Stories that Matter

The Tata Memorial Centre Quarterly Digest

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Foreword

Last year, while in Tokyo, I (AB) went to what is labelled the Happiest Place on Earth - Disneyland. Now, Disneyland is quite big and confusing once you're in. There are multiple sections within: Tomorrowland, Toontown, Fantasyland, Adventureland, each with its own set of rides and entertainment options. There was also another Disney theme park, Disney Sea, and several Disney resorts around. I often felt lost. But help was always just a few feet away, thanks to the ever-smiling Disney staff. Each person I approached, whether they were stationed at a ride or just passing by, seemed to know not just their own area but the entire park inside out. I could understand why Disney has earned and retained the tag of 'The Happiest Place on Earth.'

I loved this experience so much that when I came back, I gave a talk to our radiology residents titled '*Lessons from the Happiest Place on Earth*'. After all, both TMC and Disney share some striking similarities. We are both iconic institutions, we manage huge crowds every day, our visitors often wait in long queues, and we are held together by deeply committed staff. But one difference stood out: unlike a Disney staff member, someone working in one department at TMC may not always be aware of what's happening in another, let alone across different TMC centers. It may be an apples-to-oranges comparison, but it highlighted a real gap, and perhaps, an opportunity.

When AB first shared this story with me (RK), I smiled, not just because it was such a charming anecdote, but because I could see the deeper point. That ability to feel seen and be a part of something larger than yourself is what keeps both visitors in theme parks and patients (and staff) in hospitals coming back with trust.

As we move between clinics, tumor boards, meetings, and corridors across different TMC units, we often experience both the magic and the maze of this institution. And in the middle of all this, stories keep surfacing. Each time I start a clinical teaching session with the words, "*Once we had a patient…*", I've noticed the room changes. Residents sit up. They listen differently. It is not just about the diagnosis anymore; it is about the human being, the decision, the learning. Stories have that power. They carry memory, they connect people, they teach without preaching. While data keeps us precise, stories keep us human.

This is where the idea of the Media and Communications Committee took root. When the committee was formed, this gap, not just of information but of connection, was one of the first things we discussed. And that is why we

didn't simply call it a Media Committee. Because good communication isn't just about visibility; it is about relationships. It is about building a culture where a staff in ACTREC knows what's happening in Varanasi, and someone in Sangrur feels just as much a part of TMC's fabric as someone in Parel.

Our Director, Dr. Sudeep Gupta, begins his message on the TMC website by saying that *great institutions are phenomenal storytellers*. Allow us to also quote Tyrion Lannister from the final episode of Game of Thrones, when he asks, "What unites people? It is not armies or gold or flags. It is stories. There's nothing in the world more powerful than a good story. Nothing can stop it. Nothing can defeat it."

The TMC Quarterly Digest - Stories That Matter is an attempt to move closer to this vision, one story at a time. To be a mirror, a voice, a memory bank of what we did and how we did it, who we are, and what we care about. Whether it is about a new service, a quiet innovation like CAR-T therapy or high dose theranostics, an unsung colleague or teacher who ensures that everything is alright, a behind-the-scenes unit like the Cafeteria, or a patient who taught us more than a textbook ever could, these stories are our shared heartbeat.

Because while we may work in different corners of TMC, we are still writing the same story!

- AB & RK

Acknowledgements

Our heartfelt thanks to all the authors, and to Dr Sudeep Gupta for his wholehearted support in this endeavor. We thank Dr Rachel Sequeira, Radiodiagnosis, for her help in the Goodbye's section. A big thanks to Ms Swati Mhatre, PRO, for the 'Newsreel' details, Dr Arunima Nagar, Radiation Oncology, for the fantastic cover page illustration as also the creative logos for all sections, and Dr Vasundhara Smriti, Radiodiagnosis, for sharing her extraordinary charcoal piece depicting TMH for the back cover. Our biggest gratitude goes to Dr Ashika Bagur, Plastic and Reconstructive Surgery, for coordinating and writing the fantastic foodie trail with her colleagues despite her busy schedule.

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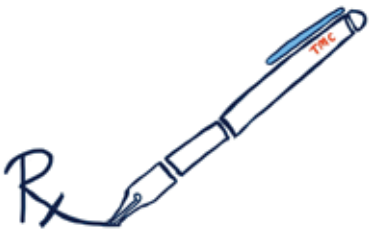


Director's Corner

Dr. C S Pramesh
Director, Tata Memorial Hospital

As we navigate the ever-evolving landscape of cancer care, capacity building, research and policy, I find it important to pause and reflect on the values that guide our work. At Tata Memorial Centre, we are not just part of a healthcare system – we are part of a movement committed to advancing science, developing human resources, and most importantly, alleviating human suffering; all this, while upholding the dignity of every life we touch. Our work is as much about how we do things as what we achieve. It is in this spirit that I write to you about principles that must remain our compass: fairness, integrity, equity, service to humanity, and the often-overlooked, but deeply important space we must make for dissent.

Fairness: Our Foundation

Fairness is the cornerstone of trust—trust between patients and physicians, between peers and teams, and between leadership and every member of this institution. Fairness is not simply about following protocols; it is about creating an environment where every individual feels seen, respected, and valued. In our daily work, fairness shows up in how we allocate time to patients, how we mentor juniors, how we listen to colleagues, and how we make decisions—clinical, administrative, or strategic. It demands objectivity, but it also requires empathy. We must constantly ask ourselves: *Are we treating each other with respect? Are we listening as much as we speak? Are we making room for diverse experiences and voices?* If we hold ourselves to the highest standard of fairness, we not only build better teams—we build an institution that reflects the values we wish to see in the world.

Integrity: The Heartbeat of Our Mission

Integrity is not optional in an institution like ours – it is an essential. Whether in research, clinical care, administration, or education, integrity ensures that our work is not only excellent but also *ethical*. It means doing the right thing when no one is watching. It means owning up to mistakes and learning from them. It means placing truth above ego, process above shortcuts, and ethics above expediency. I have made several mistakes in my leadership position, and have learnt from them, but I also hope that I have been open about accepting those mistakes, and thereby aspire to do better. In the world of science and medicine, where pressures are high and expectations even higher, integrity is our shield. It protects our organizational reputation, but

more importantly, it protects our *patients*. Tata Memorial has a rich legacy of trust, and we have to strive to uphold the highest levels of honesty and integrity to maintain that. Let us ensure that our decisions—however difficult—are always aligned with truth, transparency, and the core principle of *do no harm*.

Equity: A Commitment, Not a Buzzword

In a country as diverse and unequal as ours, equity must be more than a principle – it must be a *practice*. At Tata Memorial Hospital, we have long been committed to ensuring that world-class cancer care is not reserved for the privileged few, but extended to every individual, regardless of their income, background, gender, or geography. I would go to the extent of stating that this is our USP. Every single day, I count my blessings that when we make clinical decisions, the *only* factor that plays on our mind is what we think is best for the patient. And this is a privilege that all of us working for this institution should not take lightly – it is indeed a blessing that we should treasure.

This commitment must permeate every level of our institution—from how we treat patients to how we structure our teams, train our students, and design our outreach programs. Equity means being conscious of who is missing from the room and making space for them. It means questioning systems and structures that inadvertently perpetuate disadvantage. It means not just treating people equally, but sometimes treating them *differently* to ensure they have the same opportunity to thrive. Equity in leadership, in opportunity, in access – this is not just a social goal. It is a clinical necessity and a moral imperative.

Service to Mankind: Our North Star

Let us never lose sight of why we are here. Beyond research papers, advanced technology, and clinical innovations, our core purpose is profoundly human: *to serve*. Every patient who walks through our doors is not just a case or a condition – they are people, often at their most vulnerable, placing their trust in us; that trust is sacred.

Service is not limited to doctors or nurses. It includes the scientist in the lab, the secretary at the desk, the cleaner who maintains hygiene, the data analyst who ensures records are accurate, the administrator who keeps the system running. Each role is vital, and each person contributes to the collective mission of healing and hope.

In a world increasingly driven by metrics, let us remember that our true measure is *compassion*. It is critical for us to mutually respect the work that each of us do.

The Power—and Necessity—of Dissent

One of the most underestimated forces in progress is dissent. Too often, we equate unity with agreement, and cohesion with silence. But real progress has always been driven by those who asked difficult questions, who challenged accepted norms, who saw what others missed, or chose to ignore. At Tata Memorial Centre, we must actively cultivate a culture where dissent is not only tolerated but *valued,* and *encouraged*. A young researcher questioning a longstanding protocol. A nurse highlighting inefficiencies in care delivery. A junior faculty member offering a new hypothesis. These are not disruptions—they are *opportunities*.

Of course, dissent must be expressed with respect, and grounded in reason. But when channeled well, it leads to innovation, resilience, and excellence. As leaders, we must create forums where different perspectives can be aired without fear of reprisal. As colleagues, we must develop the maturity to engage with disagreement without defensiveness. And as individuals, we must have the courage to speak up—and the humility to listen. At a personal level, I pledge to do this – dissent when I disagree with someone, and encourage dissent when you disagree with me. This is an open invitation to all of you – if you disagree with any of my views or decisions, please feel free to walk through my doors and tell me that you do. The views or decisions may not always change, but I promise that you will be heard.

If everyone agrees, the chances are that we are not asking the right questions.

What This Means for Us

These values—fairness, integrity, equity, service, and dissent—are not abstract ideals. They must find expression in our everyday choices:

- When making clinical decisions, do we consider the patient's context and constraints?
- When conducting research, do we prioritize rigour over recognition?
- When managing teams, do we promote those who speak up or only those who agree?
- When mentoring juniors, do we teach them what to think—or how to think?

Each of us has a role to play in strengthening our institutional culture. Leaders must model openness. Peers must support one another. Systems must be designed to reward values, not just outcomes. Outcomes are important, but not the only end; values (and integrity) take a lifetime to build and should be constantly nurtured.

A Living Legacy

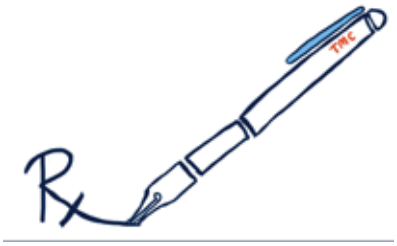
Tata Memorial Hospital is not just a building—it is a legacy. It is a promise to the people of this nation that world-class cancer care will always be available, affordable, ethical, and innovative. In an increasingly inwardly looking world fuelled by nationalistic fervour, our lasting legacy will be to look (and reach) outward. Which is why I feel passionate about what we have done with the National Cancer Grid. Where, unlike most other organizations that want to make their own institutions "the best", "the highest ranked", and to widen the gap between themselves and others, we made a conscious and deliberate decision to actually narrow the gap. Not by lowering our own standards, but by lifting those around us. This is not an easy concept to embrace, but an important one to understand if we truly want impact at scale.

Our promise can only be as strong as the people who keep it alive. Let us therefore recommit ourselves—not just to the science of healing, but to the *art of ethical practice, and the responsibility of global progress*. Let us be rigorous in our work, courageous in our convictions, compassionate in our service, and united in our purpose.

And above all, let us not shy away from discomfort—because discomfort often precedes growth. If we can foster a culture where integrity matters more than hierarchy, where fairness shapes every interaction, where equity guides every decision, where dissent drives excellence, and where service to humanity remains our guiding light—then we will have done more than build a great institution. We will have built a *just* one.

With deep respect and continued hope,

C S Pramesh
Director, Tata Memorial Hospital
Convener, National Cancer Grid



Director's Corner

Dr. Umesh Mahantshetty
Director, HBCH & RC, Vizag

Homi Bhabha Cancer Hospital and Research Centre, a unit of Tata Memorial Centre under the Department of Atomic Energy, Government of India, is the most comprehensive cancer hospital in the south-eastern region of India.

The hospital was established in temporary makeshift cabins with basic cancer diagnostics, day care and outpatient clinics, and cancer surgeries (two OTs at PORT Hospital) under the leadership of founding Director Prof. (Dr.) Raghunadharao Digumarti.

Over the years, since April 2020 onwards, after taking charge as Director, this hospital has grown from a modest setup to the most comprehensive cancer hospital for service, education, research, and public health in the south-eastern region of India. With a dual challenge of commissioning and catering to increasing patient workload, I am proud and deeply humbled by the dedication of every member of our institution—including medical, scientific, nursing, technical, administrative, and support staff.

As we celebrated our 11th Hospital Foundation Day on 2nd June 2025 and enter into the 12th year of our existence, reflecting on the transformative journey since the full commissioning of all our clinical and support blocks is only a reaffirmation of our commitment to serve and give hope to cancer patients.

With all services now fully operational—including outpatient clinics, joint tumor boards, pharmacy, high-end laboratories (surgical pathology, microbiology, hematopathology, biochemistry, and molecular diagnostics), blood centre, inpatient wards (general and private) with a capacity of 202 beds, offering cancer surgery, chemotherapy, radiation therapy, and palliative care (including home care) services for adult and paediatric cancer patients, and comprehensive rehabilitation services (speech and swallowing, nutrition, physiotherapy and occupational therapy)—we have been able to offer seamless care across the cancer continuum.

I would like to sincerely thank patients and their families for trusting us. Your courage, resilience, and hope drive us forward. We are what we are today only because of you, and we will always work hard and strive for you!

To our partners, donors, and supporters—no words are sufficient to thank you! Your faith and generosity have enabled us to bring cutting-edge technology, life-saving treatments, and research to cancer patients. With your help and support, we are not only treating cancer but also pushing the boundaries of science for the better.

We agree that the hospital is not perfect; but working towards perfection is what we strive for! We already plan to expand services by increasing bed strength, establishing a dedicated Paediatric and Haematolymphoid block (through ICICI Foundation CSR funding), a 400-bedded Patient Hostel (IOCL CSR Funding), and a residential block for staff and medical students. These developments will further enhance our ability to meet the evolving needs of cancer patients in the region.

Finally, I would like to extend my deepest gratitude and sincere appreciation to all the departments of Tata Memorial Centre and the Department of Atomic Energy, Government of India, for their unwavering support and vision, which continue to guide our progress.

The journey ahead holds immense potential. With the foundation firmly in place and our mission clearly defined, I am confident that HBCHRC will continue to grow as a beacon of excellence in cancer care in the years to come.

With heartfelt gratitude and best wishes,

Thank you! Jai Hind!

