



Newsletter, Spring 2012

FROM THE DIRECTOR'S DESK

Beginnings Are Important

Dear Friends,

The Tata Medical Center was opened by Mr Ratan Tata on the 16th of May 2011. It was a great moment for those who have been working hard since 2007 to get the project completed. The buildings with beautiful landscaped gardens are stunning and the facilities are the best available in the world. The medical equipment in the hospital, laboratories, operating suites, radiotherapy and radiology are state of the art and will be able to deliver the best possible diagnostic services and therapy for patients with cancer. We have more than USD 600,000 worth of primary art works which make the hospital working environment like an art gallery.

Buildings and infrastructure do not make the project a great hospital. This is dependent on all the people who work at the Tata medical Center: the doctors, nurses, technolo-



gists and support staff. They must feel that TMC is their own and take pride and responsibility for making this one of the best hospitals in the region. In order to do this professional excellence is a must and treatment must be evidence based. However if treatment is delivered with clinical precision, but without empathy and compassion we will not be different from other centers in the region and different we must be in order to uphold the

Tata tradition of giving back the best to society.

I trust that working together we will make this happen.

Dr. Mammen Chandy
Director, Tata Medical Center

“...different we must be in order to uphold the Tata tradition of giving back the best to society.”



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Welcome

Dear Reader,

Welcome to the first issue of the Tata Medical Center newsletter. We hope to keep all of our stakeholders, patients, past patients and donors up to date on happenings at TMC in Kolkata. We will focus on the happenings and events at TMC in addition to featuring various personalities around TMC like doctors and administrators.

We hope that you will enjoy this newsletter and continue to support our mission to treat every patient with the best treatment and sincere empathy.

Tata Medical Center Administration

Dr. Jaydip Bhaumik: A Man With a Plan

By the numbers...

367 Million
Women in India over age 15

1,34,420
Annual number of cervical cancer cases in India

72,825
Annual deaths from cervical cancer in India

2,03,757
Project number of new cervical cancer cases in 2025

1,15,171
Projected number of cervical cancer deaths in 2025

2.6
Percentage of Indian women screened at least once every 3 years for cervical cancer

Source: World Health Organization, HPV Information Center, 2010



Two years ago, Dr. Jaydip Bhaumik came back to India from his practice in the United Kingdom with a mission. He wants to develop a credible system by which every woman in India may be screened regularly for cervical cancer. "The need is immense. India is a vast country, but we can cut the incidence of cervical cancer in half by screening 80% of the women." By working to catch cervical cancer at its early stages, Dr. Bhaumik hopes this system will reduce the incidence of cervical cancer and ultimately save lives.

Currently, cervical cancer kills more women in India than any other cancer. In 2010, there were 134,420 cases of cervical cancer and 72,825 deaths. This amounts to 1 in cervical cancer deaths in the world from an easily preventable disease. This needs to change.

Creating this change is a big undertaking, but not impossible. The major challenge with cervical cancer screening is lack of awareness. Many people, even doctors, do not think of cancer as a preventable disease. Dr. Bhaumik likens what needs to happen to the acceptance of vaccinations over the last few decades. "It has taken a long time to build up the knowledge that vaccinations are good and prevent disease and that everyone needs to get them. The problem now is that people don't realize that cancer is a preventable disease. People need to be made aware that this is possible."

The second half of the challenge is finding the correct method of screen-

ing for India. Back in the U.K., women would come in for Pap smear tests regularly. In the context of India's villages, however, this is not realistic for most women. Moreover, across the country there is variation in the quality of Pap smear tests given and knowledge and training that health workers who perform the exams receive. This has led to confusion for all and ineffective screening for Indian women. The solution is an effective acetic acid (just vinegar) test that can be done accurately, anywhere.

Dr. Bhaumik's dream is to end cervical cancer in India. To do this, every cancer must be detected early—before a woman would feel anything wrong. If detected early, it can be completely removed with a minor procedure and pose no long-term risk to the woman. "The problem with preventive oncology," Dr. Bhaumik explains, "is that nobody is diseased, we're treating risk."

As of right now, women are unlikely to turn up at clinics unless they feel something is wrong. Life-saving early

Dr. Bhaumik's dream is to end cervical cancer in India. To do this, every cancer must be detected early—before a woman would feel anything wrong.

detection requires screening, and screening requires women going to clinics—or clinics going to women.

