Association of Radiation Oncologists of India

(Registration No. 458, Act XXI 1860)

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FORM THE DESK OF CHAIRMAN, ICRO

Dr P K Julka

Dear Colleagues

I feel greatly privileged to have the opportunity to serve ICRO as its President and wish to thank you all for reposing your confidence in me. In a short span, our Society has grown in an encouraging manner with more than one thousand life members and well attended and stimulating annual symposia, thanks to the vision of our founder Presidents, and the efforts of the office bearers and members of the Council. We need to build upon this solid foundation.

The advances in technology and radiobiology would Live a new insight to radiation oncologists. The future would lie in molecular imaging, new molecular radiosensitizers and gene expression profiles to achieve a better cure rate and personalized medicine. I solicit your suggestions to enhance activities of ICRO and to reach out to many more in our fraternity, particularly the young ones.

In the meanwhile, I hope many more new life members will join our Society so that we can become a stronger fraternity. I will be looking forward to your support and new ideas.

Dr P K Julka
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FORM THE DESK OF SECRETARY, ICRO

Dear Friend

On behalf of ICRO,I thank all the members of giving us the opportunity to serve as the office bearer of the ICRO.As you know the discipline of Radiation Oncology has seen a major change.In recent past the advancement in technology like functional imaging have given us better understanding of target volume delineation and modern technology like IMRT, IGRT, TOMOTHERAPY and CYBERKNIFE etc for better delivery of radiation. We the radiation oncologist of today should be conversant with the present state of art.But it is unfortunate that some of our post graduates ,who are our future are deprived of the present state of the art due to lack of proper infrastructure in some of educational institutions.It is the constnt endeavour of AROI and ICRO to disseminate the knowledge of modern technology and evidence based medicine among the members of AROI. Keeping an eye on the present necessity,the mission of ICRO for 2009-10 is to

1. Continue the CME programmes . 2. Increase the membership drive 3.Formulate a nation wide basic treatment strategy of different malignancies 4. Establish a nation wide directory of teaching institutions imparting post graduate study. 5. To organize CME at regional places where post grauates are deprived of present state of art.

The success and prosperity of any association depends upon the sound foundation,determination and hard work.In the midst of tremendous gratitude and warmth regard we the office bearer of ICRO welcome your healthy suggestions and criticism for the development of ICRO.

LONG LIVE AROI,LONG LIVE ICRO

DR S.N.SENAPATI
SECRETARY,ICRO

FROM THE EDITORIAL BOARD

On behalf of the Editorial Committee, I would like to convey my gratitude to President, Secretary and the members of the Executive Committee for giving us the responsibility to be Editors of this prestigious Newsletter. It gives me immense pleasure to be associated with AROI News Letter and completing two years of AROI Newsletter publication. It would be my pleasure to be associated with this AROI Newsletter in future also.

We welcome short clinical reports, case reports and preliminary results of ongoing clinical trials from the members of AROI, to be published in this news letter. I thank you all for your support in making this Newsletter enriched with information and academic knowledge in the last two years.

We will try our best to make this short journal improve its quality further and be a promising newsletter in upcoming future also. I thank you all once again for making me associated with AROI Newsletter and look forward to be of valuable service in near future also

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Dr. R. K. Vyas,
Editor in chief,
AROI Newsletter.

Wish you all a Happy Holi and Vikrama New Year (Indian). The Specialty of Radiation oncology has gone through a sea change in India keeping pace with research & development at international level.Still, individualisation of disease behavior inpatients is as old as the science. The Vivid & Variedexperience in the vast sea of clinical material in the country has been perceived all around the world. We must & have to share the miracles and wonders of experience through this news letter which had already made it's importance and presence felt in the field of radiation oncology. A brigade of young radiation oncologist is bubling with enthusiasm. In future, the specialty will be more brightened and strengthened by them.

I welcome you all on this boat of scientific journey through waves of knowledge and experience by all concerned.

With best wishes,
Your's Sincerely
(Dr. D.P.Agarwal)

BRECON 2009

Photo: Inauguration of BRECON 2009

The 13th Annual Conference of the Breast Cancer Foundation-India (BCF-India) BRECON 2009 was held at Meenakshi Mission Hospital and Research Centre (MMHRC) Madurai, Tamilnadu on the 7th & 8th of March 2009. MMHRC and AROI TN & PONDY chapter jointly hosted the meeting. Around 250 delegates from all over the country attended the conference. The two days session included lectures on Recent advances in Molecular Biology, Pathology, Imaging, and management of Early, Locally advanced and Metastatic breast cancer from eminent speakers. Breast conservation surgery and Breast implants were demonstrated live. Earlier Dr Praful Desai Professor Emeritus Tata Memorial Hospital Mumbai delivered the Keynote address. Dr.V.N.Rajasekaran Medical Director MMHRC welcomed the gathering.The conference was inaugurated by Dr. Andal Dean Home Science College, Madurai. Dr. L.V.K.Moorthy TN State IMA president released the Souvenir. Dr. J.K. Singh Secretary of BCF- India read the Secretary report.