Director
Homi Bhabha Cancer Hospital and Research Centre, Visakhapatnam

Inside Beat

Dr. (Surg Cdr) Gaurav Narula
Pediatric Hemato oncology

The CART Cell Journey- A Blue Sky Saga of Science and Serendipity

I've been asked by the editors to give a personal and behind-the-scenes lookback at the events that led to India's first foray into Cell & Gene therapy, and when I sat down to think about it, the inescapable thoughts that emerged were that so much of it occurred by sheer chance and coming together of events at the right time and place, that it's a wonder it happened at all! It was in December of 2012, just a few months after I had joined TMH as faculty after a quarter-century career in the Indian Navy, that I received an email from Surg Capt Rochan Pant, an Interventional Radiologist, brother officer and close pal with a lifetime of a shared passion for music and all things Sciencey. It contained a link to a New York Times cover of the amazing story of Emily Whitehead, a young girl with relapsed/ refractory B- Acute Lymphoblastic Leukemia (ALL) who's disease had not responded to any available treatment and with only weeks left to live, had become the first person with ALL to receive CAR T-cell therapy. In this, her own T-cells, harvested by apheresis, were engineered in a lab in UPenn headed by Drs Carl June and Bruce Levine, to express a murine-antibody to CD19- a ubiquitous B-cell antigen, using a lentiviral (modified retrovirus) vector. These cells were then expanded ex-vivo and after being checked for safety/ contamination etc., were infused back to her. What happened subsequently was dramatic to the extreme. She soon developed high grade fever, hypotension, hypoxia and capillary leak needing to be put on a ventilator in the ICU. As her lab reports poured in, the clinical team led by Dr Stephan Grupp at Children Hospital Philadelphia (CHOP) where she was being treated, were puzzled especially by the sky-high values of IL6- a pro-inflammatory cytokine. By the first occurrence of serendipity in this story, a team member had a daughter with Rheumatoid Arthritis receiving an IL-6 inhibitor- Tocilizumab, for its only FDA approved indication. I have it on record from Dr Grupp whom I've had the pleasure of interacting with several times now, that from the idea of using "Toci", to actually going through the process of ethics approval for a non-approved indication to getting the pharmacy to release it was not an easy one- but to their credit, everyone stepped up and within 24 hrs or so, she got the drug. Her condition improved dramatically, within hours in fact, with all parameters stabilizing. And when they did her revaluation bone marrow a couple of weeks later, she was in complete remission, and bless her, a response sustained to this date 13 years and counting, providing evidence of

Cell & Gene therapy as a "Cure". Of course, a lot of the above came to light later, but I can never forget my friend's words when we discussed this excitedly on the phone a few hours after his email when he said "Gaurav, this is Science Fiction".

While the story made it to the New York Times, the paper made it to the New England Journal of Medicine. Notably, the academic article reported two children. The other child who's story did not make the news, had a small clone of CD19- negative B-cells that were not detected prior to infusion of the CAR T cells. This clone progressed after the CART cell infusion as the therapy could only target CD19- positive cells, and the child did not survive. This showed how fragile is fate, and simultaneously exposed the therapy's potential limitations. UPenn licensed the innovation to Novartis that conducted the landmark ELIANA Phase 2 trial that showed upwards of 80% response rates and durable responses stabilizing at 50%. For an indication where no alternatives existed in a disease known to be rapidly progressive and fatal, this was indeed unprecedented in Oncology. Emily is now the poster-child of this brave new era and was present at the USFDA hearing for the historic market approval in Aug 2017 of the tongue-twisting drug Tisagenlecleucel, or the easier to pronounce Kymriah. Her parents have formed the Emily Whitehead Foundation that now helps create awareness and provide support to similar families around the world. It is anyone's guess what might have happened had Emily not received "Toci" in time, but it is reasonable to presume the global race, including ours, to develop Cell & Gene therapies that it triggered would have been delayed by several years, or may even have been a non-starter.

There was a lot more happening closer to home in TMC in 2012 where we were struggling with far more basic issues of ensuring access to available therapies and were woefully short of hard data on which to base our policies. But change was already in the air. Brijesh Arora, whom many of us will remember fondly and with admiration, was just back from his Fellowship in Sickids Hospital, Toronto and under guidance of Dr Banavali gave a major thrust to our fledgling "ImPaCCT Foundation" with Shalini Jatia giving it wings and a soul. Our treatment refusal and abandonment rates fell drastically from around 30% to below 5% in a few years, and among many other benefits our data entry and records became mature and reliable allowing us to see trends in real-time and focus on outcome gaps.

All this led us in 2014 to a startling discovery. Childhood ALL is considered amongst the "highly curable" cancers, with outcomes in developed countries approaching 95% by the early 2000s, well before CAR T cell therapies appeared on the horizon. In India, and in TMH, we hovered around the 70%. Overall survival range, several decades behind the "global north". While we made big strides in improving primary outcomes of ALL, relapsed/ refractory disease had almost no discernible outcome in our DMG (internal data). In Pediatric Oncology, Relapsed ALL is the fourth commonest malignancy by numbers. Apparently being the oldest and among the larger transplant centers in the country was not enough as we had simply too many cases. The startling discovery was that a conservative estimate showed we would be needing at least 70-80 transplants a year for pediatric ALL alone, a figure that even tripling of transplant capacity, which was indeed being planned, would not create more than a small dent in the demand for.

Despite the Sci-Fi like aura around "CARs" evoking imagery of Lamborghinis and their like, I viewed it more like an "AutoRIC(shaw)". That would be "Autologous Reduced Intensity Conditioning" transplant, which for a transplanter, would be like a Sunday walk in the park. The ex-vivo handling was basically apheresis, T-cell separation, vector transduction (which had been around for ages), cell-culture and cryopreservation- all (relatively) easily doable techniques. All this would of course need to be done in a clean room and with human compatible consumables and regulatory compliance, but it did seem simple at least conceptually and procedurally. The real challenge would remain in obtaining a vector, and mastering the "manufacturing" in a regulatory compliant facility.

Serendipity made its appearance again. On a busy workday morning in Feb 2015, Dr Sudeep Gupta made a call to Girish saying that he had an NCI Bethesda delegation visiting ACTREC and TMC, which included a Pediatric Hemato-Oncologist who had no official engagement in TMC (he did at their next destination in India), so whether we could "take care" of him for the day. Girish asked me if I knew "Terry Fry" from NCI and that we needed to engage him for half a day at least! I think I gaped at Girish for a bit before saying that I couldn't believe that Terry had just walked into our lives! Terry was one of four people in the world at that time running a CAR T trial- a First-in-Human CD22-directed CAR Therapy for children with B- ALL. We arranged a talk by him for Pediatric Oncology and then Girish and I had a long discussion with him at the end of which I made a pitch. He promised that he would think about it and was convinced that "something definitely needed to be done".

With this sliver of hope, I'd started working on writing up a project that involved learning the technology and adapting it in India leading up to a clinical trial. Terry kept good on his promise, and after what seemed an eternity, responded a couple of months later connecting us to the NCI- Center for Global Health to help take forward a collaboration. Sometime in April 2015, while searching references for the project, I stumbled upon a presentation on CAR T by someone in IIT-B. References were few on the subject back then, and this came up on the nth page after using a complex strings of parameters that I had lost track off. Not thinking much of it at that time, I scrolled on. But it was intriguing that an Institute that to my imagination worked on all things "physics, chemistry and math", for which I had myself once prepared to enter decades ago, and my son with no interest in medicine whatsoever, was preparing to enter the following year, had a professor presenting on CART cells. This bug refused to go away, and a few weeks later I tried to find that presentation again. Recreating that search was not easy, but this time I found the entire presentation, downloaded it and went through it. Serendipity had played its hand again. IIT-B had an entire Department of Biosciences and Bioengineering with a full time Professor with a PhD from Germany, a post-doc from Harvard and Industry experience in a US based Cell Therapy Company, who came back to India and was working on CAR T-cells. I tracked down Dr Rahul Purwar, his email and phone from the IIT-B website and connected with him to set up a meeting. His work was impressive, but the vector in his lab was on a Research-sharing agreement from a US university, which would bind us from clinical development, making it a non-starter. I asked him if he could design a novel vector over which he would have patent and ownership, and if that showed results, we could take it all the way to clinical trials. By the second meeting, we felt we could work together. I remember us sealing it when I told him that I need a CAR and you need a Driver!

With Rahul at NCI, 2016

Things moved rapidly after that, and a lot is well known and in the public domain now. But behind the milestones, were long periods of anxious waiting, deep uncertainties and compounding frustrations. I wrote to Terry that we now had a collaboration and would develop our own vector. Our focus now shifted to guidance on translational studies, clinical grade manufacturing and understanding the regulatory pathway in the US, as there was none in India for Cell & Gene therapies, a bridge we'd have to cross someday. A few months later, we had a signed MoU with IIT-B, and a Short-Term Scientist Exchange Program set up with NCI-CGH thanks to Sudha Sivaram and Vidya Vedham. The STSEP allowed us to travel to NCI on our own funding, and NCI scientists and experts to travel to India on NCI funding. In Jan 2016 Rahul and I made a joint visit to NCI where we spent a week interacting with Terry, Nirali Shah, and the manufacturing expert Steve Highfill. The latter two became instrumental over the years in guiding us and made 2-3 visits each to India to help guide our efforts from the ground especially in ACTREC. We got a very good understanding of our gaps and the directions in which we should push our efforts. For good measure we spent

an extra day on our return leg in Memorial Sloan-Kettering to meet Kevin Curran and members of Brentjens lab, covering two of the 4 active centers running CAR T trials then. By the time we returned, Rahul, who had initially said he would need 2 years to develop a novel vector, was already getting ready with not 1, but 3 novel designs. As co-guide to his PhD student doing the work we started making progress and studying the characteristics of the vectors in pre-clinical studies and subsequently picked one of them to develop further. We were initially concerned by the lower binding affinity and faster "off-rate" of the antibody and a low Interferon-gamma production that we thought would result in lower efficacy. However our results continued to show robust activity, so it seemed that this might play out as lower toxicity without compromising efficacy- a hunch that played out well later in the clinical trials and was supported by emerging literature from around the world.

A major issue of course, was funding. Literally no one believed we could make a CAR T at that time, and grant rejections were faster than mailer-daemon responses on clicking "send" to an invalid email. No one, except our own Institutes, which backed us to the hilt. In early 2016, Dr Badwe started one of his many unique initiatives. In the salubrious enchanting climes of the US Club, he started a series of informal science get-togethers called "Blue Sky", where small groups of TMC faculty were encouraged to open up about their big ideas with eminent scientists attending on invitation. The fluid environment of the seaside and the best of the services hospitality loosened many a tongue and imagination and we got to hear some fantastic ideas and I know of a few that are reality today. For my CAR T proposal, Dr Badwe had only one comment - that we hadn't thought of a path to commercialization! Like so many of the things he has said, this was to prove prophetic. But we had whole-hearted support. We got small intramural grants to start with what we had, and every grant application was supported without question. We really got going when we managed to get a major grant of Rs. 3.6 Cr from Tata Trusts in 2017 with a helping hand from Dr Pramesh and Girish who interceded on our behalf. The bulk of it went to IIT-B to support the pre-clinical work, while we used around 86 lakhs to set up the CAR T & Cell Therapy Center- a state-of-the art Good Manufacturing Practices (GMP) facility in ACTREC that was made with expert inputs including three ground visits from a specialist team of GMP experts from NCI. The same team also provided inputs to help us design the upcoming 7500 sq ft facility in the Archival building in ACTREC. Though now GMP facilities for cell therapy are sprouting all over the country, we can proudly boast of the most well-designed and future-ready GMP facility in the country. In the process, our own teams including the Engineering department at ACTREC, have become GMP experts and our counsel is being sought by other academic institutes and commercial entities. Dr Albeena Nisar, who joined us in 2018 initially as a project SRF after being inspired while attending the annual EBM on immunotherapy that year, is now Scientific Officer in ACTREC, and both of us now serve on CDSCO inspections for other GMP facilities. Later, at a critical juncture when Tata trusts did not release subsequent year funds, while an approved DBT- BIRAC grant

Infusing India's first CAR T Patient with the team

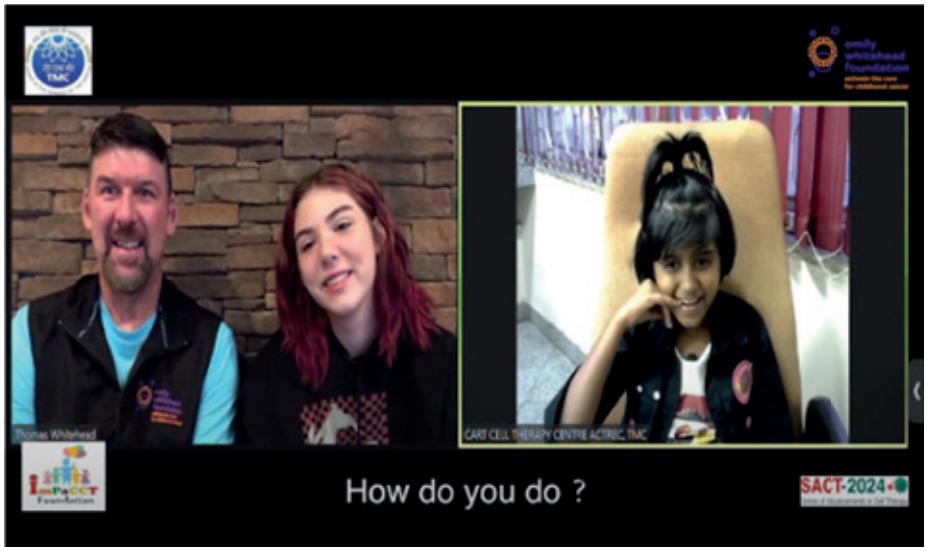
of 19.15 Cr was taking an interminable amount of time for release, we were ready to start our Phase I trial and had no funds. Dr Badwe immediately authorized an intramural sanction of 1 Cr to get the trial going. We truly would have been nowhere without such faith and support from the Institution.

A crucial element in the journey was capacity building. We ultimately had to cater for building expertise within TMC. For this Dr Minal Poojary from Transfusion Department at ACTREC was initially selected for training in NCI and she made two visits on deputation to NCI spanning a total of 3 weeks to familiarize with GMP guidelines, cell-processing and manufacturing steps, and the regulatory environment that governs it. Later Dr Albeena took over that role and has been extensively trained over several visits to NCI and Dana Farber Cancer Institute, among others. With two PhD students now and some short-term JRFs, we have been gradually building capacity to take on multiple cell-therapy products with collaborative efforts within the Institute and with external entities in India and abroad. We are now supported in this with 2 major grants. The first is a DBT grant of 10 Cr jointly to IIT-B and us (5 Cr each) with which pre-clinical development of CAR-NK, iNKT cells and Viral-specific T cells is to take place at CTCTC, and this work is currently ongoing. The second is a grant of Rs 45 Cr under the prestigious BioE3 policy of India announced by the Prime Minister late last year, which is for the upcoming cGMP facility at ACTREC- a project initiated by Dr Chiplunkar through DAE, to become a Bio-manufacturing hub with a basket of cell-therapy products planned to be rolled out in the next few years.

