VOLUME 1 | ISSUE 3

ONCOLOGY FORUM'S

ONKOMAG

SEPTEMBER 2020

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SPECIAL POINTS OF INTEREST:

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COVID AND CANCER : CANCER LIVES ALSO MATTER!

By Dr (Col) R Ranga Rao,
Paras Hospitals, Gurugram

#CANCERLIVESALSOMATTER
#CANCERDOESNOTWAIT
#NOLOCKDOWNSFORCANCER
#NOHOMESTAYFORCANCER
#NONCOVIDSICKNESSALSOMATTER

A 40 year lady was diagnosed in Feb 2020, with an aggressive but curable breast cancer and advised treatment. They returned hometown 200 km away, for arrangements and could not come back for treatment due to COVID scare, unknown fears, lack of logistics and lockdown. After three months, the brother in law brought her to the hospital, in a sick and moribund condition, obviously due to spread of cancer, when nothing much could be done. It was so sad that a curable cancer became incurable, is such a short time. Every oncologist in India and world can give you scores of such sad stories. In India, the cancer patients seeking the medical treatment has dropped to less than 50 %. Similar thing has happened to other non COVID specialties, both communicable and noncommunicable.

To contain the pandemic of coronavirus disease 2019 (COVID-19), almost all countries, including India had lockdowns in the best interest of the public health. No doubt, there was a huge economic consequences almost in every field, but was considered necessary to conserve the human life. But there have been other unintentional fallouts in non COVID areas of the healthcare, threatening the very same humans! While practicing social distancing, these humans also distanced themselves from the healthcare facilities! Fear of contracting the coronavirus in transit, health care settings, lack of local logistics, unknown fears, newer myths, economics etc have dissuaded people from visiting the hospitals for diagnosis,

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THE WIZARD OF ONC.

It erupts like a tornado, and suddenly your world is turned upside down. Like Dorothy, you find yourself in an unknown world, forced to walk down an unfamiliar path. You may not have taken heed of the dark skies brooding or the subtle twirl of the wind before it grew into its full monstrosity. Yet, you find yourself on the so -called "Yellow Brick Road". Just like Dorothy, you will need to find your three travel companions – Courage, Heart, and Brain. In the story, the Lion, the Tinman, and the Scarecrow seek what they thought they did not have. Thus, their journeyis one of introspection and self-

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COVID AND CANCER : CANCER LIVES ALSO MATTER!

Some hospitals closed all elective surgeries, general OPD due to Covid

treatment for Non-COVID19 diseases, whether emergencies or not. The public at large have a perception that most health care activities have stopped and are not going to be available during CORONA times.

And what is the reality on ground? In India, most of the Govt non COVID centres, OPDs, inpatients and emergencies had less numbers, with not so busy a workforce. In private set ups, most of the health care workers in non COVID specialities are staring at the acute drop in the patients, wasted resources, and dusting their costly infrastructure, while managers were busy counting their losses and strategizing measure to overcome them. With increasing COVID cases, there is a constant scare of encroachment, and conversion into a COVID care units. The staff and patients are scared of getting COVID infections due to mix up of the units, people and common facilities, added with lack of adherence of the advised precautions.

The segregation of facilities for COVID and non-COVID specialities is sometimes fluid and not very streamlined due to preexisting infrastructure and bottlenecks. Administrators, politicians, managers, industrialists, media have singular focus on COVID 19 and probably currently have less priority for the non COVID patients. Private hospitals like many other industries are economically struggling and may get squeezed further by the direct and indirect corona drain. The future is uncertain with COVID 19 goliath, with unimaginable gigantic proportions, waiting to confront and consume the healthcare of the country partly or wholly. After witnessing the corona-quake-shake of the best health centres in the affluent world, it remains to be seen the effect on the health facilities in India. Time to at least put hands around the candle flame in a storm!

