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DHARAMSHILA HOSPITAL AND RESEARCH CENTRE

(A unit of Dharamshila Cancer Foundation And Research Centre)

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If Undelivered Please Return to:
Dharamshila Hospital And Research Centre
Dharamshila Marg, Vasundhara Enclave, Delhi 110096

FACILITIES AVAILABLE

DIAGNOSTIC SERVICES

Radiology and Imaging Services

- PET CT Scanner with HD Technology
- Gamma Camera for Nuclear Scans
- 16 Slice Multi Detector CT Scanner
- 1.5 Tesla Magnetic Resonance Imaging (MRI)
- Mammography
- Ultra Sonography Scans
- Colour Doppler Vascular & Cardiac Studies
- CT /USG guided interventions
- Image Intensifier – C-Arm
- Digital Radiography
- Interventional Radiology

Cardiopulmonary Lab

- ECG - Holter Test - TMT, PFT
- Stress/Dobutamine Echo with Colour Doppler

Laboratory Services

- Histopathology
- Cytopathology
- FNAC & Guided FNAC
- Frozen Section
- Immunohistochemistry
- Tumour Markers
- Cytogenetics
- Serology
- 24x7 Blood Bank with Apheresis and Blood Components facility

Endoscopic Suite – Full Range of Fibre-optic Endoscopic Procedures

RADIATION ONCOLOGY

- Triple energy Linear Accelerator with Volumetric Arc Therapy (VMAT)
- IGRT, IMRT, 3D Conformal Treatment
- Stereotactic Body Radiation Therapy (SBRT)
- Stereotactic Radio Surgery (SRS) and Stereotactic Radio Therapy (SRT)
- MicroSelection Digital (HDR-V3) Brachytherapy Afterloader Intracavitary, Interstitial, Intra luminal and Surface mould
- Treatment Planning Systems (Eclipse, CMS Xi, Monaco, ERGO++, Plato Sunrise)

SURGICAL ONCOLOGY

- Head and Neck Cancer Surgery
- Esophageal Cancer Surgery
- Breast Cancer Surgery
- Chest & Thorax Cancer Surgery
- Gynae Cancer Surgery
- Gastrointestinal Cancer Surgery
- Uro oncology surgery
- Neuro oncology surgery
- Bone and Soft Tissue

MEDICAL ONCOLOGY

Chemotherapy Normal & High Dose Including

- Infusional Chemotherapy
- Targeted Therapy
- Immunotherapy / Biological Therapy
- Hormonal Therapy
- Site Specific Chemotherapy

HAEMATO ONCOLOGY (ADULT & CHILDREN)

State-of-the-art Blood And Marrow Transplant Centre
- Autologous BMT for Myeloma, Lymphoma, Paediatric tumours, Multiple Sclerosis and Auto-immune disease, not responding to the medical treatment.

- Allogenic BMT for Acute Leukemia, Chronic Leukemia, Lymphoma, Myeloma, Thalassemia, Sickle cell disease, Childhood genetic diseases, Immunodeficiency, Metabolic diseases, Solid Tumours and Auto-immune disease not responding to the medical treatment.

- Non-Malignant Hematology services to cater to patients with Thalassemia, Aplastic Anemia and others

- Excellent Blood bank facilities for Collection, Processing, enumeration and Cryopreservation of stem cells. BMT Labs are equipped with state-of-the-art equipments for Routine and Specialized Tests, HLA Testing, Bacterial and fungal cultures, Flow Cytometry, Conventional and Real Time PCR for viral pathogens, Molecular Biology Lab, Cell Culture Lab and Magnetic separation of cells using MACS technology.

ALLIED SPECIALITIES

Superspecialities

- Gastroenterology & Gastro-intestinal Surgery
- Nephrology – Dialysis
- Neuro Surgery
- Plastic and Cosmetic Surgery
- Pulmonology
- Urology

Specialities

- Dental
- Ear, Nose and Throat (ENT)
- General and Laparoscopic Surgery
- Gynaecology
- Internal medicine
- Orthopaedics (Joint Replacements)
- Rehabilitation & Speech Therapy

DCF NewsLETTER

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Dear friends,

Season's Greetings and a very happy prosperous and rewarding New Year.

End of the year usually means taking stock of the performance of the year gone by and planning a long list of activities to be undertaken in the coming year.

