



Delhi Medical Association

NEWS BULLETIN

FORTNIGHTLY

Official organ of Delhi State Branch Indian Medical Association

20 Pages

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Hony. State Secretary
Dr. G. S. Grewal

Hony. Finance Secretary
Dr. M. K. Singhal

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10 February, 2019 | Email : delhimedicalassociation@gmail.com | Web : www.delhimedicalassociation.com | Price Rs. 5.00

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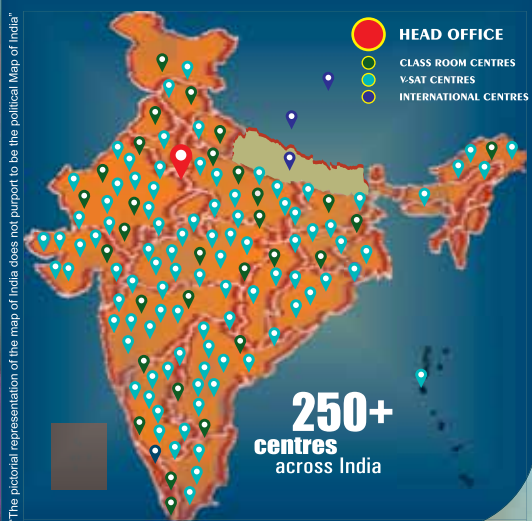
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President's Pen...



Dear Friends,

It gives me immense pleasure to inform you that much awaited Annual Conference of Delhi Medical Association-**DMA CON 2019**- The 61st Annual Delhi State Medical Conference is being held on Sunday, 24th March at Hotel Le-Meridien, New Delhi.

The aim of the conference is to update the knowledge of our members about recent advances in different fields and medicine. It is to enhance our skill and keep us abreast with latest in the globe.

This conference is going to be a bonanza of grand academic feast in which the top most eminent faculties and luminaries of national repute are getting involved to deliver lectures in their respective field of speciality. The tentative topics to be included are cardiac sciences, oncology sessions, orthopaedics, nephrology, urology, neurology, gynaecology, IVF and many more topics of importance in today's scenario.

The conference also aims to ponder upon common issues and problems of private clinics/small nursing homes and big or corporate hospitals i.e. Ayushman Bharat, PCPNDT act, Clinical Establishment Act, Consumer Protection Act, Assault on Doctors, Medico Legal Issues, DPCC Issues, Conversion and Parking Issues, NABH, ESI, CGHS RATES, TPA, BMW, Minimum Wages, Environment and Pollution, Building Byelaws, Fire Laws, Issues of Service Doctors and resident doctors, etc..

We have also planned to organise the exhibition for medical equipments and invite all exhibitors to provide their equipments at concessional rates.

In this mega endeavour, I seek the cooperation of all the office bearers and executives of DMA, presidents and secretaries of all the branches as well as the blessings of all the past presidents of DMA.

I invite all the members to get registered for the conference. The registration fee is Rs. 1000/- only, But a 50% concession is offered to first 300 delegates on first cum first serve basis. So send your registration to DMA House along with cash/cheque in favour of Delhi Medical Association to avail the opportunity.

I congratulate the leaders in IMA East Delhi Branch and IMA South Delhi Branch for bringing the unanimity in Branch elections and choosing the best of the teams. I'm sure that the team of IMA-EDB led by Dr. Poonam Goyal and the team of IMA-EDB led by Dr. Sandeep Sharma shall be able to set the newer milestones in the working of their respective branches.

DMA is always there for all kind of support and guidance to its local branches.

Dr. Ashwani Goyal
President, DMA

Mob.: 9811113647

E-mail: goyalak62@gmail.com

Congratulations !!!

DMA is proud to inform members about the achievements of our own
**Dr. H. S. Chhabra, Chief of Spine Services & Medical Director,
Indian Spinal Injuries Centre.**



Dr H S Chhabra has taken over as President of International Spinal Cord Society (ISCoS) during its last GBM held in Sydney on 14th September 2018. He has been the Chairman of Education Committee and Prevention Committee of ISCoS. He had also received the ISCoS Society medal in 2013.

Dr H S Chhabra has also taken over as President of Association of Spine Surgeons (ASSI) of India during its last GBM in Ahmedabad on 26th January 2019. He has been the Secretary of the Society from 2013 to 2016.

