



CANCER INSTITUTE(WIA)

Dec 2022
NEWSLETTER



Mahaveer Ashray Palliative Centre of Cancer Institute(WIA)

Fighting pain, not death

Past a tastefully designed temple in white, on approaching the main building of Mahaveer Ashray, one could take it for a holiday home. The tarred roads are swept clean of falling leaves, by some invisible elves as it were. The lawns are well-manicured as in military establishments. The marble steps and the mosaic floors are all spic and span and the glass walls accentuate the feeling of cleanliness.

Mahaveer Ashray is a Hospice near Sriperumbudur, 40 kms off Chennai, run by Cancer Institute. At the reception is Rama, a constant through the 7 years of Mahaveer Ashram. Her ever-smiling presence is one of the many positive factors the patients cite.

In five dormitories named after famous rivers (a la school 'houses?'), there are 50 beds. Though common halls, there is the privacy of curtains. Dormitory, as against private room, defines and filters the target group. Everything is free, including food for patients. Caregivers can have food less expensive than in mofussil hotels.

Heading the operations at Mahaveer Ashray since 2019 is Dr Shobha D Patil, Medical Officer, under the overall supervision of Dr. Kalpana Balakrishnan, Professor and Head, Department of Anesthesia, Pain and Palliative care. The philosophy at Mahaveer Ashray matches Dr Shobha's own beliefs to the T. "There are four types of pain. Physical, psychological, social and spiritual pain. I feel all these

four pains can be handled well only if treatment is provided at no cost". Exactly how Mahaveer Ashray is run.

Living here are patients in the terminal stages of cancer. They feel help-less. They deal with real issues such as constipation, deformity and pain, as also issues of identity. They are happy if the pain is taken care of. "We are not treating cancer here, only the



symptoms. And giving some solace to the mind. Making exit a bit easier", observes Vinutha, Psychologist. The patients and their families only hope for painless death.

Death is not the enemy. The enemy they fight alongside the medical staff is, pain, excruciating pain. Pain that leaves no mind space for the immediate realities around them.

The exit is death or discharge. Many patients go home when they feel better and then come back when not able to manage the pain. So attached do they get to their settings that some of them insist on getting the same bed they had at the last stay. Current occupancy varies between 16 to 30 patients.

Life at Mahaveer Ashray

P Usha Rani has been staying at Ashray off and on. Armed with MA Economics and a diploma in computer applications, Usha Rani joined an import-export firm in HR, responsible for 50 employees. That was in 2010. She got married in 2008 to Parthasarathy, Regional manager of a granite company. A road accident in 2016 caused a hairline crack on her leg. She believes that misinformed wrong medication brought her a load of troubles. Inexplicably, a CT scan showed "tiny mustard size nodule in the liver". Usha's hubby consulted many doctors with the scan results and was told that it cannot be cured. Usha started taking siddha medicine from a famous doctor in Vellore and the pain was reduced. When pain returned, she became resident of a famous cancer institute and lost most of their savings. Later, referred by Cancer Institute, Usha stayed for 10 days at Mahaveer Ashray. Got relieved of the pain, she went back home. But soon the pain returned, with loneliness for company. Usha couldn't stop ruminating over the past. So she





Usha and Parthasarathy

got herself readmitted in Mahaveer Ashray. "I arrived at midnight, and the Doctor came running. She always meets us with a smile. She gives hope".

Usha is all admiration for the hygiene standards. "The 7 housekeeping staff clean the bathrooms and disinfects them 4 times a day. The Doctor, the 4 nurses and the housekeeping staff - they are like Gods", she says.

"At times some rich patients come and shout at the staff, but the Doctor handles things very tactfully and does not fire the staff", observes this one-time HR.

Usha summarises a typical day: "At 5:30 am, patients are served milk. Then they do puja and meditation. The pathways through the lawns are a great place to walk or move on wheel chair. Breakfast at 7:30 has variety and it's unlimited. Around 8:00 am, the nurses come on the medicines round. We wash our clothes and things like that, till 9 am, when the daily consultations begin. Doctor is thorough with her enquiries, and takes around 20 minutes per patient. Some rest and some TV till 12:30 when it is lunch time. Between 3:00 pm and 6:00 pm, some of us roam outdoors, then have dinner and around



Lucia Margaret

7:00 pm, we are in bed. In between we talk about family, food, activities, hobbies. On Wednesdays, councillor thoughts about their condition, and return to their childhood.



