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Rajiv Gandhi Cancer Institute
and Research Centre

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newsletter



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EDITORIAL

MEDICAL AUDIT RGCIRC – 2015

Our cancer care journey has touched 2 lakh lives. We are constantly thinking beyond today's realities and evolving better care for tomorrow. We have ramped up our facilities from 150 beds (in 1996) to 302 beds; invested in cutting edge technologies and engaged manpower with proven expertise. We innovate, embrace change and run the extra mile to deliver our promises safely and responsibly.

RGCI represents the hope and aspiration deep within the heart of every cancer patient. It is gratifying to note that RGCIRC has been able to meet and surpass expectations of cancer patients by providing best in class treatment outcomes combined with tender loving care to patients. The re-accreditation of NABH, NABL of our facilities speaks of our commitment and compliance with quality standards. RGCIRC was recognized by industry bodies, customers and media for its multidimensional cancer care excellence receiving several awards and accolades during the year.

Surgical Oncology Department registered 19% growth in robotic minimally invasive operations. Head and Neck Oncology surgery is the leading unit in the world to perform maximum number of salvage supraglottic laryngectomies. The availability of sophisticated medical procedures ensure that we are among the few health care institutes in India providing allogeneic BMT, Radiofrequency ablation of tumors and HIPEC (Hyperthermic Intraperitoneal Chemotherapy). After establishing biobank, we have commissioned molecular lab with facilities like NGS, Flowcytometry and circulating Tumor Cell Isolation Technology. We have offered courses in domain of Medical Education enhancing knowledge of healthcare professionals including doctors, nurses and technologists. Our IT Department has streamlined functioning of daycare which includes online medication, dynamic bed management, queue management and Invoice tracking. Dynamic CIO forum has designated RGCIRC as "Healthcare Hero" in 2014-15. Patients can view online lab reports on mobile via SMS or email. We have tested Teleradiology system and latest RIS, new PACS are in place. RGCIRC has been awarded Digital Transformation Leader for healthcare by C-BIT in 2014-15.

We believe that the RGCIRC brand is widely recognized in India by both healthcare professionals and patients. We believe that a professionally managed administration with a commitment to patient care and high ethical standards have enabled us to operate our facilities efficiently while providing quality care to our patients. I look forward to your continued support in future as RGCIRC embarks on the next phase of its progressive journey.

Dr. A. K. Dewan
Medical Director



¹⁷⁷Lu-PSMA THERAPY:

NOVEL TREATMENT FOR CASTRATION RESISTANCE PROSTATE CANCER (CRPC) PATIENTS

Prostate cancer is the second most common cancer in the man worldwide. Patient with early stage disease has an excellent prognosis, however almost all patients with distant metastasis developed resistance to standard treatment including newer approved anti androgens (Enzalutamide and Abiraterone) at various time intervals. Progression to androgen independence is the main cause of morbidity and mortality in prostate cancer patients. Molecular therapy is an innovative way to target only tumor cells sparing normal tissue. In molecular therapy, specific antigen over-expressed on tumor cell is targeted for imaging and if positive, same antigen is being used for treatment direction. This concept of molecular therapy is called Theragnostics “We treat what we see”. Prostate specific membrane antigen (PSMA) is over-expressed in all prostate cancer cells and level is directly

proportional to androgen independence, metastasis and progression, hence PSMA is a promising target for molecular therapy. ⁶⁸Ga-PSMA positron emission tomography-computed tomography (⁶⁸Ga-PSMA PET-CT) is used to assess PSMA expression in prostate cancer cell and to see disease burden. A novel ¹⁷⁷Lu-PSMA-617 is thereafter used for treatment. This treatment is commonly known as Peptide Receptor Radionuclide Therapy/Peptide Receptor Radioligand Therapy (PRRT/PRLT). With PRLT, we can treat both soft tissue and bony sites of disease. Initial results show that treatment is easy, safe, well tolerable and effective. No significant side effects (nephrotoxicity, hematotoxicity, hepatic toxicity or salivary glands toxicity) have been reported in a recent publication in European Journal of Nuclear Medicine and Molecular Imaging Research (EJNMMI Research 2015,5:36). ¹⁷⁷Lu-PSMA therapy is now available at Rajiv Gandhi Cancer Institute and Research Centre (RGCIRC) and patients are being treated with their satisfaction successfully.

