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newsletter

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EDITORIAL

Doctors' Handwriting – Why is it so bad?

Doctor's sloppy handwriting kills more than 7000 people annually. It is a shocking statistics. Doctors have terrible handwriting. Lives are ruined and people are killed because of bad handwriting. The young interns generally have good handwriting but the senior consultants have poor handwriting. But what has happened to these seniors. Their worsening handwriting is a matter of survival. The problem of doctors is the volume of paperwork that needs to be completed for each patient encounter. It is a legal requirement that everything that is done, found and instructed has to be documented prior to a patient being discharged. Some doctors feel proud to have bad handwriting. They quote the voice of Albert Einstein "People with messy handwriting have brain working faster than their hands".

It is not unusual to hear jokes about the poor handwriting of doctors. Bad handwriting interferes with effective communication, is inefficient and endangers patients. In a 1998 study from BMJ, the researchers found that compared to all other healthcare professionals and administrators physicians had the worst handwriting of all. In other study published in NEJM (1986) 16% of words written by doctors could not be deciphered. The inability to read a grant proposal or a business report is very different from not being able to read one unconscious patients past medical history and drug allergies.

Illegible medical records are a waste of professional time. Extra time is spent on interpreting because of poor handwriting. Doctor might be forced to spend less time with patients, nurses spending less time in patient care. This is exceptionally important when considering a medical emergency. It is estimated that written notes take 46% longer to read than typed notes.

In one case reported in Lancet, a physician prescribed an asthmatic patient amoxil (antibiotic). The pharmacist misinterpreted it as "Daonil" which resulted in dangerous hypoglycemia. People may suggest that simple solution is to call the doctor from pharmacy to confirm prescription. However, this brings us back to our initial concern. Wasting precious time. This brings us to another pertinent question, what if the signatures of doctor are not legible. An illegible signature on a prescription could mean that neither a pharmacist nor sister can contact doctor for any clarification especially in emergency situations.

Illegible Medical records may create potential legal problems. Physicians have a duty to make their intentions "clear and unmistakable" and that the doctors must make sure of the lines of communication (including consents) between them and patient or anyone executing the orders.

The best part about illegible handwriting is that it can be prevented. If it is preventable, why this practice persisted because doctors are constantly rushed. "Bad writing is more like bad manners than bad features: it is unpleasant to the beholder, like an ugly face but, unlike it, is easily corrigible" One of solutions is to avoid potentially confusing abbreviations like MS which could mean Morphine Sulfate, Multiple Sclerosis, Medical Student, Muscle Strength, Mental Status etc.

There are many solution of varied cost and scope, but the problem does exist. Poor handwriting of prescription, orders, notes and signature endangers patient and significantly lowers the standard of care. Addressing the problem of bad handwriting-EMR and prescriptions can send accurate, error free and understandable prescription directly to pharmacy from point of care. It will lessen medication errors and improve patient safety.

"You may not be able to read a doctor's handwriting and prescription, but you will notice his bills are neatly typewritten".

Dr. A. K. Dewan
Medical Director



LUNG CANCER TARGET THERAPY – DAWN OF THE NEW ERA

If there is one disease that has plagued the human race for centuries, captured the imaginations of writers and cinematographers, and to an extent, “foxed” doctors, clinicians and scientists — it has to be cancer. This is an unending fight but with a ray of hope in the horizon. In this column I will discuss the latest treatments apart from chemotherapy available for stage 4 lung cancer.

According to GLOBOCAN 2012 database approx 53728 number of patients were diagnosed with lung cancer of which 48697 patients succumbed to their illness. This might in fact be an understatement in light of poor reporting and lack of good imaging and pathology services in different part of this world

One of the most exciting developments in lung cancer medicine is the introduction of targeted treatments. Unlike chemotherapy drugs, which cannot tell the difference between normal cells and cancer cells, targeted therapies are designed specifically to attack cancer cells by attaching to or blocking targets that appear on the surfaces of those cells. More than 50% of people in India suffering from non small cell lung cancer have some type of targetable mutations. People who have advanced lung cancer with certain targetable mutations on their tumor cells may receive treatment with a targeted drug alone or in combination with chemotherapy. These treatments for lung cancer include:

Oral tyrosine kinase receptor inhibitors. The epidermal growth factor receptor (EGFR) act as doorways by allowing substances inside the cell which encourage a cancer cell to grow, spread and immortalize. A number of oral targeted treatment like erlotinib, gefitinib and afatinib has been shown to benefit some people with non-small cell lung cancer. Lung cancer cells that have a mutation on the EGFR are likely to respond with tyrosine kinase inhibitors.

ALK inhibitors. EML-ALK mutation when present in the cancer cell make the cancer more deadly. But at the same time EML-ALK mutation if present in a cancer cells gives the patient a chance to be treated with some of the oral ALK inhibitor like Crizotinib, and Ceretinib.

