



Rajiv Gandhi Cancer Institute and Research Centre

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Architect's Impression of RGCI & RC (post expansion)

News Letter

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EDITORIAL

(ON THE OCCASION OF CERVICAL CANCER AWARENESS MONTH – NOVEMBER 2013)

SEXUAL HYGIENE AND CANCERS

Cleanliness and measures of hygiene are something, we are all taught about, but only a few are aware of Sex hygiene. Certain hygienic steps should be taken by all, to prevent any infection or situation of embarrassment, when you are about to indulge in physical intimacy.

General genital hygiene patterns have shown an association with cervical cancer. Poor hygiene is linked to an increased risk of cervical cancer. Studies have shown that there is a high risk of cervical cancer in those who never practice vaginal douching. Lack of cleaning of genitals, while washing themselves, increases the risk of cervical cancer by 5 times.

One of the early studies in 1987 emphasized the importance of sexual activity in the etiology of squamous cell cervical cancer. Women reporting >10 sexual partners had 2-8 fold increased risk relative to those with single partner. Lifetime number of sexual partners in both sexes are surrogates of the probability of HPV infection. Early age at first intercourse has also been associated with cervical cancer.

While many women are aware that HPV is the cause of cervical cancer and dysplasia, but most are not aware that HPV is a cause of cancer of vagina, penis, anus and oral cavity. While HPV infection is referred to as sexually transmitted disease, one need not have intercourse to contract HPV or spread it to one's partner. HPV infection can be passed on during vaginal or anal penetration, oral sex or genital skin to skin sexual contact.

Michael Douglas, the oscar winning hollywood star, made a jaw dropping revelation about his throat cancer. "He didn't contract it from smoking or drinking, but from oral sex."

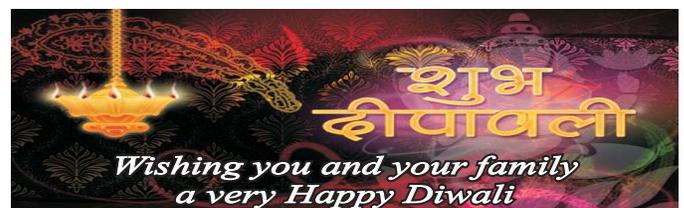
HPV positive oropharyngeal malignancies most typically found on the tonsils or base of tongue, have increased 225% from 1988 and 2004. If current trend continues, HPV positive oral cancer could soon surpass

cervical cancer diagnosis, according to 2011 study published in Journal of Clinical Oncology. Studies suggest that teens are often unaware of the risks associated with unprotected oral sex, including the transmission of HPV, Chlamydia and Gonorrhoea. There is a good news and bad news aspect of HPV positive oropharyngeal cancer. The bad news is that they are on the rise. The good news is that HPV positive cancers are actually good to respond to treatment.

Message is loud and clear, that healthy sexual practices can prevent cancer. Circumcision is associated with a substantial reduction in cervical cancer risk among their female partners. This is probably because circumcision may result in fewer HPV infections, since it increases the likelihood of good genital hygiene. Mucosal lining of prepuce is not keratinized, possibly providing vaginal viruses more opportunity to infect the male during intercourse. Women should be educated about personal hygiene and use of barrier contraceptive methods towards primary prevention. Public should also understand that oral sex does not equal to safe sex.

As a responsible member of society, educate yourself about the virus, understand that all sexual activity can transmit the virus and learn more about prevention through vaccines and screening tests.

Dr. Dewan AK
Medical Director



LIMB SALVAGE SURGERY FOR OSTEOSARCOMA PROXIMAL FEMUR

Mr. J A, a 18 years old student, presented to us with pain and swelling in right hip and groin for a duration of 4 months. Radiological investigations revealed an ill defined lytic - sclerotic lesion of proximal right femur, with a medial soft tissue mass showing ossification (**Figure 1a, 1b, 1c**). The MRI revealed the extent of disease and that the neurovascular bundle was uninvolved (**Figure 2**). Metastatic work up was negative and a CT guided biopsy revealed conventional osteosarcoma (**Figure 1a**). Neoadjuvant chemotherapy (Ifosfamide, adriamycin and cisplatin based) was started. Once three cycles of neoadjuvant chemotherapy were over and after a detailed counseling, he was taken up for wide resection and reconstruction with a proximal femur modular megaprosthesis.



