



29th ANNUAL CONFERENCE OF
NORTH ZONE

ASSOCIATION OF RADIATION ONCOLOGISTS OF INDIA
(NZAROICON 2025)

1st & 2nd November 2025

Department of Radiation Oncology
Christian Medical College and Hospital
Ludhiana, Punjab

A Legacy of Healing, Education & Research since 1894



Thriving Beyond Cancer : Towards Wellness



Christian Medical College & Hospital, Ludhiana

Christian Medical College & Hospital (CMC), Ludhiana, stands as a beacon of excellence in medical education, healthcare, and research in India. Established in 1894, it was the first medical school for women in Asia, founded by the pioneering efforts of the Greenfield sisters and Dr. Edith Mary Brown. Today, it has evolved into a premier institution offering comprehensive medical, dental, nursing, physiotherapy and allied health sciences education, affiliated with Baba Farid University of Health Sciences.

Rooted in its Christian mission, CMC Ludhiana is dedicated to training healthcare professionals who embody compassion, excellence, and service, particularly for the underserved rural communities of India. Its legacy of medical innovation is exemplified by groundbreaking achievements such as the world's first total face transplant surgery in 1994, and the establishment of India's first surgical research hub in 2019. It is also the world's first World Health Organization (WHO) designated Collaborating Centre for Stroke.

Situated on a 44-acre campus in the heart of Ludhiana, the institution seamlessly integrates state-of-the-art facilities with a rich historical heritage. Its 775-bed teaching hospital provides advanced medical care across all specialties, serving as a referral center for North India. The college's distinguished faculty, drawn from across the country, have made significant contributions to medical research and education, producing graduates who lead in healthcare institutions globally.

With a commitment to academic excellence and pioneering medical advancements, CMC Ludhiana continues to shape the future of healthcare while upholding its founding ethos of selfless service and dedication to humanity.



Association of Radiation Oncologists of India (AROI)

The Association of Radiation Oncologists of India (AROI) stands as the premier professional body dedicated to advancing the field of Radiation Oncology in India. Established in 1978, AROI emerged from the broader Radiology Association, driven by a collective vision of radiation oncologists to establish a specialized platform for academic growth, clinical excellence, and research innovation. Over the past four decades, it has grown exponentially from a small group of pioneering members to a robust organization with over 4,000 specialists nationwide.

The North Zone Association of Radiation Oncologists of India (NZ-AROI), a prominent regional chapter of AROI, unites radiation oncology professionals across northern India. As the foremost body dedicated to the advancement of Radiation Oncology in the region, it champions policy reform, drives technological innovation, and upholds excellence in cancer care. NZ-AROI serves as a dynamic platform for academic exchange, collaborative research, and professional growth through scientific conferences, workshops, and continuing medical education initiatives.

Recognizing the critical role of continuous education and research, AROI founded the Indian College of Radiation Oncologists (ICRO) in 1992 as its academic wing. This institution plays a pivotal role in enhancing post-graduate education, fostering clinical excellence, and driving advancements in the discipline. AROI remains committed to staying at the forefront of technological innovations and ensuring the seamless dissemination of knowledge among its members.



CHRISTIAN MEDICAL COLLEGE, LUDHIANA

(REGISTERED SOCIETY UNDER ACT NO XXI OF 1860 AS A
CHARITABLE MINORITY INSTITUTION)
LUDHIANA – 141 008, PUNJAB (INDIA)

Fax: 91-0161-2220850, Telephone; 1-0161-2220850, 0161-2115637 cables /Grams: CHRISMED

Message from the Director



Greetings from CMC Ludhiana!

I take great pleasure in extending my warmest congratulations to the Department of Radiation Oncology for organizing the 29th Annual Conference of the Association of Radiation Oncologists of India – North Zone, with the theme “Thriving Beyond Cancer: Towards Wellness,” scheduled on November 1st and 2nd, 2025, at the Lady Willingdon Assembly Hall, CMC Ludhiana.

Our institution has long been a pioneer in innovation, committed to serving the nation with excellence for over 131 years. It stands tall on a legacy of compassionate care, medical education, and research. The Department of Radiotherapy, founded in 1938, has been a cornerstone of cancer care and has been imparting postgraduate training since 1991.

I am certain that this academic event will be insightful and stimulating, encouraging collaboration across disciplines and contributing to improved patient care and flourishes through compassion, community, and continued care. Together, let us reaffirm our commitment to enhancing quality of life and nurturing hope for every survivor.

With best wishes

Prof. Dr. William Bhatti
M.S., M.Ch.,
Director
Professor Dept of Paediatric Surgeon
Christian Medical College, Ludhiana, Punjab.



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Message from the Principal

Greetings

It gives me immense pleasure to extend my heartfelt congratulations to the Department of Radiation Oncology for organizing the 29th Annual Conference of the Association of Radiation Oncologists of India – North Zone, on the theme “Thriving Beyond Cancer: Towards Wellness,” scheduled to be held on November 1st and 2nd, 2025, at the Lady Willingdon Assembly Hall, CMC Ludhiana.



The academic strength of any institution is enriched through scientific conferences, workshops, and symposiums that serve as platforms for sharing knowledge, experience, and expertise among professionals. Since their discovery, X-rays have become indispensable tools in diagnosis and therapy. The evolution of advanced radiological techniques has remarkably transformed cancer treatment, improving both survival outcomes and the quality of life for patients.

Cancer survivorship is not solely about overcoming illness; it is about rediscovering life, purpose, and dreams anew. This conference serves as a heartfelt tribute to the survivors, their families, caregivers, and the dedicated medical professionals who accompany them throughout their journey. May this congregation spark fresh perspectives, foster enduring collaborations, and remind us that true healing transcends medical treatment—it flourishes through compassion, community, and sustained care. Together, let us renew our resolve to enhance quality of life and uphold the spirit of hope for every survivor.

Dr Jeyaraj Durai Pandian

MD.,DM.,FRACP., FRCP., FESO., FWSO., FNAMS., FIAN.,

President World Stroke Organization,

**Principal (Dean) and Professor of Neurology,
Christian Medical College, Ludhiana, Punjab.**



It is a matter of great pleasure to be associated with the organising committee of the annual conference of North Zonal chapter of Association of Radiation, Oncologists of India- 2025. It would be a great opportunity to meet old colleagues and get introduced to the young generation of radiation oncologists beaming with zeal and enthusiasm to learn the depth of the speciality to be the caregiver. In recent times the regional conferences have assumed great importance for the personal interaction is much more as compared to the annual conferences which have become a bonanza. We wish everyone a warm welcome and offer a podium in an institution which is one of the oldest in the region to provide comprehensive Radiation therapy services to the people of this area. My all best wishes!

**Prof. Dr. M K Mahajan,
MD., MNAMS.,
Former Director, ACI Bathinda
Former Head, Dept. of Radiation Oncology,
CMCH, Ludhiana**

ਇਸਦਾ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਦੇ
125 ਸਾਲ ਪੂਰੇ ਕਰਨ ਉੱਤੇ
ਪ੍ਰਮਾਣਾਂ ਦੀ ਵਡਿਆਈ ਹੋਵੇ
ਤੋਂ ਇਤਿਹਾਸ ਅਤੇ ਸਾਧਨ
ਉਨ੍ਹਾਂ ਦੇ ਮਿਸ਼ਨਰੀ ਚਾਰਟਰ
ਸਹਿਕਰਮੀਆਂ
ਉਨ੍ਹਾਂ ਦੇ ਵਿਸ਼ੇਸ਼
ਕੀਤੀ ਹੋ, ਦੀ ਯਾਦ ਵਿੱਚ
ਕ੍ਰਿਸਚੀਅਨ ਮੈਡੀਕਲ ਕਾਲਜ ਅਤੇ
ਹਸਪਤਾਲ ਲੁਧਿਆਣਾ ਦੇ
ਚੇਅਰਮੈਨ ਡਾਇਰੈਕਟਰ
ਕਰਮਚਾਰੀਆਂ ਵਿਦਿਆਰਥੀਆਂ ਅਤੇ
ਸਮਰਥਕਾਂ ਵੱਲੋਂ 24 ਮਾਰਚ 2019 ਨੂੰ
ਸਥਾਪਿਤ ਕੀਤਾ ਗਿਆ।
ਮੰਤੀ 11:29 ਮੇਰਾ ਜੁਲਾ ਆਪਣੇ ਉੱਤੇ
ਲੈ ਲਵੋ ਅਤੇ ਮੇਰੇ ਕੋਲੋਂ ਜਿਓ।

29th Annual Conference of Association of Radiation Oncologists of India (AROI) – North Zone

1st & 2nd November 2025



Christian Medical College and Hospital Ludhiana, Punjab



Dr William Bhatti
Chief Patron

Dr Jeyaraj D. Pandian
Chief Patron

Dr M. K. Mahajan
Patron

Dr Rajesh Vashistha
Patron

Dr Pamela Jeyaraj
Organizing Chairperson & Secretary

Dr Jaineet Sachdeva
Co-organizing Chairperson

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Organizing Committee

Joint Secretary

Dr Mary Joan
Dr Joel Abraham Thomas

Treasurer

Dr Abraham P Abraham

Scientific Committee

Chairperson

Dr. Bhavana Rai

Greetings!

I am delighted to be the organizing chairperson and secretary for the North Zonal Conference of Radiation Oncologists of India and I am exhilarated to host this conference here at



Christian Medical College, Ludhiana with the legacy of more than 131 years of academic excellence.

It gives me immense joy to extend my heartfelt greetings to all delegates of this North Zonal Conference of Radiation Oncologists of India scheduled to be held on 1st to 2nd Nov. 2025 at Christian Medical College Ludhiana with the theme 'Thriving beyond cancer towards wellness'. Today, we celebrate courage, resilience, and hope—the unwavering spirit of those who have journeyed through cancer and emerged stronger.

Cancer survivorship is not merely about defeating disease; it is about reclaiming life, purpose, and dreams. This conference stands as a tribute to survivors, their families, caregivers and the medical teams who walk beside them every step of the way.

May this gathering inspire new insights, strengthen collaborations, and remind us that healing extends beyond treatment—it thrives in compassion, community, and continuous care. Together, let us

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reaffirm our commitment to improving quality of life and nurturing hope for every survivor.

I am confident that our eminent and experienced faculty will provide a sumptuous meal of knowledge to each and everyone here at CMCL.

Welcome all delegates to this scientific forum and wish you all a pleasurable learning experience!!

Dr. Pamela Alice Jeyaraj
M.B.B.S., M.D., F.P.M., FICRO, FAIMER Fellow, I-FACE
Organizing Chairperson & Secretary
Professor, Department of Radiation Oncology
Faculty, Medical Education Unit
Christian Medical College & Hospital,
Ludhiana.

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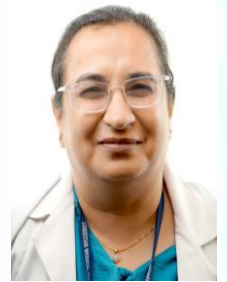
Dr Abraham P Abraham

Scientific Committee

Chairperson

Dr. Bhavana Rai

It is indeed an honor and my proud privilege to welcome you all to the Manchester of India for attending the 29th NZAROI, being organized by the Christian Medical College & Hospital, Ludhiana on the 1st & 2nd November, 2025.



The theme chosen for this conference is 'Thriving beyond cancer towards wellness' and reflects our collective Commitment to address the evolving needs of those living with and beyond cancer. Our intent is to discuss and delve into each issue faced by cancer survivors and come up with innovative ways to tackle them in order to enhance the quality of life of our survivors.

Our programme has been curated to address the whole person, exploring topics such as modern radiation techniques and brachytherapy, in an effort to reduce toxicity, balancing care with quality, with special emphasis on late effects of Radiotherapy and their management, the challenge of second malignancies and re irradiation, financial burden of survivorship, mental wellbeing and long term care of survivors.

We have assembled an incredible group of experts as well as survivors, who will share their knowledge and their experiences. This event is going to be a testament to the strength and resilience of our survivors and we can learn from them, first hand the challenges they face

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in their day to day lives. You will have an opportunity to engage in meaningful discussions with the leaders in research and practice. I am sure this conference is going to be a learning experience for all the budding radiation oncologists.

Your presence and participation is vital to this collaborative effort. We believe that Cancer is a word and not a sentence and this conference is a celebration of that truth- a space to celebrate life, inspire hope for the future and raise awareness of the journey of survivorship.

It is also an opportunity to meet up with our peers, teachers and associates and exchange notes. It will provide a platform to present original research, case studies & innovative methodologies. We hope that the interactions will stimulate collaborations, critical and vibrant discussions and highlight pioneering approaches in the continuum of cancer care beyond treatment.

The Organizing team has been working hard to ensure that all of you have a comfortable and enjoyable time attending this conference.

Once more, I welcome you all to this scientific bonanza.

With best wishes,

Dr Jaineet Sachdeva,
M.B.B.S., M.D., FICRO
Co-Organizing Chairperson,
Professor & Head, Dept of Radiation Oncology
CMC & Hospital, Ludhiana

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It is a privilege to be part of this conference on “Thriving Beyond Cancer Towards Wellness,” a theme that beautifully captures the spirit of modern oncology.

Having this academic gathering at my alma mater makes the occasion even more special. It brings a sense of fulfilment to return to the very institution where I was born and brought up and that laid the foundation of both, my personal and professional journey. It is indeed heartening to witness its continued growth as a centre of excellence in cancer care and education.

The theme beautifully reflects the evolving vision of oncology-one that moves beyond cure to encompass holistic well-being, rehabilitation, and quality of life. As the field of radiation oncology continues to advance, our shared goal must be to help every cancer survivor not merely live longer, but live better.

I congratulate the organizers for curating such a meaningful academic platform and wish all delegates an enriching and memorable experience at our alma mater.

Together, may we continue to lead the way by transforming survivorship into true wellness.



Warm regards,
Dr. Bhavana Rai
M.B.B.S, M.D., DNB., MNAMS, FICRO
Chair - Scientific Committee
Professor, Department of Radiotherapy & Oncology
PGIMER, Chandigarh

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Greetings!!!

It gives us immense pleasure to extend a warm welcome to all delegates, speakers, and participants.

This conference aims to foster dialogue on how we as oncology professionals, can integrate cutting-edge technology with compassionate, patient-centered

care to help our patients not only survive but truly

thrive beyond cancer. The scientific program has been meticulously curated to provide a comprehensive learning experience. The sessions will feature eminent stalwarts and thought leaders in the field of Radiation Oncology from across India, who will share their expertise and insights on the latest advancements in radiotherapy and oncology care.

NZAROICON 2025 will serve as an inspiring forum for academic exchange, professional networking, and collaborative learning. Beyond the scientific deliberations, the conference will also offer opportunities to experience the warm hospitality and rich cultural heritage of Ludhiana.

We wholeheartedly welcome you to join us in making this academic feast a memorable and enriching experience.

Warm regards,

Dr Mary Joan

Joint Secretary

Professor & RSO

Department of Radiation Oncology

Vice Principal Academics IAHS

Christian Medical College and Hospital Ludhiana



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Greetings from Ludhiana!!!

