



# DCF NEWSLETTER

**DHARAMSHILA CANCER FOUNDATION AND RESEARCH CENTRE**

Dharamshila Marg, Vasundhara Enclave, Delhi-110096  
Tel : 22617771-75, 43066666 • Fax : 22617770, 22618574  
E-mail : [contact@dhrc.in](mailto:contact@dhrc.in) • Website : [www.dhrc.in](http://www.dhrc.in)

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**Dear Friends,**

*Season's Greetings and a very happy Diwali to you and your loved ones.*

*Oncology is going through great transition and transformation. Gone are the days when cancer was considered synonymous with a death warrant. Any transformation begins with a vision and a dream and to transform dreams into reality, we need financial and human resources on a scale that matches both the vision and the dream. More than the financial and human resources, we need a burning passion to understand the risks of getting cancer, how to detect cancer at an early stage and God forbid, if it strikes, how to improve chances of cancer cure by top notch technology, conservative and reconstructive surgeries and targeted therapies.*

*Our ability to think of the smallest detail, makes a lot of difference to the lives of those who rely on us. Therefore, we took the challenge of transforming the cancer scene in India. A small article on "Cancer – A Challenge" will help you in defining your role in this exercise of transformation.*

*In addition to providing complete cancer care under one roof, we have started awareness campaign, in partnership with Times of India, to educate the public about common cancers in India.*

*We not only treat cancer, we also heal the souls by taking care of emotional, social, financial and spiritual needs of the patients and their families. As a special festival gift to women above the age of 40 years, we offer free cancer checkups and affordable surgical packages.*

*Please motivate your patients to come for a free cancer check up with prior appointment.*

*Please help us promote early detection and save precious lives of those suffering from cancer by timely referrals.*

*Looking forward to your valuable response.*

**Dr. S. Khanna**  
Executive Director

## CANCER – A CHALLENGE

Cancer is the third largest killer after road accidents and cardiac deaths. As per WHO 25% men and 33% women are likely to get cancer in their lifetime.

In other words, our existence, quality of life and our economy is threatened. Whenever there is a threat, there are two types of responses, deny the threat or accept the challenge and come out as a winner. Medical Professionals have always taken challenges to mitigate suffering and provide good quality of life to the patients.

## CHALLENGES IN ONCOLOGY

- ◆ Medical Professionals
- ◆ Oncologists
- ◆ Health Planners (NGOs and Govt.)
- ◆ Cancer Hospitals
- ◆ Community

## MEDICAL PROFESSIONALS

- Change people's perception about cancer and making them aware that it is possible to have 5-30 years survival after diagnosis. Even stage III and IV people today are enjoying near normal lives after 8-10 years of optimum treatment.
- Educate general public to adopt healthy life styles to prevent cancer.
- Advocate and teach the technique of monthly self examination and Annual Cancer Screening for the high risk groups.
- Vigilance while examining patients to detect cancer at an early stage.
- Make right choice of cancer care centres for timely referrals to increase cure rates.
- Motivate cancer survivors for regular follow up and investigations to detect recurrences.
- Accept the fact that cancer surgeries are best performed by surgical oncologists and chemotherapies are best managed by medical oncologists.
- Meet the aspirations of the community for high cure rates and better quality of life.

- Gain the lost faith of the community in the medical professionals by fulfillment of their needs for cancer treatment which are as follows :
  - ◆ Dedicated cancer hospitals with NABH Accreditation.
  - ◆ State-of-the-art technology for multimodality treatment.
  - ◆ Organ specific teams of skilled and competent surgical oncologists.
  - ◆ Tumour Board Evaluation by a team of cancer experts, pathologists and radiologists.
  - ◆ Integrated approach for multimodality treatment.
  - ◆ In-house availability of other Allied Specialists.
  - ◆ Implementation of International Treatment Guidelines / protocols.
  - ◆ Highest Standards of Care with different aspects of safety.
  - ◆ Patient Centric approach.
  - ◆ Affordable cost.

- Not to indulge in chemotherapies and refer patients requiring chemotherapy to medical oncologists.
- Timely referrals to other allied specialists for managing other associated diseases of cancer patients.
- Teaching and training of subordinate staff.
- Implementation of NABH Standards and ISO Systems for high quality treatment, Radiation Safety and Environment management compliance.

