



Association of Radiation Oncologist of India

Quarterly Newsletter | September 2017 | Volume 12 | Issue 3

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Article

The New 2016 Update Of WHO Classification Of Brain Tumours Impact In The Clinic

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Introduction

The World Health Organization (WHO) released its 2016 update of classification of brain tumours. Traditionally, the classification of brain tumors has been based largely on concepts of histogenesis that tumors can be classified according to their microscopic similarities with different putative cells of origin and their presumed levels of differentiation.

Based on the increasing knowledge and emerging data, the 2016 classification uses molecular information to establish a brain tumour diagnoses [1]. The molecular information will enable a more precise evaluation of tumour type and is likely to have significant implications on the practical management of CNS tumours by better understanding of the biological characteristics of tumours which will lead to the production of new specific therapies.



IDH Mutations in Glioma

IDH mutation testing is a valuable diagnostic, prognostic and predictive biomarker for the management of patients with glial tumours. IDH1 and IDH2 mutations occur in a mutually exclusive manner in nearly 80% of grades II and III oligodendroglioma, astrocytoma and secondary glioblastoma [2]. The presence of IDH mutation is a strong prognostic biomarker in patients with glioma, and is associated with a favourable outcome. IDH mutation has predictive value for response to chemotherapy in anaplastic gliomas based on RTOG 9402 trial that compared procarbazine/lomustine/vincristine (PCV) chemotherapy in combination with radiotherapy to radiotherapy alone demonstrated a survival advantage of the combination in IDH-mutant anaplastic gliomas [3].

Diffusely infiltrating gliomas

This group of brain tumours consists of diffusely infiltrating astrocytoma, oligodendroglioma and glioblastoma. The recognition of IDH1 and IDH2 mutation in high frequencies in diffusely infiltrating gliomas significantly influenced the concepts of such tumors and led to a redefinition of these entities in the current WHO classification. The diffusely infiltrating gliomas can genetically and prognostically be separated into three basic groups:

Oligodendrogliomas (grade II & III)

The diagnosis of oligodendroglioma and anaplastic oligodendroglioma requires a histological pattern of oligodendroglioma with the demonstration of both an IDH gene family mutation and combined whole-arm losses of 1p and 19q (1p/19q codeletion).

In the absence of positive mutant R132H IDH1 immunohistochemistry, sequencing of IDH1 codon 132 and IDH2 codon 172 is recommended. When the genetic results are inconclusive, a histologically typical oligodendroglioma should be diagnosed as NOS.



Article

TERT mutations occur in high frequencies in oligodendrogliomas and ordinary glioblastomas, but not in diffusely infiltrating astrocytomas [4]. The WHO refused to define oligodendrogliomas by the combined presence of an IDH-mutant and TERT-mutant status because of insufficient evidence.

Diffusely infiltrating astrocytomas (grade II & III)

Diffusely infiltrating astrocytomas are genetically defined by the presence (most cases) or absence of IDH mutations in addition in nearly all cases TP53 mutations as well as, in a large fraction, ATRX mutations [5]. However, an astrocytic phenotype is still required for the diagnosis. Similar to oligodendrogliomas, IDH1 and IDH2 sequencing has to be performed if IDH1 R132H immunohistochemistry is negative, and the designation NOS is allowed in case the determination of the IDH status is not possible. Compared to oligodendrogliomas, a significant proportion of diffusely infiltrating astrocytomas do not carry an IDH mutation. The vast majority of anaplastic astrocytomas WHO grade III IDH-wild type demonstrate the genetic profile of GBM, and the patients have a poorer prognosis than those with a GBM, IDH-mutant.

Clinical impact

1. *Observation alone after surgery in a low grade glioma but with IDH wild type would entail extreme caution.*
2. *IDH mutant and 1p,19q co-deletion are associated with more favourable response to adjuvant RT+chemotherapy regimens and superior prognosis and outcomes as compared to IDH wild and non-codeleted tumours.*
3. *More data is available with the use of RT+PCV/TMZ in high-risk low grade gliomas (RTOG 9402, RTOG 0424). Similar encouraging data is also emerging for oligodendrogliomas (CATNON and CoDEL trials).*



Glioblastomas (Grade IV)

In line with the other diffusely infiltrating gliomas, glioblastomas (GBM) are now defined by their IDH status too. IDH-wildtype GBM (about 90% of cases), corresponds most frequently with the clinically defined primary or de novo glioblastoma and predominantly seen in patients over 55 years of age. IDH-mutant GBM (about 10% of cases), corresponds to secondary glioblastoma with a history of prior lower grade diffuse glioma and arises in younger patients.

A new variant of glioblastoma called epithelioid glioblastoma has been added in the 2016 WHO update. Epithelioid glioblastomas histologically show features of large epithelioid cells with abundant eosinophilic cytoplasm, lack of cytoplasmic stellate processes, vesicular chromatin and prominent nucleoli [6]. They usually possess rich reticulin investiture but, unlike anaplastic PXA are more cytologically-uniform cells and have an absence of eosinophilic granular bodies. These tumors have aggressive features of early recurrence and leptomeningeal dissemination and tend to develop in younger patients compared to typical GBM, and often harbor a BRAF V600E mutation (about 50% cases).

Diffuse midline glioma, H3 K27M-mutant

Diffuse midline glioma H3 K27M-mutant is a specific entity added to the 2016 update of the WHO classification of CNS tumours, which represents the majority of diffuse intrinsic pontine gliomas, although identical tumours are also found elsewhere in the midline. They are aggressive tumours with poor prognosis and are considered WHO grade IV tumours regardless of histological features [7]. The majority of these tumours are found in young children. H3 K27M-mutant diffuse midline gliomas usually appear histologically as astrocytic tumours. Prognosis remains poor, with a 2-year survival of less than 10%.

Clinical impact: There are clinical situations where there is a clinico-radiological dilemma in midline gliomas (e.g thalamic) between a low grade pilocytic and GBM. Histone mutation status as describe above can help achieve the correct diagnosis and appropriate management.



Article

BRAF gene alteration in childhood tumours

Our knowledge of the role that BRAF plays in pediatric gliomas has evolved during the last few years. At this point, BRAF testing can be used in a simple decision for pediatric low grade gliomas; BRAF fusion favors pilocytic astrocytoma (70%) and BRAF V600E mutation favors ganglioglioma (60-80%) and PXA (50-60%) [8].

PXA was graded as a grade II tumor in the 2007 WHO classification of tumors of the Central Nervous System. Criteria include tumors showing a relatively solid growth pattern, composed of pleomorphic cells; presence of eosinophilic granular bodies and foam cells; and reticulin rich to be diagnosed as PXA. Features of anaplasia which included mitotic index $\geq 5/10$ HPF, with or without presence of necrosis and endothelial proliferation was called anaplastic PXA according to the 2016 WHO update. The finding that BRAF V600E mutations are common in the majority of PXA has important therapeutic implications and may help in differentiating less aggressive PXAs from lethal giant cell GBMs and GBMs.

Clinical Impact: BRAF fusion clinches the diagnosis of pilocytic astrocytomas. BRAF V600E mutation helps in accurate diagnosis of PXA and gangliogliomas in challenging cases with histological dilemmas. Novel BRAF inhibitors are being tested in these tumours too to further optimise clinical outcomes.



Medulloblastoma

Medulloblastomas (MB) are the most frequent embryonal tumor. Molecular classification using expression profiling [9] or whole-genome methylation analysis [10] has classified MB into four groups: WNT-activated, SHH-activated, group 3 and group 4 MB. The four groups are stratified as: WNT-activated MB as low-risk tumors, patients with SHH-activated MB without TP53 mutations as standard-risk, and those with SHH-activated MB with TP53 mutations are classified as high-risk. The patients with group 3 and group 4 (with intact chromosome 11) MB are considered in the standard-risk group as well, while patients with group 4 MB with chromosome 11 losses have low-risk tumors. A certain overlap between histopathological variants and molecular groups were demonstrated: WNT-activated MBs usually have a classical phenotype, SHH-activated TP53-wild type tumors often show a desmoplastic/extensive nodularity phenotype, and SHH-activated TP53-mutant tumors and group 3 MB frequently present as large cell/anaplastic appearance.

Clinical Impact: Molecular profiling is a standard of practice in these tumours now to help prognosticating them. The molecular subgroups along with other clinico-radiological features also is redefining new risk stratification with low risk, standard risk, high risk and very high risk. A number of clinical trials are ongoing to optimise therapies with a view to de-escalate (e.g lower the RT dose and volume in very favourable wnt pathways) or escalate the therapies in high and very high risk groups.

The Indian Society of Neuro-Oncology (ISNO) efforts

The Indian Society of Neuro-Oncology (ISNO) published the national consensus guidelines for the management of medulloblastoma [11]. The guidelines provide both general as well as specific recommendations to be adopted by physicians and health care providers across India to achieve uniformity of care, improve disease-related outcomes, and compare results between institutions within the country.



Article

ISNO is now working on evolving national guidelines to incorporate WHO 2016 update in gliomas keeping in view the available evidence, resources and practicality of adopting them in routine clinical scenarios throughout the country and will be published early half of next year.

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Notice

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Book Review

I AM A SURVIVOR

108 stories of Triumph Over Cancer

The Book "I AM A SURVIVOR", authored by the renowned oncologist Dr. P. Vijay Anand Reddy, shares powerful voices and stories of hope and inspiration of cancer survivors. The Author is currently the Director & Senior Consultant at Apollo Cancer Institute, Hyderabad and is also President of Association of Radiation Oncologists of India. A Doctor par excellence, the Author is also known for his philanthropic initiatives. His empathy, compassion and optimism endear him to the patients who he treats. This Book by him should be seen as an extension of his endeavour to lead the battle against cancer.

Cancer comes as shock and surprise to the patient changing his life forever. After undergoing the initial trauma and treatment thereafter, main challenge before a patient is to come back to normal life, especially, when there are still many myths about the disease. As the Author says "patients worry that they will not be able to live normal lives after going through such extreme medical procedures. This is not true. Everyday, more and more cancer survivors walk out of hospitals to resume normal, happy and healthy lives." Lives of the survivors depicted in the Book are "evidence of that fact".

Over the last few decades' tremendous progress has been made in the field of cancer treatment. Still it is a dreaded thing and part of which is largely due to lack of information, misinformation and myths. In the "Introduction" section of the Book the Author suggests that a holistic approach is must to fight the disease.

The Book exemplifies the cancer survivors of the human race, their journey and their demonstration of flawless endurance. It uncovers stories of several extraordinary cancer survivors who live their lives with the same intensity as others. To honor what they stand for and offer their tale as an example for those walking the same path. He clearly states that "most cancer is curable today". However, key to successful cure lies in early detection which requires screening and check-ups. Apart from the clinical aspects of treatment, there are emotional issues which the patient has to cope with. The emotional issue for the patient starts with the challenge to accept the fact that he has cancer. Returning back to normal life requires positive approach fought with courage and indomitable urge to remain alive.