In addition to his work at Tata Medical Center, Dr. Bhaumik volunteers with an

NGO to visit the villages and screen women for cervical cancer. The organization he works with sends self-sufficient teams of health workers, doctors and social workers to the villages in a car fully loaded with everything they will need for a day or two of nonstop screening: colposcopes for viewing the



cervix, screens for privacy, table fans, all the medical instruments that will be needed along with equipment to sterilize them after use, and a generator to power the whole operation.

In an average day, a screening team can see 50-100 women, spending 5 minutes with each woman. But these teams are only scraping the tip of the iceberg when it comes to screening all the women in India. There are hundreds of millions of women to be screened.

Dr. Bhaumik wants to develop a model that he can take to large health organizations and the government to massively scale up screening efforts across the country. His plan is to put together a team that would focus on just one population of about 50,000 eligible women between the ages of 30 and 65. They would spend 3-4 days per week screening women. Over time, Dr. Bhaumik hopes, this population's cancer rate would plummet compared to the national average simply due to catching every case of cervical cancer at an early stage. If this model proves successful, it could be scaled up to the national level and every woman in India could be screened and, if needed, treated for pre-cancer in a clinic near her home. Some might call that dreaming, but for Dr. Bhaumik, who is frequently seen around TMC late into the evenings seeing patients after other staff have gone home, this is all just part of the job.

Giving the Right Care When It's Needed

TMC is dedicated to providing treatment for those who otherwise would not be able to afford costly cancer treatment. Dr. Chatterjee takes this mission to heart.

Cancer treatment can be a very costly endeavor and for many people, simply unaffordable. The burden of the cost of treatment takes a serious toll on many patients by forcing them to delay treatment or deplete savings and sell of assets to pay for treatment. Furthermore, patients who cannot afford proper treatment are sometimes given improper treatment at many institutions where they are treated as second-class patients at the whim of the hospital.

"It is the mission of this hospital to treat all people," says Dr. Sanjoy Chatterjee when asked about two patients, Sushma Halder and Kalpana Mandal, who came to him for treatment.

Sushma Halder was treated for breast cancer at another hospital before coming to Tata Medical Center. A mother of two teenage boys, her initial cancer diagnosis was alarming news but her family faced it with strength. She was treated for her main lump, but doctors ignored a second malignant lump. Her initial treatment had drained her family's funds and she forwent further treatment for over a year.

It was during this time that Sushma's sister-in-law, who works in New Town near TMC, told her about TMC. On May 1 of this year, one of the first days after TMC opened its doors, Sushma came for treatment. She is receiving radiation treatment and Dr. Chatterjee says she is very strong and while her treatment is very tough right now, she is expected to be cured.

Kalpana Mandal is a mother of four and a loving grandmother. Two years ago, she began feeling ill and started homeopathic treatment. Her worst fears came true when her condition worsened and she was diagnosed with breast cancer. Her first round of treatment was extremely costly and she was forced to sell her family's

home and land in order to pay for treatment. When her cancer re-lapsed, she had nowhere to seek treatment without much funds but has been able to come to TMC for treatment. Now receiving radiation and chemotherapy, Kalpana's hopes are high although it will be a long road to recovery.

Both Sushma and Kalpana are thankful for their free treatment at TMC. Sushma is pictured to the right, Kalpana to the far right.



There Will Be Blood: The TMC Blood Bank Opens its Doors

On Tuesday, July 12, 2011, the Tata Medical Center Transfusion Medicine Department (Blood Bank) started operation. After almost a year of preparation, the TMC Blood Bank is one of the most advanced in the region and could be the first one in India to receive accreditation from the National Accreditation Board for Hospitals and Healthcare Providers (NABH), the highest level of Blood Bank accreditation in India, within one year of its operational licensing.

Dr. Nabajyoti Choudhury heads up the department with 24 years of experience on the cutting edge of transfusion medicine. A distinguished member of the transfusion medicine community, he worked in the government of Gujarat before coming to Kolkata to join TMC. He has worked to make TMC's Transfusion Medicine Department meet and exceed world

standards.

