



# NewsLetter

Vol. XXV | No. 05 | Price: 50 Paisa

## EDITORIAL

### “EMPTY NEST SYNDROME”

Mr. X and Mrs. X were admitted in COVID-19 Hospital with fever and cough. After 7 days, hospital authorities informed Mr. X's son that Mr X has passed away. Mrs. X was not in good health either. Son from Australia arranged funeral services for father's last rites. No one attended cremation ceremony. There was a feeling of constant worry for his mother lurking at the back of his mind added to a lingering sense of guilt for having left parents behind in India.

Thousands of Indians emigrate abroad every year: for higher education, lucrative jobs and better lifestyle. In this process they leave behind all that they wished to escape in India, but at the same time knowingly or unknowingly they leave biggest treasure – their parents. These are the folks who toiled away several years of their youth, spent a chunk of their retirement savings, took out loans and made sure they left no stone unturned to get their children their destination. It is on their stooped shoulder that children stand tall so that they can reach unimaginable heights. This is what most Indian parents do. They are often perceived as the lucky ones whose children fulfilled their dreams of leaving Indian shores and settling abroad. But between the broad smiles, behind the cheerful exterior and in those moist eyes lies an untold story- A tale of loneliness, anxiety, fear and uncertainty. The anxiety of being away from one's children in time of illness and emergencies sets in. Moreover, worry for the safety and wellness of their children takes over their minds.

Simple chores and mundane errands like going to the bank, buying vegetables, fruits from market or paying a bill become a challenge. Going to the doctor or dentist becomes an ordeal. They are lucky if still fit and healthy to live on their own and if other children live close by. Otherwise parents may have to depend on neighbors, other relatives and friends. Then there is the social loneliness. No one to celebrate festivals with and no one to cook special meals. Such parents may come together forming kitty groups and meet up, alleviate some of the loneliness and share experiences.

Parents visit their children abroad and seemingly spend quality time with their grandchildren and all seems well. They are expected to look after the house, cook, baby sit the grand children and they dutifully oblige. But often parents are elderly and it is difficult to adapt to new surroundings where the lifestyle is different from what they are used to in India. Using strange gadgets and equipment around the house like a washing machine, dishwasher, using the cooking hob, wearing unfamiliar winter clothing-all become daunting tasks. Not being able to go out alone by public transport and being dependent on one's children to go everywhere, is something that takes time to get used to. Not having any company of their age is another factor to come to terms with. The weather is the biggest adversary, especially when it's bitterly cold compelling them to stay indoors for fear of falling down or falling ill. Ill health is a big worry as medical insurance will not pay for a lot of conditions and the last thing they want to do is, be a burden on their children in any way. Most parents bring along their medication from India for all the time they stay abroad and are constantly worried about their medicines falling short or if they need new medication. Spending time with grandchildren can be challenging too as they may not understand their 'foreign' accents and have a hard time communicating if the grandchild does not speak their language and they themselves speak limited English. One of my patient who was recovering from after

effects of chemotherapy for breast cancer visited USA and stayed for 3 months to look after her grandchild. While she returned home, she remarked that she worked as a glorified Aya in USA. She did everything with a sense of duty. Although her duty was completed many years ago when children became adults and left their shores, leaving them to fend for themselves. But “Mool Sey Sood Pyara” meaning grandchildren are dearer than children.

What about son's duty towards his parents? What does he give them beyond materialistic happiness and intermittent bouts of satisfactions? Making them a visa to relocate abroad is not always desirable, feasible or possible. Most parents prefer to stay on in India in their own homes, persevering independently until they can. It is too much to expect them to start their lives anew in a foreign land. They are happy for their children, proud of their achievements and watch their progress from a distance. Although, the fear of ageing without their children and uncertainty of how life will unfold is at the back of their minds, they will rarely, if ever, give the glimpse of this unease. There are no easy solutions for these issues. Children have made a choice of leaving their home and their parents. Having chosen this way of life, children realize that we pay a heavy price for our choices. They learn that money cannot buy their parent's happiness. The least they can do is to be grateful and thankful that they have wonderful parents.