Dr. Sanjay Sharma President of BCF- India gave the Presidential address.Dr. M.K. Mahajan Secretary General BCF- India addressed the gathering. Dr. S Parameswaran Vice President BCF- India Spoke.Felicitations were offered by Dr. S. Alex A Prasad Secretary AROI TN & Pandy Chapter, Dr. G. Amarnath President AROI TN & Pondy chapter Organizing secretary and Convener scientific committee. BRECON 2009, Dr.Rohini Sridhar Director of Medical Services Apollo Speciality Hospital Madurai, Dr. K. S. Kirushnakumar Organizing Secretary BRECON 2009 proposed the vote of thanks.BRECON – 2009 also conducted a free Cancer screening camp for women to

CELEBRATIONS

Cancer Vijay Diwas 2009 & Regional Workshop on "Prevention and early detection of Cancer " was celebrated at Padhar Hospital, Betul, Madhya Pradesh. Dr. KA Dinshaw was the Chief guest and Dr. Moni A. Kuriakose was the guest of honour for the occasion. (courtesy: Dr. Pankaj Chowdhary)

ONCON-2009

It is a matter of immense pleasure for us to inform you that SEAROC Cancer Center has recently organized its 1st International conference on 24th – 25th January 2009 at S.M.S. Convention Hall, Hotel Rambagh Palace, Jaipur. The specialists not only from all over the India but eminent cancer doctors from New York, USA were also participated in this conference.

Hon'ble Health Minister, Govt. of Rajasthan - Mr. Aimaduddin Ahmed urf Durru Miyan was the chief guest of this conference. The special guests of this inaugural function were Mr. Pradyumn Singh (former finance minister) and DR. P.P.S. Mathur (Vice chancellor, University of Rajasthan Medical Sciences).Eminent specialists from all branches of Oncology from India and abroad like Dr. Ashwath Narayan (New York, USA), Dr. Suresh Jhanwar (New York, USA). Dr. G.K. Rath (AIIMS, New Delhi), Dr. R.K. Vyas (Gujrat Cancer Center), Dr. S.H. Advani (Breech Candy Hospital, New Delhi), Dr. P.B. Desai (Formar Director, TATA Memorial Hospital, Mumbai), Dr. Kiran Kothari (Gujrat

Cancer Center, Ahmedabad), Dr. J.P. Agarwal (Tata Memorial Hospital, Mumbai), Dr. A.K. Anand (RGCI, New Delhi), Dr. Purvish Parikh (Mumbai), Dr. L. Sarangi (Railway Hospital, Jodhpur), Dr. Col. R. Rangarao (RGCI, New Delhi), Dr. B.K. Smruti (Bombay Hospital, Mumbai), Dr. P.P. Bapsy (Bangaluru), Dr. Vijay Ahuja (Manipal Cancer Institute, Bangaluru), Dr. Dinesh Singh (Pushpanjali Cancer Institute, New Delhi) delivered the lectures and shared their experiences.Experts covered all the three modalities of cancer treatment and also shared their own views on genetic counseling, PET Scan and other new dimensions in tumour markers and other diagnostics tools.

The scientific session was started on 24th March 2009 (Saturday) with Key note lecture of Dr. Purvish Parikh on Transforming cancer management….Can we make a difference???, which was followed by lectures of Dr. Rajesh Mistry – Heterogenous opacity on chest X-Ray – How to proceed?, Dr. B.K. Smruti – Changing paradigm in lung cancer management (chemotherapy to targeted), Dr. D.C. Doval – Small Cell Lung Cancer, Dr. Kiran Kothari - Current and future in minimal invasive surgery, Dr. Dinesh Singh – Transitioning from 3D CRT to 4D IMRT and the role of image guidance in lung carcinoma. This session was followed by panel discussion. The moderator was Dr. Hemant Malhotra. After the panel discussion Dr. Simi Bhatia presented her lecture on Pathologist and Oncologist : Hand in Glove, and Dr. Lili Verma presented on role of Amphotericin B Formulation in Fungal Infection in Malignancy.The second session was started with Dr. Topiwala's Key note lecture on Redefining the role of surgery in Head and Neck Cancer – Organ Preservation. This lecture was followed by lectures on Interections of biological target agents and novel chemotherapy with radiation – Dr. Col. R. Rangarao, Managing the acute side effects of concurrent chemo-radiation – Dr. J.P. Agarwal, New Horizon in Radiotherapy in Head and Neck Cancer with Special reference to IGRT/IMRT – Dr. Ashwath Narayan, IMRT in Head and Neck: An Indian experience – Dr. A.K. Anand. This scientific session was followed by Panel discussion. The moderator was Dr. Vijay Haribhakti.

