

REGISTERED WITH REGISTRAR OF NEWSPAPERS UNDER NO. 66509/97
REGISTERED WITH DEPTT. OF POST UNDER NO. DL (E)-01/5101/2009-10-11
LICENSED TO POST WITHOUT PRE-PAYMENT NO. U(C)-219/2009-10-11

DUE DATE OF POSTING : 25TH / 26TH EACH MONTH
DATE OF PUBLICATION OF NEWSLETTER : 20TH EACH MONTH



DHARAMSHILA CANCER FOUNDATION AND RESEARCH CENTRE

Dharamshila Marg, Vasundhara Enclave, Delhi-110096
Phone: 22617771-75, 43066666 • Fax: 22617770, 22618574, 22619033
Email: dchrc@hotmail.com • Website: www.cancerdch.org

If undelivered please return to:

Dharamshila Cancer Foundation And Research Centre
Dharamshila Marg, Vasundhara Enclave, Delhi 110096

Facilities Available

THERAPEUTIC

- Linear Accelerators with IMRT
- Microelectron HDR with TCS
- Three treatment Planning Systems(3D)
- Spiral C.T. Simulation
- Full range of routine and high risk surgeries
- Chemotherapy
- Blood and Blood Component Therapy
- Intensive Care
- Dialysis
- Rehabilitation
- Pain Relief and Supportive care
- 350 Beds

DIAGNOSTIC

- Whole-Body, High Speed, Dual Slice C.T. Scanner

- Nuclear Scans (Bone, Thyroid, Thallium and Others)
- Mammography
- Ultrasonography with Colour Doppler (with all probes)
- Echocardiography
- Conventional Radiology
- TMT, ECG, Spirometry
- Videoendoscopies (Full range)
- Cytology including FNAs & guided FNAs
- Histopathology with frozen
- Immunohistochemistry Tumors Markers
- All other Lab Investigation

EDUCATION AND RESEARCH

- DNB Programmes in Medical Oncology, Surgical Oncology and Radiation Oncology
- Diplomas for Technicians

- Scientific Conferences
- Continuous Medical Education Programmes
- Participation in International-National Research Projects including completion of gene therapy project.

PREVENTIVE AND SUPPORTIVE SERVICES

- Annual Health Checkups
- Cancer Screening Clinics
- Free Cancer Detection Camps
- Cancer Education (Public Lectures)
- Boarding and lodging facilities for outstation patients and attendants.
- Blood Bank



DCF NEWSLETTER

DHARAMSHILA CANCER FOUNDATION AND RESEARCH CENTRE

Dharamshila Marg, Vasundhara Enclave, Delhi-110096
Tel : 22617771-75, 43066666 • Fax : 22617770, 22618574
E-mail : dchrc@hotmail.com • Website : www.cancerdch.org

Vol.12 No.126

ISO 9001:2000 AND ISO 14001:2004 CERTIFIED

APRIL 2009



Dear Friend,

A very happy BSAIKHI and NEW YEAR.

With the availability of more and more health care facilities in metros, the referring Institutions and individuals are updating themselves with the pros and cons of each upcoming hospital. There is a section of society for whom primary concern is five star luxury and there is another section of society for whom primary concern is cost of treatment. There is another highly informed section of the society, which wants top notch technology, highly trained professionals, care with concern and their most important concern is the treatment outcome. There are foreigners and NRIs who want to go to NABH / JCI accredited hospitals only.

Fulfilling the aspirations of all sections of the society is a very delicate balancing act. We have been studying the needs and wants of people for last 15 years and have succeeded in satisfying all our customers including foreigners and NRIs. Since we are the only NABH accredited Cancer Hospital of India, it is very easy for referring institutions and individuals to choose Dharamshila Hospital and be assured of best treatment outcomes with miniscule costs.

For last few months, we have been receiving highly educated and informed NRIs and foreign patients, who had to go through horrible experiences when they developed cancer. They chose to come to our hospital for treatment and were delighted not only with our facilities and services but also with the results of the treatment at miniscule costs.

One of our patients, who came from California with Ovarian Cancer, its complication and a total disillusionment with healthcare systems in USA, has penned down her experience which is overleaf. She is overwhelmed with joy with the results of her treatment and the care she received.

