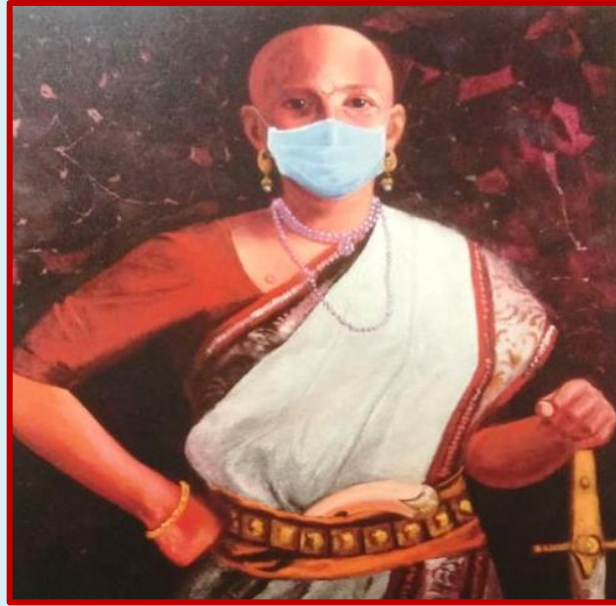


B. K. L. Walawalkar Hospital, Diagnostic & Research Centre

Kasarwadi, A/P. Sawarde, Tal. Chiplun, Dist. Ratnagiri, Maharashtra, 415606

Contact No. 9922566639 / 9272897834

COMPREHENSIVE CANCER CARE DEPARTMENT



kk-raoga



Details of Cancer Screening Program in collaboration with Tata Memorial Centre

PREVENTIVE ONCOLOGY SERVICES

MEDICAL ONCOLOGY

SURGICAL ONCOLOGY

RADIATION ONCOLOGY

PALLIATIVE CARE

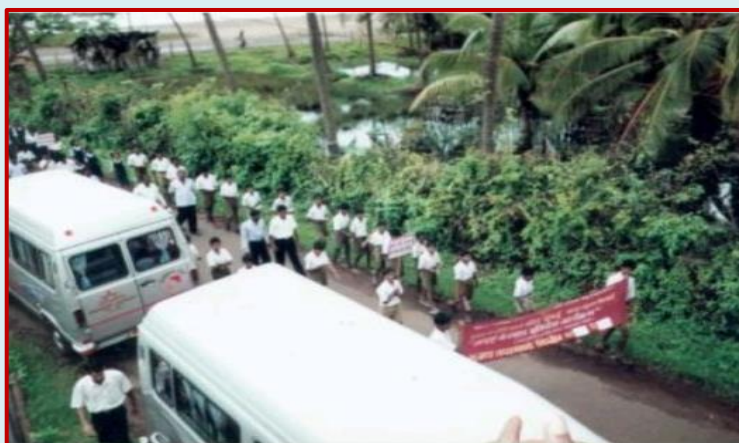
DORMITORY FACILITY

PREVENTIVE ONCOLOGY SERVICES

1. TMCROP (Tata Memorial Centre Rural Outreach Program)

B.K.L.Walawalkar hospital is an outreach centre for TMH since 2003 and has under taken TMCROP Cancer Screening Program in Ratnagiri & Sindhudurg districts during 2003 – 2012

- Mandate of TMH to extend its Cancer Control & Prevention services to the rural areas for the benefit of the underserved population.
- TMH has devoted considerable time and resources towards development of simple cost effective technologies for the early detection of common cancers.
- Thus the aim was to develop a model service programme in the form of a “**District Cancer Control Programme**” to demonstrate a successful workable model which can be translated in other parts of the country as well as can be integrated in the general Health Care Infrastructure of the country.
- Konkan belt (Ratnagiri & Sindhudurg) was chosen as it was the most under served in terms of cancer care and prevention facilities. Also more approachable for regular monitoring and surveillance activities.
- Currently cancer screening activity is going on on regular basis



2. Cancer Registry (Ratnagiri + Sindhudurg) collaboration with TMC

Tata Memorial Outreach Programme was started in the Ratnagiri district with the collaboration of BKL Walawalkar Hospital, Dervan in August 2003. The screening program was primarily to screen for detection of head and neck, breast and cervix cancers. Since this screening was an ongoing service oriented activity, it was necessary to follow-up the cases. Thus under these circumstances, it was proposed and initiated to set up the population based cancer registry in the Ratnagiri district. Also, due to the fact that there was no cancer statistics available from the Ratnagiri district. Therefore, establishing a cancer registry was essential. Registry started functioning formally in Feb. 2009.