According to a Ministry of External Affairs report, there are 31 million Non-Resident Indians (NRIs) residing outside India. Advancing age and the loss of motor function makes performing day-to-day activities a daunting task, requiring care for senior citizens on a 24/7 basis. Question is how can these elderly be helped? The best old-age homes provide emotional comfort with dedicated caregivers helping out with everyday chores, scheduling appointments with doctors and hospitalisation when required. They get medical care, support services to do their housekeeping, laundry and transportation, a basic menu designed on their nutritional needs or customized food in case of illnesses. The moot point is, can old-age homes ever make up for the absence of their children? It is tough to adjust to an old-age home, to enjoy a level of comfort or intimacy. Loneliness is stressful for the elderly, with no family or relatives, more so during festivities. They can do much more for their parents, even without their asking. They can visit them frequently, make sure there is no “Empty Nest Syndrome” during vacations, spend quality time, ensure their safety and well-being, provide them trained caregivers, convince them to move close to better medical facilities, find suitable old-age homes. Emotional support in the form of frequent phone and video calls is necessary to make up for their absence.

The Indian joint family system is almost extinct; innumerable seniors are living alone, or with caregivers in old-age homes. This number will only grow, with more and more of them requiring old-age homes, caregivers, emotional support and continuous handholding.



**Dr. A. K. Dewan**  
Director - Surgical Oncology

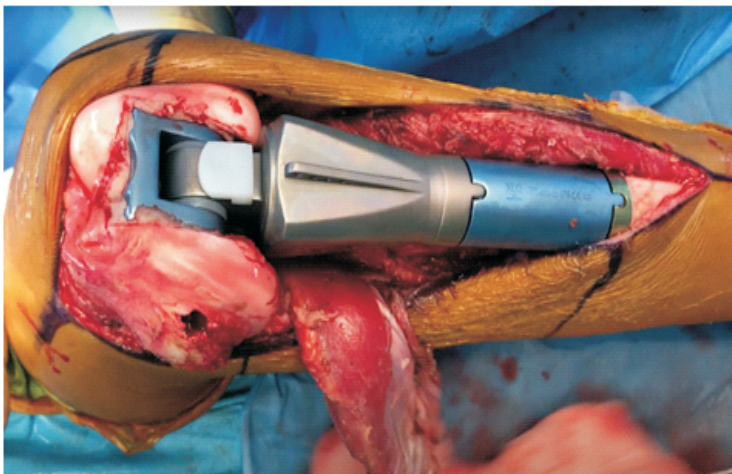
## LIMB SALVAGE SURGERY IN ADULT BONE SARCOMA WITH GOOD ONCOLOGICAL AND FUNCTIONAL OUTCOME

Better understanding of tumor biology, effective chemotherapy, improved imaging studies, new surgical techniques and prosthetic designs have enabled majority of bone cancers to be treated by limb salvage surgery. Lower extremity bone defects that mainly occur following removal of bone tumors can be managed by modular or custom-made 3d printed endo-prosthetic reconstruction or by biological reconstruction methods such as recycled tumor-bearing autografts with or without vascularized fibula autograft (VFA), VFA alone, bone transport methods using external fixators, massive bone allografts (MBA) combined with VFG, MBA alone and allograft-prosthesis composites<sup>(1-5)</sup>.

In the past 30 years, modular endoprostheses have become the standard for tumor reconstructions about the hip and knee. These allow reconstruction of a wide variety of skeletal defects using off-the-shelf components without the expense or time required to manufacture a custom-made implant. Modular replacement prostheses can provide a stable and secure fixation which allows immediate weight-bearing and restoration of function in patients with primary or metastatic bone tumors. Besides their ability to provide a solid and functional limb, complications of endoprosthesis have also been reported in the literature including soft tissue failure, aseptic loosening, structural/mechanical failure, infection and tumor progression.