Vinutha comes and conducts counselling as also activity sessions, when the patients get a diversion from routine.

Lucia Margaret is here as a caregiver for her husband Stephen Raj who had his tracheostomy (throat operation). For 10 years he had no pain but an odd sound and a bit of a blurred speech. It

turned out to be cancer. At the Railway Hospital, doctors ruled out surgery, chemotherapy and radio therapy because the growth had spread to the lungs. "My husband is not able to eat any food not even drink water as his throat has got blocked. He has faith in God and believes he does not have cancer, only pain. I know his condition. The family is prepared. I read the Bible. I believe God has sent us to this great place. The Sisters and Doc-tor are all like Gods".

Sasireka S has been at Mahaveer Ashray for a fortnight now. She has come as caregiver to her mother Kanchana. "We have not told her. Why make her worried? We have told all relatives not to tell her. My mother loves this place. She's relaxed at this place. Its super! Better than even home!"

As Dr Shobha explains, Mahaveer Ashray has separate doors for patient entry and exit. Exit is shielded from the sight of the residents. There is a 'gaspng room' en route, given to patients when death is close, offering some privacy for families, to exchange last moment messages, to cry loud, for relatives to congregate, or for priest to drop in if the family so desires.

"I have seen many deaths here. I always wonder why cancer cannot be cured. AIDS can be cured, then why not cancer? I keep feeling this", says Usha, and quotes her knowledgeable Director in her former company, who has told her: "Don't think of cancer. If you think of cancer, you'll die soon. Be bold". "That is what I'm following".

Its mind over matter - and muscles.



Shared mission: lighten human suffering

It takes a certain rare bend of mind, to volunteer to work in the midst of pain and under the shadow of death. The current team in Mahaveer Ashray wasn't put together one day. These are individuals consciously seeking least sought-after situations, to lighten the worst suffering, or those who strayed in and stayed on, motivated by the meaningful roles they play here.



Rama

At the reception is Rama, a constant through the 7 years of Mahaveer Ashram. Her ever-smiling presence is one of the many positive factors the patients cite.

Lakshmi A

Lakshmi is a staff nurse working here from 2020. She was exposed to palliative care earlier, but has only done small dressings, never handled last stage of cancer. Initial 2 or 3 days she had panicked, but slowly she has got over her nerves. She has seen some 15 deaths. "I get emotional when someone I cared for and spoke to this morning suddenly dies. Yet, I talk to them and make them feel good. Patients I develop close contacts with, introduce me as their "best friend" when the relatives come. it's so nice."

Angel A

As a child, Angel wanted to become a doctor but orphaned before she turned one, she picked up nursing "which also allows me to save lives". After her diploma nursing she worked in an ICU in a Perungudi hospital. "I have worked in a cancer centre but mostly of children, not so many terminal cases. So initially, it was tough. It affects me when a patient exits suddenly. Then I tell myself, God has taken him. That



Lakshmi and Angel

makes me bold. Yet, she feels loneliness when off work.

The gratitude of the patients is a gratifying reward. As one of the patients observed about the nurses, "They are fantastic! Imagine dealing with a death at midnight! They won't get any sleep that night. Yet they are on duty next morning!"

Shanthi

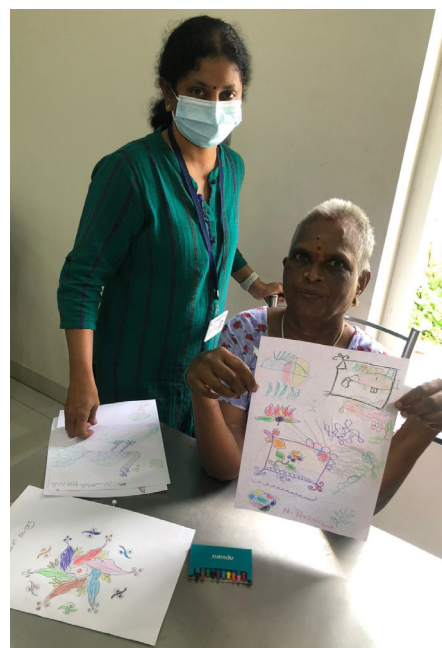
Shanthi has been a housekeeping staff for the last two years. She lives a couple of kms away. With three school going children, the income eases the



pressure somewhat. She has got over her discomfort on the job.

