

# OnChronicle

AN EXCLUSIVE NEWSLETTER OF ALAMELU CHARITABLE FOUNDATION, SUPPORTED BY TATA TRUSTS



## Welcome Note

Dear Reader,

We are delighted to present to you the third issue of OnChronicle. We hope you are enjoying reading our newsletters as much as we are enjoying collating it.

You must be aware of the big and bold objective that we are marching towards - 'transform cancer care in India'. A dream of this magnitude needs collaborators and partners for its fulfilment.

At cancer care, we are constantly looking for opportunities to associate with like-minded organizations. We had opportunities to associate with quite a few of them in the past. With this

issue, we will start featuring our partners and highlight their contributions to our efforts.

In the 'Highlight' section, you will witness an inspiring story on how the warriors of our "Centre for Oncopathology" fought against all odds to keep the centre running during the challenging times of the pandemic and thereafter.

Do you know the World Health Organization (WHO) has taken up the objective of eliminating cervical cancer and has already presented their strategy on the way forward? January is observed as Cervical Cancer Awareness month. And this is one of the easily identifiable and treatable cancers, if detected early. Don't forget to check out the 'Byline' for the article on Cervical Cancer.

We are constantly learning, changing and improvising. It will be our privilege to get your feedback on this issue and your valuable suggestions on how we can do better.

Take Care & Happy Reading!



## Pfizer joins hands with the Cancer Care Programme

The Cancer Care Programme has been working towards transforming cancer care in India and, to this effect, has been receiving support from well-known organizations that have established social welfare initiatives in place. Their support has been crucial in all our endeavours.

Pfizer is one of the leading multinational pharmaceutical giants that is committed to combat cancer and provide support to cancer patients. As part of their corporate social responsibility initiative, Pfizer has collaborated with the Cancer Care implementation arm of the Tata Trusts, Alamelu Charitable Foundation (ACF), to achieve the unified goal of providing support to cancer patients.

Pfizer CSR is supporting four projects of Cancer Care at Diphu and Silchar (Assam), Ranchi (Jharkhand) and Tirupati (Andhra Pradesh), through **i) Health and Wellness Kiosks, ii) Community Outreach, iii) Helpdesks and iv) Patient Referral and Tracking Platform.**

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supporting the **Community Outreach** efforts. Various initiatives are being carried out to address the grass-root level issues related to awareness, prevention, screening, early detection and palliative care. The cancer team is working with the National Health Mission (NHM) for strengthening the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases

support from Pfizer. The application tracks all activities from awareness to screening camps. Teams have been trained in the use of the app being currently used in catchments across Assam, in the tea-gardens and kiosks. Over a period of time, the app will add to the cancer registry of suspected and confirmed patients, ensuring seamless treatment and care for all.

We value Pfizer's support to the initiative that we are doing in cancer care and look forward to equally beneficial partnerships with Pfizer and others who may come on-board in future.

'Opportunistic screening kiosks' have been introduced as a proactive step towards down-staging cancer. **'Health Screening and Awareness Centres'** called 'Swasth Kiosks' are being set up in functional collaboration with Government Medical Colleges / District Hospitals. The 'Swasth Kiosks' are set up in the heavy footfall areas of existing busy hospitals targeting family members and relatives accompanying the patients as well as visitors. It includes general health check-up (including BMI), screening for hypertension, diabetes and oral, breast & cervical cancers. Pfizer has extended support towards the set-up of the Swasth Kiosks titled 'Swasth Assam' in Diphu and Silchar, 'Swasth Jharkhand' in Ranchi and 'Swasth Chittoor' in Tirupati. Three of the four kiosks are already functional and the kiosk at Silchar is shortly getting commissioned.

and Stroke (NPCDCS) by capacity building in the form of training frontline healthcare workers and healthcare professionals for screening and awareness.

