Sir Ganga Ram Hospital

newsletter

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20th Sir Ganga Ram Oration

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20th Sir Ganga Ram Oration

"Artificial Intelligence in Healthcare"

From left to right: Dr Jayashree Sood, Dr Ajay Swaroop, Dr (Prof) D. Nageshwar Reddy, Dr D.S. Rana, Dr A.K. Bhalla

The 20th Sir Ganga Ram Oration on 'Artificial Intelligence in Healthcare' was delivered by Dr (Prof) D. Nageshwar Reddy, Chairman and Chief of Gastroenterology, Asian Institute of Gastroenterology and AIG Hospitals, Hyderabad, India.

Dr Ajay Swaroop, Chairman, Board of Management, SGRH welcomed the distinguished guests to the 20th Sir Ganga Ram Oration. He said that Sir Ganga Ram ji, a great visionary and philanthropist, was the founder of SGRH. Sir Ganga Ram ji was an engineer, agriculturist and a creator. He built some of the most prestigious buildings of Lahore but above all he had compassion and charity at heart. Over the years, SGRH continues to preserve his legacy of service to all by providing quality healthcare to all segments of society.

Sir Ganga Ram Oration is a symbol of our recognition to knowledge and continued development. In the past, a wide array of luminaries, such as Dr A.P.J. Abdul Kalam, former Hon'ble President of India; Dr D.Y. Chandrachud, former Chief Justice of India and many others, have delivered the oration covering a range of topics including medicine, law, research and public health. Dr Swaroop said that we are fortunate to have a young, dynamic medical professional – Dr Nageshwar Reddy – to deliver the 20th Sir Ganga Ram Oration.

Dr Reddy is the Chairman of Asian Institute of Gastroenterology and AIG Hospitals, Hyderabad and Past President of World Endoscopy Organization. Dr Swaroop emphasized that Dr Reddy holds the unique distinction of being conferred all three highest civilian awards by the Government of India. He was conferred Padma Shri in 2002, Padma Bhushan in 2016, and Padma Vibhushan in 2025.

Dr Swaroop also extended a very warm welcome to Dr Nageshwar Reddy's wife Mrs Caron Ann Reddy.

Dr D. Nageshwar Reddy began by acknowledging the opportunity to address an audience at Sir Ganga Ram Hospital and shared a personal journey of transformation regarding artificial intelligence (AI) in healthcare. Initially, he was skeptical about AI, believing that patient care relied on human intelligence, empathy and proper diagnosis. However, over the past year, his perspective has changed dramatically, and he now advocates for AI's potential in medicine.

He admitted he is not an AI expert but has come to appreciate

Dr (Prof) D. Nageshwar Reddy is Chairman and Chief of Gastroenterology, Asian Institute of Gastroenterology and AIG Hospitals, Hyderabad, India. He is Past President of World Endoscopy Organization. He graduated from Kurnool Medical College and obtained Masters in Internal Medicine from Madras Medical College and DM in Gastroenterology from PGIMER, Chandigarh. He worked as a Professor of Gastroenterology in Andhra Pradesh Health Sciences before setting up the Asian Institute of Gastroenterology, a tertiary care Gastro Intestinal Specialties Hospital.

Dr Reddy's main area of interest in research has been GI Endoscopy, particularly therapeutic pancreaticobiliary endoscopy and innovations in transgastric endoscopic surgery. He has published over 1085 peer-reviewed research papers and has contributed to more than 50 GI textbooks. He is the only endoscopist in the world who has received five ASGE (American Society of Gastrointestinal Endoscopy) Crystal Awards. He is on the editorial board of *Gastrointestinal Endoscopy, Digestive Endoscopy, World Journal of Gastroenterology, World Gastroenterology News, Gastroenterology Today, Recent Patents on Medical Imaging,* and *Gastro-Hep.com*.

He has been a visiting faculty for over 200 international endoscopy workshops and a forum member of the Asian Endoscopy Masters Forum. Dr Reddy received Dr BC Roy Award from the Medical Council of India in 1995. He was conferred the Padma Shri Award by the Government of India in 2002, Padma Bhushan in 2016 and Padma Vibhushan in 2025. He was elected as an honorary member of the American Society of Gastrointestinal Endoscopy in 2004; Fellow of the National Academy of Medical Sciences, New Delhi in 2001; Fellow of the Philippines Society of Gastroenterology in 2001; Fellow of the Royal College of Physicians of Ireland in 2003; and is a recipient of Honorary Doctor in Sciences (DSc) from Nagarjuna University in 2005.

Among his numerous awards, he was also given the Rudolf Schindler award for Gastrointestinal Endoscopy (American Society of Gastrointestinal Endoscopy) 2021 (only two non-Americans have ever received this award). He was awarded the WEO Lifetime Achievement award 2022 as well as the Johns Hopkins University's Prestigious 'Captain's Chair' 2024. He is the inventor of 'Nagi Stent'. It is to his credit that AIG Hospital is the first healthcare facility in India to become a Member of the Mayo Clinic Care Network.

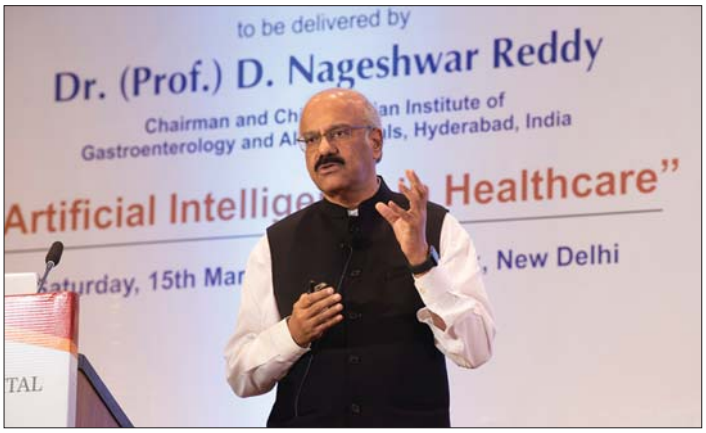
— This citation was read by Dr Jayashree Sood, Vice-Chairperson, Board of Management, SGRH

tools like ChatGPT and their role in healthcare. He humorously recounted using ChatGPT to help structure his lecture on AI's applications, including technology, natural language processing (NLP), ethical considerations, challenges, and the future of AI in healthcare.