Vinutha, Psychologist

"I used to work 10 hours a day in IT. But with no sense of purpose, no gratification, no delight. So I wanted to change my line," explains Vinutha. Vinutha then studied MSc Psychology, gained some experience and decided she would work in a palliative care unit. "The terminally ill, especially the cancer patients, are the most helpless. Can we make them feel a bit better? That was the challenge Vinutha chose for her professional life.



She spends the better part of every Wednesday at Mahaveer Ashray, including 3 hours travelling from the city and back. Clearly, more than the cells, Cancer attacks the mind. As Vinutha points out, "Often, more than the patients, the caregivers undergo

tremendous emotional stress. They feel guilty that they are not able to take care of their relatives, but then, isn't it human instinct to feel uncomfortable dealing with maggots and deformities?

Vinutha uses detachment as a shield, treating it as a job, yet, she “detoxes by sharing with close co professionals”

Dr Shobha D Patil

Dr Shobha started as a family physician. Later, when moving around with her husband, working as a doctor in social sector, she got motivated by her husband to work among the sex workers in Mumbai. “These women taught me about suffering, discrimination, loneliness, abuse, exploitation, orphanage and many more. When a person gets infected with HIV, they suffer both because of disease and social discrimination. I wanted to help them. There are not much doctors to do this job”. With her husband’s support Dr Shobha did her fellowship in HIV medicine. “I also

realized many HIV patients with cancer suffered with pain. This again troubled



me a lot”. So she did her post graduate diploma in palliative medicine with a Commonwealth scholarship.

By then government policies took over HIV care. “I could not get into govt sector. I always wanted to reach out to the needy and work only in places where everything is taken care by the hospital, such as care, medication and food. There are four types of pain. Physical, psychological, social and spiritual pain. I feel all these four pains can be handled well only treatment is provided at no cost. I felt it is God’s call to work here. My motivation comes from team work and when I see the smile on their lips and peace in their eyes of both patients and their families. My success is when our patients pass away without pain and suffering, and the family accepts it in a positive way”.

“My father’s wish is fulfilled”

Head of a business family engaged in property development and software, Sugalchand Jain took a vow in 1980 that he will not increase his assets beyond certain limit, which he reached by 1984. He followed his Chartered Accountant’s advice not to start any charitable project, but to donate to the institutions working for the causes. In 1983, Jain visited Cancer Institute and highly impressed by what he saw there he pledged to donate Rs 5 lacs. He has been a regular donor ever since.

Sometime in 1988, his aunt was detected with cancer. She was in the terminal stage and hence could not be admitted at the Cancer Institute. She required palliative care. And Cancer Institute didn’t have the facility, which has to be away from the eyes of other patients under treatment.

Often he heard Dr Krishnamurthi saying that the Cancer Institute will only be complete with a hospice center. This got into his mind. He discussed the idea with Dr

Krishnamurthi and later with Dr Shanta. He thought of the 5-acres family land near Sriperumbudur. He thought it would be an ideal location for a hospice, away from the din and buzz of the city. More discussions, more site visits, and the Jain family members visited model hospices in a few Indian cities. Recalls Vinodh Kumar, son of Sugalchand Jain: “My father’s dream was, who ever comes here should have a good experience and a peaceful end of life. We wanted open spaces, green outdoors, fresh oxygen. We wanted the premises to be spacious. It was not just another hospital. We and Dr. Shanta were clear that the entire service will be free”.

Following that clear vision, and with the personal involvement of architect Pramod Jain, Mahaveer Ashray hospice centre started taking shape, first on the drawing board and then on the 5 acres of land. Construction over, the land and the building measuring 55,000 sq ft, including the temple, staff quarters and mortuary, along with a corpus of Rs 5 crores was transferred to Cancer institute during 2016-2019. “We are very happy the way it is run. My father’s wish is fulfilled”, says Vinodh Kumar, who is on the Board of Mahaveer Ashray, which meets every quarter, at the site.



Sugal Group Mentor Sugal Chand Jain (centre), flanked by Vinodh Kumar Jain (left) and Prasan Chand Jain, Directors of the Group and members of the Mahaveer Ashray Steering Committee.

