

# Health Buzz

FOCUS: **ONCOLOGY**

VOLUME 11

## Introduction

Cancer can feel overwhelming, but the truth is that knowledge, early action, and the right medical care can make a powerful difference. This special edition of the P. D. Hinduja Hospital, Khar newsletter brings together important, easy-to-understand information to help you and your family stay protected. We talk about how cancers are detected, diagnosed, and treated, with a strong focus on early detection for breast cancer, which saves countless lives every year. You will also learn why conditions like piles should never be ignored, how minimal-access surgery is changing the way endometrial cancer is treated, and what everyone should know about thyroid, ovarian, and colon cancers including whether they can be prevented. We also share an inspiring medical success story of a young patient who overcame relapsed brain cancer through advanced treatment and teamwork.

**Our aim is simple:** to replace fear with awareness and empower you to take charge of your health with confidence.





## **DR. SANJAY DUDHAT**

Consultant - Surgical Oncology

# CANCER AWARENESS, DIAGNOSIS AND TREATMENT

Due to the scientific progress made in the last century, the overall development of human civilization has taken place at an accelerated pace and the average life expectancy of human beings is increasing. It is quite natural that people get fearful and shudder at the mere mention of cancer. Ignorance about the disease, neglect of it due to fear despite knowledge and weak socioeconomic backgrounds of major sections of the population are some of the reasons behind it. Cancer is often diagnosed at an advanced stage due to lack of awareness.

## **Current Cancer Status:**

The incidence of cancer is increasing day by day all over the world. The death rate due to cancer is higher in India than in western countries and the main reason for this is the late diagnosis of the disease. Approximately 2000 lakh new cancer patients are diagnosed worldwide each year; and of those 100 lakh patients die; In our country, 16 to 17 lakh cases newly diagnosed and around 10 lakh patients die. This number is increasing every year. In developing countries like ours, many patients fall victim to this disease at a young age, even before their forties. This is a very serious matter. February 4 is observed as World Cancer Day across the world. The theme for the year 2026 is "United By Unique". Therefore, in view of increasing incidence and mortality of cancer, there arises a need for universal cancer awareness, early diagnosis of cancer and better treatment. One-third of patients succumb to cancer caused by tobacco. Every year 10-15 lakh people die due to consumption of tobacco products in our country.

## **Possible Causes of Cancer:**

We know that cancer occurs due to many reasons. Key risk factors that give rise to cancer cases are today's era of competition to get everything quickly, fast changing lifestyle, human stress resulting addictions of tobacco and alcohol to cope with stress and neglect of health. Other possible causes of cancer are environmental pollution, some viruses (HPV, HIV, Hepatitis B), unsafe sex, chemicals, pesticides and contaminated food. The possibility of brain cancers cannot be ruled out even with excessive use of mobile phones.



## Diet Obesity and Cancer:

In today's hectic everyday routine, the importance of a balanced diet seems to be diminishing. The consumption of fast food, junk food, processed food, meat products as well as stored food and consumption of food with high fat content is seen to be on the rise. This type of diet is low in nutrients and high in hazardous chemicals and toxic substances, with the resulting obesity inviting cancer. Obesity can cause cancer of the breast, ovaries, uterus, large intestine, oesophagus and pancreas. So, our diet should be very healthy, well cooked and balanced. We should have balanced consumption of leafy vegetables, fruit vegetables, proteins and fruits.

## Cancer Genetics and Genetic Counselling:

Some cancers have a genetic component. e.g., Cancer of the breast, ovary, large intestine, kidney, pancreas, lung, prostate gland. In 10 to 15 percent of cases, these diseases are genetically transmitted. So, it is advisable that close relatives of the patients get screened early and frequently without panicking. In some cancers e.g., BRCA1 and BRCA2, genetic mutations are common in breast and ovarian cancers.

## Cancer Screening:

Mammography is recommended for women after the age of 40. PAP smear is advised every year after age 30. Breast self examination is from age 20 yrs. Oral self-examination and chest x-ray are recommended for men who smoke tobacco. PSA is a blood test for prostate cancer to be done from age 51 onwards.

## Cancer treatment methods:

There are advanced cancer treatments available so that cancer can be completely cured e.g., cancer surgery, chemotherapy and hormonal therapy. With today's advanced surgery, it is not necessary to completely remove the organ every time. If the tumour is small, only that part of the tumour can be removed and the rest of the organ can be saved. This is called limited surgery (Organ Preservation and Function). Limited surgery is used in many organs such as breast, tongue, larynx, lungs, kidney, bladder, rectum. Nowadays, surgeries can be performed with laparoscopy and robotic devices. Advanced drug treatments like chemotherapy further help to cure

the cancer completely by destroying cancer cells in the body. Also, the side effects caused by this anti-cancer treatment can be easily managed. It is essential that patients should have proper information about chemotherapy and undergo it without fear. If targeted therapy is given along with chemotherapy, it helps to cure cancer. Radiotherapy uses x-rays to target the cancerous area. With today's advanced machinery (Linear, Accelerator, IMRT, IGRT) this therapy has become easy and convenient. Bone marrow transplant is used in blood cancer.

