

April 2016

newsletter

Rajiv Gandhi Cancer Institute
and Research Centre

Vol. XX | No. 4 | Price: 50 Paisa

EDITORIAL

PROFESSIONAL ETIQUETTES

Professional etiquette is 'how you show your respect for people'. And to show it, you have to mean it. Physicians make medicine happen. When a patient chooses his doctor, physician's word is law, figuratively and literally. Doctors are constantly in contact with people who will assess them based on the way they communicate, body language and appearance. In essence communication is the sine-qua-non of our profession.

Etiquettes for Doctors – Remember that every response is a public performance. Be conscious of your demeanor and appearance on scenes, whether private or public. It may appear bad to the uninformed public when they see emergency team smiling or laughing at the scene. Bystanders or care givers may not be professional but they understand the importance of courtesy. Be cautious of your behavior in front of large gatherings. Even civilized people can exhibit ugly behavior in a mob. Doctors face such situations not uncommonly.

Listen to people when they talk to you no matter how rushed you are. Be polite to everyone you encounter on scene, including safai karamchari, food servers, ward boys, security staff. They all work hard for little money and receive little of the respect they deserve every day. Thank people when they do something that makes your job easier, even if it's their job anyway.

Be on time for OPD/OT/IPD rounds. Routinely showing up late is rude and communicates your lack of respect for the people who get there in time. Your uniform communicates who you are. Appearing in public with a scruffy uniform, unshined shoes and poor grooming reflects badly on yourself. Look like a professional.

Some doctors are always on mobile or connected to their computer in front of their patients. Always focus on patients. Mobiles distract and potentially damage patient interactions.

Refrain from perfumes before you enter the hospital. Don't comment on how bad the hospital food is. Listen to nonmedical problems and convey to the concerned departments for corrective actions.

When someone leaves a message; try to return the call as soon as possible. If you want to be treated as a professional, don't develop a reputation for not returning phone calls. It's universally perceived as a form of disrespect.

Etiquettes towards patients

Patients always have the right to know what we know or don't know. They have the right to know what's being done to them, and the right to consent to or refuse care without coercion. Always explain the procedure in presence of family members unless the patients want it otherwise. Patients have the right to know the names, degrees of every caregiver. Explain about cost of treatment. Never solicit patient's appreciation, praise or thanks in any way. Every patient has the right to basic amenities like water, temperature control, bed, pillow etc. They may not be able to calculate dopamine drips, but they understand and expect ordinary amenities and good ambience. When we ignore the importance of such things, we look like amateurs. Never get irritated by the questions!

Listen to what the relations have to say. Many caregivers of patients would like to participate in decision making of treatment of patients. Welcome such involvement. When you enter a patient's room in hospital, wish him appropriately and thank him/her and the caregivers when you leave. Knock at the door to announce your arrival. If the patients are asleep, don't wake them up to mark your attendance, instead check with nurse on duty.

Anytime you terminate a resuscitation effort, no matter how appropriately or under what circumstances, immediately redirect your attention to the needs of surviving family members or acquaintances. Don't abandon the survivors without giving your best efforts and counsel and comfort. Unfortunately resuscitation efforts and informing the family about death is left to the junior most resident who is only learning communication skills. Later on you may send a sympathy card to the bereaved family members.

Etiquettes towards Nurses

Nurses deserve similar respect as other medical colleagues. Nurses tend to be overworked, underpaid, over-responsible and much educated. We need to show respect to all caregivers. They do jobs that require their own kinds of competencies which we don't necessarily possess. Nursing aids are some of the hardest working, least appreciated category of professionals. Don't shout at nurses in front of patients and their relatives. You may express your displeasure in private. When time permits, question them about their observations. It shows respect and such communications are viewed as professional.

Professionalism mandates competence. We belong to the most important service industry in the world, no matter how good we are at what we do. Etiquettes are more than just good manners; it is about establishing respectable relationship with patients, colleagues and caregivers. Let us, the Medical Professionals make a humble beginning by being professional!!