CTCTC cGMP facility at ACTREC

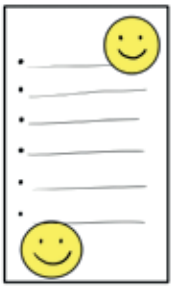
The CD19 project itself has been a resounding success with landmark Phase 1 and Phase 2 trials that have since appeared in Lancet and Nature group publications. The 4th of Jun 2021 was hailed as a historic day, when we infused the first patient in India with CAR T-cells in the BMT unit in ACTREC under the watchful eye of Navin Khattry and the support of the entire BMT team that continues till this day. But another less-heralded special day of celebration for us was 6 days later when we were analyzing Patient 1's blood samples in the flow lab when Prashant Tembhare and Mani identified CAR T cells in his circulation- the first evidence that it was proliferating inside the patient and working! That was

'Viola! The CAR Ts have arrived in circulation - they work!' - with Prashant and Mani. You won't believe how euphoric we were!



our true "toast" moment, soberly celebrated in masks in the middle of the devastating second major Covid wave in June 2021. Hasmukh Jain led the Phase I trials in adults and the breathless speed at which he later finished the Phase 2 trials led to the historic marketing approval of the drug to ImmunoACT on 13 Oct 2023. More than 350 patients have been treated in the country since. Pediatric approval is expected soon as the Phase 2 trial draws to a close this year. The achievement and success of the CD19 CAR project drew recognition from the Hon'ble President of India Droupadi Murmu in a special event organized for the same at IIT-B on 4th Apr 2024, in which she dedicated the therapy to the nation. Meanwhile other groups like the Biocon backed Immuneel, CMC Vellore and other companies like Aurigene have also got into the act and we are seeing a flurry of cell and gene therapy trials being approved across the country as the regulatory pathway gets more streamlined. India is truly well poised to take advantage of this exciting new technology for the benefit of our patients. In a heartwarming full-circle, Ishwari - a young girl who is now amongst the longest living patients in India post-CAR T from our Phase I trial, met Emily and her father in an online interaction. Emily has begun her sophomore year at UPenn, the very place where she was treated. Turns out both Emily and Ishwari love make-up and have planned to meet some day for a girl's day out.

With all that has happened, we as an Institution are ready to take advantage of our head start with the CD19 CAR project to take our place as the leading Cell & Gene Therapy center not only in India, but in this part of the world. But to me, it remains these human interactions and the kindness and support of so many from TMC - too many to name, that have provided the most treasured moments of this journey, only some of which I have been able to share with you. It is truly an honor to have been a part of this Institution. It was a difficult uncharted journey, and it was often quipped that we didn't just have to make the CAR, but also pave the road! But it wouldn't be an exaggeration to say that doors opened for us at all levels because of the Institutions we represented.



Good News Bulletin

High Dose MIBG Therapy : First in India at ACTREC, Tata Memorial Centre

Preface

I am delighted to announce that India's first high-dose 131-I MIBG therapy was done in a 17-year-old male patient of neuroblastoma on May 5, 2025, followed by autologous hematopoietic stem cell infusion on May 29, 2025. The patient is currently doing well.

I congratulate the following members of various departments of ACTREC and TMH who were involved in the first high-dose 131-I-MIBG therapy. They have set an example of coordination and collaboration to achieve a complex task.

- **Department of Nuclear Medicine:**
- **Physicians**: Dr Venkatesh Rangarajan, Dr Archi Agrawal, Dr Sneha Shah, Dr Nilendu Purandare, Dr Ameya Puranik, Dr Sayak Choudhury, Dr Manikandan MV, Dr Suchismita Ghosh, Dr Indraja Dev
- **Physicists**: Ms Pooja Dwivedi, Mr Ashish Jha
- **Department of Paediatric Oncology**: Dr Girish Chinnaswamy, Dr Maya Prasad, Dr Badira Parambil, Dr Akanksha Chichra, Dr Venkata Rama Mohan Gollamudi
- **Haematological Oncology** (Bone Marrow Transplant Unit): Dr Navin Khattry, Dr Akanksha Chichra, Dr Sachin Punatar, Dr Anant Gokarn, Dr Sumeet Mirgh, Dr Nishant Jindal, Dr Gourav Bain
- **Department of Transfusion Medicine**: Dr Shashank Ojha, Dr Suryatapa Saha

I also appreciate Director ACTREC, Dr Pankaj Chaturvedi and Director TMH, Dr C S Pramesh, for their excellent leadership of the two collaborating TMC units.

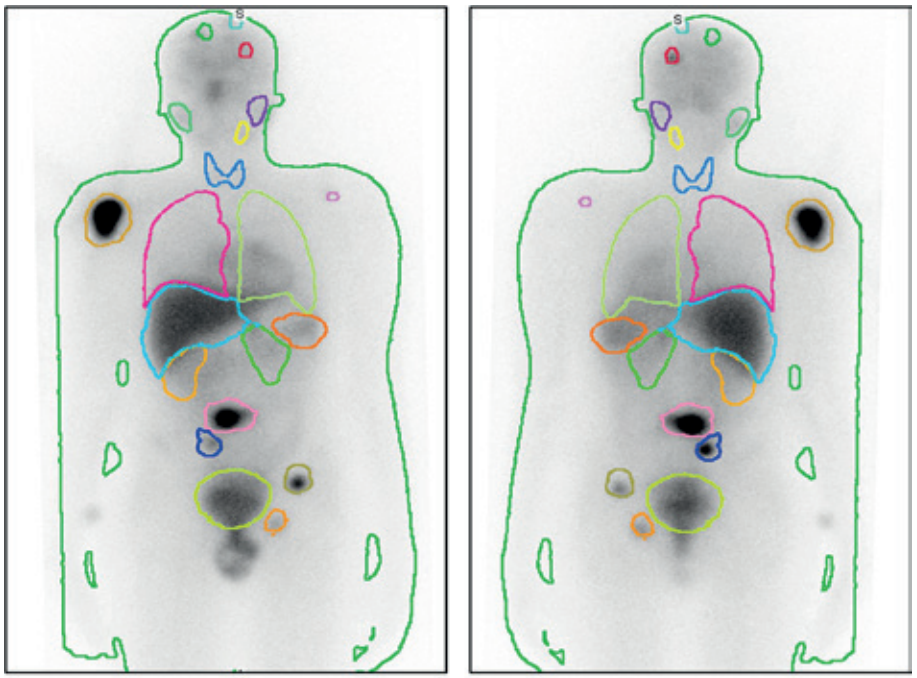
Dr Sudeep Gupta,

Director, Tata Memorial Centre

June 21, 2025

High Dose MIBG Therapy : First in India at ACTREC, Tata Memorial Centre

Neuroblastoma is a common solid tumour in children and requires a risk-stratified management. Treatment of children with high-risk neuroblastoma requires a multi-modality approach including chemotherapy, surgery, autologous stem cell transplant (ASCT), radiotherapy, anti-GD2 immunotherapy, and differentiation therapy. Long-term cure is achieved in approximately 50% of patients. Anti-GD2 immunotherapy is exceptionally expensive and is not accessible to many patients in India. To improve outcomes in our patients, efforts are being made to use radioisotope-based treatments.



Anterior and posterior views post MIBG therapy during dosimetry

A Beta and Gamma-emitting radio-pharmaceutical,metaiodobenzyl guanidine(131-I-MIBG), is widely used for treating patients with advanced-stage or metastatic neuroblastoma. The standard dose of 131-I-MIBG is 5 millicuries per kilogram (maximum 300 mCi in India), and doses of 12-15 mCI/kg lead to prolonged suppression of blood cells, requiring hematopoietic stem cell rescue.

Doctors and medical physicists at the Tata Memorial Centre have been exploring the use of high doses of 131-I-MIBG for patients who have experienced relapse of neuroblastoma after standard treatment. On May 5, 2025, the first patient was treated with a supra-high dose of 131-I-MIBG in the Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), a unit of Tata Memorial Centre located in Navi Mumbai, Maharashtra. He was a 17-year-old male child whose cancer had increased even after an autologous stem cell transplant. Because there were not many treatment options, high-dose 131-I-MIBG therapy was planned.

In India, nuclear medicine departments have received Atomic Energy Regulatory Board (AERB) permission to treat with a maximum dose of 300 mCi of 131-I-MIBG in a single sitting. The previous total highest dose of 131-I-MIBG in a single setting in India has been 300 mCI.

Therefore, it was exceptionally challenging to handle such a large dose, with constraints such as preventing radiation exposure to medical personnel while administering the 131-I-MIBG injection, and the logistics of providing proximate medical care to the patient, if required, while he was admitted to the 'hot bed' medical isolation ward of ACTREC. A "hot bed" is a shielded, easy-to-clean room that lets the patient rest comfortably while safely containing the radiation given off after high-dose 131-I-MIBG therapy. Even the toilet and wash water from the room are piped to a sealed

"delay-decay" tank so the radioactivity can fade before the wastewater is released into the regular sewer system. The Radiological Research Unit of ACTREC has one of the world's largest such facilities with 41 'hot beds'. Deliberations were held on issues such as isolation protocols, radiation safety concerns, dosimetry calculations, patient monitoring and management of emergency crises in many team meetings involving members of various departments. Specialists from the departments of Nuclear Medicine, Pediatric Oncology, Haematological Oncology (Bone Marrow Transplant) and Transfusion Medicine were involved in the planning and execution of this complex treatment.

Treatment room with isolation bed and lead barriers

Finally, it was decided to administer 800 mCI of 131-I-MIBG to the patient. The Atomic Energy Regulatory Board (AERB) requested TMC to perform a simulation experiment prior to giving its approval. The physicists and radiation safety officers (RSOs) of the Nuclear Medicine department of ACTREC and TMH planned a simulation experiment to assess the radiation exposure at various points in the ward. A total of 400 mCI of 131-I was placed in the room in the P Ramaiah Naidu Shodhika (Radiological Research Unit) where the high-dose 131-I-MIBG was planned to be administered to the patient. Radiation levels were measured at several points, including neighbouring rooms and nearby corridors, using a Geiger–Müller survey meter. A linear escalation mathematical method was used to simulate the radiation exposure to doses of 800 mCi or higher. This was important to prevent and minimize exposure to the medical personnel involved in delivering the treatment. The AERB provided a one-time approval for a dose of 800 mCI of 131-I-MIBG based on the simulation findings.

TMC had meetings with experts from the Memorial Sloan Kettering Cancer Centre, New York, where there is experience with such treatment. Additional cameras were installed for monitoring the patient to minimize the proximate contact of medical personnel during the infusion and later. A dry run was performed with all radiation protection measures (shielding with lead barriers of the isolation bed and the infusion sets), including mimicking the administration of the injection to understand the procedure time, so that the ALARA (As Low as Reasonably Achievable) principle of human radiation dose exposure could be adhered to.

On the day of the procedure, May 5, 2025, the parents were again explained about the procedure and the radiation protection measures. The procedure was conducted under the monitoring of AERB personnel. The 131-I-MIBG dose dispensing was done in fractions by different physicists, and two nuclear medicine physicians administered half the dose each to reduce radiation exposure. The patient tolerated the entire infusion process well with no major side effects. Post-injection monitoring was done continuously through the camera and the patient was discharged from the hospital on day 5. His blood counts and other parameters were regularly monitored. As expected, his blood cell counts dropped on day 21 after the 131-I-MIBG injection, and he was infused with autologous hematopoietic stem cells on May 29, 2025 (day 24). The stem cells had previously been harvested from the child and cryopreserved in a -80 °C refrigerator. His blood counts recovered, and he is currently well.

This is the first high-dose 131-I-MIBG therapy administered in India and was possible due to a well-coordinated team effort of doctors, physicists, technical staff, nurses and auxillary staff from the departments of nuclear medicine, paediatric oncology, haematological oncology (bone marrow transplant unit) and transfusion medicine. The nuclear medicine facility at ACTREC has the most advanced and comprehensive infrastructure for delivering such high-dose radionuclide therapy. TMC plans to routinely deliver this treatment to eligible patients with high-risk neuroblastoma.

The TMC Uni(t)verse

Dr. Sri Harsha,
Assistant Professor, Bone and Soft Tissue Oncology HBCH&RC, Vizag

Dr. Umesh Mahantshetty,
Director, HBCH&RC, Vizag

HOMI BHABHA CANCER HOSPITAL & RESEARCH CENTRE – NEWS and UPDATES FROM VISAKHAPATNAM!

Introduction

Homi Bhabha Cancer Hospital and Research Centre (HBCH&RC), Tata Memorial Centre (TMC), under the Department of Atomic Energy, Government of India, commenced its operations on June 2, 2014. Located in a serene campus of approximately 77 acres in Aganampudi, Visakhapatnam, the hospital has been providing comprehensive cancer care services for the past nine years.

Mission

The primary mission of establishing HBCH&RC, Visakhapatnam, is to deliver comprehensive cancer care to patients in the south-eastern region of the country. This mission is guided by the core objectives of Service, Education, Research, and Public Health.

Vision

- Premier Cancer Centre in the south-east Indian region for Prevention, Treatment & Palliation.
- To promote multi-disciplinary, multi-modality, evidence-based, affordable, high-quality cancer care.
- Implementation of innovative & relevant cancer research, including indigenous technology.
- Education & training of cancer professionals for the region.
- To develop a Hub and Spoke Model for the South-East Region of India.
- National Cancer Grid Coordinating Centre for the South-East Region of India / Asia.

Goal

Develop this institution into the 'Tata Memorial Centre of the South-East Region of India' so that every cancer patient in this region receives optimum treatment from care to cure.

Establishment

Cancer awareness during India-England International cricket match

The hospital was established in temporary makeshift cabins with basic cancer diagnostics, day care and outpatient clinics, and cancer surgeries (two OTs at PORT Hospital) under the leadership of founding Director Prof. (Dr.) Raghunadharao Digumarti.

Prof. (Dr.) Umesh Mahantshetty took over as Director on April 1, 2020, steering the hospital towards final commissioning, continued growth, and development to the current status of the most comprehensive cancer care service in the region. With an expansion in staff and the provision of additional essential facilities, there has been a noticeable enhancement in patient registration and treatment services, marking a positive trajectory in the hospital's journey.

On 11th May 2023, Prime Minister Shri Narendra Modi officially inaugurated and dedicated HBCH&RC, Visakhapatnam, to the Nation on the occasion of National Technology Day at Pragati Maidan, New Delhi through video conferencing.

Service

Current Scope of Cancer Services and Census

Presently, the outpatient and inpatient services at HBCH&RC, Visakhapatnam encompass a comprehensive range of medical specialties, including Medical and Paediatric Oncology, Gynaecological Oncology, Surgical Oncology, Head

and Neck Oncology, Bone and Soft Tissue Oncology, Radiation Oncology, Catheter Clinic Services, Palliative Care, Diagnostic Laboratory Services, Blood Centre, Radiology Imaging (including interventional radiology), Nuclear Medicine, Dental Services, Day Care Services, Bone Marrow Transplant & CAR-T Cell Therapy Services, Prevention and Screening, and Comprehensive Rehabilitation Services including Physiotherapy, Occupational Therapy, Speech & Swallowing Services, and Nutritional Services. All these services are operational and fully functional.

The hospital serves patients from Andhra Pradesh, Telangana, Odisha, Chhattisgarh, West Bengal, and Jharkhand. In the year 2024, there were a total of 8,952 registrations, with 4,945 admissions and 1,730 major surgeries. Utilization of other services included 1,31,073 laboratory tests and 19,885 diagnostic procedures (radiology and nuclear medicine). External beam radiotherapy was administered to 1,408 patients, and brachytherapy was performed in 162 patients. A significant increase in registrations (22.2%) has been observed compared to the previous year's census.