The next day (25th January 2009) was started with Key note lecture on Status of Oncology services in India…. Past, present and future, presented by Dr. G.K. Rath, which was followed by radical to conservation – paradigm shift in surgical management of breast cancer – Dr. A.K. Diwan, Role of genetics in Oncology and Genetic counseling in breast cancer – Dr. Suresh Jhanwar, In defence of cure: The arguments in favor of using radiotherapy in breast cancer – Dr. Ashwath Narayan, Advanced in targeted treatment in Breast Cancer Dr. Sunil Gupta, Management of Triple Negative Breast Cancer – Dr. S.H. Advani, What's new in hormonal management of breast cancer – Dr. P.P. Bapsy. The panel was moderated by Dr. A.K. Vaid, followed by PET and CT Scan Fusion; Is it the right time to integrate with treatment decisions, P.S. Choudhary, Status of molecular targeted therapy in current oncology practice – Dr. Puneet Gupta.

The second half session was started with the lecture of Dr. M.M. Mahajan on Cancer cervix; Advances in Radiotherapy techniques and standard of care which was followed by Brachytherapy; Current status in Gynaecological Cancers – Dr. R.K. Vyas, Gestational Trophoblastic Tumour – Dr. T.P. Sahoo, Current Status of chemotherapy in ovarian cancer – Dr. J.S. Shekhon, Management of abdominal and pelvic sarcoma : A bird's eyeview – Dr. Sant P. Chawla, Controversies in management of endometrial carcinoma – Dr. Vijay Ahuja. Session was completed with Panel discussion. The moderator was Dr. Meeta Mankad.

A doctor patient interaction session was also held there on 25th Jan. 2009 2:00 to 4:00 p.m. In this session the patient and general public asked their questions about cancer and the doctors resolved the queries. Registration for this session was totally free for general public. There was huge response from public who participated very actively.About 630 delegates participated in this conference. All the delegates and speakers express their positive views regarding right blending of all the specialties of oncology and topics covered. Every participants felt that it is the need of hour to manage the patients in totality rather than in fragmented way.

The Quality Control in Radiation Oncology Teaching: Time for Introspection

Dr. Manoj Sharma

The National Board of Examinations of the recent years that included all; the Thesis review of the candidate , the Theory, Practical and Viva Voce have brought several facts to the light that need urgent and earnest attention of both - the students and his teacher. With the view of the welfares of the student, the teacher ,the institution and hence the patients in mind and without wasting time and waiting for more data to pour in , author feels that it is his pleasant responsibility to highlight these issues. The fact is that country needs the quality and quantity both of very good radiation oncologist. An oncologist with radiation therapy as his primary degree that can be compared at par with the DM and M.Ch degree holders that are produced in the Centers of Excellence in the colleges of oncological sciences .It will not be exaggeration to summarise it in one sentence that **"the teachers are not teaching and students are taking short cuts"**. Many of the readers may have their own reasons not to agree with what is being written in the following paragraphs but the matter of fact remains unchanged. How teachers are not teaching and what are the short cuts taken by the students shall be discussed later. Through a series of teleconferencing and candidate to candidate interaction it was inferred that we have to find whether "the horse is at the fault or the rider is at the fault or both are at fault". During the thesis reviews and the practical examination all these factors came to light and that shall be elucidated for the benefit of the students. This could prove the right opportunity for an introspection that was never given before to the teacher.

To begin with the thesis / dissertation writing: In most of the defective or rejected or resubmission cases it was very clear that the defect was with the teacher "the horse". One can always question as to why and how the teachers(supervisor in this case) has not been interacting with the student or why he has not supervised his work closely? Why the facts and the fundamentals of the randomized trials were not known either to the teacher or to the student .So was with the state of mind for statistical analysis and hence: In many cases there was a total fraudulent fabrication, so grotesque it was that the master chart revealed the truth and therefore that fabrication was not deniable.In one case the master chart was never prepared despite the request and this was apparently because the thesis was not done as per the tenets of scientific research. In a similar presentation the first application of concomitant brachytherapy was done at 10 Gy teletherapy dose in "a previously unexposed to chemotherapy" patients of **stage III Ca. Cx..!!!** Candidate did not even refer to the work carried out at PGI Chandigarh. This also brings to a very serious question addressed to the senior oncologists of country, Radiation oncologists in particular. And that is as to how and why

1. They have not been able create a reliable statistics of radiotherapy patients that the candidate can quote as a reference and

2. Why enough of awareness is not there about the genuine work already done in that particular field by some Doyens and some grassroots workers in this country.

