September 2016

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ON THE OCCASION OF WORLD HOSPICE DAY – 8TH OCTOBER 2016 LIFE AFTER DEATH- A NEW DIMENSION

For each of us, life in the body does eventually come to an end. The skin and bones are gone but it is a beginning of something else, we do not know what? Our death is a birth, a new birth.

Just as I believe that love, laughter and peace of mind are physiologic, so I also believe that in our earthly lives, we exist as physical manifestations of the loving, intelligent energy that we call God. Since Einstein we have known that particle and wave, mass and energy, are but different manifestations of the same thing. Albert Einstein, who considered himself a religious man, wrote: "The most beautiful experience we can have is mysterious. It is the fundamental emotion which stands at the cradle of true art and true science. Whoever does not know it and can no longer wonder, no longer marvel, is as good as dead, and his eyes are dimmed."

I think death is not just an end but perhaps a beginning as well. I feel that we do live on, in some other form of energy after the body dies. I don't just say this to make people feel better, but because I have heard about many such extraordinary stories.

Watch the potter working the wheel. The potter would gather a shapeless mass of clay, plop it on the wheel and begin turning the wheel by pumping a pedal with his foot. As the wheel turns, the potter shapes and squeezes the lump of clay into a graceful shape. If the potter does not like the result, he'd simply start again. He would dampen the clay and begin to mould the clay into an entirely different object. He might turn a low, wide cooking bowl into a slim, tall drinking jar. The potter would keep trying until he gets exactly the shape and size vessel he wants. God treats us as the potter treats his clay. He moulds us into different shapes and sizes. He works some into stout bowls and others into delicate urns.

What a wonderful and reassuring lesson about our lives! God is all set on making something beautiful and useful out of our lives, no matter how long it takes. And because God never gives up on us, we ought never give up on ourselves. The motto and message of the potter is clear to all, "Keep trying." The only unforgivable sin is giving up in life.

Those who rise to the occasion will find that no matter what the outcome of the struggle, they have created something beautiful. "Remember that a good man can never die. You will see him many times and at every place. You will see him in the streets, in the houses, in any place of the town, in rivers and clouds, in all the things. You will feel him in all things. The person of a man may leave- or be taken away – but the best part of a good man stays. It stays forever."

I hope we can all learn before our lives are over. If we choose to live and love in the face of adversity, that will be our legacy to our family, friend and society. We will be remembered!!



newsletter

TOTAL HUMERUS REPLACEMENT IN A PATIENT WITH OSTEOSARCOMA OF **HUMERUS WITH SKIP METASTASIS**

A 14 year old boy presented with complaints of insidious onset pain in right proximal arm for 1 month which was not associated with any visible swelling or trauma. Gradually his pain increased in intensity associated with restriction of right upper arm movements at shoulder joint. He presented to our hospital with a diffuse hard swelling (3 x 4cm) on the medial aspect of right proximal arm with tenderness and restriction of range of movements of the shoulder.





Pre op MRI showing proximal humerus osteosarcoma with distal humerus skip lesion

The X-Ray of the right shoulder revealed evidence of poorly marginated sclerotic area with erosion of adjacent cortex at the medial aspect of humeral metaphyseal region. MRI right upper and mid humerus showed altered marrow signal intensity with associated periosteal reaction and heterogeneously enhancing solid component (5 x 4.9 x 6.9cm) and causing medullary expansion, cortical thinning/erosion, few focal cortical breaches and sunburst periosteal elevation. Upon imaging of the full humerus, however, there was another lesion distally in the humerus (skip lesion).

PET-CT revealed increased tracer uptake in right proximal humerus consistent with known primary tumor site with increased tracer uptake in distal right humerus consistent with a skip lesion. There was an other site of metastatic disease. A core biopsy was performed under local anaesthesia which was suggestive of conventional high grade osteosarcoma, osteoblastic type.

After detailed counseling of the parents and the patient, cisplatin and adriamycin high dose methotrexate based neo adjuvant chemotherapy as per EURAMOS protocol was started. After noeadjuvant chemotherapy, a detailed counseling was done regarding the available options, and the patient



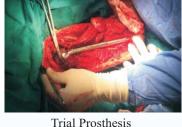
Incision

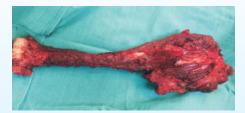
underwent a total humerus resection and reconstruction with total humerus prosthesis. The surgery involved wide excision of total humerus with a cuff of surrounding muscles and preservation of neurovascular bundle and reconstruction with modular total humerus prosthesis. The post operative period was uneventful. For first two weeks, limb was stabilized with a chest arm bandage, but elbow, wrist and hand movements are allowed. After its removal, pendular movements were allowed. Adjuvant chemotherapy was started two weeks post operatively. On final histopathology, all margins were free of disease.and histological necrosis was 52%.