Indian Spinal Injuries Centre, Sector-C, VasantKunj, New Delhi-70,
Ph. +91-11-42255243, Web: www.isiconline.org

Dr. Ashwani Goyal
President, DMA

Dr. G.S. Grewal
Hony. State Secretary, DMA

Dr. M.K. Singhal
Hony. Finance Secretary, DMA

31st Medicine Update Department of Medicine, Sir Ganga Ram Hospital

1st & 2nd March 2019

TOPICS OF INTEREST

1st March 2019

- Workshop on App Based Clinical Practice
- Obstructive Airway Disease
 - COPD : What is latest / Bronchial Asthma – Beyond Medications / Air Pollution & its ill effects
- Fungal Infections in Internal Medicine
 - Mucormycosis / Candida / Aspergillus
- Mixed Bag
- Ethics in Medical Practice
- Medical Quiz

2nd March 2019

- Workshop on Diet & Nutrition in Medical Illness
- Tuberculosis
 - Newer Rapid Diagnostic Modalities / Newer guidelines in management of TB / ATT in Special Population
- Question & Answer session
- Mixed Bag
 - Osteoporosis / PCOS / Pre & Post Exposure Prophylaxis in HIV
- Ethics in Medical Practice

Time : 12.00 noon – 5.00 p.m.

Venue : The Auditorium, Sir Ganga Ram Hospital

Registration : Rs.300/- favouring “Sir Ganga Ram Hospital” including lunch & tea on both days, conference kit, certificate for participation, book containing proceedings of the conference and DMC CME credit hours.

Contact :-

Dr. Atul Gogia, Organising Secretary, Mobile – 9891003450, E.mail : atulgogs@gmail.com

Dr. S.P. Byotra, Organising Chairperson, M-66, Kirti Nagar, New Delhi – 110 015.

Mobile – 9811047379, E.mail : byotra@yahoo.co.in

Conference Secretariat : Department of Medicine, Room No.1417, 4th Floor A Block, Sir Ganga Ram Hospital, Old Rajinder Nagar, New Delhi – 110 060. Phone (Office) : 011-42251447, E.mail : dept.medicine.sgrh@gmail.com

The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report

Published: January 27, 2019



Executive Summary

Obesity is still increasing in prevalence in almost all countries and is an important risk factor for poor health and mortality. The current approach to obesity prevention is failing despite many piecemeal efforts, recommendations, and calls to action. This Commission following on from two *Lancet* Series on obesity looks at obesity in a much wider context of common underlying societal and political drivers for malnutrition in all its forms and climate change. The Commission urges a radical rethink of business models, food systems, civil society involvement, and national and international governance to address The Global **Syndemic** of Obesity, Undernutrition, and Climate Change. A holistic effort to reorient human systems to achieve better human and planetary health is our most important and urgent challenge.

Key messages

The pandemics of obesity, undernutrition, and climate change represent three of the gravest threats to human health and survival. These pandemics constitute The Global Syndemic, consistent with their clustering in time and place, interactions at biological, psychological, or social levels, and common, large-scale societal drivers and determinants. Their interactions and the forces that sustain them emphasise the potential for major beneficial effects on planetary health that double-duty or triple-duty actions, which simultaneously act on two or all three of these pandemics, will have. To mitigate The Global Syndemic, the Commission proposed the following nine broad recommendations, under which sit more than 20 actions:

1. Think in Global Syndemic terms to create a focus on common systemic drivers that need common actions.
2. Join up the silos of thinking and action to create platforms to work collaboratively on

common systemic drivers and double-duty or triple-duty actions.

3. Strengthen national and international governance levers to fully implement policy actions which have been agreed upon through international guidelines, resolutions and treaties.
4. Strengthen municipal governance levers to mobilise action at the local level and create pressure for national action
5. Strengthen civil society engagement to encourage systemic change and pressure for policy action at all levels of government to address The Global Syndemic
6. Reduce the influence of large commercial interests in the public policy development process to enable governments to implement policies in the public interest to benefit the health of current and future generations, the environment, and the planet
7. Strengthen accountability systems for policy actions to address The Global Syndemic
8. Create sustainable and health-promoting business models for the 21st century to shift business outcomes from a short-term profit-only focus to sustainable, profitable models that explicitly include benefits to society and the environment
9. Focus research on The Global Syndemic determinants and actions to create an evidence base of systemic drivers and actions, including indigenous and traditional approaches to health and wellbeing

Members need to appreciate the NEWER challenges we are likely to face in the near future!