## HEALTH PLANNERS (GOVT. & NGOS)

Ensuring accessibility, availability and affordability of complete infrastructure for:

- Cancer prevention.
- Early detection (Screening programmes for Breast, cervix, prostate, colon & lung screening for high risk groups).
- Comprehensive treatment under one roof.
- Palliative and Supportive Care.
- Rehabilitation.
- Teaching and Training (DM/M.Ch./DNB) to have optimum number of surgical, medical and radiation oncologists.
- Initiate oncology nursing training courses.
- Research Programmes.
- Certifications and Accreditations of hospitals treating cancer.

## CANCER HOSPITALS

- Addition of newer technologies as and when available.
- Keep on replacing old technologies with new technologies
- Appoint adequate number of qualified (DM/M.Ch./ DNB) Medical, Surgical and Radiation Oncologists and other support staff.
- Establish patient centric systems.
- Implement International and National treatment guidelines.
- Continuous teaching and training of staff.
- Safety of patient and staff.
- Regular Medical audits.
- Containment of infections.
- Patient satisfaction and delight.
- Continuous Quality Improvement.
- Environment Management System compliance.
- Legal Compliances.
- Certification for ISO Systems.
- Accreditation by NABH.
- Generate resources for growth and development.
- Make cancer treatment affordable.
- Improve Cure Rates.

## COMMUNITY

- Accept the fact that cancer incidence is rising and any one of us / our loved ones can be inflicted with cancer.
- Understanding the fact that we have no choice but to change our life styles and personal habits to reduce risk of cancer.
- Devote time for regular monthly self examination and annual health checkups.
- Attend cancer awareness lectures whenever possible.
- Update the knowledge that cancer can be cured by early detection and prompt treatment.
- Save money for health insurance.

## ONCOLOGISTS

### Surgical Oncologists

- Master newer techniques for organ preservation and reconstruction.
- Advanced training for organ specific surgeries.
- Justified selection of cases for excellent postoperative results.
- Minimization of postoperative complications.
- Organize support Services to practice their skills.
- Teaching and training of subordinate staff.
- Timely referrals to other specialists.
- Stick to surgical oncology expertise and refer for chemotherapy to medical oncologists.
- Implementation of NABH Standards and ISO Systems for high quality treatment, Safety and Environment management compliance.

### Medical Oncologists

- Advanced training to manage chemotherapies to minimize toxicity.
- Selection of the desired chemotherapy protocol to suit individual patient.
- Training in Bone Marrow Transplants and stem cells.
- Management of Neutropenic patients.
- Management of terminally ill patients and their families.
- Teaching and training of subordinate staff.
- Implementation of NABH Standards and ISO Systems for high quality treatment, Safety and Environment compliance.

### Radiation Oncologists

- Convincing the management to phase out cobalt machine and low dose manual Brachytherapy units to prevent major side effects like fibrosis of the lung, bladder and bowel incontinence.
- Install newer generations of linear accelerators with IMRT and IGRT capability to kill the malignant cells and save healthy surrounding tissues.
- Install state-of-the-art treatment planning systems, physics equipment, dosimeters etc.

- Report to the cancer hospital without wasting time, if cancer is diagnosed and detected.
- Completion of treatment and regular follow ups to prevent recurrences.

Let us all get together, accept the challenges as Medical Professionals & Citizens of India and stop this fast approaching epidemic of cancer by our sheer wit and experience.

**Dr. S. Khanna**

Executive Director

## PARACERVICAL SYMPATHETIC CHAIN SCHWANOMMA: A CASE REPORT

A 21 years old boy presented with a history of lump in the right upper neck since 2-3 yrs which had recently increased in size. There was no history of associated pain, change in voice or loss of weight. On examination there was 5x4cm mobile lump with firm consistency at right level II & III cervical region. FNAC was done which revealed a lesion suspicious of soft tissue tumor.

CT scan Neck revealed mass in the right upper cervical region displacing the carotid vessels anteriorly with internal jugular vein (IJV) not visualized (Fig. 1), no other mass or lymph node was seen. Clinical diagnosis of Nerve sheath tumour arising from vagus or sympathetic chain was made. Patient was briefed about the possibility of sequelae of ptosis, miosis and anhidrosis (Horner's Syndrome arising from sympathetic chain). If origin of tumour is from vagus nerve then he is likely to have hoarseness of voice and aspiration.