The year 2013 was very rewarding and fulfilling for all of us at Dharamshila Hospital And Research Centre. We started a 21 bedded, state-of-the-art, **'Bone Marrow Transplant Centre'** as per European standards, along with high-tech BMT Labs; installed a new Brachytherapy machine and **MRI**; increased workload, improved our treatment outcomes, successfully completed NABH surveillance assessment and last but not the least, our consultants earned Awards and Fellowship for their excellent clinical and Academic Work.

Our philosophy of, no matter what happens, never give up on your dreams, has really paid us rich dividends. Our vision and focus of providing **"Holistic Cancer Care from Prevention to Palliation with top notch technologies, excellent faculty, robust systems, national and international treatment protocols highest standard of patient care and patient safety has helped us in achieving the highest cure rates"**.

Most of our consultants presented papers/chaired sessions participated in panel discussion at the Indian Cancer Congress 2013, which was a mega event organized jointly by the Association of Radiation Oncologists, Association of Surgical Oncologists and Association of Medical and Paediatric Oncologists from 20th to 24th November 2013.

Dr. Suraj Manjunath, Surgical Oncologist, won the best paper award for presenting his paper on "Randomized Control Trial Comparing Electrocautery versus Harmonic Scalpel in Axillary Dissection for Breast Cancer" at Indian Cancer Congress 2013.

Appreciating Dr. Manjunath's work i.e. clinical and research, Society of Surgical Oncology USA has awarded him Fellowship of their Society.

Papers presented by Dr. Anshuman, Dr. Niranjana Naik, Dr. Manjunath (all Surgical Oncologists / Dr. Manish Pandey - Radiation Oncologists and Dr. Parthasarthy (Medical Oncologists) were highly appreciated by the faculty and delegates of Association of Surgeons of U.P. and Uttarakhand on 23rd and 24th November 2013.

We Organized a workshop on **Advance Cardiac Life Support (ACLS) and Basic Life Support (BLS) on 6th, 7th & 8th December 2013 at Dharamshila Hospital And Research Centre, Certified by American Heart Association. Consultants, Residents, Nurses, Technicians, Physiotherapists and others from the hospitals of Delhi / NCR showed their keen interest and successfully completed the course.**

You are cordially invited to attend our **National Cancer Congress 2014 on "Blood and Marrow Transplantation - a Journey towards excellence" on 1st and 2nd February 2014** as per the detailed programme on page 3 and exchange your knowledge and experience with icons in Haemato-oncology.

Looking forward to seeing you at the Congress.

Dr. S. Khanna
President, DCFRC



LIVE OPERATIVE WORKSHOP ON MINIMAL INVASIVE CANCER SURGERY

A Live Operative Workshop on "Minimally Invasive Onco-Surgery for Gastrointestinal and Gynaecological Malignancies" was conducted on 14th December 2013. Dr. M. C. Misra, Director – AIIMS chaired the sessions. The workshop was attended by a large number of Surgeons, Gynecologists and Surgical Oncologists from Delhi / NCR. The Scientific session started with a brief Introduction to Minimally-Invasive Onco-Surgery by Dr. Suraj Manjunath, followed by, there was live relay from the operation theatre of a case of Carcinoma Rectum. The patient underwent laparoscopic Abdomino-perineal Resection by Dr. Arvind Kumar, Dr. Niranjana Naik and team. In the afternoon session, Dr. Suraj Manjunath, demonstrated Minimally Invasive Esophageal Surgery by thoracoscopy and laparoscopy and Dr. Satinder Kaur, demonstrated a laparoscopic radical hysterectomy for Carcinoma Cervix, and an open primary cyto-reduction for ovarian carcinoma. This was followed by Dr. Niranjana Naik's demonstration of laparoscopic Right Hemicolectomy. Finally, Dr. Arvind Kumar demonstrated a video of laparoscopic Right hepatectomy. After a detailed Question and Answer session the event was over with vote of thanks by Dr. Suraj Manjunath.

SURGICAL MANAGEMENT OF ESOPHAGEAL CANCER

Survival rate of patients with Esophageal Cancer continues to be poor – about 17% overall 5 year survival.

TREATMENT OF ESOPHAGEAL CANCER DEPENDS PRIMARILY ON STAGE AT PRESENTATION.