Project Objective

- Generating reliable data on the magnitude and patterns of cancer – this would be based on Morbidity and Mortality information according to age, sex and residence of the patient, anatomical site of cancer etc.
- Undertaking epidemiologic research, such as case control or cohort studies based on observations of registry data.
- Providing database for developing appropriate strategies to aid in District Cancer Control Programme this would be in the form of planning, monitoring and evaluation of activities under this programme
- Developing human resource in Cancer registration and Epidemiology.

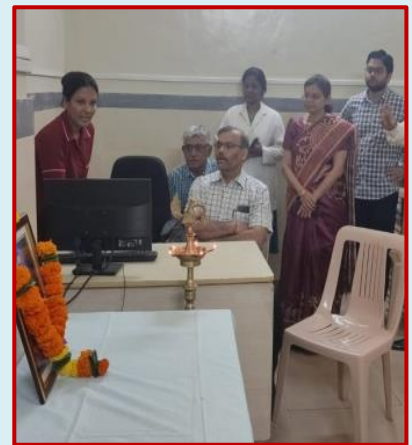
The project has an excellent potential for community based epidemiological study to identify the risk factors. the registry's outcome can be improved from time-to-time. The land terrains of Ratnagiri (Konkan area) are difficult to approach and the registry staff have been trained adequately and instructed to maximize the visit to these areas through proper planning prior to the visit.

There was no major cancer hospital in Ratnagiri district. BKL Walawalkar hospital, a General hospital in Dervan, Chiplun taluka has developed into a comprehensive cancer center with the help of Tata Memorial Hospital (TMH), Mumbai, in patient care, service, research and education in cancer.



Registry Methodology

- **Follow up** –For mortality data – By Household visit, By phone calls
- **Quality Control Checks** – Duplicate Checks Duplicates checks are done by comparing various fields like name, address, sex, age and site. There are two methods to find out the duplicates – Manual method by using the index card and Electronic method through the software.
- **Residence Confirmation** - Residence confirmation is done by house visits on given address or through the telephone numbers if available.
- **Re-checking** - 5 % of the cases are re-approached for collection of information which includes visits to the labs, hospitals, house etc. and the data which is already collected is checked again. This will ensure the correctness of the information.
- **HBCR** - Hospital Based Cancer Registry was Started on 18th February 2023 and it was inaugurated by Dr. Shripad Banavali & Dr. Mahendra Gulati.



3. Chest Project (cancer of Hypo pharynx Esophagus Screening Trial)-with TMC

Effect of screening with visual examination on oral cancer mortality in Ratnagiri district, Maharashtra – A cluster randomized controlled trial.

Project objective

- To assess the effect of screening using visual examination by trained health workers on oral cancer-related mortality.
- To assess improvement in survival after a diagnosis of oral cancer.
- To identify possible etiological factors in a high risk rural population in Ratnagiri district of Maharashtra.



COMPREHENSIVE CANCER CARE UNIT

MEDICAL ONCOLOGY

The department caters the medical needs of cancer patients and is accompanied by trained residential doctors and full time medical oncologist from Tata Hospital is posted at B.K.L.Walawalkar Hospital to offer chemotherapy facility. The sophisticated medical intensive care unit (MICU) is well equipped with all facilities. This institute has got separate wards for cancer patients where Chemotherapy is administered as per standard as well as locally developed



protocols. Chemotherapy is the administration of cytotoxic drugs and more recently biological to destroy the cancer cells. It is one of the multi-disciplinary approaches for the treatment of cancers and has become the mainstay of treatment for almost all malignancies especially in Leukaemia's (Blood Cancer), Lymphomas, Germ cell tumour and Choriocarcinoma, Cancer Breast and Ovary to name a few. The



department on a regular basis gives high dose chemotherapy as per the requirements. Oral Metronomic Chemotherapy is also available.

The following services are offered by the department:

Emergencies are attended round the clock

- Outpatient department
- Day care chemotherapy
- In patient chemotherapy

In Patient Services:

1. Nutritional assessment and supplementation to the patients.
2. Planning the diets and counselling the patients according to their individual needs, medical conditions and treatment.
3. Taking care of the food services by planning different menus for the various diets like liquids, normal diet, diabetic diet etc., and supervision of the food services and quality check of the food prepared.