A mega Oncology Conference



The conference was inaugurated by Her Excellency, Dr. (Smt.) Tamilisai Soundarajan, Hon'ble Governor of Telangana & Hon'ble Lieutenant Governor of Puducherry, who is seen here, presenting Lifetime Achievement Award to Dr. E. Hemant Raj, Executive Vice Chairman, Cancer Institute (WIA).

The Indian Society of Medical & Paediatric Oncology (ISMPO) and Indian Society of Oncology (ISO) organized their Biennial Joint conference - ISMPO ISOCOCON 2022 Conference at the Hilton Hotel, Chennai, from 28th to 30th October 2022. The faculty from leading academic institutes and cancer centres across India and abroad presented the latest data and interacted with delegates including students and upcoming oncologists. A good measure of its success was the high-quality scientific program that was critically acclaimed by one and all and a record participation of over 1,270 faculty and delegates.

The theme of the conference was "Demystifying the new normal in Cancer Care" Highlighting on the theme of the conference, Dr. Arvind Krishnamurthy, Organizing Chairman ISMPO ISOCOCON 2022 and Professor & Head, Surgical Oncology, Cancer Institute (WIA), Chennai noted how the COVID-19 pandemic had literally forced the global oncology community to re-evaluate how care is delivered

to patients with cancer. The plethora of innovations and the data from the real-world experiences gained by treating the cancer patients over the past few years needed to be better leveraged by the cancer care providers and this conference aimed to impart this knowledge and skill sets to all its delegates.

The scientific programme was specifically designed to include interactive multi-disciplinary teaching workshops which aimed to provide a real edge to the practicing oncologists. The interactive teaching workshops included those on Radiotherapy, Lymphoma, Onco-Rehabilitation,

Onco-Nutrition, Psycho Oncology, Chemo Radiation, Communication Skills, Surgical Skills and Dysphagia management among others. The regular scientific programme included didactic lectures, interactive panel discussions and debates on the latest developments in the management of the most prevalent cancers in India. A Daily Bumper Quiz using the latest electronic gadget mobile phones and a Grand Student Quiz with exciting cash prizes sparked a great deal of enthusiasm from all the faculty and delegates.

Highlighting the many firsts for the Conference Dr. Anita Ramesh, Organizing Secretary, ISMPO ISOCOCON 2022 and Head of Medical Oncology at Saveetha Medical College and Hospital, Chennai proudly pointed out that it was a paperless Green Conference and was awarded 6 Credit Hours by the Tamil Nadu Medical Council. She added that the scientific abstracts would be published in the IJMPO Journal.

Fourteen eminent Oncologists were awarded Lifetime Achievement Awards for their outstanding academic contribution to cancer care and cancer control. Dr. E. Hemant Raj, Executive Vice Chairman, Cancer Institute (WIA) and Prof. T. G. Sagar. Retired Dean and Director, Cancer Institute (WIA) were among the proud recipients. In addition, the top 3 best presenters under each of the 14 speciality oncology tracks won awards, apart from many other academic awards sponsored both from the ISMPO and the ISO.w

Prize winners from the Cancer Institute (WIA)

1. Dr. Vidyarani Shyamsundar: Department of Preventive Oncology Research
2. Dr. Anand Raja, Department of Surgical Oncology (2 Awards)
3. Dr. Pushkaka, Department of Surgical Oncology
4. Dr. Viveknath T V, Department of Radiation Oncology
5. Dr. Venkatraman Radhakrishnan, Department of Medical Oncology (2 Awards)
6. Soundharya Ravindran, Department of Preventive Oncology Research
7. Dr. Sridevi Duggirala, Department of Preventive Oncology Research
8. G. Vidhya, Department of Psycho-Oncology
9. Anitha D, Department of Physiotherapy

A 3-year-long ordeal

A painless fattening of the stomach, in 2014, was the first alarm for Sailaja Sankarankutty, a resident of Thriuvullakkavu, in Kerala's Trichur district. "Do some exercise", was the advice. But walking left her weak. The stomach also started feeling hard. Biopsy was done 3 times but no cancer cells. Multiple consultations, some sound medical advice and further investigation led to diagnosis of Pseudomyxoma peritonei (PMP), a slow-spreading disease. "It was little difficult to digest the reality and I was mentally shattered. Soon, as a family, we decided to fight it out, with the limited knowledge and information we had," recalls Sailaja. Surgery removed around 12KG of fluids and lesion as also ovary and appendix. Soon, Sailaja re-joined duty as Post Master, near her ancestral home.

