SHALBY Sanar INTERNATIONAL HOSPITALS

CANCER CARE

CANCER AND HOPE

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MEET THE TEAM

Surgical Oncology

Dr. Archit Pandit

Director & Head, Surgical Oncology

Dr. Archit Pandit is a leading Oncologist with 15+ years of extensive experience and over 10,000 surgeries to his credit. A gold medallist in surgery, he specialises in GI, Pancreatic and Robotic Cancer Surgeries, with advanced training in minimally invasive techniques.

Dr. Vineet Goel

Consultant, Surgical Oncology

With 10+ years of experience, **Dr. Vineet Goel** has individually performed over 2000 surgeries and participated in over 10,000 surgeries, specialising in Thoracic and GI Cancers. Trained at AIIMS, New Delhi, he's skilled in Robotic and Laparoscopic Cancer Surgeries, focussing on complex Lung, Gastrointestinal and Gynaecological cases.

Medical Oncology

Dr. Rakesh Kumar Sharma

HOD & Senior Consultant, Medical Oncology

Dr. Rakesh Kumar Sharma specialises in Precision Oncology. A gold medallist in DM Medical Oncology from AIIMS, New Delhi, he is also a European Certified Medical Oncologist. With expertise in Chemotherapy, Immunotherapy and Targeted Therapy, he provides advanced treatments for a range of cancers.

SURVIVOR STORY

Mrs. Salma Kapoor: A Story of Courage and Triumph

At 61 years old, Salma Kapoor was diagnosed with carcinoma in her left breast and thyroid, changing her world overnight. What followed was a journey through uncertainty, courage, and ultimately, survival, with the unstinted support of Dr. Archit Pandit, Director & Head, Surgical Oncology.

In August 2024, routine investigations revealed a dense, irregular mass in her left breast and a growing nodule on the left lobe of her thyroid. The mammogram, ultrasound, and PET/CT scans confirmed the worst: breast cancer with lymph node metastases and papillary carcinoma of the thyroid. Despite the diagnosis, Salma was determined to fight.

Under the expert care of her surgeon, Dr. Archit Pandit, she underwent an extensive procedure few months back. Salma bravely endured a breast-conserving surgery, axillary lymph node dissection, a near-total thyroidectomy, and a modified neck dissection. The operation was successful, removing the cancerous masses while preserving essential functions.

Three days later, Salma was discharged in a stable condition with a renewed sense of hope. Her surgical wounds were healing, and she left the hospital with strict follow-up instructions, determined to embrace life once more. She returned home to her family in Gurugram, looking forward to the next chapter of her journey.

Her story is one of resilience and the power of human spirit to overcome the darkest of challenges. Her fight is far from over, but her determination to live and thrive is stronger than ever.

INNOVATION IN BREAST CANCER: CASE OF BILATERAL MASTECTOMY

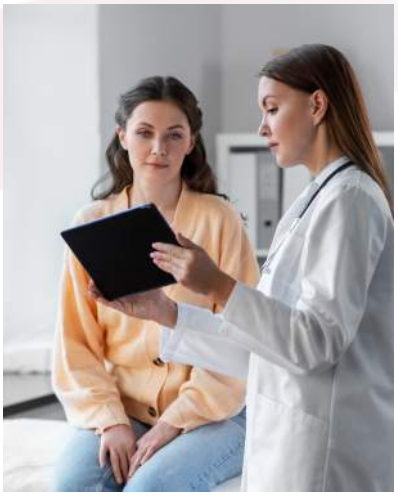
Innovation in breast cancer treatment has led to ground-breaking changes that empower patients and improve their survival prospects. Mrs. Sakshi Tripathi's case, diagnosed with lobular carcinoma of the right breast, reflects the advances in cancer care in the capable hands of Dr. Archit Pandit, Director & Head, Surgical Oncology, assisted by Dr. Vineet Goel, Consultant, Surgical Oncology.

> "Lobular carcinoma happens to be the second most common form of breast cancer. However, only 5-10% of women get detected with this kind of cancer as they are difficult to diagnose in early stages. Lobular carcinoma tends to be bilateral even when it's in just one breast. It is composed of non-cohesive cells individually dispersed or organised in a single-file linear pattern in a fibrous stroma. It's not easily detected on mammograms and may get missed on the other side, thus being usually diagnosed at a later stage."