The centre currently offers services for patients under various government schemes, including Ayushman Bharat, Dr. NTR Vaidya Seva Trust Scheme, and Employee Health Scheme (EHS) for the state of Andhra Pradesh, Biju Swasthya Kalyan Yojana (BSKY) for the state of Odisha. In addition, services are extended to beneficiaries of BARC, Visakhapatnam Port Trust (VPT), Rashtriya Ispat Nigam Limited (RINL, Vizag Steel Plant), Ex-servicemen Contributory Health Scheme (ECHS), Indian Naval Hospital Ship (INHS) Kalyani, and East Coast Railways. While there is an ongoing process to establish MoUs with South-Central Railways, Bharat Heavy Electricals Limited (BHEL), and Indian Oil Corporation Limited (IOCL), these agreements are currently under process.

To cater to the accommodation needs of outstation patients, an 80-bedded Dharamshala with complimentary meals is available inside the hospital campus.

At present, the turnaround time (TAT) for initial evaluation, staging, and joint tumor board discussion is 3, 5, and 5–7 days respectively. The cancer-directed treatment is usually initiated within 10–14 days, subject to approvals from the concerned authorities (State health schemes / Credit companies).

Our laboratory diagnostic facilities underwent successful NABL Accreditation in March 2025.

Education & Training

The National Medical Commission (NMC) has recognised postgraduate training in MD (Radiation Oncology) with 4 seats per year since 2023, MD Anaesthesia (2 seats/year), DM Onco-pathology (2 seats/year), and M.Ch Head & Neck Oncology (2 seats/year) from the academic year 2024–25.

Applications have also been submitted for commencement of fellowships in Onco-Anaesthesia, Preventive Oncology, Medical Oncology, Transfusion Medicine, Gyn Oncology, and Bone and Soft Tissue Oncology affiliated with Dr. NTR University of Health Sciences, Vijayawada.

The Institute received 40 trainees/observers across disciplines including Radiation Oncology, Head and Neck Surgery, Microbiology, Preventive Oncology, Gynaecologic and Surgical Oncology, Biochemistry, Bone and Soft Tissue, and Clinical Psychology. The Radiation Oncology department is recognised for international observers through IAEA.

With additional faculty recruitment planned, we aim to expand postgraduate programs and initiate several diploma and technical courses in Radiology, Anaesthesia, Operation Theatres, Biomedical Sciences, Radiation Technology, Nuclear Medicine Technology, etc.

Research

A Clinical Research Secretariat (CRS) and CDSCO-recognized Institutional Ethics Committee (IEC) have been established since 2022. In 2024, a total of 26 new projects were discussed (10 full board reviews, 11 exempted, and 5 others). Of these, 16 projects were from Radiation Oncology, 5 from Surgical Oncology, and 5 from other departments. Currently, 34 IEC-approved projects are ongoing at HBCH&RC, Visakhapatnam. Post-NABL Accreditation, pharma-sponsored international studies are in the pipeline and will be started shortly.

Public Health & Outreach Activities

The Department of Preventive Oncology conducted over 100 screening sessions with 4,519 beneficiaries in 2024, in collaboration with NGOs and Andhra Pradesh district health authorities.

In a unique model, we developed "Train the Trainers" modules for all AP state health workers. Conducted in three batches (May 14–15, 20–21, and 27–28, 2024), the program empowered 123 specialists from 17 Government Medical Colleges in Gynecology, ENT, General Surgery, Oncology, Pathology, Community Medicine, and Dentistry.

Through this program, each Govt. Medical College in AP now has a designated Preventive Oncology Unit for:

(i) training of health workers and

(ii) weekly outpatient clinics (OPD No. 222) for health education, cancer awareness, and screening of common cancers (Breast, Cervical, and Oral Cavity cancers).

Through these initiatives, 58 camps were conducted in 2024.

Updates & Recent Developments

- Acquired FWA and DHR approvals for our Institutional Ethics Committee to expand academic clinical trials.
- HBOT facility with a modular hyperbaric chamber and dedicated specialist installed in May 2023 - 103 patients treated till date for radiation cystitis, proctitis, osteoradionecrosis, and non-healing wounds.
- Recognised as Training Centre for Brachytherapy, with international fellowships under the "Rays of Hope" initiative (IAEA).
- Initiated Bone Marrow Transplant, Interventional Radiology Services, and commissioned a State-of-the-Art Auditorium.

Future Plans

- Initiate CAR-T Cell Therapy services
- Launch a 210-bedded Pediatric & Hematolymphoid Block (ICICI Foundation CSR)
- Strengthen Prevention, Screening, Treatment, and Palliative Services
- Start a 10-bedded End-of-Life Hospice Care facility

- Start PG & diploma courses and research programs including PhD (HBNI affiliation)
- Obtain NABH Accreditation
- Expand clinical and implementation research for region-specific cancers (e.g., hard palate, oral cavity, GI cancers)

Conclusion

Homi Bhabha Cancer Hospital & Research Centre, Visakhapatnam is a flagship institute of Tata Memorial Centre under the Department of Atomic Energy, Government of India. It continues to successfully offer affordable, evidence-based, comprehensive cancer care, with a special focus on manpower development and implementation research in the South-East region of India.

Spotlight on

Plated with Purpose: Inside the Machinery That Feeds a Hospital

Every day, five to six thousand meals are prepared in Tata Memorial Hospital for doctors and patients alike, not just with skill and passion, but with quiet planning, coordination, and intent. Here is a behind-the-scenes look at the people who make it happen.

Dr. Revathy Krishnamurthy
Associate Professor,
Radiation Oncology

Dr. Akshay Baheti
Professor, Radiodiagnosis

Based on interviews with Mr. Vinit Indulkar, Officer in Charge, Food Services Department, Mr. Shivshankar YT, Dietician and Dr Rajendra Badwe, ex-Director TMC and Professor Emeritus.

Most of us don't give it a second thought. The kitchen door swings open, meals arrive like magic, trays glide in and out, and we return to our work, unaware of the organized chaos just beyond that swinging door.

There's an Officer in Charge who knows the pulse of the place - how much rice is just enough, how much oil is too much, and what is the backup plan if one gravy is running late! And then there's the dietician, who quietly holds the rulebook on what should go on every plate; not just in theory, but tailored to the patients here, their needs, their illnesses, and the silent goal of healing.

We went looking for "how food works" in the hospital and uncovered a story of legacy, logistics, planning, and people who manage to turn nutrition into a system. This isn't just about menus and meals (we have that covered in the first article in the Doctors' Lounge!) This article is a backstage pass to the machine that feeds a hospital, and the minds that make it work.

The legend of the TMH Cafeteria

Long before online food delivery, Instagram-worthy photos and diet plans changed the way we eat and perceive food, the TMH cafeteria had carved out a legendary status for itself (disclaimer: except for dinner!). And who better to paint its picture than Dr Badwe himself!

Back in the day, the cafeteria was on the 5th floor of the Main Building, where the small TMH family would gather around two tables: one for faculty and one for residents. Seating was strategic: vegetarians on one side, non-vegetarians on the other — a quiet culinary Cold War.

The place was known for its dripping buttery toast, yummy egg dishes (especially the legendary akuri — a Parsi-style scrambled egg masterpiece), a take on mishti dahi reserved for the faculty, and its various non-vegetarian dishes. The menu well matched the palate of the then senior (read Parsi) faculty. Much of the food was masterfully plated and served directly at the table, with the chapatis, dal and rice being on the buffet. While open for all doctors, it was the surgeons who really made the cafeteria their home then. To this day, senior faculty and alumni speak of the old cafeteria with a twinkle in their eyes and a rumble in their tummies.

As TMH grew and appetites multiplied, the cafeteria migrated to its current location and began a new era. The non-vegetarian meals were discontinued about two decades ago due to a BMC rule regarding the prerequisites for storage of meat. Things felt less exciting, when suddenly everyone noticed a sudden improvement in the food quality, thanks to interns from a hotel management course who came to the cafeteria, some of whom subsequently made it their *karmabhoomi*.

Inside the Machinery: The Cafeteria In-Charge

At 6 am, while most of the hospital is still shaking off sleep, the kitchens are already in full swing, prepping breakfast for over a thousand people. And somewhere in the middle of this quiet chaos stands Mr. Vinit Indulkar, the man who has kept the wheels turning since 2006. Vineet came to TMH as a hotel management intern, and like many of us, fell for the place and quietly decided to stay forever! Nearly two decades later, he now runs one of the hospital's largest operations with the calm of someone who knows every bolt in the machine.

The scale is staggering. Four meals a day for 650 patients and over 1000 staff members - PG residents, hostelites, Dharamshala guests, nurses, consultants, everyone. Ninety staff members keep this show running: ordering, chopping, cooking, cleaning and serving, all stitched together in a smooth routine. Breakfast prep starts at 6 am. By 7, the food trolleys are on their way to the wards. The cafeteria also opens at 7 just in time for the early birds and night shifters.

The kitchen sits in the Service Block, where it was moved in 1992–93 from its earlier location in the Main Building Basement (now housing the CT scanner). Today, the cafeteria kitchen occupies the left wing, and the patient kitchen the right.

The operation is a mix of scale and detail. Menus are planned weekly based on seasonal produce, with long-term rate contracts ensuring consistent supply lines for everything from fruits and milk to tea and bakery items. Vendors send in lists mid-week; deliveries include 60–70 kg of leafy greens and 100 kg of other vegetables. Chapatis are machine-made at INR 2.10 each.

But here's the thing. It's not just about quantity. It's about love. And sometimes live pasta. To bring a bit of comfort and variety into hospital life, the cafeteria hosts regular food festivals. These celebrate the seasons, showcase staff-contributed recipes and add a touch of home for residents far from theirs. For example, the recent "Rishton ka Swaad: Aam ka Tyohar" was a mango-themed spread featuring the much-loved mango sheera, which disappeared faster than you could say "one more spoon?" And the annual Onam sadhya and Ganpati specials are something everyone looks forward to, wondering how can they be bettered further only to be even more amazed next year!

Three evenings a week, the cafeteria comes alive with live counters serving crowd favourites like chhole bhature, tawa pulao and pasta. Non-vegetarian dinner options have quietly made a backdoor comeback. These are now sourced from an external kitchen. Consultants, too, have non-veg options back on their plates for lunch. There have been other thoughtful changes. Soups and salads have been added to lunch. Breakfast now includes fruits and sprouts. There are plans to bring in a chef and a sous chef, to add new flavours, finesse and maybe a few Instagram-worthy garnishes!

Standards are rigorous and consistent. Oil is never reused. Artificial colours are never added. Recipes are measured to the gram, portions are set, and even calorie counts are quietly tracked in the background. Hygiene follows the HACCP (Hazard Analysis and Critical Control Points) system. Deep cleaning is scheduled, and overnight prep is common to keep mornings on track. Staff are trained not just in food safety but

also in politeness. “Everyone is trained to be courteous,” Vinit says. “It matters.”

The food has steadily improved over the years, a quiet upgrade that many have noticed but few understand the reason for. Few know that Vinit himself trains the cooks in Indian gravies, sauces, and Italian basics. Vinit and many other such people are truly the secret sauces that have elevated our cafeteria experience!

Inside the Blueprint: The Dietitian

If the Officer in Charge ensures the system runs, the dietician defines what it runs on. The Chief Dietician, Mr. Shivshankar and his team bring a quiet precision to a task that bridges science and daily practice: designing food that meets national guidelines but adapts to the hospital’s realities.

The foundation for planning is the National Institute of Nutrition framework, which sets dietary recommendations by age, gender, and activity. These guidelines are adapted with room for ±200 kilocalories based on practical considerations. The guiding visual remains the food pyramid: a balance of grains, pulses, vegetables, dairy, and oils.

The basic template holds steady: cereals, pulses, vegetables, and dairy, with soups and salads worked in. But adjustments are continuous. From this base, patient-specific layers are added: diabetic-friendly meals, renal-safe diets, high-protein options, and soft diet, among others. While the staff and patient menus are generally aligned, patient meals are prepared with lower spice and oil levels. “It has to heal, not just nourish,” he says.

The dietician’s role is not limited to nutrition charts. Small shifts, like changing oils or offering 2–3 menu options, are built in without compromising consistency. They ensure quality is maintained across cooking methods, storage, and even utensils. Stainless steel has replaced other materials in many areas to support hygiene and durability. As new dishes enter rotation, whether it’s a Thai curry, falafel, or bread pudding, the oversight remains active, combining nutritional intent with food safety.

The menu has evolved with the times. Seven or eight years ago, desserts were served daily. Now, desserts appear just once a week, not because of a rule, but because someone always says, “I’m off sugar”, right before taking a bite!

Of course, food is only half the story. The cafeteria table is where conversations happen. However early, late or hurried our lunch may be, there is almost always someone sitting across from us. Someone to watch the match, catch breaking news, discuss Indian or American politics or the next big research project, or just listen while we vent. Sometimes, that five-minute chat over dal and rice is what carries us through the rest of the day.

It takes a lot to feed a hospital, but even more to make it feel like home!

Hello's

Dr Ankita Das
Breast Surgery

Ankita Das Sheth, Breast Surgery

I was born in the beautiful city of Dehradun, which is my maternal home. I grew up in great awe of this noble profession and it's essence as a child, and quickly found that surgery was my calling.

I graduated in both MBBS and MS General Surgery from the prestigious KEM Hospital across the road, my alma mater, like it is to many of us here at TMH. I then trained at TMH for the last 4 years, and during my time here, have experienced a culture here like none other.

I have now joined the breast surgery unit as assistant professor, and I am humbled and grateful for this opportunity. It is a matter of pride to be associated with this institution, having heard stories from my parents since my childhood about the benevolence, the goodwill and the integrity associated with the name "Tata". It is truly a privilege to be a part of a workforce where everyone's primary goal is to do the best for the patients who come from far and wide, with immense hope and faith in us, and in the system. We can only do right by them by doing our duty sincerely and wholeheartedly, day after day.

While I have given my full dedication towards my work, my family is what makes it all worthwhile, and I look forward to every moment I can spend with them. I come from a family of engineers and a brother doing pure physics in Caltech University. I have been brought up in the city of Mumbai and now live in Juhu with my husband who is a gynaecologist. We are both nature lovers and my idea of a perfect holiday is to head to the mountains, stay in a peaceful hut in the middle of nowhere, and to drive around exploring offbeat and unfrequented locations.

Dr Aparajita
Gynaecologic Oncology

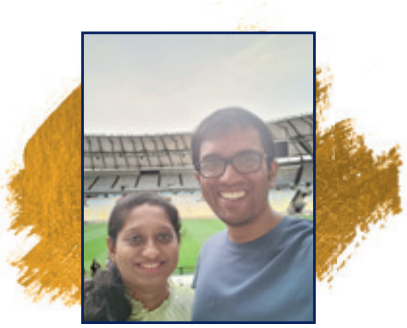
Aparajita, Gynaecologic Oncology

I belong to the town of Daltonganj, located 165 km away from Ranchi in the state of Jharkhand. I was raised by a strong and diligent father and a compassionate mother. My brothers are the backbone of my life. I completed my formal education in Dehri-On-Sone, Bihar, and did my MBBS from NRS Medical College, Kolkata. I joined MAMC, New Delhi to pursue MS in Obstetrics and Gynaecology and received my M.Ch. training in Gynaecological Oncology at BBCI, Guwahati. I credit my upscaling professional journey to the blessings of parents, teachers and God. My strong desire to work at an academic institution ultimately brought me to TMH, Mumbai.