Recently, we have treated a 67 year old man with prostate cancer. Initially he presented with pathological fracture with cord compression of D11 vertebra in Oct. 2011. After investigating at RGCIRC, the final

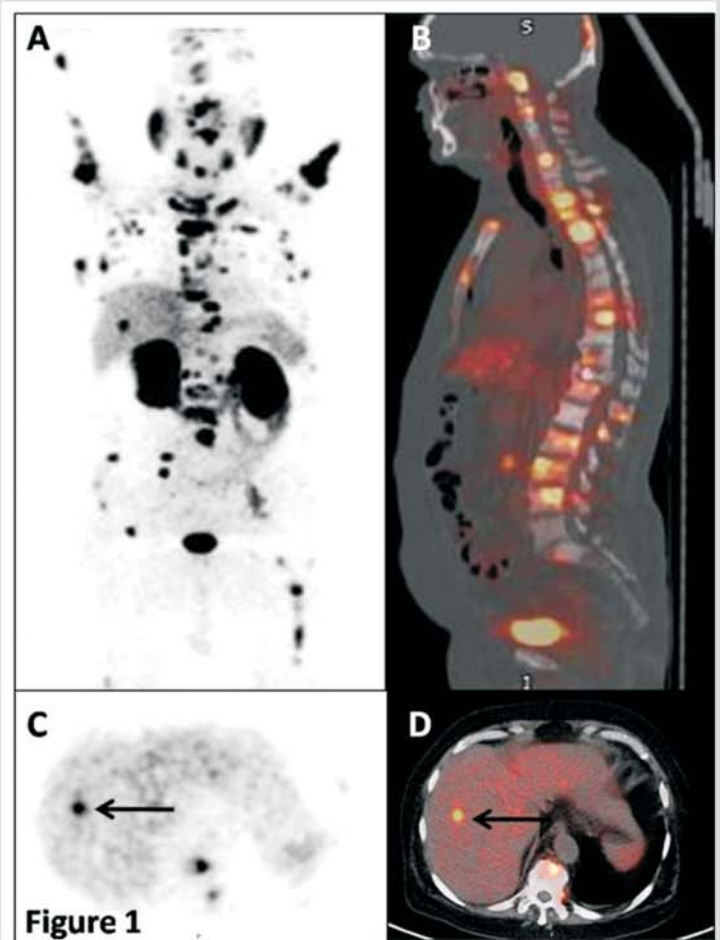


Figure 1: ⁶⁸Ga-PSMA PET-CT scan (Image A: MIP; Image B: Fused PET-CT sagittal; Image C & D: axial PET and CT respectively): Images showed ⁶⁸Ga-PSMA avid extensive bony metastases and solitary liver lesion (black arrow).

diagnosis was grade 3, Gleason score 4+5, acinar prostatic adenocarcinoma with multiple sites of bone metastases. He was treated with palliative radiotherapy and started on anti-androgens. Subsequently, he was treated with multiple lines of treatment including chemotherapy. Recently, he progressed despite all efforts and referred to our department for PRLT. He underwent ^{68}Ga -PSMA scan in Nov. 2015 which showed adequate PSMA avidity in all bony metastatic sites and also a solitary PSMA avid liver lesion (Figure 1). After confirming the biochemical fitness he underwent ^{177}Lu -PSMA treatment successfully. Post treatment ^{177}Lu -PSMA whole body Single Photon Emission Computed Tomography-Computed Tomography (SPECT-CT) scan showed avid concentration of tracer in all known bony metastatic sites and liver lesion (Figure 2). Patient did not develop any acute toxicity.

Field of cancer imaging is growing from morphological to molecular imaging. Similarly cancer treatment research is developing toward specific targeted treatment. With this novel targeted treatment ^{177}Lu -PSMA PRLT, CRPC patients are now being treated successfully at RGCIRC.