Supportive Facilities:

Radiology services	Laboratory	Inpatient Facilities
CT Scanner - 2	Biochemistry	Number of major OT-10
MRI	Haematology & Clinical Pathology	Number of minor OT-8
X-ray unit (digital) -5	Blood Components & transfusion services	Central Sterilization Services Department (CSSD)
X-ray unit (non-digital)-4	Microbiology & virology	
Mammography	Histopathology & Cytology	Pharmacy
ECG/EEG	Immunology	In house Pharmacy Services
2D Echo	Genomic analysis	24*7 pharmacy
Ultrasound (non-Doppler) -4	Immunohistochemistry tumor markers	
Color Doppler ultrasound--3		



Free Medical Oncology Treatment under Mahatma Jyotirao Phule Jan Arogya Yojana for economically backward patients

Breast	Terminally Ill
Multiple Myeloma	Vulval Cancer
Wilm'S Tumor	Rectal Cancer Stage 2 And 3
Hepatoblastoma -Operable	Febrile Neutropenia Fn High Risk 2
Cervix	Vaginal Cancer
Childhood B-Cell Lymphomas	Ovary
Neuroblastoma Stage I –Iii	Small Cell Lung Cancer
Retinoblastoma	Ovary Germ Cell Tumour
Histocytosis	Gestational Trophoblast Ds. Low Risk
Rhabdomyosarcoma	Testis
Ewing'S Sarcoma	Prostate
Urinary Bladder	Oncologyoesophagus
Acute Myeloid Leukemia	Stomach
Acute Lymphatic Leukemia	Colon Rectum
Unlisted Regimen	Bone Tumors/Osteosarcoma
Lymphoma Nhl	Lymphoma, Hodgkin'S

Cyclophosphamide / Methotrexate / 5flurouracil	2nd Line Iv Antibiotics And Other Supportive Therapy(Carbapenems, Fourth Generation Cephalosporins, Piperacillin, Anti-Fungal . Azoles Etc.,)
Tamoxifen Tabs - Per month	1st Line Iv Antibiotics And Other Supportive Therapy (Third Generation Cephalosporin, Aminoglycoside Etc.,)
Adriamycin/Cyclophosphamide (Ac)	Cisplatin/5-FU
5- Flurouracil A-C (FAC)	Carboplatin/ Paclitaxel
AC (AC Then T)	Cisplatin/Etoposide (IIB)
Paclitaxel/Docitaxel	Bleomycin-Etoposide-Cisplatin (BEP)
Hormonal Treatment - Per month (Letrozole/Tamoxifen)	Actinomycin
Bortezomib+Lenoladomide+Dexamethasone/Cyclophosphamide+Bortezomib+Dexamethasone	Weekly Methotrexate
Vincristin, Adriamycin,Dexamethasone (VAD)	Etoposide - Methotrexate - Actinomycin / Cyclophosphamide Avincristine (EMA-CO)
Thalidomide+Dexamethasone(Oral)	Bleomycin-Etoposide-Cisplatin (BEP)
Melphalan+Thalidomide+Prednisone Oral	Hormonal Therapy - Per month
Zoledronic Acid/Pamindronic acid Along With any chemotherapy regime	Cisplatin- 5FU
SIOP/NWTS Regimen (Stages I III) - Per month	5-Fu Leucovorin (MCDONALD Regimen)
Cisplatin Adriamycin	5- Flurouracil-Oxaliplatin Leucovorin (Folfox) (Stage III Only)
Cervical Cancer Weekly Cisplatin	Monthly 5-FU/Capacitabine
Variable Regimen Inv - Hematology - Payable maximum upto	Cisplatin/Adriamycin/Ifosfamide
Variable Regimen Inv - X-Ray/CT Scan - Payable maximum upto/Per month	Adriamycin Bleomycin Vinblastin Dacarbazine (ABVD)
Carbo/Etoposide/Vincristin	"Cyclophosphamide Adriamycin Vincristin Prdnisone (CHOP)+Rituximab/Bendamustine+Rituximab/R-CVPChlorambicil+Rituximab/Fludarabine +Rituximab"
Variable Regimen Inv - CT, Biopsy - Payable maximum upto	Gemcitabine + cisplatin
Vincristin-Actinomycin- Cyclophosphamide (VACTC) Based Chemo - Per month	Brain GBM(Temozolomide) (per month)
Variable Regimen Inv - Hematology, Biopsy - Payable maximum upto	Radioiodine ablation therapy for cancer thyroid
Bladder Cancer Weekly Cisplatin	Induction 1st And 2 nd Months - Payable maximum upto
Methotrexate Vinblastin Adriamycin Cyclophosphamide	Induction 3rd, 4th, 5th months - Payable maximum upto
Induction Phase - Payable maximum upto	Palliative Chemotherapy -Unlisted Regimen - Payable maximum upto per cycle
Consolidation Phase - Payable maximum upto	Palliative And Supportive Therapy - Per month
Maintenance Phase - Per month	Cisplatin/5-FU
Maintenance Phase - Per month	Xelox Along With Adjuvant Chemotherapy Of AS-I