"Although operationally we will be like other Blood Banks...a new concept in this part of the country is splitting 100% blood units into blood

components." All donated blood, after first being grouped and checked for infectious diseases, is broken down into components, which are then stored and used separately for different patients. This allows for pre



TMC Director Dr. Mammen Chandy addresses TMC consultants and staff at the ribbon cutting for the blood bank.

cious donated blood to be used most efficiently with each donation helping at least 2 to 3 patients.

"It is important to donate blood because it is an act of philanthropy and doesn't affect your health," says Dr. Choudhury. "We have beards we shave every day, we have hair we cut every month, we cut our nails and it all keeps on growing. Similarly, blood cells are produced in the body every day. Whatever you do it is going to be produced in your body, if you do not donate, this much blood is going to be discarded in the body or destroyed automatically. So that's why you give a small part of that, about 10%, which your body replaces [volume] within 24 hours. And blood donation helps save someone's life because blood cannot be made artificially. So it is philanthropy, causes no harm to the

body, in fact, if you donate regularly, your production of red blood cells increases." And Dr. Choudhury does not only take blood—he gives it too. "I, myself, have donated 67 times"

As per government rules, people can donate 4 times per year, or every 3 months. The TMC Blood Bank is open for donations and anyone in good health is more than welcome to stop by, meet our friendly staff and give blood. As Dr. Choudhury says, "You can always enjoy some fulfillment after you donate. You always feel a sense of goodness because you are saving somebody's life, that is the most important thing."

(At right) Dr. Nabajyoti Choudhury, director of the TMC Transfusion Medicine Department, brings decades of experience to TMC



ART AT TATA MEDICAL CENTER

Healing Art

Visitors to Tata Medical Center are amazed every day with the hospital's amazing art collection while patients draw strength from the wonderful pieces adorning the walls and hanging above their beds. Journey, community and strength are three themes that curator Prateek Raja of Experimenter gallery and artists from around the country aimed to infuse in the halls and wards of TMC.

The art collection has been built with two clear goals.

The first has been to work with the wider art community to encourage the donation of artworks for the permanent collection of the hospital.

The second goal has been to work with select artists on particular themes associated with the healing process—journey, community and strength.

Donations

In excess of one hundred artworks have been donated to the hospital from both artists and galleries throughout the country. A simple call on the part of the Tata Medical Center was answered in overwhelming numbers. From some of the most



senior members of the community to cutting edge contemporary artists, the permanent collection of the hospital is today unquestionably the finest of any medical center in the country. The visitor to the hospital will encounter these works in the public corridors of the hospital, especially on the West wing of the ground floor. All donors were asked to reflect upon gifting works that would be in keeping with the nature of the space and, in particular, to think about the nature of the spiritual within modern and contemporary art practices.

Journey, Community and Strength

Artworks expressing folk tales, especially those set within the context of

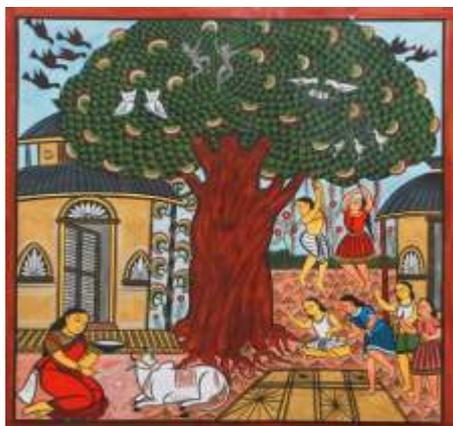
“In excess of one hundred artworks have been donated to the hospital.”

Bengali cultural history, are on display throughout the hospital. The renowned Patua artist, Anwar Chitrakar, has executed these paintings. The artist has been trained in the ancient art of storytelling through the painting of scrolls that are used as narrative devices. For the Tata Medical Center, Anwar has used the idea of journey as a base for the subject matter of his paintings.

Rajesh Pullarwar, the well-known Mumbai-based artist, is responsible for the colourful serigraphs that in-

clude hands as a central motif. Hands joined are his way of suggesting the idea of community. These works are deceptive as they are both abstract and realistic depending on how far the viewer stands from the works. They can be seen in many of the wards in the hospital.

The abstract works of Kolkata-based Anupam Sen have been commissioned in order to subtly promote the idea of strength through the bold compositional format and colour choices that he employs in both his canvas and paper works. These uplifting works also suggest a spiritual dimension through reinforcing positive sentiments in the artist's particular use of form and colour.