Cancer surgeries have come down drastically, radiotherapy schedules have changed, chemotherapy have been less in number and less intensive. A 'fear based' practice of cancer treatment has replaced the 'evidence based' management.. Curative bone marrow transplants have literally stopped and assessments and follow up tests have got delayed. All over the world, cancer care has been less aggressive, suboptimal, delayed or denied conceding defeat to COVID-19, much before the real war declaration! The impact, is not going to be seen immediately, but in few years, year after year and we may never come to know, the complete truth. There is a pause on clinical research of all kinds in cancer, with many of the trials on hold, postponement and may be few cancellations. According to the experts, the impact can be disastrous and unquantified.

Number of cancer patients in India is good enough for any intellectual to pause for a moment and wonder about the impact. Each year, 17 to 18 lakh new patients, along with 30 lakh preexisting patients require cancer care! One may faint on hearing the number of non-COVID patients both communicable and non-communicable, whose treatment may have suffered to some extent.

Three crores of end stage renal failure with 7 lakhs added each year, 18 lakhs of strokes, over 2.5 crore heart ailments, uncountable diarrhoeas in children, lakhs of routine infections, 24 lakhs of tuberculosis etc. Considering the most optimistic estimate of fifty percent of them getting a proper attention, the loss of lives, human suffering due to lack of, delayed or improper treatment can be huge surpassing the COVID numbers, far way behind. They are silently waiting with utmost patience and expectation for their due share of the care. Their fears, tears and suffering must not be ignored before conversion into another unheard, disregarded, un-fathomed human tragedy. A public health specialist and statistician estimated that around five lakh deaths could have been prevented, of 28 lakh total deaths that would have occurred during early lockdown. One of the lost, ignored unsung headlines in the pandemic !

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COVID AND CANCER : CANCER LIVES ALSO MATTER!

The key question is can we do anything about it to prevent the unknown and unfathomed damage? The answer is a big and loud YES. This can happen at the public level, media level, Government level and of course the hospitals. Some hospitals are afraid of wrath of the media and public if publicity is done. First the action has to at the patients and caregiver levels, who are the main sufferers and the gainers too !!

All patients and caregivers of cancer and non COVID conditions must understand that postponing, delaying, denying the treatment may be detrimental to their cures, survivals, palliation or suffering. It may safeguard them against severe corona infections and mortality if these diseases are treated and patients are less sick. Not taking any treatment or cancer treatment is not prevention of corona infection, on the contrary, may make them more vulnerable to the infection. Undergoing the cancer treatment is safe in these times too, according to the national and international experts and many patients have undergone the treatment safely.

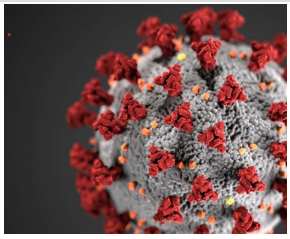
But one must understand that taking all preventive precautions must continue all the time. At media level, there is a huge scope. Management of non COVID diseases should get the right attention and focus during these times too. If anyone channel takes up this issue, it will certainly get them more TRPs for sure and also do lot of good to the public!! Hope someone is listening!

While Govt agencies are laudably galvanising all the resources to contain and confront the COVID 19, some in the organisation can also give deserved attention to these non COVID patients. No additional resources, finances required, since resources are already existing, nor it will jeopardise the COVID actions. Publicise that non COVID care is important for all patients. Better control of these, especially diabetes, kidney, lung and heart conditions will also help in prevention of corona severity and deaths. Streamline safe non COVID centres to resume and continue their services with least encroachment of these specialised centres for COVID care and protection from COVID infections. Establish safe public and private travel mechanisms for the non COVID patients will go a long way. Private transport can benefit from these ! While making Corona action paths, we also need urgently strong non corona action pathways.