**Patient Helpdesks** aim to render quality cancer care to a large cross-section of the population, with services like psycho-social counselling, financial counselling, doctor consultation, awareness, answers to health queries, etc. This also helps in strengthening the continuum of care by ensuring patient connect at every step. Pfizer is supporting the team in setting-up and deployment of a virtual helpdesk for Diphu and Silchar in Assam and e-helpdesks in Tirupati and Ranchi.

Pfizer has been supporting the 'Awareness, Early Detection and Palliative Care' pillar of Distributed Model of Cancer Care by

The team has been able to commission the **Patient Referral and Tracking Platform** with



### 3 Saluting the faceless COVID warriors of the 'Centre for Oncopathology', Mumbai

The central thought that permeated through everyone and connected the team was the 'need of cancer patients requiring diagnosis to initiate their treatment'. During the peak of the pandemic, the centre was able to help diagnose over 1,000 cancer patients. This, in every measure, is a commendable contribution from the technical and administrative staff who risked their lives

During the COVID-19 induced lockdown, the official mandate was to work from home (WFH) which however was not practical for the technical and administrative staff of the Centre for Oncopathology to comply with. The sincere and committed administrative and technical staff of the lab, willingly and unflinchingly reported to work each day to fulfil their duties towards cancer care. This led to continuation of operations at the Centre for Oncopathology (COP) without any interruption in services.



and those of their family members to report to work. With no recourse to public transport for obvious reasons, they managed to report to work on their two-wheelers and even helped pick and drop their colleagues who resided at far off places. Some staff members even borrowed vehicles from friends and neighbours and managed to reach the lab.

Dr. Jay Mehta recalls, "One day a physician called me and said that they have always trusted us with their patients and in these extraordinarily difficult times they need us

more than ever to be around for their patients."

The team takes great pride in the trust and belief that physicians from across the country have placed in them to diagnose and formulate their treatment strategy based on their reports. This strengthened their resolve to offer full services at the centre during the lockdown. On three occasions, family members of patients drove down from Indore, Nashik and Ahmedabad to deliver the test samples for diagnosis.

The centre has been able to serve close to 9,000 patients since March 2020.

The Senior Management applauded the team for their efforts during the pandemic. Dr. Jay Mehta added, "During these challenging times, all the work that we have been able to do is all thanks to our faceless warriors – our technical and administrative staff. They are the ones who keep the place up and running, who face all odds and who hardly get any credit. I salute them and take a bow!"

## 4 Opportunistic screening endeavour takes yet another leap

### Swasth Kiosks make headway into Jharkhand and Andhra Pradesh

Inspired by the success of the 'Swasth Assam' and 'Swasth Chandrapur' screening and awareness kiosks, the Cancer Care Programme team has introduced a screening kiosk each in Ranchi, Jharkhand and Tirupati, Andhra Pradesh.

Titled 'Swasth Chittoor', it is the first such kiosk in the State of Andhra Pradesh and has been set up at the Area Hospital, Chandragiri, Tirupati. The operations of the kiosk are managed by the Sri Venkateswara Institute of Cancer Care and Advanced Research (SVICCAR) team.

The State has a high burden of Non-Communicable Diseases (NCDs), at 40 people per 1,000 suffering from some form of it and needs a continuum of comprehensive screening and awareness programme for easily identifiable cancers. The main focus of the kiosk will be downsizing NCDs and easily identifiable cancers.

The kiosk was inaugurated by



Dr. Chevireddy Bhaskar Reddy, MLA, Chandragiri; Dr. Saralamma, DCHS, Chittoor; Dr. Penchalaiah, DM & HO, Chittoor, in the presence of Dr. Paul Sebastian, Head, PEP, Cancer Care Programme, Tata Trusts.

The kiosk at Ranchi has been set up at the Rajendra Institute of Medical Sciences, (RIMS) and is called 'Swasth Jharkhand'. The kiosk was inaugurated by Sh. Banna Gupta, Health Minister, Jharkhand; Padmashri Prof. Dr. Kameshwar Prasad, Director, RIMS; and other senior officials of RIMS.

Tobacco consumption in various forms is considered as one of the key risk factors for most NCDs and cancers.