Christian Medical College Ludhiana is one of the oldest medical colleges in India. CMC Ludhiana was founded in 1894 by Dame Edith Mary Brown who saw a need for well trained, skillful and compassionate healers in an underserved part of the community. Ludhiana has changed remarkably since those heady days and still we at CMC Ludhiana have always tried to live up to our founder's motto "Our Work is for a King" with an aim to be a center for both academic excellence and compassionate health care. Hence it is with great pleasure that I, on behalf of the organizing committee, welcome you all to 29th Annual Conference of NZAROI 2025 organized by the Department of Radiation Oncology, Christian Medical College Ludhiana on the 1st and 2nd of November 2025. The theme of this year's conference is "Thriving beyond cancer towards wellness" which reflects a growing need in cancer management.



Treatment of cancer has advanced in many remarkable ways in the last few decades resulting in unmatched rates of patient survivorship. Yet what is the quality of life afforded by this extended period? Are we able to give our patients a satisfactory outcome following the intense primary management of cancer? Are we adding "days to life" or are we adding "life to days"? These and many other topics will be covered in the upcoming academic sessions as we are attended to by many eminent and

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distinguished senior faculty who have taken time from their busy schedules to share their insights on the nuances of the art of medicine especially in regard to cancer care. I am confident that their rich experience and timeless wisdom will shine a light on some of the challenges that we face in the clinic.

I would also like to extend my heartfelt gratitude to all of our worthy delegates for making this trip to Ludhiana to join us for this academic feast. I am confident that you will find this to be a valuable experience. It is my fervent hope that you leave this conference armed with a greater understanding of cancer care and that the wisdom and knowledge imparted will be of use to you in your day to day practice.

With warm regards and best wishes,

**Dr Abraham Puliyeelil Abraham,
M.B.B.S., M.D.
Treasurer
Assistant Professor,
Department of Radiation Oncology,
Christian Medical College Ludhiana**

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Greetings !

I am truly delighted to extend our heartfelt welcome to all the distinguished delegates, eminent speakers, and participants joining us for the 29th Annual Conference of the Association of Radiation Oncologists of India.



The true academic strength of any institution is defined by its unwavering dedication to lifelong learning and the continuous exchange of Knowledge. Christian Medical College, Ludhiana, has consistently stood at the forefront of medical education, clinical innovation, and research excellence. Its dedication to advancing healthcare is reflected in its early introduction of the Radiotherapy Technologist Training Program in the 1960s and the MD Radiation Oncology program, which now celebrates more than thirty years of academic excellence. In the era of Competency-Based Medical Education (CBME) introduced by the National Medical Commission, it is vital for educators and learners alike to continually update their knowledge, refine their skills, and adapt to evolving medical standards.

Cancer survivorship is not solely about overcoming illness; it is about rediscovering life, purpose, and dreams anew. This conference serves as a heartfelt tribute to the survivors, their families, caregivers, and the dedicated medical professionals who accompany them throughout their journey.

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May this congregation spark fresh perspectives, foster enduring collaborations, and remind us that true healing transcends medical treatment—it flourishes through compassion, community, and sustained care. Together, let us renew our resolve to enhance quality of life and uphold the spirit of hope for every survivor.

Warm regards

Dr. Joel Abraham Thomas
M.B.B.S., M.D., FGO.
Joint Secretary
Senior Resident
Department of Radiation Oncology
Christian Medical College Ludhiana



Messages from the Organising Team

It gives me immense pleasure to extend a warm and cordial welcome to all the distinguished guests present here today. I consider it a privilege and a moment of great joy to witness such an assembly of esteemed doctors whose dedication and insight continue to illuminate the realm of medical science. I express my sincere gratitude to each one of you for gracing this occasion with your presence and convey my heartfelt wishes for the resounding success of this conference and its devoted organizers.



Ms. Manjinder Dhanoa
Tutor
Dept. of Radiation Oncology,
Christian Medical College, Ludhiana



I wholeheartedly welcome all of you to the 29th Annual Conference of the Association of Radiation Oncologists of India – North Zone (NZAROICON 2025), Sincere thanks to everyone for your dedicated efforts and meaningful contributions that made this event possible

Mr. Sher Singh
Senior Radiotherapy Technologist
Dept. of Radiation Oncology
Christian Medical College, Ludhiana



Messages from the Organising Team

I cordially extends my felicitations to all delegates gracing NZAROICON 2025, centered on the theme "Thriving Beyond Cancer: Towards Wellness." This conclave endeavors to catalyze scholarly discourse, innovation, and interdisciplinary collaboration while accentuating holistic convalescence, psychosocial restoration, and the pursuit of comprehensive well-being beyond cancer.

Dr. Deepshikha
Postgraduate Resident
Dept. of Radiation Oncology



During these two days, we shall immerse ourselves in an intellectual odyssey through the boundless depths of knowledge, enriched by erudite deliberations and the discerning perspectives of our esteemed speakers. Let us avail ourselves of this invaluable occasion to cultivate scholarly discourse, exchange pioneering ideas, and foster enduring collaborations that may redefine the landscape of oncology. I am confident that this convocation shall prove to be an edifying and transformative experience, particularly for the nascent generation of oncologists

Dr. Riya Mariam Mathew
Postgraduate Resident
Dept. of Radiation Oncology



Messages from the Organising Team

It gives me great pleasure to warmly welcome all the distinguished guests gathered here today. I feel truly fortunate and delighted to see such a gathering of eminent doctors whose dedication and wisdom continue to inspire the field of medical science. I sincerely thank each one of you for honoring this event with your presence, and I extend my best wishes for the great success of this conference and its organizers.



Dr. Terifa Andrade
Postgraduate Resident
Dept. of Radiation Oncology



It is with great pride and enthusiasm that we welcome you to this gathering of brilliant minds and passionate innovators. This conference will improve our individual and collective knowledge for betterment of medicine and add sparkles to this glittering institution. Let knowledge radiate and illuminate our path forward. I extend my heartfelt gratitude to each one of you for gracing this event with your esteemed presence. I also convey my warmest wishes for the resounding success of this conference and commend the dedicated efforts of its organizers.

Dr. Simran Kaur
Postgraduate Resident
Dept. of Radiation Oncology



Messages from the Organising Team

It is with immense pride and enthusiasm that we extend a warm welcome to this congregation of brilliant minds and passionate innovators. This conference dedicated to cancer survivorship promises to enrich both our individual and collective understanding, advancing the frontiers of medicine while adding new luster to this esteemed institution. I express my sincere gratitude to each one of you for honoring this occasion with your gracious presence and convey my best wishes for the outstanding success of this conference and its devoted organizers



Dr. Harshit Chauhan
Postgraduate Resident
Dept. of Radiation Oncology



I extend a heartfelt welcome to all delegates attending NZAROICON 2025 on the theme "Thriving Beyond Cancer: Towards Wellness." This conference aspires to promote knowledge sharing, innovation, and collaboration while emphasizing holistic healing, well-being, and enhanced quality of life beyond cancer. Wishing everyone a meaningful and enriching experience.

Dr. Devafrey D A
Postgraduate Resident
Dept. of Radiation Oncology



Messages from the Organising Team

It is my privilege to extend a warm welcome to all distinguished guests, faculty members, and participants to the conference. This academic gathering provides a valuable platform for the exchange of knowledge, ideas, and innovations that shape the future of our field. I hope this conference fosters meaningful discussions, collaboration and inspiration for continued learning and advancement in medical science. With gratitude and pride, we present this souvenir as a token of memorable moments shared, ideas exchanged, and collaborations inspired during this academic bonanza.



Dr. Mercy Cherian
Post Graduate Resident
Dept. of Radiation Oncology



It is an honour and privilege to welcome all distinguished dignitaries to this conference. Over the next two days, we shall embark on a journey of learning and collaboration through insightful discussions. May this event inspire young oncologists and mark a milestone in advancing cancer care and wellness. I am confident that this conference will inspire budding oncologists and significantly contribute to the advancement of cancer care and wellness.

Dr. Yukti Guliani
Post Graduate Resident
Dept. of Radiation Oncology



Messages from the Organising Team

I feel pleasure and an honour to welcome all the dignitaries present over here. I feel myself lucky and thrilled to see godlike esteemed doctors gathered at one place. Over the next two days, we'll be diving into deep sea of knowledge by way of discussions and thought sharing with expert speakers. Let's make the most out of this opportunity to share knowledge, exchange ideas, and forge new collaborations. I extend my heartiest thanks to all of you for gracing the moments with us, and I wish you all a productive and enlightening experience.

I am sure that this will prove to be a life-changing experience for all the upcoming doctors in the field of oncology. I wish a grand success to the Conference and its ideators.

Dr. Rahul Bansal
PG Resident
Dept. of Radiation Oncology





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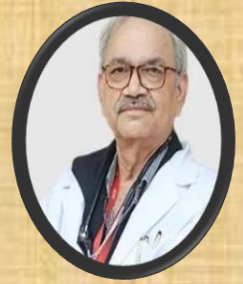
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29th Annual Conference of Association of Radiation Oncologists of India (AROI) – North Zone

1st & 2nd November 2025



Christian Medical College and Hospital Ludhiana, Punjab

Scientific Program

DAY 1- 1 st NOVEMBER 2025 (SATURDAY)		
8:00 AM– 8:45 AM	REGISTRATION	
8:45 AM– 9:00 AM	WELCOME NOTE	
SESSION 1 9:00 AM – 9:45 AM	Survivorship Redefined: The Expanding Role of Radiation Oncology CHAIRPERSONS: Dr. M.K. Mahajan, Dr. Raman Arora, Dr. Shreerang Bhide, Dr. Arun Chougule	
9:00 AM – 9:15 AM	The “Why” of cancer Survivorship	Dr. Sushmita Goshal PGIMER Chandigarh
9:15 AM – 9:30 AM	Integrating survivorship care into radiation oncology workflow	Dr. Tejinder Kataria Medanta Gurgaon
9:30 AM – 9:45 AM	Radiation-Induced Secondary Malignancies: Risk, Detection, and Counselling	Dr. D.N. Sharma AIIMS, Rewari & Bilaspur
10:00 AM- 10:30 AM	INAUGURATION	
SESSION 2 ORATION 10:30 AM – 11:15 AM	DR. B. D. GUPTA ORATION CHAIRPERSONS: Dr. Deepak Abrol, Dr. Pardeep Garg	
	Reintegrating Brachytherapy: A Strategic Shift in Modern Radiation Oncology Practice	Dr. Rakesh Kapoor PGIMER Chandigarh
11:15 AM-11:30 AM	TEA	
SESSION 3 11:30 AM- 12:15 PM	Quality of Life & Toxicity Assessment in Radiotherapy Survivorship CHAIRPERSONS: Dr. G. K.Rath, Dr. Kamlesh Passi, Dr. Meena Sudan, Dr. R. Devgan	
11:30 AM – 11:45 AM	Modern Radiation Techniques and their Impact on Survivorship: IMRT, VMAT, Proton Therapy, and Beyond	Dr. A.K. Anand Fortis Gurgaon
11:45 AM – 12:00 PM	RTOG/EORTC vs CTCAE: Choosing the Right Tool	Dr. Shikha Haldar Sir Gangaram Hospital New Delhi
12:00 PM- 12:15 PM	Patient-Reported Outcomes vs Clinician Grading: Where’s the Gap?	Dr. Shreerang Bhide Royal Marsden Hospital UK
SESSION 4 12:15 PM- 1:00 PM	Mitigating toxicities & improving outcomes CHAIRPERSONS: Dr. Sandhya Sood, Dr. Raja Banipal, Dr. Himanshu Srivastava, Dr. Ritu Agarwal	
12:15 PM -12:30 PM	Balancing Cure and Quality: Late Effects of Radiation through the Lens of QUANTEC	Dr. Manish Gupta IGMC Shimla
12:30 PM- 12:45 PM	Management of Neurocognitive Decline and Fatigue in Post-Radiotherapy Brain Tumor Survivors	Dr. Shabab L Angurana AIIMS Jammu
12:45 PM- 1:00 PM	Life After RT: Managing Dysphagia, Xerostomia, and Speech Impairments	Dr. Charu Garg Max Saket, New Delhi
SESSION 5 PANEL DISCUSSION 1:00 PM – 1:30 PM	Should all cancer centres offer advanced radiation techniques, regardless of volume or expertise? MODERATOR: Dr. Ashutosh Gupta CHAIRPERSONS: Dr. Harpreet Singh, Dr. Shikha Chawla	
	PANELISTS: Dr. G K Rath, Dr. Jaskaran S Sethi, Dr. Shelly Hukku, Dr. Kislay Dimri, Dr. Yashpal Verma, Dr. Abraham P. Abraham.	
1:30 PM- 1:45 PM	Radiation Oncology in 21 st century: A Call for Advocating Advanced Radiation Technology	Dr. Deepak Abrol AOI Jammu

29th Annual Conference of Association of Radiation Oncologists of India (AROI) – North Zone

1st & 2nd November 2025



Christian Medical College and Hospital Ludhiana, Punjab

Scientific Program

1:45 PM – 2:15 PM	LUNCH	
SESSION 6 2:15 PM- 3:15 PM	Site Specific Toxicity Management CHAIRPERSONS: Dr. Hanuman Yadav, Dr. Arun K Agarwal, Dr. Vipul Nautiyal	
2:15 PM - 2:30 PM	Cardiac and Lymphedema Risk After Radiation in Breast Cancer Survivors	Dr. Budhi Yadav PGIMER Chandigarh
2:30PM – 2:45 PM	Quality of life after cervical cancer radiotherapy: Vaginal toxicity & Sexual outcome	Dr. Bhavana Rai PGIMER Chandigarh
2: 45 PM – 3:00 PM	Managing late GU and GI Toxicity after Radiotherapy	Dr. Narendra Kumar Bhalla Fortis Mohali
3:00 PM- 3:15 PM	AI powered adaptive radiotherapy: The future of personalized treatment	Dr R Vaitheeswaran Elekta India
SESSION 7 3:15 PM- 3:45 PM	Radiotherapy Dose Escalation: Is Increased Tumor Control Worth the Risk to Quality of Life? CHAIRPERSONS: Dr. Rajeev Attri, Dr. Neeraj Jain, Dr. Vivek Immanuel	Dr. Indu Bansal Paras Gurgaon vs Dr. Sarthak Tandon RGCIIRC
3:45 PM – 4:00 PM	Transforming Radiotherapy with Hypersight technology	Mr. Taposunder Majumdar Varian India
SESSION 8 4:00 PM – 4:45 PM	Recent advances and survivorship: The missing link CHAIRPERSONS: Dr. Manish Pandey, Col. Dr. Virender Suhag, Dr. Preeti Negi, Dr. Vinod Nimbran	
4: 00 PM – 4:15 PM	Functional Avoidance and Adaptive Radiotherapy: Toward a Personalized Survivorship Model	Dr. Sajal Kakkar Max Hospital Mohali
4:15 PM- 4:30 PM	Personalizing Radiotherapy Using Radiogenomics and Predictive Modelling	Dr. Shikha Goyal PGIMER Chandigarh
4:30 PM – 4:45 PM	FLASH Radiotherapy: Is There a Future in Survivorship-Centered Treatment?	Dr. Manjinder Singh Sidhu DMC Ludhiana
SESSION 9 PANEL DISCUSSION 4:45 PM – 5:15 PM	Long-Term Surveillance in Paediatric Cancer Survivors: Are We Doing Enough? MODERATOR – Dr. Kanika Sood CHAIRPERSONS – Dr. Soumitra Barik, Dr Ishu Sharma PANELISTS: Dr. Shruti Kakkar, Dr. Nitin Peters, Dr. Renu Madan, Dr. Deepak Gupta, Dr. Purnima Thakur, Dr. Parneet Singh	
5:15 PM- 5:30 PM	Role of Dual HER2 blockade in the adjuvant and adjuvant management of HER 2+ Early breast cancer	Dr. Gurvinder Singh DMC, Ludhiana.
SESSION 10 IDMP SESSION 5:30- 5:50	Medical Physics and Emerging Technologies: Shaping the Next Decade Dr. Arun Chougule, Dr. Kamlesh Passi, Dr. Vinod Dangwal, Dr. N. Balasubramanian, Mr. A. R. Arputharaj, Mr Rajesh Chandran, Dr. Mohit Tyagi	
5:50 PM	GENERAL BODY MEETING (GBM)	
7:00PM – 10:30 PM	GALA DINNER	