A CT scan had also showed a solid lesion in her left kidney. Medical opinion was against chemotherapy. Things got worse in 16 months and a CT scan showed presence of inguinal nodes and increase in the size of the lesionswelling. Biopsy confirmed it as Pseudomyxoma peritonei (PMP), a rare cancer whose exact cause is not known. The seriousness dawned on the 'steering group' of Sailaja, her husband and retired Professor Sankarankutty and her brother Suresh Kumar, a Bangalore-based entrepreneur. Initially, Sailaja was kept out of the details, but she sought and eventually became part of decision making.

Sailaja started feeling depressed and helpless, not knowing the next step. Suresh Kumar was exploring all possible options in India and abroad. All of them were of the opinion that HIPEC treatment is the only way forward. "We understood that there is no single definite way to treat a cancer. Many doctors tell their sincere opinion from their experiences, but no one is sure how that method works on a new patient. This is because cancer affects different human bodies in different ways and it can also react

in different ways to treatments. The first part can be partly judged by the doctors who studies your case in detail and understands the behaviour of the disease. The second part is our luck and the intuition of the doctors from their experience and knowledge", explains Sailaja. It was extremely difficult to take a decision.

Suresh Kumar visited many famous Doctors in institutions that offer HIPEC.

Meanwhile, in a PET scan, a node appeared on her neck, adding to the anxiety.

This is the place!

At Cancer Institute, they were referred to Dr Ramakrishnan. He made it clear that the biopsy of the node at the neck has to be done before he would say anything. Unlike many hospitals, where talk about admitting the patient comes up early. "My brother and I felt even without a discussion, this is the place! We also felt good somewhere that what we pay will be supporting patients who badly require free treatment", remembers Sailaja. Dr Ramakrishnan made calls and got them a slot to do biopsy the same day. The node on the neck turned out to be a from a TB variant requiring a different treatment. He will post the case in an international forumMultispeciality discussion and get opinions and then take a decision on how to go ahead.

On 25th December 2015, Chennai was drowned. When they reached Cancer Institute, the only soul they could see in the building was Dr Ramakrishnan. He accompanied them to the surgical ward to see Dr Meenakshi, and sSeated on a bench, Dr Meenakshi, the anaesthesiologist and Dr Ramakrishnan's wife, filled up the fitness certificate for surgery.

On 1st January, 2016, Sailaja was admitted first for HIPEC, then to tackle the kidney. HIPEC is a ventilator-supported 16-hour surgery. To get over her breathing trouble, Tracheotomy (hole in the throat) had to be done. The



family got a relative's unused house for stay. Sankarankutty remembers the neighbouring family advising them to go to Velankanny church and light a candle and pray. At the Thriuvullakkavu temple, a lamp was lit which burned 24 hours, for the 25 critical days post-surgery.

After 3 months, Dr Anand performed the kidney surgery and against all fears and prospects of losing one kidney, that was also saved because the malignancy had stayed outside, between the two lobes.

Then an SOS call and the family rushed to the hospital. Serious internal bleeding and the surgeon himself seemed upset, but bravely handled it with an emergency surgery

Continued on page 8

Hyperthermic intraperitoneal chemotherapy (HIPEC)

HIPEC is a highly concentrated, heated chemotherapy treatment delivered directly to the abdominal cavity during surgery. Unlike systemic chemotherapy, which circulates throughout the body via the blood stream, HIPEC delivers chemotherapy directly to cancer cells only in the abdominal cavity. This allows for higher concentration of chemotherapy drug within the cancer cells thus reducing the side effects of chemotherapy. At the same time, heating the solution improves the absorption of chemotherapy drugs by tumours and destroys microscopic cancer cells that remain after surgery.

