



EDITORIAL

THOUGHTS AND FEELINGS ABOUT MORTALITY

Mortality is an inescapable truth of human existence. From the moment we gain self-awareness, we understand that life is finite—that one day, our consciousness will cease, our bodies will decay, and the world will continue without us. This realization evokes a range of emotions: fear, acceptance, sorrow, and even inspiration. How we process mortality shapes our lives, relationships, and philosophies. Some avoid thinking about death, while others confront it head-on, seeking meaning in its inevitability.

Here are some of my thoughts and feelings about mortality:

1. The Fear of Death:

Young people fear death and elderly fear dying. Fear is perhaps the most immediate reaction to the idea of death. This "thanatophobia" stems from our instinct for survival. The thought of our own end triggers anxiety and unease. Some are obsessed about health and longevity to delay death, while others avoid the topic altogether. Religion and spirituality often emerge as ways to cope—offering hope of an afterlife or rebirth.

Uncertainty about what lies beyond life causes great fear. I believe in the soul's immortality and its reunion with the Divine. **As the Bhagavad Gita (22) says: As a person puts on new garments, giving up old ones, the soul similarly accepts new bodies, giving up the old and useless ones.**

2. Mortality as a Motivator

Keeping death in mind can help us live with purpose. Awareness of mortality encourages us to create our own meaning rather than waiting for rewards. Artists, writers, and innovators often channelize their awareness of life's brevity into their work, leaving behind legacies that outlast them. It urges us to take risks and cherish the present.

3. Grief and the Mortality of Others

Losing loved ones brings mortality painfully close. Grief, though universal, is handled differently across cultures. Some cultures accept death as natural, while others avoid talking about it.

Beliefs shape how we cope—those who believe in life after death may find solace, while those who don't, may feel hopeless. Either way, losing someone teaches us to value our limited time with others.

4. The Paradox of Mortality: A Source of Beauty and Terror

Mortality is both terrifying and beautiful. The fact that life ends makes it more meaningful. The knowledge that everything is temporary gives each moment value. Poets and philosophers often reflect on this paradox.

5. Acceptance and the Art of Letting Go

The healthiest response to mortality may be acceptance—not resignation, but a conscious acknowledgment that death is part of life. Many spiritual traditions emphasize detachment and letting go. Buddhism teaches that suffering arises

from attachment, and liberation comes from accepting impermanence. By focusing on the present rather than fearing the future, we can reduce anxiety about death.

6. Legacy and the Desire to Be Remembered

One way humans cope with mortality is through legacy—the hope that something of us will remain after we're gone. This could be through children, creative works, charitable contributions, or even simple acts of kindness that ripple through time. The desire to be remembered is powerful; it drives people to build monuments, write books, and make scientific discoveries.

Yet, legacy is a double-edged sword. Some become obsessed with posthumous fame, neglecting the present. Others realize that even the most enduring legacies fade—empires crumble, books are forgotten, and names vanish. This realization can be humbling, but it can also free us from the pressure of leaving a mark. Perhaps the best legacy is a life well-lived, regardless of who remembers it.

7. Mortality as a Teacher

Mortality is not just an end; it is a great teacher. While fear of death is natural, it doesn't have to dominate our lives. By confronting mortality, we can live with greater intention, gratitude, and compassion. Death gives life its meaning. Rather than fearing the inevitable, we can choose to see mortality as a gift—a reminder that every moment is precious, and that the true measure of a life is not its length, but its depth. **The whole of human life is meant not only to learn THE ART OF LIVING but more importantly THE ART OF LEAVING.**

8. Concept of good death

Good death or dying well refers to a death that is peaceful, dignified and aligned with the person's wishes and values. Key elements of good death include effective relief from pain and distressing symptoms, patient's autonomy, emotional and psychological well being, treatment with compassion and without dehumanization, spiritual and existential peace, support from loved ones and naturalness of death avoiding unnecessary prolongation of life through invasive measures.

9. Spiritual Concerns

The ultimate question is—can I face death in peace? Can I die without fear, resentment, or regret? Spiritual practices like meditation, prayer, and reflection prepare the soul for the final journey. They bring inner clarity and reduce fear.

Whatever state of being one remembers when he quits his body, O son of Kuntī, that state he will attain without fail. (Bhagavad Gita (8.6)). The shloka reminds us that how we live and what we dwell upon shapes our final moment.