## Cancer Prevention:

The first step in cancer prevention is to stay away from substances that cause it e.g., tobacco and tobacco-related products, alcohol consumption, contaminated food, junk and fast food, etc. Factors like maintenance of physical hygiene, 1st pregnancy before age 30s, breastfeeding for at least a year, safe sex, healthy diet, good exercise and healthy lifestyle should be followed. Secondary prevention includes periodic physical examinations such as mammography, Pap test in females and PSA test in men. Tertiary prevention involves early detection of cancer, complete treatment and prevention of recurrence.

Finally, I would like to tell all the readers that inculcating good habits and good thoughts, having a healthy and balanced diet, practicing regular yoga and exercise, adopting a stress-free lifestyle, befriending adversity, paying attention to the body and engaging in self-care will help you stay fit and healthy.





# BREAST CANCER

Early detection and treatment  
Knowledge is power

## DR. NITA NAIR

Consultant - Breast Oncosurgery

Breast cancer is the most common cancer among women, with 40% of women in India still presenting in advanced stages. Family history of cancer, increasing age and female gender are risk factors that we cannot control. However, modifiable lifestyle changes are a likely cause of the rising number of cancer cases among urban women. Modifiable risk factors include, delayed first child birth or never being pregnant, not breast feeding the child, obesity and postmenopausal hormone replacement therapy.

Though, breast cancer cannot be prevented, early detection of cancer is the first step towards cure. Unfortunately, 40% of breast cancer cases in India still present to doctors in locally advanced stages.

## Most common Symptoms / signs of breast cancer

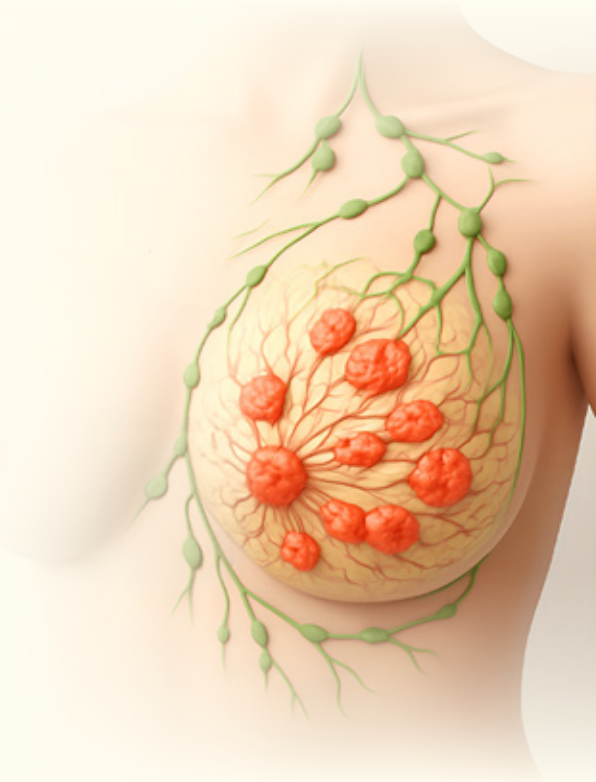
- Lump in the Breast or armpit
- Nipple discharge / retraction
- Changes in the skin over the breast like, puckering/ redness/ thickening
- Change in the shape or size of one breast

## Current breast cancer screening recommendations:

- Monthly, Self Breast Examination which empowers women to take charge of their health
- Annual mammography or clinical breast examination in women over 40 years of age
- High-risk individuals (BRCA positive, significant family history) should be screened with more intensive screening protocols.

Treatment of breast cancer entails a multimodality approach, with a combination of surgery, chemotherapy, radiation and hormonal therapy.

Surgery is an integral part of treatment in curable stages of breast cancer. For breast cancer, removal of the primary lump with negative margins (a rim of normal breast tissue) and surgery for the lymph nodes under the arm pit (axilla). The primary of breast tumor removal can be done by lumpectomy (breast conserving) or mastectomy (removal of the breast). Breast conserving / preserving surgery is often the preferred choice for women with early breast cancer and along with use of radiation therapy is as safe as removal of the breast. **Breast conserving surgery is safe, especially for women with early breast cancer and along with oncoplasty allows for improved cosmetic outcomes.** Women with small tumors, where after removal the remaining breast is adequate for shape and volume to match the other side are ideal candidates for breast conserving surgery. If the volume of excision is large, oncoplasty is offered to recreate the breast (partial breast reconstruction). If breast conserving surgery is done radiation therapy is mandatory.



Despite early detection, some women require to have a mastectomy (breast removal), Robotic breast surgery offers an opportunity in many of these women for smaller scars , better cosmetic outcome and faster recovery. Additionally breast reconstruction can be offered with silicone implants or body's own tissue , resulting in better body image and quality of life.

The lymph nodes in the arm pit are also tested at the time of surgery. When no lymph nodes are found suspicious on clinical examination or imaging; sentinel lymph node biopsy is done at the time of surgery. A dye is injected in the breast near the tumor and the lymph nodes that stain with the dye are removed from the armpit. Frozen section analysis (Pathology testing at the time of surgery) is done,

if the sentinel lymph nodes are negative, no further nodes are removed. If the sentinel lymph nodes are positive, the rest of the armpit (axilla) nodes are removed. Conservation of the axilla reduces side effects of axillary surgery and faster recovery. Axillary conserving surgery like sentinel lymph node biopsy help reduce the risk of side effects of arm swelling or lymphoedema.