Dr. A. K. Dewan
Medical Director



PROTON THERAPY A NEW DIMENSION OF RADIATION THERAPY: THE CLINICAL IMPLICATION & EFFECTIVENESS

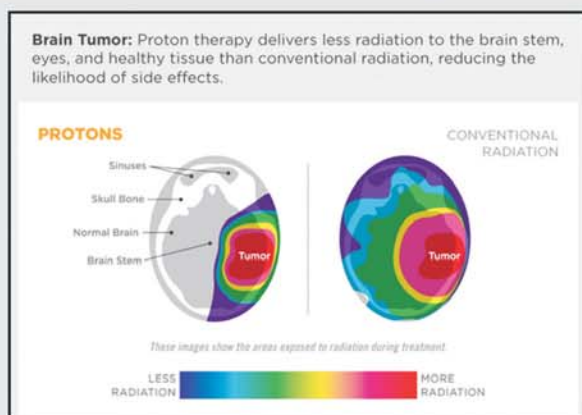
The aim of most advances in radiotherapy is to improve disease control, survival and quality of life, and with technological developments. It is achieved by high precise delivery under image guidance, motion management and adaptive treatment planning with photons. Heavy charged particles, of which protons are the most researched and most frequently used in the clinic, achieve the same biological effect as photons with the advantage of more localized deposition of energy and therefore a presumed more localized damage. An excellent story in physics terms, that undoubtedly justifies the exploration of protons as a potentially better means of delivering ionizing radiation for cancer therapy. The exponential rise in proton centers justifies the popularity of protons.



The field of proton radiotherapy is undergoing an evolution in sophistication that brings in considerations of more complex treatments and also that of cost. The technology that is used at present has evolved over the past half century from nuclear physics machines to machines dedicated for proton therapy built by private vendors. Proton therapy is just starting to evolve into a third generation technology, one which is taking cost and efficiency into consideration along with refinement of beam characteristics that will allow the advantages of particle beams to be better exploited in a wider range of treatment situations. However, this technology must evolve in concert with imaging capabilities and treatment planning enhancements to enable the physics of charged particles to be used to their best effect.

PROTON THERAPY FOR BRAIN AND SKULL BASE TUMOR

Management of brain and skull based tumors is particularly challenging owing to proximity to critical functional brain and cranial nerves where high dose radiation damage results in unacceptable functional impairment. Normal brain development and neurocognitive function are also sensitive to low to moderate doses of radiation, which may lead to cognitive deficits, particularly in younger children. Therefore, reduction of dose to normal structures outside the Planning Target Volume (PTV) is of particular importance in children, and proton beams offer an attractive option to achieve this.



Gliomas

All astrocytic tumors are characterized by an infiltrative growth pattern, irrespective of grading, and significant margins are required to cover possible microscopic extension. The RT doses in both proton and photon series in low grade gliomas are equivalent, the potential benefit of particle therapy is in the reduction of late effects such as neurocognitive impairment. In high grade gliomas dose escalation with a proton boost resulted in lower in field recurrences along with reduced toxicities in various studies. There has been improved local control rates in pituitary adenomas, meningiomas, acoustic neuromas, skull base chordomas and chondrosarcoms.

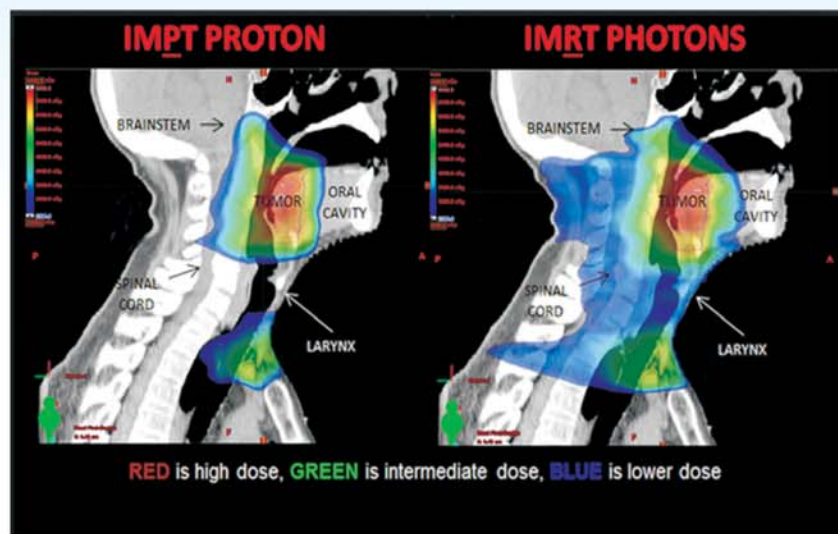
PROTON THERAPY FOR PEDIATRIC TUMORS

Craniopharyngioma

It arises both in adults and children. Because of morbidity from the tumor and treatment other than radiation

therapy, there is heightened interest in reducing the effects of radiation therapy, which is achievable by using proton therapy. Proton therapy has resulted in improved outcomes and reduced dose to normal tissues leading to better cognitive skills

Proton therapy in children with craniopharyngioma presents a unique clinical problem because these tumors are prone to cystic enlargement during treatment in response to irradiation.