I am always enthusiastic about good food and travelling. I take interest in art and culture. You can often find me listening to old music or indulging in some documentaries in my leisure time. I consider honesty towards other people and one's own work as the most treasured value.

I might appear deeply engrossed in my own world but believe me, I am

a friendly and happy person! I look forward to experience this new life at Mumbai where the travelling to workplace gives you a chance to sum up your important tasks while travelling back makes you realise that working hours passed by in a blink of an eye. The dome over Rotunda seems like a protective guard for the vast world beneath full of people from various genres inquisitive about their ray of hope. I look forward to the sense of fulfilment in my life here!



Dr George John
Medical Oncology

George John, Medical Oncology

I hail from Trivandrum, Kerala—a place I continue to call home not just geographically, but in spirit. It gave me my roots, my values, and my deep appreciation for a simple, fulfilling life.

I completed my MBBS from Government Medical College, Kottayam, and went on to pursue my MD in Radiation Oncology at Father Muller Medical College, Mangalore. From early on, Tata Memorial Hospital held a special place in my aspirations. What began as a dream to train at TMH as a DM Medical Oncologist eventually became a reality—and today, I feel fortunate to continue that journey here as a Consultant.

I find particular joy in teaching, especially when I see residents develop confidence and clarity through shared learning. Being able to contribute to their learning is one of the more fulfilling aspects of my work.

Outside the hospital, I strive to maintain balance through the simple pleasures of life. I enjoy cycling, swimming, and above all, I find happiness in the quiet comforts of my home. My wife, Dr Preethi Mary Eapen, is pursuing her DM in Oncopathology at RCC Trivandrum, and we share a common rhythm in our professional lives while keeping our personal world rooted and calm.

In the end, it's not just the milestones that matter, but also the space between them—the ordinary, peaceful moments that make it all worthwhile.

Dr Sudesh joshi
Anesthesia and Critical Care

Sagar Sudesh Joshi, Anesthesia and Critical Care

I've been born and brought up in Lower Parel, Mumbai. I'm married to Juili Suryavanshi, a Chartered Accountant by profession. We have recently been blessed with our bundle of joy Shlok; he is 3 months old and has brought immense joy and discipline in our lives! He's been keeping us both on toes, and we cherish each and every moment of it!

I've done my MBBS from Grant Medical College, Mumbai and MD in Anesthesiology from Bombay Hospital Institute of Medical Sciences, Mumbai. I subsequently worked in Tata Memorial Hospital and Global Hospital, Mumbai, gaining experience in oncology, transplant and regional anesthesia.

I enjoy doing challenging cases while providing safe and quality health care.

Besides medicine, I love traveling, especially its planning! I plan my own itineraries by doing quite extensive research of the destination. I particularly enjoy driving and hence love doing road trips. I like learning and pursuing new things and skills. I recently learnt swimming and am currently learning guitar. I enjoy cooking and tasting different cuisines!

Goodbye's

Jinita Majithia
Radiodiagnosis

Jinita Majithia: A Radiologist with Spark and Substance

Some people leave an impression that goes beyond their professional title, and Jinita was is certainly one of them. Young, dynamic, and brimming with enthusiasm, she has been one of the brightest stars in our department. Her discipline, meticulous work ethic, and unwavering dedication made her stand out as a radiologist par excellence.

Jinita contributed significantly across multiple DMGs, including Uro-oncology, Head and Neck, Thoracic, and GI DMGs. In each of these roles, she brought not only her diagnostic acumen but also a sense of responsibility, energy, and team spirit that inspired those around her.

Her teaching sessions were a highlight for the students. With her engaging, clear, and concept-driven approach, she made even the most complex topics accessible and enjoyable.

Yet, there is much more to Jinita than just radiology. She is an adventurer at heart—a certified scuba diver who has traveled far and wide, always coming back with stories and inspiration. She is the kind of person you go to for recommendations, ideas, or just a fresh perspective. “Think out of the box—think Jinita,” became a quiet motto in the department.

Vibrant, reliable, and always ready to pitch in—whether for a conference presentation or helping a colleague at the last minute—she has left behind not just a legacy of professional brilliance, but also countless memories of laughter, learning, and camaraderie.

As she embarks on an exciting new phase of her career in Dubai, we celebrate all that she brought to Tata Memorial Hospital. While we will miss her dearly, we know she’ll shine just as brightly in her new role.

Here’s to Jinita Majithia—radiologist, explorer, teacher, and friend. Thank you for everything!

Suman Kumar Ankathi
Radiodiagnosis

Suman Kumar Ankathi: A Radiologist, Mentor, and Ironman in Spirit and Practice

The corridors of TMH Radiology have been witness to many remarkable professionals, but few leave a legacy as well-rounded and deeply appreciated as Dr. Suman Kumar Ankathi. From the time he first joined as a fellow to his most recent role as a senior consultant in our department, Suman has been the embodiment of dedication, humility, and quiet excellence.

Suman's contributions to the Head & Neck and Gastrointestinal Disease Management Groups (DMGs) were not only clinically impactful but also deeply valued by the referring teams. Indeed, if the No Dues would have to be signed by the DMG colleagues, Suman could have never left Tata!

Students gravitated toward his teaching style—lucid, logical, and always sprinkled with practical pearls. He had that rare ability to make complex concepts relatable, and it's no surprise that his classes were consistently amongst the most sought-after. A true team player, Suman could always be counted on—whether for exam preparation session, or simply to boost morale after a long day.

Suman's story beyond the reading room is even more inspiring. An accomplished athlete, he would often cycle from Powai to Tata Memorial even during his fellowship days. Years later, his unwavering commitment to fitness remains intact. He has completed multiple marathons and most recently, the grueling Ironman Triathlon—a feat that speaks volumes of his discipline and endurance.

He balanced all this while holding a senior role at one of the busiest oncology hospitals in Asia—a testament to his time management and personal commitment to holistic well-being. Whether it was presenting at national and international conferences or inspiring our team to consistent success at Conquest, his contributions were always stellar.

As he embarks on a new journey, setting up his own diagnostic center in Powai, we know he will bring the same values, compassion, and excellence that defined his time at TMH. While we will miss his reassuring presence, his impact will continue to resonate within our department and beyond.

We wish Suman all the very best in this new chapter. May he continue to inspire, teach, and lead—with the same quiet determination that made him one of the finest we've had the privilege to work with.

NGO Shoutout:

Gunvati Jagan Nath Kapoor Foundation: A Legacy of Compassion

Cancer brings with it a wave of uncertainty, fear, and overwhelming emotional and financial distress. Yet, at the heart of Mumbai and Punjab, a unique initiative is rewriting the narrative for thousands of cancer patients. The Gunvati Jagan Nath Kapoor Foundation's (GJK) Patient Guidance Program (PGP) is a pioneer in psychosocial intervention program which stands as a beacon of hope, compassionately hand-holding cancer patients and their families through their most challenging times.

The foundation founded in 2000, has been at the forefront of healthcare, education, and community empowerment in India.

Since its inception in 2013, GJK's Patient Guidance Program has reached over 1,41,366 cancer-affected families, engaging in more than 3,35,842 interactions and delivering a remarkable 10,43,802 services through their team of 16 coordinators. Operating in collaboration with some of India's leading cancer hospitals—including TMH (Parel), ACTREC (Kharghar), Bhaktivedanta Hospital (Mira Road), Sant Guru Ramdas Charitable Hospital, and Guru Nanak Dev Hospital (Punjab)—PGP ensures that every patient feels seen, supported, and guided through one of the toughest chapters of their lives.

A Holistic, Patient-Centric Approach

What sets the Patient Guidance Program apart is its compassionate, holistic approach. From financial planning and documentation assistance to improving the patient's understanding of treatment, counselling, chemotherapy education, navigating healthcare system and practical guidance, the dedicated coordinators become a lifeline for patients. The program's impact is profound—60% of patients stay on course and adhere to treatment because they have a team that handholds them and doesn't let them give up.

The program also addresses often-overlooked yet essential aspects of healing—support group meetings, community-based events, and entertainment activities—which infuse hope and positivity into patients'

lives. As Ms. Nirjari Dalal, Executive Director of Gunvati Jagan Nath Kapoor Foundation, emphasizes, "We see ourselves as more than facilitators—we're companions on this journey, ensuring that no patient feels alone and leaves their treatment halfway. We work relentlessly on 'sustenance of treatment".

Measurable Impact: Meaningful Change

- 665 patients received emergency financial aid for treatment and diagnostics.
- 7,361 families were provided accommodation in Mumbai, totalling 84,378 days, easing the burden during treatment.
- 2,286 vulnerable families received essential ration support.
- 33,792 patients were active participants in support group meetings fostering mental and emotional resilience.
- 7,420 patients and caregivers have been guided and supported digitally, breaking physical barriers
- The Save A Life initiative has saved over 81,000 lives by boosting platelet donations from 35% in 2015 to 99% in 2025.

A Mission That Extends Beyond Hospitals

The GJK Foundation doesn't stop at the hospital gates. The Cancer Prevention and Early Detection initiative has reached over 17,356 women through 165 cancer awareness talks and 91 screening camps. The Maternal Health Program has empowered 8,125 pregnant women in Mumbai's urban slums, ensuring healthy pregnancies and 85% institutional deliveries.

Education is another cornerstone, with 627 students in Mumbai colleges supported through scholarships and 7,851 school children receiving critical

Donate Now

Note: Registered Name: Gunvati J Kapoor Medical Relief Charitable Foundation

educational materials in marginalized communities.

Voice of Change: Testimonial

"During my cancer treatment, we faced many hardships—financial, emotional, and finding a place to stay. The Gunvati Jagan Nath Kapoor Foundation supported us every step of the way. Their care inspired me to pursue social work, and I'm now studying at Nirmala Niketan College. I'm truly grateful for their guidance and continued mentorship."

— Rachana Diwakar, 19-year-old, Bone and Soft Tissue Cancer Patient

A Call to Action

Behind every number is a story of transformation, a testament to the Foundation's mission of "strengthening opportunities and improving the overall quality of life of communities". By adopting a cancer outpatient department, supporting underserved women's health, or partnering in educational initiatives, every contribution has the power to reshape lives and rekindle hope.

In a Flash

The Meme wall, Dept of Radiodiagnosis, MB Ground Floor Reporting Room

MOU signing with IAEA for TMC to become an Anchor Center in the Rays of Hope initiative

Nobel Laureate Prof Sir Paul Nurse speaking at TMH on 'Controlling the Cell Cycle'

"Little adventurers on a big journey" – TMH staff children explore the hills of Dalhousie

Congratulations to Dr. Shriya Dhingra (Radiation Oncology), Dr. Sumona Kundu (Anesthesia), Dr. Aditya Dhanawat (Medical Oncology) & Dr. Anup Srinivas (H&N Surgery) on receiving the Outstanding Student Awards 2024 from Homi Bhabha National Institute on it's Foundation Day on 03-06-2025

Times of India-Mumbai-21/03/2025, P-5

IAEA picks Tata Memorial as 'anchor centre' to expand care

Eshan.Kalyanikar
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Mumbai: Tata Memorial Centre (TMC), India's premier cancer care institute, has been recognised as an 'anchor centre' by International Atomic Energy Agency (IAEA). This recognition allows TMC to be involved in building cancer treatment capacities in low- and middle-income countries (LMICs) that lack adequate facilities.

It was formalised through an MoU signed on Thursday between TMC directors and Rafael Mariano Grossi, IAEA director general. As an anchor centre, TMC will provide expertise, training and mentorship to healthcare providers in IAEA member countries, helping establish and scale up radiotherapy centres in regions where cancer care infrastructure is limited.

This partnership is part of the Rays of Hope initiative, launched by IAEA in 2022, aimed at addressing global disparity in cancer treatment. The programme mobilises a coalition of partners to expand radiation medicine services in LMICs. Of IAEA's 180 member countries, around 70 are currently engaged in the initiative.

"It started after a realisation that we were not able to have the impact that we should have had. Cancer statistics for India and other countries are not good. Cancer is not going down despite the advances we made. These should have yielded lower numbers," said Grossi.

Dr Sudeep Gupta, director of TMC, said, "This is also an opportunity for TMC to have international data and resources, which will further enhance our capabilities."

Hindustan Times-Mumbai-31/05/2025, P-6

TMC aid helps 603 child cancer survivors reclaim future

Rupsa Chakraborty
rupsa.chakraborty@hindustantimes.com

MUMBAI: At just 18, Payal Kumari from Bihar is already defying the odds. Diagnosed with ovarian cancer as a teenager, her life was put on hold as she underwent rounds of intensive treatment at the Tata Memorial Centre (TMC) in Mumbai. Today, she's not just a survivor. She is pursuing a BTech in computer science at the United Institute of Technology in Coimbatore, supported for three consecutive academic years by TMC's ImPaCCT Foundation. Her dream: to become a software engineer and help others find their footing after illness.

In another corner of Maharashtra, 23-year-old Raja Mohiuddin Shaikh, diagnosed with metastatic alveolar soft part sarcoma, is now in his final year of MBBS at Grant Medical College. Originally from Akola, Raja was assisted by TMC not just during treatment but also later, ensuring he didn't have to pause his education due to financial strain.

"The hospital not only saved my life, but it also helped me build a future," he says.

These two stories reflect a growing shift in how paediatric and young adult cancer care is evolving in India—one that sees survival not as the finish line but the starting point. At the heart of this change is TMC's ImPaCCT Foundation, which between 2021 and 2025 has supported 603 childhood cancer survivors from low-income families with ₹2.83 crore in educational aid. From village schools to engineering colleges and medical campuses, the initiative is helping young survivors reclaim their futures.

Many childhood cancer survivors face a quiet but painful battle after treatment as they struggle to return to schools, cope with disrupted education, and rebuild their sense of identity amid social stigma and isolation. Reintegration isn't easy: some are seen as too fragile, others fall behind academically, and many wrestle with low confidence or visible side effects that set them apart.

"In our survivorship journey, one of the most transformative aspects has been education," said Dr Maya Prasad, professor of paediatric oncology and head of the Survivorship Program at Tata Memorial Hospital. "It helps survivors reclaim their place in the world—not just by resuming studies, but by reshaping how they see themselves. From being patients, they become learners again, dreamers again. That shift is critical—not only for their confidence, but for their complete healing."

The year-wise numbers reflect how quickly the initiative has expanded. In 2021-22, 61 students were supported with ₹14.56 lakh. This rose to 75 in 2022-23 (₹16.11 lakh), jumped to 361 in 2023-24 (₹1.37 crore), and peaked at 421 in 2024-25, with disbursals crossing ₹2.37 crore. Altogether, 918 enrolments were facilitated over four years.