He said that traditionally, medicine has been centred on human intelligence, clinical examination, and empathy. He emphasized that AI offers an opportunity to enhance patient care rather than replace it. He reflected on how AI, particularly machine learning, has evolved since its origins in the 1950s, with Alan Turing's work during World War II being one of the earliest instances of AI usage.

Dr Reddy explored AI's potential in healthcare, including NLP for medical records, predictive analytics for patient care, and diagnostic support. He also highlighted challenges like data privacy, algorithmic bias and transparency, urging caution and collaboration between healthcare professionals and AI developers. While AI presents exciting possibilities, there is the need for ethical oversight and careful integration into healthcare to enhance the doctor–patient relationship. AI, when used responsibly, can significantly improve patient outcomes.

He cited a paper published in *Nature* in 2017. In New York, a patient came with a lesion in the skin. Top 25 dermatologists were asked to see this patient and make a diagnosis. Each of them gave different diagnoses. The computer version of AI was used for this, which said the patient had dermal amyloidosis. Dr Reddy said that



Dr (Prof) D. Nageshwar Reddy

the field of dermatology is going to slowly disappear because of AI.

He gave the example of wearing mobile devices, smart watches, smartphones and so on where AI is playing a role because it can interconnect all the devices. 'I have a smartphone. I also have two other devices attached to me, which are measuring all my health parameters. The data is being gathered continuously and I can analyse this in 3 months or 6 months. I will know what is going to happen to my health – this is predictive health.' This is going to dramatically change how we look at disease and the very definition of a healthy person.

Dr Reddy said that we are doing a joint project with the National University of Singapore where your health can be predicted based

Dr (Prof) D. Nageshwar Reddy receiving the citation from Dr D.S. Rana

upon certain parameters. I think AI for individual health will bring about lifestyle changes. I showed you we can monitor everything; it can tell us how much to eat the next day; how much exercise you can do on a particular day and so on. Sleep has become a very important part.

In India, AI can make a dramatic contribution in pharmacy because drug development algorithms are made in small labs. However, there are issues of ethics and regulation. We don't have regulatory mechanisms and this is a problem which countries are facing right now. A famous radiologist said the way radiology is developing in AI, radiologists will become obsolete; but that is not happening.

The Government of India has identified three important areas for AI – agriculture, education and health. First health, there are several possibilities of using AI to cut the treatment time, help in better disease diagnosis, reduce unnecessary hospital visits. Hospital efficiency is increased by 40% to 50% if AI is used. We actually started a Department of Artificial Intelligence in a hospital employing about 40 engineers from Google, Microsoft and so on. I discovered that the salary of these engineers is much higher than the average salary for doctors; so they are very expensive. Secondly, the amount of electricity these AI machines consume is huge – 10 times more than what CT or MRI consumes; so power efficiency cost will go up. I think one of the advantages we have in our country is a large amount of data, which is gold and so many AI health companies all over the world contact us to collaborate. AI is going to be the main economic driver. Using the Neuralink AI system of Elon Musk, three patients have been treated, though there are some issues. For AI, you require people who are intelligent, you do not require large amount of money to put in and we have that. We have extraordinary engineers, doctors and youngsters who can come together in India, especially for AI in healthcare. The Government of India has come out with a mission plan to create AI most of which is in health.

The doctor who knows AI is going to be better than or replace the doctor who doesn't know. Remember that you have to be a knowledgeable person in future. We have the mindset to become leaders in artificial intelligence in healthcare mainly because we have the data. We have very many very intelligent doctors and engineers and I see a future which is very bright for our country.

Dr A.K. Bhalla, Secretary, BoM, proposed a vote of thanks. He extended his heartfelt gratitude to Dr (Prof) D. Nageshwar Reddy for his enlightening and thought-provoking oration, which held the audience spell bound. He thanked all members of the Trust Society, Board of Management, consultants, administrative staff, nursing staff and invited guests for sparing time to attend the oration. He also thanked the members of the press and digital media for covering the function and highlighting achievements and the charitable work of SGRH.

Research Day 2025

The Department of Biotechnology and Research celebrated the fifth 'Research Day' at SGRH on 24 and 25 February 2025, which coincided with the week of 'Science Day'. The last week of February is celebrated as 'Science Day' commemorating the 'Raman Effect', discovered by Dr C.V. Raman on 28 February 1928 for which he was awarded the Nobel Prize in Physics in 1930.

This year, the keynote lecture 'Gut microbiome and probiotics/ symbiotic therapy to prevent infectious complications in critically ill patients' was delivered by Dr Kentaro Shimizu, Associate Professor, Osaka University Hospital, Japan, and the Oration 'I think therefore I am...' was delivered by Dr Sudeep Gupta, Director, Tata Memorial Centre, Mumbai and Professor, Medical Oncology, Tata Memorial Hospital. The two-day celebrations were presided over by Dr D.S. Rana (Chairman, Trust Society), Dr Ajay Swaroop (Chairman, Board of Management), Dr Jayashree Sood (Vice-Chairperson, Board of

Management), Dr A.K. Bhalla (Honorary Secretary, Board of Management) and Professor N.K. Ganguly (Chairperson, Department of Biotechnology and Research). This year more than 150 posters, comprising both clinical and basic science research were presented.