VARIOUS SCHEMES FOR CANCER PATIENTS

- **Mahatma Jyotibha Phule Jan Aaroya Yojana** (cashless treatment for all types of cancers) for orange and yellow ration card holders.
- **Indian Cancer Society** (cashless treatment for all types of cancers - Annual Income up to 4 lakhs)
- **Arun-Kurkure Initiation & Treatment Fund (AKITF)** (Initial investigations, diagnosis and primary treatment of cancer - annual income up to 4 lakhs) for curable cancer with good survival
- **Rotary Club of Bombay Queen's Necklace** Charitable Trust-(Initial investigations, diagnosis and primary treatment of cancer - annual income up to 4 lakhs)
- **Caner Care Fund** for investigations and follow ups
- **Cancer Nutrition Program** free Nutritional Ladoo Distribution by BKLW Hospital
- **Walawalkar Health Scheme** for patients in below poverty.
- **Ila Madan funds** (Initial investigations, diagnosis and primary treatment of cancer - annual income up to 4 lakhs)



- **Free food program for cancer patients**





SURGICAL ONCOLOGY

The Department of Surgical Oncology has expertise to deal with head & neck, thoracic, breast, soft tissue, and gastrointestinal, urologic and gynecologic malignancies. The Surgical Oncology department has a team of qualified and very well trained surgical oncologists who are well accomplished to carry out the complex surgeries on all types of cancers of the body as per the latest approved international standards and protocols. They are ably complemented by the state of the art operation theatres, modern and scientifically updated instruments and machineries. The surgical team is backed by a team of highly trained & competent anesthetists and by a well-equipped post-operative intensive (ICU) & Surgical Intensive Care Units (SICU), monitored round the clock by the trained



team of doctors. The department forms the backbone of the comprehensive cancer care of the patient that the hospital offers in a structured coordinated multidisciplinary approach - for the treatment of patients suffering from cancer with the aim of patient care, complete cure, and rehabilitation.

Free Surgical Oncology Treatment under Mahatma Jyotirao Phule Jan Arogya Yojana for economically backward patients

Hemiglossectomy	Internal Hemipelvectomy
Maxillectomy Any Type	Curettage & Bone Cement
Neck Dissection Any Type	Forequarter Amputation
Laryngectomy Any Type	Hemipelvectomy
Laryngo Pharyngo Oesophagectomy	Sacral Resection
Thyroidectomy Any Type	Bone Resection
Parotidectomy Any Type	Shoulder Girdle Resection
Composite Resection & Reconstruction	Limb Salvage Surgery With Modular Prosthesis
Hemimandibulectomy	Emasculatoin
Small Bowel Resection	Radical Cystectomy
Abdomino Perineal Resection (Apr) + Sacrectomy	Nephroureterectomy For Transitional Cell Carcinoma Of Renal Pelvis
Closure Of Ileostomy	Radical Nephrectomy
Closure Of Colostomy	Partial Penectomy
Total Exenteration	Inguinal Block Dissection One Side
Whipples Any Type	Other Cystectomies
Tripple Bypass	Total Penectomy
Anterior Resection	Partial Nephrectomy
Abdominoperineal Resection	Bilateral Orchidectomy
Other Bypasses-Pancreas	Radical Prostatectomy
Gastrectomy Any Type	High Orchidectomy
Colectomy Any Type	Retro Peritoneal Lymph Node Dissection(RPLND) (For Residual Disease)
Oesophagectomy Any Type	Retro Peritoneal Lymph Node Dissection Rplnd As Part Of Staging
Radical Cholecystectomy	Adrenalectomy
Splenectomy	Urinary Diversion
Resection Of Retroperitoneal Tumours	Anterior/Posterior Exenteration
Abdominal Wall Tumour Resection	Total Exenteration
Resection With Reconstruction of Abdominal Wall Tumour	Bilateral Pelvic Lymph Node Dissection(BPLND) for CA Urinary Bladder
Bilateral Pelvic Lymph Node Dissection(BPLND)	Mediastinal Tumour Resection
Radical Vaginectomy + Reconstruction	Lung Metastatectomy. Multiple
Total Pelvic Exenteration	Oesophagectomy With Two Field Lymphadenectomy
Total Abdominal Hysterectomy(TAH) + Bilateral Salpingo Ophorectomy (BSO) + Bilateral Pelvic Lymph Node Dissection (BPLND) + Omentectomy	Oesophagectomy With Three Field Lymphadenectomy
Maxillectomy + Orbital Exenteration	Tracheostomy

