



# Association of Radiation Oncologists of India

## Quarterly Newsletter April, 2020 | Vol. 16 | Issue 01

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This newsletter is edited by Dr. Gautam Kumar Sharan on behalf of Association of Radiation Oncologists of India  
The views expressed are that of Author/Contributors

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## Article

### **COVID-19 PANDEMIC: RADIOTHERAPY PRECAUTIONS & PREPAREDNESS**

**Naveen Mummudi , Anil Tibdewal, Sarbani Ghosh-Laskar, Jai Prakash Agarwal**

Department of Radiation Oncology, Tata Memorial Centre, Homi Bhabha National Institute, Mumbai, India

The 2019–20 severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) is caused by infection with the Novel corona virus (COVID-19) and was first identified in Wuhan, Hubei, China in December 2019. The World Health Organization (WHO) declared it a public health emergency of international concern (PHEIC) on 30 January 2020; subsequently, the outbreak was recognized as a pandemic on 11 March 2020. In India, the first case of the 2019–20 corona virus pandemic was reported on 30 January 2020 and as of 21 March 2020, there are a total of 258 cases and 4 deaths in the country according to the Ministry of Health and Family Welfare (MOHFW). The Epidemic Diseases Act, 1897 has been invoked in many states and union territories as a consequence educational institutions and commercial establishments have been shut down. The MOHFW has already provided advisory for hospitals and medical education institutions in the country to tackle unprecedented increase in patients infected with COVID 19.

Even at such a challenging time, as medical professionals, our primary responsibility remains providing optimal care to our patients. Of equal importance, is to ensure the safety and protection of all the health care workers involved. Institutional and departmental policies, organizational procedures may need to be reviewed to ensure this twin objective of optimizing patient care without compromising on safety to the health care provider. We provide a list of precautionary measures that can be implemented at all radiotherapy centers:

#### **PATIENT CARE**

All the general public safety measures recommended by national and international bodies like avoidance of crowded places (including social distancing), wearing of surgical mask in public spaces, following hand hygiene are equally applicable to cancer patients.

#### **OUTPATIENT DEPARTMENT**

- Patients should be screened and triaged before they enter the hospital premise. Patients with infective symptoms can be managed according to existing institutional directives, including wearing personal protective equipment (PPE), isolation etc.
- Patients should also be discouraged to come to the health care facility with more than one family member, unless necessary (restricted to a wheelchair or trolley, pediatric patient, etc.)
- Patients who have visited the hospital for routine follow up can be advised to reschedule their appointment to a later date or can be offered telephonic/ video consultation (see below).



## Article

- Patients who are scheduled to reach the hospital for follow up can be identified from hospital records and contacted telephonically. In a study evaluating whether telephonic follow-up offers a convenient and equivalent alternative to physical examination of radically treated lung cancer patients, telephonic FU proved to be feasible and promising in radically treated lung cancer patients. This remote consultation can also be extended to patients who seek expert opinion through online portals.
- By maintaining a network of radiation oncology professionals and by liaising with them, patients can be appropriately referred to an oncology center close to their place of residence to avoid travelling longer distances.
- Patients can be provided with referral letters for treatment electronically through mail / online portal.
- During out-patients' (OP) consultation, minimum 1m distance may be maintained.
- Keeping up with punctuality for appointment and consultation timings, will aid in decongestion of the OPD.
- Invasive follow-up investigations may be postponed / avoided especially, if not planned to be acted upon immediately. [\[NM1\]](#)

### RT TREATMENT

Patients due for radiotherapy treatment simulation and starting can also be triaged and prioritized based on their diagnosis, prognosis and urgency for initiating treatment.

Hypo-fractionation schedules have proven to be beneficial in many clinical scenarios (breast, prostate, lung cancer) and should be pursued where appropriate.

Palliative radiotherapy treatment for symptomatic relief can be delivered in single fraction or weekly once regimens.

Patients with infective symptoms, but tested negative for COVID-19 or patients having cough / dyspnea due to existing illness, may be allowed to continue treatment with adequate protective equipment.

In patients with suspected or proven COVID-19 infection and who are symptomatic treatment may be deferred until resolution or till they are deemed non-contagious by local health bodies.

Patients with suspected or proven COVID-19 infection but who are asymptomatic may also be deferred treatment until their resolution or till they are deemed non-contagious by local health bodies.

In selected patients (successfully treated or asymptomatic) requiring prompt initiation or continuation of radiotherapy, treatment may be allowed after observing all the necessary precautions.



## Article

- The decision to use or defer concurrent therapies like chemotherapy/ targeted and immunotherapies should also be considered based on the risk-benefit ratio, for a particular patient. Issues of age and presence of co-morbidities are significant considerations.

- Similar precautions can be extended to brachytherapy treatments.

### MACHINE AREA

- Appointments of patients on treatment can be staggered throughout the day to avoid congestion at the machine area.

- Review of patients on treatment can be done while they are awaiting treatment or telephonically to reduce footfalls in the out-patient department and also to reduce the thoroughfare through other areas of the hospital.

- On-board imaging may be minimized to reduce treatment time. If at all Image guidance has to be done, presence of consultants / physicians at the machine console may hasten the image guided procedures.

- If required RTTs can also be empowered to execute few of these procedures on their own, in case of shortage of staffs, based on their training and/ or under remote supervision.

- In case of availability, infected patients may be treated on a separate machine/ or in a separate time slot with all necessary precautions for the technologists and other care providers, to minimize the number of personnel exposed.

- Patients may be distributed on all available machines to reduce overcrowding.

- Credible updates and information related to COVID-19 infection, and its mode of spread, etc. can be displayed/ broadcast in patient waiting areas to disseminate awareness.[\[NM1\]](#)

### INPATIENT CARE

- Routine admissions (for insurance / cashless facilities) can be suspended.