Dr. G.S. Grewal
E-mail : grewal247@yahoo.in
Mob : 9811078010

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Co-inciding with

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61st Annual Delhi State Medical Conference 24th March 2019 at Hotel Le-Meridien, New Delhi TENTATIVE AGENDA

24TH March 2019	NACON 2019	Hall A
Time		
9.00-10.00am 10.00-11.00 am 11.00-12.00am 12.00-1.00pm	Recent Advances in Cardiology Recent Advances in Neurology Recent Advances in Oncology Recent Advances in Geriatric Practices	
1.00-2.00pm	LUNCH	
2.00-3.00pm	INAUGURATION	
3.00-4.00pm 4.00-5.00pm 5.00-6.00pm	Recent Advances in Ophthalmology Recent Advances in Obs & Gynae Recent Advances in Paediatrics	
24th March 2019	9.00am to 5.00pm	Hall B
9.00-5.00pm	Workshop on PNDT Act Workshop on Management of Bio Medical Waste Workshop on Assault on Doctors Workshop on Adolscent Health	
24th March 2019	9.00am to 5.00pm	Hall C
	Tutorial on Clinical Investigations - How to Read X-ray / CT - Basic ECG - Basic Lab Investigations - Basic Ultrasound	

**Please Note : Workshop only for 30 Delegates.
Send your Registration at the earliest.**



Dr. Ashwani Goyal
Conference Chairman &
President, DMA
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Dr. G.S.Grewal
Organizing Secretary &
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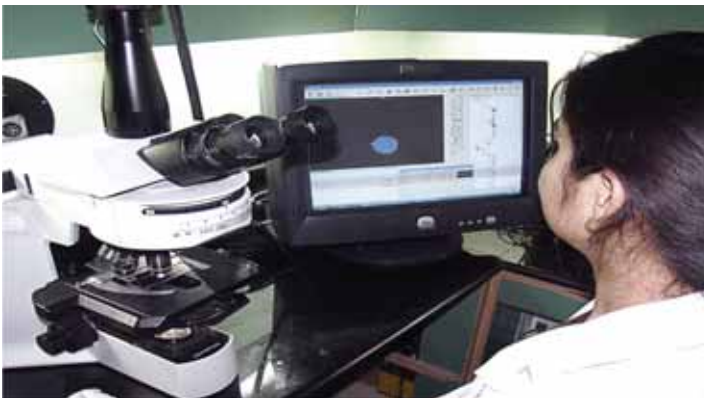
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The Medical Genetics Team

Sitting (L to R) : R. Saxena, J. Verma, I. C. Verma, R. Puri, M. Lall, S. Bijarnia
Standing (L to R) : D. Thomas, M. Lallar, P. Roy, G. Roy, P. Paliwal, M.Jain, S. Aggarwal, P. Saviour, S. Mahajan, S. Dubey, S. Kohli

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- **Biochemical Genetics :** Three PhD Consultants
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► Molecular Genetics Laboratory

- Performs largest number of molecular tests in India, covering almost **500 genes**
- **Next Generation Sequencing,** Sanger Sequencing, Real-time PCR, PCR and MLPA,
- **Major Research Projects:** (i) Mutation studies in Familial Hypercholesterolemia; (ii) Adult polycystic kidney disease; (iii) NGS in Organic acidurias; (iv) Primary immunodeficiencies; (v) Sudden cardiac death due to long QT interval syndrome; (vi) Non invasive prenatal diagnosis of Thalassemia and chromosomal disease using cell free fetal DNA in maternal plasma; (vii) Lysosomal storage disorders; (viii) Exome sequencing in anomalous foetuses; (ix) NGS in sick kids and infants

► The Cytogenetic Laboratory

- **Chromosomal studies / Microarray analysis** in various conditions like developmental delay, autism, intellectual disability and congenital malformations in children, product of conception, prenatal samples of amniotic fluid/CVS
- **Chromosomal Fragility tests**
- **Fluorescence Insitu Hybridisation (FISH)** in prenatals and postnatal samples or aneuploidy detection, microdeletions and subtle translocations

► The Biochemical Genetics

- Variety of metabolic tests such as Galactosemia, Tyrosinemia, Biotin deficiency, Glycogen and lysosomal storage disorders
- Only centre in India to assay enzymes on filter paper blood specimens
- Only lab in India performing tests in 1st trimester to predict Pre Eclampsia
- Screening of chromosomal disorders in 1st trimester and 2nd trimester (**Double, Triple and Quadruple tests**)
- **Urine GCMS and blood aminoacid analysis**
- Only Centre in India offering reliable prenatal diagnosis for lysosomal storage disorders

► Cancer Genetics

- Familial cancer such as Breast, Colon, Retinoblastoma, VHL disease, MEN2, MEN1, Li Fraumeni syndrome etc.
- Mutations in Her2neu, EGFR, KRAS, NRAS, MGMT, Methylation, IDH1/ IDH2, Bcr Abl, C Kit, PDGFR, ALK, BRAF, NPM1 and FLT3 genes for Personalized Therapy
- Bone Marrow Chromosomes and FISH panels for Leukemias
- The first centre in North India to Start a **Cancer Genetic Counseling Clinic**