In the Book, the reader is given a rare opportunity to join along the courageous and heartfelt journeys of so many cancer patients as they transform into incredibly strong cancer survivors. Apart from the stories of those 108 survivors, the Book, in its opening portion contains messages from celebrities like Yuvraj Singh and Manisha Koirala who have successfully fought and come out of the clutches of cancer. Yuvraj's narration is full of optimism. Citing his own experience he states that cancer "is not something that can't be healed." He also describes the changes which the disease brought in his life which seems to him "more valuable than ever before". It's quite commendable that the disease has made him empathetic enough to led the fight against cancer by forming an NGO YouWeCan having an object of organizing cancer awareness and early detection campaign in NCR region.

There are thousands and millions of cancer survivors in the world but the Book captures some of the best stories to tell, 108 of them. The underlying message that Book gives out could be described in the Author's words that "Cancer is devastating! But...What Cancer Cannot Do - It cannot cripple love, It cannot shatter hope, It cannot corrode faith, It cannot silence courage, It cannot invade the soul, It cannot steal eternal life, It cannot conquer the spirit."

The Book would immensely benefit not only the newly diagnosed cancer patients to fight the battle with hope and courage but will also create awareness and dispel many myths about the disease. It will be a nourishment for the soul.

Note: The book is available on all the bookstores in major cities, Amazon & eBook on Kindle too.

Inputs: Dr P. Vijay Anand Reddy



Book Review

Practical Radiotherapy & Chemotherapy Planning.

Author: Mirza Qaiser Baig

Publisher: Jaypee Brothers Medical publishers (P) Ltd.

First Edition: 2017

ISBN: 978-93-86150-01-1

Practical Radiotherapy & Chemotherapy Planning delivers a perspective on aspects of cancer management, biologic and pharmacologic aspects of chemotherapy with clinical insights of cellular mechanisms, physics and radiobiology of radiation with special emphasis on latest techniques of radiation therapy. It also dealt with indications, contraindications, dosage, schedule and side effects of chemotherapeutic drugs and radiotherapy techniques. While spelling errors and grammatical incongruities are there, these problems are only a minor distraction to the content being told.

The chapters are grouped into five parts; Section 1 presents the principles of radiation therapy, various types of fractionation and their radiobiological principles and various radiotherapy techniques. Section 2 presents radiobiology of radiation absorption, cell survival curve, radiosensitizers and radioprotectors. Section 3 presents the chemotherapeutic drugs, targeted therapy and hormonal therapy. Section 4 addresses the specific malignancies and its management. Section 5 presents the general management in oncology. The organization of the chapters allows the reader to easily follow the principles of management of cancer.

The information provided in this book is concise and incorporated basic science, clinical findings and available technology into the diagnosis and management of cancer. It can be served as a practical, accessible, comprehensive guide to the management of patients with cancer. The content of the book is useful for oncology fellows, residents and nurses as well as for non-oncology physicians and medical students. It presents a broad analysis of cancer management that involves comprehensive care provided by surgical, radiation and medical oncologists, but the readers are suggested to go through bibliography for in-depth analysis of each organ specific cancer management and explore further the huge literature on molecular changes in cancer and their impact on treatment and outcome.

There has been a general evolution of basic biologic understanding of pathophysiology of cancer and its interactions at cellular level. The consistent progress in clinical oncology, evident by multiple clinical trials should prompt the readers to revise the treatment principles repeatedly. The chapters discussing disease by anatomic site covered relevant background information on each tumour, including epidemiology, pathology, diagnostic workup, prognostic factors and treatment modalities with their techniques. There is an attempt made in the text to include descriptions of various technical approaches, which leaves the reader the critical task of selecting the most appropriate one for the particular patient under consideration.

The importance of imaging in today's radiation oncology practice cannot be overdramatized. Latest advances in radiation oncology are included with chapters on emerging modalities and imaging. The author's dedication for the topic is obvious throughout the book. More thorough proof-reading could help alleviate some of the confusion that is caused by typos and a few grammar uncertainties. The credibility of the content does not suffer due to these obvious errors which will likely be rectified in the next edition.

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Obituary



Dr. B.N. Banerjee left for heavenly abode on 18-08-2017

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Academic Qualification

- M.B.B.S. from Calcutta University, R.G.Kar Medical College & Hospital, Calcutta.
- D.M.R.E. - 1961 from Calcutta University
- Research Scholar 1959-1961 under the University College of Medicine, Calcutta

Awards

F.S.M.F. -Fellow State Medical Faculty West Bengal - 2001

Teaching Related Involvements

- Undergraduate & Postgraduate teaching experience for more than 36 years.
- Joined West Bengal Health Service as Registrar and retired in 1993 as Professor & Head of the Department of Radiotherapy R.G.Kar Medical College & Hospital.
- Convenor PhD Radiotherapy Course Calcutta University. Convenor & Examiner of M.D. (Radiotherapy & D.M.R.T) of Calcutta University.
- Research Guide I.C.M.R. & M.D. Radiotherapy. Appointed by Vice Chancellor of Calcutta University as an observer in M.D. Radiotherapy & D.M.R.T.
- Examiner to adjudicate the Thesis & Desertations of M.D. Radiotherapy.
- Member of Board of Studies of Post Graduate Medical Science, Calcutta University.
- Elected Member of Undergraduate Medical Council of Calcutta University 1991-1993
- Appointed as Inspector by Medical Council for inspecting Teaching facilities of different Medical Courses.
- Written a chapter on Oncology - Text Book Surgery by Dr.A.K.Nan.

Prof Amiya Kumar Guha (LM-467) [05.06.1942-12.06.2017]



Prof Amiya Guha was a very senior radiation oncologist of West Bengal . He obtained his MBBS degree in 1966 from University of Calcutta . He then proceeded to do his Diploma in Obstetrics & Gynaecology (DGO) in 1967 ,followed by Diploma in Medical Radiology(DMRD) in 1979. He completed his MD in Radiotherapy in 1982.

Since 1982 he worked as a teacher in many of the Medical Colleges of West Bengal. He was Head of the Department of Radiotherapy at RG Kar Medical College Hospital, Kolkata for several years and retired as Head of the Department of Radiotherapy at Institute of Post Graduate Medical Education & Research (IP-GMER), Kolkata .

He was one of the seniormost examiners of MD (RT) examination from West Bengal. After retirement and upto the time of his death on 12th June 2017 (from complications of a fracture), he was attached to Barasat Cancer Centre, Kolkata .



Obituary



PROF. B.D.GUPTA 1934 – 2017 (Left for heavenly abode on 17th September, 2017)

Prof. Brahm Dutt Gupta was born in Uttar Pradesh on 8th March 1934. After graduating from Medical College Agra, he did his post-graduation in Radiology (combined Radio-diagnosis and Radiotherapy) under the eminent Dr. P.K. Haldar in 1963. He went to Manchester in United Kingdom and worked at Christie hospital, the Mecca of radiotherapy and obtained the FRCR degree from London and came back to the country to practice exclusively Radiotherapy and Oncology. Following a brief stint at the AIIMS, New Delhi, he joined PGIMER, Chandigarh in November, 1971 and founded the Department of Radiotherapy and served as the Head of this department till 31st March, 1994. He was also responsible for establishing the Department of Telemedicine at the institute after his retirement from Radiotherapy, where he was an Emeritus Professor.

Prof. Gupta had passion for developing Radiotherapy as a separate discipline and built a independent department of Radiotherapy at PGIMER Chandigarh which went on to become one of the best in the country and gained recognition not only in India but abroad also. He is also responsible in planning and establishing number of Radiotherapy centres in northern India including one at AIIMS New Delhi. Beginning with a basic 250 KV machine, the department at PGIMER, soon acquired modern tele-cobalt machines for therapy. He was instrumental in bringing the first CT-Scan machine and first Linear Accelerator in this institute free of cost. He was instrumental in developing first indigenous Linear Accelerator in collaboration with SAMEER, Mumbai and CSIO Chandigarh and first prototype machine was installed at PGIMER which worked for 10 years. His pioneering work in brachytherapy brought international recognition. The department started its MD (Radiotherapy) program where he trained numerous students who now are senior Radiation Oncologists in the country and abroad. Even after retirement, he remained busy treating patients free of cost, advising, training manpower and spreading cancer awareness till the very end.

During his illustrious career, Prof. Gupta won many laurels – the B.C. Roy and ICMR awards being the more prominent ones. He was the founder member of AERB and the National Cancer Control Program of the Government of India. He founded along with Dr. T.K. Datta and Dr. Harish Kulkarni, the Association of Radiation Oncologists of India (AROI) in 1976 and became its President in 1978. He also served as the editor of AROI.



Dr. D. P. Punia

Dr. Dharam Pal Punia, who was the Vice Chancellor of Mahatma Gandhi University of Medical Sciences and Technology, Jaipur, left this world on 2nd October 2017.

Dr. Punia after doing his early education at Pilani and Maharaja college, Jaipur pursued his MBBS from S.P Medical college, Bikaner in 1973. Later he obtained MD Radiology from SMS Medical College, Jaipur. Then he joined State Medical services as Medical Officer for a period of two years and worked as Assistant surgeon and General Duty Doctor mainly in the SMS hospital. In 1979 he became Assistant Professor of Radiology at SMS Medical College, Jaipur. Later in 1982 he became the associate professor at JLN Medical college, Ajmer. In 1986 he went abroad on deputation and worked as consultant radiologist at Baljurashi, Saudi Arabia for five years. He returned to India in 1991 and joined as Professor in S. P. Medical college, Bikaner where he later got promoted as Medical Superintendent and in 1999 became Principal there. He became the founder Director of Regional Cancer Institute there and also established a Trauma centre, Cardiac centre and Geriatric centre.

He was a Popular teacher, Visiting Professor at foreign Universities and published more than 50 papers in Indian and Foreign Journals. He was also a group expert in specialty of Radiation Oncology appointed by Ministry of Health, Government of India and Chief Investigator of National Registry Programme and WHO projects dealing with Cancer patients. He retired in 2010 as Principal from Jodhpur. Later he took position of Principal and Controller of Mahatma Gandhi Medical College and Hospital at Jaipur in April 2010, which was later upgraded as the Mahatma Gandhi University of Medical sciences and Technology where he became the President and Vice Chancellor till his death.



Obituary



Dr Manas Nath Bandyopadhyay
[LM-362]

Born in Kolkata on 19th February 1955; died in Kolkata on 8th September 2017. After schooling from Hindu School, he joined MBBS in 1972 at Calcutta Medical College. As a JBNST scholar in 1973, he had access to National Research Institutes where he continued independent research and visited U.S.A. twice to present papers in International Conferences while still a medical student. After graduating he completed his M.D. in Radiotherapy from Calcutta University acquiring the highest marks for that year with special mention for a brilliant dissertation.

He joined as Cancer Centre Welfare Home & Research Institute (now known as Saroj Gupta Cancer Centre & Research Institute), Thakurpukur, Calcutta in May 1983 as a Junior Registrar in the department of Radiotherapy and quickly worked his way up to become a consultant in 1990. He also worked at Christie Hospital, Manchester and Cookridge Hospital, Leeds (U.K.) for higher training and more skill development.

As his interests grew in Cancer Epidemiology, Cancer Control and Cancer Registry, he became an important researcher of the National Cancer Registry Programme of India (NCRP), I.C.M.R. and also in-charge of special cell of the North-Eastern states of India. While working at SGCCRI he built the foundation of the Research Wing and was one of the pioneers in formulating the Ethical Committee and Statutory Research Bodies of the Institute as well as a member of the managing sub-committee of this Centre.