Figure 1a
X-ray



Figure 1b
CT Guided trucut biopsy from soft tissue mass

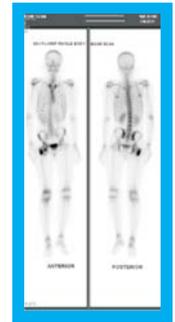


Figure 1c
Bone scan



Figure 2
MRI



Figure 3
Postoperative X-ray
(Abduction splint in place)



Figure 4a



Figure 4b

Postoperative function

With the patient in a lateral position, a posterolateral incision was made, enclosing the biopsy tract, over the right hip joint and thigh. The iliotibial tract was incised and gluteus maximus muscle reflected posteriorly. The vastus lateralis muscle was reflected distally from its femoral attachment. After securing the sciatic nerve posteriorly and the neurovascular bundle anteriorly, a femoral osteotomy was made in keeping with the preoperative plan of resection of the femur, 3 cm from the extent seen on MRI. Marrow from the remaining femoral stump was sent for frozen section and was found to be uninvolved. The hip joint capsule was also incised to dislocate the hip and the specimen rotated laterally to cut the attachments of the iliopsoas and the adductors. After the specimen was delivered, the femoral stump was reamed and a trial prosthesis was inserted reproducing the desired length of the megaprosthesis. After ensuring satisfactory soft tissue tension, vascular status and stability of the prosthesis, the final implant was assembled and cemented into the canal, in the appropriate version, using the linea aspera as the guide. The capsule was meticulously repaired and soft tissue reconstruction and closure were done. The post operative X-ray was satisfactory (**Figure 3**) and the postoperative histopathological examination revealed >90% necrosis.

The patient recovered well from the surgery and received 3 cycles of adjuvant chemotherapy. He was rehabilitated on an abduction splint, that was discarded once he regained good abductor power, walking without support. He now leads an independent active life and has a pain free, functional limb (**Figure 4a, 4b**) and is free of disease, 3years later. This report emphasizes the importance of multidisciplinary management of osteosarcoma and shows how improvements in imaging, surgical techniques and prosthetic technology have resulted in limb salvage surgery being the standard of care for osteosarcoma.

Limbs can be saved in malignant bone tumors of long bones.

Dr. Akshay Tiwari
Consultant – Musculoskeletal Surgical Oncology

CELEBRATING LIFE



RGCI & RC, Delhi, had organized a get together, “**Celebrating Life**”, on Saturday, 14th September 2013 at Hotel Crowne Plaza, Rohini, Delhi, with the aim of providing information and awareness among the cancer survivors about the preventable nature of these conditions and the importance of adopting healthy lifestyles.

This get together, was organized with the aim to provide the **Childhood Cancer Survivors** with an opportunity to meet, celebrate & share their experiences with each other. Parents of childhood cancer survivors, very much want to protect their children from harm, on issues related to psychosocial aspects of survivorship. These protective feelings can increase usual tensions between parents and teenagers over issues related to growing independence, specially, in matters related to health. Other teens who have had cancer, develop feelings of invincibility, making them indulge in risky behavior. Hence, interacting with other people with similar problems help them achieve the balance that they very much need.

Dr. Gauri Kapoor, Director – Pediatric Hematology Oncology, RGCI & RC, informed that childhood cancers constitute 3% of the total cancer burden, however, have high cure rates if diagnosed early and treated appropriately. Prior to the early 1970s, most children with cancer did not survive. With significant advances in radiation and chemotherapy, the 1980s and 1990s was a time when many children were successfully treated for their cancer and became long-term survivors. Much has been learned since this first wave of cancer survivors were treated and cured.

Newer therapies are based on improved understanding of the potential treatment complications of those earlier therapies and continued research in this area is critical.

A significant proportion of these cancer survivors may face social, psychological and chronic health problems. It is important for survivors to realize that many of these chronic health issues can be diagnosed early and more easily treated, or sometimes even prevented. For instance, many late effects can be avoided or minimized by eating a healthy diet, being physically active and choosing not to smoke.

