CLOSING THE CARE GAP

GLOBAL ONCOnversations 2022

Enabling impact in Oncology, today

4th, 5th & 6th February, 2022

A Clinical Synopsis

This #WorldCancerDay,
we hosted a 3-day summit
with nine global onco-experts
to identify the gaps in cancer care
and the measures to overcome them.

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National & International Perspectives in Cancer Care

Dr. Nagraj Huilgol
Chief of Radiation Oncology,
Nanavati Max Super Speciality Hospital Mumbai

Dr. Jagdish Kulkarni
Director, Minimal Invasive Robotic Surgery,
Asian Cancer Institute Mumbai

Dr. Mammen Chandy
Director, Clinical Hematology,
Tata Medical Centre
Kolkata

MODERATOR **Dr. Jayalaxmi S**
Senior Consultant,
Radiation Oncology, Artemis Hospital
Gurugram

DAY 2 - ONCOSURGERIES

VATS Esophagectomy with Complete Mediastinal Lymphadenectomy for Middle Third Esophageal Carcinoma

Dr. Abhishek Jain
Consultant & Associate Professor,
Gujarat Cancer Research Institute
Ahmedabad

Limb Salvage Surgery for Bone Tumors with Megaprosthesis

Dr. Abhijit Salunkhe
Consultant Orthopedic Oncosurgeon,
Gujarat Cancer Research Institute
Ahmedabad

DAY 3 - ACCREDITED CME ON THERAPEUTIC UPDATES IN ONCOLOGY

Complete Genomic Profiling in Solid Tumors

Dr. Niti Raizada
Director & Transplant Physician,
Medical & Hemato Oncology,
Fortis Hospital Bangalore

Advances in Diagnosis & Treatment of Breast Cancer

Dr. PP Bapsy
Senior Consultant,
Medical Oncology, Apollo Hospital
Bangalore

Bone Marrow Transplantation in Acute Leukemia

Dr. Girish Badarkhe
Senior Consultant, Hemato-oncology & Bone Marrow Transplant, Fortis Hospital
Bangalore

Panel Discussion:

National & International Perspectives in Cancer Care

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- Radiation oncology is highly capital intensive; optimal utilization of the available technology is a more cost-effective healthcare approach than constant expenditure on newer technology.
- Maximum utilization of technology can compensate for the acute shortage of healthcare professionals, especially nurses.
- Strategic provision of infrastructure, effective referral systems, and improved access to the more advanced tertiary care centers will enable quality healthcare delivery.
- Physicians must be aware of the available monetary support, guide patients accordingly, and make timely referrals.
- Insurance plans must cover all the available oncology therapies, including the most advanced, such as robotic surgery, to enable patients to receive the best possible treatment.

Watch the Webinar

Oncosurgeries:

VATS Esophagectomy with Complete Mediastinal Lymphadenectomy for Middle Third Esophageal Carcinoma

Dr. Abhishek Jain

Consultant &
Associate Professor,
Gujarat Cancer
Research Institute
Ahmedabad

- Minimally invasive esophagectomy is the current standard of care for resectable or operable carcinoma esophagus.
- Lateral decubitus position is the most preferred patient position; it is more convenient to manage intraoperative complications such as bleeding; a right-handed surgeon can operate in a forehand position.
- Following port insertion, a fan retractor is used to retract the lung and mobilize the lower part of the esophagus.
- The dissection proceeds cephalad; the esophagus and the subcarinal nodes may be removed together or separately.
- Though literature recommends preserving the bronchial artery for better post-surgical recovery, the final decision rests with the surgeon.
- During mobilization of the upper part of the esophagus, it is critical to preserve the right recurrent laryngeal nerve in the tracheoesophageal groove.

Watch the Webinar

Oncosurgeries:

Limb Salvage Surgery for Bone Tumors with Megaprosthesis

Dr. Abhijit Salunkhe

Consultant
Orthopedic Oncosurgeon,
Gujarat Cancer
Research Institute
Ahmedabad

- A megaprosthesis replaces the metaphysis, epiphysis, and diaphysis.
- A megaprosthesis comprises a femur condylar piece, an articulating area, a tibia condylar piece, a tibia resection piece, and a stem on either end.
- Modular megaprostheses offer the advantage of selective reconstruction post-tumor resection, even when the final extent of tumor resection exceeds the planned length.
- A skip lesion is a lesion located beyond the primary tumor within the same bone; thus, the resected specimen comprises the primary and the distal lesions, separated by the normal bone marrow.
- In total femur replacement surgery, abduction can be preserved by attaching the abductor muscles to the greater trochanter and fixing both of them onto the implant.