He retired from SGCCRI in February 2015 as the Head of Research and left behind a legacy of large volumes of original work in Epidemiology and Population based Cancer Registry and proved to be an extremely trusted Professor cum guide for the DNB students with focus in Medical Statistics.

An avid reader of science fiction, a proficient orator, he was an extraordinary cartoonist as well and prolific in quoting subtle humor to the amusement of all.

Unfortunately Dr Bandyopadhyay fell prey to Chronic Liver Disease and succumbed to his ailment on 8th September 2017 - peacefully at home. He leaves behind his wife Minoti (a qualified Gynaecologist) a daughter (Neelantana) and son Soumendra - both PhDs and highly accomplished in their fields and innumerable students, colleagues & admirers from different walks of life.





Conferences



Shri Ram Murti Institute of Medical Sciences

SRMS TPS CLASSES

Date-23.09.17 & 24.09.17

Venue: Department of Radiotherapy, SRMS-IMS

The two day workshop of SRMS-IMS TPS Classes was started on 23rd September 2017. The theme was "Planning of pelvic malignancies". The workshop was aimed to make aware the Medical Physicists about the application of various latest radiotherapy techniques like 3DCRT, IMRT and VMAT in pelvic malignancies.

The Medical Physicists from Aligarh Muslim University-Aligarh, Shanti Mukund Hospital -Delhi and Kovai Medical Centre and Hospital -Tamil Nadu attended this workshop.

The first day was started with introduction from Dr. Piyush Kumar, Head of Department followed by lecture on anatomy by Dr. Pavan Mehrotra, Assistant Professor. The workshop was planned in such a way that at least ten hours of hands-on-training was available on the TPS to the delegates.

A live demonstration of an IMRT plan along with IGRT in post operative cancer endometrium was also shown to the delegates on the second day.

The organizing committee of this workshop constituted of Dr. Piyush Kumar (Course Chairman), Mr. Jitendra Nigam (Course Coordinator), clinical faculty-Dr. Pavan Mehrotra & Dr. Arvind Kumar Chauhan, Medical Physics faculty-Mr. N.S. Silambarasan & Mrs S Navitha along with the tutors- Dr. Bhavya Patneedi, Dr. Amit Agarwal & Dr. Ayush Garg.

The department of radiotherapy has set another new milestone in SRMS-IMS of not only educating this latest technology to their P.G students and faculties of different institutes, but also to those Medical Physicists from various parts of India who do not have this technology. This training will help these Medical Physicists to acquainted with the latest technologies in Radiotherapy practice.



National Level Cancer Conference CRAB E CON Tertiya organised in Jammu

A National Level Cancer Conference CRAB-E-CON Tertiya GI CANCER UPDATE organized by LBN Radiations of Hope cancer care foundation trust under aegis of North Zone Association of Radiation Oncologists of India (NZA-ROI).

The conference was supported by Maharishi Dayanand Hospital and Medical Research Centre and Department of Biotechnology Shri Mata Vaishno Devi University. Speaking on the occasion, Principal GMC Jammu, Dr. Sunanda Raina praised the organizers for conducting such conferences regularly as well as cancer awareness camps in every nook and corner of state. A new initiative was started by the LBN Radiations of Hope cancer care foundation trust by distributing cheques to poor cancer patients for partial funding of their expenses in treatment.

Prof. Dr T R Sharma, The Founder of Radiation Oncology Department in GMC Jammu was honoured with LBN Kark Charak & Life Time Achievement Award.

Principal GMC Jammu in her address stressed upon taking such conference to district level also. Other dignitaries present were Dr G K Rath, Director, National Cancer Institute, New Delhi, Dr Ashok Vaid, Chairman Medanta the Medicity, Gurgaon, Dr. Rakesh Kapoor Prof. PGI Chandigarh, Dr. Rajesh Vashistha President Elect AROI, Prof. K B Abrol Chairman LBN ROH, Dr Annil Mahajan, Chairperson Organizing Committee, Dr. Purvish Parikh President ICON, Dr Sameer Kaul Surgical oncologist, Mr. Shashi Khajuria, Secretary LBN ROH.



Conferences

Dr. Vijant Singh Chandall organising secretary of the event presented the welcome address and Dr. Deepak Abrol, Convenor and organising secretary highlighted activities of LBN Radiations of Hope Trust and delivered Vote of Thanks and appreciated the help rendered by Dr. Kuldeep Gupta, Mr. Arun Chowdhary, Mr. Sandeep Mengi, Mr. Sorabh Gupta, Mr. Manav Gupta and Volunteers of LBN Radiations of Hope Trust and Scholars of Shri Mata Vaishno Devi University who worked round the clock to make this conference a grand success. Post graduates from various institutes of north zone took active part in poster and oral presentations. A Very pertinent panel discussion on health economics in cancer management will take place on Sunday evening where senior doctors and prominent dignitaries will discuss strategy to make cancer care affordable. By organizing conference of such a kind LBN Radiations of Hope has tried to bring on one platform the oncologists, the Media, Civil Societies & Health Administrators which can lead to find out new avenues of affordable cancer care. Mr. Gaurav Gupta, Secretary Chamber of Commerce and Industry appreciated the efforts of the LBN ROH trust and said that such type of events build bridges between Civil Society and doctors which intum can lead to better patient care.

Dr. Ayush Garg.

The department of radiotherapy has set another new milestone in SRMS-IMS of not only educating this latest technology to their P.G students and faculties of different institutes, but also to those Medical Physicists from various parts of India who do not have this technology. This training will help these Medical Physicists to acquainted





Conferences



AROI-ICRO-SUN PG Teaching program, 5th & 6th August 2017

Topic of Program

Landmark Trials and Case Discussions in Breast, Cervix and Head and Neck Cancers

Organizing Institute

Department of Radiotherapy, Regional Cancer Centre, JIPMER, Puducherry

The aim of the 26th ICRO teaching course was to revisit the principle evidences on which the radiotherapy management of head and neck cancers, breast and cervical cancers is based. These evidences include the principal or landmark trials and their discussions in these sites which form the majority of cancer cases seen by a Radiation Oncology student. The topics covered included discussions on various landmark trials which have led to the formulation treatment guidelines in head and neck, cervical and breast cancers. The schedule was designed keeping in mind the needs of students of radiation oncology and to allow them to have a complete overview of these three important sites which form the bulk of their case loads.



The discussions on the evidence were followed in each session by case discussions of actual case scenarios in which management decisions were discussed keeping in mind the evidence discussed previously.

A total of 69 students registered for the event from centers all across the country such as Shimla, Jaipur, Aligarh, Guwahati, Patna, Kolkata, Trivandrum, Bangalore, Varanasi, Delhi, Lucknow, Cuttack, Hyderabad, Tirupathi to name a few. Faculty included prominent speakers such as Dr. Ajeet Gandhi (Lucknow), Dr. Ashutosh Mukherji (Puducherry), Dr. Francis V James (Trivandrum), Dr. GV Giri (Bangalore), Dr. K. Gunaseelan (Puducherry), Dr. Kanhu Charan Patro (Vizag), Dr. M. Janaki (Bangalore), Dr. Manoj Gupta (Rishikesh), Dr. Neeraj Jain (Amritsar), Dr. Pritanjali Singh (Patna), Dr. Puja Nandwani Patel (Ahmedabad), Dr. Rajesh Vashistha (Mohali), Dr. S.N.Senapati (Cuttack), Dr. Sanjoy Roy (Kolkata), Dr. Satyajit Pradhan (Varanasi), Dr. Sonjay Chatterjee (Kolkata), Dr. Suman Mallik (Kolkata), Dr. Susovan Banerji (Gurgaon) and Dr. V. Srinivasan (Chennai).

The program started on 5th morning with a talk on response evaluation by Dr. Senapati and followed by inauguration by Director JIPMER in presence of Dr. Rajesh Vashist (president Elect, AROI), Dr. GV Giri (Secretary AROI), Dr. SN Senapati (ICRO Chairman), Dr. Neeraj Jain (ICRO Vice-chairman), Dr. Satyajit Pradhan (ICRO Secretary), Dr. V Parthasarathy (Course Chairman), Dr. Ashutosh Mukherji (Course Coordinator) and Mr. Arvind Suri (GM, Sun Oncology). This was followed by talk on evidences for organ preservation as well as adjuvant / neoadjuvant chemotherapy in head and neck cancers by Dr. Sanjoy Chatterjee. This session on head and neck cancers continued with talks on Precision radiotherapy by Dr. Pooja Nandwani Patel, Xerostomia management by Dr. Kanhu Charan Patro and finally an overview of evidence by Dr. Suman Mallik.



Conferences

The post lunch session on day 1 was for Breast cancers. This session had talks on Overview of Danish Trials by Dr. Pritanjali Singh, START Trials by Dr. V Srinivasan, EBCTCG Metanalysis by Dr. K Gunaseelan who also talked on Polgar and EORTC trials on breast boost and finally a summing up of evidence by Dr. Manoj Gupta. The second day started with Green metanalysis for cervical cancer CCRT by Dr. Francis James, followed by talks on ICRU89 by Dr. Ajeet Gandhi, NACT in cervical cancer by Dr. Sanjoy Roy, Newer techniques in cervix RT by Dr. M Janaki and a summing up of evidence by Dr. Susovan Banerji. There were case discussions after series of lectures on each site with a panel of radiation oncologists, medical oncologist and surgical oncologists. A quiz was held on the afternoon of 8th August 2017 and the winners were Dr. S.T. Lalit Kashyap from Apollo Hospitals, Hyderabad and Dr. Ashitha E.A. from Government Medical College Calicut.





Conferences



The 1st Chapter for Spot On – Basic Refresher Course was hosted by HCG APEX Cancer Centre, Mumbai

On August 20, 2017. The day long symposium was held at The Westin Hotel. The course for this chapter was aimed at – HOW TO MAKE IGRT BETTER. Dr Shankar Vangipuram – Head Radiation Oncology, HCG APEX Cancer Centre along with the team of Radiation Oncologist, Dr Upasna Saxena, Dr Trinanjan Basu & Dr Mahesh Upasani, were instrumental in putting up the show.

Participants came from different parts of the country and made an encouraging number of 81. The programme was inaugurated in the August presence of Dr Rajendra Balawat [Jupiter Hospital, Mumbai], Dr Nagraj Hullgol [Nanavati Hospital, Mumbai], Dr. Gautam K Sharan [Inlaks & Budhrani Hospital, Pune], Dr Deshpande [Tata Memorial Hospital, Mumbai] along with Mr Rahul Bajpai – COO, HCG APEX Cancer Centre. Speakers shared their experience and expertise in the finer nuances of IGRT, there were detailed presentations on the newer IGRT equipment present at selected centres. The all encompassive workshop was concluded with a quiz session with heartening participation and performance by the attendees. Mr Rahul Bajpai concluded the programme with his vote of thanks.





Conferences



AROI-ICRO-INTAS Radiobiology Teaching course

AROI-ICRO-Intas clinical Radiobiology course was held at Rajiv Gandhi Cancer Institute & Research Center on 3/6/2017

A Clinical radiobiology course for the young radiation oncologist was organized by Rajiv Gandhi cancer institute and research centre under the aegis of Indian College of radiation Oncology (ICRO) wing of Association of Radiation Oncology (AROI) on 3rd June , 2017 in Delhi. Dr (Prof) Manoj Gupta, IGMC, Shimla was the eminent faculty of the day. The course was spear headed by Dr Munish Gairola, Director of department of Radiation Oncology, Rajiv Gandhi Cancer Institute and Research Centre.