► Clinical Genetics Service

- **Largest Clinical Genetic Centre**
- Provide Genetic Counseling to about 5000 patients every year
- Patients include those with Developmental delay, Malformations, Autism, Thalassemia, Hemophilias, Metabolic disorders, Skeletal dysplasias, Recurrent abortions, Infertility, Deafness, Retinitis pigmentosa, Muscular dystrophies, Dementias, CMT, Hereditary Cancers
- Genetic diseases in foetuses, **Pre-pregnancy counseling**



Latest technologies, like Next Gen Sequencing and Microarrays, are used for helping the many patients with genetic disorders in India.

HLA and Transplant Immunogenetics Laboratory

- Lab performs **more than 1000 HLA typings** every year for patients and donors undergoing transplantation
- Latest Rapid and more accurate diagnostic methods like **Luminex based Typing** and Antibody screening, Fluogene based SSP typing, Fluorescence based CDC crossmatch
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- DNA profiling studies** by international standard STR based Analysis

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- Biochemical Genetics Lab** : Quality Assurance Program from European Rare Disease Network Metabolic (Netherlands), National University Metabolic Lab, Taiwan, and CDC Atlanta for Newborn screening
- Cytogenetics Lab** : Quality Assurance Certificate from UK National External Quality Assurance Service (NEQAS)
- HLA and Immunogenetics** : Quality Control Program with Asia Pacific Histocompatibility and Immunogenetics Association (APHIA) in Australia, and National Reference Laboratory at AIIMS
- National DNB Super Specialty Program in Medical Genetics funded by DBT
- ICMR supported registry for Rare Disorders
- Clinical trials for Rare Genetic Disorders



FICCI HEALTHCARE EXCELLENCE AWARD 2017



FICCI award for Preventive care – 2018 to Sir Ganga Ram Hospital's Institute of Medical Genetics and Genomics Project title: "Control and prevention of Genetic Diseases through Creating Awareness, Genetic Counselling and Prenatal Diagnosis using Advanced Molecular, Cytogenetic and Biochemical Techniques"

Message from the Chairman



Dr D S Rana
Chairman
Board of Management

Sir Ganga Ram Hospital was the pioneer in the private sector to start a Genetics Department in 1997 and within a short span of time it has blossomed as a premier Centre for providing Genetic services in India, primarily due to the excellence and commitment of the scientific and clinical staff.

The Centre receives consultations and samples from all over India, from a strong network of about 60 collaborating institutions as well as from Dubai, Pakistan, Bangladesh and Sri Lanka. The tariff of certain high end investigations provided here is available at a fraction of the cost, compared to those in the in the West.

Medical Genetics is among the prestigious Centres of Excellence at Sir Ganga Ram Hospital.



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Importance of Art of Communication

The practice of good communication skills in the medical profession is integral for the development of meaningful and trustworthy relationship between the doctors and patients and, thus, is beneficial to both of them. The diagnostic capability of the doctor is greatly enhanced because of better understanding of patient's problems. Furthermore, it is also useful in managing difficult clinical encounters and thus decreases the frustration of both the doctor and the patient or attendant in situations of emotional outbursts. It has also been shown to decrease work stress and increase job satisfaction.

ADVANTAGES OF GOOD COMMUNICATION

1. Less trouble with patients, **so more peaceful life**
2. Patient satisfaction, leading to regular visits and referrals.
3. Feeling of empowerment and control.
4. Adherence to treatment plans.
5. Loyalty even if treatment is not immediately effective.
6. Less chances of complaints and legal action in the event of a mistake.

Components of communication

Effective communication has three basic components- Verbal, non-verbal and paraverbal. Verbal component deals with the content of the message including selection of the words. Non-verbal component includes body language like posture, gesture, facial expression and spatial distance. Paraverbal component includes tone, pitch, pacing and volume of the voice.

While communicating, most of us focus on the verbal component that constitutes only ten percent of the message delivered whereas non-verbal and paraverbal components contribute ninety percent of the total message delivered.

Verbal component (content) is important and it includes information about the nature, course and prognosis of the disease; various treatment options available; nature, cost and yield of the investigations and risks/benefits of invasive procedures. Although nonverbal component of the communication is frequently considered less important, literature suggest that it significantly influences important outcomes like patient's satisfaction, adherence to advices and clinical outcome

Barriers to Good Communication

Not considered important

Importance of communication has not being taken seriously. That's the biggest barrier.

