mahal Delhi. The meeting was inaugurated and declared open by Dr. A. K. Dewan, Medical Director, who alluded to the vision of RGC & RC. The ball was set rolling with a preamble on the conclave by Dr. D. C. Doval, Director - Medical Oncology & Research which was followed by an overview of Lung Cancer in India by Dr. Vineet Talwar, Sr. Consultant & Chief of GU Medical Oncology Services.

He highlighted the progress and studies done in India towards Tailor Made Targeted Therapy. Next was a scintillating talk by Dr. Mark Vincent, Medical Oncologist from Canada, about the latest concepts in Management of Lung Cancer and Maintenance Therapy Protocols. There were two panel discussions which were moderated by Dr. A. K. Vaid, Chairman - Oncology, Medanta - The Medicity on "Maintenance Therapy in Lung Cancer" and Dr. Ranga Rao, Sr. Consultant - Medical Oncology, BLK Hospital on "EGFR Blockers and Newer Vistas in Management of Lung Cancer" respectively. It was a well coordinated, lively and session which was attended by Doctors from all over Northern India.

Dr. Vineet Talwar
Sr. Consultant & Chief of GU Medical Oncology Services

Mr. D. S. Negi (C.E.O.)
Dr. A. K. Chaturvedi
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Dr. (Col.) A. K. Bhargava
Dr. R. S. Jaggi
Dr. Vineet Talwar
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Printed & Published by Mr. K. K. Mehta on behalf of Indraprastha Cancer Society & Research Centre and Printed at Raju Art Printers, 18-A, Old Gobind Pura Extn., Street No. 2, Parwana Road, Delhi-51, Tel. : 9871006333, Published from RGC&RC, Sector-V, Rohini, Delhi-110085

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