Complete Response with Dual Targeting Drugs in NSCLC

Globally, lung cancer is the most common cancer and the primary cause of cancer-related mortality.[1] In India, 100,000 new cases of lung cancer are diagnosed every year. This makes up about 12.4% of all cancer cases and 18.7% of cancer-related deaths.[2] Approximately, 80% of patients with lung cancer are smokers.[2] Lung cancer epidemiology in India has evolved from being dominated by histological types strongly associated with tobacco smoking (squamous and small cell) to an era wherein adenocarcinoma is now the dominant histological type.

The Case

We present the case of a 32-year-old male who came to the hospital in September 2023 with complaints of haemoptysis and cough for past 2 months, shortness of breath and myalgias for past 15 days. Upon examination, he had pallor, there was no icterus, cyanosis, clubbing, or oedema. There was no lymphadenopathy, and vital signs were within normal limits. Respiratory examination revealed decreased breath sounds over the left lower lobe and rest of the systemic examination was normal.

There was anaemia and hypo-albuminaemia in haematological parameters and rest of the biochemical parameters were in the normal range. Chest X-ray revealed a mass in left hilar region along with moderate left pleural effusion. Respiratory medicine consult was taken and whole body FDG PET CT scan was planned. PET CT scan (Fig. 1) showed a consolidative mass lesion in the left hilar and infra hilar regions, encasing and obliterating the left lower lobe bronchus, likely representing the primary mitotic pathology with loculated moderate left pleural effusion with irregular nodular left pleural thickening with multiple FDG avid left pleural deposits with

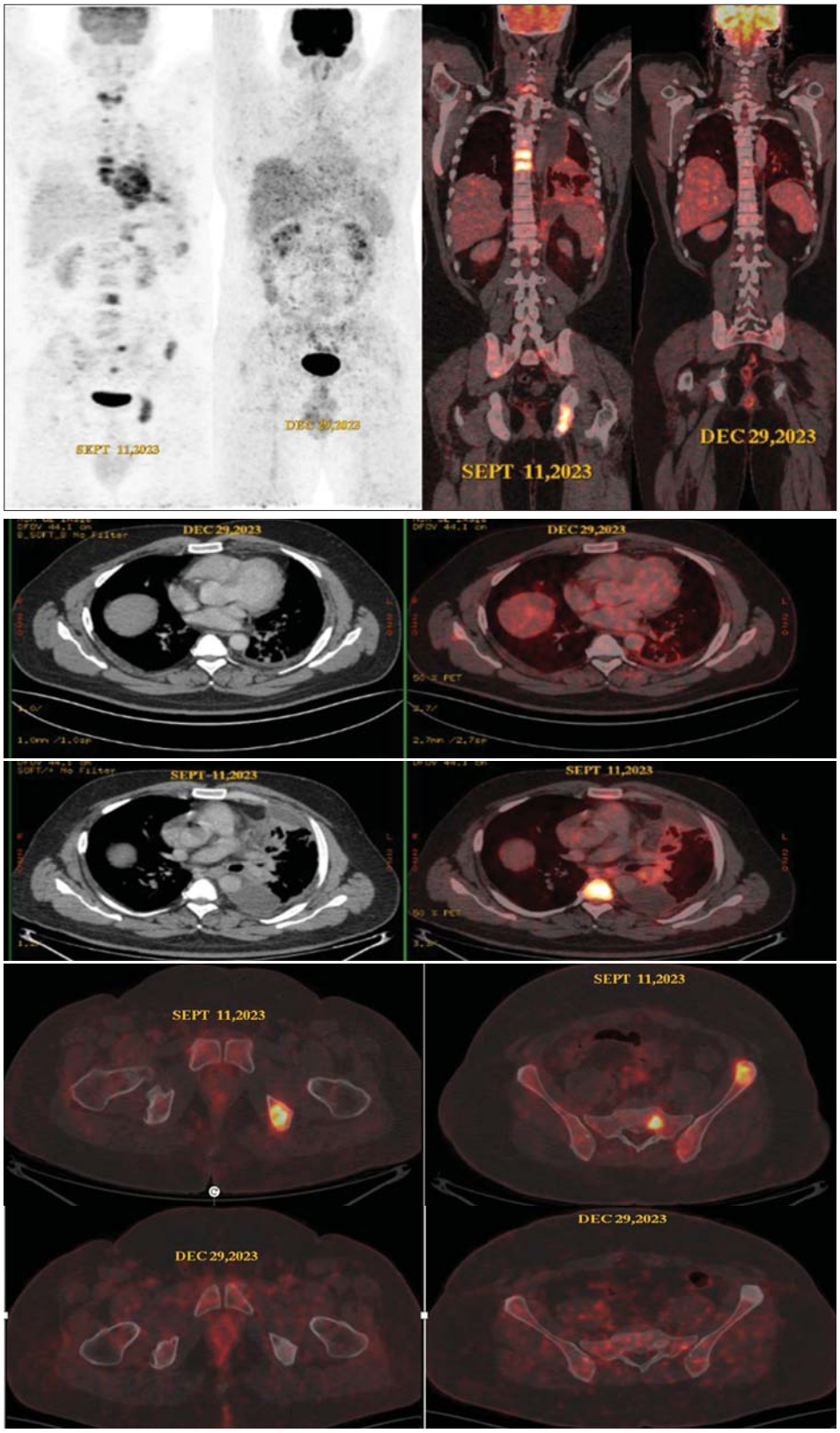


Fig. 1

Fig. 3

inhomogeneous FDG uptake in the collapsed lung with multiple FDG avid mediastinal lymph nodes with multiple FDG avid skeletal lesions, likely metastatic. EBUS TBNA was done and sample from subcarinal lymph node and left lower lobe mass was taken, which was positive for napsin A and TTF-1 on IHC (immunohistochemistry), findings were compatible with adenocarcinoma lung. As part of staging workup MRI brain with contrast was done, which revealed evidence of multiple dural and parenchymal lesions (Fig. 2). Therefore, the final diagnosis was stage IV metastatic adenocarcinoma of the lung with metastases to multiple bones, CNS and the liver. The patient was asymptomatic for the above-mentioned brain lesions. Next-generation sequencing (NGS) on biopsy block was sent for analysis.

