



NewsLetter

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EDITORIAL

ONE SPECIAL HOUR

(Short Story)

A man came home from work late, tired and irritated, to find his 5-year old son waiting for him at the door. "Daddy, may I ask you a question?" "Yeah sure, what is it? Replied the man. "Daddy, how much do you make an hour?" "That is none of your business. Why do you ask such a thing?" The man said angrily. "I just want to know. Please tell me, how much do you make an hour?" Pleaded the little boy. "If you must know, I make Rs.200/- an hour" replied the man.

"Daddy, may I please borrow Rs. 100/?" The father was furious, You can borrow some money to buy a silly toy or some other nonsense. I work long hard hours everyday and don't have time for such childish behavior!" The little boy quietly went to his room and shut the door. The man sat down and started to get even angrier about the little boy's questions. How dare he ask such questions only to get some money? After about an hour or so, the man had calmed down. Maybe there was something he really needed to buy with that Rs. 100/- and he really does not ask for money very often. The man went to the door of the little boy's room and opened the door. Here's the Rs. 100/- you asked for.

The little boy sat straight up, smiling. "Oh, thank you daddy!" He yelled. Then, reaching under his pillow he pulled out some crumpled up 100 rupee note. The man, seeing that the boy already had money, started to get angry again. The little boy looked up at his father. "Why do you want more money if you already have some?" The father grumbled. "Because I didn't have enough, but now I do" the little boy replied. "Daddy, I have Rs. 200/- now. Can I buy an hour of your time? Please come home early tomorrow. I would like to have dinner with you."

It's just a short reminder to all of you working so hard in life. We should not let time slip through our fingers without having spent some time with those who really matter to us, those close to our hearts. Share Rs. 200/- worth of time with someone you love.

Dear friends! How much quality time do you spend as a family.

Spending quality time is important as it helps our children to feel more confident and secure. It builds stronger family bonds and is good for our own emotional health. Quality time is difficult to quantify and qualify. But it is essential that you make it a priority for yourself and your family. Don't forget that your every move is being watched if you spend all your time on mobile and T.V at home, You are giving your children the impression that they can also pull out their hand held games and mobiles. Quality time spent with your children impacts their behavior, academic achievements and emotional quotient.

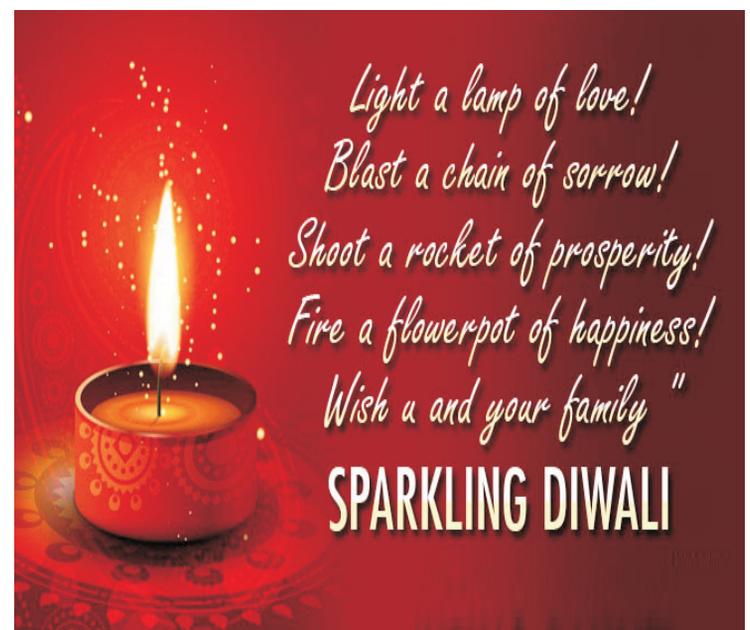
Turn off technology, when you spend time with your child, Meaningful timings are about quality of time, not quantity of time. Connect with your child which has a lasting impact and provides support and reassurance that your child needs.

"The best thing to spend on your children is your time. If you want your children to turn out well, spend twice as much time with them and half as much money,"

