

EDITORIAL

BUILDING A SURGICAL CAREER

Most surgeons view their work as their persona: "what and who I am." What could be more rewarding, or more challenging, than a career in surgery? Surgeon's career consists of 3 decade. First decade is early career after postgraduation when surgeon learns how to do surgery. In second decade, the mid-career surgeon learns when to do surgery, whilst in last decade of career, he knows when not to do surgery.

Surgeon in 30's

Completion of surgical training and entry into one's first job as surgeon is a remarkable achievement. In the first few years in practice, one must identify both professional and personal goals and develop a pathway to achieve them. Key points to consider when selecting a job are finding a mentor and some time to ensure that they can dedicate at least some attention toward accomplishment of identified goals like research. Young surgeon must demonstrate competency, and ideally excellence, to themselves, their patients, and their colleagues, as they work towards developing a positive professional reputation.

Young surgeons should cultivate and maintain professional relationship with colleagues, staff in the OR, and staff in wards and OPD's. This can be done by seeking opportunities to meet referring clinicians, presentations in Tumor Board or other forums, ensuring strong communication with colleagues, patients, and families, being willing to see patients immediately when needed. Young surgeons should accept more complex cases and operate with /or under supervision of their mentors.

In addition to clinical work, academic mentoring is also essential for young surgeons. Academic mentorship is critical for those pursuing a career in academics and research. Good selection of mentors as one works to establish and fund a research program can set the trajectory for one's entire career. Strong mentors are the gateway to opportunities to publish, obtain funding, gain leadership positions in national societies and establish oneself as an independent investigator.

Young surgeon must also decide how to cope with poor patient outcomes, complications, morbidity and mortality as an independent surgeon. Disclosing operative experience to patient, acknowledging limitations in scope of practice, determining when to ask colleges for guidance both in and out of the operating room are also issues that young surgeons must navigate. Mentorship from senior colleagues can mitigate some of the stress associated with these issues.

Surgeon in 40's

Middle career can be considered the time in which one has the most control. One has built the foundation of their academic and clinical career. One should have determined where their career is currently aimed and where it will go. Few surgeons might have progressed adopting unhealthy practices to make quick money. When I joined Pvt. Practice in RGCIRC in 1996 after 12 years of Govt. Job, one of my own student who was in practice for long said "Sir, Lambi race ka Ghoda Banana Hai to Ethically, empathically practice karo". I followed my student's advice.

One should focus on doing the things that will allow you to be financially and physically capable of determining how long your career will last. Consider what you want to achieve when your career as a surgeon is over. Many take on leadership roles within their organization. Surgery is a physically demanding profession. The long working hours, and the awkward positions inhabited while performing long operations, create physical stress on the body. Other factors associated with physical ailments are the use of loupes, headlights, longer cases, open cases, standing and double gloving. Surgeons are often forced to undergo physical challenges to accommodate the needs of their patients. Studies show that almost all surgeons experience pain in the back, neck and hands. More than 1 in 4 surgeons report an injury. But sadly, less than 1 in 3 seek care. This means surgeons silently suffer for their patients. Surgeon in 40's should adopt ergonomics solution, maintain his muscle, eat a healthy diet, build healthy

STEREOTACTIC BODY RADIOTHERAPY (SBRT) IN HEAD AND NECK CANCER IN RGCIRC - OUR EXPERIENCE WITH 'PRECISION, POWER, AND PROMISE' WITH CYBERKNIFE™

Introduction

Head and neck cancers remain a formidable clinical challenge. They often arise in anatomically complex regions that are functionally vital for speech, swallowing, and breathing. Treatment must strike a delicate balance: controlling the disease while preserving quality of life. Surgery and conventional radiotherapy remain cornerstones of management, but there is growing recognition of the role of highly focused, short-course treatments such as Stereotactic Body Radiotherapy (SBRT) especially in recurrent setting. Re-irradiation in head and neck cancers becomes even more difficult where limiting patients' side effects becomes even more important than when you're treating it the first time.

Among the available technologies, the CyberKnife® system stands out as a pioneering platform that enables non-invasive, frameless, and ultra-precise radiation delivery. SBRT is a technique that delivers very high doses of radiation in a limited number of sessions (typically 1-5 fractions). Unlike conventional radiotherapy, which is given in smaller daily doses over 6-7 weeks, SBRT harnesses advanced imaging and planning to concentrate radiation tightly around the tumor while sparing surrounding normal tissues.