HIPEC is a treatment option for selected patients who have advanced cancer that has spread within the abdominal cavity and is usually performed at the end of a surgery called cytoreductive surgery to completely remove all tumor from the abdominal cavity. Cytoreductive surgery and HIPEC has been shown to improve the survival of selected patients with stage IV colorectal, ovarian or gastric cancers, mesothelioma, appendicular tumors and pseudomyxoma peritonei which usually results from a tumor in the appendix for whom no other curative treatment exists. HIPEC is now commonly performed all over the world for these indications.

The procedure of HIPEC requires a dedicated machine that will not only warm the chemotherapy solution but



also circulate the solution within the abdominal cavity for 30-90 minutes. The machine contains a heat exchanger and roller pumps and an interactive monitor with control buttons and alarms. Sterile tubes circulate the heated chemotherapy solution from the machine to the patient and back. At the Cancer Institute (WIA), HIPEC treatment is being performed since 2012 at a very subsidised rate.

Dr Ramakrishnan A S
Professor (GI & HPB oncology)
Dept. of Surgical Oncology



Unlike systemic chemotherapy, which circulates throughout the body via the blood stream, HIPEC delivers chemotherapy directly to cancer cells only in the abdominal cavity. This allows for higher concentration of chemotherapy drug within the cancer cells thus reducing the side effects of chemotherapy.

A 30-year long ordeal *(Continued from page 7)*

that removed the kidney. Relatives assembled and stayed in suspense for 48 critical hours. Finally the bleeding stopped.

In a follow up review, nodes were noticed in the lungs. With low breathing capacity, surgery was conducted by Dr Aravind Krishnamurthy. Luckily, the node was not inside the lungs but outside, between the lobes.

“Dr Ramakrishnan was always there to console and give confidence. He is our kaanum daivam (God we can see), says Sailaja, misty-eyed.” “The experienced doctors also gave us tremendous confidence. The doctors and nurses, the physio, the anaesthetists were very very helpful. When you are totally helpless and they help you with the A to Z of your personal needs, they do with a smile”, Sailaja sums up her experience over 9 months and five

surgeries.

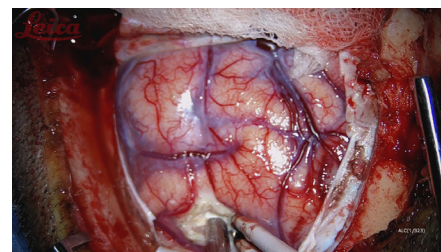
“We have experienced a lot of ups and downs. I have had moments of depression, asking, why me?... I have kept healthy habits, and we eat only organic vegetables grown in our yard. We have felt God’s touch many times. Belief in God was crucial. And the strength you derive from lots of people wishing and praying for your well-being”, she concludes, with no rancour, only reassurance.

Eswari's Awake surgery experience



"She is a bold lady", says Ravichandran, who has been working in Registry for the last 22 year. His appreciation is for his wife Eswari. She proved it by going through what is called an "awake

craniotomy", with great courage. On 22nd June 2021, an 8-hour-long surgery was conducted by Dr Vijay Sundar, who opened up Easwari's skull and the layers around the brain to reach the tumor. The anaesthetist had given injection around the scalp so that no pain was felt. "I had no fear because it was my husband's institution. And I had no pain. I was given a small injection. I could move my limbs, I could talk, I could listen and the doctor kept talking to me even as he was doing the surgery", recalls Easwari. *(Dr Vijay Sundar adds:" During surgery the patient was kept awake so that her speech could assessed periodically. On approaching some parts of the brain which control speech she had difficulty in speaking, immediately surgery on those parts was avoided. By repeating*



Representative picture

these steps many times we could remove the tumor and preserve her speech")

Doctor put the stitches and kept telling me not to be afraid. I went into the operation theatre at 8 am and I was wheeled out by 3 pm. I stayed on from June 15th till June 29th Initially my speech was not clear. Then I was asked to undergo speech therapy and in 15 days I was normal".

Thank you dear readers!

We heard from 80 readers, most of them employees. "I am receiving the newsletter for the first time. I am quite impressed and hope to receive it in the future", one of you said, well articulating the welcome to the October 2022 issue, and reflecting the general sentiment. Understandably, varying feedbacks have come on the degree of details, numbers of pages, frequency and contents. Where we were not clear, we are meeting the suggesters to understand their minds.

This is your qualitative feedback.

Here are some suggestions received.