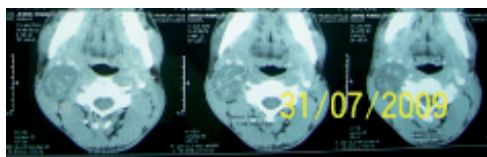


Fig. 1. CT Scan Neck

After preoperative workup patient was operated, neck was opened up through cervical incision at first skin crease, subplatysmal skin was raised, the mass was well encapsulated of size 5x4cm was placed below the carotid vessels, IJV and vagus nerve (taped shown in Fig. 2). The schwannoma (tumour) was resected with adequate proximal and distal margins sacrificing the sympathetic chain.

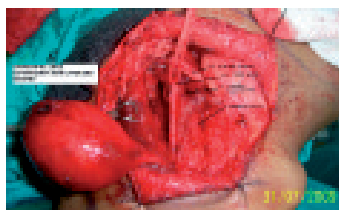


Fig. 2. Intra-operative View

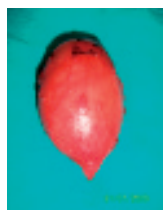


Fig. 3. Specimen

The specimen was removed enbloc and neck wound closed after putting a suction drain. The patient was discharged the same day in the evening. Postoperatively patient had ptosis and miosis (Fig. 4). The final histopathology revealed Sympathetic chain Schwannoma.



Fig. 4. Post-operative showing Miosis and Ptosis

## DISCUSSION:

Schwannomas were first described by Verocay in 1908. Since then, they have been called neurilemmomas, solitary nerve sheath tumors, perineural fibroblast tumors and most recently, schwannomas, according to the World Health Organization (WHO) classification.

Schwannomas may occur sporadically or in association with syndromes such as neurofibromatosis type 2 or schwannomatosis. Sympathetic chain schwannomas are rare, with fewer than 50 cases reported in the literature, and are predominately located in the cervical or lumbar retroperitoneal region. Schwannomas of the sympathetic chain occur between the ages of 30 and 70 years but are most common in patients between 20 and 50 years of age. No other etiologic factors or predispositions have been delineated from the small series of case reports that have been reported.

The majority of sympathetic schwannomas are asymptomatic at the time of presentation. Sympathetic chain schwannoma may be accompanied by vague symptoms such as sore throat, hoarseness, or dysphagia in cervical region tumors and abdominal/flank pain in lumbar retroperitoneal tumors. Although schwannomas rarely compress or destroy the nerve, clinical findings related to sympathetic chain involvement may be present. The presence of Horner's syndrome before excision has been recorded in 6 previous cases of cervical schwannomas but was not present in our patient.

The most challenging aspect of treating these lesions is distinguishing the benign sympathetic schwannoma from other pathologic processes with similar findings and presentations. Differential diagnosis depends on location of the mass and may include carotid artery lesions, paragangliomas, spindle cell sarcomas, or sympathetic chain neurogenic lesions.

In general, schwannomas are hypodense compared with muscle on CT scan without contrast. When contrast is added, some degree of enhancement may be present. MRI and carotid angiograms can help in establishing a diagnosis. Due to the compartmentalization of the cervical region, it is possible to suspect a diagnosis based on the anatomical region.

In comparison to schwannomas, paragangliomas usually have a more cranial origin in the lateral cervical region. Schwannomas may have their origin in the parapharyngeal space, including cranial nerves IX, X, XI, and XII. Schwannomas of the vagus nerve grow between the common carotid artery and the internal jugular vein. This growth pattern often leads to a divergence of both structures, which is visible in CT scan or MRI. Furthermore, these tumors tend to be vascular; schwannomas of the sympathetic chain do not cause this separation of the common carotid artery and the internal jugular vein and are not typically vascular tumors.

The most common complications after resection of a sympathetic chain schwannoma of the cervicothoracic region are Horner's syndrome and facial anhidrosis of the contralateral side. The ptosis is due to the paralysis of Mueller's muscle and can be treated by advancement of the levator aponeurosis or by resection of the conjunctiva and Mueller's muscle. Typically, this syndrome is not debilitating as it does not alter vision but primarily affects cosmetic appearance.

**Dr. Mudit Agarwal**

MS (BHU), MRCS (Edinburgh), M.Ch. (Surgical Oncology), UICC Fellow

Consultant Surgical Oncologist

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

### Facilities Available

#### THERAPEUTIC

- Linear Accelerators with IMRT
- Microselectron 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