Mrs. Tripathi's treatment involved a bilateral mastectomy, showcasing an innovative surgical approach. The right breast, affected by invasive lobular carcinoma, was treated with a subcutaneous mastectomy, while a prophylactic subcutaneous mastectomy was performed on the left breast to mitigate future risks. The decision to include axillary lymph node dissection (ALND) reflects the advancement in staging breast cancer more precisely, thus allowing better management of potential metastasis.

Further innovation is evident in her diagnostic process, which included advanced imaging such as the whole-body PET CT scan. This enabled the medical team to detect metabolically active lesions, confirming the primary neoplastic mass and identifying lymph node involvement while ruling out significant metastasis elsewhere. Early and precise identification of these lesions allows for targeted therapies and interventions, significantly improving patient outcomes.

Moreover, Mrs. Tripathi's post-operative care plan integrates modern recovery protocols, emphasising wound care, pain management, and lifestyle adjustments that allow for quicker recovery and enhanced quality of life. The use of a subcutaneous approach for mastectomy preserves important structural aspects of the breast, aligning with the latest trends in oncoplastic surgery.



In this case, innovation doesn't just stop at treatment. Personalised medicine, customised as per Mrs. Tripathi's hormone receptor status (ER / PR positive, Her2 negative), further reinforces the care protocol. The application of hormone therapy is a targeted approach made possible by advancements in cancer biology that recognise breast cancer as a heterogeneous disease, allowing individualised treatment regimens.

The journey of innovation in breast cancer treatment-exemplified through the case of Mrs. Tripathi continues to expand, offering new hope to patients. From enhanced diagnostics to sophisticated surgical techniques and personalised therapies, the ever-evolving landscape of cancer care is a testament to the strides being made in the fight against breast cancer.

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MYTHS & FACTS

There are a lot of misconceptions surrounding Breast Cancer treatment and its after effects. Let us bust some myths with solid facts for your better understanding of the disease.

- Surgery will spread the disease

✓ False! Surgery is the only treatment option to stop the growth of solid tumours and treat the disease.

- Biopsy will increase tumour size

✓ Incorrect. Biopsy does not increase the tumour size, it helps the doctors identify what kind of disease and cells are involved which helps them plan the treatment accordingly. Biopsy is an important step of the process and needs to be advised by the doctor.

- FNAC should be performed in Breast Cancer

✓ Untrue. The accuracy and success of the FNAC (Fine Needle Aspiration Cytology) procedure in cases of Breast Cancer is only 75%. Tru-cut Biopsy is preferred and should be performed as the procedure is effective with an accuracy rate of more than 95%.

- PET-CT/CT Scan radiation can cause cancer

✓ Not true. If the PET-CT/CT scan is being done once a year to keep a track of the disease. It is considered safe.

- Chemotherapy can cause permanent hair loss

✓ Big Myth! Chemotherapy is a life-saving medicine used to stop the growth and kill cancer cells. Modern Chemotherapy medicines are safe, cause minimal side effects and does not lead to permanent hair loss.

- No child bearing after undergoing Chemotherapy

✓ Wrong. For some duration after undergoing Chemotherapy treatment, female patients don't have their menses. However, menses do occur eventually and one can conceive and give birth.

At SHALBY Sanar International Hospitals, we have an all-inclusive tri-fold cancer prevention and treatment programme based on the principle of 'Precision Oncology', providing patient-focussed treatment aligned with standard medical protocols.

Our personalised treatment plans coupled with a highly experienced medical team and state-of-the-art technology have proven to improve cancer diagnosis and treatment, ensuring patients can receive the best possible care.

Our Department of Cancer Care provides extensive interdisciplinary care to cancer patients. We specialise in screening, preventing and treating varied types of cancer including head and neck cancer, breast cancer, thoracic cancer, oesophageal cancer, gynaecological cancers (ovarian, cervical, endometrial and others), sarcoma, bone cancer and others. Our specialised treatment modalities include cancer reconstructive surgery, immunotherapy, chemotherapy, targeted therapy, radiation oncology, personalised cancer medicine, preventive oncology and even genetic counselling.

We are with you in this fight!

SHALBY®
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