The Department of Pediatric Hematology Oncology at RGCI & RC, Delhi, is committed to providing holistic care for its patients.

Dr. Gauri Kapoor

Director - Pediatric Hematology Oncology

BREAST CANCER SYMPOSIUM



A symposium on “**Current Trends in Breast Imaging**” was organized on Saturday, 21st September 2013 by Rajiv Gandhi Cancer Institute and Research Centre (RGCI & RC), Delhi, at Hotel Crowne Plaza, Rohini, Delhi.

Dr. A. K. Chaturvedi, Organizing Chairman, introduced the content and purpose of the meeting to the audience. The highlight of the meeting was digital breast tomosynthesis or three dimensional imaging, which is a game changer. It is already available at RGCI & RC and involves obtaining multiple imaging of each breast, similar to a CT scan. Slice by slice interpretation of breast tissue helps in a more accurate diagnosis. It is a new standard for breast screening.

Dr. A. K. Chaturvedi

Director - Radiology

CME ON ADVANCES IN MEDICAL PHYSICS



RGCI & RC, Delhi hosted a CME on “Advances in Medical Physics” in association with Association of Medical Physicist of India (Northern chapter) on Saturday, 5th October 2013 at Hotel Crowne Plaza, Rohini, Delhi. Mr. Sujit Nath Sinha, Chief Medical Physicist, was the Organizing Secretary. This half day CME program mainly focused on un-flattened photon beams in the modern era and High-end technology in IGRT / SRS / SBRT and consisted of plenary lectures and discussion. Over 100 members, including oncologist, physicists and technical staff gathered from North India, to discuss and debate the usefulness of this technology. The speakers deliberated on Complex and Emerging Technology in Radiation Oncology along with the quality assurance procedures involved in adapting such technology. Un-flattened (FFF) beam brings more focussed radiation therapy with little side effects in SRS / SBRT treatment delivery. The speakers also deliberated on the commissioning, validation, treatment planning and patient specific quality assurance of un-flattened treatment delivery on various machines. Prof. P. S. Negi delivered a scientific lecture on “Proton therapy - Era beyond FFF radiotherapy.”

Mr. S. N. Sinha
 Chief Medical Physicist

WORLD HOSPICE & PALLIATIVE CARE DAY



On the occasion of “World Hospice & Palliative Care Day” on Saturday, 12th October 2013, RGCI & RC, Delhi, organized an educational program at Ashray (RGCI & RC Guest House).

It was attended by patients, their care givers & family members.

The program was presided over by Shri D. S. Negi, CEO, RGCI & RC and chaired by Dr. A. K. Dewan, Medical Director, RGCI & RC.

The objective of the event was to underline the importance of palliative & home care.

Experiences narrated by the guests were very encouraging & motivational. Their feedback about our department was also very positive. In the words of father of a blood cancer patient, “We feel very much obliged to the home care team of RGCI & RC. We would have been a shattered lot without their valuable multi dimensional help available.”

Dr. Veena Chugh
 SMO - Palliative & Home Care Services

CONGRATULATIONS !



(FELICITATION CEREMONY)

Dr. Swarupa Mitra, Consultant & Chief of Gynecological and Genitourinary Radiation Oncology Services, was felicitated with the Global Health Care Excellence Award 2013 for Oncology, as the “Best Oncologist in Delhi.”

- Mr. D. S. Negi (C.E.O.)
- Dr. A. K. Chaturvedi
- Dr. D. C. Doval
- Dr. Gauri Kapoor
- Dr. Anurag Mehta
- Dr. S. A. Rao
- Dr. P. S. Choudhury
- Dr. S. K. Rawal
- Dr. Kapil Kumar
- Dr. Sunil Kr. Gupta
- Dr. B. K. Naithani
- Dr. Rupinder Sekhon
- Dr. (Col.) A. K. Bhargava
- Dr. R. S. Jaggi
- Dr. Vineet Talwar
- Dr. Sandeep Mehta
- Dr. Sheh Rawat
- Dr. S. K. Sharma
- Dr. Amitabh Sandilium
- Dr. Shivendra Singh
- Dr. Swarupa Mitra

To:

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