Treatment

Since the patient had stage IV disease, the following treatment options were discussed: chemotherapy alone or targeted therapy or chemotherapy combined with immunotherapy, as well as radiosurgery to brain space-occupying lesions (SOLs). Since the patient was symptomatic, he was started on chemotherapy; he received injection pemetrexed 800 mg, injection carboplatin 600 mg, and injection DENOSUMAB while the NGS report was awaited. Radiotherapy to brain was withheld intentionally till the availability of NGS report in view of long-term toxicity in young patients and he was symptomatic. Post-chemotherapy, over the next 2 weeks his symptoms started to resolve.

NGS was received after 2 weeks and revealed EGFR exon 19 deletion (VAF 7%) and BRAF Val640glu (VAF 18.2%) mutations. Based on these results, we initiated treatment with anti-EGFR (osimertinib) and MEK inhibitors (trametinib), obtained consent regarding treatment-related adverse events, and stopped chemotherapy. We also informed

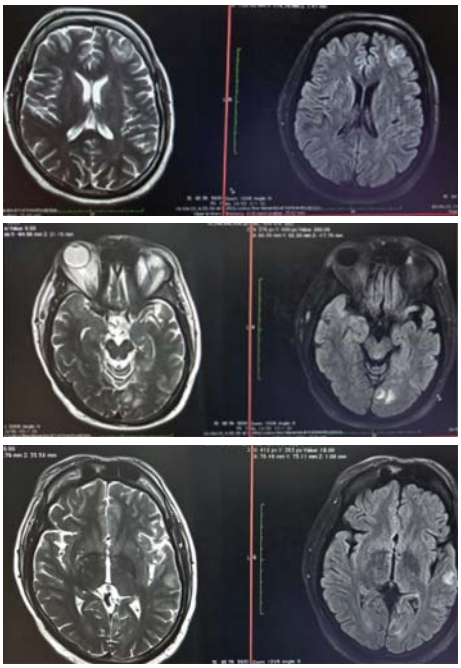


Fig. 2. Pre-treatment MRI brain with contrast

the family members about the off-label use of dual blockade inhibition.

Clinically, patient continued to improve; after 3 months of treatment repeat PET CT scan (Fig. 3) was done and compared with previous scan, which showed significant reduction in size, extent and avidity of left lower lobe mass lesion. There was near complete resolution of the pleural effusion. There was reduction in the left pleural thickening with near complete resolution of the left pleural deposits. The mediastinal lymph nodes were no longer visualized. The skeletal lesions showed increase in sclerosis with significant reduction in FDG avidity. MRI brain with contrast was also done, which showed resolution of the previously seen lesions. Overall, the patient became asymptomatic and is currently doing well.

Discussion

Targeted therapies in lung cancer

Lung cancer is the leading cause of cancer-related deaths globally, with non-small-cell lung cancer (NSCLC) accounting for 85% of cases. The most prevalent subtype in India is adenocarcinoma (34%) followed by squamous cell (28.6%) and small cell lung cancer (16.1%).[2] Several targetable

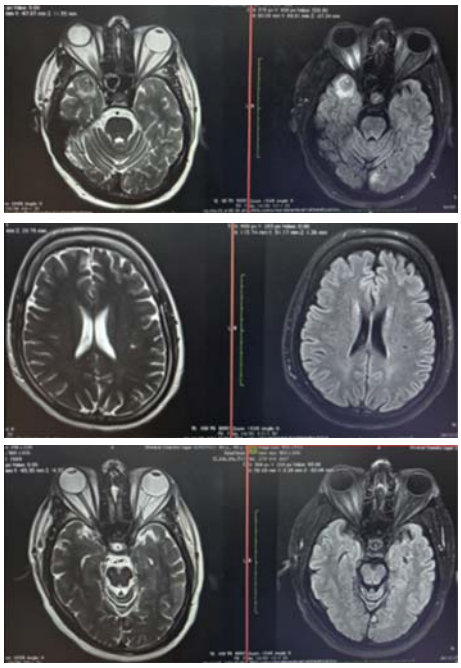


Fig. 4. Post-treatment MRI brain with contrast

mutations such as EGFR, ALK, PI3K/AKT/mTOR, RAS-MAPK, RET, MET, BRAF, and NTRK/ROS1 have been reported in the NSCLC. There are now several mutation approved inhibitors in addition to anti-PD1 and anti-CTLA4 molecules. For certain patients, several of these are now part of first-line treatment.

EGFR mutations are present in 16% of Caucasian patients with advanced adenocarcinoma, whereas the incidence of this mutation is as high as 61.1% in Asian females. In India, EGFR and ALK mutations are present in 25.3% and 11.5% adenocarcinoma lung, respectively. EGFR-tyrosine kinase inhibitors (TKIs) are the predominant targeted treatment for lung adenocarcinoma. They include first-generation inhibitors such as erlotinib and gefitinib; second-generation inhibitor afatinib; and third-generation inhibitor osimertinib (Table 1).