The need for such support is growing rapidly. TMC registered just 1,131 paediatric cancer cases in 2010, but that number surged to 3,874 in 2024. As of May 2025, 1,544 new patients have already been recorded, many from underserved states like Bihar, Uttar Pradesh, Maharashtra, and West Bengal.

TMC's seven centres across India provide not only cutting-edge treatment but also long-term survivorship care through its ACT (After Completion of Therapy) clinic, which has registered 5,681 survivors since its inception in 1996.

The ImPaCCT Foundation's educational aid spans all levels—203 students in primary school, 314 in secondary, 174 in higher secondary, and 167 in college or vocational courses. Many of these young survivors, like Payal and Raja, are the first in their families to enter higher education.

Fields of study are equally diverse. In the past four years, 40 survivors have pursued engineering, 21 commerce, 17 computer science, 12 pharmacy, four social work, and three nursing. A few have even gone on to study law, hotel management, and architecture—proving that post-cancer dreams are as expansive as any.

"This support gave our children more than just a second chance at school—it gave them a future," said Shalini Jatia, officer-in-charge of the ImPaCCT Foundation. "We've watched them evolve from frail patients into confident professionals."

The programme doesn't just cover tuition. It includes books, transport, hostel costs, and mentoring—essentials for children from remote or economically fragile backgrounds.

Survivors are also offered career counselling and psychosocial support to ease their reintegration into mainstream society. "As survival rates improve, we must broaden our understanding of care," Dr. Prasad said.

TMC's model is now being replicated by other cancer centres across India. It's a model that redefines survivorship—not as a chapter to close, but as a new story to begin.

TMC's ImPaCCT

The Tata Memorial Centre's ImPaCCT Foundation is supporting the education of childhood cancer survivors from low-income families

Enrolment year	Number of students enrolled	Total aid granted (INR)
2021-2022	61	₹14.56 lakh
2022-2023	75	₹16.11 lakh
2023-2024	361	₹1.37 crore
2024-2025	421	₹2.83 crore

Students who have received educational aid so far: 603

TMC'S MODEL IS NOW BEING REPLICATED BY OTHER CANCER CENTRES ACROSS THE COUNTRY

OUTLOOK BUSINESS

Tata Memorial Centre Ties Up With Wipro GE HealthCare for Cancer Research

Tata Memorial Centre on Wednesday said it has tied up with Wipro GE HealthCare Pvt Ltd to establish a Cancer Research & Innovation Centre.

Sakal-Mumbai-26/03/2025, P-3

तंबाखूविरोधात 'टाटा'चा पुढाकार

Dainik Bhaskar- Kota Zila-22/03/2025, P-02

उपलब्धि • इस मान्यता से भारत की वैश्विक कैंसर देखभाल में भूमिका और मजबूत होगी

टाटा मेमोरियल सेंटर बना इंटरनेशनल एटॉमिक एनर्जी एजेंसी का रेज ऑफ होप एंकर सेंटर

Tata hosp, edu dept tie up for health project

Yogita.Rao@timesofindia.com

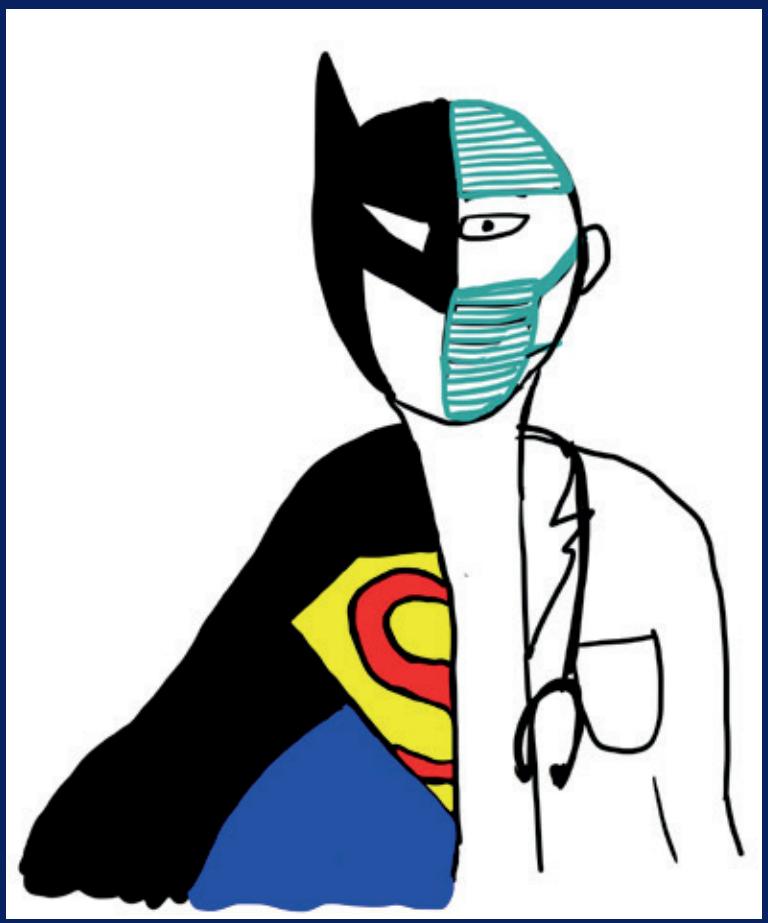
Mumbai: The Tata Memorial Hospital, in collaboration with IIT-Bombay and the Tata Institute of Social Sciences (TISS), will launch a school health project in city schools. The aim is to educate students on healthy behaviours to reduce the risk factors associated with non-communicable diseases such as cancer, diabetes, and cardiovascular diseases, and their onset in later life. The project will be undertaken with the help of the school education department on a pilot basis in 25 schools in South Mumbai and will later be extended to others. The project intends to 'facilitate long-term behaviour changes among students' and to 'provide a blueprint for school health education in the country'. If successful, the programme can 'contribute to national efforts in preventing lifestyle-related diseases'.

Deputy director of school education, Mumbai, Sandeep Sangave, said that the project will be taken up by the hospital, and the department will only facilitate it. The programme intends to create awareness at a young age. "Students often develop unhealthy habits in schools, such as smoking, use of tobacco, and poor dietary choices, which can have long-term negative effects on their health and well-being. The initiative hopes to catch students young and facilitate a change in behaviour. This could help in preventing the risk factors for non-communicable diseases such as cancer and cardiovascular diseases. The hospital will conduct sessions in schools, and for the pilot project, we have selected around 25 schools in South Mumbai," said Sangave. It will be extended to other schools once the new session commences in June.

The school health education programme proposed by the TMH will address the importance of a balanced diet, physical exercise, and the hazards of tobacco and alcohol, as mentioned in the concept note presented to the Deputy Director's office. It will include interactive lectures to explain the importance of good nutrition, exercise, and avoiding tobacco and alcohol. short, animated educational videos that will make learning fun and memorable, and printed leaflets with key messages that can be provided as take-home materials. At a later stage, the project will also involve taking feedback on changes in students' knowledge, attitudes, and behaviours.

TMH's concept note also cites WHO's report highlighting the rise in cardiovascular diseases and cancers among young adults and that these diseases have their origins in childhood. It is in this context that the hospital intends to launch the project, which will involve assessing students' baseline knowledge, attitude, and behaviour related to non-communicable diseases.

The Doctors' Lounge



Musings

Ashika Bagur

Yash Goel

Prajyoth Reddy

Ameya Warke

The Tata Tea

So let's spill it?

All of us love food in our own ways. Be it a meal just to get through the day or that huge binge with the gang after a gruelling informing week. We may not get the time to explore or eat the way we would like to on a daily basis, but it's nice to steal a few moments every week to indulge in what we love.

Now that there are new residents coming in (yes, hurray!) who'd want to know about the places and these phases, it only makes sense to pass on the unofficial guide — the tips, tricks, and hidden gems that make living here special.

Our first stop is The Cafeteria.

When, I was in my first year, I couldn't think of a world beyond the cafeteria food. I lived on a steady diet of bread and milk. My colleagues 'lovingly' called it cute dog food. And yes, I 'lovingly' rolled my eyes at them. But, my favourite part of the day was the tea time in the Tata cafeteria; why you ask? Because all of us residents, put the major part of our day behind and proceeded together to catch a break before our evening rounds, to sip some

tea, make OT lists and plan for a better tomorrow while collectively hating Sabudana Kichdi (find me one person who likes it) or hastening our pace to stuff our face with Pani puri (yum).

Our visiting residents from Nair hospital could not stop gushing about our cafeteria. They said, it provided a constant source of food no matter what time of the day. All said and done, it does provide us with the stability of knowing that there is a meal waiting and a place to sit when everything above gets crazy. So, as much as we complain about it, I know that deep down we all are grateful to have a place where we can sit and do that complaining over some piping hot tea and rock solid pakodas. And also, a special mention to Taj Sats for their paneer roll and killer coffee. And for days when both these places tire you out, there's always GJB 4th floor Canteen.

Favourites from the Cafeteria:

Evening chai
Poha
Buttered bread toast
Maggie
Pani puri
Omelette
Boiled eggs

Buttered toast and boiled eggs of the Cafeteria

While we were discussing Tea and its myriad mental health benefits for residents (there should be a study on it), Dr Yash explained it to me very nicely; He shared his thoughts on what it means to him -

"Just a short walk from the college gates lies a spot that's become a second home to many of us — Rajwadi Chai. It's not just a tea stall; it's where time slows down, conversations flow freely, and every sip feels like comfort.

Their chai is the real deal — rich, aromatic, and brewed to perfection. It hits just right whether you're starting your day or catching a quiet moment in between the chaos. And when paired with their soft, buttery bun maska, it's the kind of simple joy that makes everything better.

But what truly steals the show is their poha. Light, flavorful, with that perfect hint of lemon and spice — it's a plateful of warmth that keeps us coming back.

Rajwadi Chai isn't fancy, but that's the charm. It's familiar, reliable, and always welcoming — just like good chai should be."

And God knows, we need some slowing.

- Tea/Poha/Snacks places close by: Rajwadi chai
- Chao Control cafe
- Late night pop up stalls/bicycles in front of KEM hospital Say Cheeze
- Now that I've braved and stepped out a bit in the area to eat and live a little more than I did back then, let's venture into something that is tasty.

Canara restaurant -

Who doesn't know this place and who doesn't love it! I sometimes think that it was built to refuel us for our night duties. It is at a 2 min walking distance from the hospital, and the staff somehow just know how tired you are, so they take your bags and make you comfortable. You end up being seated beside your colleagues, and listen to the happenings of the hospital (psst… I mean gossip) and get lost in the warm comfort

Must try:
Pineapple,
cheese and cherry,
Dal Khichdi,
Chicken Ghee Roast,
Butter Chicken and Garlic Naan,
Tandoori Murgh

A short walk of 4 min to the right of the main building of Tata, you end up at Aditi restaurant. It's reputation precedes it. It has catered to doctors of so many institutes over so many years that you'll find even your consultants reminiscing about Aditi food from their post-graduation days. The restaurant has celebrated several batches of doctors coming in and going out. There are so many dishes that it's difficult to decide what to love. But, some of the crowd favourites are the buttery Pav bhaji, Methi paratha, spring roll, Kaju curry, and Dal tadka, with a variety of fresh fruit juices to add to its armamentarium. Food apart, I think the lively vibe at even 11pm will in itself take you back for more.

In the same general direction of walking, there are two other eating joints which will satiate your South Indian cravings for Dosa, which are Ramashray

Southern delights:
Manis Cafe
Anywhere around Matunga circle
Banana Leaf
Madras Café

and Prakash dosa, also known for their Bisibelebath, idli sambar and of course filter coffee to finish off your meal. Needless to say, Ramashray's Ghee masala dosa is to die for. (I've personally died 23 times and reached heaven).

Need a quick kick-me-in-my-special-senses-wake-up ? Then, what better than to seek our Maharashtrian cuisine which never ever fails to pack a punch of flavour into any form of Pav and a feeling of home, just like its people. From spicy Vada Pav for any meal of the day or the Malvan tadka to fire your evening up, it's not just food, it's an experience. And once you fall in love with it, Maharashtrian food, just like their people, will not let you go.

I turned to our very own 'Marathi Mulga', Dr Ameya Warke to guide us through the myriad ways of The Misal Pav life. He says that, 'The best misal pav is available at Mamledar, and the best part of it is that they deliver to your doorstep; they offer Misal in three varying degree of spiciness, and his words to the wise is to keep Pantoprazole handy for the weak-hearted.'

One of the most iconic vada pav stops in the city has to be Ashok Vada Pav at Dadar Chowpatty — where the only way to eat it is straight off the hot oil. They don't deliver, because, well, everything's sold out in five seconds flat. (A cheat though is to Gpay them and then order a borzo to deliver it). And if, while you're there, your heart starts craving a good old fish fry slathered in masala, take a short ride to Gomantak in Dadar. It's a little detour, but absolutely worth the journey.

Spice & Soul:
The Maharashtrian Way

Modern lunch home (beside Wadia)- Surmai fry, Bombil fry
Sahyadri (opposite KEM) - egg dishes
Aswad (Dadar)- Poha, Sabudana Vada, Thaalipeeth
Majghar (Lalbaugh) - various Non-vegetarian Thalis
Marathi wing of Gypsy Corner
Sawant's Swaad Gharacha (Lower Parel) - Kolambi Bhat (an aesthetically beautiful place as well)

All our old timers love Milan, and I can see why. You will have your breakfast sorted with poha, upma, idli, misal pav, etc and your snacks sorted with bun maska, hot samosas, parathas and the list goes on. Dr Akshay Baheti (Radiology) tells me that its Nescafé and the late night Khada Paav Bhaji and Tava pulao just hit different, and I'll take his word for it!

Before we end this culinary cruise, let's talk Biryani. Whether you're planning to visit the joints in person or—let's be honest— online order a massive bucket to demolish with your team, these spots are all about bold flavour and serious satisfaction.

Biryani:
Aadeshwari Biryani center
Persian Darbar
Borivali Biryani center -
Chicken tikka Biryani,
Chicken Dum Biryani
Bikgane Biryani
CharcoalBiryani
Copper Chimney –
Jackfruit Biryani

There are several other street food joints which magically pop up after 7 pm around Tata — and when it comes to street food, few know the scene better than Dr Prajyoth Reddy. A true expert, he's a master at uncovering the tastiest corners. He tells us that, 'If noodles/fried rice with red chunks of chicken thrown into the air from a tawa and onto your plate is your comfort food (like mine), then there are many of these in Sewri area. My favorite spot is this place on the footpath beside Aakash Pan shop on Prabhodhankar Thackeray Marg (ask for red chicken in your noodles/fried rice).' He's also particularly asked us to try this 'Bajji Pau with extra bajji and topped with green chilli' from the guy at the thela in front of Canara. And if it's 2.30am and you are craving some chicken Tikka kebab, Arab restaurant in Sewri is the place to go.'

Now, onto arguably the most important suggestions I have — drumroll, please — the watering holes in the area, where beers flow, the gang gathers, gossip flies, and everyone heads back home a little happier. And this is also the section where everyone had the most enthusiastic recommendations.