29th Annual Conference of Association of Radiation Oncologists of India (AROI) – North Zone

1st & 2nd November 2025



**Christian Medical College and Hospital
Ludhiana, Punjab**

Scientific Program

DAY 2- 2nd NOVEMBER 2025 (SUNDAY)

SESSION 11 8:00 AM- 09:45 AM	Cancer Survivorship & Re-Irradiation: Managing Recurrence with Precision CHAIRPERSONS: Dr. Shailesh Shende, Dr. V.K. Dangwal, Dr. Aman Sharma	
8:00 AM – 9:00 AM	BEST PAPER PRESENTATION Judges- Dr. Rajeev Seam, Dr. Awadesh Pandey, Dr. Harbans Kapoor, Dr. Harpreet Singh	
9:00 AM – 9:15 AM	Re-Irradiation in Survivors: Who, When, and Why?	Dr. Anil Kumar Goel AIIMS Bathinda
9:15AM-9:30AM	Re-Treating with Precision: IMRT, SBRT, Proton and MR-Guided RT	Dr. Pankaj K. Arora Max Hospital Mohali
9:30 AM- 9:45 AM	Re-Irradiating Critical Structures: Lessons from CNS and Head & Neck Cancer	Dr. Manjit Jaura Pragma Medical Institute, Bathinda
SESSION 12 9:45 AM- 10:30 AM	Cancer Survivorship & Re-Irradiation: Managing site specific Recurrence with Precision CHAIRPERSONS: Dr. Abhidha Malik, Dr. Jaspinder Kaur, Dr. Romi Kant Grover	
9:45 AM- 10:00 AM	Re-Irradiation in Locally Recurrent NSCLC: A Risk-Benefit Approach	Dr. Divya Khosla PGIMER Chandigarh
10:00 AM- 10:15 AM	Beyond the First Dose: Strategies and Outcomes in Re-Irradiating Bone Metastases	Dr. Archana Dutta PIMS Jalandhar.
10:15 AM- 10:30 AM	Re-RT in Pelvic Malignancies: Pushing the Boundaries in Gynaecologic Oncology	Dr. Tapas Dora HBCH Sangrur
10:30 AM- 10:45 AM	TEA	
SESSION 13 DEBATE 10:45 AM- 11:15 AM	'This house believes that Artificial Intelligence can and should be trusted to guide clinical decision-making in Radiation Oncology' CHAIRPERSONS: Dr. Anshuma Bansal Dr. Balasubramanian N, Dr. Prarthana Roselil	Dr. Supriya Mallick AIIMS New Delhi Vs. Dr. Kundan Chufal RGC New Delhi
SESSION 14 PANEL DISCUSSION: 11:15 AM- 11: 45 AM	Real-World Cases and Controversies in Re-Irradiation: Curative vs. Palliative Intent- Ethical and Clinical Dilemmas MODERATOR: Lt. Col Dr. Ashok Kumar CHAIRPERSONS: Dr. A. Rathi, Dr. Manraj Singh Kang PANELISTS: Dr. Edward Dubland, Dr. Manishi Bansal, Dr. Sapna Marcus, Dr. Gaurav Goel, Dr. Nahida Yousuf	
PG Resident Quiz 11:45 AM- 12:30 PM	Quiz master- Dr. Jaineet Sachdeva Dr. Sapna Marcus, Dr. Dayapreet Kaur	
SESSION 15 12:30 PM- 1:15 PM	Navigating the New Normal: Advances in Cancer Survivorship CHAIRPERSONS: Dr. Manjit Jaura, Dr. Meenakshi Mittal, Dr. Karuna Singh.	
12:30 PM - 12:45 PM	Survivorship initiatives by a multidisciplinary team: The impact of advancing knowledge and career progression	Dr. Shamit Chopra Patel Hospital, Jalandhar
12:45 PM- 1:00 PM	Healing Without Bankruptcy: Reducing the Financial Burden of Survivorship	Dr. Nidhi Gupta GMC Chandigarh
1:00 PM- 1:15 PM	Survivorship care plans & transitioning to long-term care	Dr. Abraham P Abraham CMC, Ludhiana
1:30 PM – 2:30 PM	LUNCH	
SURVIVORS FORUM 3:00 PM- 4:30 PM	Coordinators: Dr Mary Joan, Mrs Manjinder Dhanoa, Mr. Baljit Singh From Survivor to Speaker: Stories of Strength and Hope Dr. Sapna Marcus, Dr. Raman Arora, Dr. Jaineet Sachdeva, Dr. Pamela Jeyaraj, NGO representative, Mr. Ayan	
4:30 PM – 5: 00 PM	VALEDICTORY FUNCTION	



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ABSTRACTS



Hemoperitoneum due to Ruptured Corpus Luteal Cyst in a Girl with Idiopathic Thrombocytopenic Purpura – A Case-Based Discussion on Multidisciplinary Management and Imaging Correlation

¹Prasad KE,²Ghosh U

¹Christian Medical College, Ludhiana

²Christian Medical College, Vellore

Background: Idiopathic thrombocytopenic purpura (ITP) is the most common haemorrhagic disorder in children. Although most cases present with mucocutaneous bleeding, rare and life-threatening intra-abdominal haemorrhages can occur due to rupture of functional ovarian cysts, especially in menstruating adolescents.

Case Summary: We report a 15-year-old girl with ITP who presented with abdominal pain, mucosal bleeding, and severe thrombocytopenia. Imaging revealed a left ovarian heteroechoic lesion with hemoperitoneum suggestive of a ruptured corpus luteal cyst. Bone marrow studies confirmed ITP. The patient was successfully managed conservatively with intravenous immunoglobulin, corticosteroids, and norethisterone, avoiding surgical intervention.

Discussion: The case highlights the diagnostic importance of pelvic ultrasound and the potential of conservative medical management in hemodynamically stable patients. Prompt radiological evaluation in coordination with haematology and gynaecology teams enables timely intervention, minimizes complications, and reduces the need for surgery.

Conclusion: In adolescent females with ITP presenting with acute abdomen, ruptured corpus luteal cyst should be considered a differential diagnosis. Radiological imaging plays a pivotal role in diagnosis and management. Early, multidisciplinary, and conservative treatment can be life-saving and prevent unnecessary surgical procedures.

Keywords: Idiopathic Thrombocytopenic Purpura, Hemoperitoneum, Corpus Luteal Cyst, Ultrasound, Conservative Management, Adolescent Female.



Unveiling the link between fatigue, QOL and PS in anemic cancer patients.

Roy D¹, Srivastava H¹, Negi P¹, Manohar A¹

¹Department of Radiation Oncology, Capitol Hospital, Jalandhar, Punjab, India

Background: Non-communicable diseases contribute to the 71% of the total deaths as per the 2020 GLOBOCON data. Cancer results in a wide spectrum of symptoms varying from pain, discomfort, dietary imbalance, anemia, mental and sleep disturbance. Among these, anemia has been as the most prevalent. Cancer-directed treatment modalities such as chemotherapy and radiotherapy play an important role in causing anemia due to the associated myelosuppression. Cancer-associated fatigue occurs in 25.1% to 48.7% of cancer patients. This fatigue often affects the QOL (Quality of Life) and PS (Performance Status) of these patients.

Aim and Objective: To determine the correlation between fatigue, QOL and PS in anemic cancer patients.

Materials and Methods: This study, conducted from 01.09.2025 to 31.10.2025 involving approximately 87 cancer patients with anemia. We have planned to use FACT-An (Version 4) questionnaire to assess the patient. The patients, aged 18-65 years and those who were treated with definitive or adjuvant RT with/without CT were enrolled for this study. The patients who were treated with palliative intent, unwilling to participate in the study, unable to communicate or those with recurrent disease, hematological malignancy were excluded

Result: We are still enrolling the patients.

Conclusion: Results are awaited.

Keywords: Fatigue, Quality of life, Performance status, anemia



The impact of definitive and adjuvant radiation therapy on quality of life (QOL) in cancer patients : A prospective study.

Dimri S¹, Srivastava H¹, Negi P¹, Roy D¹

¹Department of Radiation Oncology, Capitol Hospital, Jalandhar, Punjab, India

Background - According to GLOBOCAN cancer incidence in India would increase to 2.08 million in 2040, according for a rise of 57.5%. The side-effects of various treatment modalities including radiotherapy affects the Quality of life (QOL) of cancer patients. WHO defines the QOL as “an individual’s perception of their position in life in the context of the culture and the value systems in which they live and in relation to their goals, expectations, standards and concerns”.

Aims and Objectives - To assess QOL in cancer patients treated with Radiation therapy with or without concurrent chemotherapy, using FACT-G questionnaire.

Materials and Methods - A cross-sectional observational study was conducted at Capitol hospital, Jalandhar from 1st June 2025 to 31st of August 2025. FACT-G (version 4) questionnaire was used to assess the QOL of cancer patients.

Inclusion criteria:

- Patients aged 18-70 years.
- Radical/adjuvant RT with or without concurrent chemotherapy, irrespective of the duration and dose of RT.
- ECOG-PS of 0-2.

Primary tumor sites included carcinoma head and neck, breast cancer, prostate cancer, gynaecological cancers and genitourinary malignancies (Urinary bladder and rectum).

Exclusion criteria:

- Patients who had received neo-adjuvant chemotherapy..
- Those treated with palliative intent.
- Those with recurrent/metastatic disease

Results – We are still enrolling the patients.

Conclusion – Results are awaited

Keywords – Radiotherapy, Quality of life



Assessment of QOL in breast cancer patients undergoing adjuvant radiation therapy: A prospective study

Manohar A¹, Srivastava H¹, Negi P¹, Roy D¹

¹ Department of Radiation Oncology, Capitol Hospital, Jalandhar, Punjab, India,

Background - Breast cancer is a significant global health issue, accounting for 2.3 million new cases as per GLOBOCAN data 2020. Due to the recent developments in breast cancer treatment, a relatively better survival is achieved. Despite the better survival, patients quality of life (QOL) is still negatively affected by various physical, psychological and social consequences.

Aims and Objectives –To assess the changes of QOL status and associated factors during the course of radiation therapy in breast cancer patients.

Material and Methods – This prospective study was conducted on patients with invasive breast cancer patients undergoing adjuvant radiation therapy from 1st May 2025 to 30th August 2025. A self-addressed EORTC QLQ C-30 questionnaire was used to assess the QOL. This questionnaire was completed one day prior to and at the end of radiation treatment. Patient-, tumor- and treatment related factors were evaluated at the initial visit of radiation treatment.

Inclusion criteria –

- Patients 18-65 years of age
- ECOG PS 0-1
- Histologically proven breast cancer
- Patients who gave consent to participate in the study

Exclusion criteria –

- Patients with prior radiation therapy to chest wall,
- Pregnancy or breastfeeding and
- Patients with metastatic/ recurrent disease.

Results – We are still enrolling the patients.

Conclusion – Results are awaited.

Keywords – Breast cancer, Radiation therapy, Quality of life



Postoperative Radiotherapy as Salvage Therapy for Multiple Recurrent Atypical Spindle Cell/Pleomorphic Lipomatous Tumor of Head & Neck Region: A Case Report and Literature Review

Gupta V¹, Vyas R¹, Gupta M²

¹ Additional Senior Medical Officer, Atal Cancer Care Centre, Ambala cantt.

² Medical Officer, University Health Centre, Kurukshetra University.

Background: Atypical spindle cell/pleomorphic lipomatous tumor (ASPLT) is a rare, recently characterized adipocytic neoplasm with low malignant potential. Standard management is complete surgical excision; local recurrence is usually linked to positive margins. The role of radiotherapy (RT) is not established, with only anecdotal mentions in the literature. We present a rare case of multiple recurrent ASPLT in the head and neck region managed with postoperative radiotherapy, highlighting its potential role in local control.

Case Presentation

Patient: Twenty years male presented with recurrent swelling in the left buccal mucosa and face.

History: Two prior surgical excisions done in 2018 & 2020; pathology consistently reported ASPLT.

Findings: Current recurrence showed asymmetric face with left side swelling measure 6*4 cm. Magnetic resonance imaging of the neck showed large relatively well-defined altered signal intensity mass lesion in left infratemporal fossa, causing destruction of ramus, condyle and posterior alveolar arch of mandible.

Treatment: Patient underwent surgical resection. Given repeated recurrences and surgical morbidity, postoperative radiotherapy (RT) was delivered via VMAT technique with dose 60Gy in 30 fraction over 6 weeks.

Outcome: The patient tolerated RT with grade II mucositis and grade I skin reactions. At 28 months follow-up, the patient remains disease-free with good functional and cosmetic outcomes. No late radiation-related morbidity has been observed to date.

Conclusion: This is among the first documented cases of postoperative RT used for multiple recurrent ASPLT of the head & neck region. While surgical excision remains the gold standard, RT may be considered in exceptional cases of unresectable or multiple recurrent disease to achieve durable local control. Larger studies and pooled case reports are needed to better define the role of adjuvant RT in ASPLT.



Olfactory Neuroblastoma with Intracranial Extension in a Young Female – Managed with VAC/IE Based Chemotherapy: A Rare Case Report

Kaur A¹, Garg P¹

¹ Department of Radiation Oncology Guru Gobind Singh Medical College

Background: Olfactory neuroblastoma (ONB) is a rare malignant tumor of neuroectodermal origin arising from the olfactory epithelium, accounting for <5% of sinonasal malignancies. It often presents late with nonspecific symptoms and can show orbital or intracranial extension. Multimodality treatment is the standard of care due to tumour location, recurrence risk and tendency for intracranial extension .

Materials and methods: A 19-year-old female presented with progressive nasal obstruction, headache, and visual disturbances for 3 months. Clinical examination revealed a friable nasal mass and orbital and frontal region swelling. MRI brain and paranasal sinuses showed a large lobulated lesion (91 × 87 mm) involving bilateral ethmoid sinuses, nasal cavity, and cribriform plate with extension into bilateral frontal lobes and obstructive hydrocephalus. Biopsy revealed a small round blue cell tumor. Immunohistochemistry was positive for Synaptophysin, NSE, CD56, with Ki-67 index 20–25%; negative for GFAP, CD99, NKX2.2, Desmin, and SALL-4. INI-1 and BRG-1 were retained s/o Olfactory Neuroblastoma. The patient initially underwent Neurosurgical decompression for raised intracranial pressure. Systemic chemotherapy was started with VAC (Vincristine, Adriamycin, Cyclophosphamide) alternating with IE (Ifosfamide, Etoposide) planned for 6 cycles.