Broadly speaking, very early (Premalignant and T1a) lesions are treated by endoscopic therapies or esophagectomy, early localised lesions by esophagectomy, locally advanced lesions by multimodal therapy (including esophagectomy) and metastatic disease by palliation. There has been a constant evolution of treatment algorithm including Multimodal approach. But Esophagectomy remains cornerstone of treatment with curative intent. There are many techniques of esophagectomy with no clear consensus as to which is superior. There is also controversy regarding optimal extent of lymphadenectomy and role of minimally invasive resection.

1. Ivor Lewis Procedure

Worldwide, the most common surgery for Ca esophagus remains the Ivor Lewis procedure. This surgery entails resection of the esophagus through a right thoracotomy, creation of a gastric tube through a midline laparotomy and anastomosis between the gastric tube and remnant esophagus in the chest or in the neck (McKeown's modification).

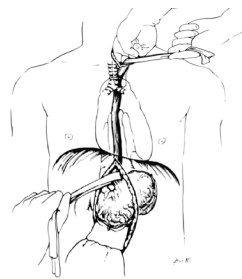
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India's First NABH Accredited Cancer Hospital | Laboratory Services Accredited by NABL
ISO 9001:2008 and ISO 14001:2004 Certified by TUV - NORD, Germany

2. Transhiatal Esophagectomy

Another popular technique popularized by Orringer from Michigan after his landmark paper in 1978 is the Transhiatal esophagectomy. In this, resection of the esophagus is carried out through a midline laparotomy itself. By incising the diaphragmatic hiatus and approaching the esophagus through a combination of sharp and blunt dissection the surgeon is able to resect the entire esophagus without the need for a 80% of surgeries done worldwide for Ca esophagus fall into one of the above two categories. Trials comparing the two approaches have so far failed to demonstrate any significant difference insurgical or oncologic outcome between the two approaches, and so both continue to be popular.

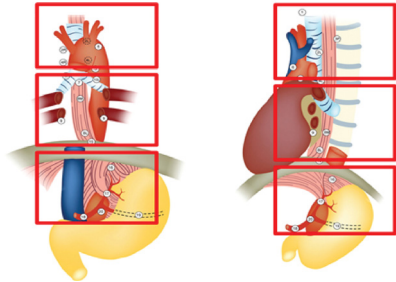


3. Extended Esophagectomies

Because of the uniformly poor outcome after conventional esophagectomy, surgeons have looked into more radical surgeries in an attempt to improve survival rates. There are two concepts

a) **En bloc Esophagectomy:** In which the esophagus is removed along with an envelope of adjacent structures including mediastinal pleura, pericardium, azygous vein and vertebral vessels.

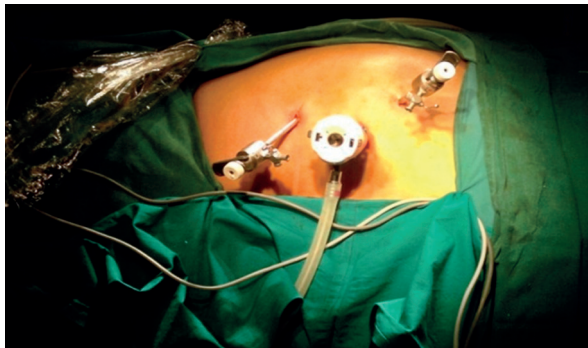
b) **Three-field Esophagectomy:** Here, the designated lymph node stations along the mediastinum, abdomen and neck are resected along with the esophagus, in an attempt to clear all involved nodes.



Both these methods of extended esophagectomy have also been subjected to numerous trials. So far, any potential benefit has been outweighed by the increase in surgical mortality and morbidity.

4. Minimally Invasive Surgery

This is a recent addition to the surgeon's armamentarium. Although technically difficult, thoraco / laparoscopic esophagectomy has the benefit of reduced peri-operative complications, with similar oncologic outcomes if performed by suitably trained surgeons



Lastly, every treating and referring physician seeing esophageal cancer cases should be aware of the correlation between surgical success rates and hospital / surgeon. It has been shown clearly that high volume surgeons/centres performing at least 20 esophagectomies per year have far lower hospital mortality rates than the occasional esophageal surgeon.

To summarize, Overall survival still poor in esophageal cancer. Surgery remains mainstay of potentially curative treatment. Debate continues as to optimal approach. And finally, for surgery to have an impact on survival peri-operative mortality and morbidity must be low.