- In patients requiring in-patient care, adequate precautionary measures should be strictly observed, especially if patient is elderly, frail or in the presence of multiple / uncontrolled co-morbidities.

- Patients who are stable and not in need of in-patient care should be discharged at the earliest.

- Wards should mobilize additional resources including masks, gloves and other PPE.

- All doctors, nurses and support staff should be mobilized and trained in infection prevention and control practices.

- Overcrowding is to be avoided. Routine Visiting hours by relatives may be suspended

- In centers without adequate staff / supportive care, patients may be referred to higher/ dedicated centers.

- For proven cases a separate area of the hospital should be identified for admission and isolation, so that the support of uninvolved medical and other hospital staff, thereby the exposure can be limited.



# Article

## STAFF AND ADMINISTRATIVE ISSUES

- High risk individuals, especially those with uncontrolled hypertension, diabetes mellitus, pregnant individuals or patients with pulmonary conditions should be identified and advised to stay away from areas of direct exposure or asked to proceed on leave. Such individuals can still contribute significantly by engaging in telephonic consults, making rotas for staff, preparing work related documents and other administrative activities.
- The number of physicians, technologists, physicists can be modulated such that the numbers working can be reduced to at least one third by modifying their shifts, work-hours; this would lead to creation of a reserve workforce without decreasing the working hours or affecting patient treatment.
- Academic events, activities may be suspended till resolution of the pandemic.
- It is important that all staff realize the importance of revealing their personal, travel and contact history to be able to meaningfully control contact and exposure and to keep in mind that all exposure to the virus will not happen at work but may also occur in social circles, during travel to work, etc.

All measures and precautions should be reviewed and revised regularly by the professionals involved as the pandemic continues to evolve.

Constant communication with patients and staff involved regarding policy changes and updates is of paramount importance to avoid panic and apprehension. The key to controlling the spread of the pandemic lies in being aware, alert and taking appropriate, timely action.

The radiation oncology community in India stands in solidarity with the various efforts to fight this deadly viral [\[NM1\]](#) infection.



## Article

### **AN ADVISORY BY ASSOCIATION OF RADIATION ONCOLOGISTS OF INDIA ( AROI ) FOR RADIATION THERAPY PATIENTS AND STAFF AMIDST COVID 19 PANDEMIC**

#### **Cancer patients are more susceptible to infection because of the following reasons**

- Undergoing treatment in form of chemotherapy, radiotherapy, immunotherapy, targeted therapy
- Patients with hematological malignancies
- Transplant patients on immunosuppressive therapy
- Elderly cancer patients with medical co morbidities

**In order to contain the spread of novel COVID 19 some precautionary measures are required to be taken**

#### **HOW DO YOU SUSPECT A COVID 19 CASE**

A patient with fever & cough and breathing difficulty with

- Contact with suspected & confirmed COVID19 cases in last few weeks
- Travelled to any of the countries where local transmission going on (WHO document)
- Healthcare worker caring for a confirmed COVID19 pts
- Severe pneumonia or ARDS
- A person living in same household as COVID 19 case or direct contact with COVID 19 case without proper PPE
- Face to face contact with COVID 19 case within 1 meter or closed environment like airplane or closed room gatherings

#### **DIRECTIVE TO PATIENTS**

Follow social distancing

Stay at home as much as possible

Avoid crowded areas

Wash your hands frequently and correctly with a soap/ sanitizer

Consider delaying your palliative radiotherapy if it is only for minor symptom relief and has no impact on outcome or disease control

Elderly patients especially with symptoms are at highest risk and extra precaution should be taken



# Article

## Directives To Healthcare Professionals

### GENERAL MEASURES

- Provide clean and spacious waiting area with adequate distance between Chairs
- Provide mask and hand hygiene aids like sanitizer, hand-wash, gloves at outpatient area
- Protocol for temperature and vitals checking for patients
- Special care to suspected/vulnerable patients by dedicated & trained staff
- Protocol for COVID 19 screening & isolation
- All international travelers should submit self declaration form which can be submitted at the counters
- Certain countries are high transmission countries and travelers from those countries are advised to undergo 14 days self quarantine from date of arrival
- All such suspected patients should be handled as per institutional policies and guidelines / help lines provided by government

### MINIMIZE PERSONAL CONTACT VIA

- Telephonic/video consultation
- Postpone elective post treatment follow up
- Prioritize appointments
- Schedule timely appointments & stick to time to decrease patient waiting
- Report seen online / electronically without personal visits to the department

### AT OPD CONSULTATION

- Maintain at least one meter distance between care taker & any patient who is coughing/sneezing
- Take detailed history of recent travel to COVID 19 infected area or close contact with a person infected with corona virus
- Check for any symptoms of viral infection in all patients

### FOR DEPARTMENT STAFF

Clean, trained & dedicated staff

Shift postings

Staff separated by time & location

Provide safety measures like gloves, masks, aprons for all staff

Screening of staff



# Article

## DECISION ABOUT CANCER TREATMENT

Prioritize treatment to most in need

Delay treatment in low priority patient

The benefit of cancer treatment should be assessed over the risk & complications of COVID 19 infection

## ADVISORY FOR RADIATION TREATMENTS

### CATEGORIZATION OF PATIENTS

#### Priority High

Patients. undergoing radiation with radical intent for cure in which delay in treatment onset may jeopardize outcome

#### Priority Moderate

Radical radiotherapy for less aggressive tumors or urgent palliative RT like in patients with malignant spinal cord compression to avoid neurological damage

#### Priority Low

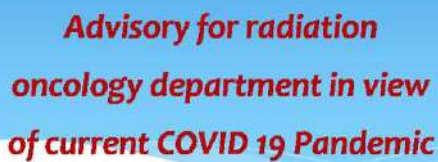
Radiation in an adjuvant setting where a complete resection of disease with good margins and less than 15 -20 percent risk of recurrence over 10 years **and** pts with less aggressive tumors where radiation is a part of treatment protocol but can be postponed owing to low risk category & slow growth of tumor.

