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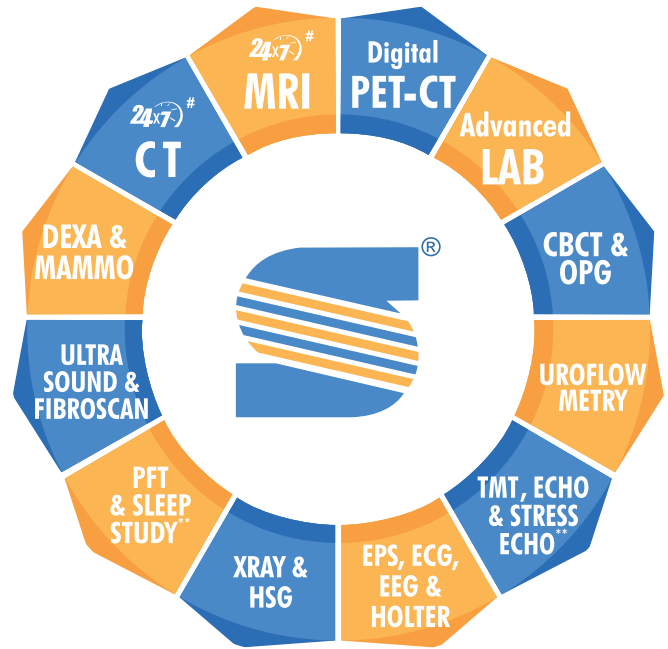
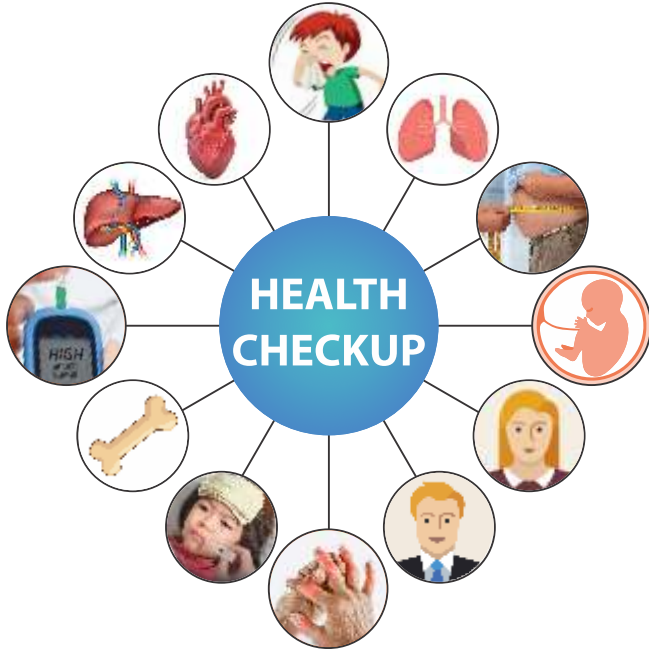
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From the Editor's Desk

Dr. Madhu Varma
Editor



Respected colleagues,

While we try our level best to have our magazine printed in time, but sometimes adverse conditions do come in the way and things get delayed. Howsoever, we are striving all the time to complete our task in time.

After the long drawn monsoon, we face the annual pollution, getting worse every year. Nevertheless festivals followed by marriage season keeps us all in high spirits, so as we like yogis, don't feel the smog, the early onset of winter doesn't come in the way of our happiness.

Midcon and garba celebration were the highlights, with the participants number all time high.

Keep in good spirits, keep learning, keep having a good practice and keep gaining experience ever..

Regards

Dr Madhu Varma

Senior Consultant

Obs and Gynae.

OBITUARY

Heartfelt condolences to the families of

1. Dr Kusum Jindal , who lost her respected father Shri Jai kishan Goyal ji on 22/9/2024.
2. Dr Arun Gupta , who lost his respected father Shri Om Prakash Gupta ji on 31/10/24.



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From the President's Desk

Dr. Jyoti Chugh
President



Dear Friends,

Time again for our third bulletin. My apologies for the delay in publishing this bulletin as our printer Mr Batra was taken seriously ill and thank God he is gradually recovering and back to his job.

We celebrated Our Independence Day on 15/08/24. The flag hoisting ceremony was at the DNZ office terrace and was attended by young children and our senior and junior colleagues. The young brigade added flavour and enthusiasm to the event by their Songs, Poems and Dances.