One must be wondering, where to accommodate the growing number of patients. Admirably, the Govt agencies are creating large hospitals outside the existing hospitals and gathering the human medical resources to manage them. Many religious, spiritual agencies, hotels, function halls, caterers can join this movement with their huge infrastructure, staff and volunteers to achieve their ultimate goal of benefit to humanity, which is required now than ever before. Have we forgotten in Hyderabad, conversion of hotels into excellent hospitals two decades back? Why not now, even if temporary? Some of the facilities, with their huge force of volunteers, can accommodate, feed and care more than few crores of people, forget about the miniscule COVID patients. Have we not seen in massive religious, spiritual, social and professional gatherings in India many a times ! May be this will make us ready for the next pandemic with an exemplary plan !!

MIGHTY MICROBE

Thoughts penned by Ms Nidhi Mittal on the current covid situation



Wheels of evolution are slow and languid.

Rendered humanity from a nascent putative microorganism.

To Sci-Fi World so advance and Humongous.

Yet put to halt abruptly by a microbes satanism.

Not more than assembly of protein and nucleic acid.

Prying for a host cell to replicate avid. Gripping the World with unknown sprint.

Brought about changes that are aberrant.

Today Social distancing is a requisite.

We are feigned to endure New Normal to exist.

Making every move wielding Virtual Domain.

Collaborate remotely be it meeting or a game.

Secluding ourselves from family, colleagues and friends.

Trapped in our abode is the new trend.

Words of applause come to my mind, for warriors in uniform saving mankind.

Frantically searching for solution for cure.

Treating us, guiding us with measures they are sure.

No cure, No medicine, No hope yet.

Sanitize your home and yourself to best.

Build your immunity, stay safe and strong.

THE WIZARD OF ONC.

By Dr Shaunak Valame ,
Indraprastha Apollo Hospitals, New Delhi

It erupts like a tornado, and suddenly your world is turned upside down. Like Dorothy, you find yourself in an unknown world, forced to walk down an unfamiliar path. You may not have taken heed of the dark skies brooding or the subtle twirl of the wind before it grew into its full monstrosity. Yet, you find yourself on the so-called "Yellow Brick Road". Just like Dorothy, you will need to find your three travel companions – Courage, Heart, and Brain. In the story, the Lion, the Tinman, and the Scarecrow seek what they *thought* they did not have. Thus, their journeyis one of introspection and self-realisation. As a patient, your travails are no different. You need to have the Heart to understand your disease, the Brain to take an informed decision regarding treatment, and the Courage to go through with it.

You will meet Munchkins along the way – folks that may genuinely guide you, or potentially lead you astray. Similarly, you will come across the Good Witch and the Bad Witch, and using your Brain, Heart, and Courage, you will have to navigate your way on the Yellow Brick Road.

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THE WIZARD OF ONC.

Once Dorothy and her companions reached Oz, they realised that the Wizard was certainly *not* "Wonderful", in fact, he was an "Emperor of Maladies".

Then how *did* Dorothy get back home? The 'power' to do so literally, and figuratively, lay at her own feet! Of course, treatments are not as easy as clicking heels like Dorothy had to do. But you must realise that the power does lie within!

And who am I? you might ask. The one always by Dorothy's side, the one who escapes the Witch and leads the Brain, Heart, and Courage, to rescue Dorothy, and the one who reveals the true nature of the "Wizard" thereby driving him away. Why yes, I am Toto!

The patients outlook on his disease has further reaching consequences than doctors would like to attribute. The vibrant shades in the Land of Oz, as depicted in the movie, would be better mood elevators than the sepia-tone of Dorothy's home. But using the same metaphor, we would any day prefer Dorothy to be "home" than in "Oz".

"Somewhere over the rainbow,
Skies are blue,
And the dreams that you dare to dream, really do come true..."

CURRENT EVIDENCE IN TREATMENT OF ADVANCED LARYNX CARCINOMA

Dr. Sowrabh Arora ,
Max Super Speciality—Patparganj, Noida & Vaishali.