## TREATMENT RELATED MEASURES

use of biologically equivalent dose hypo-fractionated schedule to minimize hospital visits  
delay treatment of elective low grade, low risk tumors like breast & prostate minimize use of accessories involving physical contact any accessory if contaminated should be sent for testing & decontamination categorize follow up based on priority of disease

## CONCLUSION

At some point a consideration to be made to the point that in future it may be possible that the availability of services/treating personnel may be compromised.  
In such cases patients would like to discuss such situations with the caregivers & the caregivers should have clear plan of prioritizing treatment



- Cancer treatment by radiation is not elective procedure, hence it cannot be postponed.
- ✓ Exceptions: Early prostate cancers, low grade gliomas, CA Breast – post surgery & post CT could be delayed by 1-2 fortnight
- ✓ Benign patients such as meningiomas and schwannomas can be postponed

## An illustration of a medical syringe with a yellow plunger and a black needle, positioned vertically on the left. To its right is a collection of various pills and capsules in different shapes, sizes, and colors (red, white, yellow, pink, orange, and grey).

- \* If a case requires neoadjuvant chemotherapy prior to radiation, complete the full course of chemotherapy, then only schedule for radiation
- \* As regards to preventive medication Hydrochloroquine and Azithromycin, please follow your institution recommendation

- \* Waiting time of patient must be drastically reduced only to the absolute required level
- \* No diagnostic staging procedure be postponed
- \* Strictly follow patient appointment schedules



- 
- AS  
LOW  
AS  
REASONABLY  
ACHIEVABLE
- slurry stock photo

- Follow the principle of ALARA in spending time with patients and their attendant.
- All patient should give self declaration regarding past travel history to COVID 19 infected regions.
- Follow the dictum of physical distancing minimum of 3 Ft between staff to staff and staff to patient



## Safety Advisory

### Continued...



- \* Make sure that patient attendant also wear mask
- \* Totally avoid anybody directly coughing or sneezing without any hand cover. If found, immediately the area needs to be sanitized
- \* Segregate patient with symptom traid cough, fever and breathlessness from general patients.

### Continued...



- \* The suspected COVID19 patients may be referred to designated Infection disease team/internal medicine consultant for their opinion. To rule out possibility COVID 19 infection.
- \* Please record the radiation oncology and RTT, who have interacted with patient each and every time they visited. It will help to track in future if treated patient develops any COVID 19 symptoms.

### Continued...



- \* It is highly recommended each state to have a designated radiotherapy unit to treat COVID19 positive patients. Strictly do not treat at your center a known positive COVID19 patient. If at all to be treated scheduled as last patient for the day and the equipment and area must be fully sanitized after the treatment before the next patient is take in the next following day. The radiation medical personnel attending this must wear fully prescribed PPE and follow all the precautions given by the Government advisory.

### Continued...



#### Clinical Trails

If there are any radiotherapy patients undergoing clinical trial, don't interrupt the trail unless patient is suspected to be having COVID19 symptoms.

Do not start any fresh clinical trials unless it is an emergency requirement

### Continued...



#### Brachytherapy

- \* The regular interstitial and intra-cavity brachytherapy for cervix can be undertaken
- \* Avoid any intra-oral, nasopharyngeal, oropharyngeal and oesophageal brachytherapy procedure, if it is possible
- \* Surface mould brachytherapy can be undertaken.

#### Radiotherapy Technologist



- \* Strictly do not reuse the thermoplastic mask to other patients
- \* Please prepare special COVID 19 consent form through your quality department/hospital legal team.
- \* Use hand-wash and sanitizers liberally.



## *Safety Advisory*

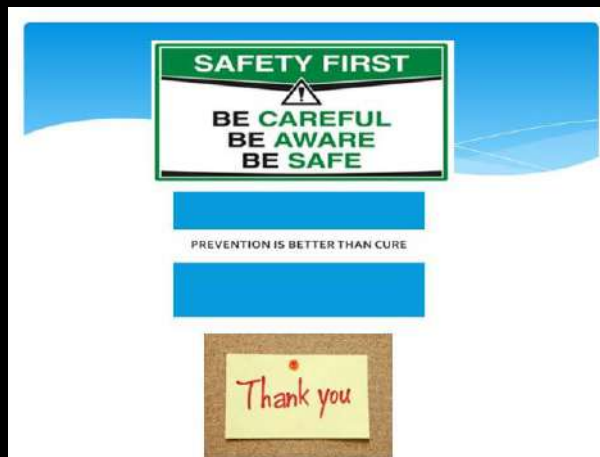
### STAFF



- Medical Physicist: Encourage remote planning by medical physicist
- No need for staff reduction unless the patient load warrants
- Rotation among the staff can be done keeping minimum essential required

### Continued...

- Prepare employee safety check list every day regarding body temperature, cough and breathlessness.
- Please do take care of staff emotional well-being in the present context of COVID19
- Do not shake hands and avoid touching your face
- Avoid AC wherever possible



These advisory slides have been compiled by Dr. Ramesh Bilimagga and Institutions / Consultants are at liberty to modify according to their clinical need, logistics and institutional protocol

Disclaimer: Dr Bilimagga reiterates that these guidelines are purely advisory in nature and only an attempt to dissipate the knowledge.



