

NEWS LETTER

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INFLUENZA AWARENESS : PROTECT, PREVENT, VACCINATE

Influenza, commonly known as the flu, is a highly contagious viral respiratory infection that affects communities worldwide. Seasonal influenza occurs every year, with increased transmission often seen during particular seasons. It can affect people of all ages and spreads easily through respiratory droplets and contaminated hands or surfaces.

In the community, influenza can cause fever, cough, sore throat, body aches, weakness, and headache. While many people recover within a few days, influenza can lead to serious complications such as pneumonia, hospitalization, and even death, especially among older adults, young children, pregnant women, and people with chronic illnesses or weakened immunity.

Appropriate use of diagnostic tests can help reduce unnecessary antibiotic prescriptions. By identifying whether an infection is caused by bacteria or a virus, clinicians can make more informed treatment decisions. For example, influenza and many respiratory infections are viral, so antibiotics are generally not effective unless there is a suspected or confirmed bacterial co-infection.

Rapid diagnostic tests, Microbiological cultures, and Molecular tests (multiplex PCR e.g Biofire and flu geneXpert)can support targeted therapy, reduce empirical or unnecessary antibiotic use, and contribute to the prevention of antimicrobial resistance (AMR).

The high prevalence and rapid spread of influenza places an additional burden on healthcare services. Therefore, prevention is essential.

Flu vaccination is one of the most effective ways to reduce the risk and severity of influenza. Annual vaccination helps protect individuals and contributes to reducing transmission within the community. Vaccination is particularly important for healthcare workers and people at high risk of severe influenza.

Preventive measures-

- Wear mask
- Wash hands frequently
- Stay hydrated
- Avoid close contact
- Seek medical advise if needed

Above all—Avoid self medication and say “NO TO ANTIBIOTICS “ as flu is caused by viruses & antibiotics kill bacteria .

Prevention through vaccination and early diagnosis can help protect individuals, reduce transmission, and build a healthier community.

Protect yourself, protect your family, and protect your community—get vaccinated against influenza every year.

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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 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.

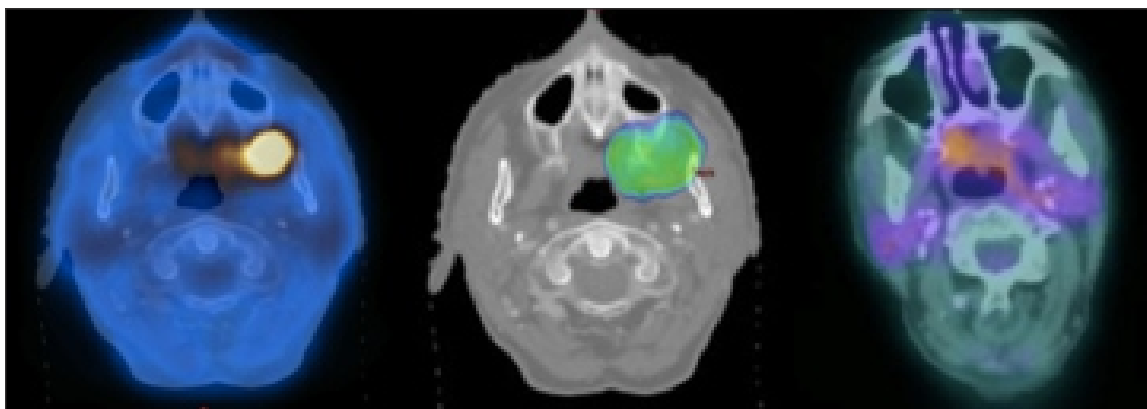
Here, SBRT via CyberKnife provides a non-invasive alternative. Multiple studies have shown that SBRT offer local control rates of 40-60% in selected patients which is at par with conventional re-irradiation if not better. Meaningful palliation of symptoms such as pain, bleeding, and airway compromise 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.

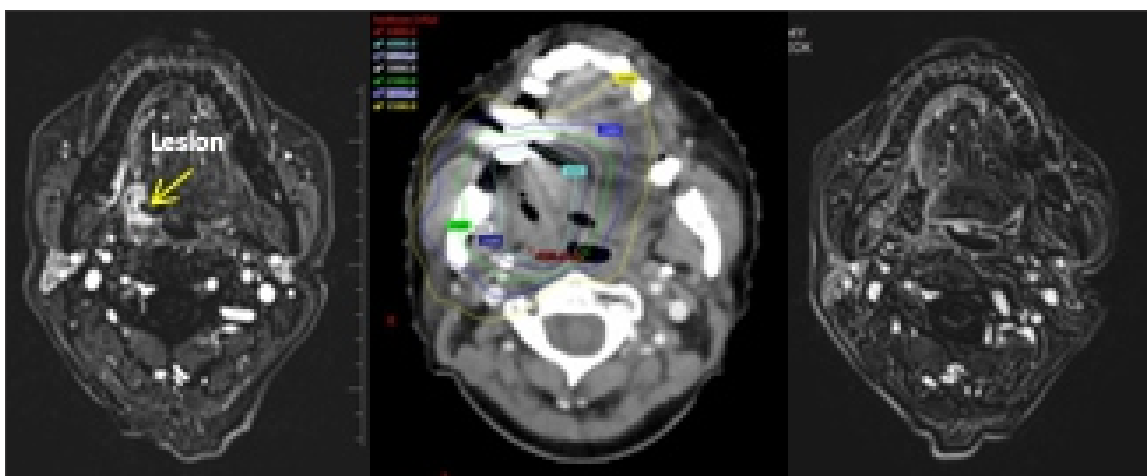


Disease at baseline

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.