As per GATS 2 survey, 40% of people in Jharkhand (60% men and 17% women) consume tobacco in some form (smoked / smokeless). The State also has a high incidence rate and death rate of cancer, at 70 people per one lakh and at 70% in patients, respectively. Oral, lung and stomach cancers are most common among men, whilst breast, cervix and stomach cancers are common amongst women.

The screening and awareness services provided at the kiosks will enable early detection of cancers and NCDs and also raise awareness regarding risk factors like tobacco. Timely and adequate follow-ups can also lead to early detection, thereby reducing mortality rates.



# Palliative care units at Guwahati, Dibrugarh, Jorhat and Tirupati

The WHO defined palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”<sup>1</sup>

Palliative care in India is still at an early stage of development and faces numerous problems like population density, poverty, workforce development at base level, restrictive policies regarding opioid prescription as well as limited national palliative-care policy and lack of institutional interest in palliative care.

Nonetheless, several hurdles have been overcome and there has been a change in the mindset of healthcare providers and policy makers with respect to the need of palliative care in India. Access and availability of palliative care can bring in valuable treatment options for the symptoms and provide support systems for patients and their families.

Palliative Care Units have been set up at Medical College Hospitals in Guwahati, Dibrugarh and Jorhat and also at Sri Venkateswara Institute of Cancer Care and Advanced Research (SVICCAR), Tirupati. These units are working towards creating awareness, relieving suffering and trying to provide the best possible quality of life for terminally ill patients and their families who are undergoing pain, trauma, and stress due to cancer. Trained teams of doctors and nurses have been working tirelessly to provide palliative care and extra support to patients and their caregivers.

The Cancer Care programme of the Trusts is partnering with State Governments to make quality palliative care available and accessible through the public health care system for people living with life-limiting conditions.

For this, the Trusts have embarked on the concept of PEP (Prevention, Early Detection, Palliative Care) where Palliative Care is an important component of the outreach programme. The multi-pronged approach includes: **i) Policy** - making palliative care part of state health policies, insurance coverage and related regulations, **ii) Drugs Availability** - creating awareness among the officials about the amended Narcotic Drugs and Psychotropic Substances (NDPS) Act and opioid availability workshops for officials, **iii) Capacity Building** - training doctors and nurses in prescribing opioids as well as training administrators and pharmacists on the maintenance and record keeping of narcotic drugs, apart from building capacity among front line health care workers in identifying patients with palliative care needs in the community and navigating them to centres for appropriate care.

<sup>1</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3573467/>



## Byline - Let's prevent our women from the menace of cervical cancer

Be cervical cancer-aware

- Dr. Sanjiv Chopra, Chief Executive, Cancer Care Programme, Tata Trusts

Cervical cancer is a preventable disease and if detected early and adequately treated, it is curable. It occurs in the cell of the cervix. The cervix is the lower part of the uterus that connects to the vagina. Cervical cancer is caused by sexually acquired infection with certain types of Human Papilloma

Virus (HPV). There are about 100 subtypes of HPV, of which at least 14 are cancer-causing, and two are predominantly responsible for 70 per cent of cervical cancer cases. Long-lasting infection with these human papillomavirus (HPV) types is the main cause of cervical cancer.

Each year, approximately over 550,000 women are diagnosed with cervical cancer globally. Almost 25% of these cases, i.e. around 120,000 women get diagnosed with cervical cancer in India.

The month of January is observed as Cervical Cancer Awareness month. A multitude of efforts are being made to increase awareness and facilitate screening for early detection of cervical cancer.

Risk factors for HPV persistence and development of cervical cancer include poor oral hygiene, smoking, early marital age, multiple pregnancies at a young age, having multiple sexual partners, co-infection with other sexually transmitted agents and long-term use of oral contraceptives.

Early-stage of cervical cancer generally produces no signs or symptoms. As cervical cancer advances, more severe symptoms may appear, including:

- Persistent back, leg and/or pelvic pain;
- Weight loss, fatigue, loss of appetite;
- Foul-smell discharge and vaginal discomfort;
- Swelling of a leg or both lower extremities;
- Other severe symptoms may arise at advanced stages depending on which organs cancer has spread.