Systemic therapy options include chemotherapy, anti hormone therapy , targeted therapy (targeting the HER2 receptor ) and immunotherapy. A combination of these is offered based on the patients stage, age, and receptor status. ( ER , PR HER2). Personalized therapy and de-escalation of therapy is the current focus of breast cancer treatment to ensure each patient gets the best quality of life with excellent survival outcomes.

**If you aren't getting good sleep,  
don't sleep over it.**

INTRODUCTION

## The Sleep Clinic

Specialised Care for Sleep Issues and Disorders

Comprehensive Consultation  
with Pulmonologist and Psychologist

Diagnosis and Treatment Plan

Ongoing Support and Follow-up





# PILES AWARENESS

## DR. PRAJESH BHUTA

Consultant - Colorectal Surgery

### Don't bleed in silence

Piles are very commonly found in people. It could be hereditary or in people who tend to be on the constipated side.

One in 5 people might have piles but they are generally silent or don't need active treatment.

In simple language it means that the lining of the bowel is a bit weak and along with the blood vessels comes outside on straining.

Commonest symptoms of piles are bleeding but the good part is that it is rarely continuous and comes in cycles. It can be related to the food intake. It is more common after a non-vegetarian meal lacking in fibre or a spicy meal but can happen with other meals also.

Because it is episodic people tend to ignore it and live in silence. People feel it is an embarrassing thing to discuss and sometimes withheld it from their own family. Some don't visit the doctor because they feel the examination part embarrassing.

## Piles: Myths & Facts

### Myths:

- It will cure on its own by medications and Ayurveda etc.
- Treatment is very painful
- It's ok to wait till bleeding becomes really bad

### Facts:

- Medicines can control it but not cure it.

- Nowadays with incoming of lasers and staplers for piles it's become a one-day procedure with faster recovery and less pain.
- Any bleeding which occurs from your left side of your colon has to come out from the rectum so it's not easy for patients to make out if bleeding is from piles or some other cause

### If you operate you lose control of your motions the format of myth & fact is correct

This complication with the newer techniques is extremely rare and in all minimally invasive procedures available today the sphincter complex is not touched so this problem is not likely

### Piles will always come back if you operate

With the right choice of technique depending on the grade of the piles the recurrence rate is less than 15 percent and even if it happens it can be dealt with by a small opd procedure like banding or sclerotherapy.

The incidence of bowel cancer is increasing in India and so many of the patients might have bleeding because of cancer rather than piles.

Cancer of the rectum also has painless bleeding like piles and most times it cannot be distinguished till a doctor examines a patient and a few tests done.



There is a strong recommendation that anyone above the age of 50 who bleeds needs a flexible sigmoidoscopy i.e. an examination of the left colon before any treatment of piles as you might miss a growth higher up.

People with family history of bowel cancer should be even more alert and get checkup done at regular interval. Genetic screening is now available for high risk groups

The key to treatment of bowel cancer lies in early detection and the cure rate is as high as 95% if detected in time.

This can only happen if patient awareness increases and people don't take bleeding from rectum lightly. It's a very simple examination in the clinic which is not painful and can help put your mind at ease. So the bottom line is

### **Don't bleed in silence**

Get yourself checked early even if you feel you have piles. All piles don't need treatment but at least you rule out any other cause of bleeding and makes you more confident to deal with this issue

Don't be embarrassed as it could mean your life in some cases. The examinations are very simple comfortable and your quality of life will be much better.

**Make sure your  
gut feeling  
is healthy.**



Consult our expert

**Gastroenterologists**

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# MINIMAL ACCESS SURGERY AND ENDOMETRIAL CANCER



## DR. PRITESH NAIK

Consultant - Laparoscopic Gynaecology



## DR. SAMAR GUPTA

Consultant - Gynaecological Oncology

## The Paradigm Shift: Minimal Access Surgery in Endometrial Cancer

For many decades now, the "classic" image of an endometrial cancer patient post-treatment was a woman recovering from a midline laparotomy. The hospital stay was lengthy, there was a lot of pain, and wound infection rates were high. Today, that picture has changed. Minimal Access Surgery (MAS) has almost become the standard of care for the majority of women with early stage endometrial cancer.

## The confusion and the Evidence: "LACE" versus "LACC"

It is important to distinguish between cervical and endometrial cancer data.

The extremely important and high profile **LACC Trial (2018)** clearly showed poorer outcomes for MAS in cervical cancer (leading to a return to open surgery for that disease), whereas the data for endometrial cancer points firmly in the opposite direction.

The landmark **LACE Trial** (Laparoscopic Approach to Cancer of the Endometrium), along with the **GOG-LAP2** study, suggested that the laparoscopic hysterectomy is oncologically equivalent to total abdominal hysterectomy for early-stage endometrial cancer and therefore, confirming that MAS offers the same disease-free and overall survival rates as open surgery, without compromising cancer control.



## Why MAS is the Preferred Approach

Patients with endometrial cancer (type 1) are typically obese (high BMI), may have diabetes, hypertension (syndrome X) and hence open surgery carries significant morbidity. These include high rates of wound dehiscence and infection (surgical site infections), prolonged immobilization increasing venous thromboembolism (VTE) risk and also respiratory compromise due to post-operative pain and splinting.

This clinical profile of the "typical" endometrial cancer patient makes MAS particularly advantageous.