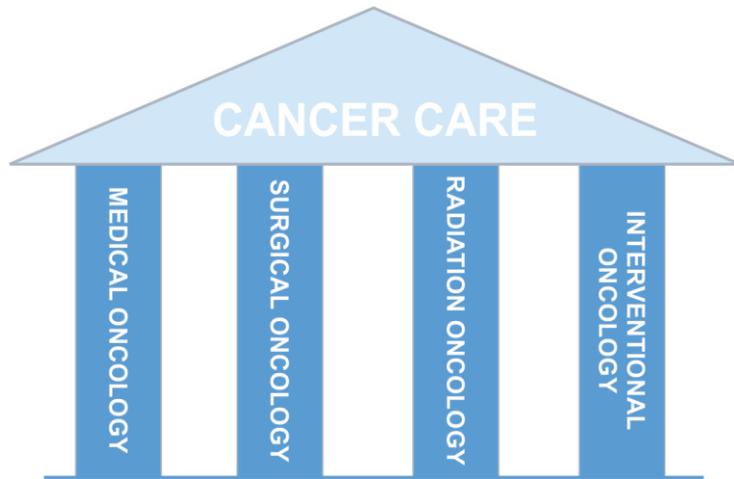


Dr. A. K. Dewan

Director - Surgical Oncology



INTERVENTIONAL ONCOLOGY: THE FOURTH PILLAR OF ONCOLOGY CARE



Interventional oncology is a type of cancer care which has successfully established itself as an essential and independent pillar within the firmament of multidisciplinary oncologic care, alongside Medical, Surgical, and Radiation Oncology. We use advanced imaged-guided techniques such as CT, fluoroscopy or ultrasound to deliver treatment through a small skin puncture. For certain types of tumors, interventional oncology procedures can be curative. Recovery is quick. Most interventional oncology procedures are outpatient or require an overnight hospital stay. Tumor embolization has been a standard of care for 4 decades, and tumor ablation has been common practice for the past 25 years.

Cancer has surpassed cardiovascular diseases and is now the leading cause of death worldwide. At the same time, medicine as a whole is undergoing a historic transformation in light of a growing demand for faster, increasingly individualized and more affordable health care solutions. Given the unique position of IO as a technology-driven specialty, it is able to address all of the above mentioned demands. In this age of individualized cancer care, Interventional Oncology procedures are integrated as minimally invasive therapies into a comprehensive oncologic care plan with other disciplines.

Brief summary of the procedures offered under Interventional Oncology:

Biliary Interventions: For treatment of obstructive jaundice, percutaneous transhepatic biliary drainage (PTBD) with or without stenting reduces the serum bilirubin levels and patients can then undergo further management with surgery or chemotherapy. Percutaneous cholecystostomy is also being done for the patients.

Transarterial Chemoembolization (TACE): delivery of intra arterial chemotherapy to the liver tumors through a catheter in combination with embolic material to produce ischemia. It has very robust data to support its use in patients of unresectable hepatocellular carcinoma.

Transarterial Radioembolization (TARE): microspheres loaded with a radioactive isotope (Yttrium-90) are injected into the blood vessels feeding a tumor and deliver a lethal dose of radiation into the vessels feeding the tumor thereby causing cell death. This therapy is primarily used for advanced hepatocellular carcinoma with portal vein tumor thrombus and liver metastasis from colorectal and other primary tumors where TACE can't be used.

Tumor Ablations: With state of the art Radiofrequency ablation (RFA) and microwave ablation (MWA) machines, small tumors (in liver, kidney, bone, lungs) upto 5 cm can be ablated without surgical intervention and patient can be discharged the next day. Intra-operative ablation is also being offered alongside the surgical resection in a certain group of patients.

Bland Embolization of Liver Tumors: delivery of sub-millimetre micro particles through a catheter inserted in the femoral artery in groin and advanced into the hepatic artery under X-ray guidance to get access into the tumor vasculature and occlusion for the purpose of tumor shrinkage.

Intra-Arterial Chemoinfusion (IAC): high dose chemotherapy administered directly into the tumor-feeding arteries. This is an emerging therapy in retinoblastoma.

Portal Vein Embolization (PVE): delivery of bland embolic material into the portal vein of the hepatic lobe containing the tumor of interest to induce hypertrophy in the contra lateral hepatic lobe for the purposes of improving outcomes from planned surgical resection.

Emergency Life Saving Procedures: In clinical situations, like Gastro Intestinal haemorrhage from bleeding intra abdominal tumor, massive bleeding into aero digestive tract from head and neck malignancy, hemoptysis from lung lesions etc, angiographically occluding the vessels responsible for bleeding are life-saving with minimal invasiveness.

Pre Operative Embolization for Reducing Tumor Vascularity: Before surgery for hyper vascular tumors, like metastatic renal cell carcinoma to skeletal sites, bulky spinal tumors and pelvic bony lesions etc, the tumor blood supply can be reduced by injecting micro particles into the feeding arteries and thereby reducing intra operative blood loss.

Vascular Access for Oncology Patients: Venous access is individualized to the patients and as per the requirements, PICC line, Chemoport/ Arm chemoport, and other tunneled catheters can be placed. The follow up and management of such accesses to maintain their patency over a long duration is also done.

Tissue Biopsies: Biopsies are at the heart of cancer diagnosis and personalized management. Image guided biopsies done in a painless, adequate and accurate manner ensures sample adequacy for routine histopathology and even next-generation sequencing tests but also brings a smile on the patients and their families. Lesions, which previously could not be sampled either because of size or location, can now be sampled in safe manner with advancements in hardware and sample adequacy. Vacuum assisted biopsies are also being done for small breast lesions.