Management in BRAF mutation

BRAF mutations are target oncogenic drivers and are present in 3%–8% of lung adenocarcinomas. The commonest BRAF mutations are BRAFV600E (50%), BRAFG467A/V (35%), and BRAFD549G

Table 1. Some anti-EGFR targetable drugs and their responses

Therapy name	Generation	Trial name (or ID)	Overall response rate (ORR)	Progression-free survival (PFS) (month)	Overall survival (OS) (month)
Erlotinib	1st generation	IPASS	43%	9.7	19.3
Gefitinib	1st generation	NEJ002	74%	10.8	30.5
Afatinib	2nd generation	LUX-Lung 3	56%	11.1	28.1
Osimertinib	3rd generation	FLAURA	80%	18.9	38.6
Dacomitinib	2nd generation	ARCHER 1050	75%	14.7	34.1

(6%). A study done by Planchard D *et al*. in 2022 involving 57 patients with advanced NSCLC with the BRAF V600E mutation regardless of the previous treatment found that the combination of dabrafenib and trametinib resulted in a 68% objective response rate in 52 patients evaluated, with a disease control rate of 81%. The median progression-free survival (PFS) was 10.2 months.[3]

Management of co-mutation

Multiple clinical trials are currently under way, focusing on biomarker-driven strategies. Data of combination of two or more TKI's is limited. Jia Lou *et al*. in 2021 in phase I/II trial used erlotinib and trametinib in EGFR-mutant lung adenocarcinoma patients with acquired resistance to a prior TKI. They were able to demonstrate 1 PR out of 23 patients with mPFS of 1.8 months and 21 months OS.[4] Emilie MJ *et al*. in 2020 did a phase I study of afatinib and selumetinib (MEK inhibitor) in patients with KRAS-mutated colorectal, non-small cell lung, and pancreatic cancer wherein they proved the combination best worked in NSCLC with disease stabilization for 221 days.[5]

Meng P *et al*. in 2020 showed 14 months response with a combination of osimertinib, dabrafenib and trematinib after clearance from molecular tumour board in a patient with acquired Braf V600E mutation post 20 months of first-line osimertinib. The results suggest that simultaneously blocking EGFR and MEK using osimertinib and trametinib, or inhibiting BRAF with a pan-RAF inhibitor, could be effective therapeutic approaches.[6]

Discussion

High-throughput sequencing technologies, specifically NGS, have led to significant advancements in the molecular characterization of NSCLC. In this case, NGS revealed EGFR exon 19 deletion (VAF 7%) and BRAF Val640glu (VAF 18.2%) mutations. We prescribed MEK inhibitor trametinib in view of high VAF and it can stop the RAS/RAF/MEK downstream signalling pathway, whereas osimertinib, which is a third-generation anti-EGFR blocks EGFR signalling pathway, this combination therapy aims to achieve a more comprehensive inhibition of the cancer cell growth and survival signals as shown in Fig. 5. RAS/RAF/MEK pathway regulates cell proliferation, cell differentiation and cell death in humans; therefore, in the presence of a mutation it can cause abnormal proliferation and survival of the cancer cells.

Monitoring changes in VAF over time can also help clinicians track tumour evolution, identify emerging resistance mutations, and guide treatment decisions,

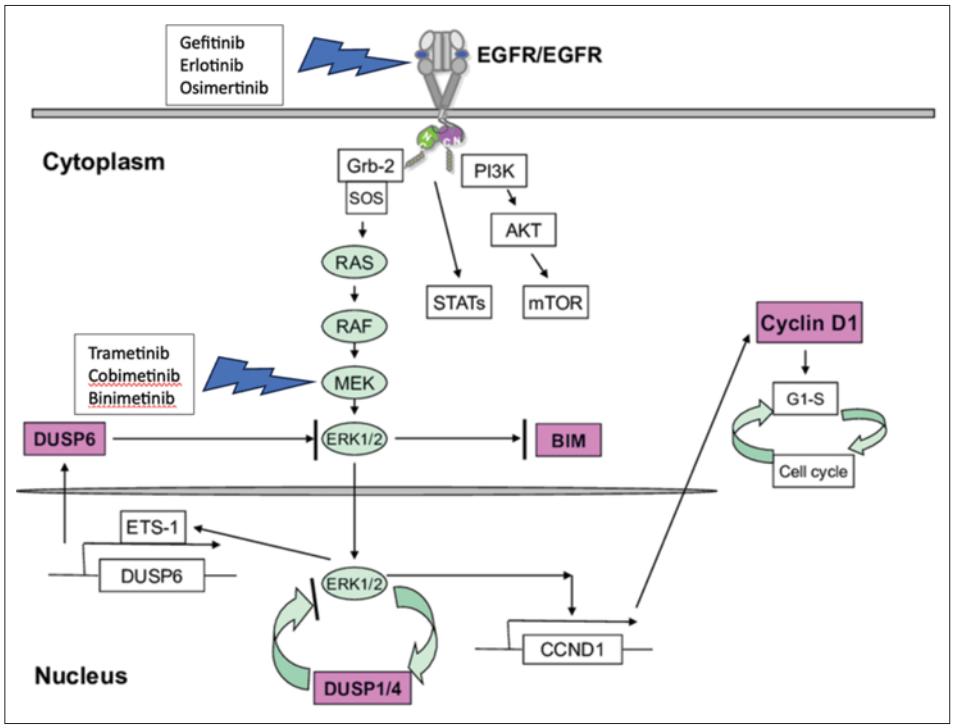


Fig. 5. EGFR pathway

particularly in the era of precision medicine where therapies are increasingly tailored to the genetic makeup of individual tumours.

It is crucial to note that the use of combination therapies such as osimertinib and trametinib should be carefully considered by oncologists and tailored to each patient's specific genetic profile, disease stage, and overall health condition. Additionally, patients receiving combination therapy may experience increased side-effects compared to single-agent treatment, so close monitoring and management of side-effects are essential. Currently, our patient has tolerated the treatment protocol well and is in near CR after 3 months.

This case highlights the importance of comprehensive staging workup and molecular analysis in guiding treatment decisions for patients with metastatic cancer. It also underscores the evolving landscape of personalized medicine in oncology, where targeted therapies based on genetic mutations play a crucial role in improving patient outcomes.

