



*Indian Association
of Surgical Oncology*



NEWSLETTER

OCTOBER 2017

Indian Association of Surgical Oncology
www.iasoindia.in

IASO SECRETARIAT

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Executive Council IASO

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Past Secretary :	T SubramayeshwarRao

Presidents Message



**Prof.Dr.B.K.C.Mohan Prasad, MS., M.Ch., MNAMS.,
President – IASO
Chairman, Mohans Medicity Hospital, Madurai - 625020**

Dear Members,

Warm Greetings To You All

When my mind goes down the memory line, it takes me to 1985 when I was about to join the M.Ch., course in Surgical Oncology. My mind was doubtful whether Surgical Oncology is a sub specialty of General Surgery or a Super Specialty of its own - What makes a Surgical Oncologist unique? I have understood through years that Surgical Oncologist is a person who has ability to grasp the combined knowledge of Surgical techniques along with knowledge of cancer biology, Medical Oncology and Radiation techniques. After my M.Ch., the period between 1987 to 1989 was very arduous and I had to struggle a lot to start a Department of Surgical Oncology at Madurai Medical College, Madurai.

From 1989 to till date the Surgical Oncology Departments and Association have grown not only in Madurai Medical College, but also throughout the country from bud to blossom. This is due to the efforts of likeminded surgeons interested in Oncology and the Indian Association of Surgical Oncology has grown from strength to strength and now today it is being recognized by other international Surgical Oncology Associations like SSO, BSSO, ESSO, BASO, ACOS etc., I am quite sure that IASO is the foremost surgical association of our country today. As the President of IASO in ICC year, I am very much honored and happy to share my views through the Newsletter.

I am very thankful to our Secretary to Dr. Rajendra Toprani , our Treasurer Dr. P.K.Das , our editorial Dr.Ashutosh Chauhan and all executive members for their untiring work and cooperation in all the matters of the Association.

I wish all our members a very Happy and Prosperous 2018. Let us stay united and connected.

Prof.Dr.B.K.C.Mohan Prasad, MS., M.Ch., MNAMS.,
President – IASO
Chairman, Mohans Medicity Hospital,
11-A, Vinayaga Nagar, Madurai - 625020
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Dr. Rajendra Toprani M.S., M.Ch.(Onco)
Hon. Secretary IASO,
Senior Consultant- H & N Surgeon,
Director, HCG Cancer Center, Ahmedabad

Dear IASO Members,

Greetings from IASO Secretariat !

As aware our NATCON 2017 is organized during ICC 2017 at Bangalore from 8th to 12th November 2017. 8th November 2017 would be Pre-Conference Surgical Workshop and the IASO afternoon scientific program would be for 3 days (9th to 11th November 2017). IASO GBM is planned on 10th November 2017 at 5:30 pm.

I urge all IASO members to register for the ICC 2017 Conference and Workshop in large numbers at the earliest. There is a limited offer for those who register for the conference to get a complimentary registration for the Workshop!!! Please hurry as it is available for a limited time and numbers. You may contact the ICC directly to avail this limited offer. There are many attractive awards available for young members to be availed.

The IASO Scientific program during ICC is now uploaded on IASO website .

Those who are interested to organize a Midterm CME and NATCON IASO during 2019 should write to me before 6th November 2017 with details of Organizing Committee and possible Venues. The proposals would be discussed during the EC meeting and GBM during ICC 2017.

I would request all senior members, EC members and those who are attached to academic institutes to help us increase IASO members by encouraging young surgeons / trainees / Fellows who are inclined to practice Surgical Oncology to become members of IASO. We are in the process of improving the IASO website and it's very easy to become a member of IASO Online. I am happy to announce that we have enrolled 64 new members since January 2017.

We are in the process of issuing Identity Cards for IASO Members that can be collected from IASO stall during ICC 2017 which has to be compulsorily checked during the Election Process. We have also made very attractive IASO ties for members that can be purchased at a nominal price during ICC 2017.

We are still not able to update contact details (Email, Mobile No., Address) of approx 150 members. We are putting up a list of such members in the Newsletter.

