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newsletter



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EDITORIAL

SPIRITUALITY IN PALLIATIVE CARE

The root meaning of spirituality in Latin, Hebrew or Greek translates to spiritus, which means breath or wind. The spirit gives life to the person, signifying that spirituality is central in all aspects of a person's life. Spirituality is a fundamental element of human experience. It encompasses the individual's search for meaning and purpose in life and the experience of the transcendent. Spirituality also encompasses the connections one makes with others, his or herself, nature, and to the sacred realms, inside as well as outside of traditional religion. Viewed in this way, spirituality can be a key factor in how people cope with illness, experience healing, and achieve a sense of coherence.

Spiritual care is an essential domain of palliative care. Despite our inability to ameliorate the patient's disease, relief of suffering can be accomplished by focusing on other domains associated with the value and meaning of life; healing takes on broader significance as the patient approaches the end of life. As the patients move closer to death, attention to the issues associated with the value and meaning of life, suffering and death become important. Increasing evidence demonstrates that spiritual distress is a significant aspect of overall distress in palliative care patients. As they approach the end of life, patients experience a myriad of struggles and needs, not all of which are tied to God or a formal religion, but have been described as "spiritual." Patients cite a variety of reasons including increased trust in their physician, feeling that their wishes are respected, feeling that the realistic hope can be encouraged, that their spiritual beliefs help them cope with their illness, and that it gives them a sense of meaning in their lives.

The available data suggests that spirituality or religious beliefs and practices can profoundly impact how patients cope with the suffering that so often accompanies a serious life threatening illness, but the impact may be negative or positive. Spiritual wellbeing has an impact on many quality of life dimensions, including the physical, psychological, interpersonal, or emotional. Cancer patients report that their spirituality helped them find hope, gratitude, and positivity in their cancer experience, and that their spirituality is a source of strength, find meaning in their lives, and make sense of the cancer experience as they recover from treatment. Spirituality is sometimes referred to as an inner strength. Finally, some practices such as meditation, mindfulness, or prayer may be a resource of strength for patients.

I propose that spirituality within the framework of religion should be integrated in palliative care.

1. Invite the patient to share about his or her spiritual beliefs, values, or practices if the patient wishes.
2. Identify spiritual issues and confirm, elaborate and make a spiritual diagnosis.
3. Develop a spiritual care plan that can be shared with the treatment team.
4. All healthcare professionals should be trained in doing a spiritual screening and history taking.

Addressing spirituality with patients should always be done in a respectful manner that recognizes the diversity of belief and non belief of our patients. The discussion should be person-centered with the focus on the patient's spirituality. Clinician led prayer is not recommended. A common goal for the dying patient, family members and the health care professional is for a meaningful dying experience. It should be patient centered and not provider centered. Most patients simply need to be heard patiently by a compassionate clinician or chaplain. Clinician should be able to listen without an agenda, often in silence, to the pain of others and in so doing create an environment of trust where the patient feels safe to share his or her deepest concerns.

Don't pray for an easy life. Pray for the strength to endure a difficult one (Bruce Lee).

Dr. A. K. Dewan
Director Surgical Oncology



RGCON 2017: BREAST CANCER IN THE ERA OF PRECISION MEDICINE



The 16th Annual International Conference RGCON 2017 was held between 3rd – 5th of February 2017 at the India Habitat Centre, Lodhi Road, Delhi. The theme of the conference was Breast Cancer in the Era of Precision Medicine. With around 12 stalwarts from around the world in the field of breast oncology delivering lectures on the state of the art practice in breast oncology, the conference was well attended by over 700 people.



The first day of the conference hosted parallel workshops live telecast from the OT at RGCIRC. It was perhaps the first time Dr. Antonio Toesca and team from the IEO, Milan demonstrated the robotic nipple sparing mastectomy with implant reconstruction in India while open nipple sparing mastectomy was also demonstrated by Dr. Mehra Golshan from US. Dr. Tabassum from the Tata memorial



centre demonstrated two cases of APBI in the radiation workshop. The workshop on Breast Imaging and Interventions, Oncology Nursing and Breast Pathology were unique with acclaimed participation. About 110 abstracts were presented by various delegates from across the country and posters were presented digitally as e poster and were received well with fervor.