Prior to the early 1990s, the standard treatment of advanced laryngeal cancer was total laryngectomy with concurrent neck dissection. Due to significant functional and quality of life concerns associated with total laryngectomy (specifically, the loss of one's natural voice and resultant permanent tracheostoma) non-surgical organ preservation trials were developed.

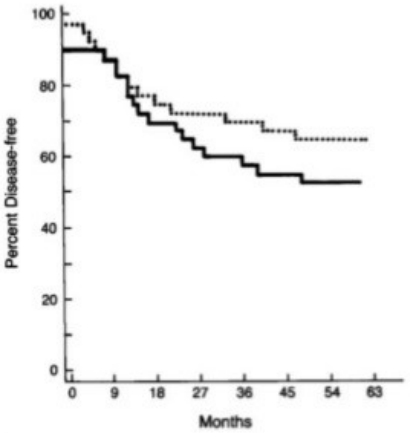

Figure 2. Disease-free Interval for 332 Patients Randomly Assigned to Induction Chemotherapy and Radiation Therapy (Solid Line) or Conventional Laryngectomy and Postoperative Radiation (Dotted Line).

The disease-free interval survival was shorter in the chemotherapy group, but the difference was not statistically significant (P = 0.1195).

VA TRIAL

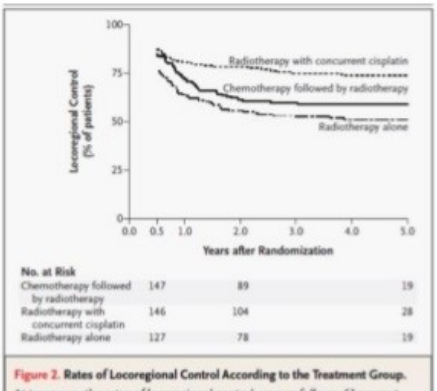

Figure 2. Rates of Locoregional Control According to the Treatment Group.

At two years, the rates of locoregional control were as follows: 61 percent (95 percent confidence interval, 54 to 69 percent) among the patients who received induction cisplatin plus fluorouracil followed by radiotherapy, 78 percent (95 percent confidence interval, 72 to 85 percent) among those who received radiotherapy with concurrent cisplatin, and 56 percent (95 percent confidence interval, 48 to 63 percent) among those who received radiotherapy alone (P=0.003 for the comparison between induction cisplatin plus fluorouracil followed by radiotherapy and radiotherapy with concurrent cisplatin, P=0.16 for the comparison between induction cisplatin plus fluorouracil followed by radiotherapy and radiotherapy alone, and P<0.001 for the comparison between radiotherapy with concurrent cisplatin and radiotherapy alone).

RTOG 91-11

The landmark trials the Veterans Administration (VA) trial in 1991 followed by the Radiation Therapy Oncology Group (RTOG) 91-11 trial [1,2] in 2003 leads to paradigm shift from surgical dominance to non-surgical organ preservation strategies for locally advanced laryngopharyngeal cancer, permitting select patients to undergo laryngeal-preserving cancer treatment without impacting survival.

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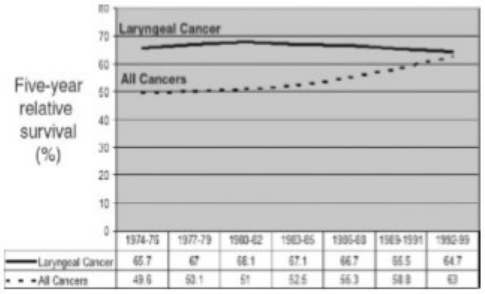
CURRENT EVIDENCE IN TREATMENT OF ADVANCED LARYNX CARCINOMA

Although the results of randomized clinical trials have been encouraging, several epidemiologic studies have reported a decline in survival for patients with laryngeal cancer, possibly attributable to the increased use of radiation and chemoradiation therapy [3,4].