The day was started by lightening of the ceremonial lamp by the esteemed panel of dignitaries present; Dr Rajesh Vashistha, Dr Neeraj Jain, Dr Manoj Gupta, Dr Manish Pandey, Dr Sudhir Rawal, Dr Munish Gairola, Dr S K Sharma, Dr Kundan Chufal and Dr Anil Gupta. A Prayer to Goddess Saraswati in the form of Saraswati vandana was sung by Dr Ruparna Khurana and Dr Soumya Dutta.

Dr Sudhir Rawal, Medical Director, Rajiv Gandhi Cancer Institute and Research Centre and Dr Rajesh Vashistha, President Elect, Association of Radiation Oncology of India addressed the students present to inspire and motivate them for continued academic pursuance.

The course was considered hugely successful by one and all present. The entire Five Module presentation by Dr Manoj Gupta was exemplary and covered nuances of clinical radiobiology in great depth. The course started with basic introduction to radiobiology with topics like interaction of Radiation with matter, radiation induced injury to cells, bio Models with special emphasis to L-Q model, considering its clinical aspect also. Due importance was also given to radiobiological aspects of conventional and altered fractionated radiotherapy as well as newer techniques like SRS, SRT and SBRT. The presentation proved beneficial to the all of 61 students present who attended the course from different Institutes, spread throughout India. One of the key features for the day was the exceptional one on one interaction with the faculty.

The day ended with valedictory remarks by Dr Munish Gairola who thanked the eminent panel along with students as well as tireless efforts of Dr Inderjit Kaur, Dr Sarthak Tandon, the entire department of Radiation Oncology, Rajiv Gandhi Cancer Institute and Research Centre and also Intas Pharmaceuticals Ltd., for providing the logistical and financial support



AROI-ICRO-Intas Clinical Radiobiology Course

AROI-ICRO-Intas Radiobiology was held at RIMS Ranchi on 9/9/2017 organized by AROI, Jharkhand chapter

During Inaugural session gathering was address first by Dr Anup Kumar, Secretary Jharkhand Chapter AROI, Then by Dr manoj Gupta , Professor and head AIIMS, Rishikesh, Followed by Dr S N Senapati, Chairman ICRO and in last but not the least by chief guest of the occasion Dr B L Sherewal, Director, Rims. He also inaugurated the session by lightening the lamp

Around Fifty participants including faculty and delegates attended the radiobiology class. They were from Bihar, Odisha, West Bengal and Jharkhand.

Dr Rajesh Singh, Professor and Head, IGIMS, Patna and Dr Mithilesh Kumar, Ex Professor and Head , PMCH, Patna,were also present in the august gathering .

Dr Manoj Gupta , Professor and head ,AIIMS, Rishikesh, Conducted the session in very intesting manner Thought out whole day .

In valedictory session the delegates received their certificates from Dr Manoj Gupta and Dr S N Senapati.



Conferences



Updates in Management of Gynecological Cancer AIIMS, Delhi, 4th -6th August 2017

Update from: Dr Abhishek Shankar & Dr Supriya Mallick

All India Institute of Medical Sciences, under the privileged guidance and mentorship of Prof G K Rath has successfully conducted the "Updates in Management of Gynecological Cancer" from 4-6th August, 2017. Conference started with 4 parallel workshop on 4th August followed by 2 days conference on recent updates in management of Gynecological Cancer. This conference is a part of educational series of National Cancer Institute, India and was presented by Indian Society of Clinical Oncology.

Workshop covered 4 important topics i.e. Target Volume Delineation for Radiation Oncologists, Surgical Video Workshop for Gynecologists/Gynecologic Oncologists/Surgical Oncologists, Translational Oncology workshop for young researchers/clinicians and Palliative Oncology workshop for Nursing Staff/Clinicians. This was attended by a total of 182 participants from India, Nepal, Bangladesh, UK and USA.

This workshop was followed by 2 days conference which witnessed the attendance of more than 400 participants from different states in India and abroad. The program was designed in a manner to cover different aspects of management in gynecological cancer starting with epidemiology and prevention, screening, and stage wise management of gynecological cancer, survivorship, different special issues in the management of gynecological cancer and possibility of incorporation of immunotherapy and Ayurveda. Overall the program was aimed to update all stakeholders about the importance of interdisciplinary coordination and updating the residents and young practitioners about recent advancement in management of gynecological cancer. This program was well appreciated among the attendants and many attendees already have expressed eagerness to attend the subsequent meetings.





Conferences



Upcoming Conferences

Updates of Management of Head & Neck Cancer : An Educational Series of NCI, India

3-5th November, 2017, JLN Auditorium, AIIMS, New Delhi

Presented by Indian Society of Clinical Oncology

Program Director: Dr GK Rath

Organizing Secretary: Dr Abhishek Shankar

Joint Organizing Secretary: Dr Supriya Mallick

Conference Secretariat: Room No 136, Department of Preventive Oncology, DRBARI- RCH, AIIMS, New Delhi

Conference Manager: Ms Aditi Mistry

Mob: +91-7021589423

Tel: +91-22-24931359

Email: aimsoncologyupdate@gmail.com

Website: www.updatesinoncology.com



Conferences



2nd INDIAN CANCER CONGRESS

8th - 12th November, 2017

Clarks Convention Centre, Bengaluru, India

INSIGHT INNOVATION INTEGRATION

MESSAGE

The 2nd Indian Cancer Congress (ICC 2017) is an amalgamation of four major national oncology associations and all sub-specialty associations to improve the quality of cancer care in the country. On behalf of the Organising Committee, we welcome fellow members of the local and national organizations. We cordially invite you to participate in the second chapter, which will be held in Bengaluru, The Silicon Valley of India. However as oncologist, I am sure all of you will also appreciate that Bengaluru has contributed significantly in some of the revolutionary changes in the field of medical education and it has also united scientists and oncologists for the advancement of medical sciences.

Prof K. S. Gopinath
Chairman, 2nd ICC 2017

Prof Ramesh S Bilinagga
Secretary General 2nd ICC 2017



Conferences



ESTRO School - AROI Teaching Course 2017 **Advanced Technologies in Radiation Oncology** **3rd - 6th December 2017**

Contact for Registration and further inquiry

Programme Secretariat:

Medanta Cancer Institute, Division of Radiation Oncology, Medanta – The Medicity, Gurgaon, Haryana

Email: estroaroi2017@gmail.com Mobile no: 9811710626

*May the joy, cheer, Mirth and merriment of
this divine festival surround you forever.
May the happiness, that this season brings
brighten your life and, hope the year brings
you luck and fulfills all your dearest
dreams!*

Happy Deepawali

From the Executive Committee of AROI & IGRO





Conferences



2nd ESTRO – AROI GYN Teaching Course

“Image Guided Brachytherapy”

8 – 11 March, 2018

Dr.RMLIMS, Lucknow (U.P) INDIA



Richard Pötter
ESTRO Course
Director



Umesh Mahantshetty
AROI Course
Director



Madhup Rastogi
ESTRO-AROI Course
Organizer



**Venue: Conference Hall, Administrative Block, Dr. RMLIMS, Vibhumi Khand,
Gomti Nagar, Lucknow 226010 (U.P) INDIA**



Conferences



Save The Date YROC'2018

Young Radiation Oncologists Conference
Management of locoregional recurrences
and Re irradiation

International Guest Speakers



Arjun Sahgal



Farzan Siddiqui



Mariangela Massacesi

12-14th, January 2018
New Delhi



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yroc2018@gmail.com



Conferences



AROI-ICRO-Dr. Reddy's Lab Post PG Teaching course PRODVANCE 15th&16th July 2017,Patna

The Indian College of Radiation Oncology wing of Association of Radiation Oncologist of India (AROI-ICRO) organized its East Chapter meeting at All India Institute of Medical Sciences, Patna on the 15th and 16th of July 2017. Dr Pritanjali Singh, Assistant Professor, AIIMS, Patna was course Chairman. The Theme of this meeting was "Imaging, Contouring and Plan Evaluation" of various tumour sites. Many distinguished stalwarts in the field of Radiation Oncology from finest oncology centres of India were present as faculty in this meeting, prominent among them included Dr Rakesh Kapoor from PGI Chandigarh, Dr Reena Engineer, Dr Vedang Murty, Dr Supriya Chopra, Dr Tabbassum from TMH Mumbai, Dr Ashutosh Mukherjee from JIPMER, Dr Rimpa , Achari, Dr. Raj Kumar Shrimali from TMC Kolkata, Dr Kaustav Talapatra from Kokilaben Hospital Mumbai, Dr G.V.Giri from Kidwai Memorial Bangalore, Dr Kaushik Bhattacharya from Apollo Hyderabad, and Dr Rajesh Vasistha from Punjab & many others.

Delegates from all over India attended the conference with focus mainly from East & North East & central India: Sikkim, Gangtok, Imphal, Kolkata, Cuttack, Jabalpur and Varanasi including young radiation Oncologist of Bihar and Jharkhand.

The Honourable Director AIIMS Patna Dr P. K Singh and Chief Guest Dr. Biswajit Sanyal, Director Mahavir Cancer Sansthan formally inaugurated the meeting.

Padmashree Dr J K Singh, Dr P. N Pandit, Dr Vinita Trivedi, Dr Dinesh Sinha, Dr Richa Madhavi (RCC,IGIMS), Dr Rita Rani, Dr Richa, Radiation Oncologists from Mahavir Cancer Sansthan, Dr Shekhar Kesari & Dr Sneha Jha from Paras HMRI were some among the senior doctors present on the occasion.