The very introduction of the thesis starts as quotes and data from the literature of developed countries. If the Indian cancer patient population is the base of thesis then how can the biological, socially and economically different human species that are backed with altogether different medical infrastructure be compared for the work that is being carried out in India? That too with all its short comings in i-onco-pathology, virtually non existent dedicated onco-pathology in most of the institutions.ii-follow-up systems that directly relates to poor literacy and awareness levels and iii-dismal therapeutic infrastructures that leads to ruthless long waiting lists even for the treatment of cancer, disturbing research protocols in many institutions.Some how demographic statistics of the country is not quoted even though there is a National Cancer Registry that covers large areas of the country's cancer population and comes out with regular reports. This "Indegenecity" is not the priority and is not quoted often. This has been seen in thesis related to chemo radiation or concomitant tele-brachyradiation in cervix.The randomization in order to strike proper balance between two groups was totally lacking and removal of bias was not even known to the candidate. There are theses where patients treated over a period of time were segregated in two groups and then it was garnished with usual headings of "Aims and Objectives" , "review of literature" and hence discussion based on these assembled statistics was presented as thesis. The master chart is still awaited to consider the acceptance or rejection of the thesis . An expert.

commented that " In first place if they have one(the master chart) then only they can send! Retrospective analysis on the patients treated by some one else or others in the department doesn't make a thesis. The very purpose of dissertation is to show the evidence of the clinical work one has done on the patients during his post graduation training. Undoubtedly it is serious issue and our concern too, that the candidate should be given more time to do thesis, minimum of three years instead of two years .This is especially so in the subject like oncology that is heavily dependent on survival or response rate results.There are other thesis that had a very small series of that particular type of cancers and hence does not conform to the basics of statistical analysis that shall take the thesis to its logical conclusion. In such a situation a proper site should be chosen that have abundance of patients in that region or the hospital. The biological behavior based significance of the concept of sites as per ICD is lost somewhere .Often a thesis is done as combined head and neck cancers that will include 2-4 cases of each anatomic sites having different biological behavior and treatment related response and reactions!

Most of the thesis does not describe the methodologies of follow up in their institution or for the cases they have taken for the study. "Lost to follow up" although sounding magical reflects cheaply on the standards of endeavors of that institution, its commander and the candidate.This is also under serious consideration, specially for the candidates of the private hospitals that they get sufficient times to work for their dissertation and

clinical pursuits instead of devoting most of the time for the oncologist's (the teacher in this case)private practice pursuits. A practice that involves lots of hospitality and "Personalized care and touch" and also institutional pursuits of man power adjustment in form of posting the post graduates of radiation oncology in non stop causalities duties etc.The candidate has to be aware of distractions that are there in the social life and respect the traditions of this greatest of all professional ethics. Especially so when a comparison with the post graduates of other labor intensive specialties like cardio ,neuro or gynec for that matter.

The teachers have to take teaching seriously. It is very clearly revealed from the performance of the candidates and during interaction with them .It is on record that barring very few illustrious institutions like PGI Chandigarh, IRCH AIIMS, CMC Vellore and alike the teaching programmes are dismal in most of the institutions. The revelations during these interactions by the candidates itself is the testimony to this fact.

The Short Cuts

There is no clear-cut serious compliance to the programmes to the teaching schedule, both by the teacher or by the candidates. Going for fellowships or for meetings is an easy excuse by many a faculty who devote lesser time for teaching Programmes that make the teaching comprehensive and exhaustive are

1-Lectures, that also includes lectures by the invited speaker and luminaries in their fields.

2-Seminars, that should also include the participation in onco topics in other related specialties such as surgery, medicine, gynae and ENT.

3- Journal clubs

4-Clinical presentation,

5-OPD teaching,

6-Combined clinics with other specialties, Cancer Board- as made possible in many institutions.

7-Live Operation theatres observations on surgeries of malignant disease that have been handled earlier by radiotherapy or are going to be handled by radiotherapy

8-Brachytherapy demonstrations,

9- TPS explorations.