- Include more info on surgical fields
- Capture contributions of other service departments
- To show newly introduced academic programmes if any.
- Column on new appointments in faculty and retirees
- Quiz to make it more interactive
- Alternative medicines

Meanwhile, we had a workshop for the correspondents, conducted by Thomas T Abraham, Editorial Advisor and

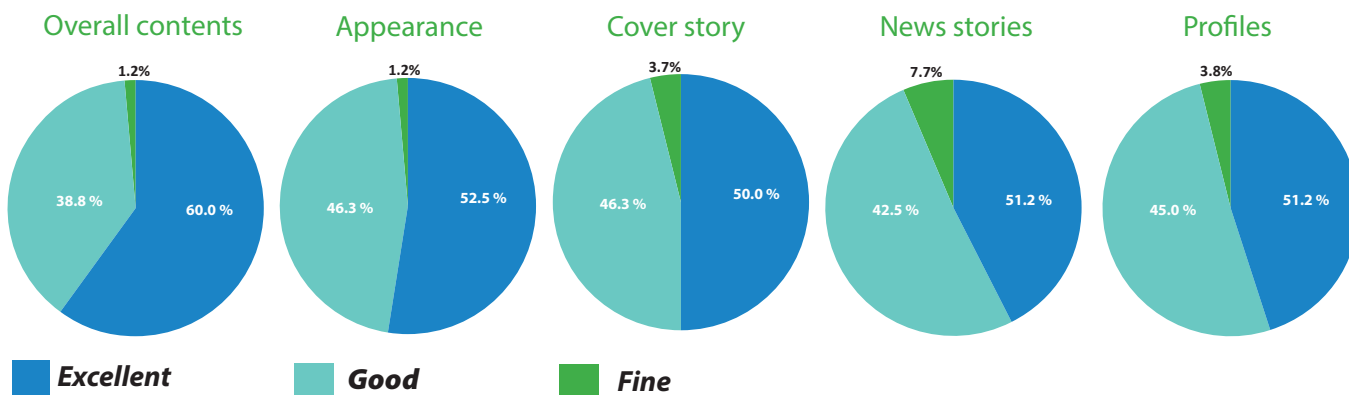
Designer. With the Correspondents' enthusiasm on the high, we hope to reach more of you and bring forth more information.

Do alert the Correspondents, when you are aware of news worth sharing, including exceptional individual achievements and contributions.

Happy reading!

Do let us know how you find each issue. Please donot wait for an invitate!

Editorial Board





The unseen team

We know the trouble, taking care of the few water taps at home. Then think of a team that has to take care of a thousand taps used by a large number of people!

That's one of the many things that the maintenance department manages day after day, practically 24x7. The department of 15 takes care of civil, plumbing, carpentry, water system and gardening and also lend a hand at the shifting of post-surgery patients using E-vehicles.

There are 18 overhead tanks of various capacities at both campuses. Daily consumption is 80,000 litres. With the kitchen alone consuming 5,000 litres. Then there is the fire tank with one lakh litre capacity. Well water and metro water are used. Checking the tank water level is a crucial responsibility and so are managing motor repairs and pipe damages.

Heading the department is Kumaran, overseeing the team along with two other engineers Gokul and Thirunavukarasu.

Murugesan who joined Cancer Institute in 2,008 notes that salaries have increased and they continues to be treated with respect.

Kannan joined in 2015 his grandfather worked here, and from his childhood he wanted to work here. Besides his regular job he finds pleasure in guiding patients who approach him on seeing his brown uniform. "I normally take them to the location they want to go to". As Kannan says, they "know every corner of the Institute". They do multitasking including attendant's work. He enjoys the freedom the job gives him as also the sense of responsibility.

The gang's stiffest challenge was in 2015, when tackled the unprecedented waterlogging, forgetting the hour of the day and night. They did tremendous work restoring the premises by pumping out water and repairing the damages, with least trouble to the patients, the staff and the visitors. Dr Shanta presented them each with a gift, which remains a proud shared memory.

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Feedback and messages to:
CANCER INSTITUTE (WIA)
Adyar, Chennai – 600 020, INDIA

Ph : 044 - 2220 9150
Fax : 91 – 44 – 2491 2085/
91 - 44 -2235 4508
web : cancerinstitutewia.in
Email : contact@cancerinstitutewia.org