The approach relies on:

- High precision: millimeter-level accuracy in beam delivery.
- Image guidance: frequent imaging during treatment to track tumor position.
- Biological advantage: higher dose per fraction may enhance tumor control by damaging cancer cell DNA in ways conventional dosing cannot.

CyberKnife is a robotic radiosurgery system designed to deliver SBRT without the need for invasive head frames or rigid immobilization. It is uniquely designed with flexible robotic arm delivers precise radiation from hundreds of non-coplanar angles with sub-millimetre precision with the help of real time tumour tracking.

In head and neck cancers, recurrence after surgery

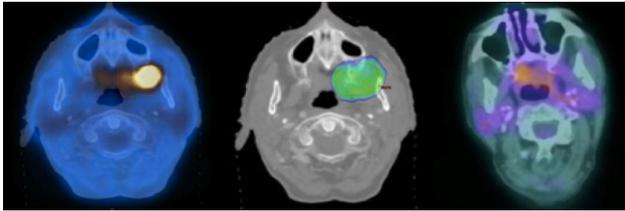
and radiotherapy is a sobering reality for many patients. Salvage surgery is often technically challenging and carries high morbidity. Re-irradiation using conventional techniques is limited by prior dose to critical organs.

Here, SBRT via CyberKnife provides a non-invasive alternative. Multiple studies have shown that SBRT offer local control rates of 40-60% in selected patients which is at par with conventional re-irradiation if not better. Meaningful palliation of symptoms such as pain, bleeding, and airway compromise happens with lower toxicity compared with older re-irradiation methods, though risks of mucosal ulceration and necrosis remain. Here, patient selection is key. Ideally, smaller tumor volumes, longer disease-free intervals, and good performance status predict better outcomes with SBRT.

The clinical role of SBRT in head and neck cancers has been explored primarily in the settings of re-irradiation, medically inoperable primary disease, and oligometastatic / oligoprogressive disease. While randomized evidence is sparse, multiple prospective and retrospective series, as well as meta-analyses, provide insight into efficacy and toxicity. A systematic review and meta-analysis by Vargo et al. (2017) encompassing over 500 patients confirmed these findings, showing pooled 1-year local control around 50% and grade ≥ 3 toxicity rates between 10-20%. More recently, the CyberKnife-based multi-institutional prospective trials (Vargo et al., 2018; Siddiqui et al., 2019) demonstrated that SBRT (35-40 Gy in 5 fractions) combined with cetuximab improved symptom relief and modestly prolonged survival in recurrent squamous cell carcinoma of the head and neck.

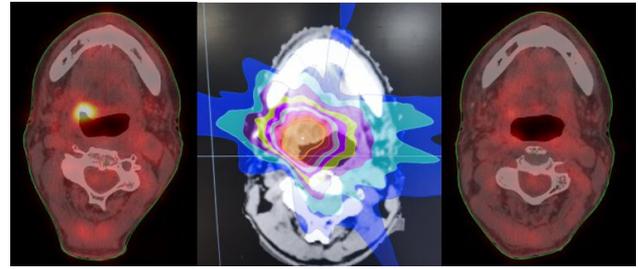
Head and Neck Services in Radiation Oncology has successfully treated numerous cases with SBRT for recurrence in head and neck cancer.

A 78 year old male, initially treated for oropharyngeal cancer with chemoradiation was unfortunately diagnosed with second primary - carcinoma left buccal mucosa/RMT cT4aN0M0. In view of age and multiple co-morbidities, patient was at high risk of surgery. The patient was eventually treated with SBRT at a dose 44 Gy in 5 fractions with alternate day regimen. The patient is disease free and completely devoid of any side effects at 1.5 years of completing treatment.



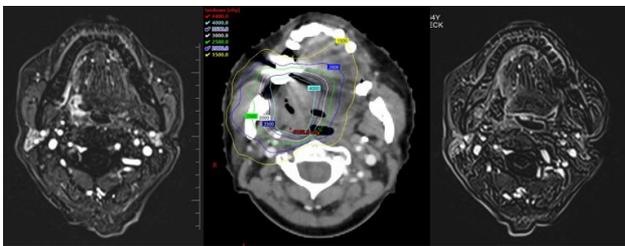
Disease at baseline SBRT treatment and dose planning No evidence of disease at 1 year

Similarly, 45 year female recurred at base of tongue (rcT2N0M0) on the right side (her initial site of disease). She refused surgery and opted for re-irradiation and was treated with SBRT 40 Gy in 5 fractions with alternate regimen.