## Upcoming Conferences

# SAVE the DATE



# 4<sup>th</sup> Annual Conference Bihar Chapter 4AROI2020

25<sup>th</sup> & 26<sup>th</sup> April 2020 at AIIMS, Patna

**“Advances in Oncology: Scaling New Horizons”**

**Organizing Chairman**

Prof. Dr. P. N. Pandit  
HOD Oncology, PMCH,  
Patna

**Organizing Secretary**

Dr. Pritanjali Singh  
Associate Professor & HOD,  
Radiation Oncology, AIIMS,  
Patna



[www.aroibiharchapter.in](http://www.aroibiharchapter.in)

[aroibiharchapter@gmail.com](mailto:aroibiharchapter@gmail.com)



## Upcoming Conferences

### Immuno Oncology and Targeted Therapies Update 19<sup>th</sup> April 2020 Chandigarh

## Save The Date

**Dr Sachin Gupta**

Organizing Secretary  
Associate Director  
Department of Medical Oncology  
Max Super Speciality  
Hospital, Mohali



Email: [immunooncupdate@gmail.com](mailto:immunooncupdate@gmail.com)



# Upcoming Conferences



## Save the Date

**PRODVANCE 2020**

**Association Of Radiation Oncologists Of India  
NORTH ZONE**

**SRS/SRT/SBRT/STEREOTAXY**

**16th & 17th MAY 2020**

**Venue : AYURVIGYAN AUDITORIUM, Army Hospital R & R  
Delhi Cantt, New Delhi- 110 010**

A CAREER ORIENTATION INITIATIVE FOR YOUNG RADIATION ONCOLOGISTS ORGANIZED BY INDIAN COLLEGE OF RADIATION ONCOLOGY (ICRO) , WING OF ASSOCIATION OF RADIATION ONCOLOGISTS OF INDIA (ARO) IN ASSOCIATION WITH ARMY HOSPITAL R&R DELHI

**REGISTER  
SOON**

**E-mail : [prodvance.delhi2020@gmail.com](mailto:prodvance.delhi2020@gmail.com)**

**Contact:**  
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DR. MANISH PANDEY



Course Coordinator  
DR. MAYURI JAIN



Course Coordinator  
DR. REKHA VASHISTHA



# Upcoming Conferences

First Announcement



## ONCOLOGY 2020

International Conference on Multidisciplinary Management of  
Genito Urinary, Gynaec & Pelvic Malignancies

**2020 August 14, 15 & 16**

VENUE : HOTEL **MERIDIEN** KOCHI

**www.oncology2020.in**  
Email : [oncology2020india@gmail.com](mailto:oncology2020india@gmail.com)

Organised by : CCRS

*All of you are cordially invited.  
Please save the dates*

- Scientific Sessions
- Free Paper & Posters - Meet the Expert sessions
- Evening Satellite Sessions
- Workshop on Robotic & Minimal invasive Surgery
- Workshop on Immunotherapy
- International & National Fellowships for residents and beginners
- E-Contouring Sessions & Workshop on SBRT
- Trade Exhibition

Patrons : Dr. S. H. Advani MD, PhD, Prof. T.K. Padmanabhan MD, Prof. K. Somarajan MD

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# Workshops

## HEAD AND NECK WORKSHOP

'Cadaveric Brachytherapy workshop on H and N Cancers' was conducted by Department of Radiation oncology at MSR "Advanced learning centre" Bangalore under the aegis of Indian Brachytherapy Society and Karnataka chapter of Association of Radiation Oncologists of India on 31<sup>st</sup> January and 1<sup>st</sup> February 2020.

The course was designed to provide the delegates an opportunity to learn the basics of brachytherapy for head and neck cancer and practice them on the cadavers. This would alleviate the fear and concerns so that the same could be practiced in clinics for better patient care. The first day focused on demonstration of the procedure by our resource person Prof. R L Bhalavath and the participants practiced in various sites such as buccal mucosa, lip, oral tongue, base of tongue and tonsil.

The second day schedule was completely interactive focusing on the simulation, planning and plan evaluation. The participants learnt the nitty gritty of interstitial brachytherapy for head and neck cancer.

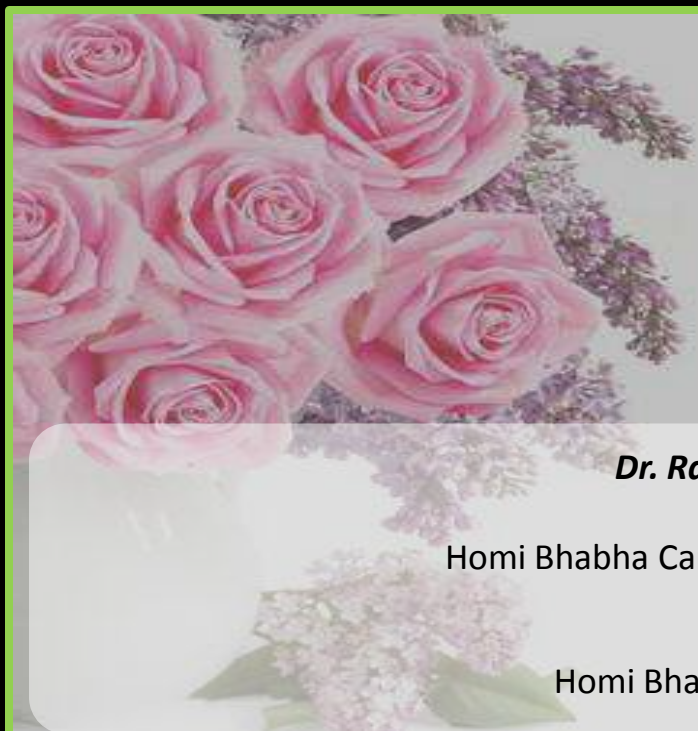
There were 21 participants from all over India, ranging from student to junior faculty to senior teachers .overall it was an enriching experience for the delegates, organizers and the faculty.

