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CME – IMA FARIDABAD



RGCIRC organized a CME Programme on Oncology in association with IMA Faridabad on Saturday, 05th December 2015. Dr. Narendra Agarwal, Consultant – Haematology Oncology delivered a talk on “BMT Experience at RGCIRC” & Dr. Rayaz Ahmed, Consultant – Haematology Oncology spoke on “How BMT Changed Outcomes of Hematological Disorders”. The talks were attended by more than 70 doctors from IMA Faridabad.

CME – IMA SOUTH DELHI



RGCIRC organized a CME Programme on Oncology in association with IMA South Delhi on Friday, 11th December 2015. Dr. Vineet Talwar, Sr. Consultant & Chief of GU Medical Oncology & Dr. Surender Dabas, Consultant – Head & Neck Surgical Oncology delivered scientific lectures in said event. The talks were attended by more than 55 doctors from IMA South Delhi.

- Mr. D. S. Negi (C.E.O.)
- Dr. A. K. Chaturvedi
- Dr. D. C. Doval
- Dr. Gauri Kapoor
- Dr. Anurag Mehta
- Dr. S. A. Rao
- Dr. P. S. Choudhury
- Dr. S. K. Rawal
- Dr. Dinesh Bhurani
- Dr. Sunil Kr. Gupta
- Dr. B. K. Naithani
- Dr. (Col.) A. K. Bhargava
- Dr. Vineet Talwar
- Dr. Sheh Rawat
- Dr. S. K. Sharma
- Dr. Shivendra Singh
- Dr. Rajeev Kumar
- Dr. Rajan Arora
- Dr. R. S. Jaggi
- Dr. L. M. Darlong
- Dr. Swarupa Mitra
- Dr. Ullas Batra
- Dr. Sanjeev Gupta



Architect's Impression of RGCIRC (post expansion)

To:

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EDITORIAL

FAITH HEALS

Faith healing is usually considered more a matter of belief and the supernatural rather than confidence in the science of pharmacology. From a scientific perspective, faith healing is unexplained, incomprehensible and should not work. Yet it does work! The same is true of drug placebo effects.

Faith healing is a kind of healing which is done spiritually. There is no standard method that is followed in this kind of healing. Faith healing philosophy says that it depends on the amount of faith a person invests in God and the belief that God will cure them. When the mind, heart and soul function in tandem and in accordance with each other, the process of self healing occurs. This can be done only if the person is spiritually inclined. A person cannot be forced to become spiritual. But once he realizes the value of spirituality through his suffering, then his experience becomes invaluable to him and also he finds a lot of faith in healing.

A wide variety of healing powers have been attributed to religious figures. Jesus was supposed to heal people. Various saints are said to have the power to heal. Today some folks still believe in the divine healing. However, there seems to be no scientific evidence that anyone today has this sort of ability either individually or collectively via prayer. In literature there is not even a single properly investigated and documented case of divine healing.

There are cases of spontaneous regression for cancer which people might attribute to divine healing. The fact that a person believes that she was magically healed cannot act as evidence.

In 1910, Sir William Osler, published a classic paper in British Medical Journal entitled, "The Faith that Heals." In his article, he extolled the many virtues of faith and said "Nothing in life is more wonderful than faith," "Faith is the cement which binds man to man in every relation in life."

Faith may include faith in the physician leading to compliance; faith in the efficacy of medical care leading to positive expectations and perhaps to a placebo effect; or faith in a divine being leading to psychosomatic benefits. Faith may provide the agar or medium on which healing can grow. Faith may condition the soil in which salutogenic tree can take roots.

Faith alone is not a unique determinant of healing; it operates in conjunction with many other factors. Human host factors, environmental factors with many therapeutic agents, all work in tandem to foster a positive result, the cause of which may vary considerably among people with same diagnosis and same stage.

Faith is indeed one of the miracles of human nature. Appeal to all Cancer patients! Have faith in your treating doctor; faith in medical system (allopathy or alternative therapy) and faith in God!