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ONCOPLASTIC BCS: WHERE ONCOLOGIC RIGOR MEETS AESTHETICS

Oncoplastic breast conservation surgery (OBCS) combines oncologic resection with plastic surgical reshaping, allowing for larger tissue excisions while maintaining breast form. The approach broadens eligibility for conservation without compromising cancer control, aligning surgical practice with survivorship and quality-of-life priorities. OBCS carries the same indications as conventional BCS. Typical candidates include cT1-T2 tumors (and some downstaged T3 after neoadjuvant therapy), unifocal/unicentric disease, and localized DCIS without diffuse calcifications. Essentials include feasible clear margins, concordant imaging pathology, and no skin/chest-wall/inflammatory disease mandating mastectomy. Evidence consistently shows advantages across three domains central to decision-making: oncologic safety (via recurrence surrogates), cosmetic outcomes, and patient-reported satisfaction.

Oncologic safety and recurrence surrogates

Systematic reviews and meta-analyses report that, versus conventional breast-conserving surgery (BCS), OBCS is associated with lower odds of positive margins, lower re-excision rates, and reduced loco-regional recurrence, without an increase in postoperative complications.

Clinical implications

- **Avoid default mastectomy** for unfavorable tumor-breast ratios or segmental multifocality
- **Fewer re-excisions**
- **Coordinate with modern radiotherapy** (clip placement, boost planning, field design) to maintain oncologic rigor while facilitating cosmesis.

Cosmetic outcomes you can measure

Cosmesis is central to OBCS and is now assessed with structured panels, standardized photography, and validated scoring. Across studies, OBCS yields **higher rates of good-to-excellent aesthetic results** than standard BCS, reflecting deliberate scar placement, improved contour, and better symmetry after larger resections. Benefits are particularly evident in challenging quadrants (upper inner, central) and in smaller breasts where conventional lumpectomy would predictably leave contour deficits.

OBCS techniques fall into two broad families:

- **Volume displacement (glandular reshaping, therapeutic reduction / mastopexy)** for medium-large, ptotic breasts and lower/central defects.
- **Volume replacement (local perforator / regional flaps such as LTDF, TDAP, LICAP, or latissimus dorsi)** when resection volume is high relative to breast size or for medial/lateral defects where displacement alone won't suffice.

Patient-reported satisfaction and quality of life

Pooled analyses of BREAST-Q studies show **higher overall breast satisfaction and better psychosocial**

well-being after OBCS compared with standard BCS, with effects stable on sensitivity testing. Clinically, this aligns with daily practice: preserving shape and symmetry reduces body-image distress, improves comfort with clothing and social interactions, and supports adherence to multimodal therapy. In the end, OBCS is not merely "BCS with nicer scars." It's a margin-enabling, QOL-enhancing surgical philosophy that aligns oncologic rigor with the outcomes patients value most.



Figure 1: J- Mammoplasty



Figure 2: Racquet Mammoplasty



Figure 3: Lateral intercostal artery perforator flap (LICAP)

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SUSTAINABLE CANCER CARE: A VISION ROOTED IN COMPASSION AND INNOVATION



At Rajiv Gandhi Cancer Institute and Research Centre (RGCIRC), we stand at the intersection of cutting-edge science and deep human empathy. Every day, we witness the transformative power of modern oncology—immunotherapies that reprogram the immune system, robotic surgeries that minimize trauma, and precision medicine that tailors treatment to the individual. These advances are rewriting the story of cancer care.

Yet, amid this progress, we must confront a quieter crisis: the financial toll of cancer treatment. For many families, the journey through cancer is not just a medical challenge—it's an economic one. Sustainable cancer care is not a luxury; it's a necessity. And at RGCIRC, we are committed to making it a reality.

The Hidden Cost of Survival

Cancer is often described as a battle, but for many, it's a battle fought on two fronts. The first is clinical—against the disease itself. The second is financial—against the rising costs of treatment, diagnostics, and supportive care. Targeted therapies, genomic profiling, and advanced imaging offer hope, but they also come with price tags that can overwhelm even well-prepared families.

This financial toxicity can lead to delayed treatment, skipped medications, or even abandonment of care. It's a burden that affects not just outcomes, but dignity. At RGCIRC, we believe that no patient should have to choose between their health and their financial stability.