10-Chemo-radiation indoor care .

11- Higher level Gadgetry experience on IMRT, IGRT, Cyberknife

12- Molecular oncology etc. etc.

These fundamentals of teaching are either non-existent or merged with each other or at its worst don't happen as its necessity is not felt by the faculty and student both. Excuses and postponements are order of the day while "eat or drink parties" are those oft-cherished wishes that are never missed. There is all the time available for these non conducive distractions on this earth !

In some places such social get together get an apparel of approval called Radonco Monthly CME meetings . A post drink-dinner scenario leaves no doubt about the ill effects of such fraternization that make substandard post graduate degree holders and hence on the examination results .

This gives a wrong signal to the candidate that to get through in the examination the dedication and hard work can be replaced by appeasing the superiors by otherwise methods ("eat or drink parties"). At the time of final examination the invisible pressure shall work on the internal who often navigates the results with due influence on the friendly external that he only has power to call. It should be the power of the knowledge and a track record of the candidate that should be merit and not the donkeys years he has put in the department. The days and hours of which had greater percentage in "appeasing technologies" rather than learning of "oncological technologies". This becomes a miserable site when candidates from such work culture come to appear in a "Bench Mark" examination where the examiners are of different regions of the country and have nothing to do with fraternizing culture. In some exemplary cases the candidate that was passed by the same examiner in M.D. failed miserably in "Bench Mark Examination".

The Attempts Made In Order To Raise The Standards of the Radiation Oncologists of The Future.

It is indeed intriguing to see that the pace at which the developments have taken place in radiation oncology and it's "Vicinity Sciences" the same pace has not been found in the revision of the syllabus. Concerned people have not even bothered to look into the syllabus renewal at all. Just through an un-coded and un-recorded passwords the topics are given in question papers with pre-understood notion that candidate is expected to know the nuances and recent advances .

Here the flaw comes when the institutional heads have not bothered either to upgrade the department – while putting the blame on the Govt. or the governing body of the institution. In many instances they have not observe the minimal basic requirements as per MCI norms to conduct a post graduate course. In some cases of accreditation the dubious methods used by the institution to reflect he teaching and infrastructure facility has added to the production of substandard quality of students. The degrees are doled out without having any facility of brachytherapy and even prolonged shut down of teletherapy machines due to medical physicist crisis of recent years . Presence of Simulator, mould room workshop ,research infrastructures and quality control calibration facilities is a far cry.

The student cannot be shown mercy if he is not exposed to bare minimal in field of treatment modernizations or for that matter basics such as, chemo radiation or brachytherapy. Even the arrangements are not done to send the students across for such trainings. Although the syllabus says that it should be three year training in the recommended infrastructure(that is in the institution where the course is conducted) and therefore 15 day one month training is illogical and not enough.

The experts or responsible radiation oncologists have not bothered to revise the MCI dossier of infrastructure minimal requirement. This is despite the urgent necessity of such mandatory set ups, at least from the viewpoint of practice of modern radiotherapy for better patient care.

We have to remember one thing that genius is 99 percent perspiration and one percent inspiration . This perspiration part has to be divided and shared by the teacher and the candidate both and shall come only if we are able to provide that is legal and necessary.

About the Exams:

Indeed it is dilemma about the viva-voce examination and the clinical practical.It is often found that the candidates have not been taught a method of proper linguistically well accented presentation of the case. They do not know how to do a proper gynecological examination, an IDL or posterior rhinoscopy , proctoscopy so on and so forth . The fault apparently lies with the teachers that they have not created required set up or they themselves are not trained properly to be deserving to be teachers!

The Histrionics and Examination A very intriguing situation comes when in the viva voce examination lots of items and spots are kept that have only historical relevance and as such no relevance in present therapeutic approach. As a matter of fact these items have disappeared from many of the upgraded or updated departments

.Here are the few examples :

1-Pin and arc
2- back pointer or
3- deep x-ray machine filters etc.

The main question is as to why the department and its teachers did not take enough of care to make a museum of these antiques. Or for that matter why the history of the oncological sciences in India is not the part of the syllabus?

Vice Versa :

A similar situation has arisen in a recent exams when the students were expected to know the recent studies and protocols connected with recent international trials. Here the question comes as to how much a student of radiation oncology should study? Is his/her study limited to the few of the text books such as Perez, Halnan, Eric J Hall , Rath Mohanty ,Khan and Devita at its best or has to go for the journals too the access to which has been made so very easy as called Google search. The core of this problem lies in the laxity on the part of students as well as faculty in conducting Journal clubs seriously.