Our junior colleague from RG Kar Medical college in Kolkata was brutally raped and murdered, so from the very next day we were busy organising meetings to unite our fraternity in our fight against violence on Medical professionals.

All the hospitals of Delhi had a complete shutdown for one day.

This was the first time that Government, Private hospitals, Corporate Hospitals, Nursing homes and laboratories all joined hands. Protest marches were organised all over Delhi and also in Central Delhi from lady Harding till Jantar Mantar which was thwarted by the administration. DNZ members participated in a big way.

The Case is now being investigated by the CBI and followed up by the Supreme Court. CARDICON was organised at Hotel Seven Seas. It was in collaboration with Cardiology Department of Fortis Hospital Shalimar Bagh. It was a grand success.

With Navratri and Diwali round the corner we got into our festive mood. We Celebrated Dandiya on 6th October at Gouri farms. Thanks to Dr. Chander Prakash and Dr. Gauri Devi for their help and courtesy.

We had a wonderful get together and everyone enjoyed the dancing and dinner. We are ready for our next set of activities and looking forward to your active participation and encouragement

with love and regards

Dr Jyoti Chugh

Senior Consultant & Director

Satyam Medical Centre

Fortis Hospital Shalimar Bagh



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Cervical Cancer is Preventable



DR. SHRUTI BHATIA

Principal Consultant
Dept of Gynae Oncology
Action Cancer Hospital

Cervical cancer is the second most common cancer in India. Every year, approximately 1,23,000 new cases of cervical cancer are diagnosed, and 77,000 women die from this disease in India, which is the highest in the world. Maximum number of cases occur in rural areas, and majority of the cases present in advanced stage. The main reasons for such high incidence and mortality are lack of effective screening programs and access to appropriate treatment.

Cervical cancer is due to persistent high-grade Human Papilloma virus (HPV) infection. HPV infects the cervical epithelium and leads to formation of cervical intra-epithelial neoplasia (CIN), which is a pre-cancer condition. It sequentially progresses through the stages of CIN 1, CIN 2, CIN 3 and finally cancer. The median time from HPV infection to CIN 3 is short, often less than five years. Invasive cancer may take 10-12 years to develop from CIN 3, depending on other co-factors.

Most CIN 1/ CIN 2 will regress spontaneously in 24 months, but if they are not detected and treated correctly, can progress to CIN 3 and then to invasive cancer.

We have very effective and inexpensive screening tools like PAP smear, Liquid based cytology, HPV testing, colposcopy, VIA and VILI, which can help in detecting cervical cancer in pre-cancerous stage.

Colposcopy is a method by which we see the cervix in bright light and magnification to identify the most affected site for biopsy. Procedures like Cryo-therapy, Thermal ablation and Conization/ LEEP are done routinely to treat these pre-cancer lesions. These procedures are done on OPD basis where the affected part of cervix is frozen or removed. This prevents major surgery, and patient can preserve her uterus. By these screening techniques and minor procedures, cervical cancer can be easily detected and treated in pre-cancer stage.

More than 80% of HPV related cervical cancers can be prevented with vaccinations if given before a girl or women is exposed to the virus. The vaccines which are available in India are:

- Cervarix: This bivalent vaccine targets HPV types 16 and 18.
- Gardasil: It is a quadrivalent vaccine as it targets HPV types 16,18 as well as 6 and 11, so not only providing prevention against cancers but also genital warts.
- Gardasil 9: This vaccine targets HPV types 6,11,16 and 18 along with 31,33,45,52,58-which are responsible for 90% cases of cervical cancer and most of the genital warts.
- Cervavac: It is a quadrivalent vaccine against HPV types 6,11,16 and 18. It has been developed in India.

In females, HPV vaccination is recommended from the age of 9 years. Catch up vaccination is permitted up to the age of 45 years. In girls younger than 15, a 2-dose schedule is recommended. Three dose schedule is necessary in females between ages 15 and 45. There is no need of any booster dose as the benefit lasts for a long time. Currently vaccine is not recommended for pregnant women, although a pregnancy test is not required before vaccination. Immunocompromised patients should follow a 3-dose schedule irrespective of age when vaccination was initiated. Females who have been vaccinated should still have their screening through cytology or HPV testing

CIN is often asymptomatic or may present with symptoms like abnormal and persistent vaginal discharge, abnormal vaginal bleeding like post coital bleeding, post menstrual or inter menstrual bleeding or post-menopausal bleeding. Early detection and correct treatment are important to achieve cure. Vaccination and routine screening can prevent and eradicate the disease.