MAS minimizes these risks significantly and the benefits include reduced length of stay (2 to 3 days), lower infection rates since small port site incisions heal faster than large abdominal incisions and hence there is faster recovery, mobilization with minimal risk of VTE

## Modalities: Laparoscopic vs. Robotic

Newer techniques: In select patients, Sentinel Lymph Node (SLN) mapping has a great benefit. Instead of a full systematic lymphadenectomy (which carries a high risk of lymphedema), a dye (Indocyanine Green) is injected to identify and remove only the first draining nodes. This reduces the long-term risk of lower limb lymphedema—a major quality-of-life win for our patients

## Summary

The era of vertical midline incisions for early stage endometrial cancer is over. Minimal Access Surgery has transformed endometrial cancer from a morbid major operation into a procedure with rapid recovery and excellent oncological safety. The key factor here is in identifying low risk early stage patients, who are most likely to benefit from a minimal access approach.

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# UNDERSTANDING THYROID CANCER: EARLY DETECTION, BETTER OUTCOMES

## DR. PRATHMESH PAI

Consultant - Head, Neck & Skull-based Oncosurgery

Thyroid cancer is one of the fastest-growing endocrine malignancies worldwide. There has been a threefold rise globally. While the numbers may sound concerning, the reassuring truth is that most thyroid cancers are highly treatable, especially when detected early. As we focus on oncology this quarter, we aim to create awareness about this important yet often misunderstood condition that affects individuals across age groups—especially women in their 30s to 60s.

## What Is Thyroid Cancer?

The thyroid is a small, butterfly-shaped gland located in the front of the neck. It regulates metabolism, energy levels, heart rate, growth, and body temperature. Thyroid cancer occurs when abnormal cells within the gland begin to grow uncontrollably. There are four main types:

- **Papillary Thyroid Cancer (PTC)**  
The most common (about 80–85%) and usually the most treatable. It tends to grow slowly and responds well to treatment.
- **Follicular Thyroid Cancer**  
Makes up 10–15% of cases and is also highly treatable.
- **Medullary Thyroid Cancer**  
Less common; may be hereditary in some families.
- **Anaplastic Thyroid Cancer**  
Rare and aggressive, but significant advances in targeted therapies have begun to improve outcomes.

## What Is Thyroid Cancer?

While anyone can develop thyroid cancer, certain factors may increase the risk:

- **Family history** of thyroid disease or thyroid cancer
- **Female gender** – women are 3–4 times more likely to develop it
- **Radiation exposure**, especially during childhood
- **Iodine imbalance** (more relevant in certain geographic regions)
- **Genetic conditions**, such as MEN 2A/2B for medullary cancers

Most patients, however, have no identifiable risk factors, which is why awareness and timely evaluation are important.



## Recognizing Symptoms: What Should You Watch For?

Thyroid cancer often presents with very subtle or no symptoms. Many cases are detected during routine health check-ups or imaging done for unrelated reasons.

**Signs that warrant medical attention include:**

- A **painless lump or swelling** in the neck
- Persistent **hoarseness**
- Difficulty swallowing or breathing
- A sensation of **fullness in the neck**
- Enlarged neck lymph nodes

Any neck lump lasting more than two to three weeks should be evaluated—early assessment makes a tremendous difference.

## How Is Thyroid Cancer Diagnosed?

Diagnosis typically involves a combination of:

- **Thyroid ultrasound:** Helps evaluate lumps and nodules.
- **Fine Needle Aspiration Cytology (FNAC):** A simple, minimally invasive test providing accurate diagnosis.
- **Blood tests:** Including thyroid function tests and, in some cases, calcitonin levels.
- **Advanced imaging** (CT, MRI, PET-CT), used selectively depending on disease stage.

Our team at Hinduja Khar emphasizes accurate early diagnosis using high-resolution imaging and evidence-based cytological evaluation, ensuring patients receive the most appropriate and timely care.

## Treatment: A Success Story in Oncology

Thyroid cancer is often described as a “clinical success story” because treatment outcomes are among the best in oncology. Treatment strategies depend on the type and stage of cancer but may include:

### 1. Surgery

The primary treatment for most thyroid cancers. Options include:

**Hemithyroidectomy** (removal of one lobe)

**Total thyroidectomy** (removal of the whole gland)

Modern surgical techniques minimize scarring, preserve voice nerves, and reduce recovery time. We offer intraoperative nerve monitoring which ensures protection of the nerves and voice preservation.

### 2. Radioactive Iodine (RAI) Scan and Therapy

Used after surgery in selected patients to destroy any remaining thyroid tissue or microscopic cancer cells. It is safe, targeted, and well tolerated.

### 3. Thyroid Hormone Therapy

Following thyroid removal, patients take thyroid hormone tablets lifelong. These replace natural hormone and also help suppress cancer recurrence.

### 4. Targeted Therapy & Immunotherapy

For advanced cancers, new targeted agents and immunotherapy have significantly improved survival and quality of life.

Today, the 20 year survival rate for most thyroid cancers in well differentiated thyroid cancers in the age group below 55yrs exceeds 95–98%, making early diagnosis even more valuable.

## Living Well After Treatment

Most individuals return to full, active lives after thyroid cancer treatment. Follow-ups include periodic blood tests, ultrasound scans, and, in some cases, thyroglobulin monitoring.