Pre-operative planning for wide margin oncological resection and choosing the best available appropriate method of reconstruction is the back bone of any musculoskeletal malignancy treatment

In this young male with non-metastatic left proximal tibia chondroblastic osteosarcoma, pre-operative MAP based NACT (neo adjuvant chemotherapy) was given as per institution protocols. Patient underwent wide resection of left proximal tibia with standard anteromedial approach with preservation of posterior tibial, anterior tibial and peroneal vessels. Reconstruction was done with proximal tibial modular megaprosthesis. Final histopathology was chondroblastic osteosarcoma with 40 % residual tumor with all margins were free of tumor. Postoperative period was uneventful and on day 2 patient started active full weight bearing mobilisation. Patient is presently undergoing adjuvant chemotherapy and is on regular follow up.



**Fig. 1:** Intra operative picture showing the reconstruction with proximal tibia megaprosthesis rotating platform after proximal tibia resection in k/c/o left proximal tibia osteosarcoma.



**Fig. 2:** Post-operative radiograph showing megaprosthesis reconstruction of proximal tibia

Limb salvage surgery using modular endoprosthetic reconstruction of the lower extremities provides good functional outcomes and high acceptability rates.

1. Manabe J, Ahmed AR, Kawaguchi N, Matsumoto S, Kuroda H. Pasteurized autologous bone graft in surgery for bone and soft tissue sarcoma. *ClinOrthopRelat Res* 2004; 419: 258-66.
2. Tsuchiya H, Wan SL, Sakayama K, Yamamoto N, Nishida H, Tomita K. Recon- struction using an autograft containing tumour treated by liquid nitrogen. *J Bone Joint Surg Br* 2005; 87: 218-25.
3. Anacak Y, Sabah D, Demirci S, Kamer S. Intraoperative extracorporeal irradiation and re-implantation of involved bone for the treatment of musculoskeletal tumors. *J Exp Clin Cancer Res* 2007;
4. Erol B, Basci O, Topkar MO, Caypinar B, Basar H, Tetik C. Mid-term radiolog- ical and functional results of biological reconstructions of extremity-located bone sarcomas in children and young adults. *J PediatrOrthop B* 2015; 24: 469- 78
5. Ahlmann ER, Menendez LR, Kermani C, Gotha H. Survivorship and clinical 27. outcome of modular endoprosthetic reconstruction for neoplastic disease of the lower limb. *J Bone Joint Surg Br* 2006; 88: 790-5.

**Dr. Himanshu Rohela**  
Consultant – Orthopaedics Oncology



## COVID-19 VACCINE IN CHILDREN

### India - statistics for children

With a population of 1.3 billion, India has one of the largest numbers of children in the world. Nearly one quarter of our population is in the age group 0-14 years and they account about 500 million children in this age group.

In India, 17% of all deaths in children <5 years old are due to pneumonia. Most studies have implicated RSV as the most common and consistent virus associated with LRTI in Indian children. Other viruses that have been implicated for respiratory viral infections in children are Influenza, parainfluenza, rhinovirus, adenovirus, enterovirus, EBV, *human corona virus* (SARS-CoV-2).

### How common is corona virus infection in children?

In the past, it was rare to have children with corona virus induced pneumonia as most viral pneumonias were treated with supportive care measures, without etiological agent being tested. However in the last year, with onset of pandemic, there has been a rise in cases of SARS-CoV-2, which appears to have affected adults more than the pediatric population.

Children of all ages are at risk for SARS-CoV-2 infection. The true incidence of SARS-CoV-2 infection in children is not known because most of the testing has been prioritised for adults and those with severe illness. Some studies show that children and adolescents tend to have milder disease compared to adults.