Dr Manur Gururajachar Janaki and Team  
Department of Radiation oncology  
MSR Medical College  
Bangalore





## Congratulations



**Dr. Rakesh Kapoor** has been appointed as

**Director**

Homi Bhabha Cancer Center - Mullanpur, Chandigarh  
&

**Director**

Homi Bhabha Cancer Center - Sangrur, Punjab



**Dr. Ramesh Bilimagga** has been elected as

**President Elect**

Indian Society of Oncology  
&

**President**

I A H O M (Indian Association of Hyperthermic Oncology and Medicine)





# Schedules

## Schedule for ICRO Course on Genitourinary Malignancies AIIMS, Rishikesh



April 25, 2020

### Session 1: Basics in GU Malignancies

8:30am – 9:00am	Radiological understanding of Pelvis in GU malignancies
9:00am – 9:30am	Screening in GU Malignancies – Literature review and Future trends
9:30am – 10:00am	What to look for in the pathology of GU Malignancies?
10.00am to 10.30am	INAUGURATION
10.30am to 10.45am	TEA BREAK

### Session 2: Prostate Malignancies

10:45am – 11:15am	Target Delineation of Early Prostate Cancer
11:15am – 11:45am	Hypo fractionation in Prostate Cancer – Radiobiological concepts & Evidence
11:45am – 12:15pm	Optimizing Hormonal therapy in Metastatic Prostate Cancer
12:15pm – 12:45pm	Post Operative Radiotherapy in Prostate Cancer-Indications & Target
12.45pm – 01.15pm	Brachytherapy in Prostate Cancers –Advancements
01.15pm to 02.00pm	LUNCH



# Schedules

## Schedule for ICRO Course on Genitourinary Malignancies AIIMS, Rishikesh



April 25, 2020

### Session 3: Testicular/Penile Malignancies

02:00pm –02:30pm	Testicular Lymphoma Management -A Radiation Oncologist's view
02.30pm – 03.00pm	An Overview of NSGCT of Testis
03:00pm –03.30pm	Contouring guidelines in Testicular Seminoma
03:30pm – 04:00pm	Organ Preservation in Penile Cancers
04.00pm to 04.15PM	TEA BREAK

### Session 4: Bladder Malignancies

04.15pm –04:45pm	Management of Early Stage Bladder Cancer
04:45pm – 05:15pm	Tri-modality Approach in Muscle Invasive Bladder cancer
05.15pm	Q&A and Adjourn



# Schedules

## Schedule for ICRO Course on Genitourinary Malignancies AIIMS, Rishikesh



April 26, 2020

### Session 5: Kidney & Ureteric Malignancies

09.00am – 09.30am	Role of Post Operative Radiotherapy in RCC
09.30am –10:00am	Targeted Therapies in RCC
10.00am – 10.30am	Management of Ureteric malignancies - an Overview
10.30am to 10.45am	TEA BREAK

### Session 6: Recent Advancements in GU Malignancies

10.45am to 11.15am	SBRT Prostate- Guidelines and Evidences
11.15am to 11.45am	Proton Therapy in Prostate malignancies-Future
11.45am to 12.15pm	Immunotherapy in Bladder Cancer-Recent Innovations
12.15pm to 12.45pm	Strontium / PSMA Therapy in Bone metastasis
12.45pm to 01.30pm	ICRO QUIZ
1.30pm Onwards	LUNCH



# Schedules

## ICRO — PRODVANCE 2020, NEWDELHI RADIOSURGERY MASTER CLASS



May 16, 2020

08.30 am - 09.00 am	REGISTRATION
09.00 am - 09.30 am	Launching a Radiosurgery Program – Radiation Oncologist's Perspective ( <i>Dr Tejinder Kataria, Medanta, Delhi</i> )
09.30 am - 10.00 am	Radiobiology of Radiosurgery ( <i>Dr. Manoj Gupta, AIIMS, Rishikesh</i> )
10.00am- 10.30am	SBRT in Head & Neck Cancers - Indications & Evidences ( <i>Dr Dinesh Singh, Max, Delhi</i> )
10.30 am - 11.00 am	INAUGURATION-AROI & ICRO OFFICE BEARERS HOST INSTITUTE MEMBERS
11.00 am - 11.30 am	TEA BREAK

### SESSION 1: CNS – INTRACRANIAL RADIOSURGERY

11.30 am - 12.00 am	Imaging for SRS/SRT Brain - Anatomy to Physiology ( <i>Col Dr Ankit Mathur, Radiologist, R R Hospital</i> )
12.00 am - 12.30 am	Plan evaluation and dose Prescription FOR SRS/SRT In brain tumour ( <i>Dr T Ganesh, Delhi</i> )
12.30 am - 01.00 pm	SRS for Malignant Tumours ( <i>Dr Jayant , TMH, Mumbai</i> )



# Schedules

## ICRO — PRODVANCE 2020, NEWDELHI RADIOSURGERY MASTER CLASS



May 16, 2020

### SESSION 1: CNS – INTRACRANIAL RADIOSURGERY

01.00 pm - 01.30 pm	SRS for Benign Tumours ( <i>Dr Shalini Singh, SGPGIMS, Lucknow</i> )
01.30 pm - 02.15 pm	LUNCH

### Session 2: LUNG SBRT

02.15 pm - 02.45 pm	Motion Management in SBRT ( <i>DrAnusheel Munshi, Manipal Hospital, Delhi</i> )
02.45 pm - 03.15 pm	Imaging Moving Targets - 4D CT, 4D CBCT & 4D MRI ( <i>Col Dr Atul Mishra, Radiologist, RRH</i> )
03.15 pm - 03.45 pm	SBRT for Operable Lung Tumors ( <i>Dr Shridhar PS, HCG, Bengaluru</i> )
03.45 pm - 04.15 pm	SBRT for High Risk Lung Tumors (ILD, Multiple tumors, Ultra central Tumors, Re-Irradiation) ( <i>Dr Rakesh Kapoor, PGI, Chandigarh</i> )
04.15 pm - 04.30 pm	TEA BREAK