Conferences



Book Release & Conference on Reirradiation at VISAKHAPATNAM Under Mahatma Gandhi Cancer Hospital

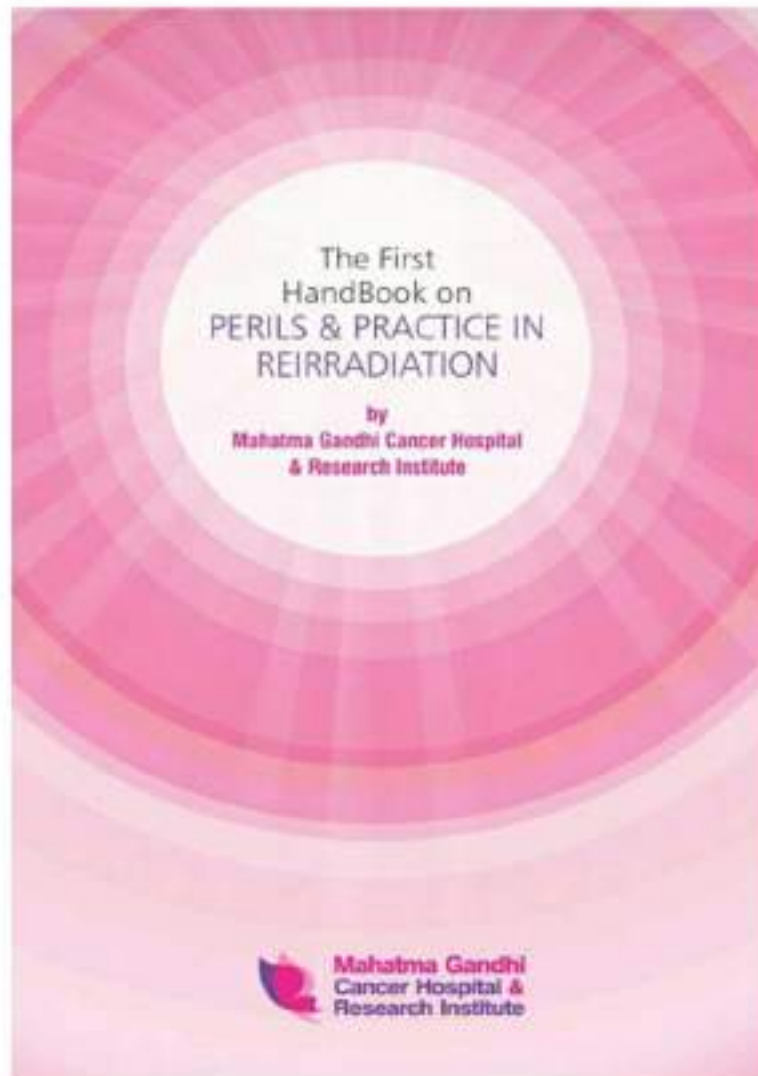
A one day conference on Re-irradiation was held on 26th august 2017 at Hotel Palm Beach, Visakhapatnam, Andhra Pradesh under the chairmanship of Dr Voonna Murali Krishna, the Managing Director, and the organizing secretary Dr Kanhu Charan Patro of Mahatma Gandhi Cancer Hospital and Research Institute, Visakhapatnam. More than 100 delegates attended the conference from various parts of the country. Dr D Raghunadh Rao, the Director of Tata Cancer Hospital of Visakhapatnam attended the conference as chief guest. Apart from him Dr Manoj Gupta, Dr Sarbani Laskar, Dr D N Sharma, Dr Kausik Bhattacharya and many more senior faculties blessed the occasion with their active participation. It was an academic conference. Most of the invited talks were based on practice of Re-irradiation covering all sites which were very educative and informative to everybody including the postgraduate students and budding young radiation oncologists who benefitted the most. It was a one day programme and a book on Re-irradiation, probably 2nd of its kind in the world released. It was authored by various young radiation oncologists from across the country and the e-book was distributed to all the delegates. The authors were felicitated at the end of the conference and then it was concluded with valedictory function.

- Dr Voonna Murali Krishana, the Organizing chairman
- Dr Kanhu Charan Patro , the Organizing secretary





Conferences





Conferences

WELCOME TO PINK CITY JAIPUR

17th Asia-Oceania Congress of Medical Physics "AOCMP - 2017"
In conjunction with
38th Annual Conference of Association of Medical Physicists of India "AMPICON - 2017"

4th - 7th November 2017
Jaipur, India

Organized by
Department of Radiological Physics, SMS Medical College, Jaipur, India
Under the auspices of
Asia Oceania Federation of Organizations for Medical Physics (AFOMP) &
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Conferences

AROI-ICRO-Intas Radiobiology Teaching course



Indian College Of Radiation Oncology

**Official Wing of
Association of radiation oncologists of india**

1st AROI - ICRO Radiobiology Teaching Course

on

"Clinical radiobiology for radiation oncologists"
on Saturday, 28th October 2017

**Organized by
AROI - Telangana**

**Host
Department Of Radiation Oncology,
Kamineni Hospitals, LB nagar**

COURSE AIM

- 1) To Understand radio-biological principles
- 2) To know its clinical applications and implications

COURSE ELIGIBILITY

- 1st, 2nd & 3rd year MD/DNB/DMRT (Radiation Oncology) post graduate students
- Sr. Residents & professional radiation oncologist
- AROI membership is mandatory
- Travel & accomadation to be borne by participants
- The Course is FREE without any Registration FEE



Conferences

Application form

I would like to participate in the
1 st ICRO Teaching Course,
"Clinical Radiobiology for Radiation Oncologist"
on 28th October 2017

Name :

Designation :

Consultant :

Qualification :

Student :

DMRT ☐ MD ☐ DNB ☐

Year :

AROI Membership No. :

Mobile No. :

E-mail :

Name & Address Of Institution:

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City:..... State:

Pincode:.....

Signature:.....



Fellowship & Best Paper

Sr. No.	AROI LM NO.	CANDIDATE NAME	TOPIC	EMAIL ID	Mobile No.	Category
1.	LM 2477	Dr. Pradeep Kumar K N	Prospective study to compare concurrent chemo-radiotherapy with radiotherapy alone in management of oesophageal carcinoma pradeep kn, a.k.arya, ashwini, k.c.laxmalalab su medical college,agga	pradeepkm89@gmail.com	9738284545	Dr. M S Gujral/M C Pant Gold Medal
2.	LM 2498	Dr. Vishnu Hari Lal	Oral cavity Oronascent Desamethasone regime versus Aprepitant Palonosetron Desamethasone regime for the prevention of chemotherapy-induced nausea and vomiting: A single institute based study	vishnuhal@yahoo.com	9496121221	Dr. M S Gujral/M C Pant Gold Medal
3.	LM-2786	Dr.Pratoy Basu	A single institutional retrospective audit to analyze the factors affecting clinical outcomes in patients of t(1-2) n(0-1) squamous cell carcinoma of the oral tongue who underwent surgery with or without post-operative radiotherapy	drpratoybasu@gmail.com	8820249247	Dr. M S Gujral/M C Pant Gold Medal
4.	LM 2964	Dr. Pragya Singh	A prospective study of concurrent chemotherapy (Cisplatin, 5-Fluorouracil) and hyperfractionated radiotherapy for the treatment of locally advanced squamous cell carcinoma of cervix.	pragya2002singh@rediffmail.com	9889274765	Dr. M S Gujral/M C Pant Gold Medal
5.		Dr. Ascora Arumha	Neoadjuvant chemotherapy with docetaxel, carboplatin and trastuzumab-preliminary analysis of clinical and pathological response rates	drascora@gmail.com	9746876432	Dr. M S Gujral/M C Pant Gold Medal
6.	LM-1957	Dr.Parneet Singh	Dosimetric comparison in carcinoma breast between volume modulated arc therapy, intensity modulated radiation therapy and conventional radiotherapy for target coverage.	singh_parneet84@yahoo.com	9914580098	Dr. M S Gujral/M C Pant Gold Medal
7.	LM-2839	Dr. Tanvi Singh	Acute and late reactions in the patients of breast cancer treated with different techniques of radiation therapy	tanvi.singh1002@gmail.com	7898417552	Dr. M S Gujral/M C Pant Gold Medal
8.	LM-2602	Dr. Vaishnavi Perumareddy	Patterns of recurrences in patients treated with curative intent for carcinoma esophagus	perumareddy.vaishnavi@gmail.com	9632555200	Dr. M S Gujral/M C Pant Gold Medal
9	LM-2903	Dr. Hema Padmini	A rare case of axillary porocarcinoma	hemahema@gmail.com	9603097217	Dr. M S Gujral/M C Pant Gold Medal
10	LM-2738	Dr. Shantaj Ahamed	A prospective comparative study of concurrent chemo radiation with weekly Cisplatin versus weekly Gemcitabine in locally advanced squamous cell carcinoma of cervix.	shantaj.ahamed98@gmail.com	72278163362	Dr. M S Gujral/M C Pant Gold Medal
11.	LM-2811	Dr. Ramesh Kumar	An Audit to determine compliance and toxicity in Anal canal cancers : A single institution experience	Rameshkustanpalli2@gmail.com	8004904361	Dr. M S Gujral/M C Pant Gold Medal
12	LM-2965	Dr.Kiran Kumar BR	Can we predict the subset of head and neck cancer patients with laryngeal obstruction who will benefit from prophylactic tracheostomy?	dkkiranbr@yahoo.com	9900906920	Dr. M S Gujral/M C Pant Gold Medal
13	LM-2966	Dr. Reji Rajan	Feasibility of sparing lung and other thoracic structures with intensity modulated radiotherapy, rapid arc and 3d conformal radiotherapy for locally advanced nonOatersall-cell lung cancer treated with concurrent chemoradiotherapy	Reji.mr9@gmail.com	7044084951	Dr. M S Gujral/M C Pant Gold Medal
14	LM-2630	Dr. Manika Verma	A Prospective Randomised Comparative Study of Two Pre-Operative Chemo-radiotherapy Schedules for Middle and Lower Third Carcinoma Esophagus (Squamous cell)	manikavh2017@gmail.com	0943024860	Dr. M S Gujral/M C Pant Gold Medal
15	LM-2438	Dr. Shebin George	Head and neck Radiotherapy and Critical weight lossOatZhow critical is it?	shebin.cmc@yahoo.com	7087966149	Dr. M S Gujral/M C Pant Gold Medal
16	LM-2450	Dr. Abhishek Basu		_drahishbektas123@gmail.com	8420165506	Dr. M S Gujral/M C Pant Gold Medal
17.	LM-2601	Dr. Poulami Basu		poulami_basu23@yahoo.co.in	9051682157	Dr. M S Gujral/M C Pant Gold Medal
18	LM -2931	Dr. Narayn Adhikari	A prospective phase II trial of response adapted whole brain radiotherapy after high dose Methotrexate based chemotherapy in patients with newly diagnosed primary central nervous system lymphoma	dnadhikari@gmail.com	9654188624	Dr. M S Gujral/M C Pant Gold Medal
19		Dr. Khutsao Kikhi	Transistat cell carcinoma in ovarian mature cystic teratoma Oat2 a case report	khutsa@gmail.com	9526794768	Dr. M S Gujral/M C Pant Gold Medal
20	LM-2493	Dr. Ayush Garg	Weekly Versus Daily Low Dose Cisplatin In Chemoradiation Of Locally Advanced Head And Neck Cancers-Comparison Of Compliance And Clinical Outcomes	ayush4fra@gmail.com	9410094013	Dr. M S Gujral/M C Pant Gold Medal
21	LM-2494	Dr. Shubhi Agarwal	Dosimetric comparison and clinical correlation between conventional four field radiotherapy versus 3-d conformal radiotherapy(Oat2) in cancer cervixOat2	shubhiagarwal4@gmail.com	9458701104	Dr. M S Gujral/M C Pant Gold Medal
22	LM-2492	Dr. Sankalp VOOKA	Comparison Of Dose Volume Histograms Of Pelvic Bone Marrow And The Haematological changes In Patients Of Cancer Cervix Treated With Conventional And 3-Dimensional Conformal Radiotherapy	vooska.sai.sankalp@gmail.com	9468767263	Dr. M S Gujral/M C Pant Gold Medal
23	LM-2638	Dr. Nivedita Sarkar	Types of treatment delay in patients of carcinoma cervix and their effect on survival- a single institute study	nivedita2190@gmail.com	9741729011	Dr. M S Gujral/M C Pant Gold Medal
24	LM-2683	Dr. Rashmi Kulshrestha	Radiation induced chromosome aberrations-insights gained from hospital based study on head and neck cancer patients undergoing RT	rashmitra.rashmi@gmail.com	9381476936	Dr. M S Gujral/M C Pant Gold Medal
25	LM-2967	Dr. Arwin George Abraham	A prospective pilot study of therapeutic outcome in locally advanced Head and Neck Cancers treated with conventional chemo-radiation and the hypoxic radio-sensitizer Nimorazole	ArwinGeorge@hotmail.com	9495563656	Dr. M S Gujral/M C Pant Gold Medal
26	LM 1665	Dr. Vinay Babu A V	Chemoradiotherapy with Brachytherapy Boost for anal canal carcinoma treated at tertiary cancer centre in India: a single institution experience.	dr_vinaybabu@yahoo.com	9930145830	G C Pant /Proffered paper <40 year
27	LM 1260	Dr. Dinesh Kumar Singh	Analysis of Volumetric and consequential Dosimetric changes in parotid glands in Locally Advanced Head and Neck cancers during the course of Intensity modulated radiotherapy and finding the need of Adaptive Radiotherapy for Parotid gland sparing	dr_dinesh1@yahoo.com	9414322911	G C Pant /Proffered paper <40
28	LM 2182	Dr. Mintu Abraham	MRI versus clinical assessment in staging and response evaluation in locally advanced cervix cancer patients treated with concurrent chemo-radiation in a tertiary cancer center- A prospective study	drmintumatthew@gmail.com	8301032844	G C Pant /Proffered paper <40
29	LM 2075	Dr. Upendra Nandwana	Patterns of failure after definitive treatment of squamous cell carcinoma of oropharynx, hypopharynx and larynx treated by higher end techniques: an institutional experience from western India.	spendranandwana@gmail.com	9660304278	G C Pant /Proffered paper <40
30	LM 1280	Dr. Parmod Kumar Gupta	Determination of planning target volume margin using implanted fiducial based daily marker matching for dose escalated image guided radiotherapy in patients of prostate cancer	pkg.gupta@gmail.com	9415752359	G C Pant /Proffered paper <40
31	LM 2043	Dr. Rupama Khurana	Young Onset Rectal Cancer- Live Fast, Die Young? Insights from a tertiary care specialist oncology and research institute	rupama@gmail.com	8860815562	G C Pant Young Dr Award
32	LM-2676	Dr. Satyaveer Singh	The association of HPV infection in Indian cohort of Head and Neck Squamous cell Cancer patients and its impact on treatment outcome.	Veersaty009@gmail.com	9758469955	G C Pant Young Dr Award
33	LM 1315	Dr. Kunal Khisor	Extra skeletal Mesenchymal Chondrosarcoma-A Rare Case Report	kkishore@gmail.com	7677597824	G C Pant Young Dr Award
34	LM 2327	Dr. Sarthak Tandon	Baseline haemoglobin as a Predictive/Prognostic Marker for Early Tumour Control and Survival Outcome in a case of Squamous Cell Carcinoma of Head and Neck Carcinoma - An Institutional Review at Rajiv Gandhi Cancer Institute and Research Centre	dsarthaktandon@yahoo.in	9871505954	G C Pant Young Dr Award
35	LM-2043	Dr. Rupama Khurana	Predictive factors for Pathological Complete Response in Carcinoma Thoracic Oesophagus	rupama@gmail.com	8860815562	G C Pant Young Dr Award
36	LM 1158	Dr. Manjinder Sidhu	Adequate margins for pT based on net up errors detected by portal imaging during imrt treatment: a retrospective single institute observational study	manjindersidhu@msghhealthcare.com	9530696006	G C Pant Young Dr Award
37	LM-1974	Dr. Lohith G	Non Invasive PET-CT based imaging biomarkers to predict local recurrences in advanced oral cancers.	lompard_buddy@hotmail.com	9620251171	G C Pant Young Dr Award
38		Dr. Rakshana Rabban	Recurrence pattern of different subtypes according to receptor status after curative treatment in stage I-III breast cancer patients.	dr_rakshana@yahoo.com	1711467322	G C Pant Young Dr Award
39	LM 1573	Dr. Sasikala Prabhakaran	comparison of 3DCRT, IMRT and IMRT in early breast carcinoma	drsasubbas@yahoo.co.in	8095809322	G C Pant Young Dr Award
40	LM-2466	Dr. Harjot Bajwa	Radiotherapy Indo American Cancer Hospital & Research Institute, HYDERABAD TELANGANA	harjotbajwa1987@gmail.com		G C Pant young doctor award
41	LM-2075	Dr. Upendra Nandwana	Ratghadi yojna kota rajasthan	upendramandwana@gmail.com		G C Pant Young Dr Award
42	LM 1611	Dr. Manoj Sharma	Dosimetric comparison between IMPT and Photon-based IMRT or VMAT as a boost in Carcinoma of Cervix	dmsharmam@yahoo.com	9818705606	Proffered paper More than 40.
43	LM-810	Dr. Baidhi Yadav	Radiation oncology, PGIMER, Chandigarh	dbaidhi@gmail.com	9815981176	>40 year
44	LM-903	Dr. Pawan Kumar Malhotra	Department Of Radiotherapy SRMS, IMS Bareilly, Uttar Pradesh	pawan.mehotra120@gmail.com	9458702225	>40 year
45	LM 889	Dr. Pushpa KJ	Radical Radiotherapy for stage I glottic cancer: 12 year data of various Hypofractionated dose schedules & outcomes	pushpa@gmail.com	9467437734	> 40 year
46	LM 581	Dr. Bhaskar Vishwanathan	Development of bifunctional magnetic nanostructures as contrast for high resolution magnetic resonance imaging and precision based hyperthermia/thermoradiotherapy in cancer therapeutics	bhaskara190@rediffmail.com	9538305123	>40 year
47	LM-872	Dr. Rajesh Kumar Pasricha		drrajeshpasricha@yahoo.com	7055701703	>40 Year
47	LM-1649	Dr. Mohan Dass F	Dosimetric effect of Statistical Uncertainty on Monte Carlo dose calculation in Monaco TPS volumetric modulated arc therapy for cervical cancer	kgmdd03@gmail.com	9780086184	Medical Physicist
48	LM-1202	Dr. Senthil Kumar	Design and study of automatic dwell position and dwell time quality assurance device for hbr brachytherapy	senthilg@gmail.com	6781750260	Medical Physicist