The age distribution for COVID infection in India (ICMR) shows that children are less affected than adults (Figure 1). However, at-least 50 per cent of the children surveyed during the fifth round of serological surveillance in Delhi were found to have antibodies against Covid-19, indicating that children do have equal exposure and an adequate number of antibodies levels when compared to adults.

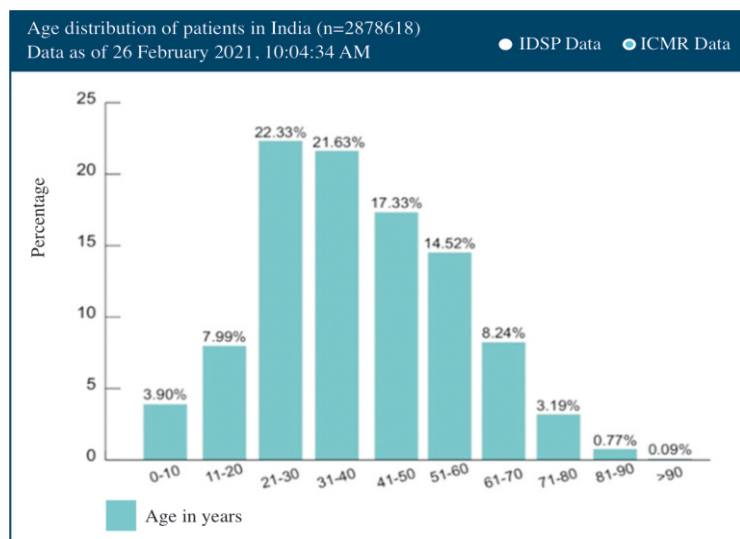


Figure 1: Age distribution of COVID-19 patients in India (ICMR Data)

### How does COVID manifest in children? Any different from adults?

Most patients, including children may be asymptomatic carriers, and detected to be COVID positive on mere contact screening.

The most commonly reported clinical manifestation are : fever only, respiratory symptoms only (cough and coryza), or combined (fever and respiratory symptoms).

Other manifestations reported in current studies are gastrointestinal symptoms like diarrhea and vomiting, which are more common in children than adults.

Rarely, children may present with manifestations of hyper inflammatory states and / or Kawasaki-like disease and may pose a diagnostic challenge, thus high index of clinical suspicion is required.

### Do children need to be vaccinated?

As per WHO (April 2021): There is not yet enough evidence on the use of vaccines against COVID-19 in children to make recommendations for children to be vaccinated against COVID-19. In light of the safety and immunogenicity results from recent adult COVID-19 vaccine clinical trials, children should have the opportunity to be included in clinical trials in parallel to ongoing adult phase 3 clinical trials in a manner that is careful, methodical and transparent. There is already data from certain vaccines that the vaccine is safe in the 12-18 year ages.

### How would children benefit from vaccination?

Children could benefit both directly and indirectly from vaccination.

Children are also susceptible to downstream effects of COVID-19, including social isolation and interruption in education. Developing a paediatric COVID-19 vaccine could prevent disease, mitigate downstream effects and enable children to re-engage in their world. It will help alleviate the concerns of parents and teachers alike regarding the spread of infection within schools. It is more preferable than mass testing and mitigation measures in the longer term. Moreover, if we really want to get back to normalcy, we really need to achieve herd immunity across all the groups including children.

### Is there an age cut off for COVID vaccination in children?

Three vaccines have received emergency use authorization for adults, and one can also be given to teens age 12 and older. Clinical trials are now underway in children as young as six months old.

Various vaccine manufacturing companies (India and western world) plan eventually to enroll children under five who might still be due to receive boosters of polio vaccines and jabs against measles, mumps and rubella, as well as other immunizations, but children will need to be up to date on their vaccination schedules to participate. Studies of how a COVID-19 vaccine should best be integrated into a child's immunization schedule will need to come later, once a safe and effective vaccine is found.