Dr. (Prof.) Suraj Manjunath
MS, MCh (Surgical Oncology), UICC Fellow
Senior Consultant – Surgical Oncology and Minimally Invasive Oncology

NATIONAL CANCER CONGRESS 2014

Dharamshila Hospital and Research Centre

Date : 1st and 2nd February, 2014

Venue : Hotel Hilton Double Tree, 13 Mayur Vihar Phase-I, Delhi-110091, India

DAY 1

6th DHRC ORATION & Inauguration of Conference

February 01, 2014

DAY 2

Blood and Marrow Transplantation

A journey towards excellence

February 02, 2014 (Sunday)

A Great Opportunity for Budding Hematologists, Hemato-Oncologists And Basic Researchers To Showcase Their Work In The Presence Of Celebrated National Faculty And Be Rewarded

HIGHLIGHTS OF THE CONFERENCE

- Scientific Sessions and Key Note Addresses by speakers of National Repute
- Sixth DHRC Oration byRenowned Haemato-Oncologist Dr. Mamman Chandy, Director - Tata Medical Centre, Kolkatta
- National Quiz on Hematology, Hemato-Oncology and BMT to be conducted by Dr. Joseph John and Dr. Kanika Sharma

PROGRAMME

Day 1 - REGISTRATION 7:00 P.M.

INAUGURATION WITH LIGHTING OF THE LAMP AND WELCOME ADDRESS BY DR. S. KHANNA, EXECUTIVE DIRECTOR, DHARAMSHILA HOSPITAL AND RESEARCH CENTRE ,DELHI	07:30 P.M.- 07:45 P.M.
SIXTH DHRC ORATION BY DR. MAMMEN CHANDY, DIRECTOR, TATA MEDICAL CENTRE, KOLKATA	07:45 P.M.- 08:30 P.M.
DINNER	08:30 P.M. ONWARDS