As per reliable sources the efforts are being made that a very high quality control is assured at the National Board Examination levels sothatit sets a ISI type of bench mark and role model even to medical institutions conducting M.D. Radiotherapy training courses. In such a situation the fundamentals of oncological research that need to be practiced in dissertation preparation shall have stricter vigil. The horizons of knowledge need to be expanded from the latest gadgetry based techniques to the latest research information encrypted in journals and web sites. Yes! there are candidates who are able to fulfill these requirements and give outstanding performance . Yet there are candidates who due to their dismal performances were even communicated that they need not appear in the next examination.... but they work harder and amazingly went home with flying colors after their next attempts. Then where is the fault? With the horse or the horse rider?

The AROI and more so the ICRO has its great role in solving the problem. It is about time that AROI shall have to take a Policeman role or mediator's role to bring the radiotherapy department to at least bare minimal infrastructure and human resource such as highly experienced and trained faculty and medical physicist. At least some norms are needed to be maintained in achieving the high goals of postgraduate teaching. A task force needs to be created by AROI/ICRO and its inspections arranged for an ICRO accreditation. It is rather much more important to publish the accreditation directory of all the centers imparting post graduate training biennially in league with MCI and NBE. The performa and questionnaire to obtain such information may not tell the truth as reports are fabricated by centers even at the time of inspection of the highest accrediting agency.

As the qualifying through National Board Examination is being felt so tough by the candidates , the sole purpose of this situation is to assure a quality control .An situation where even failing in the exams becomes a matter of pride. A situation that sends hard signals to the faltering institutions that are imparting M.D. courses

For Further Guidelines
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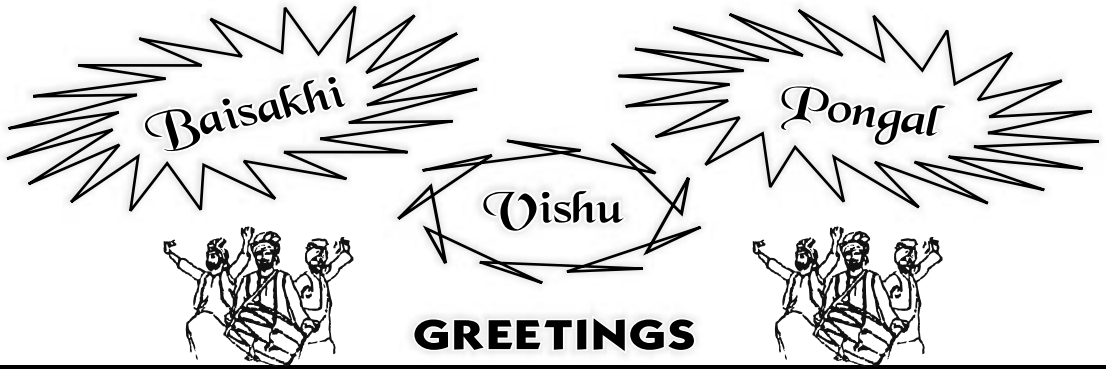

Evidence Based Medicine

It is true that, medicine is aptly described as combination of art and science. Medicine is a process which combines the expertise of individual doctor and the best available external clinical evidence and the patient's preferences when making decisions about the treatment of a patient.

The expertise of a doctor is the skill and judgment, based on experience, which lead to better diagnosis and a more compassionate understanding of the patient's predicaments, rights and preferences when making clinical decisions. The external evidence includes research from the basic sciences and patient-oriented clinical research into the accuracy of diagnostic tests, the markers used for making prognoses and the effectiveness and safety of treatments, prevention or rehabilitation. Evidence-based medicine (EBM) attempts to identify evidence from clinical and health care research that can be applied by medical and health professionals.

It has been mentioned that "Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" (Sackett DL, Rosenberg WMC, Gray JAM, & Richardson WS. Evidence-based medicine: what it is and what it is no, BMJ 13 Jan 1996 vol *312: 71-72.* In recent years, evidence-based medicine has emerged as one of the most pertinent topics of discussion within the field of medicine, involving patients and a variety of healthcare policy-makers, practitioners and regulators.