# Schedules

## ICRO — PRODVANCE 2020, NEWDELHI RADIOSURGERY MASTER CLASS



May 16, 2020

### Session 3: SPINE SBRT

04.30 pm - 05.00 pm	Spine SBRT – Basics & Imaging of Lesions ( <i>Dr. Vineeta Goel, Max Hospital, Delhi</i> )
05.00 pm -05.30 pm	Oligometastatic Spine SBRT – Contouring, Dosing & Evidence ( <i>Dr Shikha Goyal, PGI, Chandigarh</i> )
05.30 pm – 06.00 pm	Spinal SBRT - Post Treatment toxicities ( <i>Dr. Aarti Sarin, Cochin</i> )
06.00 pm – 06.30 pm	Immunotherapy & Stereotaxy ( <i>Dr. Manish, Medonc, R R Hospital, Delhi</i> )
06.30 pm	ADJOURN



# Schedules

## ICRO — PRODVANCE 2020, NEWDELHI RADIOSURGERY MASTER CLASS



May 17, 2020

**07.00 am - 10.00 am Tour of NCI, Jhajjar**

### Session 4: HEPATO-BILIARY & PANCREATIC SBRT

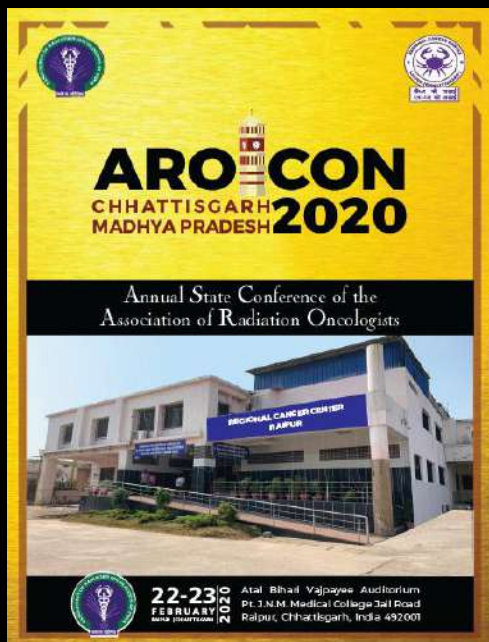
10.00 am -10.30 am	Imaging for SBRT of Hepatobiliary & Pancreas ( <i>Col. Dr. Shijith K, Radioiologist R R H</i> )
10.30 am - 11.00 am	Hepatocellular carcinoma-Contouring & Planning ( <i>Dr. Jaskaran Singh Sethi, RGCI, Delhi</i> )
11.00 am - 11.30 am	SBRT for Hepatic metastases –Indications & Evidences ( <i>Dr. Neeraj Rastogi, SGPGIMS, Lucknow</i> )
11.30 am - 12.00 pm	Pancreatic SBRT – Evidences & Future ( <i>Dr. Monica Malick, Hyderabad</i> )
12.00 pm -12.15 pm	<b>TEA BREAK</b>

### Session 5: PROSTATE - SBRT

12.15 pm -12.30 pm	Imaging- PSMA PET-CT for Prostate SBRT ( <i>Lt. Col. Dr. Arun Ravi, Nuclear Med, R R H</i> )
12.30 pm - 01.15 pm	DEBATE SBRT vs Brachytherapy in Early Stage Prostate Cancer For SBRT vs For Brachytherapy-20 minutes + 2 minutes ( <i>Dr. Kundan vs Dr. D N Sharma, Delhi</i> )
01.15 pm -01.45 pm	<b>VALEDICTORY FUNCTION</b>
01.45 pm -onwards	<b>LUNCH</b>



## Conferences Report



Dear Sir,

We have Successfully organised State Chapter Conference of association of Radiation oncologist of MP CG 'AROICON MP CG 2020' at Regional Cancer Raipur Chhattisgarh on 22 and 23rd Feb. The venue was Atal Bihari Vajpayee auditorium medical college Raipur. This Time the theme of the conference was 'Shifting Paradigm of Oncology'. 250 delegates participated in the conference. We had invited 22 Guest speakers all across the country. We had also invited Senior members form the AROI, like Dr. M.S. Gujral, Dr. G.V. Giri, Dr. S.N. Senapati, Dr. D. N. Sharma, Dr. V. Shrinivasan, Dr. Gautam Sharan, Dr. Virendara Vyas, Dr OP Singh. They attended the conference and admired the academic feast they had. we also invited Dr. G.K. Rath Dr. Shyam Shrivastava, Dr. Vijay Anand Reddy, Dr Manoj Gupta and you too sir, but due to unavoidable circumstances they were unable to attend.

This time registration for the conference and stay were totally free. We arranged Travel for all faculties. Two days conference covered topics on breast cancer, head and neck cancer, gynaecological cancers, GI cancers. We also included topics on onco-pathology, hemato-oncology, palliative oncology, onco-surgery, nuclear medicine, physiotherapy apart from Radiation oncology. We also invited residents to actively participate in conference. Provided them free registration, accommodation and transport. We had oral and poster paper competition for them. We had given Dr. MS Gujral Best Paper award to the winner. 20 students participated for oral presentation and 10 for poster.

At the end of session GBM was conducted by present secretary. Members from MP and Chhattisgarh actively participated. It was already decided that next chapter conference will be hosted by Radiation Oncology Department, Jabalpur Medical College.