Lack of time

Most doctors see a large number of patients every working day. This is true of both government and private hospitals. History taking, physical examination, and prescription writing are of course, essential parts of a clinical encounter. When time is short, it is the communication with parents that is sacrificed.

Arrogance

Arrogance is deeply ingrained into doctors. We expect our patients to follow our commands unquestioningly. We do not understand the need for explanations, and often give none.

Aloofness and shyness

The patient may be very shy and not ask the questions they have in their minds. On the other hand, the doctor may be aloof, and either ignore questions, or give minimal and incomplete answers.

Language barrier

A major problem occurs when the patients speak English. As soon as we meet an English speaking patient, we start speaking in technical/medical language. This leaves the patients confused and uninformed. When talking in English, it is essential to make an effort to talk in language that a nonmedical person can understand.

Deafness

Deafness is a major cause of poor communication, and is a special concern with elderly patient. When we suspect a hearing impairment, we must speak loudly, slowly and distinctly and ask at the end of the consultation, if they have understood everything, and if they have any questions.

An important measure is to have the patient repeat the prescription instructions, to ascertain they have been understood.

Phones

Earlier, a telephone would buzz discreetly on a receptionist's desk, and a consultation would not be interrupted. Today, there's a phone in everyone's pocket or hand, and calls can interrupt and hinder communication terribly.

STRATEGIES FOR IMPROVING COMMUNICATION

Check what the patient knows

With intelligent and knowledgeable patients, the discussion can begin at a higher level. However, assessing the patients' knowledge is important, because some of their knowledge or understanding may be faulty. Many patients get their knowledge from magazines, lay books, and websites. Most of these sources have no system of review or control of the

information published.

Assess what the patients want to know:

Some patients want to know every little fact and detail about their condition. Others simply want a prescription and an assurance that all will be well. It is important to assess the patients' desires, and communicate accordingly.

Listening skills

Most of us hardly allow the patients to speak. As soon as they start their description of the problem, we start asking questions, and attempt to keep the consultation focused. However, this often leads to an incomplete description of the problems. Listening well is an essential part of communication. This requires the provision of adequate time and patience,

and the willingness to listen to patients' concern. A quiet room, lack of interruptions, provision of chairs for the parents, sitting at an appropriate distance, good eye contact are helpful to enhance listening and learning from the patients.

Truth

Patients like to know the truth, but the bald truth can be harsh and shocking. Patients deserve to know the truth, but its delivery should be tempered with common sense and empathy.

Simplicity and clarity

Not all patients have a good educational and intelligence level. Explaining things in simple, clear, and direct language is very important. Clarity and directness are particularly important with patients of low comprehension abilities..

Factors effecting communication skills

Do's

1. Greet the patient by name. Everyone loves to be called by name. it creates instant rapport and boosts the confidence of the patient
2. Smile. It makes patient comfortable and less anxious.
3. Sit down when talking. Do not appear in hurry, even if are in.
4. Try to talk in the patient's language.
5. Direct the conversation to relevant directions.
6. At the end of the consultation, ask if the patient has any questions.
7. Engage the patient in a dialogue.
8. Give time for the patient to absorb and understand the content of your explanations, then to ask questions.

Don'ts

1. Appear to be in a hurry.
2. Look at your watch frequently
3. Use too many medical terms
4. Talk with your hand on the door handle.
5. Give long lectures as explanation.
6. Start examination and then write out a prescription before the main problem has been identified.
7. Ignore concerns mentioned by patients.
8. Interrupt all the times

Communicating with the attendants

This scenario usually comes when a doctor is treating an indoor patient. Attendants are apprehensive and at times full

of doubts and queries. Communicating with the attendants assumes great importance especially when patient is critically ill or admitted in ICU. Here are certain tips that will definitely improve one's ability to communicate.

1. Never be informal with them. Conduct conferences once and if possible twice daily.
2. Talk about and appreciate the efforts made by them.
3. Most of the attendants surf internet and gather lots of information. Try to satisfy their queries by giving better references.
4. Always explain the dynamic nature of disease. This is especially important for critically ill patients.
5. Second opinion should be sought proactively. This is important not only in patient management when one is in doubt but also helpful in building attendant's confidence. One will be more convinced and ready to accept bad outcome if the same fact is explained by more than one consultants.
6. Never express shock. Try to convince that all efforts are being made to bring situation under control or will be controlled.
7. Consent taking is very important part of counseling. Never neglect this and give it to paramedical staffs or interns who may fail to explain convincingly.

Communicating with colleagues

Junior doctors including postgraduate students, fellows and interns along with nursing and supportive staffs are part of the team. It is important to keep them united and motivated. Following principles should be followed.