We at Dharamshila Hospital are totally committed for continuous quality improvement and winning the hearts of suffering people.

Looking forward to satisfy your patients.

Dr. S. Khanna
Executive Director

FEW WORDS OF APPRECIATION

As my plane touched down on New Delhi Airport, I knew I was going to be fine...I was Home! I knew that Dad being a doctor would fix everything the best way possible.

What I did not know was how the hospital where I was to be admitted and subsequently operated would be. Agreed, I had heard a lot about it, but there still was that angst...i guess I just had to find out for myself despite being assured of the best.

I walked into Dharamshila Hospital and Research Centre on the 12th of November 2008 – a little apprehensive, a little anxious and very cranky as I was unwell, exhausted and jet lagged having arrived just the night before from the USA.

A room had already been booked for me, I was whisked away by caring hands and taken through a series of rigorous investigations and introduced to all my doctors. The possibility of what I could have was discussed with me clearly and I was apprised of everything in a very professional manner. My confidence in the institution was increasing by the minute. I knew that everyone was hoping, most of all my family and me that it was nothing, that the alien inside me was harmless and a small surgery would put life back to normal soon. After all, how could I - a young, healthy, happy and physically fit person possibly get Cancer?

Fate, they say has other things in store.... My alien was malignant and my surgery a long procedure of 8-9 hrs performed successfully by a very competent surgeon. I was however in the right place and was taken care of thus. I have since, spent a lot of time at the hospital which has now become my comfort zone.

As there are a lot of restrictions for a patient undergoing chemotherapy, I too was restricted in movement, so my weekly visit to the hospital soon became my only outing. I have never felt nervous, did not have knots in my tummy or resented going to the hospital, - hey it doesn't even smell like one! It is credit to the institution for fostering an environment of care for patients, faced with the trauma of dealing with cancer

First, it provides the 360 degree of care needed for cancer patients all under one roof. It teaches you that cancer is curable and normal life does exist post treatment. The doctors can be compared to any in the world in competitiveness. They are positive and smiling and always available to answer even the silliest of question or concern – they make you believe you will get better.

It is a pleasure entering the hospital – as a frequent visitor, I get welcome smiles at each step, right from the person rolling the wheelchair to the security guard at the lift and the person cleaning my room. The Nursing staff besides being well trained

is also courteous and welcoming. They know the kind of patient they are dealing with, they know how hard chemo is – so they encourage you to be strong and say the right things. I look forward to meeting everyone each time I go there.

They say that a house is made a home by the people who live in it. No matter how grand it is, no matter what it has, people are needed to infuse life in it. Dharamshila has all the equipment, gadgets and facilities, but more than that it has the right people that provide it, its spirit and soul, which makes it stand apart. I wish the hospital all the best for the future and highly recommend it to anyone looking for holistic cancer treatment and hope it continues to grow stronger in the niche it has created for itself.

Meghna Krishna
W/o. Mr. Kaustav Chaudhuri
2421E BALL RD B 93,
ANAHEIM, CA, 92806, USA

BREAST CONSERVATION—A PARADIGM SHIFT

The incidence of breast cancer is rapidly increasing in India and has overtaken cancer of cervix in Indian women in metropolitan cities. One in 22 Indian women are likely to develop breast cancer during their lifetime. Breast cancer is a disease of old age with the peak incidence in the fifth and sixth decades - but in India the disease is seen a decade earlier, probably due to shorter longevity of life in Indian women (about 62 years as per Indian census), as compared to their counterparts in the USA.

Statistically, breast cancer is more common among unmarried women, nulliparous women and those who did not breast-feed their babies. Smoking, alcohol drinking and high fat diet intake are attributed to the causation of breast cancer and its high incidence among the women residing in metropolitan cities of India, where a Western lifestyle seems to be taking hold.

In India, nearly 50 per cent of breast cancer patients present with locally advanced disease. The main reasons for this late presentation are illiteracy, poverty, lack of awareness, feeling of shame, ignorance coupled with lack of health education. Absence of pain in the early stages adds to the cause of delay in seeking medical advice.