Results: After 3 cycles (2 VAC, 1 IE), the patient demonstrated marked clinical improvement with reduction of facial swelling and improvement in general condition.

Conclusion: This case highlights the aggressive presentation of high-grade ONB in a young patient with extensive intracranial extension. Immunohistochemistry was critical for diagnosis. The use of VAC/IE chemotherapy demonstrated significant early clinical response, supporting its role in advanced ONB. A multimodal approach combining surgery, chemotherapy, and radiotherapy remains essential for improved survival.



To study Overall Survival and Acute Treatment Toxicity in Elderly patients of Head and Neck Malignancy with Poor Performance Status Treated with Hypofractionated Radiation Therapy

Negi S¹, Nautiyal V¹, Kumar V¹, Barthwal M¹

¹Department of Radiation Oncology, Himalayan Institute of Medical Sciences, Swami Rama Himalayan University, Dehradun, India

Background: A single institution retrospective study of Head and Neck Malignancy Elderly patients with Poor Performance Status (PS) from April 2022-2024 who received Hypofractionated External Beam radiotherapy (EBRT). These patients presented with advanced disease and poor PS

Aims and Objectives: To study overall survival and acute treatment toxicity in elderly patients of head and neck malignancy with poor PS treated with hypofractionated radiation therapy

Materials and methods: Between april 2022 and april 2024, 80 elderly patients of head and neck carcinoma were treated with ebrt 40gy in 16 fractions. overall survival of patients was determined after completion of treatment. locoregional control, tolerance of patients and acute treatment toxicity of radiation therapy were assessed. the patients who presented in poor ps and grade ii-iii dysphagia were advised for nutritional build up and ryles tube insertion. patients who could tolerate treatment well were given boost of 4-6 fractions.

Results: 56 patients had ECOG PS 2(70%) and 24 patients had ECOG PS 3(30%). All patients belong to age group above 60 years. The mean overall survival was 10 months. Acute and late reactions were acceptable. Patients achieved a good locoregional control after treatment.

Conclusions: The hypofractionated EBRT regimen is an effective treatment modality for elderly patients. This regimen allows elderly patients with poor general condition who are otherwise treated with palliative radiation therapy and best supportive care to get treatment with radical intent.

Keywords: Head and neck cancer, Hypofractionated EBRT, Palliative EBRT, Quality of life.



To study the quality of life and survival outcomes of patients with brain metastasis treated with stereotactic radiation therapy of various primary tumors- a single center experience

Negi S¹, Nautiyal V¹, Kumar V¹, Barthwal M¹

¹Department of Radiation Oncology, Himalayan Institute of Medical Sciences, Swami Rama Himalayan University, Dehradun, India

Background: Incidence of brain metastasis is increasing due to improvement of both diagnostic tools and oncological treatment for primary tumor. Approximately 10-30% of patients develop brain metastasis during course of their disease in solid tumors. Stereotactic radiation therapy plays a major role in multidisciplinary management of brain metastasis.

Aims and Objectives: To evaluate the efficiency and toxicity profile of SRT with or without other treatment for brain metastasis from various primary tumors.

Materials and methods: Between November 2023 to April 2025, 50 consecutive patients of single or upto 5 brain metastasis (Oligometastasis) were treated with ablative Stereotactic Radiation Therapy at Himalayan Hospital, Dehradun, India. Follow up data was analysed until July 2025. Kaplein Meyer and Cox Proportional Hazards Regression Analysis were used for survival analysis. Quality of life questionnaire were used to evaluate QOL.

Results: Among 50 patients, median Overall Survival (OS) was 14.8 months. Statistically significant factors of better OS were oligometastasis with KPS > 80% and no extracranial metastasis. Quality of life significantly improved by SRT.

Conclusions: Patients receiving SRT achieved good local control and benefit in Overall Survival. For patients with Brain metastasis, limited extracranial disease, higher BED10 SRT > 50 Gy and targeted therapy may predict a favorable prognosis. SRT also improved Quality of life in these patients.

Keyword: Brain metastasis, EBRT, KPS, SRT, Quality of life.



A rare case presentation of anaplastic large cell lymphoma with cutaneous and distant metastasis

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Background:- Anaplastic large cell lymphoma (ALCL) is a rare T-cell lymphoma, and oral or lip involvement is exceptionally uncommon. Anaplastic large cell lymphoma (ALCL) is a rare subtype of non Hodgkin lymphoma characterized by the abnormal proliferation of large, anaplastic T lymphocytes that express the CD30 antigen on their surface. ALCL is further classified based on the presence or absence of an anaplastic lymphoma kinase (ALK) protein, with ALK-positive ALCL generally affecting younger individuals and having a better prognosis compared to ALK-negative ALCL. The disease often presents with enlarged lymph nodes, systemic symptoms, and can involve multiple organs. This is a report of rare case of ALK-positive ALCL presenting as a lip lesion in a middle-aged female.

Materials and methods:- The patient presented with progressive swelling of the lower lip, clinically suspicious for squamous cell carcinoma. Biopsy revealed high grade malignancy, but the IHC was suggestive of ALK+ ALCL. Staging work-up demonstrated disseminated disease with lesion in left lung with left sided pleural effusion, multiple lymph nodal involvement as well as bone metastasis at diagnosis, highlighting the aggressive course of this entity.

Results:- The patient was initiated on first-line therapy using the EPOCH regimen and has demonstrated an excellent response. Remarkably, both the cutaneous lesion and pleural effusion have shown a rapid and significant resolution following treatment. This impressive outcome highlights the efficacy of EPOCH chemotherapy in aggressive anaplastic large cell lymphoma with advanced presentation.

Conclusion:- This case emphasizes the need to consider lymphomas in the differential diagnosis of atypical oral/lip lesions. Early biopsy and immunophenotyping remain pivotal for accurate diagnosis and optimal therapeutic decision-making.

Keywords:- Anaplastic large cell lymphoma, ALK, CD30, Disseminated disease, EPOCH regimen.



In-house prototype development of a rectal brachytherapy applicator using artificial intelligence and 3D printing

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Background: Three-dimensional (3D) printing of medical devices is gaining popularity, including the development of customized brachytherapy applicators. Artificial Intelligence (AI) enables rapid computer aided design (CAD) automation, and its integration with 3D printing allows translation of digital models into physical prototypes with rapid iteration and customization.

Aim: To explore the feasibility of an AI-assisted workflow for designing and 3D printing a rectal brachytherapy applicator prototype.

Materials and Methods: Design Input & CAD: The applicator shape and dimensions were provided as input to an AI tool (ChatGPT), which generated initial Open Source CAD (Open SCAD) code. Iterative refinements were made until a satisfactory CAD model was achieved.

3D Printing: The final design was exported as an STereoLithography (STL) file and printed on an in house fused deposition modeling (FDM) printer using polylactic acid (PLA) filament.

Results: The AI-assisted workflow enabled rapid refinement of applicator geometry and successful in-house prototyping. The printed model demonstrated adequate dimensional accuracy consistent with CAD specifications.

Conclusion: AI-assisted CAD combined with 3D printing enables rapid in-house prototyping of a rectal brachytherapy applicator. However, clinical translation will require evaluation of material properties, sterilization, biocompatibility, dosimetry, and regulatory compliance, along with dedicated manpower.

Keywords: Artificial Intelligence, Brachytherapy, Computer-Aided Design, Medical Device Prototyping, Rectal Applicator, Three-Dimensional (3D) Printing.



Connecting Oncology Patients to Meaningful Palliative Support Services (COMPASS)

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Background: The most common cancer in patients presenting to radiation oncology OPD is head and neck cancer (HNC). Among which 65% of patients have locally advanced or metastatic cancer with stage III and IV. They often experience delayed symptom control and reduced quality of life due to limited palliative care referrals. Currently less than 10% of these patients are referred to PC, despite the symptom burden, unmet supportive care needs and poor quality of life. To address the gap, a quality improvement project was initiated under the partnership of Stanford Medicine and Tata Memorial Center, Mumbai.

Aim: To improve palliative care referral for stage III and IV head and neck cancer patients presenting to radiation oncology OPD from the current baseline of 9% to a target to 50% by March 20, 2025.

Methods: To identify the cause of minimum or delayed referrals, A3 methodology was adopted, and a process mapping was developed to pinpoint the critical phase where PC referrals could be introduced to reduce symptom burden. Based on fish bone diagram to explore root causes, an impact effort matrix was used to prioritize the intervention that required minimal effort but had a high impact were chosen.

Intervention/Countermeasures: Through a baseline assessment, it was identified that a total of 123 patients were presented to radiation oncology OPD from 1st to 30th September 2024. To address the identified barriers, several interventions were introduced such as sensitizing oncologists, enhancing accessibility to PC OPD, improving interdepartmental communication, and ensuring proper cancer staging is mentioned. By identifying and overcoming these obstacles, referrals surpassed the target of 50% and reached 84%. Some key factors contributing to the sustainability plan are continued sensitization of oncology department, documentation of cancer stagings, strengthening interdepartmental communication and collaboration.

Conclusion: By leveraging the quality improvement methodologies, we tried to identify and address key barriers to PC referrals to enhance quality of life and ensure timely access to palliative care for stage III and IV HNC patients.



Moving beyond 'survival' into survivorship: a measurement framework for non-oncological outcomes in localised carcinoma prostate

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Background: Prostate cancer(PC) is one of the most prevalent solid organ cancers. Treatment decision making often depends on oncological outcomes, notably disease-specific survival. Non-oncological outcomes include quality of life(QOL) domains affected by treatment, in terms of sexual, urinary and bowel health. In the era of personalised medicine, determining optimum treatment should involve careful evaluation of both oncological and non-oncological outcomes. It is impossible to improve on something that is not measured. Hence, multiple tools are used to highlight these QOL domains and quantify their results into preferred models to match the patient and treatment.

Aims and objectives: To highlight the importance of non-oncological outcomes in localised carcinoma prostate patients and advocate for their systematic assessment and integration into research and clinical care to support informed treatment decisions.

Materials & methods: A short span single-institution study was done, including 10 patients with PC localized disease. 4 patients were postoperative. The IPSS tool was used at the start of the treatment, during and post-treatment at 0, 3, and 6-month intervals. Other patient and caregiver-based questionnaires, like European Organisation for Research and Treatment of Cancer (EORTC) QLQ-C30, EORTC QLQ-PR25, Brief COPE, PROMS (patient-reported outcome measure) and CROMs (caregiver reported outcome measure), were used, respectively. Correlation analysis was used to achieve the research aim.

Results: IPSS score improved during the treatment ($P<0.05$). Patients' active and avoidant coping strategies influenced their mental well-being ($P<0.001$). The urinary dysfunction score was low in postoperative patients where sexual dysfunction score was low in postoperative patients as well as in radiotherapy receiving patients, as compared to active surveillance.

Conclusion: In this study focus was shifted from traditional metrics such as morbidity and mortality. Significant room for addressing QOL and incorporating PROMS in clinical practice. Future research must continue to evaluate QOL complications that were inadequately assessed in the past due to differences in baseline symptom burden.

Keywords: QOL, Prostate cancer, Non-oncological outcomes.



Clinicopathological features and management trends-A retrospective cohort study of vulvar cancer from Regional cancer center

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Background: Carcinoma Vulva is relatively rare gynecological tumor with 47,342 new cases as per Globocan 2022. Thus an institutional retrospective cohort study was done over a period of 6 years to add to the limited literature.

Aims and objectives: The aims and objectives are to analyze the clinical presentation, management methods and outcome of carcinoma vulva from a single institution over 6-years.

Methodology: Histo-pathologically proven vulvar cancers that were registered at the Department of Radiation Oncology, PGIMS, Rohtak (Haryana) were analyzed. The presence of risk factors, clinical features, stage, treatment modalities used, and disease outcomes in terms of survival and symptom control were studied.

Results: Total 14 patients were analyzed with mean age of 64.4 years. An average of 2.3 cases was seen per year. Thirteen patients (92.9%) were multiparous. All were squamous cell carcinomas. Only four cases had early stage disease (Stage I and II) whereas 10 cases had advanced disease (Stage III and IV). Early stage was primarily treated with surgery i.e. radical vulvectomy with lymph node dissection. Amongst these patients three were planned for concurrent chemo-radiotherapy but one couldn't complete due to comorbidities, severe reactions and defaulted. Amongst remaining 10 patients, 8 underwent palliative radiation along with best supportive care (BSC) followed by good symptomatic relief and only 2 patients were able to receive palliative intravenous chemotherapy with paclitaxel and carboplatin after radiation and 3 received oral metronomic chemotherapy with tablet cyclophosphamide. Mean survival was 16.4 months and 5 months for early and advanced stage. Two patients with early stage disease are still on follow up. Limitation of the study was poor follow-up after treatment

Conclusion: Treatment should be individualized with multidisciplinary approach. Early stage presentation lead to better outcome. However, advanced stage presentation is quite prevalent. Radiation plays crucial role in alleviation of symptoms.

Keywords: Carcinoma Vulva, Radiotherapy, Chemotherapy, Vulvectomy.



From Paper to Digital at AIIMS: Can ePROs Improve Routine Quality of Life Assessment in Oncology?

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BACKGROUND: Electronic patient-reported outcomes (ePROs) are emerging as the standard for streamlining real-time symptoms and quality-of-life (QoL) monitoring in cancer care. This patient-centered approach can bridge communication gaps and positively impact QoL. A persistent discrepancy often exists between symptoms reported by patients and their interpretation by clinicians, leading to suboptimal clinical responses and data quality. This proposed study aims to minimize that gap by implementing a standardized questionnaire in a routine-care workflow.

OBJECTIVES : Primary: To assess QoL in cancer patients using the EORTC QLQ-C30 administered via Google Forms.

Secondary: To assess the feasibility of smartphone-based recording of patient-reported outcome measures.

METHODS: Biopsy-proven cancer patients undergoing chemotherapy and radiotherapy at our institute were recruited. Patients self-completed the EORTC QLQ-C30 (Hindi/English/Punjabi) on smartphones/clinic devices using Google Forms. QoL scores, including the 13-scale Summary Score were calculated per EORTC guidelines using standard 0–100 transformations.

RESULTS: The QoL Summary Score was comparable across cohorts: RT 76.9 vs Chemo 76.1. Global Health Status was 66.7 in both cohorts. Physical Functioning (PF) was modestly higher with RT (86.7) than Chemo (80.0). Symptom profiles were divergent: insomnia was higher in the RT cohort (66.7), while fatigue was higher in the Chemo cohort (33.3); dyspnea was common in both. Within one week, feasibility was favourable: 58.3% of RT patients and 51.1% of chemotherapy patients completed the ePRO during routine waiting time; overall completion rate was 54.3%. If continued in routine practice, this workflow can rapidly build a robust dataset and enable earlier symptom interventions.

CONCLUSION: Our low-cost Google Forms ePRO system worked well and gave useful QoL information. Regular usage of this system with simple alerts, will enable us to detect the issues earlier and give patients more focussed care

KEYWORDS: ePRO , QLQ-C30, Quality of life.