(Continued on Page No. 4)



Date of Printing: 25<sup>th</sup> May 2021

Date of Publishing: 30<sup>th</sup> May 2021

Posted at: Ashok Vihar, Head Post Office, Delhi - 110052

Register with Registrar of Newspaper Under No.68797/1998

Postal Department Registration No. DL(N)/004/2021-23

Licensed to Post without Prepayment Under No.: "U"(DN)-162/2021

### How can we keep our children safe?

It is quite likely that vaccines with demonstrated safety and transmission efficacy data in children will not be available anytime soon, so what can we do to keep our children safe?

1. Awareness of disease, its symptoms and prompt medical consultation if symptoms of COVID occur, leads to early intervention and low morbidity and mortality.
2. Routine measures of wearing mask, social distancing and hand washing remain mainstay of preventive measures.
3. Ensure complete vaccination of all adults in the family and at school.
4. Let's make sure we continue vaccinating healthy and vulnerable children according to Nationally recommended schedules to protect them and avoid other epidemics in the future-with vaccine-preventable diseases like measles, mumps, hepatitis etc.
5. Due to community mitigation measures and school closures, transmission of SARS-CoV-2 to and among children may have been reduced.
6. Home isolation for those affected from those who are not, is the key for management of those with asymptomatic disease or with mild symptoms.

### What are the side effects of COVID vaccine?

The vaccine has side effects profile similar to most other flu vaccines. The most common side effects following COVID-19 vaccines are fatigue, fever, headaches, body aches, chills, nausea, diarrhea, and pain at the site of injection, according to the World Health Organization.

Research shows the vaccines are remarkably effective and safe. The American Academy of Pediatrics (AAP) urges children and adults to get the COVID-19 vaccine as soon as it is available to them. This is especially important with a rise in cases caused by variant strains of the virus, which seem to be more contagious

Life threatening events are very rarely reported, and so far none of the trials have reported any mortality due to COVID vaccine in pediatric trials.

**Dr. Gauri Kapoor MD, PhD**

Medical Director – RGCIRC, Niti Bagh &  
Director, Department of Pediatric Hematology Oncology

**Dr. Payal Malhotra**

Attending Consultant – Pediatric Hematology Oncology

Mr. D. S. Negi (CEO)  
Dr. S. K. Rawal  
(Medical Director)  
Dr. A. K. Chaturvedi  
Dr. D. C. Doval  
Dr. Gauri Kapoor  
Dr. Anurag Mehta  
Dr. Rajiv Chawla  
Dr. Sunil Kumar Puri  
Dr. P. S. Chaudhury  
Dr. Dinesh Bhurani  
Dr. Munish Gairola  
Dr. Vineet Talwar  
Dr. I. C. Premsagar  
Dr. Rupinder Sekhon  
Dr. Shivendra Singh  
Dr. Rajeew Kumar  
Dr. Sumit Goyal  
Dr. Ullas Batra  
Dr. Rajan Arora  
Dr. R. S. Jaggi  
Dr. L. M. Darlong  
Dr. Kundan Singh Chufal  
Dr. Swarupa Mitra  
Dr. Mudit Agarwal  
Dr. Vaibhav Jain  
Dr. Jaskaran Singh Sethi  
Dr. Narendra Agrawal  
Dr. Rayaz Ahmed  
Dr. Himanshu Rohela  
Dr. Pinky Yadav



To:

If undelivered please return to:  
Rajiv Gandhi Cancer Institute and  
Research Centre, D-18, Sector - 5,  
Rohini, Delhi - 110085

Printed and Published by Mr. Pramod Maheshwari on behalf of Indraprastha Cancer Society and Research Centre and printed at  
R. R. Enterprises, 18 - A, Old Gobind Pura Ext., Street No. 2, Parwana Road, Delhi - 110051, Tel: +91 - 8447494107,  
Published from Rajiv Gandhi Cancer Institute and Research Centre, D - 18, Sector - 5, Rohini, Delhi - 110085

**Editor: Dr. A. K. Dewan**