If you have any suggestion please do not hesitate write to us at iasosecretariat@gmail.com or contact Mr. Bhavin Shukla (+91-9824058412) on bhaviniaso@gmail.com.

Anticipating your full support & cooperation & hope to see you all during ICC 2017 at Bangalore.

Regards,

Dr. Rajendra Toprani M.S., M.Ch.(Onco)
Hon. Secretary IASO,
Senior Consultant- H & N Surgeon,
Director, HCG Cancer Center,
Science City Road,
Ahmedabad - 380060
iasosecretariat@gmail.com

Message from Editorial Secretary



Dr Ashutosh Chauhan

MS, DNB(Surgery), DNB (SurgOnco), MNAMS, FAIS, FICS, FACS

Consultant , Surgical Oncology, HCG @ Delhi NCR

Dear Friends

The IASO newsletter is a means of enabling members to reach out to a wider scope of audience. To make it more lively and vibrant it is requested that members submit write-ups and summaries of activities conducted by them to promote the interests of IASO or any other news /trivia which they feel is of general interest. As the ICC 2017 at Bangalore is barely a month away, this issue of Newsletter is primarily devoted to issues which would come up for discussion in the General Body Meeting of the IASO. Members may be aware that the ICC 2021 is scheduled to be hosted by the IASO. The call for bids was placed in last newsletter which elicited a good response from the members.

Regards

Ashutosh

Message from Treasurer

Dr Prafulla K Das

MS,MAMS,FAIS,FICS(oncology),FUICC(Geneva)

Treasurer, IASO

As you know ours is a complex financial status owing to the fact that various activities are conducted under a single PAN . Notable amongst them are ICC,NATCONs and MIDCONs, accounts of which are being maintained in multiple banks in different cities . Care has to be taken as we receive sponsorships from various sources, some of which are eligible for deduction of TDS. Currently the IASO is undergoing scrutiny by Income tax department with regards to the financials of FY 2014-15.It is hoped that all members would cooperate when and if called for inputs during the said scrutiny.

It was my pleasure to interact with all of you in the matter of preparing the balance sheet and getting full cooperation from your side. I thank you all from core of my heart.I am also thankful to our Auditor Mr Anurag who has taken keen interest in this matter. The audited balance sheet stating the Financial state of the IASO is placed in this Newsletter

Indian Association Of Surgical Oncology

PROVISIONAL BALANCE SHEET AS AT 31ST MARCH 2017

<u>CORPUS FUND</u>	
Opening Balance	17649177.48
Add: Excess of income over expenditure for the year	2584088.50
Less: Income Tax & TDS	870788.00
	19362477.98

ASSETS	
<u>CURRENT ASSETS</u>	
Cash in hand	
<u>INVESTMENTS</u>	
FD with BOB BHU	8299002.00
FD with Allahabad Bank	4407397.00
FD with Canara Bank	3248759.00
<u>Bank Balances</u>	
BOB BHU	1768881.47
Canara Bank	1436653.97
Allahabad Bank	19859.54
Tax deducted at Source	181925.00
	19362477.98

INDIAN ASSOCIATION OF SURGICAL ONCOLOGY

Provisional Income & Expenditure Account for the year ended 31.03.2017

(Subject to final correction)

INCOME	IASO
Registration Fees	149343.00
Income From IJSO	587200.00
Interest on FDR	1082544.00
Interest on Saving Bank Account	46464.00
Bhuvaneshwar NATCON	500000.00
Jodhpur NATCON	1000000.00
Total Income	
	3365551.00

EXPENDITURE	IASO
Professional Fees	57250.00
Prize, Awards & Fellowship	184880.00
Bank charges	345.50
Website/Internet Expenses	62290.00
Salary	400000.00
Miscellaneous Exps.	6500.00
Travelling	20197.00
Mid-Term Chandigarh	50000.00
Surplus	2584088.50
	3365551.00