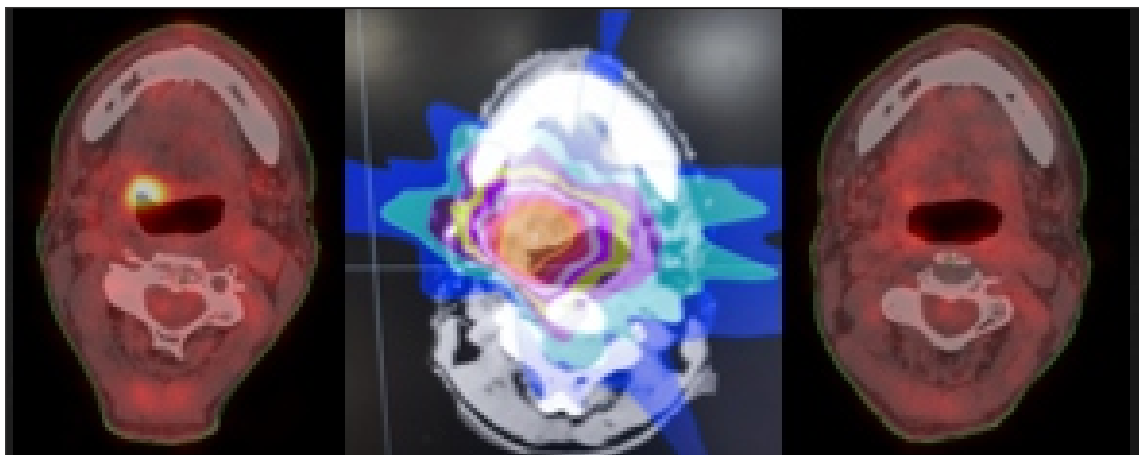


Disease at baseline

SBRT treatment and
dose planning

No evidence of
disease at 1 year

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



Disease at baseline

SBRT treatment and
dose planning

No evidence of
disease at 6 month

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.

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SURVIVAL TO SCIENCE: TURNING CANCER PAIN INTO PHARMACEUTICAL PURPOSE

In 2012, at the age of **14**, my life took an unexpected turn when I was diagnosed with **Hodgkin's Lymphoma** from RGCIRC. Like many young teenagers, I was still discovering who I was and what I wanted to become, when cancer suddenly entered my life. The treatment phase was challenging, marked by chemotherapy and its many side effects, but it also planted a deep desire within me to one day contribute to reducing the suffering of cancer patients.

I am a cancer warrior, and that identity has strongly influenced my academic and professional journey. Witnessing the adverse drug reactions (ADRs) caused by chemotherapy and radiotherapy motivated me to pursue a career in pharmacy, with the aim of improving treatment outcomes and quality of life for patients.

I completed my schooling in Delhi, my residential state, and passed my Class 12 in 2018 from the Science stream with Biology and Mathematics as core subjects. Determined to aim high, I pursued my graduation in Pharmacy from I.T.S College of Pharmacy, Ghaziabad, where I completed my degree with First Division with Honours.

Currently, I am a first-year M.Pharm student (Pharmaceutics – Drug Designing and Development) at the Institute of Pharmacy, Bundelkhand University, Jhansi, Uttar Pradesh. Alongside my studies, I am

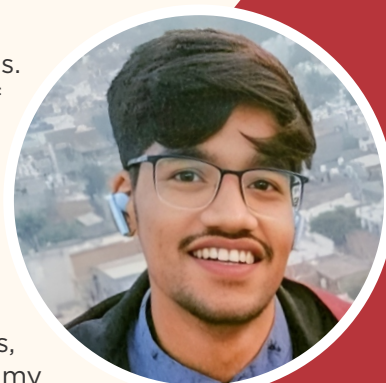
actively working on research focused on a Novel Drug Delivery System for cancer (squamous cell type), with the objective of overcoming the adverse drug reactions experienced by patients undergoing chemotherapy.

Academics have played a vital role in shaping my goals and aspirations. Through my academic journey, I have developed a strong understanding of scientific concepts essential to my field. I have also improved my communication skills and vocabulary through academic interactions, enabling me to build meaningful relationships with professors and peers. Most importantly, I have learned to apply classroom knowledge to real-world research and problem-solving scenarios.

Beyond academics, I have actively participated in competitions, internships, and research programs. These experiences have helped me discover my passion and opened doors to new opportunities that continue to shape my professional growth.

At 25, I hold a master's degree in Pharmacy (Pharmaceutics) and am currently pursuing a PhD in Pharmaceutical Engineering & Technology at IIT-BHU, Varanasi, where I work as a full-time Research Scholar. My journey as a cancer survivor gives deeper purpose to my work in science, driving me to contribute meaningfully to cancer research and treatment—transforming personal pain into progress for patients.

To all young learners, I encourage you to pursue your interests, explore new opportunities, and believe in your potential. Every challenge carries the power to shape your future if you choose to rise from it.



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