



NEWS LETTER

ISSUE: JUNE 2025

EDITORIAL

RGCIRC: PIONEERING AFFORDABLE CANCER CARE THROUGH PHILANTHROPY

Established in 1996, the roots of RGCIRC are deeply embedded in philanthropy. As a not - for - profit cancer hospital, RGCIRC is dedicated to the vision of **“providing affordable oncological care of international standards”** while striving to eliminate cancer in India through research, education, prevention, and patient care. The institute offers a wide range of philanthropic services, including free preventive screenings and complimentary beds for patients in need.

Guided by the vision and mission statements of its founding members, RGCIRC reinvests all revenue surpluses into its own development. Members of the Governing Council serve as volunteers, receiving no monetary compensation, ensuring that our governance model remains patient - centric rather than profit - driven.

Cancer continues to pose a formidable challenge in India, cutting across social, economic, and demographic boundaries. The estimated number of new cancer cases in India for 2024 is approximately 1.5 million, with around 850,000 annual deaths (NCDIR India). These statistics underscore the severity of the issue and the urgent need for robust strategies to tackle this growing health crisis.

The increasing prevalence of cancer is pushing many individuals into poverty due to the high costs of treatment, particularly for expensive medications. Even those who are relatively well-off can find themselves facing significant financial hardship by the end of their cancer treatment due to its prolonged and costly nature.

Out - of - pocket (OOP) expenses for cancer patients in India are considerable and represent a major burden for many families. A study by the National Health Systems Resource Centre (NHSRC) revealed that OOP expenses for cancer treatment are alarmingly high, often leading to catastrophic health expenditures. The World Health Organization (WHO) estimates that 60 - 80% of healthcare expenses in India are paid out of pocket, with drugs and chemotherapy accounting for 25 - 50% and

hospitalization for 20 - 40% of the total costs. Disparities in OOP expenses are evident based on geographic location and socioeconomic status, with rural and low - income patients facing higher relative costs. Although government initiatives like Ayushman Bharat aim to alleviate this financial burden, their implementation and reach are still evolving.

We are continuously striving to enhance our philanthropic services to reach an even larger number of underprivileged patients.

In 2019, the Department of Philanthropic Services was established to promote, coordinate, and oversee our philanthropic activities. Through this department, we actively implement various patient welfare schemes, both independently and in collaboration with other institutions and NGOs. Our unwavering vision is to ensure that no patient is denied treatment due to a lack of funds.

Currently, the institute spends approximately Rs. 50 Crore annually from its own resources to assist needy patients, providing free beds, discounts, and concessions in partnership with various NGOs. RGCIRC offers discounts of up to 21% on medicines and 50% on consumables. Importantly, there are no differential rates for international patients; every patient receives equal treatment at RGCIRC.

When a treating oncologist provides a cost estimate for a patient's cancer treatment that exceeds the patient's financial capacity, the individual is referred to the Department of Philanthropic Services. RGCIRC has agreements with numerous NGOs and foundations to financially support the treatment of underprivileged cancer patients, with assistance ranging from Rs. 50,000 to Rs. 5,00,000. Clear policies and selection criteria are in place, with a committee overseeing approvals. Once approved, patients are informed about their financial assistance.

Patients are also made aware of the PM Relief Fund and CM Relief Fund, with RGCIRC being the largest beneficiary of the PM Relief Fund nationwide.

ONCOCRITICAL CARE - EMERGING SPECIALITY AND NEED OF HOUR



Critical care for cancer patients involves a specialized multidisciplinary team managing life - threatening complications from the cancer itself or its treatments, often requiring ICU admission for organ support and advanced monitoring. Key aspects include specialized oncology knowledge, understanding of intensive care principles, and defining clear goals of care for each patient to optimize outcomes and manage resources effectively. Advances in the management of the underlying malignancies and support of organ dysfunctions have led to survival gains in patients with life - threatening complications from the malignancy itself, as well as infectious and toxic adverse effects related to the oncological treatments.

To highlight the importance of oncocritical care, want to share an interesting case. 79 yr old female known hypertensive patient diagnosed as Ca right lateral border of tongue was operated in first week of August and discharged after routine post operative care and recovery. Patient got readmitted after around 10 days with complaints of generalised weakness, poor intake. Patient was shifted to MICU next day of admission, after cardiac arrest. Cardiopulmonary resuscitation was done as per ACLS protocol for more than 1 hour and patient achieved return of spontaneous circulation. Patient was put on ventilator support and 3 vasopressors. Echocardiography revealed EF 35% and chest xray showed left side pneumothorax for which pigtail was inserted. Respiratory physician, cardiologist, and nephrologist opinion was taken for further management.

Patient improved gradually, vasopressor support was tapered off. Repeat ECHO revealed improved EF of 55% after 2 days. On 3rd day patient was weaned from ventilator support and extubated. After extubation patient was put on NIV support and gradually improved and shifted back to ward on 6th day. Probable cause of cardiac arrest was cardiac arrhythmia because of electrolyte imbalance.

Despite recent improvement in post - resuscitation care, about 50% of patients resuscitated from cardiac arrest die or have poor neurological outcome due to severe post - anoxic brain. This patient survived with good neurological outcome even after prolonged CPR. This case highlights the importance of timely diagnosis and intervention, and a multidisciplinary team approach for good prognostic outcome. Cancer patients require critical care for various complex reasons, including:

Post operative care patients after surgery need ICU admission elective or emergency.

- **Treatment - related side effects :**

Complications from chemotherapy, radiation, or surgery can lead to severe illness requiring ICU care.