Controversy related to NEET-SS conducted by NBE

Surgical Oncology covers the treatment of solid tumours of the oro-esophago gastrointestinal tract, of parenchymal and endocrine organs and of skin, mesenchymal, neurogenic, bone and soft tissues. Surgical Oncology also includes prevention, genetic counseling, specific diagnostic and staging procedures, rehabilitation and follow-up care. Surgical Oncology is focused on multimodality therapy. The Surgical Oncologist differs from his colleagues in basic specialities in several respects. With rapid advances in surgery, radiation, medical oncology, and new disciplines such as immunotherapy and hyperthermia, the Surgical Oncologist is in a critical position to help integrate these approaches to the management of an individual patient. It is likewise critical that the Surgical Oncologists have special training that makes it possible for him or her to understand these divergent fields and appreciate their potential roles in treatment.

Practice of surgical oncology involves conducting many complex surgical procedures. They may be related to GI tract or aerodigestive tract or breast or endocrine organs or bone and soft tissues. These complex procedures entail not only the surgery aspect, but also pre-operative preparation and post-operative care. And, most importantly, the ability to handle post-operative complications. During the training of MS/DNB General surgery, fundamental aspects of surgical practice (for eg. Nutrition, healing) are covered. One of the most important aspect learnt by a student is the surgical anatomy of *all* organ systems. Thereafter the candidate takes theoretical training in surgery of various organ systems namely neuro, vascular, GI, lung, head and neck, bone and soft tissue, skin etc. He is also practically exposed to surgical procedures related to all these systems. Under a mentor-student system he is encouraged to perform some basic procedures in all these system. Hence, at time of qualifying MS/DNB in Gen Surgery exam, the candidate is well versed with basic principles of surgery and is also exposed to advanced techniques. He is uniquely poised to take a further broad based training in surgical oncology.

Candidates who have pursued MS (ENT), MS (Gynae) and MS (Ortho) do not have this unique exposure. Their basic speciality is highly focussed to specific organ system. The candidates start with learning surgical anatomy of very focussed organ system (upper aerodigestive tract in case of MS ENT and Female pelvic anatomy in case of MS GynaeObs) . Thereafter they study about disorders and disease specific to these organ system and they gain their surgical expertise limited to these organ system only. Hence these candidates never get exposed to broad concepts of general surgery training. For example, an ENT resident is never exposed to vascular repair simply because vascular surgery does not form part of ENT curriculum OR an orthopaedic resident does not know basics of intestinal anastomosis because GI diseases do not form part of Ortho curriculum.

The first candidates for MCh Surgical Oncology were selected in 1983 and admitted to Cancer Institute, Chennai. The erstwhile system of selection to surgical oncology adopted by various individual institutions had a fundamental tenet common, that of evaluating a prospective candidates in their knowledge and understanding of theoretical as well as practical concepts of general surgical practice. This could be in form of an entrance test;

practical exam and/or oral viva. As the evaluation procedure was based on broad based understanding of general surgery, only MS general surgery candidates could qualify. Although MS ENT, MS GynaeObs and MS Ortho candidates were eligible to apply for MCh Surgical Oncology, they could not qualify in the evaluation procedures of respective Institutes as they lacked the requisite skills and knowledge of General Surgery. A few such candidates did qualify occasionally but they were an exception based on their own merit.

The current system of NEET SS has thwarted the age old procedure of selecting the candidates on merit. In the current system, the MS ENT and MS GynaeObs candidate appears in an entrance exam paper which is solely based on their respective speciality. There is no evaluation of his/her concept of General Surgery which, as pointed out above, is so vital in selection for Surgical Oncology. Moreover, the paper of General Surgery, which deals with multiple organ systems, is much wider in scope of the questions asked than that in ENT or GynaeObs which deal with single organ system. Within the pool of basic specialities, much larger number of MS General Surgery candidates appear than that in ENT or Gynae. Hence, for the same total marks scored, the MS ENT and MS Gynae candidate would figure higher in *percentile* rank as compared to MS Gen Surgery. This has reflected in the merit list of NEET-SS of 2017 where in the latter have figured disproportionately more in higher ranks than MS Surgery candidates.