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Plastic Surgeons' Alumni Meet

The Department of Plastic, Cosmetic, Hand and Microsurgery was established in the year 1965 under the guidance of Late Dr Suresh Gupta. Till date, various eminent doctors have been a part of the department as former residents and consultants who are well settled. The Alumni Meet, held on 25–26 January 2025, fostered connections among former students and faculty and celebrated the legacy of SGRH Plastic Surgery Department. This would not have been possible without the efforts of Dr Mahesh Mangal, Chairman and Head, Department of Plastic Surgery, SGRH.

Plantation of Alstonia tree

The Alumni Meet started with the plantation of 'Alstonia tree' by Dr D.S. Rana, Chairman, Trust Society along with alumni followed by an event in the Auditorium. The gathering attracted about 60 delegates along with their families creating an environment filled with nostalgia and excitement. One of the most cherished moments was when alumni toured their old hospital duty rooms, operation theatres and the campus. This experience allowed them to reminisce about their formative years and reconnect with their former colleagues, teachers and paramedical staff.

Contributed by
Dr Chahat Verma
Plastic Surgery Resident, SGRH

The *Newsweek* in collaboration with *Statista* has recognized Sir Ganga Ram Hospital as one of the World's Best Specialized Hospitals 2024 specializing in Cardiology, Paediatrics and Pulmonology.

Sir Ganga Ram Cancer Centre: Vision Come True

SGRH has expanded steadily over the years, brick by brick, building by building adding new facilities consistently. The latest addition is the construction of a new wing that harbors state-of-the-art radiotherapy equipment, cancer wards, operation theatres culminating into all cancer management facilities under one roof. The following facilities are available for cancer management at the Sir Ganga Ram Cancer Centre.

1. Radiation Oncology: The state-of-the-art linear accelerator – True Beam machine, tomotherapy equipment and brachytherapy facility – has been installed in the new wing. This enables patients to seek image-guided radiation therapy, intensity-modulated radiation therapy, stereotactic radiosurgery, stereotactic body radiation therapy, total body irradiation, three-dimensional conformal radiation therapy and focused radiation to all organs of the body. Radiation to non-cancer conditions such as arteriovenous malformations, trigeminal neuralgia, pterygium, keloids is also feasible. The department has already crossed 400 cases in the past 6 months.

2. Medical Oncology, Paediatric Haematology and Oncology, Clinical Haematology: The Department of Medical Oncology admits nearly 6000 cases each year for chemotherapy, immunotherapy and targeted therapy; Paediatric Oncology admits 1500 cases; Haematology 800 cases and Surgical Oncology 400 cases. Additional 20 day-care beds for chemotherapy are created. Each year 40–50 stem cell transplants – auto, allo, haplo are carried out. A total of 11,000 cases are admitted for cancer treatment each year to the hospital. Recently, CAR (chimeric antigen receptor) T-cell therapy was also performed in a lymphoma case.

3. Surgical Oncology: There are three main surgical oncology units in addition to the dedicated head & neck cancer, gynae, uro, ortho oncology, gastrointestinal (GI), neuro, thoracic oncology and macrophage activation syndrome and robotics. Over 5000 cancer surgeries are performed each year. Organ preservation is the rule where possible. More than 20 new OTs and new ICU beds have been launched.

4. Investigative departments: The data from the Department of Pathology indicates that there are approximately 35,000 cases operated each year and out of which about 14% constitute cancer cases – about 4900 cases per year. In addition, the Department of Haematology diagnoses about 600 new cases of haematological malignancies each year. Other investigative departments focusing on cancer include Nuclear Medicine – 400 positron emission tomography (PET) scans per month; Intervention Radiology – 400 cases per month; Cytopathology – Pap smears 1200/12,000 cases per year; Radiology – mammograms 2500/120,000 cases per year, CT scans and MRI – 28,000 cases per year; Biochemistry – 4000 cases of tumour markers per year; Ultrasound – 200 cases per day. A new set of equipment including PET-CT scan, ultrasound, MRI and CT scan has been acquired for the new wing.

5. Multidisciplinary Tumour Boards: Three tumour boards are currently functional and meet regularly – one for all the oncology patients, the second for GI and liver cancer cases, and the third for colon and rectum cancer cases. Nearly, 80 new cases are discussed every month.

6. Cancer Research: The hospital has a Department of Research and the Institute of Genetics where basic research projects are carried out. More than 30 PhD students are registered and the hospital is affiliated with GGSIU and Hamdard University. Besides, all the departments in the hospital have a robust clinical research pipeline catering to over 250 active research projects at any point in time. The Medical Oncology, Clinical Haematology and Paediatric Haematology departments have an ongoing programme for participating in clinical cancer trials and molecular projects. At any given time, there are at least 30–40 ongoing projects related to cancer in the hospital. This is quite evident as the hospital has generated more than 300 publications in the last three years. The Department of Haematology has acquired state-of-the-art next-generation sequencing (NGS) equipment to provide necessary information on actionable mutations, tumour mutation burden and other biomarkers so as to provide information related to targeted drugs on a day-to-day basis in the clinic.

7. Palliative Care and Anaesthesiology: More than half of the cases diagnosed with cancer succumb to their disease. The Department of Palliative Care provides facilities of palliation and pain relief including nerve blocks for such cases.

8. Conferences and Education: The Department of Medical and Surgical Oncology along with others have been organizing national/international conferences every year for the last 27 years on topics relevant to cancer under 'Update in Oncology'.

Cancer Connect is a new concept to invite physicians for conferences. The department also organizes free cancer awareness programmes on breast cancer, myeloma and lymphoma every year to disseminate knowledge to the patients and lay public. DNB and fellowship programmes exist in most departments.

PLANS IN THE NEAR FUTURE

- Procure scalp cooling machines for cancer chemotherapy patients to prevent hair loss
- New NGS equipment for studying familial and hereditary cancers
- Initiate CAR T-cell project
- Immunotherapy and cancer projects
- NGS and proteomics for a variety of cancers
- Artificial intelligence in data analysis for publications
- Additional beds for stem cell transplantation

The incidence of cancer continues to rise in India; currently, there are nearly 15 lakh new cases each year. Tobacco-related cancers among men and breast cancer among women are most common. There are five pillars of cancer treatment, viz surgery, radiotherapy, chemotherapy, targeted therapy and immunotherapy. All five modalities are now available in our hospital.