Lifestyle measures that support thyroid and overall health include:

- Adequate **iodine intake**
- Avoiding unnecessary radiation exposure
- Staying consistent with thyroid hormone medication
- Regular follow-ups with an endocrinologist or oncologist

Anxiety after a cancer diagnosis is natural, but timely counselling, support groups, and guidance from care teams can help patients and families navigate the journey confidently.

## The Takeaway

Thyroid cancer is highly treatable when detected early. Awareness of symptoms, regular health check-ups, and timely medical evaluation can make all the difference.

At PD Hinduja Hospital, Khar, our integrated endocrine-oncology services ensure patients receive comprehensive care - from early diagnosis to advanced treatments and survivorship support.

Empower yourself and your loved ones with knowledge, take prompt action for any neck swelling or persistent symptoms, and encourage routine check-ups. Awareness saves lives—and in the case of thyroid cancer, it leads to outstanding outcomes.



# COLON CANCER: IS IT PREVENTABLE?

## DR. BHAVNA PARIKH

Consultant - Medical Oncology

### Introduction:

Colon (Large intestine which includes colon and rectum) cancer is the sixth most common cancer in India and third most common cancer in the world as per 2022 GloboCan data. There were about 70,000 new cases of Colo-rectal malignancies in 2022 in our country. There is a gradual rise in number of this malignancy especially in urban population.

### Causes and risk factors:

This disease usually affects older adults but patients less than 50 years of age are increasing in recent years. Though the exact cause of this cancer is not known, there are some risk factors associated with this cancer. These are as follows:

- Polyps are non-cancerous growth in the intestine. These can be an incidental finding or there may be a family history of polyps in multiple family members. These polyps are considered precancerous hence their removal is necessary. If undetected, they can become cancerous.
- Chronic colonic conditions like Ulcerative colitis and Crohn's` disease make these patients prone to get malignancy.
- Family history: if one blood relative is diagnosed as having colon cancer, it increases the risk for other blood relatives.
- Dietary factors like low fibre and high fat diet are associated with increased risk. Red and processed meat are also considered high risk factor for the same!
- Obesity and sedentary life style
- Smoking and alcohol consumption

### Screening and early detection:

Though there are no specific screening tests for colon cancer, these are some of the tests which can be easily performed.

- Faecal occult blood test: Occult blood should be checked in three consecutive days samples of stool. If any of the samples is positive, further evaluation can be done.
- Per rectal examination once in a year by a surgeon
- Colonoscopy (Endoscopy of colon) is advised for selected people with history of polyp or colon cancer in the family member. It is the most accurate test as colon can be seen directly by the doctor. Colonoscopy is repeated once every 5-10 years depending on clinical scenario.

### Signs and symptoms:

- Change in the bowel habits like persistent loose motions or constipation
- Malena(blood in stool)
- Weight loss, tiredness
- Abdominal discomfort or bloating
- Low haemoglobin especially in males

### Diagnosis and staging:

- Colonoscopy with biopsy
- Detailed blood work up and tumour marker: Serum CEA
- CT scan of abdomen and pelvis
- While body FDG PET scan to know the extent of the disease (stage)

## Management of colorectal cancer:

Management of colorectal cancer involves a multidisciplinary team consisting of Surgical oncologist, Medical oncologist and Radiation oncologist (for rectal cancer).

- For early stage disease, definitive surgery is done. After the surgery, patient will be evaluated for the need for further chemotherapy and/or radiotherapy (for rectal cancer)
- For locally advanced stage, chemotherapy and/or radiotherapy (for rectal cancer) is planned. After response assessment to this treatment, surgery is carried out. Further chemotherapy can be advised based on the Medical oncologist's assessment.
- For advanced stage disease, various treatment options like chemotherapy, Targeted therapy and Immunotherapy are available. Medical Oncologist decides the line of treatment appropriately. For patients suitable for Immunotherapy, nonchemotherapy treatment can be planned. Targeted therapy like anti-EGFR agents or anti-VEGF agents can be combined with Chemotherapy if appropriate.

## KEY TAKE AWAY :

- Incidence of colon cancer is increasing in Indian population especially in urban population.
- Following life style modifications can help reduce the risk of colon cancer:

A] Incorporate fruit, vegetables, whole grain etc in daily diet. This will help increase fibre and antioxidant content.

B] Moderation in tobacco and alcohol consumption. If possible, to avoid them completely!

C] Maintain healthy weight and regular exercise.

D] Include stool occult blood test and rectal examination by a surgeon in your annual health check up plan.

**Do Not Take Your Health for granted!**



## Breast Scan in less than 4 secs\*

**Genius AI Mammography with 3D Tomo**

Early breast cancer detection. Timely action.

*\*4 seconds on the machine*

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# UNDERSTANDING OVARIAN CANCER: WHAT EVERYONE SHOULD KNOW



**DR. VIJAY PATIL**

Consultant - Medical Oncology



**DR. KRITIKA MEHROTRA**

Junior Consultant -  
Haemato-Oncology

## Why Awareness Matters

Ovarian cancer is one of the most common cancers affecting women, especially after the age of 45 years. In India, most women are diagnosed at an advanced stage because early symptoms are often ignored or mistaken for simple abdominal or urinary problems.

There is currently no reliable screening test for ovarian cancer, which makes awareness of symptoms and early referral by doctors extremely important.