Surgical treatment of breast cancer has changed significantly in recent years from radical to conservative approach. The surgical treatment of breast cancer must be determined for each woman on an individual basis. **Breast cancer patients are twice more likely to be offered breast-conserving surgery (BCS) if treated by surgeons at a dedicated cancer center than by surgeons in the private practice**, according to a national survey of breast specialists conducted by the American Society of Breast Diseases. In this study only 19% of surgeons used BCS in their practice while the remaining 81% performed mastectomy irrespective of the stage of the disease.

Patients may have an initial gut preference for mastectomy as a way to “take it all out as quickly as possible”. Women tend to prefer mastectomy more often than their surgeons do because of this feeling. But, studies following thousands of women for more than 20 years follow-up show that there is no difference in overall survival in mastectomy over breast conserving therapy. Hence, proper counseling is very important. **Only a surgeon, who is convinced him/herself, can propagate the idea and convince the patient for breast conservation.**

Women whose breasts are preserved have fewer episodes of depression, anxiety and insomnia. A recent multicentre study of patients with early-stage breast cancer found women who undergo breast conservation therapy have improved body image, higher satisfaction with treatment and no additional risk of recurrence compared with women treated with mastectomy. Careful selection

of the patient for breast conservation is very important for a successful outcome.

Indications for breast conserving surgery (BCS):

1. Patient's desire for breast conservation.
2. Tumor less than 4 cm in size (T1 or T2).
3. Good Breast vs. tumor volume ratio.
4. Availability of radiotherapy and mammographic facilities.
5. Patients with N0 or N1 axillary nodes.
6. Non-pendulous breast to allow a uniform radiation dosage distribution.

Contraindications for BCS:

1. Multicentric breast cancer.
2. Diffuse malignant looking micro calcifications on mammogram
3. Matted (N2) axillary lymph nodes.
4. Recurrence in a previously conserved breast.
5. Collagen vascular disease.
6. Early pregnancy.
7. H/o previous irradiation to chest wall.
8. Positive surgical margins

Relative Contraindications for BCS:

1. Tumor size >5 cm. (T3)
2. High risk of residual tumor or surgical margin positivity on resection.
3. Large tumor in a small breast.
4. Poor histological differentiation.
5. Extensive intraductal component (>25% of tumor is DCIS)

Breast Reconstruction

Reconstruction should be offered to all women who undergo a total mastectomy or whose breast conservation surgery (BCS) leaves an unacceptable cosmetic deformity. Immediate reconstruction is more convenient for patients, less expensive, and limits exposure to anesthesia risk. The aesthetic results tend to be better and the patient does not have to live with a deformity, even temporarily.

Reconstructive surgery can be delayed or performed immediately by either breast implants or autologous tissue. The most commonly used autologous flaps are the TRAM (transverse rectus abdominis myocutaneous) flap, the latissimus dorsi flap or free flaps.

Breast-conserving surgery is a treatment modality for early-stage breast cancer that causes less physical disfigurement and psychological trauma to the patient. Many prospective randomized trials have demonstrated that overall and disease-free survival rates for early-stage breast cancer are equivalent after mastectomy or BCS with postoperative radiotherapy.

Patients with a central sub(retro)areolar cancer or Paget's disease of the nipple that require resection of Nipple-Areolar complex (NAC), can also be treated with breast conservation with acceptable cosmesis.

In conclusion, breast-conserving surgery combined with radiation is now well established as the preferred local-regional treatment for a majority of patients with early stage (stage 0, stage I, and stage II) breast cancers. Properly selected patients can expect



equivalent long-term survival from the disease, yet avoid mastectomy with all the negative physical and psychological aspects of that more radical, ablative procedure. Not all patients, however, are considered appropriate candidates for a breast-conserving approach.