The end result of this flawed procedure of selection has resulted in a situation where MS ENT and MS Gynae candidates are getting selected for MCh Surgical Oncology *without* having undergone evaluation of their general surgery knowledge. On the other hand, the MS Gen Surgery candidate who would otherwise be more deserving would lose out on this opportunity. Down the years, the MS ENT candidate would be expected to do a whipples procedure without ever having learnt the basic concept of intestinal anastomosis OR a MS Gynae candidate would be operating on a lung tumor without ever having learnt technique of vascular repair!!

It is indeed an irony that for MCh in neurosurgery / in urology/in cardiothoracicvascular surgery / GI surgery, the MCI advises, only MS General Surgery as qualifying criteria but for MCh Surgical Oncology, it has also permitted MS ENT/MS GynaeObs/MS orthopaedics!!!! Going by same convoluted logic propounded by MCI, if an MS ENT candidate can be expected to operate a Kidney tumor after doing MCh Surgical Oncology, he should surely be allowed to operate a Kidney tumor after doing MCh Urology!!! And he should be able to do this without ever having studied kidney anatomy or disorders during his basic training in the first place !!!

To put it across to a lay person, an analogy could be drawn to a situation wherein a Formula 1 car is being repaired not by a car mechanic but by a scooter mechanic!!!!

Ill trained or a poorly trained physician is a public health hazard. More so than an untrained one. The latter would never attempt complex procedure while the former will definitely attempt one. But the current system of NEET is ensuring candidates ill trained in basic general surgery are getting opportunity to go for operating on advanced techniques. A candidate who never learnt the surgical anatomy of liver in his basic training is suddenly poised to operate on a liver tumor !!!! This dichotomy defies common sense. It is feared that this ill thought out scheme of NEET -SS will lead to degradation of public health system over the period of time. Treatment of oncology is very expensive and very demanding. It is feared

that poorly trained surgical oncologists like these will lead to compromise of patient safety as well as add to the morbidity of treatment . This would directly add additional financial burden to the State or to the individual .

Another point of contention is that for MChGynae Oncology the eligibility criteria mentions only MS Obs and Gynae. MS general Surgery candidates , by virtue of their broad based training in art and practice of surgery, are naturally suited to adapt their basic training to the practice of gynae oncology. Yet the MCI eligibility criteria excludes these deserving candidates from applying for same

Common sense dictates that the evaluation standards for the same course of study should be uniform across all candidates appearing for it. Apples and Oranges cannot be compared. The eligibility criteria for MCh surgical oncology which were framed in 1983 kept realities of that time in mind. The field of surgery was not so advanced and MCh surgical oncology , being a new sub speciality, needed to attract students. But there has been tremendous progress in our understanding and practice of surgery in last 34 years. The policy set then needs a re look to account for present day reality. In addition , the very system of NEET SS being conducted by the National Board needs to be re-looked. The NEETSS assigns rank as per percentile marks obtained . The system of percentile ranks being computed for major basic speciality vs minor basic speciality needs to be revisited

The IASO leadership considers this a worrying trend . This trend has potential for medical disaster in realms of public health and considers it their moral and ethical responsibility to inform all the stakeholders about this gross anomaly , be it the Government, MCI, Court or Public at large

The IASO submits that it is advised that one of following options may be considered:

- (i) Amend the MCI eligibility criteria for appearing in MCh Surgical Oncology. The qualifying basic speciality should remain MS/DNB General Surgery only. This is in line with the eligibility criteria that the National Board of Examination adopts for DNB Surgical Oncology program .
- (ii) Institute a common paper for all candidates desirous of Surgical Oncology. Or proportion of questions (50-70%) should be devoted to general surgical principals pertaining to surgical oncology while balance questions may be from the basic speciality

To this end the IASO leadership has contacted various agencies including MCI, NBE and Ministry of Health. Currently, this matter is sub judice on behest of certain section of candidates who have approached honourable High court feeling aggrieved for very reasons mentioned above

IASO Identity Cards for Members

IASO Secretariat is in the process of issuing Identity Cards to IASO Members. Requisite information was collected through email . It is aimed to distribute the Identity Cards to Members during our National Conference at ICC 2017 at Bangalore from 9th – 11th November 2017. The Identity Cards would be issued by IASO free of charge but would be required to be carried on person for attending GBM & participating in the elections.