## Common Symptoms

Ovarian cancer is sometimes called a “silent” disease because its symptoms develop slowly and are often vague. The following signs, if persistent for more than two to three weeks, should not be ignored:

- Constant bloating or an increase in abdominal size
- Pain or pressure in the lower abdomen or pelvis
- Loss of appetite or feeling full after small meals
- Frequent urination or urgency
- Fatigue or unexplained weight loss
- Change in bowel habits (constipation or diarrhea)

## Who Is at Risk

While ovarian cancer can affect any woman, certain factors increase the risk:

- Family history of ovarian, breast, or colon cancer
- BRCA1 or BRCA2 gene mutations
- Early onset of menstruation and late menopause
- Not having children or infertility
- Use of hormone replacement therapy for many years
- Obesity and a sedentary lifestyle

## Points Doctors Should Watch For

Doctors from any specialty can help in early diagnosis by being alert to these red flags:

- Post-menopausal woman with new or persistent abdominal symptoms
- Elevated CA-125 level without a clear benign cause
- Complex ovarian cysts with solid areas, septations, or papillary projections
- Unexplained ascites or pleural effusion
- Unexplained venous thrombosis in middle-aged women

## Diagnosis

Diagnosis is based on a combination of clinical findings, imaging (usually ultrasound or CT scan), and blood markers such as CA-125.

If suspicion remains, surgery is performed to confirm the diagnosis and remove as much of the visible tumor as possible. A pathologist examines the removed tissue to determine the cancer type and stage.

## Treatment Overview

Treatment depends on the stage of disease, general health, and patient preference.

- **Surgery:** The aim is complete removal of all visible tumor (cytoreductive surgery).
- **Chemotherapy:** Usually carboplatin + paclitaxel for six cycles.
- **Bevacizumab:** Helps block the tumor's blood supply.
- **PARP inhibitors (Olaparib/Niraparib):** Maintenance for BRCA/HRD-positive patients.
- **HIPEC (Hyperthermic Intraperitoneal Chemotherapy):** In selected patients, immediately after surgery.

## Latest Treatment Options Now Available

There have been several important updates in the management of ovarian cancer, and many of these advanced therapies are now offered at PD Hinduja Hospital & MRC. For eligible patients, particularly those with BRCA1/2- or HRD-positive tumors, PARP inhibitor-based maintenance with agents such as Olaparib or Niraparib is used to prolong remission and delay recurrence. Bevacizumab, an anti-angiogenic therapy, continues to play a key role in reducing microscopic disease and is used both alongside chemotherapy and as long-term maintenance.

For selected patients with advanced disease, we provide HIPEC (Hyperthermic Intraperitoneal Chemotherapy), performed at the time of surgery, to target residual cancer cells directly within the abdomen. We also offer comprehensive molecular profiling, allowing patients to access newer treatment pathways, including antibody-drug conjugates (ADCs) and immunotherapy-based approaches through appropriate clinical trial channels.

These advancements, combined with expert surgical care and multidisciplinary tumor board discussions, help ensure that each patient receives a personalized and evidence-based treatment plan that reflects the latest progress in ovarian cancer management.

## Life After Treatment

Follow-up is essential after completing treatment. Visits are usually scheduled every 3–6 months in the first few years, with periodic CA-125 testing and imaging if required.

Common post-treatment concerns include fatigue, menopausal symptoms, bone health, and anxiety. Regular exercise, a balanced diet, and emotional support help in recovery.

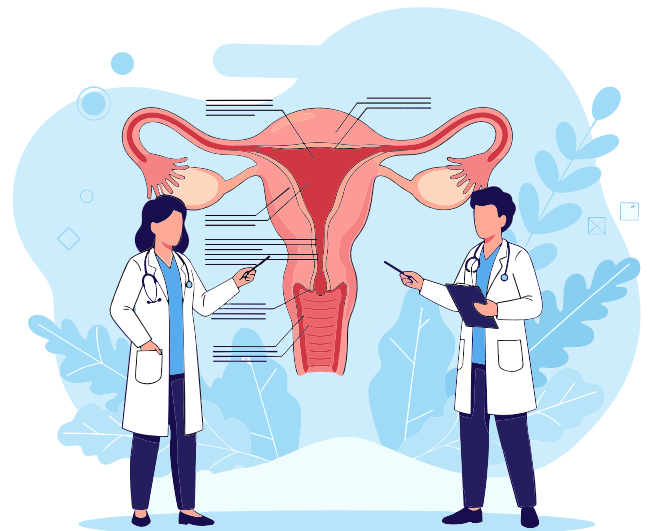
## When to Seek Medical Help

You should see your doctor if you notice:

- Continuous bloating or abdominal fullness
- Unexplained abdominal or pelvic pain
- Sudden increase in abdominal girth or fluid accumulation
- Loss of appetite or weight without trying
- New swelling of legs or breathlessness

## Key Takeaways

- Ovarian cancer often presents late but can be treated effectively when detected early.
- There is no routine screening, so being alert to symptoms is crucial.
- Women with a family history should seek genetic counseling.
- Multidisciplinary care at a specialized center improves survival and quality of life.