Conference Visited with visit to the departments of Regional cancer Centre Raipur. All the faculties and delegates admired the achievements of RCC Raipur in a short span of time between 2003 to 2020. It was started with single Cobalt Unit with day care chemotherapy in 2003. presently we are having two linacs with IMRT, IGRT and VMAT, one Co-60, One HDR Brachytherapy, One CRR and DRR system each, all chemotherapies including Mabs. Surgical oncology departments with two onco-surgeons, one maxillofacial surgeon, three general surgeons and one ENT surgeon. Four onco-pathologist, 100 bedded ward with devoted 9 bedded paediatric oncology ward, 8 bedded leukemia ward, 17 bedded palliative ward.



# Conferences Report

This year added to our facility are PET CT and Mobile Gamma Camera. Future plan is one more brachytherapy. bunker already under construction, and one more linac to cater the patient load. Every one enjoyed and admired the hospitality we had.

Dr Pradeep Kumar Chandrakar  
Associate Professor  
Radiation Oncology  
Regional Cancer Centre  
Pt .J. N. M. Medical College  
Jail Road, Raipur, C.G., India, 492001  
Cell. No. 09907980612





## Conferences Report

Nayati Cancer Centre, Nayati Medicity, Mathura and NCAMPI (Association of Medical Physicist of India, Northern Chapter) conducted successfully the 13<sup>th</sup> (Northern Chapter) Association of Medical Physicist of India Conference in the Land of Lord Krishna, Mathura during 22<sup>nd</sup> to 23<sup>rd</sup> February 2020. Ms. Niira Radia, CMD, Nayati Healthcare, extended her support and full cooperation to the organizers for successful conduction of the conference. Nayati Healthcare being the fastest growing healthcare organization in northern India also prioritize largely on cancer management. She mentioned about the pivotal role of medical physicist in cancer care in the world class advanced Nayati Cancer center. Dr(Prof) Santanu Chaudhuri, Chairman, Center of excellence for Oncology, Nayati Healthcare mentioned that the Nayati Cancer Center chain has established premium cancer care, high technology, Research and education in Cancer, predominantly in smaller cities of northern India and metros too.

Mr. S K Narula, was the Chief guest, Dr(Prof) Santanu Chaudhuri, Chairman, Center of excellence for Oncology, Nayati Healthcare and Organizing Chairman, Mr. S N Sinha, Chief Medical Physicist, Healthcare and Organizing Secretary, Dr. Amit Bhargava and Dr. Ravi Kant Arora, the Co-Chairman of the Organizing Committee, Dr. Sanjeev K Gupta the Joint Organizing Secretary. NCAMPICON-2020 handed over the Dr. N C Singhal Oration Award to Prof. P S Negi.

The platform was shared by experts in Radiation Science, Oncology and Medical Physics. Around 120 delegates attended the conference. The theme of the conference was "Medical Physics for Safety, Quality and Precision in Radiation Medicine". Delegates from North South and West of India participated in delivering talks and panel discussions. The scientific convener Dr. K J Maria Das, co-convener, Dr. Teerthraj Verma along with their team members selected abstracts for Oral and poster session from the abstracts send from all over India. The best oral presentation award was given to Mr. Gaganpreet Singh and the best poster presentation award was given to Mr. Shubham Singla. Dr. Sagar Tuteja, Executive Director, Nayati Healthcare handed over a donation cheque to Dr. N K Painuly, Chairman, NCAMPI to express appreciation of NCAMPI activities.





# *Conferences Report*

## **5th Edition – APOLLO CANCER CONCLAVE & 8th Edition CANCER CI - 2020**

Hosted by Apollo Cancer Institute & CURE Foundation, Hyderabad from Feb 13<sup>th</sup> – 16<sup>th</sup> with a one day pre conference workshop on Newer Radiotherapy techniques and Robotic surgery was a great success.

This edition of the coveted conference was one of the largest oncology conferences in India with total attendance of more than 2000.

The conference boasted of a curated scientific fest with more than 600 national and international expertise in each and every field of oncology. The scientific program including debates and MDTB discussions on the “hot topics” of oncology and practice changing innovations of last 2 yrs in all common cancers, was specially appreciated by all.

A special thank you to Dr. Rajesh Vashistha, President AROI and the entire organization for their support and trust in our meeting.

## **8th Young Radiation Oncologists Conference**

Jan17-19, 2020

Kovai Medical Center and Hospitals  
Coimbatore

The 8th Young Radiation Oncologists conference (YROC) 2020 was held in Coimbatore between January 17 and 19, 2020. Radiation oncology team from Kovai Medical Center and Hospitals (KMCH) hosted the meeting the auditorium complex within the hospital campus. We recorded registrations from across the nation and a total of 205 registrants participated in the meeting. Over the years YROC has become a sought-after program for post graduates / junior residents and young radiation oncologists since it serves as a launching platform for many hidden talents who may not find space in large national meets.

### **YROC 2020**

The program started off with a pre-conference workshop on ‘Management of Bone metastases’ and 85 participants interacted in the workshop. The workshop covered radiation aspects, systemic bone pain palliation options in the form of a panel discussion and detailed discussion on stereotactic body radiotherapy (SBRT) for bone metastases. Three contouring stations were placed where participants could do hands-on contouring under the guidance of experts. Participants were taken around the facility in Department radiation oncology after the workshop following which a musical evening with dinner was arranged.



## Conferences Report

The main conference commenced sharp at 9 AM with the first session on breast cancer. Breast oncoplasty and its effects on radiation volumes were discussed. Head and neck session touched upon interesting aspects like 'Adaptive radiotherapy' and 'carbon ion therapy'. A unique tumour board was set up where residents on one side and consultants on the other discussed 3 common case scenarios. A healthy discussion among the delegates and on-stage participants made the session very lively and interactive.