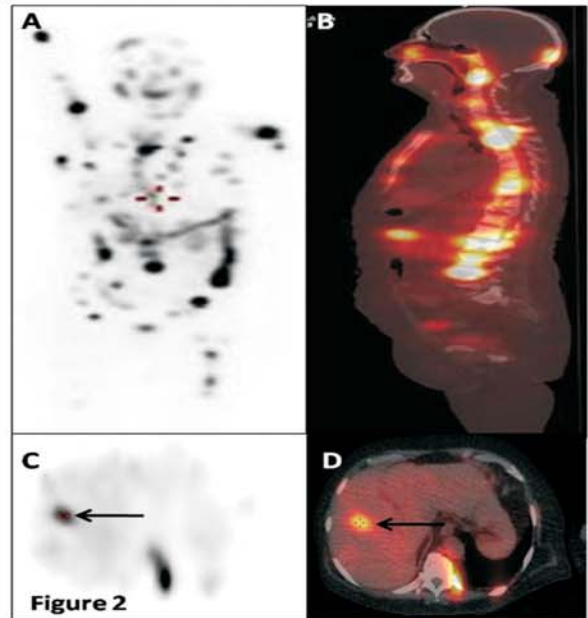


Figure 2: ^{177}Lu -PSMA SPECT-CT (Image A: MIP; Image B: Fused SPECT-CT sagittal; Image C & D: axial SPECT and CT respectively); Images showed good concentration of ^{177}Lu -PSMA in all known bony metastases and solitary liver lesion (black arrow).

Dr. Manoj Gupta / Dr. P.S. Choudhury
Nuclear Medicine Department

76TH ANNUAL CONFERENCE “IMA NATCON - 2015”



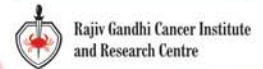
RGCIRC participated in 76th Annual Conference “IMA NATCON - 2015” organized by DMA on Sunday, 27th December 2015 at Hotel Le Meridien, New Delhi. Dr. Akshay Tiwari, Head & Consultant – Orthopedic Surgical Oncology delivered a lecture on “Clinical Approach to Bone & Soft Tissue Tumors”.



36TH ANNUAL CONFERENCE - IMA SOUTH DELHI



RGCIRC participated in 36th Annual Conference organized by IMA, South Delhi on Sunday, 17th January 2016 at Eros Hotel, Nehru Place, Delhi. Dr. A. K. Dewan, Medical Director & Chief & Sr. Consultant – Head & Neck Surgical Oncology delivered a lecture on “What is Latest on Oncology”. The talk was attended by more than 120 doctors.



International CME



LYMPHOMA UPDATE 2016

Essentials & Beyond

14th & 15th March 2016

Hotel Crowne Plaza, Rohini, New Delhi



Dr. Elaine S. Jaffe



Dr. Elias Campo



Dr. Wing-Chung (John) Chan



Dr. Bharat N Nathwani

Eminent Faculty

- Dr. Elaine S. Jaffe
- Dr. Deepshikha Arora
- Dr. Elias Campo
- Dr. Jay Mehta
- Dr. Wing-Chung (John) Chan
- Dr. Anil Handoo
- Dr. Bharat N Nathwani
- Dr. Anurag Mehta

The CME boasts of internationally renowned faculty and leading minds in Lymphoma Pathology. The educational programme will be focusing on the needs of practicing pathologists at all levels and postgraduate students.

Who Should Attend

- Pathologists
- Hematologists
- Oncologists,
- Clinical Scientists and Nurses

Salient Features

- Lectures by eminent international and national faculty
- Addressing the contemporary and critical issues in Lymphoma Pathology
- Revised WHO classification - felt need and newer entities
- Molecular Testing in Lymphoma
- Poster and oral case presentation with active audience interaction
- Attendees can interact with top minds in Lymphoma Pathology

Call for Abstract Deadline : 15 February 2016

Log on to www.rgcirc.org to register

For more information, contact

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Conference Secretariat : Mr. Manoj Chauhan / Mr. Sachendra Bajpai +91-8130245511



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