A 10 year update of the Radiation Therapy Oncology Group (RTOG) 9111 trial has shown the long term effects of oragan preservation approaches. [5] RT alone was inferior to both the chemotherapy arms. With regards to toxicity, deaths unrelated to cancer or treatment were significantly higher in the concomitant chemotherapy arm (30.8% vs. 20.8% in the induction arm vs. 16.9% in RT alone arm). It could be attributed to late toxicity related to swallowing dysfunction along with aspiration. so at one hand , locoregional control and larynx preservation was significantly improved by concomitant use of chemotherapy with RT but the tolerance of such intensive regimens is questionable.

In the VA larynx trial, timely surgical salvage in 36% of the chemotherapy arm expectedly played some role in achieving equal survival rates between the chemotherapy and primary surgical arms. This finding has led some observers to declare no harm in first attempting a non-surgical approach,



reserving salvage surgery in the event of treatment failure without an impact on survival.

However, findings from the ten-year follow up of RTOG 91-11 directly rebukes this conclusion, as it is clear that in patients initially treated with a chemotherapy-based organ preservation protocol, the necessity for salvage laryngectomy portends poorer survival that cannot be overcome with salvage surgery alone

A meta-analysis by Goodwin and colleagues compared experience with salvage surgery for various head and neck subsites including the larynx, oral cavity, and pharynx. This analysis demonstrated that the larynx was more amenable to salvage surgery than either the oral cavity or pharynx with five -year OS rates of 48% in the larynx compared to 43%, and 26% in the oral cavity and pharynx subsites, respectively, for stage I and II disease [15]. Similarly, two-year disease free survival (DFS) was 76% in the larynx as compared to 36% in the oral cavity and 25% in the pharynx sub-sites. When analyzing stage III/IV laryngeal disease, the five-year OS rate decreased to 37% after salvage surgery. A similar trend was observed for two-year DFS with a rate of 51% for stage III/IV laryngeal cancer.[6]

Goodwin et al. also observed that patients who received chemotherapy prior to salvage surgery experienced a marked decrease in five-year DFS following salvage surgery. The authors observed that those who received chemotherapy had a median survival of 8.8 months compared to 26.9 months in patients without a history of previous chemotherapy (p=.0007). Differences in survival between those treated with RT and CRT are likely reflected by more advanced disease in the CRT cohort and direct comparisons between these groups may be affected by selection bias.

To reduce the side effects of CRT regime, targeted therapy has been tried. In Bonner's trial, they demonstrated better locoregional control (24.4 months vs. 14.9 months) and overall survival (49 months vs. 29.3 months) when compared cetuximab with RT vs RT alone.[7] There were large number of patients in the trial were of oropharynx but significant number of laryngopharynx patients were also there.

In spite of high larynx preservation rate and good overall survival, there are critiques for organ preservation trials

1. Primary end point in all the major organ preservation trials was larynx preservation, not the survival.
2. Also larynx preservation was functional or non functional, it was not clear in these trials.
3. In VA trial, there were a lot of patients who were classified as stage III/IV because of nodal disease rather than T stage.
4. High rate of complications in salvage laryngectomy A systematic review and meta-analysis including 50 studies and encompassing 3292 patients reported an overall complication rate of 67.5%, with pharyngocutaneous fistula being the most common complication (28.9%) . The other common complications include wound infection (14.1%, range 1.4–33.3%), pharyngeal stenosis/stricture (14.3%, range 2.3–43.9%), bleeding including hematoma and hemorrhage (5.9%, range 1.2–36.4%) and dysphagia (18.6, range 2.9–30.2%). [8].

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To remove biases for future clinical trials for organ preservation, a consensus panel is constituted and it gave its recommendations like [9]

1. Dysfunctional larynx patients to be excluded from trials
2. Primary end point will be laryngo-esophageal dysfunction-free survival.
3. Recommended secondary endpoints include overall survival, progression-free survival, locoregional control, time to tracheotomy, time to laryngectomy, time to discontinuation of feeding tube, and quality of life/patient reported outcomes.
4. Outcomes (including survival) and characteristics of patients who fail organ preservation and require a salvage laryngectomy should be recorded and reported.