Resection

This case highlights the importance of always scanning the whole bone in a patient with a sarcoma of a bone, to avoid missing a skip lesion, which has very significant prognostic and surgical implications. It also draws attention to the possibility of limb salvage surgery even if the whole humerus or femur has to be resected and reinstates the importance of multimodality therapy.





Gross specimen



Postoperative X-Ray showing total humerus prosthesis in situ



Specimen showing skip lesion

Dr. Akshay Tiwari, Consultant - Orthopedic Oncology Dr. Sandeep Jain, Consultant - Pediatric Hematology Oncology Dr. Gauri Kapoor, Director - Pediatric Hematology Oncology

CONTINUING MEDICAL EDUCATION PROGRAM – IMA FARIDABAD



RGCIRC organized a CME Programme in association with IMA Faridabad on Saturday, 20th August 2016. Dr. A. K. Dewan, Chief & Sr. Consultant - Head & Neck Surgical Oncology delivered a talk on "Cancer: What a Family Physician Needs to Know" & Dr. Munish Gairola, Chief & Sr. Consultant - Head & Neck Radiation Oncology spoke on "Radiotherapy: What is New". The talks were very well appreciated by more than 100 doctors from Faridabad.



NURSICON 2016





LINES & SURGICAL DRAIN CARE

"The more you know, the safer it gets"

26th November 2016, 8:00 am to 5:30 pm. Venue: Hotel Crowne Plaza, Rohini, Delhi - 85

CONTINUING MEDICAL EDUCATION PROGRAM – IMA SOUTH DELHI



RGCIRC organized a CME Programme in association with IMA South Delhi on Sunday, 18th September 2016. Dr. L. M. Darlong, Consultant & Head – Thoracic Surgical Oncology delivered a talk on "Thoracic Cancer – What a Physician Should Know" & Dr. Sajjan Rajpurohit, Consultant – Medical Oncology spoke on "Newer Therapies in Medical Oncology". The talks were very well appreciated by more than 110 doctors from South Delhi.



MEETING ON LUNG CANCER



RGCIRC organized a meeting on lung cancer in association with National College of Chest Physicians (NCCP), Delhi Branch on Sunday, 18th September 2016 at India Habitat Centre, Lodhi Road, Delhi. Dr. Vineet Talwar, Sr. Consultant – Medical Oncology was the meeting coordinator. The meeting was started by an overview of lung cancer by Dr. J. C. Suri, who is Chairman of NCCP North Zone. This was followed by the Newer Pathology Updates along with the molecular targets by Dr. Moushumi Suryavanshi, Consultant – Pathology. Various aspects of cutting edge technology were discussed.

The clinical interpretation was discussed in two interesting cases which were presented by Dr. Vineet Talwar. This was followed up by case based panel discussion which was moderated by Dr. Vineet Talwar. The panelists who took part and richly contributed to the discussion were Dr. S. Avinash Rao, Sr. Consultant – Radiology, Dr. Munish Gairola, Sr. Consultant – Radiation

Oncology, Dr. Moushumi Suryavanshi and Dr. Anand Jaiswal. The major aspects in the optimum diagnosis, treatment and follow-up were avidly discussed along with their clinical interpretations. The meeting was very well appreciated by the audience consisting of oncologists, chest physicians & general physicians from all parts of Delhi.

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Osteosarcoma Connect, Collaborate, Conquer... Update 2016 SAVETHE DATE 12th & 13th November 2016, Hotel Crowne Plaza, Rohini, New Delhi

Who Should Attend Orthopedic Surgeons, Oncologists, Radiologists and Pathologists

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- Interactive case based discussions
- · Focus on needs of beginners as well as the seasoned

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For Delegates:

₹1000/- (till 15th Oct 2016) ₹1500/- (after 15th Oct 2016)

For Post Graduate Students:

₹750/- (till 15th Oct 2016) ₹1000/- (after 15th Oct 2016)

For International Delegates: USD 100

· Registration fee will be waived off for accepted abstracts

Organizing



Organizing



Dr Akshav Tiwari



Dr Sandeep Jain

Conference Secretariat

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