With live robotic surgery for breast cancer telecast from OT by international faculty, Plenary sessions and Clinical Symposia by speakers of international repute, Panel Discussions and Case Capsules on crucial current controversies, Master Videos by eminent faculty across the world on optimizing breast conservative techniques, harvesting the sentinel lymph node, oncoplastic techniques and Intra Operative Radiotherapy and a host of interactive sessions for the residents and post graduates the conference navigated through the recent advances in breast oncology.



The conference was inaugurated by the chief guest Dr. Ismail Jatoi, Professor and Chief, Surgical Oncology, Dale H. Dorn Chair in Surgery, UT Health Science Center San Antonio, Texas, USA. The inaugural function was graced by Prof Ravikant, Vice Chancellor KGMU and Dr G.K. Rath, Chief BRI-IRCH as Guests of Honor. The Lamp was lit by Dr. Ismail Jatoi, Dr Ravikant, Dr. G. K. Rath, Shri Rakesh Chopra (Chairman), Shri D. S. Negi (CEO), Dr. S. K. Rawal (Medical Director), Dr. D. C. Doval and Dr. Rajeev Kumar. The Dignitaries released the annual cancer registry of the institute.



Padmashree, Ananda Shankar Jayant, a breast cancer survivor and dancer enthralled the audience with her tryst with cancer by her dance performance “Simhanandini”. The international faculty were also felicitated during the inaugural function.



The Raman Chadha Oration was delivered by Prof Robert Mansel while the Dr. K. K. Pandey Memorial session was delivered by Prof James Mackay and Dr Ismail Jatoi. On the third day the abstracts were presented and the winners were felicitated at the valedictory function.

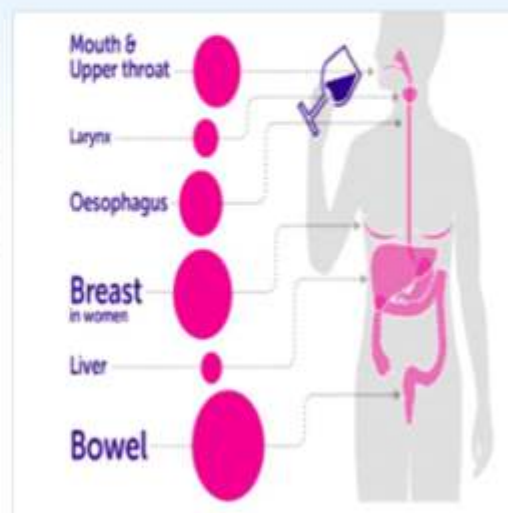


WOMEN AND ALCOHOL THE HIDDEN RISKS OF DRINKING

Women worldwide including India is catching up to men when it comes to alcohol consumption. Women are drinking more, and more often, than they did in the past. Stigma associated with female drinking seems to be fading especially among younger generation.

Often when people think about the effects of drinking too much, images of Liver damage, car crashes or other fatal injuries come to mind. However, alcohol is also an important—though often overlooked—risk factor for cancer. The International Agency for Research into Cancer (IARC; part of the World Health Organization) has classified alcohol as a Group 1 Carcinogen. It means that there is convincing evidence that alcohol causes cancer in humans. Alcohol is known to be a risk factor for cancers of the head and neck (mouth, throat, and voice-box) esophagus, liver, colon & rectum breast.

Alcohol may also increase the risk of cancer of the pancreas and many other cancers. For each of these cancers, the risk increases with the amount of alcohol consumed. Ethanol is the type of alcohol found in alcoholic drinks, whether they are beers, wines, or liquors (distilled spirits). These drinks contain different percentages of ethanol, but in general a standard size drink of any type i.e. 350 ml of beer, 140 ml of wine, or 40 ml of liquor (Whisky, Vodka, Rum etc.) contain about the same amount of ethanol.