Problems related to developing countries

1. Patients present in late stages
2. Poor nutritional status
3. Marginal zone tumours involving larynx and hypopharynx
4. Poor follow up

Conclusion

The management of advanced laryngeal cancer has evolved toward a predominance of non-surgical strategies, in an endeavor to avoid the sequelae of total laryngectomy. Current evidence shows CRT to be standard of care. Ongoing challenges include development of strategies to reduce toxicity and adverse functional outcomes. Feasible modifications have been adopted for improving applicability of these strategies like weekly concurrent chemotherapy with RT. The role of total laryngectomy is increasingly as a salvage procedure for cases failing radiotherapy or chemo-radiotherapy. The concern areas are reports of reduced survival among patients with laryngeal cancer, and speculation that this may be linked to recent changes in treatment paradigms hence It is also important that proper pre op assessment of the patients to be done including to see performance status, if patient has pretreatment tracheostomy, significant subglottic extension, aspiration, cartilage invasion etc as these factors adversely affect the prognosis in organ preservation protocols. Future studies for organ preservation strategies should be designed with survival with functional larynx preservation as the end point.

References:

1] *Forastiere AA, Goepfert H, Maor M, Pajak TF, Weber R, Morrison W, et al. Concurrent chemotherapy and radiotherapy for organ preservation in advanced laryngeal cancer. N Engl J Med 2003;349:2091–8.*

2] *Wolf GT, Fisher SG, Hong WK, Hillman R, Spaulding M, Laramore GE, et al. Induction chemotherapy plus radiation compared with surgery plus radiation in patients with advanced laryngeal cancer. N Engl J Med 1991;324:1685–90*

3] *Hoffman HT, Porter K, Karnell LH, et al. Laryngeal cancer in the United States: changes in demographics, patterns of care, and survival. Laryngoscope. 2006;116 (9, pt 2)(suppl 111):113.PubMedArticle*

4] *Cosetti M, Yu GP, Schantz SP. Five-year survival rates and time trends of laryngeal cancer in the US population. Arch Otolaryngol Head Neck Surg. 2008;134 (4):370-379.PubMedArticle*

5] *Forastiere AA, Zhang Q, Weber RS, Maor MH, Goepfert H, Pajak TF, et al. Long-term results of RTOG 9111: A comparison of three nonsurgical treatment strategies to preserve the larynx in patients with locally advanced larynx cancer. J Clin Oncol. 2013;31:845–52.[PMC free article] [PubMed]*

6] *Goodwin Jr. WJ. Salvage surgery for patients with recurrent squamous cell carcinoma of the upper aerodigestive tract: when do the ends justify the means? Laryngoscope 2000;110:1–18.*

7] *Bonner JA, Harari PM, Giralt J, Azarnia N, Shin DM, Cohen RB, et al. Radiotherapy plus cetuximab for squamous-cell carcinoma of the head and neck. N Engl J Med. 2006;354:567–78. [PubMed]*

8] *Hasan Z, Dwivedi RC, Gunaratne DA, Virk SA, Palme CE, Riffat F. Systematic review and meta-analysis of the complications of salvage total laryngectomy. Eur J Surg Oncol 2017;43:42–51*

9] *Lefebvre JL, Ang KK. Larynx Preservation Consensus Panel. Larynx preservation clinical trial design: Key issues and recommendations - A consensus panel summary. Head Neck. 2009;31:429–41.*

FUN… FOTOS 'N' FUNDA...

THINKING OUT OF THE BOX (CREATIVE THINKING)

In a small Italian town, hundreds of years ago, a small business owner owed a large sum of money to a loan-shark. The loan-shark was a very old, unattractive looking guy that just so happened to fancy the business owner's daughter. He decided to offer the businessman a deal that would completely wipe out the debt he owed him. However, the catch was that we would only wipe out the debt if he could marry the businessman's daughter. Needless to say, this proposal was met with a look of disgust.