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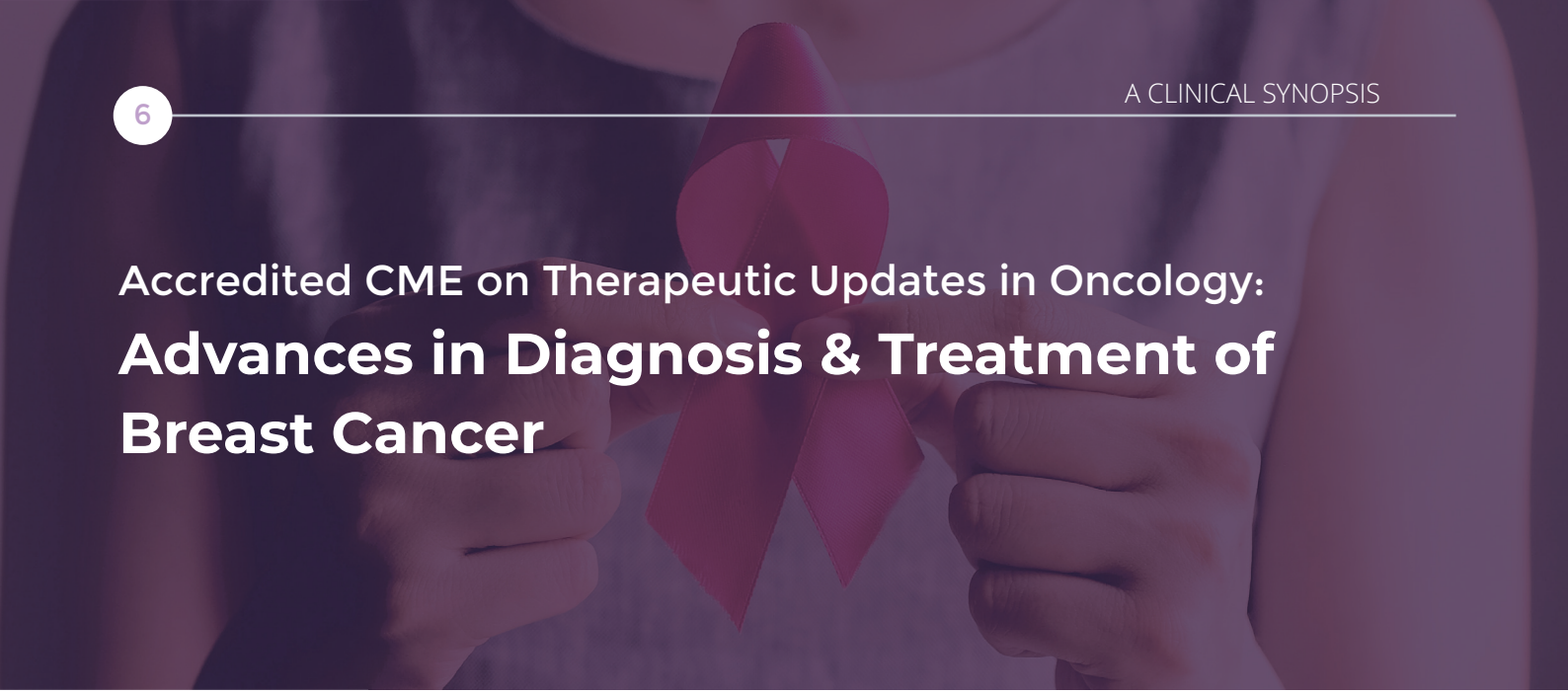

Accredited CME on Therapeutic Updates in Oncology:

Advances in Diagnosis & Treatment of Breast Cancer

Dr. PP Bapsy
Senior Consultant,
Medical Oncology,
Apollo Hospital
Bangalore

- The latest molecular classification of breast cancer includes luminal A, luminal B, basal-like, HER2+, and triple-negative types of breast cancer.
- The conventional investigations for breast cancer diagnosis and evaluation were a mammogram, ultrasound, and MRI.
- At present, advanced imaging methods involving cytology, histology, and molecular markers are being employed in evaluating breast cancer.
- Radiology has become an integral part of the multidisciplinary approach in diagnosing, evaluating, and treating breast cancer.
- Conventional mastectomy is now being replaced by the more conservative lumpectomy procedure, unless in the setting of multicentric disease, which warrants a sentinel lymph node biopsy, and histopathological examination, followed by a gamma probe evaluation of the axillary lymph nodes and appropriate treatment.

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Accredited CME on Therapeutic Updates in Oncology:

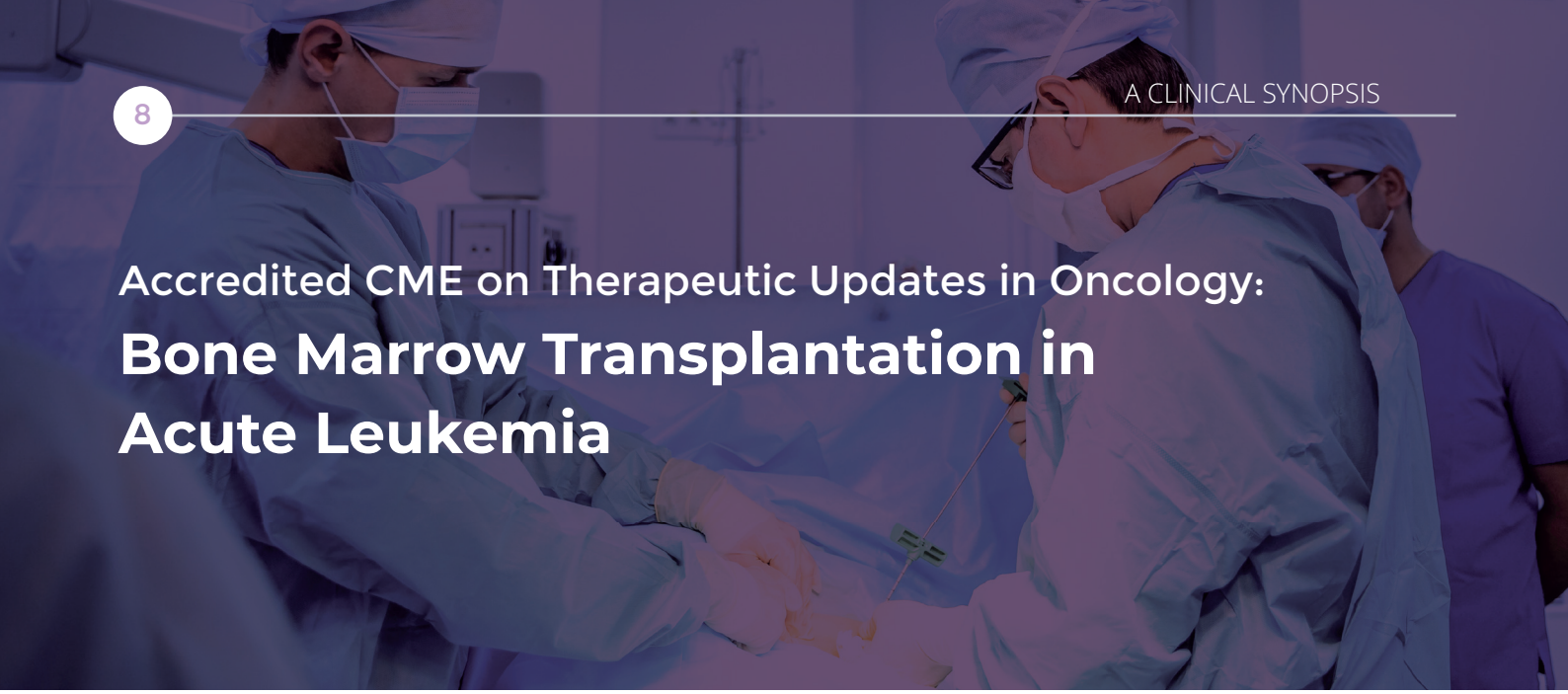
Complete Genomic Profiling in Solid Tumours

Dr. Niti Raizada

Director &
Transplant Physician,
Medical & Hemato Oncology,
Fortis Hospital
Bangalore

- Personalized and targeted cancer therapeutics are less cytotoxic and more precise than conventional cancer therapies; bioinformatics, artificial intelligence, and machine learning play a significant role in developing and testing novel cancer therapeutics.
- Genomics is biomarker-driven.
- Comprehensive genomic profiling of tumors using targeted gene panels and whole exome sequencing is the current approach for diagnosing and evaluating cancer, as opposed to the Sanger sequencing method used earlier.
- The genomic profiling of tumors employs hybrid selection-based technology.
- Circulating tumor DNA (ct-DNA), which is hypothesized to contain both the genetic and the epigenetic alterations identical to the cancer cells of origin, is used in cancer analysis.
- Oncology panel testing comprises hotspot panels, target panels, and NGS panels.

Watch the Webinar



Accredited CME on Therapeutic Updates in Oncology:

Bone Marrow Transplantation in Acute Leukemia

Dr. Girish Badarkhe

Senior Consultant Hematology,
Hemato-oncology &
Bone Marrow Transplant,
Fortis Hospital
Bangalore

- The ELN guidelines (2017) recommend pre-treatment risk stratification of acute leukemia for better results; MRD status must be considered in classifying acute leukemia.
- >90% of acute leukemias (mostly acute myeloid leukemia) have a high relapse rate with conventional chemotherapy, and therefore, are indicated for bone marrow transplant.
- Bone marrow transplant may be performed using allogenic or autologous grafts; T-cell-based mini transplants are the third type of bone marrow transplant.
- Bone marrow transplants may also be classified as myeloablative and non-myeloablative.
- The process of treating AML with bone marrow transplant comprises the following steps:
  - Induction chemotherapy
    (to minimize pre-transplant disease burden or consolidation)
  - Achieving a negative MRD status
    Conditioning chemotherapy
  - Stem cell transplant
  - GvHD prophylaxis
  - Stem cell infusion
  - Maintenance therapy
  - Pre-emptive therapy

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