Fellowship & Best Paper

1	LM-1431	Dr. Imtiaz Ahmad	Consultant radiation oncologist at KLE'S Belgum Cancer Hospital imtiazdr@gmail.com	Fellowship < 35
2	LM-2169	Dr. Harjot Bajwa	Radiation Therapy Indo American Cancer Hospital & Research Institute, HYDERABAD 14205211, LANGANA harjotbajwa1987@gmail.com	Fellowship < 35
3	LM-2075	Dr. Upendra Nandwana	Bangbad, Yojna KOTA, RAJASTHAN upendranandwana@gmail.com	Fellowship <35
4	LM-2638	Dr. Nivedita Sarkar	Mommiasandra, D&G Bangalore, Karnataka nivedita2190@gmail.com	Fellowship < 35
5	LM-2007	Dr. Vijay Karan Reddy	Apollo Cancer Hospitals, Hyderabad vijay.karan87@gmail.com	Fellowship <35
6	LM-1414	Dr. Ramesh Sabharwal	Civil Hospital, Kurukshetra, Haryana- 136118 ramesh.sabharwal@rediffmail.com	Fellowship 35-40
7	LM-1232	Dr. Shraddha Raj	Radiation Oncology, IGIMS, Patna shraddharaj@gmail.com	Fellowship 30-35

1	LM-818	Dr. Rudhi Yadav	Radiation Oncology, PGIMER, Chandigarh drudhi@gmail.com	> 40 years fellowship
2	LM-1233	Dr. Rishi Madhwal	Radiation Oncology, Indira Gandhi Institute of Medical Institute of Medical Sciences, Sheikhpura, Patna, drishu.madhwal@yahoo.in	> 40 years fellowship
3	LM-997	Dr. Kishu Charan	Radiation Oncology, Mahatma Gandhi Cancer hospital, visakhapatnam India drkcpatro@gmail.com	> 40 years fellowship
4	LM-730	Dr. Sandeep Jain	Narasimha hrudayalaya health city, Bangalore jainsandeep@rediffmail.com	> 40 years fellowship
5	LM-637	Dr. Preeti Jain	Asst Prof Govt Cancer Hospital, Indore (MP) jainpreety2005@yahoo.com	> 40 years fellowship

AROI-Kirloskar Fellowship



Fellowship & Best Paper

1	LM-2488	Dr. Shebin George	Dept. Of Radiotherapy, CMC, Ludhiana.	Neil Joseph fellowship
2	LM-2480	Dr. Ashish Basu	Medical College Kolkata	Neil Joseph fellowship
3	LM-2481	Dr. Poulami Basu	Ram Chand Ghosh Lane, Kolkata, WB- 700006	Neil Joseph fellowship
4	LM-2339	Dr. Owais Ahmad	Department of Radiotherapy at Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly	Neil Joseph fellowship
5	LM-2483	Dr. Ayush Garg	Department of Radiotherapy at Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly	Neil Joseph fellowship
6	LM-2484	Dr. Shubhi Agarwal	Department of Radiotherapy at Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly.	Neil Joseph fellowship
7	LM-2482	Dr. Sankalp VOOKA	Department of Radiotherapy at Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly.	Neil Joseph fellowship
8	LM-2638	Dr. Nivedita Sarkar	Mommsandra O&D Bangalore, Karnataka	Neil Joseph fellowship
9	LM-2489	Dr. Vivek Immanuel	Department of Radiotherapy, Christian Medical College and Hospital, Ludhiana, Punjab.	Neil Joseph fellowship



Notice

Sun ICRO- PG Teaching program
HYPOFRACTIONATION
25th- 26th November 2017, Bhatinda



Cartoons

CATNON INTERIM ANALYSIS

MY PATIENT DIAGNOSED WITH ANAPLASTIC ASTROCYTOMA (WHO NOT HAVE THE 1P19Q DELETION). WILL HE BENEFIT FROM ADJUVANT TEMOZOLOMIDE?

CONDUCTED IN 745 PATIENTS WITH GRADE 3 ANAPLASTIC GLIOMA, ALL OF WHOM DID NOT HAVE THE 1P19Q DELETION

THE 5-YEAR SURVIVAL WAS 36% IN THOSE WHO RECEIVED BOTH TEMOZOLOMIDE AND RADIOTHERAPY, COMPARED WITH 44% IN THOSE TREATED WITH RADIOTHERAPY ALONE (HAZARD RATIO: 0.87; $P = .003$)

IN THIS PORTION OF THE TRIAL, TEMOZOLOMIDE WAS ADMINISTERED AFTER RADIOTHERAPY.

10th JUNE 2016/BRAIN

Ref: American Society of Clinical Oncology (ASCO) 2016 Annual Meeting

ONCOLOGY EDUCATIVE CARTOON SLIDE - BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

IMPACT SYNDROME

(Erythema Multiforme associated with Phenytoin And Cranial radiation Therapy)

SJS-TEN syndrome associated with concurrent use of phenytoin and cranial RT is a rare clinical scenario, this is a potential complication with significant mortality. Hence, the use of phenytoin should be avoided during RT, and if indicated, phenytoin can be replaced with other anticonvulsants such as sodium valproate, benzodiazepines or the newer antiepileptic drugs such as gabapentin and topiramate.