Dear All,

We are in the process of issuing Identity Cards to IASO Members.

Please send following information at the earliest to our vendor on info@angelisspl.com to enable us to distribute the Identity Cards to Members during our National Conference at ICC 2017 at Bangalore from 9th – 11th November 2017.

1. Full Name
2. IASO Membership No.
3. Year of Joining IASO
4. Postal Address
5. Email ID
6. Mobile No.
7. Blood Group
8. Date of Birth
9. Passport size photograph

Regards,

Dr. Rajendra Toprani
Hon. Secretary, IASO

AGENDA OF GBM ICC 2017

Venue-Clark's Convention Centre (Hall to be decided)

Time :- 5:30 pm onwards, 10th November 2017

1. Call Meeting to Order
2. Welcome address by President Dr. Mohan Prasad
3. Previous Minutes of GBM at Jodhpur and EC Meeting
4. Midterm 2018 – Presentation by Madurai team – Dr. M. Ramesh (Org. Secretary)
5. NATCON 2018 – Presentation by Trivandrum team - Dr. Chandramohan (Org. Secretary)
6. Midterm 2019 – Proposal
7. NATCON 2019 – Proposal
8. ICC 2021 – Presentation from all Three Parties – Mumbai/ Delhi / Chennai
9. Discussion about ASI
10. Constitution amendment – take over of new team during NATCON, duration of nominated EC Member should be 1 year, Associate Membership for Allied Specialities and PGs, Seed money for Midterm could be Rs. 50,000/- and for NATCON it will be Rs. 1,00,000/-, Age limit for Awards and eligibility (Fresh / Associate Member).
11. Treasurer's Report, Single bank account for IASO, 12A Exemption update.
12. NEET – Stand by IASO by Dr. Harit, Dr. Mohan Prasad, Dr. Sanjay Kapoor and Dr. P. K. Das
13. Guidelines for Surgical Oncology Training – White Paper awaited by Dr. S. V. S. Deo & Dr. Sanjiv Misra
14. Detroit Fellowship, SSO
15. Website Academic Development – Report by Dr. Mallika Tewari
16. Elections for EC
17. Any other matter with the permission of the house
18. Vote of Thanks.

Proposed Guidelines & SOPs : Hosting Indian Cancer Congress

Prepared by Dr. Harit Chaturvedi

The inaugural Indian Cancer Congress was organised at Delhi in 2013 by ISO. This year's edition is being organised at Bengaluru by AORI. The next ICC is scheduled in 2021 and is to be organised by the IASO. It is the endeavour of IASO that the ICC which it is supposed to organise in 2021 truly reflect the spirit and scale the ICC was originally conceptualised as. Given the immense complexities associated in organising any event of such massive scale and scope, it was envisioned to lay out certain SOPs so as to standardise the whole process starting from bidding upto actual conduct of the event and beyond. The IASO governing body would like its members to be aware and cognizant of the SOPs agreed upon.

SOP FOR ICC 2021

A. The logistics requirements must be met and then bidding should be made in a structured format.

B Letter of support from the heads of all major oncology centres of the city and state. Minimum ten such letters should be there as part of bidding process. Oncology associations of the state should give letters of support to the extent of at least 25% of them.

C Expected requirements

It is expected that ICC should grow at a pace of 20 % every four years hence the expected clinical and non clinical oncologists participation should be 10,000 for 2021

The participation of Industry, Government representatives, NGOs, Volunteers, organising team, marketing team etc should be 25% of the delegates and faculty. This would translate into approx 12,500 participants at the venue on daily basis.