Dr. A. K. Dewan
Medical Director



THE ERA OF PERSONALIZED LUNG CANCER CARE

Not long ago was a diagnosis of lung cancer like a death warrant as most of the cases presented late with disease spread beyond the lung. In those detected at an early stage a surgical removal with the intent of cure is the recommended treatment, however sadly only 10-15% of cases are detected at an early stage.

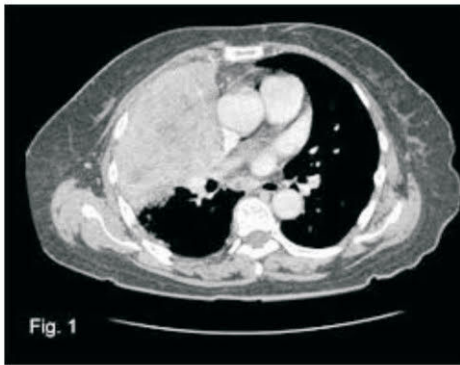
In fact a landmark study from America in 2011 showed that screening longtime smokers with a low-dose CT scan reduced deaths from the disease by 20 percent due to early detection.

India does not have screening programmes for lung cancer but lung cancer screening using Low dose CT should be advised for individuals between 55-74 years with 30 pack years.

In the management of lung cancer PET –CT is done for staging as treatment and prognosis depends on the stage. A PET –CT positive mediastinal lymph nodes should not be taken at face value and needs to be further evaluated because of the high prevalence of tuberculosis in India. Endoscopic bronchial ultrasound guided [EBUS] biopsy or surgical mediastinoscopy biopsy of the mediastinal lymph nodes provides a tissue diagnosis. A lymph node positive for malignancy would upstage the disease whereas a negative lymph node downstages the disease allowing surgical excision with intent to cure.

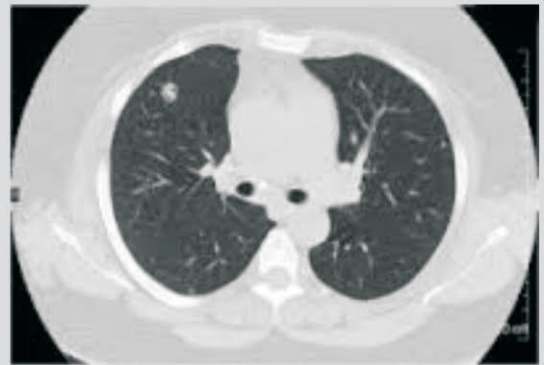
Surgical excision of lung cancer is now routinely done with a minimally invasive approach using thoracoscopy or Da Vinci robotic system.

For cases which are advanced better chemotherapeutic agents along with precision radiation techniques continue to be the treatment modality. The



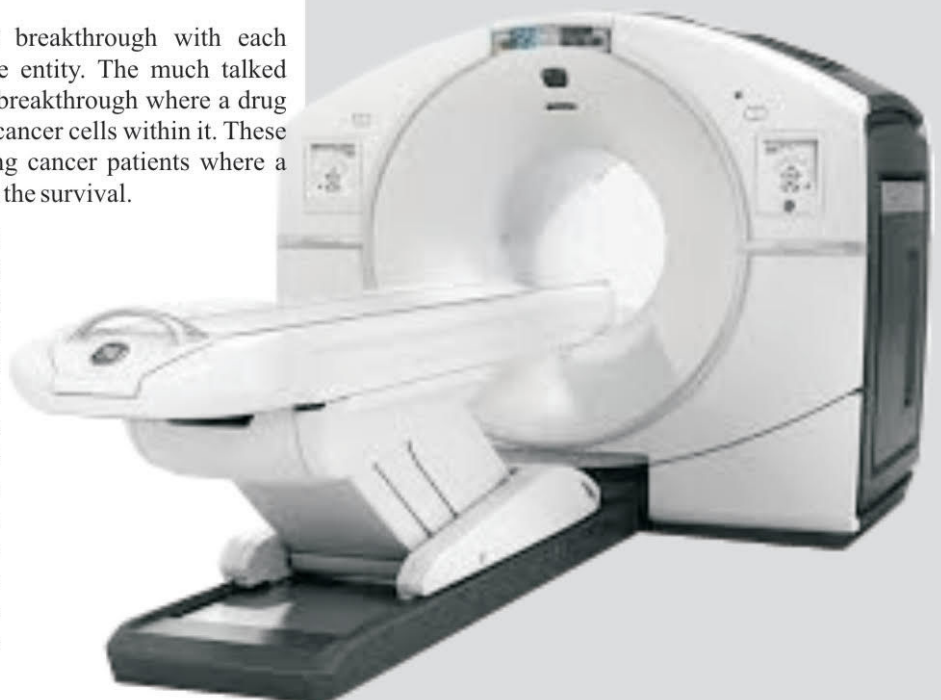
introduction of gene therapy is another breakthrough with each individual cancer case treated as a unique entity. The much talked immunotherapy for lung cancer is another breakthrough where a drug triggers the patient's immune system to kill cancer cells within it. These novel agents will hopefully downstage lung cancer patients where a surgical excision can be offered and improve the survival.