Evaluating extended-field radiotherapy versus standard pelvic radiotherapy for locally advanced cervical cancer with positive pelvic nodes

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INTRODUCTION For locally advanced cervical cancer (LACC) the advances in conformal RT and image guided adaptive brachytherapy (IGABT) have improved local control (92-93%) with acceptable toxicity as demonstrated in EMBRACE, yet 20–25% of patients relapse within 5 years, mainly due to nodal and distant failures. Para aortic nodal (PALN) failures occur in 10–12% of pelvic node-positive cervical cancer, with 10–25% occult PALN metastasis. Historical extended field RT (EFRT) had high toxicity with 2D/3DCRT, but IMRT/IGRT improves precision. No prospective trials compare EFRT to pelvic RT (PRT) with chemotherapy using modern techniques. This study evaluates acute toxicity and quality of life (QOL) of EFRT versus PRT in LACC.

METHODS: Patients were randomised in EFRT and PRT arms and received a dose of 45Gy in 25# with a 55Gy simultaneous integrated boost to pelvic nodes via IGRT and 4-5cycles of concurrent cisplatin followed by IGABT. Strict onboard imaging was used during external RT delivery. During the treatment acute toxicity was documented using CTCAE V5.0 and QOL was documented at diagnosis and after 3months of treatment complete on using EORTC QLQC30.

RESULTS: Median patient age was 53 years. Acute toxicities were generally mild (grade 1-2) (14.1%), with no grade 3 or 4 events observed. Control and test arm showed no statistically significant differences (all p-values > 0.05) for each toxicity. On QOL assessment both groups had significant improvements in Global QOL (QL) (p = 0.00075) and Emotional Functioning (EF) (p = 0.00117) from baseline to 3months. Other domains showed improvement but these were not statistically significant. Both groups showed improvements in functional domains and reductions in symptom domains, but the magnitude of changes was similar between groups.

CONCLUSION : No statistically significant differences were found between control and test arm in toxicity profiles or QoL outcomes. Both arms showed clinical improvements, particularly in QoL and symptom reduction but neither arm demonstrated a clear advantage over the other, suggesting comparable efficacy. However, validation in larger cohorts is needed.



Retrospective data analysis of esophageal carcinoma: a nine year hospital based study

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Background: Carcinoma esophagus is one of the most common malignancies encountered in radiation oncology practice in India. Patients often present at advanced stages, particularly in rural populations, with high prevalence of tobacco use.

Aims and Objectives: To analyze retrospectively the clinical profile, treatment patterns, and tolerance outcomes of carcinoma esophagus patients treated over nine years at Aadhar Health Institute, Hisar.

Materials and Methods: Data of 313 patients treated between November 2016 and August 2025 were reviewed from departmental records. All patients were histo-pathologically confirmed and evaluated with endoscopy, biopsy, routine blood investigations, and contrast-enhanced CT scans. Neoadjuvant chemotherapy, radical radiotherapy, adjuvant radiotherapy, or palliative radiotherapy were provided depending on stage. Radiation was planned with ECLIPSE 13.7 and delivered using LINAC/TRUE BEAM. Dose constraints were applied for lungs (V10 <20%) and heart (V20 <10%).

Results: Of 313 patients, 201 were males and 112 females. Squamous cell carcinoma accounted for 306 cases, and seven patients had adenocarcinoma. Neoadjuvant chemotherapy was administered to 269 patients and most commonly used regimen was cisplatin+paclitaxel+5-fluorouracil. Radical radiation was given to 238 patients, adjuvant radiation to 27, and palliative treatment to 29. Concurrent chemotherapy with cisplatin or carboplatin was used in over 80%. IGRT was employed in 125 cases and IMRT in 92. Treatment completion was achieved in all patients. Grade III gastrointestinal toxicity occurred in less than 2%

Conclusion: Esophageal carcinoma management with multimodality treatment is feasible and well tolerated, with high compliance and acceptable toxicity. Improved follow-up practices and robust data entry are needed for better long-term outcome assessment.

Keywords: Carcinoma, Chemotherapy, Esophagus, Radiotherapy.



Carcinoma Breast with Brain Metastasis and Subsequent Carcinoma Endometrium

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Background: Brain metastasis are common complications in advanced solid tumors, particularly in lung and breast cancers. They are the most frequent intracranial malignancies in adults and often signify a poor prognosis. Long-term survival after brain metastasis is rare. The occurrence of subsequent second primary malignancies in such patients is even more uncommon.

Aims and Objectives: To report a rare case of long-term survival after brain metastasis from breast carcinoma, followed by the development of a second primary carcinoma of the endometrium.

Materials and Methods: A 59-year-old female presented in August 2012 with recurrent BM. Her history began in 2012 with right breast carcinoma (pT3N2M0), treated with a Modified Radical Mastectomy (MRM), chemotherapy, and radiation. She developed BM in August 2013 and received Whole Brain Radiation Therapy (WBRT) and hormonal therapy. In May 2023, she was diagnosed with a second primary cancer, endometrioid endometrial carcinoma (pT1bN0M0), and underwent a total abdominal hysterectomy with bilateral salpingo-oophorectomy, pelvic radiation, and vaginal brachytherapy. In August 2025, a Contrast-Enhanced Magnetic Resonance Imaging (CE-MRI) scan confirmed recurrent BM, for which she was offered re-irradiation with WBRT.

Results: The patient achieved a remarkable long-term survival of approximately 12 years from her first diagnosis of brain metastasis in 2013. She successfully tolerated multiple aggressive treatment courses for three distinct oncological events: primary breast cancer, a second primary endometrial cancer, and two episodes of brain metastases.

Conclusion: This case demonstrates that extended survival is achievable in patients with brain metastases from breast cancer. A multidisciplinary approach, aggressive management of both metastatic and new primary disease, and consistent long-term follow-up were crucial to this favorable outcome.

Keywords: Brain metastasis, Breast cancer, Case report, Endometrial carcinoma, Long-term survival, Radiation therapy.



Outcomes of carcinoma cervix patients treated at a tertiary care institute

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Background: Radical chemoradiation followed by brachytherapy is the standard of care in carcinoma cervix patients, with treatment outcomes depending on tumor biology and stage at diagnosis. Assessing local response and survival trends provides valuable insights into treatment efficacy and prognostic factors.

Aims and Objectives: To evaluate local control and overall survival rates in patients with cervix cancer treated at our institution in year 2021-2022

Methods: Out of 70 patients of cervical cancer registered at our institute, 43 patients were non metastatic and received external beam chemoradiotherapy followed by intracavitary brachytherapy. Patient characteristics and treatment related data were collected retrospectively from medical records. Local control (LC) and overall survival (OS) was calculated using Kaplan–Meier analysis using SPSS v 26. Cox regression analysis was used to find factors influencing local control rates.

Results: The median follow up period is 27 months. Median age of the patients is 50 years (35-75). Out of the 43 patients, 2 patients belonged to FIGO stage IIa, 16 to Stage IIb, 14 to stage IIIb, 9 to stage IIIc and 2 to stage IVA. At a median follow up of 27 months, 11 patients failed, out of which 9 had locoregional failure and 2 had distant failure. 2 year local control rate is 82.7% for Stage II and 73% for Stage III patients. The overall survival is 77.8% for Stage II patients and 73.9% for Stage III patients. Advanced stage is the single predictive factor which was significantly associated with local failure rates with $p < 0.05$. 20 patients and 2 patients had Grade 1 and grade 2 acute hematological toxicity. Grade 1 and grade 2 acute gastrointestinal (GI) toxicity was seen in 6 and 9 patients respectively. Grade 1 and Grade 2 acute genitourinary (GU) toxicity was seen in 8 and 2 patients respectively. Grade 2 late GI and GU toxicity was seen in 1 patient each.

Conclusion: Radical chemoradiotherapy with brachytherapy achieved effective local control in carcinoma cervix patients.

Keywords: Cervix, Carcinoma, Chemoradiation, Brachytherapy, Outcome.



Outcomes of carcinoma breast patients treated at a tertiary care institute

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Background: Breast cancer remains the most common malignancy among women worldwide, with treatment outcomes depending on tumor biology, stage at diagnosis, and therapeutic approach. Assessing local response and survival trends provides valuable insights into treatment efficacy and prognostic factors.

Objective: To evaluate local control and overall survival rates in patients with breast cancer treated at our institution in year 2021.

Methods: A retrospective analysis was conducted in all non-metastatic breast cancer patients diagnosed and treated in year 2021 at our institute. Out of total 86 registered patients, 53 were found to be non metastatic. Patient characteristics and treatment related data were collected from medical records. Local control (LC) and overall survival (OS) was calculated using Kaplan–Meier analysis using SPSSn v 26. Cox regression analysis was used to find factors influencing overall survival rates.

Results: The median follow-up was 46 months. Median age of the patients was 50.85 years. 34 (64.2%) patients belonged to stage II and 17 (32.1%) patients had stage III. 10 patients received NACT (Neoadjuvant Chemotherapy) and 43 patients received CCT (Concurrent Chemotherapy). 27 patients were ER+/PR+, 12 were Her-2 3+, 13 were triple negative, and only 2 patients were triple positive. The 3 year local control rates, distant control rate and Overall survival rate was 78.5%, 86.8% and 85.7% respectively. Significant predictors for distant failure included advanced stage, high tumor grade, lymph node involvement, and hormone receptor–negative status with $p < 0.05$.

Conclusion: This retrospective study highlights that local response and overall survival in breast cancer are strongly influenced by tumor biology and stage at presentation. Early detection and tailored treatment strategies remain crucial to improving patient outcomes.

Keywords: Breast Cancer, Local control, Non-metastatic, Overall survival.



Retrospective data analysis of prostate carcinoma: a nine year hospital based study

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Background: Carcinoma prostate is a leading malignancy in elderly males, with many patients presenting at advanced stages. Management requires multimodal therapy including hormonal therapy and radiotherapy.

Aims and Objectives: To conduct a retrospective audit of carcinoma prostate patients treated at Aadhar Health Institute, Hisar over a period of nine-years, focusing on treatment approaches, planning outcomes, and toxicity profiles.

Materials and Methods: Records of 90 patients treated between November 2016 and August 2025 were analyzed. Eighty-nine had adenocarcinoma and one had carcinosarcoma. Gleason scoring was performed in all. Staging included CT scans, and PSMA PET was performed in metastatic cases. Radiation was planned on ECLIPSE 13.7 and delivered using LINAC/TRUE BEAM. Thirteen patients underwent orchidectomy, and 77 received androgen deprivation therapy.

Results: Forty-nine patients presented with bone metastases. Patients with localized disease or single bone metastasis received radical radiation (70 Gy in 35 fractions over 7 weeks). Stereotactic body radiotherapy was delivered in 36 patients, with equivalent doses of 70 Gy in 8 fractions or palliative doses of 6–8 Gy per fraction to bone metastases. All planning optimization objectives for bladder, rectum, sigmoid colon, and penile bulb were met. Acute grade II–III toxicities occurred in 5–8% of radically treated patients, mainly cystitis, proctitis, urinary tract infection, and diarrhea. All patients completed treatment without interruption.

Conclusion: Prostate cancer treatment with androgen deprivation therapy and radiotherapy is well tolerated, with good compliance and acceptable toxicity. Strengthening patient follow-up and improving data records will further enhance outcomes.

Keywords: Adenocarcinoma, Prostate, Radiotherapy.



CNS Involvement in Classic Hodgkin Lymphoma: A Rare Case Report and Management Approach

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Background: Classic Hodgkin Lymphoma (cHL) rarely presents with central nervous system (CNS) involvement, and management in such cases remains challenging with limited standardized guidelines.

Aims and Objectives: To report a rare case of advanced-stage cHL with CNS relapse and its successful management using multimodal therapy.

Materials and Methods: A 40-year-old male was diagnosed with stage IV cHL of the inguinal lymph node in October 2024, presenting with high-grade fever and significant weight loss. He received five cycles of ABVD chemotherapy with excellent systemic response on FDG PET CT. In December 2024, he developed seizures with left upper limb weakness and was diagnosed with CNS involvement on MRI which showed lesion in right anterior frontal lobe. The patient underwent right fronto-parietal craniectomy with gross total resection (GTR) and duraplasty in March 2025 to rule out second primary disease. HPR & IHC from right frontal lobe was s/o cHL, followed by referral to Department of Radiation Oncology. Whole brain radiotherapy (WBRT) was delivered to a total dose of 41.4 Gy in 23 fractions (1.8 Gy/fraction, 5 days/week) via 3DCRT technique between May–June 2025.

Results: Post-treatment MRI showed complete response of the right frontal lobe lesion with no new disease. The patient tolerated WBRT well with no significant acute toxicities.

Conclusion: CNS involvement in cHL is rare but should be suspected in patients with new neurological symptoms. A multidisciplinary approach integrating chemotherapy, surgery, and radiotherapy can achieve favorable outcomes, even in advanced-stage disease.

Keywords: Classic Hodgkin Lymphoma, CNS involvement, Whole Brain Radiotherapy, ABVD, Case report.



Bladder filling variation in cancer cervix patients treated by image guided radiation therapy

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Background: Variable bladder filling during radiotherapy for carcinoma cervix significantly affects the position of target volumes to be treated. This directly impacts the precision with which advanced radiotherapy plans are delivered using specific margins to target volumes.

Aims and Objectives: The aim is to study mean bladder volumes and mean range of motion of bladder in all three dimensions in patients of carcinoma cervix treated with IGRT, and compare them to the baseline planning CT scans.

Materials and Methods: A total number of 25 patients/ 150 CT scans, i.e. 25 planning scan and 125 CBCT were analyzed. The bladder volumes and bladder wall dimension were analyzed using offline views of cone-beam computed tomography (CBCT) imaging, conducted weekly for cervix cancer patients, thus adding considerable understanding to the bladder wall motions.

Result: The mean bladder volume for all 25 patients was 263.41 cc with standard deviation of 110.174 cc. The mean \pm standard deviation of transverse, anteroposterior and superoinferior dimension was 9.55 ± 0.923 cm ; 6.92 ± 2.387 cm and 7.22 ± 0.967 cm. The mean supero inferior bladder diameter had significant variation from that of the planning CT (7.84 ± 2.749 cm) with $p = 0.018$

Conclusion: This study showed more liberal margins should be considered in superoinferior dimensions and considerable lesser margins could be done on the lateral sides, as there is less displacement in transverse diameter.



A Dosimetric Study of Indigenously developed Brachytherapy Intravaginal Wax applicator capable of achieving 100% Dose at the vault region with reduced radio toxicity to Urinary bladder and rectum.

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Background: Intravaginal brachytherapy is a widely adopted modality in the treatment of gynaecological malignancies, particularly endometrial and cervical cancers. However, achieving consistent 100% dose coverage in the vaginal vault region remains a dosimetric challenge. Specifically, the superior portion of the vaginal vault often receives a lower dose than the lateral walls due to a dip in the isodose distribution at the distal end of conventional applicators. This under dosage may contribute to an increased risk of vaginal vault recurrence.

Aims and Objectives: This study aims to improve dose coverage in the vaginal vault region using an indigenously developed, improvised intravaginal wax applicator. The goal is to overcome the under dosage observed with standard applicators and potentially reduce local recurrence.