In view of ever-increasing knowledge and availability of new modalities to treat cancers effectively, we are poised to deliver state-of-the-art cancer treatment to all cases successfully and conduct path-breaking research in the field.

Contributed by
Dr Shyam Aggarwal, Chairman,
Department of Medical Oncology, SGRH

The List

A heartfelt thank you

Dr Anupama Jaggi

The last many years I have reminisced with gratuity and pride my postgraduate education and registrar work experience at Sir Ganga Ram Hospital, but only recently I felt an absolute compelling need to pen my thoughts. The aim of the following few paragraphs is to say thank you and hopefully reinforce in even the most junior members of the medical team that their work, even though seemingly clerical, is clinically indispensable.

My first day of work as a doctor after a government hospital internship programme was at this academic institution on 14 March 1995. I was fresh off the boat imagining myself to be diagnosing major illnesses and saving lives, probably assisting operations for illnesses such as acute appendicitis. I was pretty confident that I would have so many real-life situations to face where the heroic doctor role would be mine, and yet also a little frightened as to what if I missed something.

To start with, I was asked as the honorary house officer to report to Dr Sachar's team. I have learnt that juniors are always welcomed with open arms as they are there to do what none of us enjoy doing such as inserting venflons, collecting blood samples and in my case preparing 'the list'. I was explained by my seniors in the team that at 2 p.m. when Dr Sachar would have his ward round he would require a list stating patient names. Thinking this to be an arduous task for my first day at work I did so and presented it to Dr Sachar to kick start the ward round. I soon realized that my list was inaccurate. I had missed out-patients on it but my supervising consultant Dr Pankaj Aggarwal rescued me from any negative feedback by explaining it is only my first day of work!

Over the next few weeks, Dr Sachar started to educate me with some very invaluable clinical tips on the ward round and also explained to me what he expected from 'the list'. As suggested by him, I began to incorporate in the list – patient's medical details, chronic problems, acute problems, details on tests awaited, recent significant results and was preparing very legible lists. I was proud that I was fulfilling my task to the optimum in addition to all my other work chores and on call commitments. I was very content when I fulfilled this task as I realized I required in-depth involvement on the ward to achieve a good list.

Three months in the team seemed to fly by and I had been declared during one of the rounds to be the best at preparing the list! Then I moved to the next team and here I was ridiculed at by my senior trainees saying: 'Now you will learn true Medicine as there is no list here!' I learnt lots but somewhere deep within me, it was a daily personal list that helped me organize my work.

I moved to the National Health Service (NHS) in 2002. A short unpaid observational post followed by senior house officer roles initially and then consultant posts since 2014. Not a single day has elapsed when in any role here I have not used 'the list', as this is considered in the NHS a basic requirement to safe working.

As a consultant I often say to the fresh house officers at times – this is all I ask of you really! Every morning the first task on the team is to prepare the list and second to discuss the patients while reading through it. It signifies safe and thorough clinical practice. Many overseas trainees initially complain to me during their assessment meetings that this arduous task is a waste of time as they functioned overseas without a list perfectly well but I soon note how within a year or so they too are 'addicted' to the list culture.

I would like to say a heartfelt thank you to Dr Sachar for having introduced me to this concept and this thank you extends forward to all my mentors at Sir Ganga Ram Hospital as they all taught me invaluable concepts in the science and art of medicine – whether it was Dr Sunil Jain insisting I date and time every note, Dr Pankaj Agarwal and Dr Lalit Duggal insisting I take a good history, Dr K.P. Jain asking me to analyse blood results, Dr Ved Prakash and Dr Byotra guiding me to write a thesis or Dr P.S. Gupta giving me mock tests to do.

Dr Anupama Jaggi, Consultant, Clinical Haematologist, UK
Ex Registrar, Department of Medicine, SGRH

Anaesthesia Update 2024

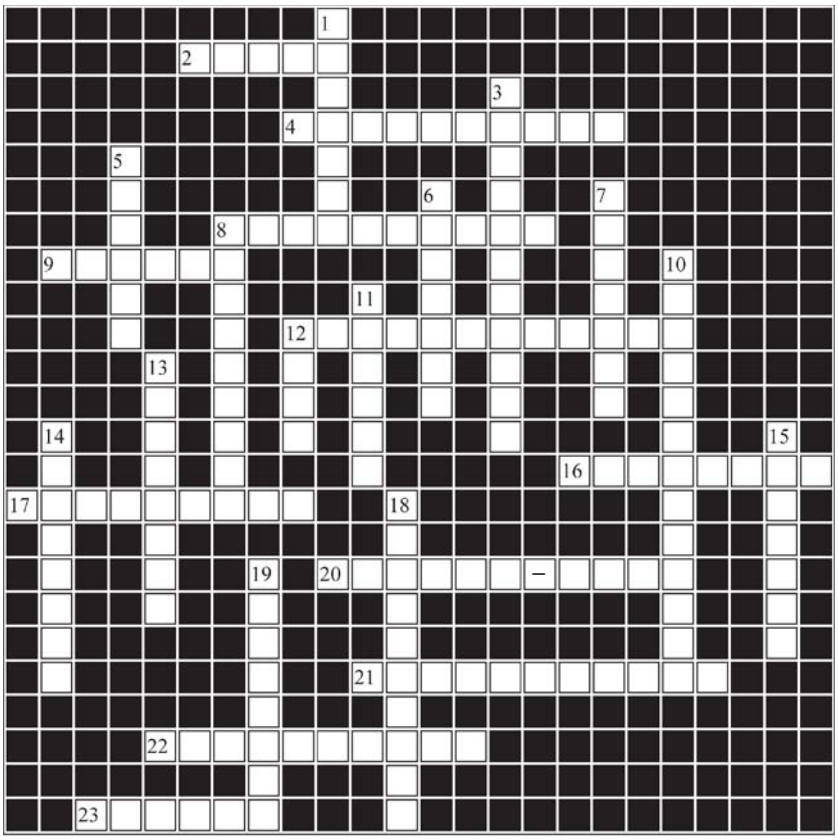
The Institute of Anaesthesiology, Pain and Perioperative Medicine organized the 'Anaesthesia Update' on 15 December 2024, which was held in the Auditorium, SGRH. The theme of the update was 'Onco-anaesthesia: Innovations, Challenges and Solutions'. With over 100 delegates in attendance, the update provided a comprehensive platform to explore the latest developments, challenges and innovations in onco-anaesthesia.