10th JUNE 2016/BRAIN

ONCOLOGY EDUCATIVE CARTOON SLIDE - BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

BRAIN TUMOR WITH RAISED ICP-NOT RESPONDING TO MEDICAL DECOMPRESSIVE THERAPY-THINK AGAIN!

Formula Used:
 $2 \times (\text{Na}^+) + (\text{BUN}/2.8) = \text{CSF Na}^+$

Calculate Serum Osmolality by using formula or calculator [EASY CALCULATION.COM] OR BY USING APP

IF IT IS LESS THAN NORMAL INCREASE THE MANNITOL DOSE OR CONSIDER OTHER HYPERTONIC SALINES LIKE 3% NS OR (AND) INCREASE THE DEXA DOSE TILL 10MG PER DAY

ACKNOWLEDGEMENT: DR BARTHA, SAGITHA BHATTACHARYA, VIZAG

Ref: Neurology Guideline Osmotherapy for treatment of intracranial hypertension

ONCOLOGY EDUCATIVE CARTOON SLIDE - BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

DREAM PROTOCOL

DEXA
FLANIDINE
EPTOIN (900)
ANTIEMETIC
MANNITOL

PATIENTS OF PRIMARY BRAIN TUMORS OR PATIENTS WITH BRAIN METS HAVING RAISED INTRACRANIAL TENSION AND LOW RPS DREAM PROTOCOL CAN BE STARTED IMMEDIATELY. IT WILL IMPROVE THE RPS DRAMATICALLY.

Ref: Le Quang et al. Cancer Radiotherapy, Jan 2013

ONCOLOGY CARTOON - BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

RECENT MRI OF PATIENT DIAGNOSED WITH GBM TREATED WITH (SURGERY, RADIATION AND TEMOZOLOMIDE) 6 MONTHS BACK SHOWS CONTRAST ENHANCING LESION AT THE SAME SITE.

ENLIGHTENED ONCOLOGIST: (SMT) SURVIVAL OR ANGIOGENESIS?

CHICK PHIL: (SMT) SURVIVAL OR ANGIOGENESIS?

ENLIGHTENED ONCOLOGIST: (SMT) SURVIVAL OR ANGIOGENESIS?

CHICK PHIL: (SMT) SURVIVAL OR ANGIOGENESIS?

Ref: Mark E. Huh et al. Am J Neurosurg, SEPTEMBER 2005

ONCOLOGY CARTOON - BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

CRANIAL IRRADIATION IN CHILDHOOD

PRECOCIOUS PUBERTY THROUGH DISINHIBITION OF CORTICAL HYPOTHALAMUS AND REDUCTION IN THE HYPOTHALAMIC GONADOTROPIC TONE.

THE OCCURRENCE OF PRECOCIOUS PUBERTY IN THE CONTEXT OF GHD (GROWTH HORMONE DEFICIENCY) IS COMMON IN CHILDREN AFTER CRANIAL IRRADIATION, WHILE CHILDREN WITH NON-RADIATION ASSOCIATED GHD (GROWTH HORMONE DEFICIENCY) SHOW DELAY DUE TO CONCOMITANT GONADOTROPIN DEFICIENCY

Ref: Sagal Mostoufi-Noori et al, Pediatric Endocrinology Rev. 2010 September

ONCOLOGY CARTOON - BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE



Cartoons

RESECTION TRIAL

IS SECOND SURGERY BENEFICIAL IN RECURRENT GBM?

In patients with recurrent GBM, re-resection offers superior PFS provided a complete removal of T1-enhancing tumor on postoperative MRI can be obtained. Incomplete resection was not beneficial and was potentially detrimental to PFS compared with no surgery.

Dr. Ramesh Sankar et al. *Neuro Oncol* JAN 2016

ONCOLOGY CARTOON-BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

MAID TEST

What mutation status should we test for in GBM?

Please do the MGMT STATUS A-ATRA B-GBM C-TP53 deletion status, feasible

ONCOLOGY CARTOON-BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

PITCAP TRIAL-LUNG

STAGE III NSCLC INOPERABLE

INDUCTION CHEMO (PLATINUM BASED) x2

RADIATION + WEEKLY PACI **VS** RADIATION 60-63.2 Gy

151 patients MEDIAN FOLLOW-UP OF 6.3 YEARS

THESE RESULTS DO NOT SUPPORT A MEANINGFUL SURVIVAL BENEFIT WITH THE ADDITION OF SINGLE AGENT TAXANE GIVEN CONCURRENTLY TO RADIOTHERAPY AFTER PLATINUM-BASED INDUCTION IN LOCALLY ADVANCED NSCLC.

META-ANALYSIS OF 5 TRIALS (N = 316) CONFIRMED THE LACK OF A MEANINGFUL EFFECT ON 3-YEAR OVERALL SURVIVAL OF A TAXANE ADDED CONCURRENTLY TO RT.

Andrea Arltzeri/LUNG CANCER/2016 29th AUGUST 2016/LUNG

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IMPRESS STUDY-LUNG

EGFR mutant tumor

T760

Progression "unresectable"

Chemotherapy with T760

PROGRESSION-FREE SURVIVAL 5.4 MONTHS IN BOTH GROUPS

Platinum-based doublet chemotherapy remains the standard of care in this setting.

"IMPRESS IS THE ONLY RANDOMIZED PHASE III TRIAL TO COMPARE CONCOMITANT OR SEQUENTIAL CHEMOTHERAPY IN COMBINATION WITH CHEMOTHERAPY VS CHEMOTHERAPY ALONE IN PATIENTS WITH ADVANCED-EGFR MUTATION POSITIVE NSCLC WITH RESISTANCE TO FIRST-LINE THERAPY. THIS STUDY DOES NOT SUPPORT CONCOMITANT OR SEQUENTIAL CHEMOTHERAPY OVER CHEMOTHERAPY ALONE AS FIRST-LINE THERAPY."

Ref: Jean-Charles Soria et al/LANCET ONCOLOGY/2015 22nd JULY 2016/LUNG

ONCOLOGY EDUCATIVE CARTOON-BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

PROCLAIM STUDY

WHAT IS YOUR CLAIM ABOUT PROCLAIM?

ARM A) IS NOT SUPERIOR TO ARM B) ABOUT OS BUT TOXICITY WAS ARM A) IS SUPERIOR, CHECK YOURS!

NON-SCL, NON-SMALL CELL STAGE III	
ARM A	ARM B
RADIATION + CONC 3#	RADIATION + CONC 2#
PENVE+CDP P/B	ETOP+CDP P/B
PERMETRECK MAINTENANCE 4#	MAINTENANCE 2#

REF: BURRISH STATION et al. JCO, MARCH 2017 2018

ONCOLOGY CARTOON-BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

SPACE STUDY-LUNG

(STEREOTACTIC PRECISION & CONVENTIONAL RADIOTHERAPY EVALUATION)

MEDIAN FOLLOW-UP - 37 MONTHS

1, 2- AND 3-YEAR PFS

SBRT: 79%, 53%, 42% AND
 -SBRT: 87%, 54%, 42%
 -NO DIFFERENCE BETWEEN THE GROUPS
 -NO DIFFERENCE IN OS

70% OF SBRT PATIENTS HAD NOT PROGRESSED COMPARED TO 50% (3DCRT: P=0.20)

ALTHOUGH THERE WAS NO DIFFERENCE IN PFS AND OS BETWEEN SBRT & CONVENTIONALLY TREATED PATIENTS, IMPROVED DISEASE CONTROL RATE IN THE SBRT GROUP AND THEY EXPERIENCED BETTER HRQL AND LESS TOXICITY. SBRT IS CONSIDERED FOR PATIENTS AND SHOULD BE CONSIDERED STANDARD TREATMENT FOR PATIENTS WITH INOPERABLE STAGE I NSCLC.

Jan Nyman/GREEN/2016 22nd SEPTEMBER 2016/LUNG

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Cartoons

LUNG BATH- whole lung irradiation (WLI)



INDICATION
LUNG METS WITH
• EWING'S SARCOMA
• WILMS TUMOR
• AFTER NACT-CR

FIELD BORDER IS KEPT BELOW THE COSTOPHRENIC ANGLES

DOSE-10.5-12 Gy in 1-1.5 Gy per fraction (8-10 #)

LUNG CORRECTION PLZ

Shielding for humeral head necessary. Some add a midline shield for larynx

LUNG IRRADIATION WAS BENEFICIAL IN TERMS OF IMPROVED SURVIVAL OF PATIENTS WITH PULMONARY METASTASES OF EWING'S SARCOMA

Chen CL, JCO/2015

31st AUGUST 2016/LUNG

ONCOLOGY EDUCATIVE CARTOON SLIDE -BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

PAROTID SPARING IN NASOPHARYNGEAL CANCER

ASPECT TO LYMPH NODE METASTASIS IN HEAD & NECK IS COMMON EVENT AND THE INCIDENCE INCREASES IN NPC PATIENTS

SPARING PAROTID IN IMRT WAS NOT RECOMMENDED

1. SLD > 25.0 CM IN LEVEL II
2. INVOLVEMENT IN RARE-NECK AREAS
3. PRESENTATION WITH PAROTID NODE

SLD MEANT SUM OF THE LARGEST DIAMETER IN TRANSVERSE, SAGITTAL OR CORONAL PLANE FOR MULTIPLE LYMPH NODES & CONFLUENT LYMPH NODES WERE EVALUATED AS SINGLE ONE



VE TO SQUIRE AS BAST
N/A - THINN ORO
THINN

LEVEL I/A/B, VC THE LATERAL SUPRACLAVICULAR NODES & VIA/B AS THE RARE-NECK AREAS

PERIPAROTID RECURRENCE MAY BE SUPPOSED TO BE RELATED TO SPARING PAROTID IN IMRT

Wong et al. Radiation Oncology (2016) 11:118

21st SEPT. 2016/NASOPHARYNX

ONCOLOGY EDUCATIVE CARTOON SLIDE -BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

GEMCITABINE: A GAME CHANGER IN NASOPHARYNGEAL CARCINOMA?

• GEMCITABINE (1 g/m² D 1 & 8) AND CISPLATIN (80 mg/m² D1 VS.
• 5FU (4 g/m² IV INFU. OVER 96 h) & CISPLATIN (80 mg/m² D1 3 WEEKS FOR 6 CYCLES

RECURRENT/
METASTATIC
NASOPHARY
CARCINOMA

AE/SAE/TREATMENT DISCONTINUATION IS LESS IN GEMCITABINE COMPARED TO 5FU GROUP

342 patients

1 YEAR SURVIVAL

MEDIAN PFS 7.0 MO. IN GEMCITABINE 5.4 MO. IN 5FU

MEDIAN PFS 19.4 MO.