## DR. AMIT JAIN

Consultant - Paediatric  
Haemato-Oncology

# A Multidisciplinary Success Story: High-Dose Thiotepe- Melphalan and Autologous Transplant in Relapsed Medulloblastoma

## Patient Background

A 12-year-old boy was first diagnosed with medulloblastoma, a type of brain tumor, in November 2023. He underwent major brain surgery to remove the tumor, followed by radiation and chemotherapy, completing treatment in November 2024. After remaining well for about three months, he again developed headaches and unsteadiness while walking. A follow-up MRI showed tumor relapse in the same brain area.

## Evaluation and Planning

The relapse was limited to the brain, without spinal cord spread. Genetic testing revealed the Sonic Hedgehog (SHH) subtype at the time of diagnosis. A targeted drug (SMO inhibitor) was started, but the tumor continued to grow. The multidisciplinary team decided to proceed with intensive chemotherapy followed by an autologous stem cell transplant.

## Challenges Faced

- Early relapse within three months of completing standard therapy
- Resistance to targeted treatment
- Requirement for very high-dose chemotherapy with severe side effects
- Need for ICU monitoring and blood transfusion support

## Treatment Approach

**Step 1:** Stem Cell Collection – The patient's stem cells were collected from blood and cryopreserved for later reinfusion.

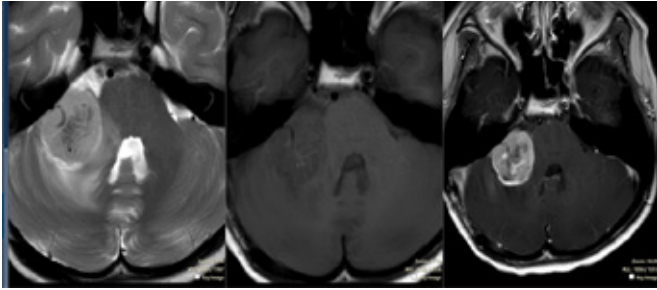
**Step 2:** Salvage Chemotherapy – Three cycles of ICE (Ifosfamide, Carboplatin, and Etoposide) were given, achieving an 85% tumor reduction.

**Step 3:** High-Dose Chemotherapy and Autologous Stem Cell Transplant – A brain-penetrating combination of Thiotepe (800 mg/m<sup>2</sup>) and Melphalan (210 mg/m<sup>2</sup>) was administered, followed by stem cell

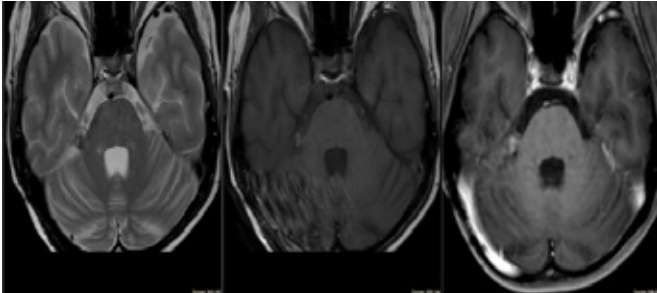
## Hospital Course and Recovery

Post-treatment, he developed severe mucositis, treated with IV nutrition and mouth care. He also had sepsis due to drug-resistant *Klebsiella* requiring ICU care, and rotavirus-associated bloody diarrhea managed conservatively. White cell recovery occurred by Day 11, mucositis resolved soon after, and he was discharged on Day 20 infection-free. Platelet recovery was achieved by Day 30. Follow-up MRI at Day 45 showed no evidence of disease.

At the time of relapse



Post ASCT



## Outcome and Significance

This case demonstrates that even relapsed, drug-resistant brain tumors can be successfully treated using a Thiotepa–Melphalan-based high-dose regimen in a well-equipped setup. Comprehensive supportive care, including ICU and transfusion services, and strong teamwork among specialists were key to success. Children with relapsed brain tumors can achieve long-term remission with such advanced multidisciplinary management.

## Key Takeaways

Thiotepa–Melphalan is an effective high-dose chemotherapy for relapsed brain tumors

- Intensive care and infection control are critical during recovery
- Coordination between oncology, ICU, and transfusion teams ensures safety
- With advanced treatment and teamwork, long-term remission is achievable

## Team Involved

### **Dr. Amit Jain**

Pediatric Hematologist, Oncologist & BMT Physician

### **Dr. Vijay Patil**

Medical Oncologist & Head, Cellular & Gene Therapy Unit

### **Dr. Soumya Renji / Dr. Tanya Varghese**

Pediatric Intensivists

### **Dr. Anand Deshpande / Dr. Rajeshwari Basavanna**

Transfusion Medicine Specialists

## A Message of Hope

This case stands as a reminder that relapse is not the end. With modern medicine, expert care, and determination, even complex pediatric brain tumors can be overcome. Every child deserves a second chance - and with the right team and resources, recovery is possible.

What our patients say about us?

## TESTIMONIALS:

My mother (cancer patient) F-86 was admitted under Dr Vijay Patil. Efficient guidance and cooperation of Senior Dr, his team, sisters and staff is really appreciable.

**-Ritesh Kandhari**

Have just been discharged from Hinduja Khar after an emergency surgery .

There is always a comfort when it's Dr Jaydeep Palep and his team, and i know my health and body is in the best hands but I want to make a special mention for the Nursing team and housekeeping Staff of Hinduja Khar. These ladies have made me feel at home , weather it was the pain , discomfort of making sure the meds and lvs go with minimal pain, they have been so so so sweet and comforting . They look after the patient like their own not like it's their job unlike many other hospitals I have seen . . I am so happy I was asked to come here and not go anywhere else ... Thank you to the entire team. ❤️

**-Aarti Ranadive**

Very efficient and good hospital. Very caring staff. Specially grateful to PCA Babita Phase for her prompt care. I was admitted for surgery and had the best treatment.