Some people believe that the evidence-based medicine has been originated in , but it was only in the 20th century that it has evolved to impact almost all fields of medicine. Professor , a epidemiologist, published his book in 1972 titled Effectiveness and Efficiency: Random Reflections on Health Services, which directed increasing acceptance of the concepts behind evidence-based practice. Cochrane's work was honoured through the naming of centres of evidence-based medical research *'Cochrane Centres'* and an international organization, the . The term "evidence based" was first used in 1990 by David Eddy. The term "evidence-based medicine" first appeared in the medical literature in 1992 in a paper by Guyatt (*Guyatt G,* Cairns J, Churchill D, et al. "Evidence-based medicine: A new approach to teaching the practice of medicine." JAMA 1992; 268: 2420-2425)

EBM recognizes that many aspects of medical care depend on individual factors such as and judgments, which are only partially subject to scientific methods. EBM, however, seeks to clarify those parts of medical practice that are in principle subject to scientific methods and to apply these methods to ensure the best of outcomes in medical treatment, even as debate about which outcomes are desirable continues. A major tool in the identification of "evidence", especially relating to therapeutics, is the randomised controlled trial (RCT). Evidence may be available from individual randomised trials or via meta-analysis of several trials for the effectiveness of specialized treatment. Evidence relating to epidemiology can be identified from cohort studies.

Evidence based medicine is based on data on the collated data of patients. Generally criteria for entry patients into particular trials are quite rigid. Clinical trials can only analyse a defined situation of those that may exist in clinical practice. It would be impossible to have trials relating to

The of published research studies is a major method used for evaluating particular treatments. The is one of the most well known and well respected examples of systematic reviews. A 2007 analysis of 1016 systematic reviews from all 50 Cochrane Collaboration Review Groups found that 44% of the reviews concluded that the intervention was "likely to be beneficial", 7% concluded that the intervention was "likely to be harmful", and 49% concluded that evidence "did not support either benefit or harm".

Some clinical practices have become established without "evidence" e.g. the use of intravenous diuretics in acute pulmonary oedema has evolved without any formal randomised controlled trial. In such circumstances an application for a trial comparing such an intervention with a placebo would be unethical. Ignoring obviously successful interventions because of lack of evidence would be taking the EBM paradigm to ridiculous extremes.

The evidence-based do not always remove the problem of extrapolation to different populations or longer timeframes. Even if several top-quality studies are available, questions always remain about how far, and to which populations, their results are "generalizable". Furthermore, skepticism about results may always be extended to areas not explicitly covered. Also collating "evidence" for uncommon diseases is difficult and, despite the use of tools such as meta-analysis, it may not be possible to adequately analyse "evidence" relating to aspects of uncommon diseases.

EBM is however not a panacea to the problems of all medical decision making. Clinical medicine is a discipline that involves individuals and therefore the art of medicine must take into account particular individual attributes in the context of available evidence. EBM is also not cook-book medicine imposed and slavishly followed but an active process which integrates the expertise of a doctor. Clinical guidelines are similarly subject to this flexible approach. External clinical evidence can inform but never replace individual clinical expertise and it is this expertise that decides if the external evidence is relevant.

Evidence-based medicine has definitely influenced the practice of medicine all over the world. Those of us teaching and practicing in developing countries face several difficulties for testing whether EBM works or not in our particular settings. Our patients are often poor and have widely differing cultural backgrounds. We must adapt our discourse to those characteristics although this is a difficult task to fulfill. But our experience suggests that it is not an impossible task, we should be judiciously justified. It is also important that we need to generate our own evidence. However, this will require sometime but certainly we will be on solid ground for us to be proud.

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FROM THE OFFICE OF AROI

We would like to inform of all the members that from this year onwards AROI has joined hands with ASTRO to set a platform for mutual knowledge sharing betwwen members of both organisations on the sidelines of Annual AROI conference. This year AROICON 2009 is being organised by AP-Chapter of Radiation Oncologists of India, Hydebad. Following ASTRO faculty members will be visting India during the AROICON 2009.

Alan Pollack, M.D., Ph.D.

Jatinder Palta, Ph.D.

Akila Viswanathan, M.D., M.P.H.

Laura Dawson, M.D., FRCPC.

Any institute /organisation willing to conduct some teaching program with their participation can contact Secretary General, AROI along with the field of interest so that necessary arrangements can be made. The organisers of such teaching programe will have to provide local hospitality along with the travel arrangements from Hyderabad for the guests. Any further queries in this regard are welcome.

All the members are requested to visit the website & update their Bio-Data. Please mark a copy of mail to us so as to enable us to incorporate the changes at our end.

Articles for AROI Newsletter suggestions/ celebrations related to AROI can be submitted through executive committe/office beares of AROI/Members of the Editorial Board.

All the members are intimated to prepare themselves for the paper presentation/fellowships. The formal announcement will be made in the next issue of Newsletter in June 2009.