The loan-shark said that he would place two pebbles into a bag, one white and one black.

The daughter would then have to reach into the bag and pick out a pebble. If it was black, the debt would be wiped, but the loan-shark would then marry her. If it was white, the debt would also be wiped, but the daughter wouldn't have to marry the loan-shark.

Standing on a pebble-strewn path in the businessman's garden, the loan-shark bent over and picked up two pebbles. Whilst he was picking them up, the daughter noticed that he'd **picked up two black pebbles** and placed them both into the bag.

He then asked the daughter to reach into the bag and pick one.

The daughter naturally had three choices as to what she could have done:

1. Refuse to pick a pebble from the bag.
2. Take both pebbles out of the bag and expose the loan-shark for cheating.
3. Pick a pebble from the bag fully well knowing it was black and sacrifice herself for her father's freedom.

She drew out a pebble from the bag, and before looking at it 'accidentally' dropped it into the midst of the other pebbles. She said to the loan-shark; **Oh, how clumsy of me. Never mind, if you look into the bag for the one is left, you will be able to tell which pebble I picked."**

The pebble left in the bag is obviously black, and seeing as the loan-shark didn't want to be exposed, he had to play along as if the pebble the daughter dropped was white, and clear her father's debt.

FERTILITY PRESERVATION IN ENDOMETRIAL CANCER

AN ONCOLOGIST'S PERSPECTIVE

Dr. Swasti , Max Institute of Cancer Care - Vaishali,Patparganj and Noida

The incidence of endometrial cancer in India is lower as compared to the Western countries. Young women with PCOS or chronic anovulation can often present with menstrual irregularities and are diagnosed with endometrial cancer at a young age. The standard treatment of early endometrial cancer is surgical staging and radical surgery. With increasing stress, late marriages in India, the challenges have increased. Often we need to treat young women with endometrial cancer, who have not completed their family yet. That is where the real challenge begins.

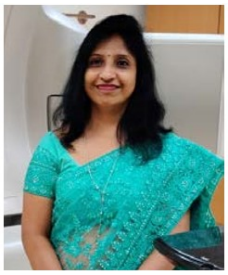
The key question is whether the oncologist can select this particular lady for fertility conservation or not? We all know that fertility preservation techniques are deviation from standard treatments. Hence, the role for extensive counselling and consent is immense. This all cannot be handled alone in a cancer clinic by an oncologist. What we need is a motivated woman and her partner if any, the gynecologic cancer specialist, reproductive medicine specialist or IVF expert and family support. The session of counselling this lady and her family should be individually with the oncologist and reproductive medicine specialist. Joint sessions are recommended as well. Many issues need to be addressed ranging from time, risks, cost, success rates and so on.

Early stage endometrial cancers with low risk histologies, grade 1 disease and no myometrial invasion on MRI are recommended to be considered for fertility preservation. The lady should be willing for regular follow ups. High doses of progesterone such as medroxyprogesterone acetate, megesterol acetate or levonorgestrelreleasing intrauterine device are used. Follow up biopsies every 3 months till histologic disappearance of atypical changes and malignancy features. This conservative approach can be adopted till 9 to 12 months after diagnosis only. Once the features of atypia or malignancy disappear, the lady is sent to the reproductive medicine specialist for assisted reproduction.

Success stories are never written without everything being in the proper frame. My personal clinical experience in young women with endometrial cancers has been satisfying. The recipe for success definitely lies in proper case selection, appropriate counselling consent, multidisciplinary approach, timely interventions and rigorous follow ups.

WAYS TO WIN THE CANCER FIGHT AND CELEBRATE LIFE !

Dr. Indu Bansal Aggarwal, Narayana Super speciality Hospital, Gurugram



Cancer can touch you, but not your soul; neither your thoughts, nor your heart. Although it's true,I don't think there are any words scarier to hear than being revealed the cancer diagnosis. There is a feeling of powerlessness and life turns upside down when you are hoping against hopes to hear the beautiful "B" word- Benign but you are delivered the "C" word- cancerous.