Maxillectomy + Infratemporal Fossa Clearance	Ileotransverse Colostomy
Orbital Exenteration	Jejunostomy
Cranio Facial Resection	Ileostomy
Chest Wall Resection	Gastrostomy
Chest Wall Resection + Reconstruction	Intercostal Drainage(ICD)
Limb Salvage Surgery Without Prosthesis	Gastro Jejunostomy
Limb Salvage Surgery With Custom Made Prosthesis	Colostomy
Myocutaneous / Cutaneous Flap	Resection Of Nasopharyngeal Tumour
Surgery For Ca Ovary Advance Stage	Micro Vascular Reconstruction
Vulvectomy	Skin Tumours Wide Excision + Reconstruction
Salpino Oophorectomy	Skin Tumours Amputation
Mastectomy Any Type	Skin Tumours Wide Excision
Axillary Dissection	Wide Excision for tumour
Wide Excision of Breast for Tumour	Wide Excision soft tissue/Bone Tumours
Chest Wall Resection	Wide Excision + Reconstruction soft tissue/Bone Tumours
Lumpectomy Breast	Amputation for soft tissue/Bone Tumours
Breast Reconstruction	Marginal Mandibulectomy
Oesophageal stenting including stent cost	Segmental Mandibulectomy
Submandibular Gland Excision	Total Glossectomy + Reconstruction
Tracheal Resection	Full Thickness Buccal Mucosal Resection & Reconstruction
Tracheal Resection	Sleeve Resection
Parathyroidectomy	

RADIATION ONCOLOGY

Hospital has one of the largest radiation oncology departments in Konkan region. Padma Vibhushan Dr. Anil Kakodkar, Chairman Department of Atomic Energy inaugurated Radiotherapy unit “BHABHATRON-2” on 7th February 2009.

Radiation oncologists from B.K.L.Walawalakar hospital in collaboration with technical support from Tata Hospital carry out radiation on all types of cancer. Following equipment is available in the department.

List of Equipment in Radiation Oncology Department

MACHINE	MODEL – COMPANY	TECHNIQUE
LINAC	Halcyon-Varian	1. 3D CRT 2. IMRT+IGRT 3. VMAT(Rapid Arc Therapy)
TALE COBALT	Bhabhatron II-Pancecia	1. Conventional 2. 3D CRT
HDR BRACHYTHERAPY	Microselectron Nucletrone	1. Intestinal 2. Intraluminal 3. Surface Mould 4. Intracavitrary
CT SIMULATIO	Siemens	1. For planning Purpose
MOULD ROOM		1. Orfit For Fixation 2. Vac Lock 3. Wax Bolus Etc..



**Free Radiation Oncology Treatment under Mahatma Jyotirao Phule Jan
Arogya Yojana for economically backward patients**

Palliative Treatment
Radical Treatment
Adjuvant Treatment
Radical Treatment With Photons
Adjuvant Treatment With Photons/Electrons
Palliative Treatment With Photons
A) Intracavitary I. LDR Per Application
A) Intracavitary II. HDR Per Application
B) Interstitial II. HDR One Application And Multiple Dose Fractions
B) Interstitial I. LDR Per Application
IMRT-Up To 40 Fractions In 8 Weeks
3DCRT-Up To 30 Fractions In 6 Weeks
SRS/SRT upto 5 fractions
VMAT Therapy-Up To 40 Fractions In 8 Weeks
IMRT+IGRT-Up To 40 Fractions In 8 Weeks
Tomotherapy(Radical/Adjuvant/Neoadjuvant)

PALLIATIVE CARE

Palliative care is care meant to improve the quality of life of patients who have a serious or life-threatening disease, such as cancer. It can be given with or without curative care. Palliative care is an approach to care that addresses the person as a whole, not just their disease

Palliative care may be provided at any point during cancer care, from diagnosis to the end of life. When a person receives palliative care, they may continue to receive cancer treatment.



DORMITORY FACILITY

Dormitory is available for poor patients free of cost. The majority of patients coming to Hospital for surgery or post-surgical treatment (radiotherapy, chemotherapy, etc.) need a place to stay while undergoing treatment. Anyone who has had to look for accommodation in this rural area knows what an impossible task it can be. And these people are poor, often illiterate, and ill. BKLW Hospital attempts to fill each family's needs.