1. Never talk low about your colleagues or scold residents, fellows or other students in front of patients or attendants. One should be extremely cautious while asking questions from Junior Residents on rounds. Patient may feel insecure in absence of senior consultants who may not present at all the time. This may also create doubts in the minds of patients even if Junior Residents prescribe drugs for common complaints.
2. Greatest courtesy should be displayed for all staffs including nurses, paramedical staffs and other supporting staffs. Make them realise that they are a part of the team and their role and responsibility is also important. A system with effective teamwork can improve the quality of patient care and reduce workload among healthcare professionals
3. Lead by setting examples. Supporting staff will never work with full sincerity unless and until they appreciate the hard work and ability of doctor.
4. Try to teach them the basics and the principles of management of commonly encountered diseases in your ward. This will keep them motivated.

Dr. Arun Gupta, MD

President, DMC

e-mail : dr.arun.medicolegal@gmail.com

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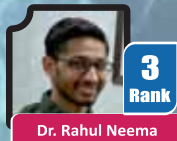
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REDEFINING THE MANAGEMENT OF BREAST CANCER

WHAT IS NEW ?

BY

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Breast cancer is the most frequently diagnosed cancer and the leading cause of cancer death in women worldwide. The incidence in India has doubled in the last 20 yrs, it is estimated that 2,00,000 women in India will get breast cancer in the year 2020.

The survival has improved due to early detection and improved treatment option. Screening programmes and increased awareness is needed in India for early diagnosis.

Breast cancer is treated with a multidisciplinary team; consisting of surgical, medical and radiation oncologist with pathologist, radiologist & specialist nurses, at Apollo Hospital, New Delhi.

Biological markers and individualized systemic treatment with chemotherapy, hormonal therapy and human epidermal growth factors receptors antibodies has helped to reduce mortality.

Surgical treatment had undergone a paradigm shift from supra-radical and extended radical mastectomies to smaller excision of just the tumor and sampling of axillary nodes (sentinel node biopsy).

More than 90% of patients with carcinoma breast present with lumps in their breasts. Every woman in India should know the early sign and symptoms of breast cancer and they are :

1. Any lump of short duration in a woman above 30 yrs of age. Most lumps are painless.
2. Any puckering or tethering of skin
3. Any change in the colour or texture of skin
4. Any changes in nipple or areola (ulceration, destruction, retraction)

ONE SHOULD KNOW WHAT ONES BREAST LOOKS LIKE AND REPORT WHEN AND IF THERE ARE ANY CHANGES

DIAGNOSIS :

For accurate diagnosis, age, history of risk factors and doctor's examination play an important role.

Any suspicious mass in the breast should preferably have a core biopsy (US guided preferred), which should be tested for histopathology and marker studies of ER, PR and her-2-neu.

Ideally clinical, radiological examination and pathological findings should be correlated in multidisciplinary group tumor board.

SURGICAL TREATMENT

For early stage disease upto 4-5 cm tumor size Breast Conservative Surgery (BCS) and external radiotherapy to the remaining breast has similar overall survival and local recurrence rates as mastectomy. Some studies are showing BCS has better overall survival than mastectomy.

Breast Conservative Therapy (BCT) includes "**complete removal of breast cancerous tissues**" with a concentric margin of surrounding healthy tissue to achieve cosmetically acceptable results. Patient should get ERT to the remaining breast either during, or after surgery.

In tumors >5cm, BCT with oncoplastic surgery can be undertaken.

In oncoplastic surgery – the cavity produced by wide excision lumpectomy is filled either with glandular reshaping or with tissue brought from neighboring structures like LD muscle (latissimus dorsi flap). In large pendulous breasts reduction mammoplasty including the cancerous area gives excellent results

With improvement in plastic surgery and microvascular technique breast Reconstruction has come in a big way to improve the psychological outcome also.

(FROM SLIDE NO1)

DIEP FLAP BREAST RECONSTRUCTION AND ABDOMINOPLASTY

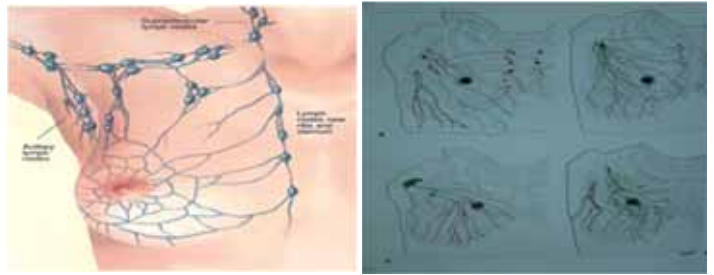


Result at one month

Axillary lymph node dissection (ALND) is an integral component of staging, prognosis and adjuvant treatment of invasive breast cancer of breast.