GEMCITABINE PLUS CISPLATIN PFS IN PATIENTS WITH RECURRENT OR METASTATIC NASOPHARYNGEAL CARCINOMA

LI ZHANG/LANCET/2016

25th SEPT. 2016/NASOPHARYNX

ONCOLOGY EDUCATIVE CARTOON SLIDE -BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

OSTEORADIO NECROSIS VS. RECURRENCE - PET FINDING



ORN	RECURRENCE
SCLEROSIS	SOLID AND CYSTIC LESION
NORMAL/SLIGHTLY HIGH VALUE	HIGH UPTAKE VALUE

Ref-1. Ahlström et al / APM 2004

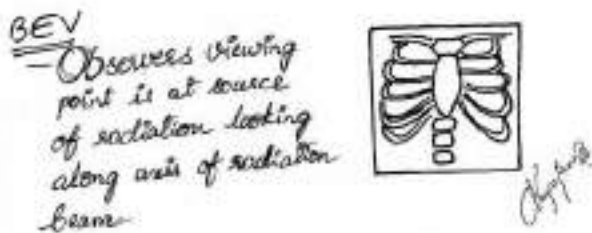
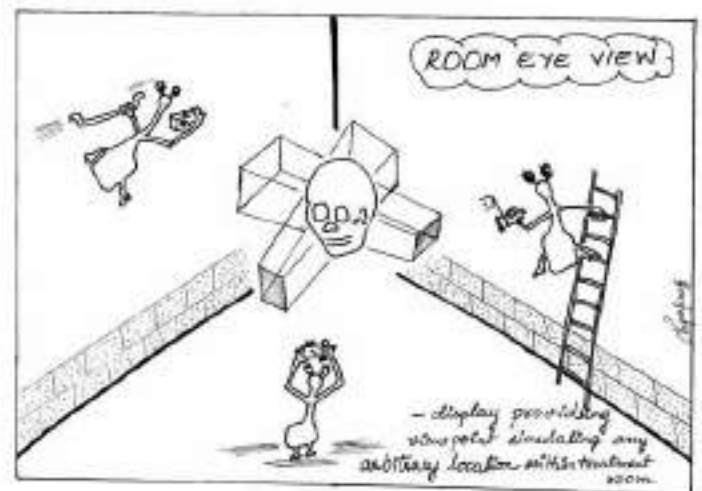
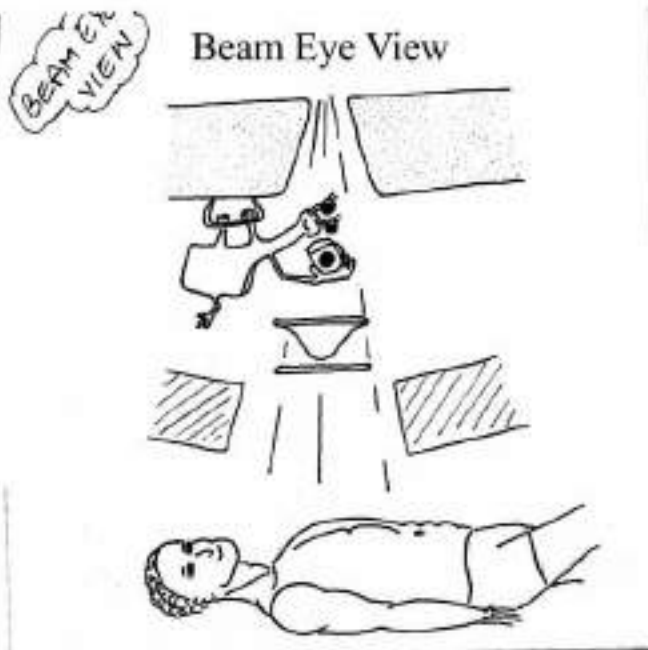
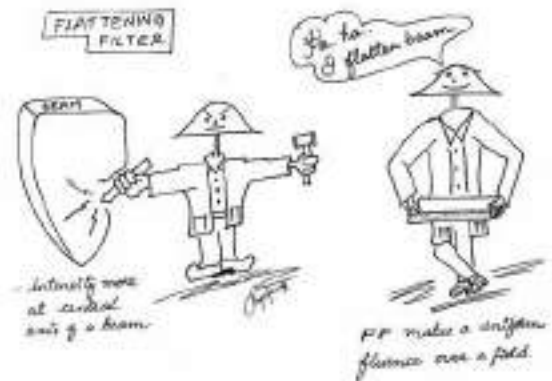
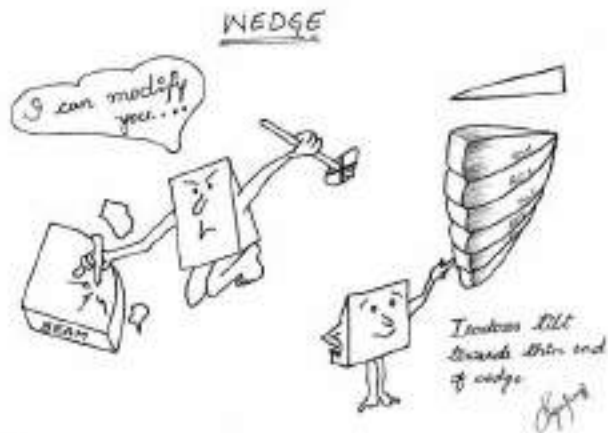
12th JUNE 2016/HEAD AND NECK

ONCOLOGY EDUCATIVE CARTOON SLIDE -BY DR KANHU CHARAN PATRO, IMAGES FROM GOOGLE

By
Dr Kanhu Charan Patro



Cartoons



By
Dr. Nagarjun Burela



Humour

The Real Meaning of "An Apple A Day"...

My wife, a phlebotomist at the Denver VA hospital, entered a patient's room to draw blood. Noticing an apple on his nightstand, she _remarked, "An apple a day keeps _the doctor away, right?"

"That's true," he agreed. "I haven't seen a doctor in three days."

My Daily Regimen

My doctor took one look at _my gut and refused to believe that _I work out. So I listed the exercises _I do every day: jump to conclusions, climb the walls, drag my heels, _push my luck, make mountains out of molehills, bend over backward, run around in circles, put my foot _in my mouth, go over the edge, and beat around the bush.

Doctor, Doctor

Two doctors and an HMO manager die and line up together at the Pearly Gates. One doctor steps forward and tells St. Peter, "As a pediatric surgeon, I saved hundreds of children." St. Peter lets him enter.

The next doctor says, "As a psychiatrist, I helped thousands of people live better lives." St. Peter tells him to go ahead.

The last man says, "I was an HMO manager. I got countless families cost-effective health care."

St. Peter replies, "You may enter. But," he adds, "you can only stay for three days. After that, you can go to hell."

What's in a Name?

Imagine my surprise when I went to Tipler Army Medical Center for a heart bypass operation and discovered my surgeon's name was Dr. Error.

"What a name for a doctor," I said, not sure whether to laugh or cry.

"Yeah," he agreed. "You can imagine the reaction I got when I was a major."

Attach

I overheard two EMT volunteers talking about the time they went to the aid of an elderly man. As one took down his information, the other opened his shirt to attach EKG cables.

"Any history of heart trouble?" asked the first volunteer.

"None," said the patient.

Looking at the telltale scars of bypass surgery, the second volunteer wasn't so sure. "In that case," he said, "do you remember when the lion attacked you?"

Exit Interview

After giving birth, I quit my job. The exit questionnaire asked, "What steps would have prevented you from leaving?" My answer: "Birth control."

A Surprise

Last Valentine's Day, I arrived at the doctor's office where I work as a receptionist to find a mystery man pacing up and down holding a package. As I got out of the car, he declared warmly, "I have something for you." I excitedly ripped open the bundle. It was a urine sample.

No Problem?

One diagnostic-imaging center claims that its high-tech medical procedures are second to none. The center's newspaper advertisement proclaimed, CT Colonoscopy: No Scope, No Sedation, No Recovery.



Humour

The Good News

Dr. Smith asks his patient, "Which do you want first, the good news or the bad news?"

The patient replies, "Give me the good news."

Dr. Smith says, "You're about to have a disease named after you."

Price of Life

When a rich businessman began to choke on a fish bone at a restaurant, a doctor seated at a nearby table sprang up, performed the Heimlich maneuver, and saved his life.

"Thank you, thank you!" said the businessman. "Please, I insist on paying you. Just name the fee."

"Okay," said the doctor. "How about half of what you'd have offered when the bone was still stuck in your throat?"

Chicken Scratch

Our nephew was getting married to a doctor's daughter. At the wedding reception, the father of the bride stood to read his toast, which he had scribbled on a piece of scrap paper. Several times during his speech, he halted, overcome with what I assumed was a moment of deep emotion. But after a particularly long pause, he explained, "I'm sorry. I can't seem to make out what I've written down." Looking out into the audience, he asked, "Is there a pharmacist in the house?"

Status Objects

Dad's pager beeped, summoning him to the hospital, where he is an anesthetist. As he raced toward the hospital, a patrol car sped up behind him—lights flashing, siren blaring. So Dad hung his stethoscope out the window to signal that he was on an emergency call.

Within seconds came the policeman's response: a pair of handcuffs flapping outside the police car window.

Already Pregnant

To confirm her suspicions, my sister needed to purchase a pregnancy test. Since I was going to the pharmacy, she asked me to pick one up. I didn't stop to think how I appeared to the clerk when I waddled up—nine months pregnant—to pay for the kit.

"Honey," she said, "I can save you \$15 right now. You're definitely going to have a baby."

Breathing Techniques

One afternoon in the hospital operating room where I am a nurse, I heard one of our nurse anesthetists trying to put a patient to sleep. "Now I want you to breathe in and out," she intoned. "In and out, slowly in and out."

The patient opened her eyes and said, "Is there any other way?"

End of the Glory Days

After the birth of our second child, my husband volunteered to undergo a vasectomy. The morning of his appointment, I could tell he was nervous. Then, as he was about to leave for the doctor's office, he turned to me and said, "I'm certainly wearing the right jeans today."

"Why?" I asked. "Are they too loose on you?"

"No," he replied. "I'm talking about the brand name—Faded Glory."

Labor Words

Seen on a car parked outside a gynecologist's office:

"PUUUSH."



Humour

Reaching Back

During a visit with my mother, who was in the hospital, I popped into the cafeteria for breakfast. I set a piece of bread on the moving toaster rack and waited for it to return golden brown. Instead, it got stuck all the way in the back. When I couldn't reach it, the woman in line next to me took control of the situation. Seizing a pair of tongs, she reached in and deftly fished out the piece of toast. "You must be an emergency-room worker," I joked.

"No," she said, "an obstetrician."

Reeled In

A friend of mine was working as a nurse in a West Australian coastal town when a tourist came into the medical center with a fishhook lodged deep in his hand. Since it was the weekend, my friend had to summon the doctor from home.

The tourist was dismayed to see that the doctor was young, had long hair and wore sandals and a very casual shirt. "You don't look much like a doctor to me," he said dubiously.

The doctor examined the hook in the tourist's hand and responded, "And you don't look much like a fish to me."

Unattractive

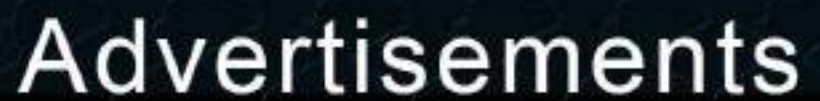
We brought our newborn son, Adam, to the pediatrician for his first checkup. As he finished, the doctor told us, "You have a cute baby."

Smiling, I said, "I bet you say that to all new parents."

"No," he replied, "just to those whose babies really are good-looking."

"So what do you say to the others?" I asked.

"He looks just like you."



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Gemtaz



SUN
ONCOLOGY

doi:10.1016/j.jmb.2007.07.004

Alla consegna di questo numero è in corso la stampa della seconda edizione.

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