One of the biggest challenges globally in lung cancer is detecting them early. In India we have a unique problem because of the very high prevalence of tuberculosis and the national programmes focused towards tuberculosis is taking the focus away from lung cancer which is often viewed as smoker's disease. It has been reported that up to 20% cases of lung cancer are misdiagnosed as tuberculosis and this delay creates a large pool of population with advanced or incurable disease and a burden to healthcare system. This is especially true for younger individuals, female, non smoker where the suspicion of cancer is less.



Till the time lung cancer screening programmes is introduced in India we should follow NCCN guidelines of screening individual between 55 to 74 years with long standing smoking of 30 pack year.

As the month of November is dedicated to lung cancer awareness as clinicians we need our minds to be aware that lung cancer is no more purely a smoking-related disease, nor should every chest shadow raise a suspicion of only tuberculosis. This paradigm shift in thought would lead to early detection and cure.



Dr. L.M. Darlong
Head & Consultant – Thoracic Surgical Oncology

CONGRATULATIONS TO DR. VINEET TALWAR



On November 14, 2015, Dr. Vineet Talwar was conferred the title of Fellow of Royal College of Physicians, in Edinburgh. Selected for his contribution to the field of medical oncology, Dr. Talwar has received national and international recognition for his work before. Fellowship of the Royal College of Physicians of London is a prestigious accolade, held by some of the most innovative and exceptional physicians in the world. It is a mark of achievement and skill as a doctor and recognizes the doctor's ongoing contribution to the profession.

Dr. Talwar is a recipient of four orations from the Association Physician of India, Indian Academy of

Clinical Medicine. He is also credited as a Fellow of International Medical Sciences Academy (FIMSA), and Indian College of Physicians (FICP).



2ND CHEMO PORT TRAINING COURSE



The Department of Surgical Oncology, RGCIRC successfully organized the 2nd Training course in Chemoport Insertion on 4th and 5th December 2015. This course was held for surgical practitioners working in various Surgical Oncology Centers who desire to learn this technique. It entailed interactive sessions by the faculty of RGCIRC as well as hands on experience in the operating rooms. The topics covered were Chemoport insertion, Hickman's Catheter insertion, Pediatric Port, Arm port and Peritoneal port insertion. Four delegates from different North Indian cities enthusiastically completed the course. The course was highly gratifying and we received an excellent feedback. Future training courses in Chemoport Insertion will be held once in 3 months.

CME – EAST DELHI SURGICAL FORUM



RGCIRC organized a CME Programme on Oncology in association with East Delhi Surgical Forum on Saturday, 07th November 2015. Dr. Shivendra Singh, Sr. Consultant & Chief of GI Oncosurgery & Liver Transplant delivered a talk on “Advancement of Management of Colorectal Cancer” & Dr. Surender Dabas, Consultant – Head & Neck Surgical Oncology spoke on “Minimal Invasive Treatment Options in Head & Neck Cancer”. The talks were attended by more than 50 doctors from East Delhi Surgical Forum.