

ONCOinsight

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**Expanding
horizons of
cancer care**

CANCER is a word that used to be and still remains a nightmare in the present time & is progressing to become a national health issue beyond being a mere disease.

This newsletter delves in to the conscious efforts to overcome this illness right from the clinical side to the community at large.



M | O | C

Cancer Care &
Research Centre

**Pledge for a
better tomorrow**

Shortfalls in early diagnosis and treatment facilities in India

Despite the high degree of scientific progress and an extraordinary transformation in the way cancers are diagnosed and treated globally, many patients in India, especially middle-class; down to the bottom of the pyramid are deprived a privilege to access it for their good. Challenges can be broadly classified into 3 types.

» Accessibility:

State-of-the-art facilities are not available in their vicinity or within the distance of convenient reach.

» Availability:

Highly qualified human resources like experienced oncologists and trained paramedics are not available in the vicinity. Sometimes they are available but for limited hours on specific days only.

» Affordability:

Majority of the patients cannot afford recurrent and catastrophic cost of cancer treatment. Some of them attempt treatment and suffer chronic financial drain that affects their lives financially



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Emergence of innovative ideas with a personalised touch to help close the care gap

With a disparity in political, economic and infrastructural conditions in various countries, the standard of cancer care delivery varies and it is unlikely that all patients shall receive the best care, as recommended by international guidelines. In India, the situation is not different because of the diverse demographic, geographical as well as economic conditions. The lack of health literacy in India adds another layer of complexity to the whole situation. Health literacy can be defined in both the senses, that is disease awareness and health insurance.

Cancer patients in India are primarily dependent on 2 facilities which are either subsidized hence cost comforting but subjects them to struggle for treatment in the long run; or those facilities which offer most advanced care and drain them financially. Most of these facilities are primarily available in metro cities of India where patients from small towns and villages of India travel for the treatment. This system leaves behind a definite CARE GAP which can only be fulfilled by those who can bring the world class cancer care, in their vicinity and in the cost that they can afford.

M | O | C Cancer Care & Research Centre, which is emerging as the largest chain of cancer daycares in India; began with a vision to close this care gap and offer a rescue to some if not all cancer patients, who suffer in silence. As an organization, we began in 2017 and has built 16 state-of-the-art cancer treatment facilities, over 50 channel partners and a team of 18 highly qualified and experienced cancer physicians so far, offering world class care to cancer patients at various locations of Maharashtra and Madhya Pradesh in last 5 years.

The very model of M | O | C Cancer Care & Research Centre is made decentralized and asset light to achieve accessibility, availability and affordability in cancer care without compromising safety of patients. M | O | C has treated over 1,00,000 cancer patients so far, especially those who were financially drained due to ongoing treatment, those who decided not to opt for treatment due to total cost burden and those who understand the implications of long-standing treatment and wish to preserve their financial and otherwise resources for future treatments and rehabilitation of patients.

We at M | O | C are on a mission to reach as many cities as possible across India, with our world class cancer daycares so that a greater number of patients can benefit.





Case Discussion

A 61/Male underwent evaluation for Hematuria in June 2019

■ **Diagnosis:** Renal cell carcinoma

- PET CT done in June, 2019 revealed FDG- avid exophytic large soft tissue mass in upper & mid pole of left kidney

■ **Treatment on diagnosis in July, 2019**

- Radical Nephrectomy
- Histopathology revealed clear cell renal cell carcinoma of left kidney with clear resection margins .
- Disease free interval until March, 2021

■ **Treatment post recurrence in 2021 with metastasis to lung**

- Biopsy from the lung in April, 2021 revealed Metastatic clear cell renal cell carcinoma
- Treatment with 6 cycles of Nivolumab & Ipilimumab, received between April 2021 to August 2021 .
- Response to treatment Stable disease
- Patient continued with Nivolumab maintenance till November 2023 with stable disease response

Emergence of Immunotherapy – A boon in treatment of Renal Cell Carcinoma

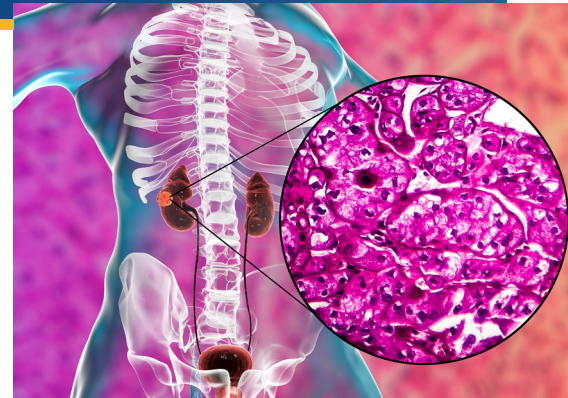
Patients with RCC usually show a promising prognosis after surgical treatment, but postoperative recurrence and metastasis were still found in 30% to 50% of patients. The prognosis of metastatic ccRCC is poor, with a median survival of about 13 months and 5-year survival under 10%.

RCC is a highly immunogenic malignancy with significant upregulation of PD-1 or PD-L1 expression in about 30% of RCC tissues.

One agent has shown an improvement in overall survival (OS) underscoring the need for novel treatment options that provide durable responses, improved OS for a broad range of patients, and a more manageable safety profile. Newer agents such as immune checkpoint inhibitors like Nivolumab (provide a unique mechanism of action vs currently approved targeted therapies for mRCC).

Studies show that sustained reductions in tumor burden or stabilization in the size of target lesions is possible with continued nivolumab treatment following initial disease progression in mRCC.

The above scientific evidence has been taken into consideration for numerous patients at M | O | C and it has been seen that Immunotherapy has emerged as a winner in achieving good quality and longevity of life.