Sentinel node biopsy (SLNB) is today the preferred method to predict regional nodal disease in clinical negative axilla. SLNB concept is based on the principal that a primary tumor is drained by an afferent lymphatic channel that courses to the first **“SENTINEL”** lymph node in the axilla in that specific regional basin. If the tumor has metastasized to lymph nodes – it will do so first to this sentinel node. The tumor status of sentinel node will reflect the tumor status of the nodal basin. (FROM SLIDE NO 2)

CONCEPT SLND



“BETTER QUALITY OF LIFE”.

This has become the **“STANDARD OF CARE IN EARLY NODE NEGATIVE BREAST CANCER PATIENTS”**.

Since breast cancer is a systemic disease, most patient require chemotherapy, targeted therapy in Her-2-neu positive and hormonal treatment in ER and / or PR positive tumors. Adjuvant systemic chemotherapy has reduced mortality by 30-35% and adjuvant chemotherapy with targeted therapy has further reduced the mortality by 50-60%. Addition of hormonal therapy treatment (in suitable patients) also reduces mortality by 40%.

In conclusion, Breast Cancer Surgery in early stages has been redefined to breast and axillary conservative surgery with equal survival. Adjuvant systemic treatment has been tailored based on molecular subtypes. ERT has been refined to lesser side effects on skin, heart and lungs.

With all these advances the mortality from breast cancer had reduced with

O B I T U A R Y

DMA regrets to inform the sad demise of

Smt. Rama Arora

M/o. **Dr. Atul Arora** (DNZ) Past Secretary, DMA.

We pray to God to rest her soul in peace and give strength to the family to bear this irreparable loss.

Dr. Ashwani Goyal
President, DMA

Dr. G.S.Grewal
Hony. State Secretary, DMA

Dr. M.K. Singhal
Hony. Fin. Secretary

BONE MARROW TRANSPLANT - FAQ

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What is Bone Marrow Transplant (BMT)?

Bone marrow transplant is the medical procedure in which damaged or diseased bone marrow is replaced by hematopoietic stem cells (blood Seeds) to redevelop healthy blood forming system.

Bone marrow is a spongy tissue contained in the cavities of our bones and responsible for the formation of blood and immune system.

Bone marrow transplant also known as blood and marrow transplant, hematopoietic stem cell transplant and is synonymous.

What are the different types of BMT procedures?

According to source of hematopoietic stem cells; BMT is broadly of following types

Allogenic; in which stem cells are collected from suitable donor and transplanted to patient

Syngenic; this is the rare type where stem cells are collected from identical twin

Autologous; in which patients' own stem cell are collected and used for transplant

What are the diseases treated with BMT?

BMT is medically proven and time trusted lifesaving treatment for many life threatening diseases. More than 60000 BMT procedures are performed worldwide every year and many of the patients are cured or survived for many years with such life-threatening diseases.

Aplastic anemia, Thalassemia, Sickle cell anemia, Acute myeloid leukemia, Acute lymphoblastic leukemia and Chronic Myeloid Leukemia are most common indication for allogenic BMT. Congenital metabolic and immune disorders also cured by this procedure.

Multiple myeloma, lymphoma and some solid cancers (Neuroblastoma, Germ cell tumors, Ewing's sarcoma) are commonly treated with autologous BMT.

When BMT is performed for these diseases

In cancerous conditions BMT is performed after best control of disease by chemotherapy.

In non-cancerous conditions BMT should be performed soon after diagnosis is made.

Who are the suitable donors for allogenic BMT?

Most important factor to identify a suitable donor for allogenic bone marrow transplant is Human Leukocyte antigen (HLA) match. Blood group match is not the requirement for this procedure.

In a person 50% of HLA is transferred from each parent (50% from mother and 50% from father). So there is 25% chance to have full HLA match with patients' brothers and sisters. Full HLA match siblings are the preferred donor for allogenic transplant.

Rarely, we are getting full match with parents or children. Chances of getting full HLA match with other relatives and friends are very rare.

What to do if there is no full matched family donor is available?

Unfortunately, about 60% patients, whose life can be saved by BMT, do not have full HLA match family donor. In such cases alternative donor can be used. They could be

- HLA matched unrelated donor identified in various national and international bone marrow donor registry.
- Umbilical cord blood stem cell collected at child birth and kept in frozen state and it can be used for patient in the family or unrelated one who had HLA match with donor. This is usually suitable for children.
- HLA mismatch family donor is normally always available and it

is used in the situation where disease prognosis is very poor without transplant.