Policy Shifts: A Step in the Right Direction

The Union Budget 2025 offered a glimmer of hope. By exempting 36 life-saving drugs from customs duty and incentivizing the establishment of new cancer centers, the government acknowledged the urgency of making cancer care more accessible. These measures are not just fiscal—they're moral. They reflect a growing recognition that healthcare must be equitable, not elitist.

But policy alone cannot solve the problem. Sustainable cancer care requires a multi-pronged approach—one that integrates innovation, philanthropy, and community engagement.

The RGCIRC Model: Innovation That Serves

At RGCIRC, we define innovation not by novelty, but by impact. Our approach to sustainable care rests on three foundational pillars:

1. Prevention and Early Detection

The most cost-effective cancer treatment is prevention. Through widespread screening programs, vaccination drives, and public awareness campaigns, we aim to catch cancer early—when it's more treatable, less invasive, and significantly less expensive.

In the past quarter alone, RGCIRC conducted 179 screening camps across urban and rural areas. These camps are more than outreach—they are lifelines. By identifying cancers at Stage I or II, we reduce the need for aggressive interventions and improve survival rates.

2. Philanthropy That Heals

Financial support is not charity—it's care. Our welfare fund has disbursed over 50 crore in free and subsidized treatment, ensuring that no patient is denied care due to financial constraints. This fund is supported by donors, well-wishers, and institutional partners who share our vision of inclusive healthcare.

We also collaborate with government schemes, NGOs, and insurance providers to streamline access to financial aid. Every rupee saved is a step toward healing—not just physically, but emotionally.

3. Value-Based Innovation

Technology must serve the patient, not the other way around. Our adoption of Minimally Invasive Spine Surgery (MISS), for example, has reduced hospital stays, minimized post-operative pain, and accelerated recovery—all while lowering costs. Similarly, our precision oncology program ensures that treatments are tailored to the patient's genetic profile, avoiding unnecessary therapies and optimizing outcomes.

This is not just smart medicine—it's compassionate medicine.

Redefining “Value” in Cancer Care

In healthcare, value is often measured in financial terms. But at RGCIRC, we believe value is multidimensional. It includes:

- **Clinical outcomes:** Survival rates, remission durations, and quality of life.
- **Patient experience:** Comfort, dignity, and emotional support.
- **Economic efficiency:** Cost-effectiveness without compromising care. Every innovation we adopt is evaluated through this lens. If a new technology improves outcomes but is

prohibitively expensive, we ask: Can it be scaled? Can it be subsidized? Can it be adapted for broader use?

This mindset ensures that our progress is inclusive, not exclusive.

A Shared Responsibility

Sustainable cancer care is not the responsibility of hospitals alone. It requires collaboration across sectors:

Stakeholder	Role in the Mission
Government	Infrastructure, subsidies, policy reform
Private Sector	Affordable pricing, transparent practices
Clinicians	Value-based protocols, patient advocacy
Communities	Prevention, awareness, destigmatization

At RGCIRC, we are building bridges across these domains. Our partnerships with academic institutions, biotech firms, and civil society organizations are designed to foster innovation that is both impactful and accessible.

The Road Ahead

The future of cancer care lies in personalization, prevention, and partnership. We envision a world where:

- A rural patient receives the same quality of care as someone in a metro.
- A child’s cancer is detected before symptoms appear, thanks to genetic screening.

- A family never has to sell their home to afford treatment.

This vision is ambitious—but it’s achievable. And every step we take at RGCIRC brings us closer to it.

How You Can Be Part of the Mission

Whether you’re a patient, caregiver, clinician, or supporter, you have a role to play:

- **Patients & Families:** Reach out to our financial counselors. Explore welfare options. Your journey should be about healing, not hardship.
- **Clinicians:** Share your insights. Advocate for cost-effective protocols. Mentor the next generation of compassionate oncologists.
- **Donors & Partners:** Your contributions save lives. Connect with our Philanthropic Services team to learn how you can make a difference.
- **Everyone:** Get screened. Get vaccinated. Talk about cancer. Break the silence. Build awareness.

“At RGCIRC, we will continue to pioneer the latest treatments - but we will never lose sight of the human being at the center of it all.”

Dr. Varun Goel

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