Alcohol affects women in unique ways

Women are more sensitive to the effects of alcohol. Their body processes alcohol more slowly than a man's. In other words, upon drinking equal amounts, women have higher alcohol levels in their blood than men.

One drink for a woman has about twice the effect of the same quantity for a man. Several biological factors make women more vulnerable to the effects of alcohol than men e.g.

- **Body fat.** Women tend to weigh less than men, and even for the same weight woman's body contain less water and more fatty tissue than a man's. Because water dilutes it, alcohol remains at higher concentrations for longer periods of time in a woman's body.
- **Enzymes.** Women have lower levels of enzymes that metabolize (break down) alcohol in the stomach and liver. As a result, women absorb more alcohol into their bloodstreams than men.
- **Hormones.** Changes in hormone levels during the menstrual cycle may also affect how a woman metabolizes alcohol.

How does alcohol raise cancer risk?

The exact way alcohol affects cancer risk isn't completely understood. In fact, there might be several different ways it can raise risk, and this might depend on the type of cancer. Some of the mechanism may be-

Damage to body tissues: Alcohol can act as an irritant, especially in the mouth and throat, which could lead to DNA changes in the cells that can be a step toward cancer.

In the colon and rectum, bacteria can convert alcohol into large amounts of **Acetaldehyde, a chemical that is known to cause cancer.**

Alcohol and its by products can also damage the liver, leading to inflammation and scarring. As liver cells try to repair the damage, they can end up with mistakes in their DNA, which could lead to cancer.

Drink and Smoke: Dangerous Combination

Smoking has long been established as a risk factor for cancer. But smoking and drinking -- considered by many to be a pleasurable combination -- is a particularly dangerous mix. A synergistic effect has been found for tobacco smoking and alcohol consumption with respect to the risk for cancers of the oral cavity, pharynx, larynx, and esophagus; the highest risks are seen in those who are both heavy drinkers and heavy smokers. The esophageal mucosa of patients who both drink and smoke have shown a dose-dependent increase in esophageal mucosal cell proliferation. Alcohol can act as a solvent, helping other harmful chemicals, (such as those in tobacco smoke) to enter the cells lining the upper digestive tract more easily.

Alcohol can raise body levels of estrogen, a hormone important in the growth and development of breast tissue. This could affect a woman's risk of breast cancer. Alcoholic beverages may also contain a variety of carcinogenic contaminants that are introduced during fermentation and production, such as nitrosamines, asbestos fibers, phenols, and hydrocarbons. Compared with women who don't drink or who drink in moderation, women who drink heavily besides cancer also have an increased risk of osteoporosis (a thinning of the bones), falls and hip fractures, premature menopause, infertility and miscarriage. Drinking alcohol during pregnancy can cause an array of physical and mental birth defects. Any kind of alcohol in any amount can harm a developing fetus. "Responsible drinking" has become a 21st century mantra for how most people view alcohol consumption. But when it comes to cancer, no amount of alcohol is safe.

Dr. Jai Gopal Sharma / Dr. Indu Aggarwal
Department of Preventive Oncology

CONTINUOUS MEDICAL EDUCATION PROGRAM – APMP BHOPAL



RGCIRC organized a CME on Oncology in association with Association of Private Medical Practitioners (APMP), Bhopal on Saturday, 4th March 2017. Dr. A. K. Dewan, Director – Surgical Oncology delivered a talk on “What is Latest in Oncology? Breast Cancer – Past, Present and Future” & Dr. L. M. Darlong, Head & Consultant – Thoracic Surgical Oncology spoke on “Lung Cancer: What a Physician Should Know? Has Targeted Therapy Made An Impact?” The talks were very well appreciated by doctors from Bhopal.



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