Other types of targetable mutations (although rare) against which targeted treatment is available are Met Amplification, ROS rearrangement and HER 2 amplification

Inhibitor of angiogenesis. Just like normal tissues, tumors need a blood supply to survive. Blood vessels grow in several ways. One way is through the presence of a substance called vascular endothelial growth factor (VEGF). This substance stimulates blood vessels to penetrate tumors and supply oxygen, minerals, and other nutrients to feed the tumor. When tumors spread throughout the body, they release VEGF to create new blood vessels.

Bevacizumab works by stopping VEGF from stimulating the growth of new blood vessels. (Because normal tissues have an established blood supply, they are not affected by the drug.) When combined with chemotherapy, bevacizumab has been shown to improve survival in people with certain types of non-small lung cancer, such as adenocarcinoma and large cell carcinoma.

Immunotherapy

Immunotherapy has recently emerged as a new treatment option for certain lung cancers. While any cancer treatment can cause side effects, immunotherapy is generally well-tolerated; this is in part due to its mechanism of action.

Our immune system is constantly working to keep us healthy. It recognizes and fights against danger, such as infections, viruses, and growing cancer cells. In general terms, immunotherapy uses our own



immune system as a treatment against cancer.

In March 2015, the FDA approved the immunotherapy nivolumab (Opdivo) for the treatment of metastatic NSCLC which was unsuccessfully treated with chemotherapy. Nivolumab works by interfering with a molecular “brake” known as PD-1 that prevents the body's immune system from attacking tumors.

The other drug with the same mechanism of action called pembrolizumab (Keytruda) was later approved in Oct 2015 by FDA for the same indication.

Additional approaches to immunotherapy for lung cancer have shown promise in early clinical trials and are now in late-phase development. Treatments for NSCLC have advanced the furthest; however, a number of new immune-based treatments for SCLC are also in clinical development. These treatments fall into four main categories:

- Monoclonal antibodies are lab-generated molecules that target specific tumor antigens (a substance that the immune system sees as being foreign or dangerous).
- Checkpoint inhibitors target molecules that serve as checks and balances in the regulation of immune responses.
- Therapeutic vaccines target shared or tumor-specific antigens.
- Adoptive T-cell transfer is an approach in which T-cells (a type of white blood cell) are removed from the patient, genetically modified or treated with chemicals to enhance their activity, and re-introduced into the patient with the goal of improving the immune system's anticancer response.

With advent of targeted agents and many new molecules in pipeline, the landscape of lung cancer treatment and prognosis is due for radical change.

Dr. Ullas Batra, Consultant & Chief of Thoracic Medical Oncology

Dr. Mohit Agarwal, Consultant – Head & Neck, Gastrointestinal Medical Oncology

CONTINUOUS MEDICAL EDUCATION PROGRAM – SOUTH DELHI



RGCIRC organized a CME Programme on Oncology in association with South Delhi on Friday, 24th June 2016. Dr. Narendra Agarwal, Consultant – Hemato Oncology delivered a talk on “Bone Marrow Transplant at RGCIRC & Dr. Shalini Mishra, Consultant – Pediatric Surgical Oncology spoke on “Pediatric Oncology at RGCIRC”. The talks were very well appreciated by doctors of South Delhi.

4TH CHEMOPORT TRAINING COURSE



The Department of Surgical Oncology, RGCIRC, successfully organized the 4th Training Course in Chemoport Insertion on 8th and 9th July 2016. This two day course was held for doctors from various Oncology centres who desired to learn this technique. It entailed interactive sessions by the faculty of RGCIRC as well as hands on experience in operating rooms. The topics covered were Chemoport Insertion, Hickman's Catheter Insertion, Pediatric Port, Arm Port and Peritoneal Port Insertion. Delegates from Delhi and surrounding states enthusiastically completed the course.

DOCTORS' DAY CELEBRATION

Doctors' Day was celebrated with much fervor on the 1st of July 2016. The day is celebrated in healthcare organizations all over the world to recognize the contributions of physicians to individual lives and communities. In India, the date coincides with the birthday of the legendary Bharat Ratna awardee Dr B C Roy.



RGCIRC paid a perfect tribute to the parents of our doctors - the true inspiration behind our heroes who strive relentlessly towards making their patient's life better irrespective of the odds. The day was marked by celebrations in the evening when the famous ghazal singer Satish Babbar regaled the audience with his songs. The Institute's doctors were accompanied by their parents who were presented with mementos as a mark of the Institute's gratitude. Emotions ran high as the oldest members of RGCIRC family cut a cake commemorating the completion of 20th year of service for RGCIRC.



We would like to keep you abreast of the latest developments at RGCIRC. Please send us your updated address, contact number and email id at marketing@rgcirc.org

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Architect's Impression of RGCIRC (post expansion)



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