Materials and Methods: Dental wax was melted and molded to replicate the design of a commercially available applicator. Film dosimetry was used to measure the dose distribution, with focus on the distal end of the applicator corresponding to the vaginal vault. Dose uniformity was analysed at a 5 mm radial distance from the applicator surface.

Results: The improvised wax applicator demonstrated uniform dose distribution at the distal end and along the lateral walls, achieving 100% dose coverage at 5 mm depth. The dosimetric deficiency observed in the vaginal vault with conventional applicators was effectively corrected using this modified design.

Conclusion: This technique is cost-effective and uses readily available materials. The indigenously developed wax applicator offers an effective solution for improving dose uniformity in the vaginal vault region, with the added benefit of potentially reducing radiation toxicity.

Keywords: Brachytherapy, Dose under Coverage, Film dosimetry, Vaginal vault recurrence, Wax applicator.



An experimental phantom study for the thoracic endobronchial tumors on locally fabricated phantom

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Background: The purpose of this study is to perform the dosimetric analysis in the endobronchial brachytherapy in carcinoma lung patients with the help of radiochromic film in a locally fabricated tissue equivalent human thorax phantom.

Materials and Methods: A thorax body equivalent phantom was fabricated using tissue equivalent material. This phantom was scanned in PETCT Scan machine and transferred the CT data into the Oncentra Master Plan treatment planning system (TPS). An endobronchial brachytherapy plan was created in the TPS and exported to microselectron HDR brachytherapy machine for irradiation. Placed EBT3 films at the desired locations in the phantom for irradiation. The experiment was carried out in the tissue equivalent phantom. Radiochromic EBT3 film used as dosimetric tool and Ir-192 microselectron HDR brachytherapy unit as irradiation unit. TPS calculated values were compared with film measured values. Doses at five points in the each film for OARs were measured and compared with the TPS calculated doses to see the effects of distance on dose variation for analysis purpose.

Results: The film measured doses deviate from TPS calculated doses with-2.5%,-3.2%, 3.8%, 2.4%, 5.3%, 17.75%,-7.1%,-9.4% and 7.1% variation to Heart, Esophagus, Spinal Cord, descending Aorta, Ipsilateral Lung, Ipsilateral Lung 2cm depth, pulmonary trunk, coronary artery and contralateral Lung doses respectively. In each film, the center point and point closure to the source is having less variation between TPS calculated and film measured doses then other five points.

Conclusion: This variation is due to the algorithm used by the TPS in brachytherapy so it is important to perform a quality assurance verification of the treatment plan before the execution in the patient to assure the accuracy of the treatment delivery to the patient. The fabricated phantom is cost effective and can be utilized as tool in the brachytherapy patient specific quality assurance in carcinoma lung patients.

Keywords: Thoracic tissue equivalent phantom, Film dosimeter, Lung tumor, TPS, PET CT.



Impact of Lifestyle, Treatment and Tumour-Related factor on risk of Breast Cancer Related Lymphedema: A Retrospective Analysis

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Background: Breast cancer related lymphedema (BCRL) is a common, long-term debilitating sequelae of breast cancer management.

Aims: To explore the risk factors associated with BCRL and identify high risk individuals for early intervention and prevention strategies. .

Materials and Methods: One hundred sixty radically treated breast cancer patients registered at our institute between 2018 and 2024 were enrolled. Patients with recurrent/metastatic breast cancer, those who received paclitaxel-based chemotherapy and patients having prior arm swelling were excluded. BCRL was assessed by using National Cancer Institute Common Toxicity Criteria Adverse Effects (NCI-CTCAE) version 4.03. The analysis of risk factors for BCRL was categorized into four main groups: treatment related factors (cumulative dose of docetaxel, number of lymph nodes dissected), lifestyle-related factors (body mass index, physical activity), socioeconomic status (per capita income), and disease-related (nodal stage). Pearson's Chi-square test was applied to evaluate the impact of independent variables. To account for potential confounding variables, multivariable logistic regression analysis was performed Results were presented as adjusted odds ratios (ORs) with 95% confidence intervals (CIs). A p-value of <0.05 was considered statistically significant.

Results-The observed incidence of BCRL was 31.8%. Intentional physical activity of less than 150 minutes/week was significantly associated with increased risk of any grade of lymphedema ($\chi^2(6) = 13.38, p < 0.05$) with almost three times risk of developing BCRL compared to other group ($p = 0.006$). Patients with nodal stage N2 or more (OR=1.8, 95% CI 0.88-3.87), higher taxane dose (OR=1.3, 95% CI 0.60-2.94) and lower socioeconomic status (OR=1.3, 95% CI 0.63-2.70) were also at increased odds of BCRL, however, statistical significance was not reached ($p < 0.05$).

Conclusion: Engaging in intentional moderate intensity physical activity for over 150 minutes per week is a simple and cost-effective strategy to mitigate distressing symptoms of BCRL. Timing, type and intensity of physical activity are potential areas of future research to maximize benefit.

Keywords: BCRL, Lymphedema, Breast cancer, Prevention, Physical activity.



The Forgotten Fighter: Revisiting the Role of Radiotherapy in Ovarian Cancer

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Background: Ovarian cancer is third most common cancer among Indian females. The disease recurs in majority (70-80%), despite initial remission with treatment. Radiotherapy has shown improved survival in carcinoma ovary patients, albeit with greater toxicity.

Aims and Objectives: To assess the response rate, chemotherapy free interval and toxicity of salvage radiotherapy in the patients with recurrent ovarian cancer after multiple lines of chemotherapy.

Materials and Methods: Data of seven patients of recurrent ca ovary treated with radiotherapy between 2018 and 2021 was retrieved. All patients underwent involved field radiotherapy (IFRT) with 2D radiotherapy technique. The primary tumour and regional lymph nodes were included in the field—six received RT to the pelvic region and one to the supraclavicular region. Dose of 45-50 Gy in 20-25# @1.5-2Gy/#, 5 days a week was given in 5(71.4%) patients and single fraction palliative radiotherapy(SFRT) in 2(28.6%) patients. Treatment response was evaluated clinically, radiologically, and biochemically at two months post-radiotherapy and disease status at last followup was recorded. The chemotherapy free interval and toxicity profile were also documented.

Results: Median followup was 23.5 months (range 7-70 months). The mean chemotherapy-free interval was 7 months (range: 1–17 months). At 2 months followup, clinical and biochemical improvement was observed in 5(71.4%) patients and 2(28.5%) had progression. Radiologically, 6(85.7%) showed response, with 4(57.1%) patients having complete response and 1(14.2%) partial response, 2(28.5%) had distant progression. On long term followup, local recurrence was reported in 1 (14.1%) patient, 2(28.6%) had both local and distant relapse and 3(42.8%) had distant metastasis alone. One (14.2%) patient was lost to followup. Three patients developed grade 2–3 acute gastrointestinal toxicity, and one had grade 2 hematologic toxicity which were managed conservatively.

Conclusion: Radiotherapy in recurrent ovarian cancer achieves good local control and prolongs chemotherapy-free intervals with manageable toxicity.

Keywords: Salvage Radiotherapy, Recurrent Ovarian Cancer, Chemotherapy free interval, IFRT.



Hypofractionated Radiotherapy in Locally Advanced Head and Neck Carcinoma – A Prospective Single-Arm Study

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Background: Hypofractionated radiotherapy (HYP-RT) has gained increasing interest in the management of locally advanced head and neck carcinoma (LAHNC), offering comparable tumor control with shorter overall treatment duration. This is especially advantageous in resource-limited centres with high volume patient load. The present prospective study aimed to assess the loco regional toxicities and clinical response in moderate hypofractionated radiotherapy schedule delivered concurrently with weekly cisplatin in patients with advanced, unresectable head and neck cancer.

Materials and Methods: A single-arm prospective study was conducted in 24 patients with histologically proven, locally advanced squamous cell carcinoma of the head and neck. All patients received external beam radiotherapy (EBRT) with a total dose of 55 Gy in 20 fractions. Concurrent weekly cisplatin (50 mg/m²) was administered as a radiosensitizer. Patients were assessed weekly during treatment for acute toxicity (RTOG/WHO criteria) and re-evaluated 4 weeks after completion for treatment response using WHO response evaluation criteria.

Results: All 24 patients completed the planned course of treatment. The overall response rate (CR + PR) was 100%, with complete response in 10 patients (40%) and partial response in 14 patients (60%). The regimen was well tolerated; Grade I–II mucositis was observed in 80% of patients, and Grade I skin reactions in 60%. No Grade IV toxicity or treatment-related hospitalization occurred. Hematologic and renal toxicities were mild and reversible. Treatment compliance was excellent, with no interruptions exceeding two days.

Conclusion: Moderate hypofractionated radiotherapy of 55 Gy in 20 fractions over 4 weeks with concurrent weekly cisplatin is feasible, safe, and effective in patients with advanced head and neck carcinoma. This regimen offers satisfactory tumor response clinically as well as in terms of patient related signs and symptoms (like pain, dysphagia, skin reactions, xerostomia and oral mucositis) and shorter overall treatment time making it a practical and resource-efficient approach for high volume patient load centres in low- and middle-income settings.



Ovarian adenosarcoma with raised ca125 levels: a rare case report

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Background: Müllerian adenosarcoma is an uncommon tumor that usually arises in the uterine corpus, but in rare instances it can develop at extrauterine sites. Ovarian involvement is exceptionally unusual and is most often reported in women of reproductive age. These tumors are typically low grade and associated with a favourable prognosis; however, the presence of sarcomatous overgrowth indicates a more aggressive course.

Materials and Methods: A 48 years old female came in the OPD with complain of abdominal discomfort and pain. On examination moderate ascites was found. Ultrasonography was suggestive of an irregular complex mass lesion with cystic and solid echogenic components seen in right adnexa along the lateral margin of uterus. Right ovary not separately visualized from it.

Contrast MRI revealed: Complex solid cystic lesion in right adnexa with right ovary not separately visualized – suggestive of neoplastic/malignant right ovarian lesion. Poorly circumscribed T2 hypotense soft tissue thickening in relation to posterior aspect of uterine wall with anterior rectal wall and bilateral adnexal structures appearing adherent to it – suggestive of deep infiltrating Endometriosis. Patient underwent : Exploratory Laprotomy f/b Total abdominal Hysterectomy + Bilateral Salpingo oophorectomy (removal of malignant mass) + bilateral retroperitoneal lymph- node removal + Infracolic Omentectomy + Peritoneal fluid cytology evaluation + peritoneal sampling under general anesthesia. Pathological report revealed Endometroid carcinoma with spindle cell proliferation. Ascitic fluid cytology- negative. Immuno Histo Chemistry was ER, PR – Negative, WT 1 - Focally positive in stroma, PAX 8 - Positive in the glands, p53 – Overexpressed, p16INK4a - Patchy positivity, Vimentin – Positive, Pan CK – Positive, Ki-67 - Intermediate index, EMA – Positive, SMA - Positive in stroma, CD 10 - Positive in stroma, Inhinbin – Negative, CA 125 - Positive in glands,

Final Diagnosis: Mixed malignant epithelial and mesenchymal tumor / Adenosarcoma of ovary.

Results : After surgery, as the stage of the patient was Stage 1A, Grade 2, so the patient is kept on regular follow up.

Conclusion: The management of aggressive ovarian adenosarcoma may benefit from a multimodal approach, with optimal cytoreductive surgery forming a key component of therapy. The potential role of serial CA-125 monitoring in advanced-stage disease represents a novel finding and merits further systematic evaluation.



Assessment of nutritional status of cancer survivors – An observational study

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Introduction: Cancer survivors are vulnerable to nutritional deficiency as a result of the combined effects of the disease and its treatment. They are found to experience a significant burden of nutrition impact symptoms (NIS), and these are associated with an increased risk of malnutrition as well as impaired quality of life. Long-term nutritional consequences of cancer therapies throughout survivorship majorly affect health related quality of life (HRQoL) and performance status (PS). The real incidence for malnutrition and its effects on cancer survivors is still unidentified. Hence, we conducted this study to assess the nutritional status in cancer survivors and to explore its association with health related quality of life and performance status of the survivors.

Aims and Objectives: To assess the nutritional status of cancer survivors and to explore its correlation with HRQoL and performance status.

Materials and Methods: This is a non-interventional prospective study which was conducted among cancer survivors presenting to the out-patient department of Radiotherapy and Medical Oncology, Christian Medical College and Hospital, Ludhiana from 1st April 2023 – 31st March 2024. Nutritional assessment was done using the patient generated subjective global assessment and malnutrition universal screening tool. Quality of life was assessed by using the Cancer Institute Quality of Life Questionnaire Version II. A convenience sampling with a sample size of minimum 60 participants was taken.

Results: Among 60 cancer survivors, most were above the age of 50 years with mean age at follow up being 59.8 years. 60% of the participants enrolled had extreme BMI measurements out of which 10% were noted to be underweight, 30% were overweight and 20% were obese. The nutritional status assessment with PG-SGA showed that 21.7% of the participants had Moderate / Suspected malnutrition and 3.3% were severely malnourished. According to the MUST risk stratification, 85.0% were at low risk of malnutrition, 5.0% were at medium risk of malnutrition and 10.0% were at high risk of malnutrition. PG-SGA scores & MUST scores did not show a statistical co-relation with the CI-QoL-Q scores & norms. However, a trend was observed which suggested that worsening nutritional status may be linked with decreased quality of life

Conclusion: This study emphasizes the importance of integrating nutritional and quality of life assessments into routine oncology care. Tools like PG-SGA and MUST effectively identify malnutrition risks, and is closely associated to clinical markers such as ECOG status, QoL, hemoglobin, and albumin. Early detection allows for timely interventions that improve outcomes and patient well-being. A patient-centered model prioritizing both survival and quality of life is essential in modern cancer care.

Keywords: CI-QoL-Q, Malnutrition, MUST, PG-SGA, Radiation, Survivor.



Correlation of volumetric and CT number changes in salivary glands in head and neck cancer patients undergoing radiotherapy or chemoradiotherapy with occurrence of xerostomia

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Background: Concurrent chemoradiation therapy (CRT) is standard of care for patients with locally advanced head and neck cancer (HNC). Studies have reported that radiation therapy (RT) can lead to electron density and volume change on computed tomography (CT) images. This Computed tomography number (CTN) change can be considered as an early indicator for radiation induced toxicity. This is a prospective study designed to correlate this change in salivary glands with the xerostomia in head and neck cancer patients treated with radical RT or CRT.

Aims and Objectives: To investigate CT number and volume changes in salivary glands during course of radiation in head and neck carcinoma and correlate it with occurrence of xerostomia.

Materials and Methods: This will be a non-interventional prospective study conducted among patients with head and neck carcinoma treated with radiation with prescriptive dose of 60-70 Gy in 30–35 fractions in the Department of Radiotherapy, Christian Medical College and Hospital, Ludhiana for a duration of 18 months from 15th May 2023- 14th November 2024. The volume and computed topography (CT) numbers for bilateral parotid and bilateral submandibular salivary glands at baseline before initiation of treatment and 4 weeks after start of RT or CRT will be calculated. Correlation between CTN and volume change and dose delivered will be assessed by Pearson analysis. The calculated sample size is 50.