Compiled by Dr Anjali Gera
Organizing Secretary
Anaesthesia Update 2024

Newsletter Crossword

Across

2. Visionary, spherical model of earth (5)
4. Take over by back up vessels when property is being pledged as security for a loan (10)
8. Nerve synapse between the cell body of one neuron and an axon of another (10)
9. Too much interested in unpleasant subjects (6)
12. ADH and the check dams have similar function with regard to water (12)
16. Boost the response by this immunological agent (8)
17. Trying to prevent preterm labour (9)
20. A syndrome when shingles affects the facial nerve, hunted by horror movie producers (6-4)
21. A subgroup of serine proteases responsible for symptoms in carcinoid syndrome (11)
22. Feeling the baby move faster (10)
23. This vibration gives pleasure when examining the heart (6)



Down

1. Chemicals that the body produces while burning its own fat as in starvation (7)
3. Offended feelings help in selecting antibiotics (11)
5. Anatomical cavity in the bone or hollow organ (6)
6. The rule that estimates the expected date (7)
7. Computational technique used to predict how ligands and proteins bind to each other, when a ship stops at a port (7)
8. Connecting scars (9)
10. A filling in the gaps in memory through the creation of false memories (13)
11. A protein in cells hastening a chemical reaction (6)
12. Tiny building blocks of the body used to keep prisoners (4)
13. A syndrome previously known as happy puppet syndrome – having happy demeanor, drooling, mental retardation and awkward movements (8)
14. A one off event (8)
15. Breathing in with motivation (7)
18. Concentration of osmoles in a mass of solvent (10)
19. Set of guidelines for medical experiment, treatment or procedure (8)

Created by Dr P.K. Pruthi, Institute of Child Health, SGRH

NEW ENTRANTS

Dr Saumya Rawat *Rheumatology Associate Consultant 01.01.2025*
Dr Arti Mehrotra *Medical Oncology Associate Consultant 02.01.2025*
Dr Vikram Singh *General Surgery Associate Consultant 07.02.2025*
Dr Manigandan K. *Plastic Surgery Associate Consultant 10.03.2025*

PROMOTIONS

Dr Nipun Rana *Joint Replacement Consultant 25.08.2024*
Dr Amrita Sawhney *Ophthalmology Consultant 15.01.2025*
Dr Shweta Gogia *ENT Senior Consultant 01.02.2025*
Dr Shrihari Anikhindi *Gastroenterology Consultant 01.02.2025*
Dr Sumit Kalra *Anaesthesiology Senior Consultant 17.03.2025*

Pearls of Wisdom

Whatever your achievements in your profession
remember that one day all rewards are faded and trophies gather dust.
So never forget to give quality time to your family and
to nurture your hobby closest to your heart.

Dr (Col) V.S. Madan, VSM
Emeritus Consultant, Spinal Surgery & Neurosurgery, SGRH

HOSPITAL NEWS

Dr Neeraj Gupta, Senior Consultant, Department of Paediatrics has been elected as Chairperson of the Indian Academy of Pediatrics (IAP) - Allergy and Applied Immunology Chapter.

The Department of Medical and Surgical Oncology, SGRH along with IMA Karol Bagh organized successfully a CME on 'Breast and Head and Neck Cancers' on 17 January 2025 at JP Sidhartha Hotel. The meeting was attended by over 150 delegates.

Dr Chintamani, Chairman, Department of Surgical Oncology, SGRH has been conferred with the prestigious 'Honorary Fellowship of the American College of Surgeons' by the Honor Committee of the American College of Surgeons for his outstanding contributions in the field of surgery, international reputation as a leader and innovator and distinguished humanitarian service.

Dr Praveen Bhatia, Senior Consultant, Institute of Minimal Invasive, Metabolic and Bariatric Surgery, SGRH was awarded the Medical Excellence Award at Delhi State Award Ceremony organized by Delhi Medical Association on 26 March 2025.

Dr Rashmi Rana, Senior Consultant, Department of Research, SGRH has been honoured with the prestigious Annual Excellence Award 2024 by ASSOCHAM for her ground-breaking excellence in research and development.

The Sports Medicine Unit, Department of Orthopaedics, organized the 21st Sports Medicine and Arthroscopy Workshop on 2 March 2025 at SGRH auditorium. The meeting focused on the Knee – PLC and PCL ligament injury. The workshop was attended by 112 delegates and 20 faculty from all over India.

CROSSWORD ANSWERS

ACROSS: 2. Globe 4. Collateral 8. Axosomatic 9. Morbid 12. Conservation 16. Adjuvant 17. Tocolysis 20. Ramsay-Hunt 21. Kallikreins 22. Quickening 23. Thrill

DOWN: 1. Ketones 3. Sensitivity 5. Antrum 6. Naegele 7. Docking 8. Adhesions 10. Confabulation 11. Enzyme 12. Cell 13. Angelman 14. Sporadic 15. Inspire 18. Osmolarity 19. Protocol

We welcome your comments. Please send us your feedback at 'sgrhnewsletter@sgrh.com'

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