IMPT. Proton therapy is also predicted to reduce acute toxicity during craniospinal irradiation, including preservation of lymphocyte count during concomitant chemotherapy, and overall reduction in nausea, decreased appetite, and odynophagia.

Ependymoma

Proton therapy has become the radiation modality of choice for children with ependymoma. The standard treatment approach includes surgery followed by postop radiation.

Studies reported a superior cochlear sparing and reduced mean dose to the hypothalamus with proton therapy.

Ewing Sarcoma

Ewing sarcoma is a highly radiosensitive and unique pediatric bone tumor that may arise in a variety of locations. Radiation therapy has been a mainstay for unresectable tumors, including those located in head and neck, thoracic, paraspinal and pelvic sites. The combination of critical location, large tumor volume, young age, surgical intervention, and the use of concurrent chemotherapy is predictive of a spectrum of normal tissue effects, both early and late. Proton therapy results in superior dose distribution along with reduced dose to normal tissues including dose to ipsilateral femoral growth plate.

Retroperitoneal Neuroblastoma

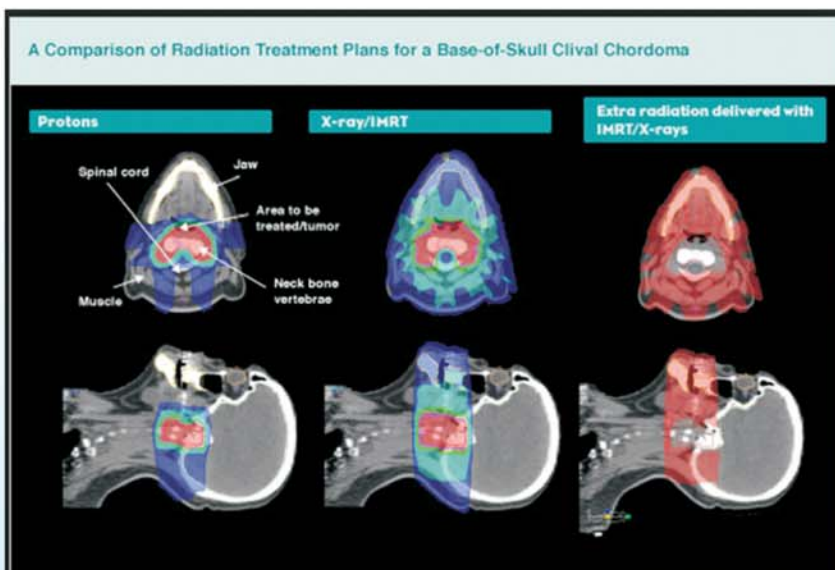
Proton therapy has a distinct role in neuroblastoma based on the known complexity of neuroblastoma target volumes and the proximity of normal tissue structures, including the liver and kidneys.

Proton therapy was recently approved for

Medulloblastoma

There has been longstanding interest in the treatment of medulloblastoma using proton therapy, as it is the most common pediatric malignant CNS tumor. Overall, the view on the use of proton therapy is positive and the ability to spare extra-CNS tissue is remarkable.

Proton therapy is able to spare the cochlea and hypothalamus better than photons from the posterior fossa boost treated to 30.6 Gy. Various studies suggest a reduction in the mean dose to the hippocampus and subventricular zone when treated with



the treatment of neuroblastoma in the COG and may be especially useful for cases that require dose escalation and for sparing renal parenchyma.

Hodgkin Lymphoma

The advent of proton therapy for the treatment of Hodgkin lymphoma in children coincides with the need to properly define the extent of disease and response to

chemotherapy in patients destined to receive radiation therapy. Reducing the incidence of cardiotoxicity and secondary cancers in a truly vulnerable population makes proton therapy a logical next step.

Dr. Munish Gairola

Chief and Sr. Consultant – Head & Neck Radiation Oncology

Dr. Deepika Chauhan

Attending Consultant - Radiation Oncology

CME AT ALLAHABAD



RGCIRC organized a CME Programme on Oncology in association with Mohak Hospital, Allahabad on Sunday, 17th April 2016. Dr. A. K. Dewan, Medical Director and Chief & Sr. Consultant - Head & Neck Surgical Oncology delivered a talk on "What is hot, what is not in oncology" & Dr. Surender Dabas, Consultant – Head & Neck Surgical Oncology spoke on "Robotic Surgery in Oncology". The talks were attended by more than 200 doctors from Allahabad.



Mr. D. S. Negi (C.E.O.)
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Architect's Impression of RGCIRC (post expansion)



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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 RGCIRC, Sector-V, Rohini, Delhi-110085

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www.rgcirc.org