For one, when I asked for their favourite place, the entire Plastic and Reconstructive team screamed 'Neesha.' In the lanes behind Tata, there's a small mildly lit place, where people go especially on Thursdays or Fridays to dissect the week over some beer and Surmai Tawa fry. You'll experience loud conversations, quick service and yummy chakli with Schezwan chutney and peanut masala. It's easy on your pockets and breezy on your mind.

Must try:
Tandoori lollipop
Cheese omelette
Chakkli
Paneer chilly

And if you feel like walking a bit, you can head to Madira or Spice Affair which are low on lighting and high on vibes, and keep your glasses filled. The non-vegetarian food is great here, and French fries for the rest.

If you are feeling a little fancy and want to dress up for the Saturday night; Just a short taxi ride away is the perfect spot — Toit. My personal favourite because it has great music, great food and impromptu dancing. And when you are there, you've to try Donne Biryani, fries, Andra chilli chicken and a tall glass of LIIT. One piece of advice: always remember to hydrate!

Cafes
Zane's Cafe (a personal favourite)
Cafe Free India
Poetry by Love and Cheesecake
Starbucks (20% off for Tata employees, yay)
Grandmama's café

Other places around :
Bombay Canteen
(for those fancy date nights)
Bombay Sweet Shop
Multiple restaurants at the
Palladium mall -
The Nutcracker, Paul,
Socials and anything
you walk into.

There are also cozy cafés around, which are open till late in the night and you can get some quiet back into your system.

And finally, wrapping up this deliciously long list of suggestions with something sweet. Let's talk about irresistible desserts !

As residents, it's a fact that we don't get the time of day, and when we do, we want to sleep it off. But, whenever you get the energy, step out and eat your heart out.

Sweet tooth cravings:
Belgian Waffles
Naturals ice cream
Falooda - at the thela opposite KEM
Deliure - anything chocolate
Theobroma - anything at all
Apsara Ice creams - try their innovative Pan Pasand icecream
Haji Ali juice centre - try the strawberry and cream

Because food is not just for nutrition and survival, food is for experiencing life, love, conversations to be had and the memories to be made.

Cheers!

Dr Ashika Bagur

With Contributions from Residents,
Dr Yash Goel, Department of Anaesthesiology
Dr Ameya Warke & **Prajyoth Reddy**,
Department of Plastic and Reconstructive Surgery

Quote submitted by
Dr Abhishek Chatterjee,
Professor, Dept of Radiation Oncology

Quote of the Quarter:

"The human will does not derive its impulse from logical subtleties."

— Carl von Clausewitz, in his book 'Vom Kriege' (On War) circa 1830.

Clausewitz deftly negotiates a dialectic approach to conflict and its principles, and remains relevant two centuries after his literary journey was brought to an untimely end.

A Culinary Trail Around TMH – "My Sunday Food Ritual"

Dr Akshay Dahiya,
Resident, Dept of Surgical Oncology

When you spend your years in and around Tata Memorial Hospital, you not only develop clinical acumen, but also a sharp palate for the best food the city has to offer. Sunday was my cheat day, my mini escape, and over the years, I curated a food trail that I still dream about. Here's a walk (or rather, a feast) through my typical Sunday, plate by plate.

Breakfast at Ramashray, Matunga

Nothing says "good morning" like the sizzle of an Onion-Tomato Uttapam at Ramashray. Paired with their earthy, strong filter coffee and a single piece of Ghee Podi Idli—this place is pure comfort. It's not just food; it's a legacy, served hot on a banana leaf.

Brunch at Gurukripa, Sion

Brunch meant a trip down the memory lane to Gurukripa— my UG stomping ground. The Chhole Samosa here is legendary, probably the best in Mumbai. Crunchy, spicy, tangy—every bite a throwback. Wash it down with a chilled Lassi, and you're golden. If it was summer, I'd make sure to add an order of Aamras Puri—because nothing spells summer indulgence better.

Lunch at Bhagat Tarachand, Kalbadevi

For lunch, I'd venture out to Kalbadevi's Bhagat Tarachand. Every dish here tastes like it belongs to a different region—each with its own soul. Their ghee-loaded fulkas are so light and soft, they melt in your mouth. A true vegetarian paradise with a spice level just enough to make you sweat and smile.

Also my other favourite spot for Lunch - Status, Nariman Point

If you haven't tried the Gujarati thali at Status, you're missing out. Their thali is a festival. I still can't decide which curry is my favorite—but I'd happily start with their mini kachoris, which are basically fried bites of heaven.

Dinner at Harideep Punjab, Sion

Dinner has to be hearty. Harideep Punjab was the go-to. For me, it was always Paneer in Laalpari gravy with crisp tandoori rotis, while my roommate swore by the chicken version. Add a chilled beer to the mix and that was the perfect full stop to a perfect Sunday!

Dr Pramatha Mulay

SPSR, Department of Plastic and Reconstructive Surgery

THE TATA EXPERIENCE

I joined the renowned Tata institute of cancer,
With excitement and expectations high
I feel privileged to be here,
Never realized how quickly the days went by!

Saw complex micro reconstructions,
Every day of every week.
Both precision and finesse,
Is what we all seek.

There are dozens of operation theatres,
Where cases are performed round the clock
Care is provided to everyone
Irrespective of whether they are affording or not.

Many a patients are operated,
Burning the midnight oil.
Most days are tiring,
Yet we never cease to toil!

Patients keep pouring in,
With tumours of the jaw, breast and even on the arm,
For everyone believes that they can be,
Saved by the Tata charm.

And more often than not,
Their wish did come true.
For the determined doctors at Tata,
Helped them begin their life anew!

I am glad I joined here,
With ambition and passion in my heart.
And hope to gain lots of knowledge ,
To improve my science and art!

Dr Nivedita Chakrabarty
Associate Professor,
Dept. of Radiodiagnosis

THE BLISS OF NATURE

At the silence of the shore
Over the pebbles, the water flows
The distant chirping of birds galore
The setting sun at the dusk to witness, cajole
What an experience to adore, tranquilizing the inner soul.

The rustling leaves in a forest
The zephyr blowing over the forehead
The first drop of rain over the arid
The resurrection of waterfalls near the edifice
What an experience to adore, tranquilizing the inner soul.

The echoes between the mountains
The magnificent views from the circuitous pavement
The pleasure of reaching the pinnacle
The serenity away from discordance
What an experience to adore, tranquilizing the inner soul.

The parched land till the horizon
The mirage amidst the monochrome
The cactus blooming in the dehydrated zone
The freezing cold at the nightfall
What an experience to adore, tranquilizing the inner soul.

The bliss of nature has so much to bestow
It drives away the cacophony, giving composure to endure
The true happiness that we seek
Is amidst the nature for sure.

"Is everything alright?" – A testament to the essence of mentorship

Dr Reshma R Balachandran

SPSR, Surgical oncology
Tata Memorial Hospital, Mumbai
MPMMCC & HBCH, Varanasi

In the stillness of the Operation Theatre (OT) complex, where beeping monitors hummed like background mantras, a frail and underweight patient with esophageal cancer lay on the table. The abdominal phase had concluded, and the gastric conduit – carefully crafted to be sufficiently thick, had been preserved with meticulous attention to its pedicle. The viability of the conduit seemed promising, with minimal tension - like the promise of a good day.

As we transitioned to the thoracic phase, the patient was repositioned, scrubbed, painted, and draped with practised precision, the team moved as one. Just as I was about to make the incision, I took a brief 10-minute reprieve. During this interlude, the consultant had descrubbed. In a moment of borrowed stillness, I grabbed the last plate of food wrapped in aluminium foil- a hasty meal of two and a half chapatis, gulped down with water, accompanied by a rather uninspiring curry- a meal devoured quickly, like most of our days. I took a deep breath, and somewhere outside, distant temple bells chimed noon. Their sound threaded briefly through the heavy hospital air, grounding me in the ancient rhythm of Varanasi.

Returning to the task at hand, I arrived back at the OT before the consultant and began marking the thoracic incision. Although I had marked the incision site below the tip of the scapula, as taught, something nudged me to centre it exactly on the tip, given its imperfect alignment with the 5th rib.

As I stood poised to dissect, doubt surged like a silent creeping fog, shrouding my confidence. The muscles parted reluctantly under my scalpel. The familiar terrain of thoracotomy now seemed foreign, and the scapula's tip, once a trusted landmark, became a source of doubt. The aim was to do a "muscle sparing" thoracotomy. Should I split the muscle anterior to the tip and retract it posteriorly, or vice versa? My mind, once sharp with memory and repetition, felt suddenly unsure. The scrub nurse's watchful gaze only heightened my anxiety. My hesitation thickened the silence. And then, as if on cue, He walked in – unhurried, calm, as though time bent around him. And it brought me a mix of relief and trepidation.

"Is everything alright?"

His voice- gentle, familiar- filled the space with quiet authority. For it wasn't just a question; it was an offering. I looked up at Him, confessed my doubt

and told Him that I had taken the incision at the tip of scapula. He smiled at me, lazy at first glance; it carried a surgeon's precision – sharp, practiced, and deeply knowing. With a few calm gestures, He navigated the anatomy like one reading a well-loved scripture. As He demonstrated the posterolateral "muscle sparing" thoracotomy, my doubts eased. I felt the sharp sting of my hesitation, but also the warmth of being guided - not judged. His calm demeanour steadied my nerves, and I learned a valuable lesson in humility.

As the day unfolded, our Professor's gentle guidance illuminated the OT, His smile a beacon of reassurance. Every move, every word, was soaked in the quiet wisdom of someone who had stood where I stood then, years ago. Throughout the case, He provided calm and patient guidance, expertly assisting me every step of the way. As we descrubbed and continued, my confidence blossomed, and I stole a glance at Him, my eyes reflecting admiration for the mentor who believed in me. I watched Him in profile- His cool blue scrubs, unruffled - my confidence, once shaken, found steadier ground.

Later, I caught a glimpse of Him strolling past the adjacent OT. A young resident emerged from the next OT, furrowed in concern, his eyes speaking a silent plea. Again, came the Professor's customary question,

"Is everything alright?"

And just like that, the atmosphere shifted. The resident nodded, and in a whisper, released his burden. As our informing Senior Resident joined them, the Professor wrapped his arm around his shoulder, and they walked off down the OT corridor, fading into that long, familiar stretch, leaving behind only the echoes of His words, which resonated like the gentle ripples on the River Ganges with a stone's fleeting touch. I returned back to the OT computer to document the Operation notes, smiling with calmness, and caught sight of the patient, who was then ready for extubation.

That question- "Is everything alright?" - so deceptively simple - belied its simplicity, for it opened the door to vulnerability, to shared doubts, and to the quiet confidence that comes from mentorship. It offered refuge, invited honesty, and gently affirmed that confusion, doubt, even fear, had a place in our learning.

In that moment, I realized the Professor's magic lay not just in His surgical brilliance, but in His power to nurture, to listen without judgement, and to empower us to become better versions of ourselves. And in that moment, I knew I would carry His words, and His example, with me for the rest of my journey.

"Is everything alright?" became a question I'd cherish, like a whispered blessing from the ghats at dawn- soft, enduring, and quietly transformative – a reminder of the transformative power of mentorship and guidance.

And I know, deep within, I would want to hear that again in my life, someday- perhaps when I need it the most.

"Is everything alright?"

TMH : My Hogwarts

Dr Shabnam Bano,
Sr. Resident, Dept of Radiation Oncology

TMH always feels like Hogwarts to me. There is so much to discover and so many mysteries to unfold. Almost every day, simple things amuse me and make me think, "I should've known this from day one!" But then again, maybe there would be no excitement if I already did.

Like today—I got to know that there are two IP addresses for PACS, and one of them is significantly faster.

Recently, I discovered that on the day of misal pav (which I absolutely hate) in the canteen, there's poha hidden behind—you just have to ask for it. Oh, if only I'd known earlier, I could've saved myself from skipping Thursday breakfast so many times!

A few months ago, I learned that you can use the BST OPD even on weekends. And before that, I figured out how to call and fuse outside PET images! Every few weeks, TMH hands me a new little secret, like a new Horcrux.

Even during dull days, TMH finds a way to surprise me. Machine duties are usually boring—especially when I don't have any scheduled work. And if I get posted in Annexe, I start to feel completely cut off, with no phone network, no internet—just silence and machines. But there's something special about staying back at TMH. Somehow, I always end up learning something new.

During one of the machine duties in Annexe, while reading and casually listening to the surrounding chatter, one of my batchmates mentioned a search engine for TMH cases. My ears instantly perked up. I had never heard of it before, and I'm sure most residents—and even half the consultants—don't know about it. It's such a good resource, and yet I hadn't come across it in three whole years!

Every time a new mystery unfolds, it leaves me awestruck. Just yesterday, I uncovered the mystery of the lifts—out of five lifts, two only go up to the 5th floor, three go all the way to the 13th, two open backwards at the 10th, and one doesn't even have a door at the 4th floor. Isn't that exactly like the staircases at Hogwarts? Isn't it amusing?

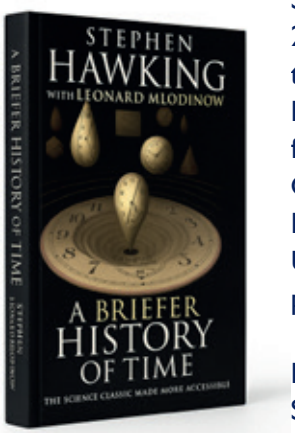
I know I haven't uncovered even half of what this place holds.

And maybe, that's what keeps it magical!

From Dr Mittra's Shelf - A Guide to Good Reads

Dr Indraneel Mitra
Professor Emeritus

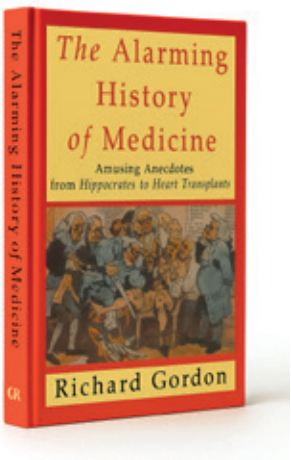
'A briefer history of time' by Stephen Hawking.



Stephen Hawking (8 January 1942 – 14 March 2018) is considered to be the most influential theoretical physicist and cosmologist since Einstein. He was director of research at the Centre for Theoretical Cosmology at the University of Cambridge between 1979 and 2009, and was the Lucasian Professor of Mathematics at Cambridge University, widely regarded as one of the most prestigious academic positions in the world.

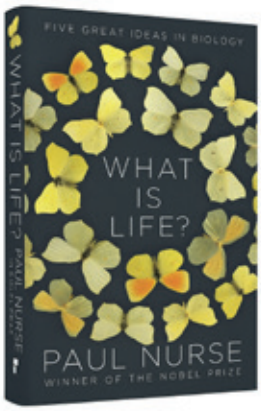
Many of you may have heard about, or read, Stephen Hawking's famous best seller (1988) "A Brief History of Time". He subsequently (2005) reorganized the content of that book to make it more accessible to the general reader and the outcome is "A briefer history of time". The book deals with the characteristics of time and space, God's participation in creation, and the universe's past, present, and future. Hawking makes quantum mechanics, string theory, the big bang hypothesis, and other subjects easily approachable for the average reader in this book. A good read for anyone interested to learn how physics has evolved since the time of Aristotle.