AMUSING ANECOTES MY PATIENT & HER PHONE

DR. JYOTI CHUGH

My simple looking and usually dressed in an Salwar Kameez patient for over twenty years walked into my chamber, all decked up in make up and the signs of Botox was obvious. She was wearing a smart, Western suit & had her hair straightened and colored and was looking impressive. The voice and face seemed familiar. It took me a while to place her. My laptop came to my aid in recognizing her.

Doctor, I think I have yeast infection and my perimenopause is troubling me, she declared. My laptop stared at me. Here I was ready to fill her complaint column while she was already filling the diagnosis column. Shouldn't I have been thankful to her for making my job easier?

I was contemplating whether to just cut it short and prescribe her medication after examining her. Her next statement ended my dream and I realized that the battle had just begun.

I dug your old prescription and have used these four medications already but to no avail.

The chemist 'Bhaiya' also sent this ointment. She opens her phone and runs through the photographs and then the WhatsApp and as my patience is running out, she shows a name. It was anyway not going to aid me but I just wanted to ensure that I might land up writing the same. She attended to calls in between.

When were you last menses I asked? Again the phone opens another App. It should have been around 20th of August but in June it was 30th and in July it came on 15th again and now delayed for 2 months. Have you taken any medication, I enquired not only black coffee, Jeera, Ajwain as my elder sister suggested it. She declared. I nodded.

I thought I will make your job easier, so I got my full body checkup done. She thrust her phone towards me and here I was squeezing my eyes to go through the endless pages of unwanted investigations. Without having filled her complaint Column or examining her, I was already looking at the investigations. From her phone she dug out her ultrasound picture, report which was done 24 months ago. And it was all normal she declared.

Finally, I asked her to lie down on the couch so that I could examine her. Doctor can you not just write my prescription. You know how I dread an examination. And I have to rush as I have a meeting. Can you not WhatsApp my prescription to me?

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Dr. Kundan Singh Chufal

Senior Consultant & Unit Head, Radiation Oncology Services
Rajiv Gandhi Cancer Institute and Research Centre (RGCIRC), Delhi

Radiation oncology has made remarkable advancements over recent years, shifting the focus from merely achieving a cure to enhancing patients' quality of life. While improved survival rates remain critical, new technologies and approaches enable clinicians to tailor treatment to prioritise patients' physical and emotional well-being.

The Importance of Cancer Awareness

Cancer awareness is fundamental in improving outcomes, mainly through early diagnosis, evidence-based treatment, and diligent follow-up care. Unfortunately, early diagnosis rates remain low, with only about 12.5% of cancers detected at an early stage, contributing to a high mortality rate of nearly 50%. Educating patients and general practitioners on recognising early symptoms and encouraging regular screenings can improve detection and outcomes, especially for common cancers such as breast and lung cancer.

Precision in Radiation Therapy: Intensity-Modulated Radiation Therapy (IMRT)

Intensity-modulated radiation Therapy (IMRT) is a primary advancement in radiation therapy. Unlike conventional radiotherapy, which uses a fixed collimator, IMRT uses a Multi-leaf Collimator to contour the radiation dose precisely to the tumour's shape. This customisation level allows higher doses to be concentrated directly on the tumour while sparing surrounding healthy tissue. For cancers located near vital organs, such as prostate or head and neck cancers, this precision reduces the risk of damage to critical structures and minimises side effects.

Image-Guided Radiation Therapy (IGRT) and Real-Time Monitoring

Image-guided radiation Therapy (IGRT) takes precision a step further by using imaging technology to ensure accurate positioning during each treatment session. This approach is invaluable in cases where tumours move between or even during treatments, such as lung or liver cancers. Real-time imaging allows clinicians to make adjustments in real-time, ensuring that the radiation is delivered precisely where needed. This also reduces the likelihood of delivering excess radiation to healthy tissues, improving patient comfort and safety.