Disease at baseline SBRT treatment and dose planning No evidence of disease at 1 year

In conclusion, CyberKnife SBRT offers new hope for patients with head and neck cancer by delivering highly precise radiation in just a few sessions. This means less disruption to daily life, fewer side effects, and the possibility of effective treatment even when surgery or standard radiation may not be an option. At the same time, it is not a one-size-fits-all solution, and careful selection by the cancer care team remains essential. As research grows and technology advances, CyberKnife SBRT is likely to become an even more important tool—bringing safe, effective, and patient-friendly cancer care to those who need it most.



Disease at baseline SBRT treatment and dose planning No evidence of disease at 1 year

Another case of base of tongue (cT2N0M0) being treated with SBRT in CyberKnife™ leading to complete cure.

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APICON 2025 NOIDA CHAPTER

RGCIRC proudly participated in the **10th Annual Conference of the Association of Physicians of India, Noida Chapter (APICON 2025)** held on Sunday, 13th July 2025 at Hotel Radisson Blu, Noida, Uttar Pradesh.

Themed **"Inspire, Innovate, Implement,"** the conference brought together leading medical professionals to share knowledge, foster innovation, and enhance clinical practices.

Dr. Vineet Talwar, Director – Medical Oncology at RGCIRC, delivered an expert talk on **"Precision Medicine in Carcinoma Prostate."** His insightful session offered practical knowledge and forward-looking perspectives, aimed at improving treatment outcomes and advancing patient care in oncology.



CME WITH IMA BULANDSHAHR, UP

RGCIRC organized an Oncology CME in association with IMA Bulandshahr on Saturday, 19th July 2025 at Alka Motel, Pallav Vihar, Bulandshahr, UP. Dr. Sudhir K. Rawal, Medical Director, RGCIRC, Rohini & Chief of Genito-Uro Oncology Services, RGCIRC delivered a lecture on **"Robotics in Urology – Advances and Are We on The Right Path"** and Dr. I. C. Premsagar, Chief of Neuro & Spine Oncology Services, RGCIRC spoke on **"Recent Trends in Neuro Oncology"**.



habits (exercise, sleep, quit smoking, reduce stress) and maintain a healthy weight. These things will prolong your career and allow you to choose when you wish to retire as opposed to allowing injuries to dictate when your career ends.

Surgeons in 40's should also focus on adjusting their financial health. Surgeons should hire a financial advisor who can analyze their portfolio. Together they should maximize their retirement funds, pay off their mortgage as soon as possible, save for their children's education, ensure they have adequate insurance coverage, diversify investment portfolio to build wealth over time, pay off debt setting financial goals for retirement. Ultimately, middle career should prepare a surgeon for late career and thereafter.

Senior surgeon

Age is not a reliable performance indicator. Question is why do surgeons “carry on” with work so mentally challenging and physically demanding. Factors which keep the senior surgeon going include the intellectual stimulation as well as the self-esteem from caring and healing patients. Surgeons mature into positions of influence and authority in their medical centers and community. Some nascent fear of death or disease

lurks in their mind. One surgeon said “surgery is for patients, not for surgeons”.

Senior surgeons should get involved in giving second opinions and help juniors for complex operations. A host of non-clinical and administrative duties can be diverted to the senior members. Increased teaching duties allow benefits of seniority and experience educating community doctors or promoting new surgical programs.

In a survey of retired surgeons only 10% found their lives in retirement “worse than expected.” Almost half of those surveyed had made no retirement plans in advance of actual retirement; this was true for even those over 70 years of age. That transition, for those who desire it, should include an individualized program, tailored to the aging surgeon's unique interests and capability, one that keeps them active, involved and valued-as they should be.

Surgeons often view career decisions as persona-defining. Leaving surgery is difficult decision and is best planned for during mid-phase of one's career. Retirement should be a celebration of a wonderful career rather than forced by external factors.

Dr. A. K. Dewan
Director - Surgical Oncology

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