



Rajiv Gandhi Cancer Institute and Research Centre

A Unit of Indraprastha Cancer Society
Registered under "Societies Registration Act 1860"

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



News Letter

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EDITORIAL

PLACEBO – WHEN NOTHING BECOMES SOMETHING!!!

A placebo (Latin – I shall please) is an inactive treatment or substance (such as sugar pill or sham procedure) that looks and feels just like a regular medical treatment. Sometimes patients given a placebo treatment will have a perceived or actual improvement in medical condition, a phenomena commonly called the placebo effect. In medical research, placebos are given as control treatments.

Whether or not these inactive “treatments” have a place in real medicine has been debated, because placebos typically have far fewer side effects than prescription drugs, injections or actual surgeries. The placebo effect points to the importance of perception and the brain's role in physical health. However, the use of placebos as treatment in clinical practice is ethically problematic as it introduces deception and dishonesty into the doctor-patient relationship. The UK Parliamentary committee on Science & Technology has stated that “prescribing pure placebos is bad medicine. Their effect is unreliable and unpredictable and cannot form the sole basis of any treatment”. But we must attempt to distinguish between the “true” and “perceived” placebo effect.

The placebo effect has been controversial throughout history. Placebo is actually a paradox – it may be unethical to use a placebo, but also unethical not to use placebo that produces perceived benefit or that heals. I feel we may believe in its potential healing power. That is “honest placebo” – one of the placebo studies at Harvard Medical School (2010) in Irritable Bowel Syndrome, revealed significant beneficial effect even though patients were told the pills they were taking were

placebos as compared to control patients who received no pills.

The physician himself can be called a “Placebo”. Patient's recovery may be hastened if doctor said “you would be better in a few days, we will do everything to heal you” rather than negative words such as “I am not sure that the drugs we are infusing are going to be effective or not”. Patients quite often compliment their doctors “Aap se mill kar aadhi takleef door ho jaati hai”. Is doctor not a placebo? Placebo effect and theories on its underlying mechanism are mostly understood interms of human psychology.

The placebo effect is related to the perceptions and expectations of the patients. If the substance is viewed as helpful, it can heal but if it is viewed as harmful, it can cause negative effect, which is known as the placebo effect. The expectancy effect can be enhanced through factors such as enthusiasm of the doctor, difference in size and color of placebo pills, or use of interventions like injections. In one of the studies, the response to a placebo increased from 44% to 62% when the doctor treated them with warmth, attention and confidence.

Placebos may not have objective effects (powerful clinical effects) but subjective effects (patient reporting improvement). Use of placebo is justified so far as you are honest, warm and compassionate with your patients.

Dr. Dewan AK
Medical Director

17TH ANNUAL DAY CELEBRATION OF RGCI & RC



The 17th Foundation Day of RGCI & RC was celebrated on Saturday, 19th October 2013 at the Auditorium of Maharaja Agrasen Institute of Technology, Rohini, Delhi. The function was attended by more than 1000 RGCI & RC family members including Governing Council & Management Committee along with Sr. Consultants & other employees.

As per the tradition, the cultural program was organized, which was highly appreciated by all present at the venue and awards were also given away to the best performers for both academic & non-academic activities for the year 2012 – 2013.



This year, apart from the cultural program & award ceremony, RGCI & RC had felicitated three of its main Founder Members, **Shri K. K. Mehta**, **AVM H. K. L. Kapoor** and **ACM O. P. Mehra**, for their remarkable contribution & efforts in making RGCI & RC, what it is today, a leading Cancer hospital in North India and the second largest in the Country with the latest technology, state-of-the-art facilities and highly experienced and well respected Doctors in Oncology.

The RGCI & RC story has been a remarkable one. It has been an extraordinary journey, these last seventeen years, which few could have imagined. The Management had, therefore, commissioned the writing of its living history in order to capture the journey to date and express their gratitude to the many, who had played a role in creating it.

RGCI & RC formally released the book, titled, **“Flying A Dream”** during the Annual Day Celebrations.

The entire occasion was organized & celebrated with great enthusiasm & team spirit.