Results and analysis: All major salivary glands exhibited mid-treatment volume loss, with the greatest reductions in the ipsilateral parotid (15.3%) and submandibular (14.2%) glands. CT number changes were minimal and not statistically significant. However, xerostomia severity at Week 4 correlated significantly with volume loss in the contralateral parotid ($r = -0.49$, $p = 0.001$) and ipsilateral submandibular gland ($r = -0.306$, $p = 0.035$), and with CTN reduction in the contralateral parotid ($r = -0.29$, $p = 0.048$). The ipsilateral submandibular gland showed the strongest and most consistent associations with both structural changes and xerostomia, underscoring its vulnerability to radiation. In addition to imaging biomarkers, clinical factors such as advanced tumor stage, chemotherapy (especially Cisplatin), and weight loss were associated with increased xerostomia, while older age appeared to be a protective factor

Conclusion: This study demonstrates that early CT number and volume reductions in salivary glands, especially the contralateral parotid and ipsilateral submandibular, strongly correlate with xerostomia severity in head and neck cancer patients. Even low-dose glands showed significant damage, highlighting the need for dose optimization. Chemotherapy and advanced stage worsened symptoms, while older age appeared protective. These findings support early imaging-based monitoring and adaptive planning to reduce xerostomia and improve patient outcomes.

Keywords: CT number, Head and neck carcinoma, Radiation, Salivary glands, Volume, Xerostomia.



Spectrum of late side effects following post mastectomy chest wall radiation therapy in Breast cancer survivors – An observational study

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Background: Breast cancer is the most common malignant disease among women worldwide. Modern treatment options include surgery, radiotherapy, chemotherapy, endocrine therapy, and anti-HER2 therapy. Modified radical mastectomy is the primary surgical treatment modality for women with locally advanced breast cancer. Post-mastectomy radiation therapy (PMRT) is recommended for patients with more advanced disease and/or with high-risk pathologic features. Though radiation plays a major role in reduction of locoregional failure but it is not devoid of side effects. Hence, we conducted this study to evaluate the spectrum of late side effects following post mastectomy chest wall radiation and explore its correlation with quality of life in breast cancer survivors.

Aims and Objectives: To investigate CT number and volume changes in salivary glands during course of radiation in head and neck carcinoma and correlate it with occurrence of xerostomia.

Materials & Methods: This prospective non- interventional observational study was conducted in the Department of Radiotherapy, Christian Medical College and Hospital, Ludhiana, from 01-04-2023 to 31-03-2024. The spectrum of late side effects post mastectomy chest wall irradiation was assessed as per protocol and its correlation with quality of life was measured using the FACT-B questionnaire version 4. Convenience sampling of all breast cancer survivors with a minimum of 60 survivors was done.

Results: The findings of this prospective observational study revealed that a majority of participants experienced persistent adverse effects such as telangiectasia, skin hyperpigmentation, lymphedema, and fatigue, which significantly influenced physical and functional well-being, while other QoL domains like emotional and social well-being were less affected.

Conclusion: This study highlights the significant burden of late radiation-related side effects in breast cancer survivors following PMRT, notably impairing physical and functional quality of life. Factors such as marital status, ECOG performance, and type of sequelae were key predictors of reduced well-being, emphasizing the need for tailored survivorship care, long-term monitoring, and supportive interventions to enhance overall quality of life.

Key words: Breast cancer, FACT-B, Late sequelae, PMRT, Quality of life.



Primary Cutaneous Angiosarcoma of the Abdominal Wall – A Rare Case Report

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Background: Cutaneous angiosarcoma is a rare, aggressive endothelial malignancy, typically seen in the scalp and face of elderly individuals. Its occurrence over the abdominal wall is extremely uncommon and can pose diagnostic and therapeutic challenges due to nonspecific clinical presentation and high recurrence potential.

Aims and Objectives: To present a rare case of primary cutaneous angiosarcoma of the abdominal wall and highlight its clinical, diagnostic, and therapeutic aspects.

Materials and Methods: A 51-year-old hypertensive and diabetic woman presented with a recurrent 3 × 3 cm bright red swelling over the right upper abdomen for 20 days. The lesion, arising on a previous surgical scar, bled on touch. Imaging, histopathology, immunohistochemistry (IHC), and PET-CT were used for diagnosis and staging.

Results: Ultrasonography revealed a well-defined encapsulated lesion (1.9 × 3.6 × 3.2 cm) in the subcutaneous plane. Biopsy showed a pleomorphic malignant vascular tumor, Stage - pT2N0. IHC was positive for CD34, C-Myc, ERG, and TFE3; negative for CD31, Desmin, and S100, with a Ki-67 index of 60%. PET-CT demonstrated a low-grade FDG-avid mass (3.4 × 5.5 cm) in the anterolateral abdominal wall without metastasis. A diagnosis of primary cutaneous angiosarcoma (FNCLCC Grade 3/3) was made. The patient underwent wide local excision followed by adjuvant external beam radiotherapy (50.4 Gy in 28 fractions over 5½ weeks).

Conclusion: Primary cutaneous angiosarcoma of the abdominal wall is exceptionally rare. Prompt diagnosis, histopathological confirmation, and multimodality management are vital for improved survival and reduced recurrence.

Keywords: Abdominal wall, Angiosarcoma, Case report, Immunohistochemistry, Recurrent swelling.



To estimate a role of Pre treatment Plasma Fibrinogen biomarker as prognostic impact in patients with locally advanced cervix cancer.

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Background: Chemo radiation considered as a treatment modality of choice in locally advanced cervix carcinoma patients. Various prognostic factors are being studied recently to specify treatment in order to improve treatment response and survival.

Aims: To estimate the prognostic significance of pretreatment plasma fibrinogen in patients with locally advanced cervical carcinoma in terms of pathologic grades, clinical stages, treatment response and disease free survival.

Methods: Total 60 patients of locally advanced cervix cancer during 2022-2023 evaluated in this prospective randomized study. Histopathologically proved cases of squamous cell carcinoma of cervix cancer with known value of pretreatment plasma fibrinogen treated with radical treatment (concomitant chemo radiation,

50 Gy/25 fr/5 days a week /5 weeks of external beam radiation with weekly cisplatin 40mg/m²) followed by ICBT 7 Gy three fraction in three weeks one week after completion of EBRT. Normal range of pretreatment plasma fibrinogen: 220-490 mg/dl; mean value: 355 mg/dl estimated by ACL analyser. On the basis of pretreatment plasma fibrinogen value patients randomized in two groups. (Group 1- > 355 mg/dl, Group II- <=355 mg/dl).

Results: Most of the patients with high pretreatment plasma fibrinogen were elderly female, higher FIGO stage (73% vs 67%), higher stages of presentation, poorly differentiated histology and poor disease free survival (78.33% vs 65.67%) in comparison to low pretreatment plasma fibrinogen. No significant acute skin, mucosal, GIT toxicity noted in both groups.

Conclusion: Higher ranges of Pretreatment plasma fibrinogen may have present with higher stages and poor survival hence might be considered as a negative prognostic factor in patients with locally advanced cervix cancer.



Evaluating acute toxicities and quality of life in extended-field radiotherapy versus standard pelvic radiotherapy for locally advanced cervical cancer with positive pelvic nodes

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Background: For locally advanced cervical cancer (LACC) the advances in conformal RT and image guided adaptive brachytherapy (IGABT) have improved local control (92-93%) with acceptable toxicity as demonstrated in EMBRACE, yet 20–25% of patients relapse within 5 years, mainly due to nodal and distant failures. Para aortic nodal (PALN) failures occur in 10–12% of pelvic node-positive cervical cancer, with 10–25% occult PALN metastasis. Historical extended field RT (EFRT) had high toxicity with 2D/3DCRT, but IMRT/IGRT improves precision. No prospective trials compare EFRT to pelvic RT (PRT) with chemotherapy using modern techniques. This study evaluates acute toxicity and quality of life (QOL) of EFRT versus PRT in LACC.

Methods: Patients were randomised in EFRT and PRT arms and received a dose of 45Gy in 25# with a 55Gy simultaneous integrated boost to pelvic nodes via IGRT and 4-5cycles of concurrent cisplatin followed by IGABT. Strict onboard imaging was used during external RT delivery. During the treatment acute toxicity was documented using CTCAE V5.0 and QOL was documented at diagnosis and after 3months of treatment completion using EORTC QLQC30.

Results: Median patient age was 53 years. Acute toxicities were generally mild (grade 1-2) (14.1%), with no grade 3 or 4 events observed. Control and test arm showed no statistically significant differences (all p-values > 0.05) for each toxicity. On QOL assessment both groups had significant improvements in Global QOL (QL) (p = 0.00075) and Emotional Functioning (EF) (p = 0.00117) from baseline to 3months. Other domains showed improvement but these were not statistically significant. Both groups showed improvements in functional domains and reductions in symptom domains, but the magnitude of changes was similar between groups.

Conclusion: No statistically significant differences were found between control and test arm in toxicity profiles or QoL outcomes. Both arms showed clinical improvements, particularly in QoL and symptom reduction but neither arm demonstrated a clear advantage over the other, suggesting comparable efficacy. However, validation in larger cohorts is needed.



Comprehensive Community Based Coordinated Palliative Care (C3PAC) Model: An implementation research from rural north India

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Introduction: Timely access to palliative care in cancer improves symptom management and improve quality of life and survival. Community based palliative care models are proven to be cost effective but are limited to southern part of India.

Objectives: The aim is to develop a Comprehensive Community Based Coordinated Palliative Care Model for cancer patients a rural block in a north Indian district.

Methods: A cross-sectional concurrent mixed method study was conducted in rural block of the Bathinda district in Punjab. The study participants included different stakeholders include NP NCD program officers, Medical officers of the block, ASHAs, ANMs, CHOs, village sarpanch, cancer patients and their caregivers. A Consolidate Framework of Implementation Research framework (CFIR) was used to assess the current status of palliative care and guide development of C3PAC model in the study block. The data were collected through stakeholder engagement, community sensitization workshops, key informant interviews, focus group discussions, knowledge of health care providers, patient PC need and review of records. The qualitative data was collected using IDI and FGD guides and captured unmet PC need, barriers to PC. The quantitative data on PC need and symptom severity was collected using validated tools like Supportive and palliative care indicators (SPICT-4ALL) tool, and Edmonton Symptom Assessment System (ESAS) tool and socio-demographic questionnaire. The sessions were audio recorded, transcribed verbatim and back translated. The data was coded and thematic analysis was done and descriptive statistics were used. The data was triangulated with filed notes and supported by quotations from the transcripts.

Results: There a total of 320 cancer patients in a population of 2,00,000. There were 180 ASHA, 22 ANM, 6 LHV's and 25 CHO in the block. A total of 27 sensitization workshops or stakeholders meetings were done. Barriers were identified under CFIR domains: Individuals, Intervention, Inner settings, Outer settings and Implementation process. At the individual domain there is lack of capability among health care providers and unmet physical, psychological and social need among cancer patients. Inner setting identified multitasking by health care providers, lack of essential PC medicine, lacunae in functional referral and back referral. Outer setting identified caregiving burden, stigma, collusion, lack of stakeholder engagement, lack of advocacy as barriers to PC. Existing national guidelines for PC for community health worker and medical officers are available but are not being implemented in the community. Implementation process is challenged by poor communication strategies, clarity of role of health care providers, lack of centralized assistance, quality improvement and audit mechanism at the facility level. C3PAC implementation package was developed with strategies to address these barriers. The strategies focussed on Education, Service Delivery and Policy for providing scalable and sustainable PC. Some of the strategies included customised training module, training by experts, IEC material, periodic meeting with program officers for ensuring essential drug availability, identification of local champions and dissemination of findings in stakeholder meetings at regional and national level.

Conclusion: These findings discussed the current status and strategies to develop a community-based model in this rural setting.

Keywords: Implementation research, Community-based palliative care, Rural India.



WORSHIP THE LORD IN THE
BEAUTY OF HOLINESS

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POETRY WRITING



A SYMPHONY OF STRENGTH

“THRIVING BEYOND CANCER TO WELLNESS”

The doctor said cancer, and the soul boke near,
My heart knew silence, my brain knew fear.
From the soul inside, a whisper came through,
It's God's choice, it's meant for you.

Physically my body broke,
Each word remembered that I spoke.
The chemo dripped, the word turned slow,
But the sympathy around began to glow.

Socially everyone held my hand,
Trying hard to teach me how to stand.
My battle for cancer changed everyone's mind,
All the nurses and doctors intertwined.

Psychologically I wanted to gain,
The strength, the courage to ease my pain.
I saw my fear and my strengths meet,
I wanted to knew how'd they greet.

Spiritually when the pain was dead and hope seemed flawed,
I closed my eyes and found my God.
Each cell that broke, each path I trod,
Rebuilt anew-design by God.

Financially the pain drained both strength and Gold,
Worries were bold and the bills untold.
When wallets dried and hopes seemed odd,
My faith stayed rich- I trusted God.

Now each scar is a story, each heartbeat a song,
Proof that I can beat cancer and be strong.
My body healed and my soul is free,
So does my heart beats in harmony.

Manroop Kaur
B.Sc. (N) 4th Sem
Batch 2023



*From ashes of fear a phobia arose
Through nights of sadness and tears, an endless throes.
The storm was ferocious, the journey was long
And pain became her battle song.*

*Each scar now whispers, you survived
Each breath declares, I am still alive
No longer just to fight, but to live
To laugh, to love and to give.*

*Beyond the walls of hospital rooms
Beyond the shadows, fear and gloom
She blooms again to fierce and so free
Rooted deep in victory.*

*I am not my pain or my past
I am the storm that learns to last
Each heartbeat of mine drums a victory cry
I live, rise and I will never die.
Cancer tried to steal my flame
But I rose up and I own my name
From hope is louder than despair
And life is mine and I am still alive*

Anna Maria Pingua

B.Sc. 6th Sem



"THE ART OF BECOMING"

*I was not broken-
Only rearranged by fire
Cells turned battlegrounds,
Veins sang with borrowed light,
And I learned that healing
Is a kind of art-
Slow, defiant, holy.*

*There were nights
When courage hid beneath my bed,
When silence hummed louder than hope,
And yet, somewhere between
The drip of medicine and morning prayer,
A small flame kept breathing.*

*I watched my reflection change-
Hair gone, eyes fierce,
A face both stranger and scared
I began to see beauty
Not in what remained,
But in what refused to have*

*Now I no longer chase of life I had-
I cultivate the life I've gown
Wellness, I've learned, is not a return,
But an arrival-
A blossoming after winter,
A body reborn in grace.*

*I walk softer now,
But with more purpose
Every scar a syllable of survival
Every breath a hymn.
I am not the story of cancer
I am story of becoming-
the art,
the aftermath,
the miracle of still here.*

**Aarya
GNM 1ST Year**



*In the sepulchral ward
Under the bright luminous
light
Hangs on the wall crucified
Christ
Cascading love into this
crumbling
Withering flesh of mine.
Ah! Morning unfolds here
With gloomy premonition.
And how deceptive is the
smile
On the overtired nurse's face*

*Time slips by.
The rusted antique wall clock
Ticks the rhythm of my heart
away.
Painful emptiness fills
Sinister cells multiply
Tears dry up in slow sighing.*

*Lolling tongue of death
Licks raw wounds
Of hopelessness
And bird of my life searches
you
My lord in the wilderness
Of wide speculation.
Catastrophe spreads over me
Amidst the whispering nods
Of doctors and nurses.*