Guidelines for presentation at time of bidding. The team bidding for ICC should put forth a presentation in a format which would include the following:

1. **Logistics presentation:** *** detailed below
2. **Budget presentation:** this must include fund raising strategy ; the expenditure spread and expected savings.
3. **Technology presentation:** the team should spell how technology will be further leveraged. This may be in form of mobile apps, interactive platforms, online registration process , online case discussion, digital connections with participating institutions and outreach strategy for tier 2 &3 cities by live streaming
4. **Secretarial support presentation:** This should detail the manpower to secretariat allotted from day 1. It is proposed that in the first year 4 individuals be employed , then 6 in second year, it can be 9 in third year and in the fourth year we can expect the staff to be 15. The presentation would detail what is the work expected from and how do we measure throughput
5. **Marketing presentation:** This should detail the the strategy to market the brand ICC across India, and in the neighbouring countries

6. Basic Science presentation: this must include the institutions and individuals from basic sciences who are part of the organising body.

7. Strategy for year on year creation of oncology momentum in the country, to serve our agenda. Weekly e - communication etc.

** Logistic :

Which City?

Connectivity:

- Air: flights to and from at least 60 different destinations (national and international)
- Train:
- Road:

Venue?

number of halls and their capacity.

- One big hall with capacity of 2000. This is desired to be 3000. This is for plenaries, Inauguration, special events, Valedictory function etc.
- Four halls of capacity of 500.
- Six halls of capacity 300.
- Smaller ten halls of capacity of 50.
- Office space and functioning for six organisations

Dining area? could be in two to three areas at the same venue but all together 6000 sq m of space allocation.

Poster display area? Should cater for posters /r eposters, for 50% of delegate number. Thus in 2021, approx 5000 poster should be expected This area could be overlapped with dining area and managed in different ways.

Exhibition area? Minimum 5000 sq m to cater for Industry .This could be divided in two different areas, but should be at the same venue.

Details of Registration, Certificates, Prizes and other awards?

Accommodation? Should be within 10 km radius and cater to approx 70% of the registered delegates and faculty,(room night capacity should be there of which at least half in less than 5 km radius). These should be in all different categories and more than 50% should be in the budget category.

Transport ? The delegates should be a provided transport facility every thirty minutes for the venue from each of these locations and travel time of not more than 30 minutes

Social events? at least one event, which could be ticketed should be outside the main venue. There could be 4 to 5 such options.

President's dinner ? This should be the hallmark for networking amongst leadership of the global oncology community

Bidding Process

1. Bidding process should start one year in advance.
2. Bidders to present in a structured form answering all necessary questions.
3. There should be an ICC monitoring body, including representatives from the four associations and from the host association. This team should be led by the representative from the organisation in waiting e.g. ISMPO this year. They would screen all bidders and the final two nominations should close six months before.
4. The final decision between these two should happen at the general body of the host association.
5. The monitoring body should continue to monitor progress and submit reports including suggestions on necessary action.
6. One team should be allotted the conference.
7. Second team should be simultaneously put on stand-by for a period of two years.
8. Monitoring committee to submit report on progress after every meeting and rate the preparation. If its below par a warning to be given at the end of first year and the NCC to support the group which has been allotted in every possible way.
9. If things do not improve then second warning at six months.
10. The stand by group to be activated and logistics looked at. Final call at two years after one more interim review at three months

Organising body of ICC

1. Out of the top seven positions of Chairman, Secretary, Scientific chairperson, Basic scientist representative, Treasurer, Exhibition/ Logistics and Marketing head ;at least four different institutions of the city must be involved.
2. PCO allocation should happen by the local body in consultation with the National coordination Committee.

Communication of ICC

1. Communication to the faculty and otherwise should be standardised and vetted by the organising Chairman and secretary.
2. Every communication should have copy marked to at least four different offices.
3. All communication with the members and invited faculty related to different associations must be marked to different association secretaries.

Branding of ICC

ICC should work with the host associations, organisations and institutions for branding: journals, e-newsletter, branding of host associations, awards, fellowships, signature meeting on research

NationalCoordination Committee

1. NCC should meet every four months on a pre fixed calendar in the first two years and every three months in the third and fourth year on a six hour agenda.
2. The agenda must comprehensively cover presentation by six different subcommittees.
3. The monitoring subcommittee should participate in the first three years in every meeting. In the fourth year there role is dissolved to the NCC.
4. This group now works with the upcoming bidders.
5. The nut bolts management of ICC should be responsibility of a CEO

CEO of the ICC.