Dr. B. Nirajan Naik
MS (AIIMS), Onco Surgery (IRCH, AIIMS)
Senior Consultant Surgical Oncology

SKULL BASE SURGERY

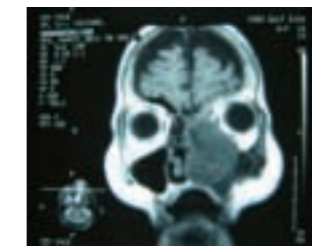
In the recent past, tumours of the skull base were supposed to be inoperable. With better understanding of tumour biology, advances in imaging technologies, hitech intensive care unit and obviously with betterment of surgical approach, survival of the patient with tumour at the skull base has improved. Skull-base surgery involves operating within one of three regions of the skull: the anterior, middle or posterior fossa. From oncosurgical point, tumour of the nasal cavity, paranasal sinuses and skin cancers in the craniofacial region in advance stage involve the skull base. Skull base surgery gives the real picture of team approach in the management of cancer and involves Oncosurgeon, Neurosurgeon, Oncoreconstructive surgeon, Oncoanaesthetist, Intensivist and rehabilitation team. Because of the delicate nature of this type of surgery, proper planning and surgical expertise is the keystone of fruitful result.

Case No. 1. An elderly lady presented with recurrent tumour at the medial canthus of left eye. She was operated outside for basal cell carcinoma of the medial canthus of eye. When she came to us, it was a badly recurrent tumour, involving the eyelid, medial wall of orbit, cribriform plate, nasal bone and finally protruding out through left nares. After proper staging workup, she was found to be in operable stage for craniofacial resection. Tumour was approached through lateral rhinotomy and craniotomy. Resection required a combined effort of Oncosurgeon and neurosurgeon. Through frontal craniotomy, frontal lobe of brain was retracted and approach for anterior cranial fossa was achieved. Cribriform plate was cut and dropped down in the facial wound. Through lateral rhinotomy approach, medial maxillectomy, excision of medial wall of orbit, ethmoid and nasal bone tumour was resected out. Adequate margins of the overlying skin including upper and lower eyelids were taken. Defect was repaired with temporalis myofascial and pericranial flaps. Postoperatively patient was kept in ICU for 24 hours with special precautions and instructions as applicable with all craniofacial surgeries. Patient recovered uneventfully and discharged on 7th postoperative day.

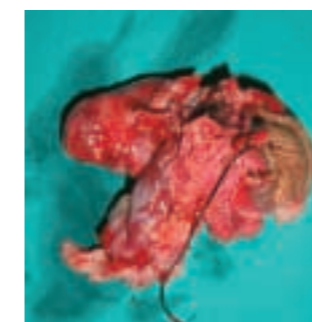
You can see operative video clip of this case on youtube.com {Dr. Anshuman Kumar (Oncosurgeon) and Dr. Pankaj Jha (neurosurgeon)}. In google, search - craniofacial resection Dr Anshuman Kumar, Dharamshila Cancer Hospital.



Preoperative



CECT Scan depicting tumour



Specimen



Preoperative View



Postoperative View

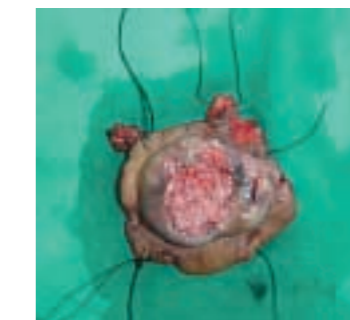
Case No. 2. Squamous cell carcinoma involving root of the nose and medial canthus of left eye. Growth was fixed to the underlying bone but not extending intracranially. Wide local excision with resection of medial part of upper and lower eyelids and underlying bone was done. Defect was reconstructed with forehead flap in two stages.



Preoperative



Wide margin



Specimen including Upper and lower eyelids



Reconstruction with forehead flap

Discussion:

The anterior skull base is affected by tumours arising from paranasal sinuses, skin and orbit. The prognosis is highly dependent on the histologic diagnosis and the completeness of resection. The patients with squamous cell carcinoma have an overall survival rate of 50-60% at 5 years, whereas high grade sarcomas and melanoma have dismal prognosis. Sound surgical results demand proper decision making and planning, high level of expertise, better intraoperative monitoring and postoperative care. The reported complications of craniofacial resection are CSF leak, tension pneumocephalus, cerebral edema, electrolyte abnormalities (due to SAIDH) and orbital complications.

Dr. Anshuman Kumar
MS (Surgery), MRCS (Edinburgh) U.K.
M.Ch (Oncosurgery) Gold Medalist
Consultant Cancer Surgeon

Dr. Pankaj Jha
MS, M.Ch (Neurosurgery)
Consultant Neurosurgeon