'The Alarming History of Medicine: Amusing Anecdotes from Hippocrates to Heart Transplants' by Richard Gordon



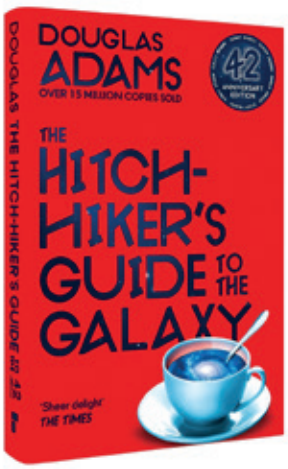
Richard Gordon (1921 –2017) was a doctor who has written over forty books on or about medicine, including the famous "Doctor in the House" series. He was an English ship's surgeon and anaesthetist. He wrote screenplays for films and television and accounts of popular history, mostly dealing with the practice of medicine. He was best known for a long series of comic novels on a medical theme beginning with Doctor in the House, and the subsequent film, television, radio and stage adaptations. His The Alarming History of Medicine was published in 1993, and he followed this with The Alarming History of Sex. I remember reading "The Alarming History of Medicine" many years ago and laughing all the way. The Alarming History of Medicine is full of amusing anecdotes from the time of Hippocrates to heart transplantation. The book is riotously witty and richly informative. It is a collection of anecdotes describing how the historical breakthroughs in medicine were really made. Using hilarious stories, based on actual facts, Richard Gordon shows that most of the monumental discoveries were originally accidents. A must-read for all doctors and medical students.

Topical Picks - Akshay Baheti



'What is Life?' – Prof Sir Paul Nurse

Noble laureate Prof Sir Paul Nurse recently took a phenomenal talk in Tata on 'Controlling the Cell Cycle' (available on the TMC YouTube channel!). Since having received the Noble Prize for Physiology and Medicine in 2001, he has pondered over much larger questions, and has come up with a scientific answer to the eternal query of 'What is Life?'. In this book, he describes what it means to be alive in a simple and elegant fashion. He elucidates the five great ideas that underpin biology—the Cell, the Gene, Evolution by Natural Selection, Life as Chemistry, and Life as Information. He introduces the scientists who made the most important advances, and shares the challenges, the lucky breaks, and the eureka moments of discovery. Watch his 2 million plus viewed short YouTube video on 'The 5 core principles of life' on the Big Think channel to understand more about the book.



'Hitchhikers Guide to the Galaxy' – Douglas Adams

Douglas Adams' Hitchhiker's Guide to the Galaxy series (called a trilogy in five parts by Adams – just like that) spans five books: The Hitchhiker's Guide to the Galaxy, The Restaurant at the End of the Universe, Life, the Universe and Everything, So Long and Thanks for All the Fish, and Mostly Harmless. It is a wild, irreverent, and insane journey through space, time, and the absurdity of existence. The series follows Arthur Dent, an Englishman thrust into intergalactic adventures after the Earth is destroyed to make way for a hyperspace bypass (you read that right). He and other characters all navigate a universe governed by improbable events and bureaucratic chaos, something which may touch a chord with most of us in the current era. Although technically science fiction, the series is essentially a mix of deep satire and slapstick comedy. Adams' humor is philosophical and delightfully nonsensical, often simultaneously. For example, one of my favorite quotes from book three is - "There is an art, or rather, a knack to flying. The knack lies in learning how to throw yourself at the ground and miss. … Clearly, it is this second part, the missing, which presents the difficulties."

The most classic example though is the iconic revelation of '42' in Book 1. In the story, a group of hyper-intelligent beings build a supercomputer named 'Deep Thought' to calculate the Answer to the Ultimate Question of Life, the Universe, and Everything. After seven and a half million years, Deep

Thought calmly announces that the answer is... 42, and declares that while the answer is correct, the beings do not really know what the Ultimate Question actually is!

Though the plot often meanders (there is frankly not too much of it in many places), that's part of the charm. The 'trilogy' is less about where it's going and more about its ridiculous detours. Taken together, the series is a brilliant, chaotic meditation on existence. Unlike Sir Paul Nurse's What is Life, the Hitchhikers Guide doesn't offer many answers (other than 42). It does however provide a pertinent reminder that the universe is a strange place, and we're all just hitchhiking through it.

PS: While 42 may be the perfect symbol of the silliness of trying to find a simple answer to existential questions, it may be more than that as well. ASCII (American Standard Code for Information Interchange) is the most common character encoding format for text data in computers and on the internet. Each alphabet/symbol is represented by a number in the code, and the number 42 represents asterisk (*). Given that the asterisk is a 'joker' character which can be used in place of any other character (hence passwords are always concealed with asterisks), the answer to life, universe and everything else could be considered an asterisk - anything you want it to be! Adams himself has however stated that he arbitrarily thought of the number 42.

Humor in Science

Dr Akshay Baheti

Reminiscences

IS PALLIATIVE CARE AN EXTENSION OF RADIATION ONCOLOGY?

Dr Mary Ann Muckaden
Ex. Prof. & Head, Department of Palliative Medicine

Probably, in 2025, this statement would be way off the mark. In 1993, however, when Palliative Medicine was introduced to India by doyens like Dr. Robert Twycross, Dr. Jan Stjernswärd (both Radiation Oncologists) and Ms. Gilly Burn, a Palliative Care Nurse, it struck a chord in the heart and mind of a young Radiation Oncologist. Those days, there were more patients for 'Palliative Radiation', and we were already developing protocols in Time, Dose, Fractionation schedules to suit extremely busy Radiation Centres like TMH. These were the subject of many publications from our Centre.

I like to think that my journey into Palliative Care started when I was 10—a road traffic accident, coming home from school on a winter night in London, which was probably my fault. The driver of the car showed my family the compassion of fellow human beings by taking me to the hospital in his car and waiting till my father arrived. He also kept in touch with us for a few days; which, as a child with Polio, has always stayed in my mind.

As an adult, when I chose to apply for Medicine, I was asked why, and I gave the standard answer—"I want to serve human beings"; that was teenager talk. When I chose Palliative Medicine, it was as a mature adult. My perceptible handicap helped families identify their suffering with a person who was not perfect physically (told to me, not always imagined). It has helped me bond with patients and their families.

Palliative Care aims not only to improve physical suffering through optimum symptom management (I believe we are very good at this in TMH) - it is so much more: to improve psychological, social, and spiritual care.

In our robust Medical Social Work Dept., their main load of work is to arrange funds and accommodation; there was only one Clinical Psychologist for the whole hospital, and though a Pastor visited, our multi-cultural and multi-religious patients did not stay long enough for adequate spiritual care.

Also, in an academically and research-oriented facility like TMH - what was our primary goal? Benefiting the patient or the disease? Improving their 'Quality of Life' or our CV with 'Clinical Research'? And why not? What is

the intricate web of Palliative Care with Clinical Oncology?

With this background of TMH and my personal interest in the field, I started the first Palliative Care Clinic in 1993. Situated on the 1st floor of the Golden Jubilee Block, 3 times a week, sharing with the Pain Clinic, under the stewardship of Dr. R.S. Rao as Director, TMH. Dr. Mittra gave us the opportunity to introduce Palliative Care into the Breast Joint Clinic, along with DMGs of Lymphomas and Paediatrics.

Over the years, we were slowly invited into most of the Joint Clinics—a landmark decision—giving patients exposure to principles of Palliative Care earlier in the trajectory of illness. In the rest of the country, Palliative Care was considered synonymous with End-of-Life Care. I believe my skills as an Oncologist really helped here. After all, non-maleficence is as important as beneficence when disease is advanced; being able to have these discussions in JCs ensured optimum decision-making.

Dr. Dinshaw took over in 1995, leaving me with the difficult task of juggling Radiation duties and Palliative Care development. I must pay tribute here to Dr. Siddharth Laskar; he shouldered so much of the Disease Management Radiation burden whilst allowing Palliative Care to develop simultaneously.

I developed stronger relationships with Para-Clinical Depts—they are the backbone of improved quality of life for patients and their families: Physiotherapy, Occupational Therapy, Clinical Psychology, and Nutritional Clinic, among others. We were assigned one Junior Resident; VCare and CPAA volunteers came on as trained counsellors for psychological and spiritual care. Individual volunteers are what help our patients even today.

MSW actively supported patient needs, along with raising funds and creating liaisons at the village level for patients to return home. Home Care Service was born with funding from Global Cancer Concern India. There was always a strong liaison with Shanti Avedna Sadan for Hospice Care, thanks to Dr. L.J. D'Souza.

Training for medical personnel of the Directorate of Health Services, Maharashtra, was initiated in 1996. This led to the creation of the Maharashtra Palliative Care Policy, with active liaison by Mr. T.S. Benjamin, then Director of Health Services, Maharashtra - the second state in India after Kerala.

I completed the first phase of academic training in Palliative Medicine from Cardiff University (Paediatric option) in 2002; MSc in 2012. Training programs for multi-professional cadres continued throughout the year, including a 2-year Fellowship from HBNI.

Active encouragement from Madame Dinshaw and Dr. Mohandas, Director, Academics, allowed us to create and initiate the first MD in the country for Palliative Medicine. Along with Dr. Manjiri Dighe and Dr. Jayita Deodhar, the first students were enrolled in 2013.

Relevant clinical research, relevant paper publications, and advocacy continued to be integral components of our daily activities, in keeping with TMC traditions.

Like many individuals who have set up new facilities, for me, 'persistence' was my mantra. There were many landmark achievements with the Govt. of Maharashtra and Govt. of India by the Palliative Care fraternity throughout India.

I learnt so much along the way - from colleagues, peers, seniors, and mentors from India and all over the world. The international conferences we were allowed to attend helped me make many international contacts; friendships I cherish till today.

I was elected Chairperson of the International Children's Palliative Care Network in 2014, a post I held for four years. During this tenure, we were able to conduct the first-ever ICPCN Congress at TMH. This led to being elected President of the Indian Association of Palliative Care—a very daunting task.

I believe one should know when to share and then hand over. Dr. Naveen Salins and Dr. Jayita Deodhar were eminently capable, and the Dept. grew. When I retired in 2016, Dr. Jayita was a wonderful HOD to work under, as a Consultant.

Dr. Badwe and other Directors have always supported my various initiatives. I believe my greatest reward was to support the management of Dr. Dinshaw's last days, in a very small way. She called me her friend, though we had many a stormy argument in her office while in service!

I will always be grateful to TMH for my development into what I am today. 'Principles of Palliative Care' are as important as 'Pain Management' to every Oncologist. Thank you to those Depts. who make the training mandatory.

Time Machine

A PET affair -Story of India's 1st dedicated PET-CT scanner.

One would think what is so much to fuss about PET-CT…it is just a piece of imaging equipment.

The beginning of the 21st century saw the continuing growth of PET scan technology across the US and Europe. PET scan was used in oncology but couldn't establish itself as a reliable modality in clinical practice primarily because of its lack of anatomical detailing and lesion characterization; something akin to a soul without a body. However, the turning point from a technological and clinical perspective was the introduction and use of CT to compliment PET for attenuation correction and anatomical localization. Today when we say PET, it means PET-CT. All the clinical systems in use across the world are PET-CT systems. Since its introduction to clinical practice, PET-CT experienced an exponential growth and rapidly established itself as a standard modality for oncologic practice and research. At one point the highest number of articles on cancer in pubmed involved PET-CT in some form or the other. Pubmed had not witnessed such a spurt of publications in so short a time span, until machine learning and artificial intelligence in more recent times took the world by storm.

Well, let us come back to Tata Hospital and Parel.

The Radiation Medicine Centre (RMC- BARC) acquired a PET scanner in the year 2002 (before having met its partner CT) which was the 1st of its kind in South Asia. TMH would refer cases to RMC sporadically. But access to the technology was tightly controlled and had to be approved by the Head RMC, that too after a discussion with the referring TMH consultant. Visiting the facility for a glimpse of this new technology was also forbidden ground. Once a high level delegation from WHO was visiting TMH as guests of then Director Dr Ketayun Dinshaw. She wanted the delegation to pay a visit to the PET facility in RMC as it would showcase the vision and strength of DAE. Since the PET facility was housed within the TMH campus in the Annexe building, visiting it by walking across the bridge would not be too difficult. However it was not as easy as it appeared. A number of requests had to be sent to obtain the necessary permits. The permission was delayed and didn't arrive till the day of the scheduled visit, keeping everyone on tenterhooks. A smart administrator in TMH contacted a young doctor in RMC (who now works in in TMH) to make arrangements to show the visitors around. Against

Dr Nilendu Purandare
Dr Venkatesh Rangarajan
Dept of Nuclear Medicine and Molecular Imaging

the wishes of his superiors and with a sense of trepidation, the doctor obliged and saved the day for our Director and Tata Hospital. Expectedly the doctor got a rap on his knuckles for this insubordination. It was all too much for the proud TMC director, who decided to buy the technology for TMH, not just a PET scanner but the state of art PET-CT machine. Thus on 13th Dec 2004, India got its 1st dedicated PET-CT scanner and the insubordinate doctor a transfer of service from RMC to TMC.

As it happens with new technology, there were skeptics, critics and naysayers. Some called it a "Medical atomic bomb", some called it "biological terrorism". Obituaries were written in national medical journals, some by our own esteemed faculty. But PET-CT not only survived, it thrived. At TMH we maximized the true potential of this integrated modality which combined the best of both worlds, anatomy and function. By using intravenous contrast for PET-CT, we deviated from the established western practice (where non contrast PET/CT was a norm at that time), making PET-CECT a single stop-shop investigation instead of subjecting the patient to separate CECT and NCCT-PET. Introduction of breath hold chest CT along with PET and many more innovative protocols added the full benefit of diagnostic CT to the functional value of PET. This became a template and is now the established standard followed by several departments and institutions across the country. The success of PET-CT in TMH paved the way for the growth of this modality across India. From a facility with a single PET-CT machine christened the Bio-Imaging Unit in 2004, with a staff of 2 consultants and 2 technologists, it is now a full-fledged department offering MD and MSc courses in Nuclear Medicine and Molecular Imaging. Such is the popularity and dependency on PET-CT that efforts and appeals are made by the administration to rationalize the indications and prevent its overuse. Since the installation of country's 1st PET-CT more than 20 years ago, TMC administration has been very supportive in allowing the department to grow and upgrade to advances in technology like the time of flight systems and more recently digital PET-CT.

This is the story of the inception and growth of PET-CT in TMC. The passage of time has blurred memory and a few creative liberties had to be taken to complete this piece. But as a great man once said, why let facts come in the way of a good story!

'Got a story to tell, a photo to share, or a hidden talent you've been waiting to unleash? Whether it's an article, an anecdote, or lending a hand with a feature piece, we'd love to have more faculty and residents on board! Our editorial team—Dr. Akshay Baheti (akshaybaheti@gmail.com) and Dr. Revathy Krishnamurthy (dr.revathy.k@gmail.com)—is just an email away.

Every Story Matters!