Selected pieces by (from left to right), Anwar Chitrakar, Rajesh Pullarwar and Anupam Sen.



NEWS AND EVENTS

Workshop On Gastric Surgery Organised By The Department Of Surgical Oncology, TMC

The department of surgical oncology in TMC organised a workshop on gastric surgery by Prof. Takeshi Sano, Cancer Care Institute, Tokyo between 3-5th Jan 2012. The Faculty and the Fellows of the GI Surgery learnt immensely by assisting him in, what appeared as an art, of gastric cancer surgery. The last day of the workshop, participants witnessed him interacting with 25 surgeons invited from various hospitals of Kolkata, who then watched a gastrectomy shown live on a video-link.



The incidence of stomach cancer in the Japanese population is highest in the world. Given this high incidence, and the fact that patients often used to hide their diagnosis, the famous Japanese film director Akira Kurosawa had written and directed the film *Ikiru* in 1952, which explored a bureaucrat's final quest for meaning of life. At about the same time the Japanese surgeons had started operating aggressively on patients with stomach cancer. Their wider surgical resection removed increasing number

of lymph nodes around the stomach. To some extent this practice was in keeping with Lord Moynihan's observation in 1908. that "the surgery of malignant disease is not the surgery of organs, it is the anatomy of the lymphatic system."

Lymph nodes are small pea shaped structures in close proximity to any organ and often they are the first stations to harbor the metastases from a cancer of that organ. The Japanese surgeons had started to meticulously dissect and map these lymph nodes around the stomach way back in early 1960's . They also devised a system of classifying the extent of resection for stomach cancer surgery (gastrectomy).

Putting it simply, a D1 gastrectomy means removal of the stomach and the nodes in close proximity to it, while D2 surgery entails excision of nodes little away from the stomach. Although the Japanese surgeons were convinced about the superiority of D2 over D1, the West was rather skeptical. But over the last few decades, many surgeons from the West had trained in National Cancer Center, Tokyo learning nuances of D2. A large randomized study in Holland, which started in 1989 and was supervised by Japanese surgeons, published their final results in 2010 by concluding that the D2 gastrectomy conferred survival advantages.

Dr. Takeshi Sano, Cancer Institute Hospital (formerly with the National Cancer Center), has been very much a part of this history. Many surgeons in the West have trained under him and he has organized D2 courses across the globe: Royal College of Surgeons, England, Nordic, D2 Gastrectomy Course, Italy, Brazil, Peru Ecuador, Hong Kong, Taiwan, Vietnam, Singapore, Mongolia to name a few. He is in the Editorial Committee, Japanese Gastric Cancer Association and also the Secretary Member of the International Gastric Cancer Association. He had kindly accepted the invitation of Tata Medical Center and came down to conduct a workshop.

Exchange Faculty From Duke University, USA

Dr. Nelson Chao, Professor of Medicine and Chief of the Division of Cellular Therapy, Department of Medicine, Duke University, USA spent a week in Tata medical Center, Kolkata in Jan 2012. Regenerative medicine looks into the process of regenerating and replacing human cells, tissues and organs to get them back into function. There were interactive workshops on regenerative medicine, haemopoietic stem cells, cellular therapies and cord blood transplantation for the faculty



and fellow of Tata Medical Center. There was also a lecture on research methods by Prof. Chao, for the clinicians working in the field of haematology from various medical colleges of Kolkata organised at TMC. Dr. Chao participated in regular clinical rounds in TMC during his stay in Kolkata to give his views about patient management. The staff and faculty expressed gratitude at being able to share their experience and learn from one of the world experts in the field of regenerative medicine.

" We would like to share with our readers the brick and mortar story of how Tata Medical Center grew from infancy to its mature stature, making it as envisioned, a state-of-art tertiary cancer care center which will promote, prevention, diagnosis, treatment and research."



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Tata Medical Center (TMC) is a state of the art cancer care hospital located in Kolkata. The 167-bed hospital provides treatment options for every kind of cancer without regard for the patient's ability to pay. The hospital is a gift from the House of Tata to the people of Eastern India and the surrounding areas. Visit us online at www.tmckolkata.com.