Because pre-cancerous lesions take many years to develop, regular screening is recommended for every woman from the age of 30 onwards (frequency depends on the screening test used). Screening can also detect cancer at an early stage and the subsequent treatment has a high incidence for cure.

Diagnosis of cervical cancer must be made by histopathologic examination. Staging is done based on tumour size and spread of the disease within the pelvis and to distant organs.

Which of the treatment would work for a patient is determined by different factors. These include the age of the patient when

diagnosed, type and stage of cancer, possible side effects of the treatment modality, and finally the preference of the patient. If any type of symptoms stated above are present, immediate consultation with a doctor could save valuable lives. Do note, that self-diagnosis is not possible and therefore self-medication should not be done.

# 7 Byline - Failure Mode and Effects Analysis (FMEA) can help in better management of risk

- Jitendra Tiwari,  
Head, Infra-Technical

Budget uncertainty and risk management are two crucial components of Project Management.

In project management, it often so happens that there is a variance in the actual project cost vis-à-vis estimated

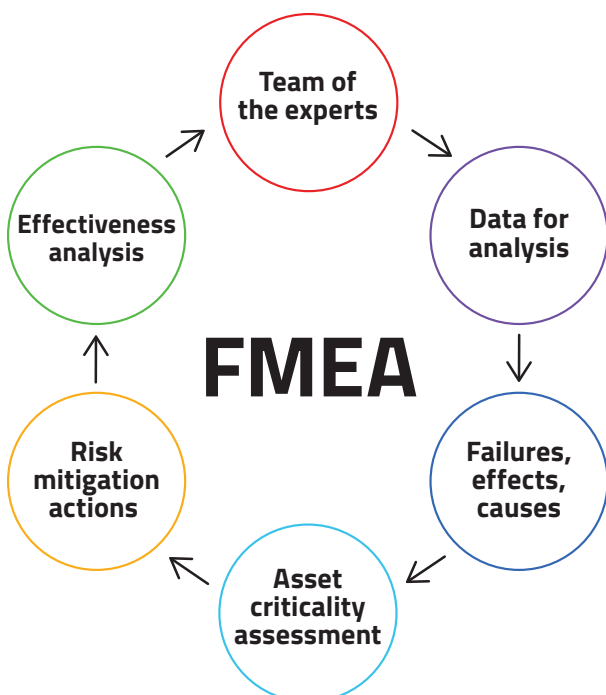
cost. It seems more things go wrong in a project and drive up the cost, than go right to keep down the cost. The reasons for variance in cost could be; price escalation, change in requirement of resources or difference in estimated project duration. These factors impact the overhead and indirect costs. However, as the project proceeds, the cost uncertainty decreases.

Even though a project could be replicable, each project is unique and a certain element of risk is always there. There are some risks that could be pre-empted and there are others that could not be pre-empted. These factors can impact any and every element of the project from performance to schedule to budget. The process of risk management includes six steps - risk management planning, risk

identification, qualitative risk analysis, quantitative risk analysis, risk response planning and risk monitoring & control.

Failure Mode and Effect Analysis (FMEA) is a structured approach that can help in identification and better management of risk. FMEA is the process of reviewing as many components, assemblies, and subsystems as possible to identify potential failure modes in a system and their causes and effects.

The approach focuses on listing ways the project might potentially fail, listing the consequences of each failure and evaluate its **severity (S)** on a 10-point scale, listing the cause of each failure and estimating their **likelihood (L)** of occurring on a 10-point scale, estimating the ability to detect (D) each failure identified on a 10-point scale, calculating the **Risk Priority Number (RPN) by multiplying S, L & D** and lastly sorting the list as per RPNs and considering ways for reducing the risk associated with higher RPNs.



FAILURE MODE & EFFECTS ANALYSIS  
FMEA Process Map