- Eligibility : To be defined
- Salar : 75000/- fixed and 1,50,000/- paid every quarter on the scoring system of the coordinators.
- Job Description : To be defined objectively

Call for Bids for Midterm Conference of IASO for 2019 and for NATCON 2019

Members are invited to bid for staging Midterm conference of IASO 2019 and for organising NATCON 2019. *The bids for the same should reach the IASO secretariat by 06 Nov 2017*

Salient features for hosting the said events is produced below

- (i) Organizing secretary or his representative must be present in the Annual General Body Meet during ICC 2017 at Bengaluru to present his proposal.
- (ii) On request, seed money may be given to the organizing secretary of NATCON & Midterm to start preparation, repayable within 6 months of the conference.
- (iii) The organizing secretary of NATCON and mid-term conference shall sign an MOU with the IASO.
- (iv) The audited accounts of NATCON and midterm conference be submitted to the IASO secretary within 6 months of completion of the conference
- (v) In cases of NATCON, a sum of Rs 1000/- per registered delegate or 10% of total registration fees collected will be remitted to the IASO. Besides this 75% of the saving too will be given to IASO
- (vi) In cases of mid term conference, Rs. 100 per delegate or 10% of registration money (whichever is higher) must be deposited in IASO account. Besides this it is expected that minimum of 50% of the savings would be donated to IASO

A report on Detroit visiting fellowship of IASO 2015 availed at Detroit Medical Centre (DMC), Detroit under mentorship of Prof. Donald Weaver from May 24th to June 25th, 2017.

As submitted by Dr.Narendra H of Department of Surgical Oncology Sri Venkateswara Institute of Medical Sciences Tirupati, AP 517507

“I was awarded IASO-Detroit visiting fellowship in the year 2015, which due to several reasons could not be availed last year. As the leadership of IASO and the past fellowship alumni intervened proactively and sorted out the issues with the host Prof. Donald Weaver last year at NATCON, IASO, Jodhpur, I could avail the fellowship this year. I am extremely grateful to the IASO and Prof. Weaver for the same. During NATCON-IASO 2016 at Jodhpur, When I approached Prof. Donald Weaver, he was more than willing to share his contact details and guided me all along. I could communicate with his personal secretary Mrs. Janet Damm and complete all the preliminary paper work and clearances including an online course well in advance.

When I arrived in Detroit on May 23rd, Prof. Weaver through his secretary had arranged for my accommodation and I did not find any difficulty in settling quickly. During first week of my visit as per the hospital policy I went through various clearances including security and occupational health check screening. I was enquired about my immunization status and TB Screening. There was an orientation program for all fresh employees and volunteers which dealt with the core values of the organization and expected behavior of the new comers. After all the clearances, I was issued a identity card cum access pass and I was ready to go through the observation schedule. The weekly schedule included surgeries on Monday, Tuesday and Thursday, endoscopies on Wednesday morning and outpatient clinic on Friday and Wednesday afternoon. On Wednesdays, there was a departmental seminar and Mortality and morbidity meet in the morning. DMC Harper University Hospital, host the department of Surgical Oncology which is located on the 4th floor. The operation theatres are in the basement and outpatient clinics are in the 5th floor of the hospital. In the outpatient clinic, I could observe the ways Prof. Weaver interacts with his patients.

It was totally a different experience for me compared to the outpatient services back in my home Institute. I could get a glimpse of the patient appointment system, evaluation process and scheduling of surgery. I saw several patients treated for pancreatic neuroendocrine tumors, colorectal malignancies and post whipples resection for pancreatic ductal adenocarcinomas. I also saw some patients on long term follow up being treated in the past for secondaries in liver. During the month of my visit though the total number of cases operated were less, I could observe some of the surgeries like laproscopic ventral hernia repair, laproscopic staging and liver lesion biopsy for a colorectal cancer, laproscopic diversion colostomy, open subtotal colectomy, open anterior resection with ileal J pouch anal anastomosis, liver resections etc. Professor Weaver also introduced me to several of his surgical colleagues so that I could watch some of the thoracic surgeries as well. Overall this experience was unique and very much useful to enhance my clinical and operative acumen.”