*I know this time it is me
Why should I suffer alone?
What have I done?
Why me and me alone, my
Lord?*

*The C-word hammers my
heart
Into thousand pieces and I
Salvage them on my shaky
folded palms*

*In this sepulchral ward
under the bright
Luminous light I see you
emptying
Yourself for me.
Why should you suffer
alone, Lord?
What have you done?
They now say I am at stage
four.
Were you not at stage four
on the cross
Of calvary?
"O' Death, where is thy
sting?"
Echoes down the silent
valley
Of my life.
And I know I must shed
this lump
Of decaying flesh called
body
And say, where is thy
sting, O' Cancer?*

**Derek Samuel Dani
(MBBS-2025)**



THE FIGHT IS OVER

*She was a dear friend through
all my childhood years.
We shared love, laughter, and
parting tears.
As time widened our distance,
we held on to our friendship
Through hour-long phone calls
and monthly check-ins.*

*And on a rather quiet day came
the phone call from my mother.
Her voice held a pain I had
never felt before.
“Beta, she has cancer,” she said
with her trembling voice.
My mind went silent, filled
with utter denial.
“She shouldn’t know you
know. Wait for her to tell you.”
I had no other choice but to
wait.*

*Each time I heard her voice, I
quietly hoped she would open
up to me and share her fears.
That I’d have a chance to be
there for her and hold her hand
through every tear.
But she never let me know.
She only ever laughed at every
little thing I shared,
While I longed for a moment to
tell her I knew and I cared.*

*She fought it all by herself,
every chemo session, every
scan.
Through all the pain, she held
her own hand.*

*She lost the hair she had
promised never to cut,
But she bravely put on her wig
and wore her faith bigger than
her heart.
She worked, she excelled.
She was a superwoman with a
vision.*

*Months later, with a layover in
my city on her way back home,
we met again after all these
years.*

*And on a cab ride back home,
she asked me if there was
something different about her
hair.*

*I hesitated but dared not
mention it.*

*“I have to tell you something.”
And came the moment I’d been
waiting for.*

*The moment she shared her
story, one of many.*

*But with the news that bore so
much pain, she gleamed with a
sense of cheer.*

*“The last scan shows no sign of
cancer. I’m in remission!” she
said with her kind smile.*

*My heart echoed with peace,
and I felt a sense of roaring joy.
We shared the pain, the fear, the
doubts, and the peace that came
with knowing she was getting
better.*

*The journey continues, but the
fight is over.*

Shreya Mary John
B.Sc. (N) 4th Sem



*When the darkness comes and I am scared, I
close my eyes and pray instead.
When the devil calls and says to me, 'You are
not strong enough to be!' I close my eyes and
hear me roar, 'I am the storm coming through
your door!'*

*When cancer calls with thunder loud, I close
my eyes with my head bowed.
Now every breath a sacred prayer; of hope
reborn from deep despair. Beyond the shadow,
I have grown.
Alive, at peace, and fully known.*

- Bhumika Roseline Singh



The Road to Tomorrow

The diagnosis felt like glass—
shattering the air,
splintering time.
I remember the hum of the hospital lights,
the way the word cancer
hung between heartbeats,
a sound too sharp to breathe through.
That night, I drove home alone.
The sky was black silk
stitched with rain.
Headlights cut through the dark
like questions with no answers.
Every red light whispered the same thought—
What if I don't get to watch her grow?
Your car seat waited in the back,
crumbs from yesterday's snack
still there—
tiny evidence of life continuing.
I reached for the mirror,
half expecting to see a ghost.
Days turned into drips of poison hope,
the chemo's steady rhythm—
a cruel, saving song.
I'd press my forehead to the cool of the window
and dream of your laughter in the next room,
the way your joy used to echo
down the hallway like sunlight.
I missed school mornings,
sticky fingers,
the weight of you asleep on my chest.
I missed it all.
And I was terrified
that the story would end
before the credits rolled.
But somehow,
the body kept driving.
The road—long, cracked,
lined with mercy and exhaustion—
kept pulling me forward.
Nurses smiled like headlights in fog
friends left food on the porch, and your drawings—
crayon hearts and uneven rainbows—



became maps that led me through the dark.

Then one morning—

a soft gold I'll never forget—

the doctor's voice broke open the sky:

You're clear.

I drove home with the windows down,

air thick with spring and disbelief.

The world smelled new,

and when I turned the corner,

you were there—barefoot,

arms wide,

laughing like the world had just begun again.

You ran into my arms

and for the first time in years,

I didn't feel fragile.

I felt alive.

Now, every mile is a miracle.

Every breath, a sequel.

I glance at you beside me—

hair wild in the wind,

eyes full of tomorrows—

and I whisper to the horizon:

I made it., I stayed. I'm still here.

And the road ahead is endless, beautiful,

Mine.

Arpit Dayal

MBBS 2025



How do I explain the period of pain?
Like months of thunders and heavy rain!
This is the story of a selfless woman,
Who thought her tests were money in vain.
But, breaking hearts, read the report
'her own body cells creating a tort'.
The lady overcoming the loss of her lover,
Was crying under the hospital cover.
This is the story of a wife and a mother,
Who was the choice of death, but no other.
She thought herself a burden on her children
Unknown, losing her , their hearts would worsen.
Convincing her to undergo the process
Was no less than a life success.
Days filled with procedures and treatment,
Rays of radiation felt like torment.
A surgery that changed her face and fate,
She, now entered the healing gate.
This is the story of my grandmother,
Who lost her charming smile to mouth cancer.
A smile so cheerful compared to no other...
Though I miss her delightful face,
I am proud of her, she won the race!
Tackling all the dangers draze,
She stood 1st among all the brave.
Battling against the war of life,
Finally won! My grandfather's beloved WIFE!

Chrism Karthik
MBBS 2025



From a whisper of fear, to a roar of light,
Cancer comes like a storm in the night.
But hope stands tall beside every tear,
A soft voice saying, "You're stronger than fear."

Nurses walk in with gentle hands,
Not superheroes, yet still they stand.
Holding hearts when they feel weak,
Listening to pain that words can't speak.

Chemotherapy may take the hair,
But not the courage living there.
Scars may stay, but so does grace,
A warrior's smile on a tired face.

Wellness isn't just a beating heart,
It's finding yourself in every new start.
Dancing again, breathing again,
Learning to love the sunlight again.

Beyond survival, life blooms anew,
Dreams return with brighter hues.
Cancer was a battle, not the end-
Strength becomes a lifelong friend.

This journey isn't walked alone,
Nurses, families, love -all shown.
Together we rise, step by step.
Healing every wound we've kept.

So here's to hope, courage and kindness,
To breaking free from illness and darkness.
Thriving beyond cancer- proud and fearless,
Towards a future filled with wellness

Mansi Kaur
B.Sc. Nursing 2024



Not only physically but also
mentally,
A person dies,
When the cancer cells start to
metastasize.
Do you know where the problem
lies ?
It's somewhere rooted in our lives.
A battle blooms, unseen, unknown-
Yet from the dust,
the soul has grown.
The body trembles, marked by
scars,
The nights feel long, without the
stars,
Through chemo's fire,
through radiation's rain,
Through fear, through loss,
through
aching pain,
For healing isn't just a cure
,It's finding love that can endure,
In the stillness of the ward's dim
light
A soul prepares for another fight,
The body weakens, the spirit bends,
Through endless tests, the needle
ends,
And then SHE enters,
A nurse brings peace to a restless
mind
.She checks the drip, adjusts the
sheet,
Whispers, "You're strong," with
eyes
that meet,

Her hands hold warmth no drug
can
give,
In her care, the will to live.
For cancer is not just a name,
It's fear, its fire, it's unseen flame,
Where pain resides, she plants
relief,
Where doubt takes root, she sows
beliefs.
And there- beneath the northern
skies, Stands CMC Ludhiana, wise,
A beacon built on faith and grace,
Where healing wears a human face.
Doctors, nurses, hearts aligned,
To heal the body and the mind.
Beyond the ward, beyond the scar,
Wellness waits- its never far,
It blooms where courage dares to
stay,
And kindness lights the healing
way.
So here's to courage, kind and true,
To nurses who see the journey
through,
And CMC, whose hands caress
Each
soul back home- to wellness.
So rise again, brave one, take flight,
You've turned your wounds into
your
light, Beyond the pain, beyond
distress
You made cancer go breathless.

- Khushi Sharma
B.Sc. Nursing 2024



Not a Chance but a Choice !

I know it was difficult for you to survive...
But still let me take you to the past you suffered.
You were standing at a point of realization, making yourself
understand that you have a "cancer" growing inside you,
making it more hard for you to live.
The point when nothing was hearable other than your own
inner voice sobbing, telling itself every possible ways to live.
The moment when your body took a step backward and your
weakly mind took a step forward.
Your body took medication to survive but your heart believed
every prayer letters send to HIM was opened.

Congratulations!

For you turned your pain into beauty,
Your weakness into power to hold back the emotions,
And the scars into pretty carvings.
Now, when you stand here
You should realise that this life you got was not your chance
but the choice you made to live.
The choice you took to handle and fight back,
The choice you made to see a new dawn,
The choice that hundreds failed to take.

Liza Ann Bibu
B.Sc. Nursing



THE WARRIOR

All I remember was,
I was fighting a war with a monster,
Who is stealing every second -by- second of my life
Standing across the border all the night.
My skin pale,
My nose bled and my bones aches-
Yes! Inch-by-inch, I felt all of it.
Times when, I barely could breath
With every breath- I breathe
I whispered, "Almighty!
Let it be my last,
Let there'll be no tomorrow"
As I prayed I cried.
Excruciating.... with tears I screamed,
Suddenly, It all went dark
And, I could not see,
Pain, yes that's all I could feel.
Dawn breaks in, through the sorrow,
I believed, I am the light
I know! I have been through this before
I will rise- and I will roar,
One... Two... Three... Four..
Its just a monster that beeps and nothing more
I am a warrior, winning this war
Not by surviving but by rising, every dusk till dawn
Just like hope that never fades nors gone.

Ruchika Barari
B.Sc. Nursing



हर एक क्षण उम्मीद की किरण

एक दिन खबर ने सब बदल दिया,
सपनों का आसमान धुंधला दिया।
पर मन में कहीं एक लौ जली,
अंधेरा चाहे जितना भी गहरा हो, सुबह फिर खिलेगी

कैंसर अंत नहीं नई शुरुआत है
हर साँस से अब जीवन की बात है
तन को चाहिए व्यायाम और ध्यान
सही आहार, मन का सम्मान
परिवार के साथ मित्रों का हाथ
सामाजिक स्नेह है जीवन की बात

डर नहीं अब, विश्वास जगाओ
हर क्षण को मुस्कान से सजाओ
आध्यात्म से मिलती है शांति गहरी
मन की शक्ति सबसे है बहरी
जीवन फिर खिला, नई राह बनी
कैंसर हारा, इंसान नहीं
बाल झड़े, पर मन नहीं हारा
हर दर्द बना एक नया सहारा
दवा के साथ मिला विश्वास
हर आँसू में छिपा था प्रकाश
धन का संघर्ष भी आया साथ

दवा की गंध, अस्पताल की दीवार
थके हुए दिन, बेजान सा संसार
पर एक दिन भीतर से आवाज़ आई
अभी कहानी बाकी है, रुकना नहीं भाई
उम्मीद ने नया रास्ता दिखाया
हर मदद हर दुआ ने साथ निभाया
जीवन ने फिर से रंग सजाया।

- Anshika
B.Sc. Nursing



में फिर से उठा हूँ !!

थोड़ी थकान थी, हल्का बुखार,
शरीर में दर्द, और मन बेकरार।
खाना कड़वा, नींद भी रूठी,
लगा – ज़िन्दगी जैसे कहीं छूटी।

पर गिरता रहा,
फिर से उठा हूँ...
टूटा बहुत,
पर जुड़ा हूँ...
हाँ, मैं... फिर से उठा हूँ,
हाँ, मैं... फिर से जीता हूँ...

बाल झड़ गए, चेहरा बदल गया,
आईने ने पूछा – “पहले जैसा कहाँ राहा ?”
दिल ने मुस्करा के कहा –
“पहले से मज़बूत हूँ मैं यहाँ।”

मैं गिरता रहा,
फिर से उठा हूँ...
कीमोथेरेपी की रातों में भी,
उम्मीद को थामा हूँ...
हाँ, मैं... फिर से उठा हूँ,
हाँ, मैं... फिर से जीता हूँ...

कभी उल्टियाँ, कभी कमजोरी,
हर साँस में थी एक लड़ाई जोरी।
पर दिल ने हर बार यही कहा –
“रुकना नहीं, हारना नहीं”

मैं कैंसर से नहीं,
खुद से जीता हूँ...
दर्द से नहीं,
ज़िन्दगी से सीखा हूँ...
मैं फिर से उठा हूँ,
हाँ, मैं फिर से जीता हूँ...

अब देखता हूँ ये निशान,
जैसे वीरता के सम्मान।
मैं वो कहानी हूँ जो थमी नहीं,
वो रौशनी जो कैभी बुझी नहीं।

हाँ, मैं फिर से उठा हूँ...
हाँ, मैं फिर से जीता हूँ...
मैं जंग हूँ, मैं दुआ हूँ,
मैं ज़िंदा सबूत हूँ –
खुदा के करिश्मा का...

Arpit Dayal
Batch - MBBS 2025



You Are The Light

*For all the Cancer Survivors on the Annual Day
Today, we gather hearts held high,
Beneath the vast and healing sky.
Each smile you wear, a victory bright,
A testament to your endless fight.
You've walked through storms that shook the ground,
Faced silent nights without a sound.
But still you rose, you found your way —
And that's the strength we honor today.*

*They said the road would not be kind,
With battles fought in heart and mind.
But strength is forged in fire and pain,
And you emerged inspired again.
Scars may remain, but so does grace,
And courage shines upon your face.
Your journey tells the world out loud
Of how you fought and should be proud.
You are the voice of hope restored,
Of silent prayers and dreams outpoured.*

*You are the light that will not fade,
The dawn that breaks, the vow once made.
The mirror may reflect the change,
Yet beauty wears a wider range.
For hope now dances in your smile,
And grace has walked with you each mile.
To every soul who's fought this fight,
You are the dawn after the night.
You teach the world how to survive —
To not just breathe, but feel alive.*

*So, here's to you, each face, each name,
Who turned the battle into flame.
Not just survivors, but the light
That fills the world, and makes it bright.
This day is more than just a date,
It proves that love can conquer fate.
You are not just a name or case —
You are a miracle in grace*

Megala M.Ramasamy
Hospital Administrator-Clinical Services and Quality



WORSHIP THE LORD IN THE
BEAUTY OF HOLINESS

WINNERS FOR POETRY

ENGLISH

- First - Ms. Melissa
MBBS 2025*
- Second - Mr. Chrism Karthik
MBBS 2025*
- Third - Ms. Shreya Mary John
B.Sc. Nursing 4th Sem*

HINDI

- First - Mr. Rajdeep
B.Sc. Radiotherapy*
- Second - Ms. Anshika
B.Sc. Nursing
4th Sem*

PUNJABI

- First - Ms. Armaandeep Kaur
B.Sc. Radiotherapy*
- Second - Mr. Mohit Sharma
B.Sc. Radiotherapy*







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