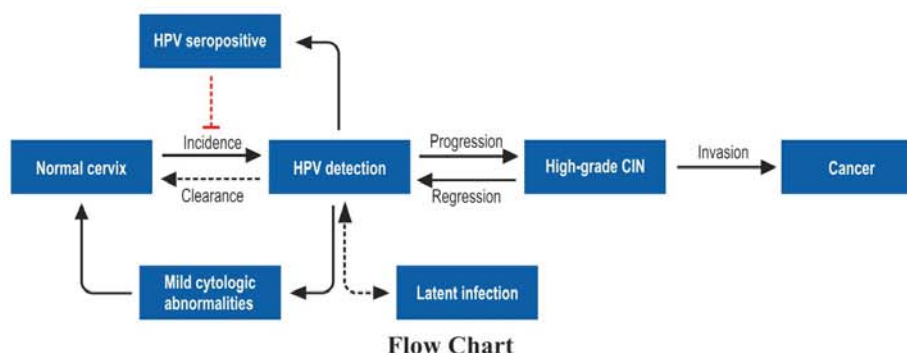


EMPOWERING WOMEN AGAINST CERVICAL CANCER

Cervical cancer continues to be the most common cancer among women in India, with an estimated 1,34,000 new cases and around 74,000 deaths annually, which is nearly one-fourth of the global burden. Screening programmes in the Western World are a story of success pushing cancer cervix to 4th position among cancer related morbidity. However, lack of any organized cervical cancer screening programme in India is responsible for a vast majority of cancer cervix cases presenting in advanced stages.

Screening by cytology is mostly opportunistic and there is lack of awareness even in the urban areas. Thus <5% of women receive adequate cervical screening. Considering the need of awareness, Rajiv Gandhi Cancer Institute & Research Centre, Delhi, dedicates the entire month of November to Cervical Cancer Awareness. To promote screening, Pap smears are conducted free of cost in the OPD as well as in the camps. Awareness talks are delivered at various places, like schools, colleges, RWAs and corporate houses etc. In addition, regular cancer screening is conducted for females at a highly subsidized rate throughout the year in preventive oncology department.

Cervical cancer is the easiest female cancer to prevent with regular screening and follow up. Screening can help prevent cervical cancer or detect it early. The pap test or pap smear helps find precancerous cell changes in the cervix that might become cancerous if not treated appropriately. All sexually active females should start getting the pap test at the age of 21 years. Repeated pap test increases its sensitivity. HPV infection has been recognized as an important cause of cervical cancer. HPV infection is a very common infection but in most cases our immune system fights-off HPV within two years. Only when it persists it can cause cervical cancer. HPV test which checks for the HPV infection is not recommended for females <30yrs of age when it is very common but in most cases will clear away on its own without any intervention. In women >30yrs of age it can be used along with pap test to increase the sensitivity & specificity of screening. HPV test may also be used to provide more information when a pap test has unclear results (e.g.ASCUS).



Getting regular pap tests, even without HPV test, is still a good way to prevent cervical cancer.

Although alternate Low resource methods like VIA (Visual Inspection Under Acetic Acid) and VILI (Visual Inspection Under Lugols Iodine) have been recommended by the National Cancer Control Programme of the Ministry of Health and Family Welfare. They have still not been implemented widely.

Two prophylactic vaccines are available worldwide and also in India. Both target HPV 16/18, the two genotypes responsible for 70% of cervical cancer world wide and 82.5% of cancers in India. Both the vaccines have shown excellent protection against new infection, persistent infection and CIN 2/3 lesions caused by HPV 16/18 and some degree of cross-protection against related genotypes.

Then, what are the major barriers to implementation of HPV Vaccination in India? These include lack of awareness of this eminently preventable condition, misinformation on safety and efficacy of the vaccine and cost. Australia, first introduced free HPV vaccination for all girls, aged 10-13 years in their National Programme with catch up vaccination to 26 years in the initial phase. Data from the sexual health clinics have shown decline in the incidence of high grade cervical intraepithelial neoplasia among young girls who received vaccination. CDC has recently declared that the vaccine has proved to be more effective than expected and hope that uptake of the vaccine will improve. So it should be offered to all sexually-naïve girls as part of preventive health care.

Comprehensive cervical cancer prevention can happen if we can adopt the slogan of **Pap Test Regularly, Vaccination Early and HPV Test when Recommended.**

Dr. Jai Gopal Sharma / Dr. Indu Aggarwal
Team Preventive Oncology



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THE PINK RIBBON MEET

-An RGCI & RC Initiative

Event : Annual Symposium for Breast Cancer Survivors

Venue : Crystal Ballroom, Hotel Crowne Plaza, Rohini, Delhi

Schedule : Saturday, 14th December 2013

Timing : 01:00 p.m. - 05:30 p.m. (Meeting will be preceded by Lunch)

Team :

Dr. Kapil Kumar	Dr. D. C. Doval	Dr. Sandeep Mehta	Dr. S. K. Sharma
Dr. Ashish Goel	Dr. Ullas Batra	Dr. Juhi Agarwal	Dr. Anjali Kakria
Dr. S. Veda Padma Priya	Dr. Kumardeep Dutta		

*Caring Beyond Cure...
Living Beyond Survival ...*

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Dr. P. S. Choudhury
Dr. S. K. Rawal
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Dr. B. K. Naithani
Dr. Rupinder Sekhon
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