A quick formal inaugural ceremony was presided over by Dr Rajesh Vashistha, President AROI

### PRE-CONFERENCE WORKSHOP ON MANAGEMENT OF BONE METASTASES

Dr Neeraj Jain, Vice President YROC and Dr Nalla G Palaniswami, Chairman KMCH. Post lunch session began with Lung cancer session which saw the first debate on Hypo Vs hyper fractionation in lung cancers. This session also included talks on management of brain metastases and a panel discussion which was enlightening. The day ended with Gynec-oncology session where there was scope for learning about cervical cancers, uterine carcinomas and sarcomas. An exhaustive panel discussion brought the curtains down for the day and academically charged YROC participants proceeded to unwind at the gala-dinner.





## Conferences Report

It was heartening to see several participants on day 2 of the main conference arrive on time and interact in the colorectal session on Sunday morning. Sphincter preservation in low rectal cancers following radiotherapy was part of a healthy debate. The audience were pinned to the seats for the debate on 'Clinical oncologist Vs radiation oncologist'. Though clinical oncologist could offer comprehensive care in Indian setting, the growing demands for radiation oncologist when using modern high end radiation techniques cannot be discounted. Artificial intelligence and machine learning are part of every aspect of life. A broad view of what to expect in future and how to gear up was spoken about. The final panel on unaddressed aspects of oncology like 'soft skills, entrepreneurial skills in oncology and equitable distribution of radiation facilities were deliberated upon. The successful program came to a close with a valedictory ceremony where prizes were distributed to the best 'oral presentations' and best poster presenter. There were 52 e-posters and 12 oral presentations in the meeting.

The president of AROI called for bidders for future YROC meets and also congratulated the participants and organisers. All is well that ends well and YROC 2020 offered the right platter to young-budding oncologists.

Signing off

Team YROC 2020

Dr R Subramaniam

Dr R Madhu Sairam

Dr V S Kumar

KMCH Coimbatore





## *Personal Communication*

### **Subject: Guidelines for Radiotherapy and Oncology Department for treating patient strength during COVID 19 pandemic**

Dear Dr Vashistha

In view of the various telephonic calls and the scare created due to the ongoing COVID 19 pandemic in the country, I am sending you few of the standard practices which will help in prevention and confidence building of our Radiotherapy staff who are handling patients on various treatment planning and delivery machines.

I want to make it ample clear that as universal testing is not possible in the present scenario, hence it will be helpful if we follow certain simple rules to prevent the spread of fomite infections.

1. The Radiotherapy technicians on the machine should ask three questions to any patient visiting for treatment. This includes symptoms of SARI that is :

1. Patient related- history of Cough, fever, breathlessness if present the patient should be sent to the clinician for further advise. These group of patients should be effectively triaged near all entry points . All the patients should come wearing masks .

2. All the staff members of the working group Should wear triple layer Face mask . No need for N95.

3. Follow social distancing from attendants and do not allow them to come with the patient in such areas until and unless it is of utmost importance .

4. To use Gloves and hand sanitizers before positioning each patient for treatment .

5. Try to use fresh sheets if any symptomatic patient is there .

6. Regarding disposal of used linen and masks follow standard guidelines of the hospital.

7. Follow standard practices for disinfection of Table top . Sod hypochlorite 1% sol if available is a good option .

8. The duty roster of the Doctors and other technical staff should be on rotational basis.

As the situation is unique and dynamic hence the guidelines may require changes from time to time. The potential threat of COVID-19 to our immuno-compromised patients as a result of their disease or the treatment we provide is thought to be significant, tipping the usual risk/benefit balance in extreme ways. Due to the projected shortage of health care resources, as well as the predicted increased risk of cancer treatment during this time, difficult decisions about how and when to provide cancer treatment have become a necessity. The challenges we face as an institution, however, must still align with our overarching goal, which remains to provide cancer treatment to patients in need, as safely and as justly as possible.

With best wishes

**Dr. Rakesh Kapoor (MD, MAMS, FICRO)**

**Professor & Head Unit II**

**Department of Radiotherapy & Regional Cancer Center**

**Head Department of Biostatistics**

**PGIMER, Chandigarh -160012 India**

**Email : drkapoor.r@gmail.com**



## Kanhu's Corner

### IN THIS COVID SITUATION; POINTS WORTH MENTION

Staff needs 3 layered mask

Then start the task

Sanitizers for staff and machine

Housekeeping should maintain hygiene

Technologists are prone for contamination

Need mask and gloves for extra protection

Screening starts at entry

Ask the travel history

Sneezing cough and fever

Better to refer

Take corona contact consent

They may get during treatment

Do not delay the brachy

We know the situation is cranky

Do not put the mask one over another

Put them in line one after another

Rotate the radiation staff

Better to work with half

Routine checkup no need

Follow up to avoid

In this COVID

Close the OPD

Old and immune suppressed patient

Defer the treatment

Prioritize your patient

Start the treatment

Avoid complex radiation plan

Because of more time consumption

Better Shift to hypo fractionation

Possible avoid conventional fractionation

Patients are on treatment

Continue the treatment

With patient discuss the situation

Do the pros and cons calculation

Tumors with high proliferation

Needs to start early radiation

Radical and  $R_1$  resection

These are intermediate situation

Adjuvant radiation in  $R_0$  resection

Can delay the radiation

Prostate and breast are not stringent

You can delay this treatment

Palliative is an emergency situation

Delay if possible with medication

Follow the mentioned solution

You are important than radiation

**Dr. KANHU CHARAN PATRO**

**M.D, D.N.B [RAD.ONCOLOGY], FAROI[USA], MBA[ICFAI]**



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**Stay safe  
& stronger  
together**