Day 2 - REGISTRATION 08:30 A.M. ONWARDS

TOPIC	SPEAKER	TIME
SESSION I STEM CELLS: HYPES AND HOPES		
CHAIRPERSON- DR. S VARMA, DR. SHARMILA CHANDRA, DR. TULIKA SETH, DR JOSEPH JOHN		
STEM CELLS: THE MYTH AND THE REALITY	DR. MAMMEN CHANDY	09:00 A.M.- 09:15 A.M.
MOBILIZATION OF HEMATOPOIETIC STEM CELLS	DR. TAPAN SAIKIA	09:15 A.M.- 09:30 A.M.
DO WE NEED LONG TERM STORAGE OF HEMATOPOIETIC CELLS?	DR. NAVIN KHATTRY	09:30 A.M.- 09:45 A.M.
MESENCHYMAL CELLS: BREAKING THE ICE	DR. NEDUN CHERIAN DR PANKAJ MALHOTRA	09:45. A.M.- 10:15 A.M.
NATURAL KILLER CELLS: THE NEW WEAPON IN THE ARMAMENTARIUM	DR SARITA RANI JAISWAL	10:15 A.M - 10:30 A.M.
TEA BREAK 10:30A.M.- 10:45 A.M.		
SESSION II BMT: WHAT DOESN'T MEET THE EYE		
CHAIRPERSON- DR. G.K. RATH, DR. S. BHARGAVA, DR. MAMMEN CHANDY, DR K T BHOWMIK		
CONDITIONING : TBI OR NON TBI	DR. SUSHMITA GHOSAL, DR. NAVIN KHATTRY	10:45 A.M- 11:15 A.M.
TRANSFUSION SUPPORT : NO NEED FOR BAD BLOOD	DR. R.K. CHOUDHARY	11:15 A.M.- 11:30 A.M.
INFECTION CONTROL IN BMT : THE ACHILIS HEEL	DR. SANJAY BHATTACHARYA	11:30 A.M.- 11:45 A.M.
THE ROOM WITH A VIEW : A QUEST FOR THE PERFECT BMT UNIT	DR. JOSEPH JOHN	11:45 A.M- 12:00 NOON
SELECTION OF PATIENTS AND DONORS: OF BRICKBATS AND BOUQUETS	DR. SUPARNO CHAKRABARTI	12:00 NOON- 12:15 P.M.
SESSION IV BEST ABSTRACT SESSION		
JUDGES- DR. G.K. RATH, DR. SUBHAS VARMA, DR. TULIKA SETH, DR. SHARMILA CHANDRA		
BEST ABSTRACT 1		12:15 PM- 12:25 PM.
BEST ABSTRACT 2		12:25 PM- 12:35 PM.
LUNCH AND POSTER VIEWING 12:35 P.M. – 1:05 P.M		
SESSION III BEST POSTER		
JUDGES- DR S.P. KATARIA, DR. KISHORE SINGH, DR. R DAWAR, DR. MANISH PANDEY		
SESSION V BMT : A TIME FOR DEBATE -PART 1 (ACUTE LEUKEMIA)		
CHAIRPERSON- DR. TAPAN SAIKIA, DR P MISHRA, DR SISIR SETH, DR SUPARNO CHAKRABARTI		
BMT IN ACUTE LYMPHOBLASTIC LEUKEMIA: SHIFTING THE AGE- OLD PARADIGM	DR. SUBHASH VERMA, DR. AJAY SHARMA	01:15 PM- 01:45 PM.
BMT IN ACUTE MYELOID LEUKEMIA: IT'S NOW OR NEVER	DR. HARI MENON, DR. NAVIN KHATTRY	01:45 PM - 02:15 P.M.
SESSION VI BMT : A TIME FOR DEBATE - PART 2 (LYMPHOMA & MYELOMA)		
CHAIRPERSON- DR. PUNEET GUPTA, DR NITIN SOOD, DR. SHYAM AGARWAL, DR MEENU WALIA		
AUTOGRAFT IN LYMPHOMA: EARLY OR LATE	DR. TAPAN SAIKIA, DR. RAHUL BHARGAVA	02:15 PM – 02:45 PM.
AUTOGRAFT IN MYELOMA : EARLY OR LATE	DR. LALIT KUMAR, DR. PANKAJ MALHOTRA	02:45 PM - 03:15 P.M.
SESSION VII BMT: A TIME FOR DEBATE- PART 3 (PEDIATRIC)		
CHAIRPERSON- DR. SAMIR BAKSHI, DR TULIKA SETH, DR. AMITA MAHAJAN,		
APLASTIC ANEMIA: ATG OR BMT	DR. ANUPAM SACHDEV, DR. RAHUL NATHANI	03:15 PM- 03:45 PM.
THALASSEMIA: CURE OR CARE	DR. DHARMA CHOUDHARY, DR. V.P. CHAUDHARY	03:45 PM - 04:15 P.M.
BMT IN PEDIATRIC SOLID TUMOURS: DOES IT WORK?	DR. GOURI KAPOOR , DR. RUCHIRA MISHRA	04:15 PM- 04:45 PM.
SESSION VIII HEMATO-ONCO QUIZ		
DR. JOSEPH JOHN, DR KANIKA SHARMA		
VALEDICTORY FUNCTION	DR. SANDEEP CHATRATH	04:45 P.M.-05:05 P.M
PRIZE DISTRIBUTION AND VOTE OF THANKS		05:05 P.M. - 05:15 P.M.

REGISTRATION DETAILS

	UPTO 30TH DECEMBER 2013	AFTER 30TH DECEMBER 2013	SPOT REGISTRATION **
DELEGATE	Rs. 2,000/-	Rs. 2,500/-	Rs. 3,000/-
RESIDENTS & PG / UG STUDENT	Rs. 2,000/-	Rs. 1,000/-	Rs. 1,500/-
PHARMA /EQUIPMENT DELEGATES	Rs. 5,000/-	Rs. 6,000/-	Rs. 7,000/-

** The delegate kit for spot registration is subject to availability

Name.....Designation.....Institution.....

Residential Address

City State Pin..... Tel (Off) (Res)

Mobile Email

Signature of the sponsoring authority with seal (if any)

Payment Details (DD will be accepted from Outstation Delegates) Cheque No. / DD No..... Cash Amount

Amount in words

The Cheques / DD should be made in favour of "Dharamshila Cancer Foundation And Research Centre" payable at New Delhi.

Signature of the Delegate

Please post the registration form to Conference Secretariat, Dharamshila Hospital And Research Centre, Vasundhara Enclave, Delhi-110096
Tel : 43066360, 43066356 E-mail : dhrc_conference@dhrc.in, dchrc@hotmail.com