Hypofractionation: Shorter Treatment Times for Better Quality of Life

Hypofractionation is an emerging approach that delivers higher doses of radiation over a shorter period. For example, in patients with early-stage breast cancer or prostate cancer, hypofractionation can achieve the same therapeutic outcomes as conventional treatment but with fewer sessions. This approach reduces the burden of hospital visits and allows clinics to treat more patients efficiently.

Stereotactic Body Radiation Therapy (SBRT): Precision with High Doses

Stereotactic Body Radiation Therapy (SBRT) is a highly focused form of radiotherapy that delivers very high doses in just a few sessions (typically fewer than five). SBRT is particularly effective for well-defined tumours where surrounding tissue needs to be preserved, such as in the lungs, liver, or spine. The therapy involves sophisticated tracking systems that adjust the radiation beams to follow the tumour's movement, such as with breathing. This approach allows for the safe delivery of potent radiation doses while protecting nearby organs and minimising side effects.

The CyberKnife System: Robotic Precision

CyberKnife represents a groundbreaking leap in radiation therapy technology. CyberKnife employs a robotic arm to deliver radiation from multiple angles with sub-millimetre precision, unlike traditional linear accelerators.

Equipped with real-time imaging, it continuously adjusts to the tumour's position, even accounting for patient movements. This capability allows CyberKnife to treat previously considered inoperable or challenging tumours due to their proximity to critical structures. Its accuracy improves the effectiveness of treatments and reduces the need for invasive surgery in some instances.

The Future of Radiation Oncology: Embracing a Patient-Centric Approach

The shift in radiation oncology from purely curative goals to a focus on quality of life reflects broader changes in cancer care. By minimising the side effects of radiation and reducing the number of sessions required, these advancements allow patients to maintain a sense of normalcy throughout their treatment journey. Furthermore, integrating real-time monitoring and robotic precision represents a commitment to providing care that respects patients' physical and emotional needs.

Staying updated on these advancements in radiation therapy is essential for healthcare professionals. By understanding the capabilities and benefits of modern techniques like IMRT, IGRT, SBRT, and CyberKnife, clinicians can provide patients with better-informed treatment options that align with their unique medical and personal needs. The ultimate goal is not only to extend patients' lives but also to enhance the quality of those lives, ensuring that each patient's journey through cancer treatment is met with compassion, precision, and respect.



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IMA DNZ CARDIOCON

DNZ organised MIDTERM CARDICON at Hotel Seven Seas on 01/09/24. It was in collaboration with Cardiology Department of Fortis Hospital Shalimar Bagh. It was a grand success. Its organisers were Dr. Naresh Goyal, Dr. Jagdeep Chugh and Dr. NN Jha and whole DNZ TEAM. There were 24 eminent speakers from across the country and 28 chairpersons. More than 300 participants were there, who remained glued to their chairs throughout the conference. There were prizes lucky and early bird prizes which won by the participants. It was a wonderful learning for all the delegates.



IMA DNZ CARDIOCON



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The Treadmill of Time
Through alleys of dawn,
we hasten our tread,
Chasing the echoes of a
future unsaid.
The clock ticks sharp, its
whispers profound,
Binding our lives in its
ceaseless round.

The morning's gold fades
into gray,
As errands steal the hours
away.
A thousand tasks, a
thousand desires.
Yet none can quench
these inward fires.

In streets alive with
bustling schemes,
We lose the thread of
forgotten dreams.
The sky above holds vast,
open grace,
But we never pause to lift
our face.

Amidst the hum of
machines, the shuffle of
feet,
Our hearts miss the
rhythm they long to meet.
Moments like pearls spill
on the floor,
Trampled in haste, lost
evermore.

At dusk, the city exhales
its sigh,
A weary hymn to the
darkening sky.
Yet the stars remain,
steadfast and bright,
A silent plea to still the
night.

Oh, mortal traveler, bound
to the race,
Pause but a while in this
fleeting chase.
For life is a river, not just
the shore,
And the soul craves more
than the rush for 'more.'

In the quiet, find the song
unsung,
Let your heart be the lyre
where time is strung.
For in slowing down, the
truth you'll see-
The beauty in being, in
simply to be.

By Dr Puneet.K.Kochhar
MD, DNB, FRCOG, FICOG
Consultant Gynecologist
and Fertility Specialist
Elixir Fertility Centre,
Gujranwala Town, New
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