**-Joylyn Rapose**

My mother underwent surgery here, and from the very beginning we felt supported and reassured. The care wasn't just professional — it was genuinely kind. Every interaction came with calm hands, patient explanations, and a sense that she was truly being looked after, not just treated.

A heartfelt thank you to Dr. Dale Rodrigues for the steady confidence, and calm reassurance that made all the difference and to the entire nursing team on 1st floor specially Akshata and Neha for their gentleness, empathy, and constant support throughout the treatment.

Deeply grateful for the compassion, professionalism, and warmth that carried our family through a difficult time.

**-Kavya Suvarna**

What our patients say about us?

## TESTIMONIALS:

We are extremely grateful to the maternity team - doctors, nurses, and support staff - at PD Hinduja Hospital, Khar for the outstanding care they provided to our premature twin babies. Your skill, patience, and compassion during such a critical time meant everything to us and our family.

A special thank you to Marina, Pranali, Drisya, Kavita, Komal, Sayali, Pooja, Shreya, Reema, Vedanti, Deepali, Shweta NICU nurses and Maushis – you truly are angels in scrubs. Your dedication, warmth, and tireless support gave us strength and confidence when we needed it most.

Thank you for giving our twins the best possible start in life. We will forever be grateful. ❤️

**-Divisha Jain**

I would like to express my heartfelt gratitude to PD Hinduja Hospital, Khar for the excellent care and support provided during my grandmother's admission. From the medical team to the support staff, everyone was compassionate, professional, and attentive throughout her treatment.

A special thanks to Mr. Russel and the Customer Care team for their exceptional assistance, prompt coordination, and constant support, which truly made a difficult time much easier for our family. Their empathy and dedication went above and beyond.

Thank you to the entire team at PD Hinduja Hospital for the outstanding service and care. Highly recommended.

**-Rajrushil Sahni**

## Leading the Future of Neuro Care



**Standing Row (First):** Dr. Milind Sankhe (Consultant - Neurosurgeon); Dr. Roop Gursahani (Head - Neurology & Consultant - Neurology); Dr. B. K. Misra (Head of Department - Surgery & Head - Neurosurgery & Gamma Knife); Dr. Vrajesh Udani (Consultant - Paediatric Neurologist); Dr. Charulata Sankhla (Consultant - Neurophysician); Dr. Ketan Desai (Consultant - Neurosurgeon).

**Standing Row (Second):** Dr. Darshan Doshi (Consultant - Neurology & Stroke Expert); Dr. Neelu Desai (Consultant - Paediatric Neurology); Dr. Guruprasad Chandrashekar (Consultant - Neurovascular Intervention); Dr. Kaustubh Mahajan (Consultant - Neurology); Dr. Anshu Warade (Consultant - Neurosurgery); Dr. Megha Dhamne (Consultant - Neurology & Neuromuscular Medicine); Dr. Abhijit Warade (Consultant - Neurosurgery & Neurointervention); Dr. Pandurang Reddy M. (Consultant - Neurosurgery & Neurointervention); Dr. Nitin Menon (Consultant - Neurological Rehabilitation); Dr. Uday Limaye (Consultant - Interventional Neuroradiology).

### Why Choose P. D. Hinduja Hospital for Neuro Care?

- Premier referral centre for brain tumour and cerebrovascular surgeries, including skull base surgery, acoustic neuroma surgery, pituitary surgery, and peripheral nerve surgery.
- Rapid, comprehensive care for stroke and aneurysm. Global standards for thrombolysis and endovascular therapy.
- Specialized care for Parkinson's disease, movement disorders, Alzheimer's, dementia, GBS, other neuroinfections, and deep brain stimulation (DBS) surgeries.
- Specialized paediatric neurology section for conditions like epilepsy, autism, cerebral palsy, and other child-related neurological issues.
- Specialty clinics for Myasthenia Gravis and Spinal Muscular Atrophy (SMA).
- First in Southeast Asia to have Gamma Knife, the world's most advanced technology for incision-free and non-invasive brain surgeries.
- First in India to perform awake craniotomy for epilepsy.
- Latest bi-plane cathlab, enabling endovascular treatment of complex aneurysms/AVMs with safer and faster stroke interventions.
- 3T MRI and CT neuro-navigation for accurate diagnosis and surgical guidance; microsurgical & endoscopic suites for skull base and spinal surgeries.
- Rehabilitation centre with advanced technology solutions for enhanced recovery from disabling neurological disorders.

**70** years of  
**Healthcare  
Excellence**



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# Cancer Prevention Crossword



## ACROSS

2. A test that helps find cancer early.
3. A self-check women should do for breast health.
4. This habit should be avoided to reduce cancer risk.
7. A doctor visit for regular health checks.

## DOWN

1. Daily movement keeps your body strong and healthy.
2. A green vegetable that helps protect your body.
5. Too much of this increases cancer risk.
6. Eating these keeps your cells healthy.

**Use the clues to fill in the words above.**

Words can go across or down.

Letters are shared when the words intersect.





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