Dr. Firuza Patel
President AROI

Dr. Rajesh Vashistha
Seceratary General, AROI

REGISTRATION FOR AROICON 2009

Member	AROI	Non-Member	
Early	Rs.2500/-	Rs.4000/-	(Before 31st May 2009)
Regular	Rs.4000/-	Rs.5000/-	(Before 31st Oct 2009)
Spot	Rs.4500/-	Rs.5500/-	
Spuse	Rs.1500/-		
Student	Rs.1000/-		
Foreign	USD 300		

Conference dates 26th to 29th November 2009.

Crossed Cheques / Demand Draft should be in favour of "AROICON – 2009" payable at Hyderabad. Please add Rs. 50/- for outstation cheques.

Please write your name and address on the backside of Cheque / DD.

Postal Address:

Dr. Vijay Anand P. Reddy

Chairman, Organizing Committee, AROICON - 2009

Director, Apollo Cancer Institute

Apollo Health City, Jubilee Hills, Hyderabad - 500 033.

A.P., INDIA

Phone : +91-40-23607777 Ext : 3333 Direct : +91-40-23556357

Fax : +91-40-23607530

Email : vijayapreddy@hotmail.com ; aroicon2009@hotmail.com

ATTENTION NZ-AMPI MEMBERS

Kindly include your information to this directory available on www.ampi-nc.org. as it is under trail, u may face some problem, kindly try again or contact me for further information. I shall feel obliged & thankful. It should help us in interacting with each other and would save lot of money spent on postage. With this you can update your information as & when required. Tour suggestion are also welcome.

Lalit M Aggarwal
Secretary Genaral:NZ-AMPI
Email : lmaggarwal@yahoo.com
Phone: 09336936073

FORTHCOMING CONFERENCES

National Conferences

1. 31st National Conference of Association of Radiation Oncologists of India, **AROICON-2009** to be held at Hyderabad from **26th-29th Novemeber 2009**.
Contact: Dr. Vijay Anand Reddy, organizing Chairman. Visit websitewww.aroi.org for downloading the first announcement or.www.aroicon2009.com for downloading the first announcement or .Or E-mailat, aricon2009@hotmail.com, vijayapreddy@hotmail.com

2. The department of Radiotherapy, Government Medical College, Kottayam is organizing an Oncology conference with international participation from 23rd -26th April 2009. Contact: Prof. CS Madhu, Chairman, Organizing committee. Website: www.oncology2009.org

3. 14th NZ-AROICON to be held at Sher-i-kashmir institute of Medical Sciences, Srinagar on April 11-13. E-mail: drlone.m@gmail.com Website: www.nzaroi08.com Contact: Prof. Lone Maqbool

4. Scientific meeting in India have been planned by ESTRO in September 2009 at Mumbai. The Tentative dates are on 25 and 26 September 2009 and venue will be Tata Memorial Hospital (TMH) and discussion on Head & Neck cancers, addressing various aspects such as target delineation, planning, evaluation, quality assurance and if possible the brachytherapy

International Conferences

1. 10th Biennial Estro Conference on Physics and radiationTecnology for Clinical Radiotherapy, Maastricht, Netherlands, 30thAugust-3rd September 2009. Website: www.estro.be

2. GEC-ESTRO-ISIORT Europe, Porto, Poetugal, 13th-16th May 2009. Website: www.estro.org

3. Advance in Technology: IGRT and SBRT Symposium, May 15-7,2009, Doral Golf Resort and Spa, Miami www.estro.org

4. Translational Advances in Radiation Oncology and Cancer Imaging, September 11-2-09, Sheraton St. Louis Centre Hotel and Suites, St. Louis Website:www.estro.org

5. 2009 Breast Cancer Symposium, October 8-10,2009, San Francisco Marriott, San Francisco Website: www.astro.org.

6. Multidisciplinary Head and Neck Cancer Symposium, February25-27,2010 Sheraton Wild Horse Pass Resort and Spa, Chandler, Ariz Website: www.astro.org.

HOW TO VIEW AND UPDATE BIODATA ON WEBSITE

1. Go to Url www.aroi.org.
2. Go to member login area on left side.
3. Enter User ID as LM-XXXX (For LM-1 It is Lm-0001, For LM-13 it is Lm-0013 & for LM-145 it will be LM-0145 & So on)
4. Enter Password (Same as user ID that is LM-XXXX)
5. If you have problems in entering the member only area. Submit the E-mail un the column below and submit, You will get the user ID and password.
6. If your want to update the data. please update it on website and also mail us the changes on drvashistha@rediffmail.com
7. Members can change their password once he/she has logged on at the website.

Constitution of the Editorial Board for AROI Newsletter

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Long Live AROI