Updating Member Directory

There are some members whose email ids & mobile numbers are not updated in the IASO membership directory. The list is as mentioned below. It is requested that IASO members who may be acquainted with these individuals may please urge them to update their contact details with IASO secretariat

Associate Member	<i>Dr. Mangesh</i>	<i>Kumar</i>
Associate Member	Dr. Subodh Kumar	Singh
N0011	<i>Dr. Rishi</i>	<i>Nayyar</i>
P0040	<i>Dr. Shailesh P.</i>	<i>Puntambekar</i>
Associate Member	<i>Dr. P. J.</i>	<i>Shah</i>
Associate Member	<i>*Dr. Yathish H.M.</i>	<i>Kumar</i>
Associate Member	Dr.Murtuza I	Laxmidhar
Associate Member	Dr.Ashok Sundar Rao	Kamble
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M0039	<i>Dr. Nayan Kumar</i>	<i>Mohanty</i>
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P0048	<i>Dr. Saravanan</i>	<i>Periasamy</i>
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S0010	<i>Dr. Ramesh</i>	<i>Sarin</i>
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S0108	<i>Dr. Atul</i>	<i>Samaiya</i>
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V0007	<i>Dr. A. Suresh</i>	<i>Venkatachalam</i>
V0013	<i>Dr. G.</i>	<i>Venkatesan</i>
Y0004	<i>Dr. Kaushal</i>	<i>Yadav</i>



**PRE CONFERENCE
SURGICAL WORKSHOP**
8th November, 2017
8:00 AM – 5:00 PM

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Cancer Surgery is fast playing catch up in this era of high technology and artificial intelligence. Technology can be simultaneously exciting, bewildering, thrilling, confounding and terrifying. We aim to assist delegates in consolidation of existing skills and the acquisition of sound technique in each skill area of commonly performed cancer surgeries as well as recently introduced robotic surgeries while emphasizing patient safety

HIGHLIGHTS

Original Surgical techniques from Renowned Pioneers themselves
Demonstration of State of Art procedures
Live Video feeds from Centers of Excellence
Fruitful Interactive sessions with distinguished experts

FOR:

Surgical oncologists
Gastroenterology Surgeons
Hepatobiliary- Pancreatic Surgeons
Urologists
Gynecologists
General surgeons
Postgraduate students

Institutions	Topics*	Proposed International Faculty
Kidwai (KIMIO)	Pancreas GI Gynaec	Open Whipple procedure - Professor M Buchler Robotic/ Minimal Access Colonic Surgery- Professor NY Kim Open Ca Vulva Surgery and Reconstruction- Professor Niri Niranjan Laparoscopic radical hysterectomy + Open laparotomy - Ca Ovary Total Laparoscopic Hysterectomy (TLH) and Pelvic Lymph Node Dissection (PLND)-Ca Endometrium
Vydehi Institute of Medical Sciences Hospital	Breast Lung Stomach	Open Mastectomy- Professor Ismail Jatoi Video Assisted Thoracoscopic Surgery (VATS) – Professor Sai Yendamuri Gastrectomy- Minimal Access Surgery (MAS)- Han-Kwang Yang
HCG Hospital	Prostate Kidney	Robotic Rad Prostatectomy- Professor Khurshid Guru Robotic Partial Nephrectomy- Professor Khurshid Guru Robotic Inguinal Lymphadenectomy (VEIL)
Fortis Hospital	Peritoneal Carcinomatosis	Cytoreductive Surgery and HIPEC- Closed- Professor O Glehen
Aster Hospital	Liver	Living donor liver transplant-HCC/Hepatoblastoma Adult/Paediatric Robotic Major Liver Resection

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Category	Day	Till 15 th Aug, 2017	16 th Aug, 2017 - 30 th Sep, 2017	1 st Oct, 2017 Onwards
Preconference workshop Surgical	1	INR 2,360	INR 2,500	INR 3,000

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