How the stem cells are collected from donor?

Most commonly stem cells are collected from donor just like platelets are collected. In which donor is receiving injections in skin just like insulin injection for 4-5 days. By these injections stem cells, that are normally found in bone marrow, come into the blood. This blood is taken by veins and filtered in an apheresis machine and given back to donor through another vein and approximately 300 ml of filtrate is collected which is rich in blood stem cells.

Some time, especially for non-cancer conditions, stem cells are collected from bone marrow where under general anesthesia multiple needle punctures are made at waist bone.

What are the risks to stem cell donors?

Since donors are screened by detailed medical examination and lab test before selecting them as donor. Therefore, this is the fully safe procedure for donors. Except mild body discomfort or transient low grade fever; donor does not feel any problem.

How the bone marrow transplant is performed?

There is no surgery done for bone marrow transplant.

This is a medical treatment in which first patient receives some drugs (Chemotherapy) to kill their bone marrow and cancer cells and condition the recipient body to accept donor stem cells.

After this patient receives donor's stem cell just like blood transfusion.

Since patients' bone marrow stops working so his blood counts go very low and they need blood and platelet transfusion as well as antibiotics to prevent and treat infection. After about 10-14 days donor stem cells start producing blood cells for patient. During this period patients are kept in a very protective environment; HEPA filtered room where no bacteria or fungus can enter the room.

What are the risks to patients?

With advancement of medical science, BMT is becoming a safer treatment.

Autologous BMT is a very safe procedure except very occasionally uncontrolled infections and bleeding.

In allogenic BMT apart from infection and bleeding patient may have risk of some early complications of transplant, graft rejection and graft vs host disease but it is negligible, compared to risk of disease.

How long patient needs to stay near transplant center.

Patient needs to stay as an out-patient for about 1-2 weeks prior to transplant for pretransplant evaluation (Functional status of heart, lung, liver, kidney) and disease status.

Patient requires admission for about 3-4 weeks in Specialised BMT-ICU for BMT procedure.

In Autologous post BMT patients require out-patient observation for 2 weeks for post transplant recovery.

In Allogenic BMT patients are closely monitored for 3 months post transplant as an out-patient for post transplant recovery and complications like Graft Vs Host Disease and infections.

Take Home Message:

Bone marrow transplant is the best and effective therapy for Aplastic anemia, Thalassemia, Acute Myeloid and Lymphoblastic leukemias, Multiple Myeloma and relapsed Hodgkin and Non Hodgkin lymphoma. These patients should be timely referred to specialized centers to treat these patients to get best outcome.

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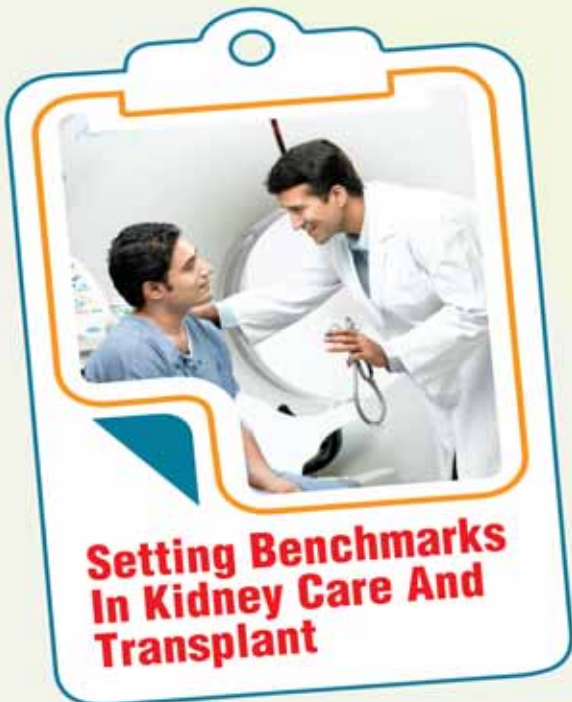
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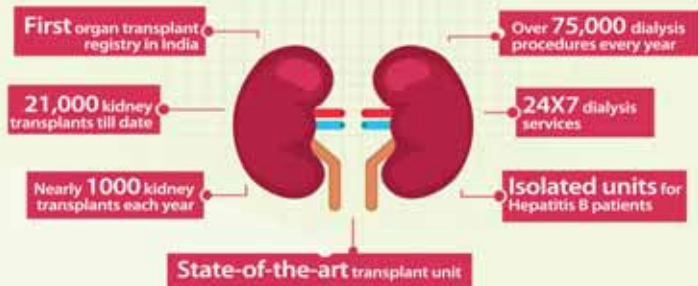
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