Clinical Research wing at M | O | C

The Nivolumab maintenance has been continued under the expert research wing at M | O | C which has helped the patient with effective treatment & avoidance of financial drainage.

M | O | C Cancer Care & Research Centre is proud to have a dedicated clinical research wing which intends to undertake prospective / intervention based / observational clinical trials as well as retrospective trials to bring about well-planned research and analysis to see if Indian trends and data set match with western literature available today or differ peculiarly. Objective is to deliver the best intervention suitable to every patient who walks in to M | O | C Cancer Care & Research Centre for treatment and improve patient outcomes. Moreover, generated data will add to common reference for all cancer treating physicians and centers in India for their reference.

Overrated Beliefs:

The Warburg effect is the long-standing observation that cancer cells predominantly produce energy not through the citric acid cycle and oxidative phosphorylation in mitochondria as in non-cancerous cells, but through less efficient aerobic glycolysis (using only glucose). In the 1920s, Otto Warburg suggested a metabolic switch to glycolysis might drive cancer. Subsequent investigations however, have shown that this switch in mechanism stems from the very mutations that give rise to cancer - essentially, **the Warburg effect is a consequence of cancer rather than a cause**. While the precise biophysical origin of the effect remains unclear, the effect and its consequences lie at the heart of dietary misconceptions



Cancer & Nutrition

The promotion of so-called cancer beating diets has become especially prominent on social media in recent years, claiming that one can starve or feed their cancers, or that alkaline foods can neutralize cancers, have huge viewerships on various social media platforms.

Myths & Facts of the food items feeding cancer:

A lot of misconceptions have led to a flurry of claims about foodstuffs supposedly feeding cancer.



Sugar & Cancer

Sugar feeds all cells in the body, including cancer cells. Even when carbohydrates or sugar are not available, your body will make sugar from other sources, like protein or fat, to ensure your body and brain can function properly. So eliminating sugar in the diet is not only challenging, but will not completely

eliminate it from our body. The most important thing is to limit sugar to prevent weight gain which increases cancer risk. Focus on avoiding added sugars and choosing quality carbohydrates from whole food, plant-based sources. To stay healthy, your body needs foods that provide energy. Carbohydrate food sources should take up no more than one-quarter of your plate.

Keto Diet & Intermittent Fasting

Another claim that is very popular is that one can reverse cancer by starving a tumor. Again, these claims typically want to highlight that diets eliminating offending foodstuffs will prevent cancer. One especially common variant is the ketogenic diet for cancer, pivoting on the assumption that forced physiological ketosis (a normal response to low glucose availability brought on by fasting or low carbohydrate diets) avoids feeding the cancer. A related source of confusion is the confounding influence of obesity and its associated increased risk of cancer: however, the mechanisms for this are well known.



Does Alkaline Diet Prevent Cancer?

The alkaline diet is again one of the most popular so-called anti-cancer diets. Proponents of the diet believe that an acidic diet encourages cancer formation, and that an alkaline diet is therefore the solution. Some

people avoid highly acidic foods due to the belief that cancer thrives in acidic environments and cannot grow in alkaline environments. Since our blood is slightly alkaline, some people believe that we should eat only alkaline foods. There is no evidence to support that avoiding acidic foods and eating only alkaline foods can change our body's overall pH level. In fact, our kidneys and lungs tightly regulate our body's pH level.

Conclusion

It is important to note that embracing these dubious extrapolations is frequently harmful for people with cancer, particularly those with lower health literacy. Apart from cachexia frequently associated with cancer, anticancer treatment itself can lead to appetite and bodyweight fluctuations. Resultant weight loss is detrimental for patients and maintaining a balanced and regular diet is crucial in managing side-effects. Restrictive diets for patients can be extremely dangerous and ill-advisable without the supervision and guidance of an oncology dietician.

Every patient with cancer needs to be given evidence-based information regarding diet and supplements following a cancer diagnosis to prevent more harm being caused.

M | O | C Onco Nutrition

At M | O | C Cancer Care and Research Center, we have a specialized Onco-nutrition wing with qualified nutritionists on board who help patients to tweak their pre-existing diet in such a way so as to not lose out on the essential nutrients and also enjoy effective healthy eating habits based on scientific approaches.



8th Association of Maharashtra Medical Oncologists Conference

- M | O | C hosted 8th AMMO conference at Kolhapur
- Hosted under the expert guidance of M | O | C's experienced oncologists Dr. Akshay Shivchand and Dr. Chandrashekhar Pethe.
- 2-day conference highlighting the latest multidisciplinary advances in the field of Oncology with an esteemed group of oncologists from across the country.
- The role of precision oncology was the highlight of the conference as this segment is least explored, especially in tier 3 cities.

M | O | C Academia

We at M | O | C believe that being updated with newer advancements in treatments is a very vital part of institutional upgradation.

The scientific program for the Conference included topics coming under the broad heading of advancements in the treatments for cancers of lung, uterine, breast and prostate & other solid organs. It also included hemato-oncological topics like Multiple Myeloma, Leukemias & Lymphomas.

8th AMMO 2023 was hosted at Kolhapur to reach out & attract the audience in tier 3 cities to understand treatment trends and difficulties in those geographies & settings.

M | O | C

Cancer Care &
Research Centre

A proud chain of Cancer Care Centres to have touched lives of over **1.25 Lakh cancer patients.**

- The **largest chain** of cancer care centres in Maharashtra & Madhya Pradesh.
- Treatment facilities available at **17 locations.**
- Complete hospital registration with **Semi-ICU** setup at all centres.
- Team of highly **qualified** medical oncologists.
- Rapidly **expanding** operations in India.
- Over **30,000** chemotherapies every year.

M | O | C Cancer Care & Research Centre

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