Cancer is a group of abnormal cells called "wayward cells", "mad cells" or "freaky cells". I refer to them as a terrorist camp. Some normal cells of our body just digress from societal norms and become rebellious. If unchecked, they start influencing normal cells of body and interfere with normal functioning of adjacent and distant cells of the body.

Cancer diagnosis is not a straight line but a roller coaster ride of many ups and downs. You might not been able to sleep because of a lot of questions as "Why me?. It leads to disbelief, anger, confusion, shock, grief and denial. Delving into the how's and why's of past, will not only leave you very frustrated, but definitely it will not help in reversing or changing the situation. To change the present and the future, you have to make one clear choice, whether to win the game of cancer or concede to the game. My advice is develop a strategy to win the game.

The problem is cancer game is infested with certain myths. "No cure in certain situations" is equated with "no treatment" or that "treatment is worse than disease". So patient's shy away from scientifically proven main treatment and try alternative methods. There are no quantitative tests or measures available to determine or predict an individual's longevity. So, let's drop the lame game of statistics. All of us have come with expiry dates. The only difference between ours and that of milk bottle is that theirs is

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WAYS TO WIN THE CANCER FIGHT AND CELEBRATE LIFE !

printed on the sides and ours is flying in the wind.

Your doctor is the second most important person taking care of your health. You are the first. Remember that! Take charge of your treatment. Doctor's will try their best to add years to your life but you and them as a team can add life to years. One has to focus not just on treating the diseased organ but body as a whole. We have to hence fine tune the psychological, emotional, financial aspects as well to win the game. Your soul mates- God, faith, religious and spiritual leaders will provide the spiritual dimension. But do not forget that the captain of the team is "YOU" and "You Alone". So on your mark, get set, go.....! Ask questions. Take notes. Be the captain of your own ship. It will give you moments of clarity and confidence. Prioritize! Things which matter most like your health should never be at mercy of things which matter least.

Remember, there are as many opinions as there are people. So, set a time line and zero down on the experts and individuals who will help you in this journey. Believe me the key to whole of this process is trust. The family should also not start the blame game but reassure the patient that he is not alone and every member of the team will give his best shot to come out winners.

The role of exercise and diet cannot be underestimated. Remember you can't starve cancer to death by not eating yourself. Calming exercises as yoga, meditation and relaxation techniques as well as exertional exercises will activate your physiological and immune system. Also, tap into the inner reservoir of calm. Heal your body by unpacking your emotional baggage.

Once a patient makes the decision to embrace his or her healing journey and the commitment to discover and address whatever thoughts and emotions might block that path, the healing process begins in that moment. Choose the right decision now. It's never too late. It's important to stick to your schedule. Get up at the same time every day. Try to do your normal day to day activities as your energy levels permit. Because you need to keep your mind off cancer too! It's not an esteemed guest!! Do not pamper it!!! Dress nicely every day. And remember you are not completely dressed until you wear a smile!

Cancer likes to leaves a mark on everyone connected with it but I want you to leave a mark on everyone. Set goals and find purpose of your life. Some days there won't be a song in your heart. Sing anyway. Listen to the music of rustling of even falling leaves as balm to ease pain. Close your eyes. Feel the warmth of sunshine filtering through your windowpane. Sip your favorite tea or coffee. Enjoy the softness of the couch reading your favorite book. Don't worry of being judged if you are bald. And prove your prognosticators wrong. O my friend! It's not what they take away from you that counts, it's what you do with what u have left. Reach for the clouds. Embrace life. Joy is portable. Take it wherever u go. U have to live till the last chapter of your life. Don't let life and death confused. Cancer does not own you. U own yourself. It's your life. Live it well. So let's all diffuse the cancer bomb. We can and we will.

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