Aspirations / Drainages: Aspirations and drainages done in a painless manner provides both diagnostic and therapeutic advantages to the patients with abscesses and malignant effusions / ascites. Long standing tunneled drainage catheters are also being put for such patients.

Lymphatic Interventions : Previously, patients with lymphatic

problems such as chyle leaks in the abdominal or chest cavities used to face a lot of difficulties. But with opening of the door of lymphatic interventions, lymphangiography and thoracic duct embolization can tackle these leaks and its associated problems in a minimally invasive manner.

Palliative Techniques: Interventional oncology has long been used to provide palliative care for patients. These procedures can help reduce cancer-related pain and improve patients' quality of life. Image guide pain blocks and nerve ablations can bring back the smiles on the patient's faces.

Tumours can intrude into various ducts and blood vessels of the body, obstructing the vital passage of food, bile, blood or waste. **Percutaneous gastrostomy and Gastrojejunostomy** procedures provide enteral access for patients requiring long term nutritional support. **Percutaneous nephrostomy and antegrade DJ stenting** can be used in urinary tract obstructions in pelvic malignancies, thereby considerably relieving the patient's adverse symptoms. In difficult to manage clinical situations like post chemotherapy hypersplenism, endovascular procedures like **partial splenic Embolization** is an effective approach to restore hematological parameters.

Uterine artery Embolization for management of uterine fibroids and **Prostatic Artery Embolization** for benign prostatic hyperplasia can be offered as an alternative to surgery in appropriate group of patients and have been proven to quite effective in symptom control.

Interventional oncology techniques complement traditional medical, radiation, and surgical options. As cancer therapeutics continue to change, interventional oncology will be central in both the diagnostic and therapeutic aspects of targeted and personalized therapy.

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Sr. Consultant – Interventional Radiology
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Consultant – Interventional Radiology
Dr. Vivek Mahawar
Consultant – Radiology
Dr. Rishu Singla
Consultant – Radiology
Dr. Apeksha Shenoy
Attending Consultant – Radiology

CME – IMA Dwarka



RGCIRC organized a CME in association with IMA Dwarka on Sunday, 23rd September 2018 at Hotel Radisson Blu, Dwarka, New Delhi. Dr. Vineet Talwar, Director – Medical Oncology delivered a lecture on “Environment and Cancer”, Dr. Vaibhav Jain, Sr. Consultant – Interventional Radiology delivered a lecture on Interventional Radiology for Clinicians and Dr. Abhishek Bansal, Consultant – Interventional Radiology spoke on “When to refer to a Interventional Radiologist” in the said CME.

RGCIRC - ANESTHESIA & SURGICAL ONCOLOGY DOCTORS MEET



RGCIRC organized RGCIRC - Anesthesia & Surgical Oncology Doctors Meet on completion of 1, 000 Free Flaps in 40 Months on Wednesday, 3rd October 2018 at Hotel Crowne Plaza, Rohini, Delhi. Dr. Rajan Arora, Sr. Consultant - Cosmetic, Plastic and Reconstructive Surgery delivered a lecture on "1, 000 Free Flaps: Our Experience" in the said event.

NATIONAL WIMALS 2018



RGCIRC participated in National WIMALS 2018 organized by Indian Medical Association Headquarter (IMA) and Indian Medical Association Woman Doctor Wing on Saturday, 13th October 2018 at IMA House, Indraprastha Marg, Delhi. The theme of the conference was Empowering Women Doctors. Dr. Rupinder Sekhon, Sr. Consultant and Chief of Gynae Surgical Oncology delivered a lecture on Newer Advances in Treatment of Cervical and Breast Cancer in the said conference.

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22ND FOUNDATION DAY



RGCIRC celebrated its 22nd Foundation Day on Monday, 1st October 2018 at Hotel Radisson Blu, Paschim Vihar, Delhi. The function was attended by more than 750 RGCIRC family members including Governing Council and Management Committee along with Sr. Consultants and other employees.

A pre - annual day function was also celebrated on Thursday, 27th September 2018 at Ashray, RGCIRC's Guest House where awards of long standing contribution and dedicated service, outstanding performance, meenakshi memorial, IT champion, best outsourced workers were given.

The Institute paid homage to Late Sh. K. K. Mehta, Principal Founder of RGCIRC, with a short film capturing his life's journey and his contributions towards making RGCIRC a premier cancer care centre of the country.

As per the tradition, the cultural programme was organized, which was very well appreciated by the gathering. Apart from cultural programme, RGCIRC felicitated Dr. Anurag Mehta, Director – Laboratory, Transfusion Services, Molecular Diagnostics and Research for their remarkable contribution in RGCIRC which was followed by cultural programme and award ceremony including chairman's appreciation award, best resident award, clinical IT implementation award, best ward award etc. The entire function was celebrated with great enthusiasm and team spirit.



- Mr. D. S. Negi (C.E.O)
- Dr. S. K. Rawal (Medical Director)
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