- **Cancer - related complications :**

The cancer itself can cause issues like organ dysfunction or oncological emergencies.

- **Underlying medical conditions :**

Patients may have other health problems that are exacerbated by their cancer and treatment.

- **Acute organ failure :**

Common reasons for ICU admission include acute respiratory failure (ARF), sepsis, acute kidney injury, and cardiac complications.

Patients with cancer and organ dysfunction need to be early admitted to ICU for improving survival. Clinical and pathophysiological condition, cancer status, and expected life - span must be collectively evaluated to decide full or time - limited organ support methods. Specific disorders require a specialized and well - trained medical staff to optimize diagnosis, enhance treatment, and improve outcomes.

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SO, WHAT'S THE PLAN? A GENTLE GUIDE TO ADVANCED CARE PLANNING (ACP)

The only certainty in life is that one day it will end for all of us. While every birth is celebrated, every death too deserves dignity, peace and the chance to honour a person's wishes. Yet, when serious illness strikes, families are often caught unprepared - suddenly faced with decisions about treatments, hospital stays, or life-support without knowing what their loved one would have truly wanted. This can bring confusion, distress and lasting grief.

Advanced Care Planning (ACP) is a way to prevent this. It is not just paperwork but a series of honest conversations about values, wishes and preferences for medical care in the future. Talking about these choices with family, caregivers and doctors ensures that, if a time comes when someone cannot speak for themselves, their care still reflects what really matters to them. Importantly, ACP is not only for people who are very ill. Anyone - young or old, healthy or unwell can benefit from thinking ahead.

At the heart of ACP is the Advance Directive (AD), a written document where a person can clearly state what kinds of treatments they would or would not want (such as life-support machines, resuscitation or feeding tubes). They can also choose someone they trust to make decisions on their behalf. Having this clarity spares families from agonizing choices in moments of crisis and helps doctors provide care that respects the person's values.

In India, ACP has made steady progress. Since 2018, Advance Directives have been legally recognized, giving every individual the right to record their preferences. In 2023, the process was simplified, making it easier to write, register, and implement these wishes. Some recent milestones include: The state of Karnataka allows citizens to register living wills with local authorities. A High Court judge in Goa became the first in the state to formally register a living will, setting a powerful example. AIIMS Delhi now runs a dedicated outpatient service to guide patients and families in preparing Advance Directives.

For people with cancer or other chronic illnesses, ACP is especially valuable. The course of disease can be unpredictable, with phases of stability followed by sudden change. Early discussions make sure that care matches the person's goals - whether that means continuing active aggressive treatment or focusing

on comfort or spending more time at home.

But the benefits of ACP go far beyond the patient. Families, too, are given peace of mind. Instead of being left with painful questions like "Did we do enough?" or "Was this the right choice?" - they find comfort in knowing they honoured their loved one's wishes. This sense of closure softens grief and helps families remember their loved ones with love rather than regret.

Advanced Care Planning is not about giving up hope. It is about choosing how to live meaningfully until the end. By reducing uncertainty, it relieves families of heavy burdens and ensures that every choice is rooted in love and not guesswork or guilt.

At RGCIRC Niti Bagh, our dedicated Department of Pain management, Hospice care and Palliative Medicine, embraces this philosophy every day. With compassion at the heart of our work, we encourage patients and families to engage in Advanced Care Planning. Preparing ahead is not about endings - it is about ensuring that every moment, even the final ones, are lived with dignity, comfort and peace.

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CME WITH INDIAN MEDICAL ASSOCIATION, BIHAR STATE BRANCH

RGCIRC organized an Oncology CME in association with the Indian Medical Association, Bihar State Branch, on Saturday, 14th June 2025, at The Hotel Lemon Tree Premier, Tangerine Hall - 3, Exhibition Road, Patna, Bihar. Dr. L.M. Darlong, Head Thoracic Oncosurgery, delivered a lecture on "**Thoracic Oncosurgery - Advances and Innovations,**" and Dr. Kapil Goyal, Consultant - Medical Oncology, RGCIRC, Niti Bagh, South Delhi, spoke on "**Immunotherapy: Magic Bullet in Cancer Treatment**".



Additionally, the institute conducts a comprehensive preventive program in underserved areas of Delhi, focusing on cancer awareness, screening, and free treatment for those diagnosed with cancer. RGCIRC organizes 25-30 free awareness and screening camps each month in Delhi and NCR, 80% of which are in underserved communities. Over 400,000 individuals have been approached, and 125,000 have been screened. If a low-income patient is diagnosed with cancer, treatment is provided free of charge at RGCIRC.

Prevention is a powerful tool, as evidenced by our data from the preventive program, which shows that approximately 5-6% of the 125,000 individuals screened since 2008 by our preventive team were identified at pre-cancerous or cancerous stages. This translates to around 6,250 to 7,500 lives directly saved through our preventive interventions. Ultimately, early detection of cancer can save countless lives.

The institute also offers free home care services for terminally ill cancer patients, where a doctor and

nursing team provide essential medications and dressings, along with comprehensive psychosocial counselling. This end-of-life program aims to improve both the physical and mental well-being of these unfortunate patients.

Philanthropy encompasses not only financial support but also spiritual, emotional, and psychological assistance.

Please note that RGCIRC is registered under Section 80G and Section 35 (i)(ii) of the Income Tax Act.

In conclusion, RGCIRC's unwavering commitment to philanthropy ensures that cancer care remains accessible to all, regardless of financial status. Through comprehensive preventive measures, patient support initiatives, and dedicated volunteer governance, we strive to transform lives and eliminate barriers to treatment, embodying the spirit of compassion in healthcare.

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