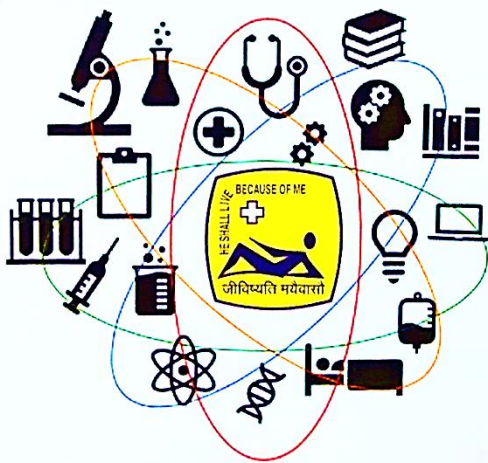


What's Up? @St John's Hospital

Issue 17, February 1st, 2019



1st ANNUAL RESEARCH DAY

25th January 2019
Patient Care, Medical
Education, Research:
A Continuum



Display of 'Tree of Collaboration' by division of Nutrition on Annual Research Day. Signifies the strength and fruit of collaborative research.
PC: Dr. Rakesh



JANUARY IS CERVICAL CANCER AWARENESS MONTH



EDITORIAL TEAM:

Archana S, Avinash. H. U, Bhavyank Contractor, Blessy Susan Biji, Deepak Kamath, Manu. M. K. Varma, Merlin Varghese Susan, Nivedita Kamath, Rakesh Ramesh, Ruchi Kanhere, Saudamini Nesargi, Sanjiv Lewin, Sanjukta Rao, Sheela Immaculate, Rev. Fr. Vimal Francis, Winston Padua

St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru





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MESSAGE FROM THE EDITORIAL TEAM

hailo sabhee ko!!!

We are pleased to share seventeenth issue of “What’s Up? @ St John’s Hospital” magazine today. The Magazine is known for its multi-disciplinary team of editorial board. We welcome three talented people Mrs. Blessy Susan Biji, Ms. Merlin Varghese Susan from the college of Nursing and Ms. Sheela Immaculate (Study Coordinator, SJRI) to our team.

The present issue highlights 1st Annual Research Day held on 25th January 2019. Do not miss the ‘St. John’s Watchdog’ this time which busts the myth running around a whatsapp message.

January is World Cervical Cancer Awareness month. We thank Dr. Premalatha S (Professor and Head) and Dr. Kiran Kulkarni (Assistant Professor) from Department of Gynaecologic Oncology for giving us a short write up on Cervical cancer awareness.

Feel free to communicate with us for publishing your achievements, events and any feedbacks.

Editorial Team

UPDATES THIS WEEK

INUAGURATION OF NEW PHILIPS ALLURA CLARITY FD 20/15 IN CATHLAB

24th January 2019



The State-Of-Art interventional Radiology machine Philips Allura Clarity FD20/15 was blessed, inaugurated and dedicated for the patient services on 24th January 2019. This high end machine is equipped with biplanar imaging and can be used by Interventional Cardiology, Interventional Neurology/Neurosurgery and Interventional Radiology services. The Machine is stationed in the Cardiology department, 3rd floor.

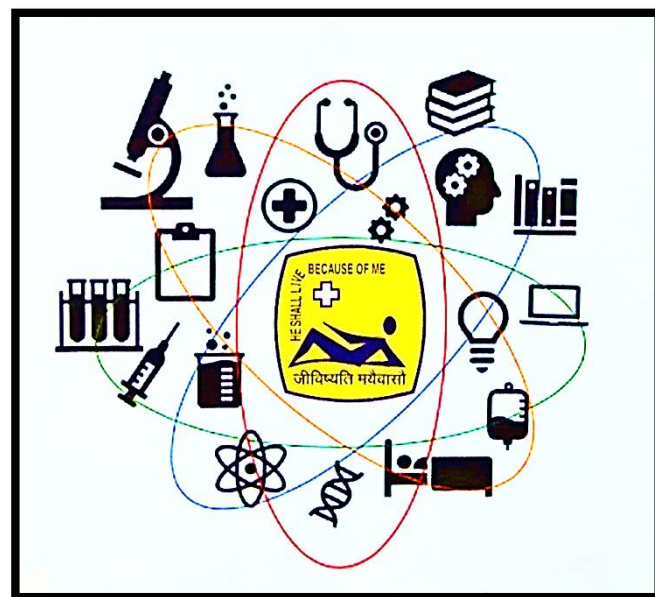
UPDATES THIS WEEK

1st ANNUAL RESEARCH DAY

25th January 2019

“Patient care, teaching and research : a continuum”.

The first annual Research Day was held at the Pope Paul auditorium on 25th January with the objective of bringing researchers and the physician scientists working across the hospital, college and the research institute closer and to foster a culture of research. At the inauguration, the Director of the Academy, Rev.Fr.Dr. Paul Parathazham, stressed the need for Indian physician scientists to generate new knowledge relevant to solving the healthcare challenges faced by India in keeping with the Institution’s mission, while also contributing to the global knowledge pool.



The Keynote address was delivered by Dr. Prem Pais, Former Dean of St.John’s Medical College on “Doing Clinical Research in the Academy” in which he recounted his experiences and evolution as a physician scientist over his career spanning over 40 years at St.John’s.

This was followed by the Dr. Kiruba Shankar Oration delivered by Dr.Venkatasubramanian Ganesan, Professor of Psychiatry and Head of the Neuropsychiatry Lab at NIMHANS, Bangalore. He spoke about “Becoming a Clinician Scientist : the obstacle is the path”, where he brilliantly elaborated on how the challenges faced by aspiring scientists can be converted into advantages by smart and optimistic improvisation. Special guest Dr.Tejaswi Trilokraj, Assistant Professor of Dermatology at the University of Ann Arbor, Michigan, then spoke about how the clinician can be an important liaison for fruitful, multidisciplinary biomedical research. The talks were inspiring, with a full house turnout from across the academy.

UPDATES THIS WEEK

1st ANNUAL RESEARCH DAY

The talks built up nicely to the mainstay of the event which was the panel discussion on the “Current status of Research in the Academy : Barriers and the Way Forward”, moderated by Dr.Arvind Kasturi, Professor of Community Medicine, SJMC. The panel members included Rev.Fr.Dr.Paul Parathazham (Director SJNAHS), Prof.Venkatasubramanian Ganesan, Dr.Ravi Nayar (Prof ENT, Dean Academics, HCG Group), Dr. George D’Souza (Dean, SJMC), Dr. Tony Raj (Dean, SJRI), Dr. Sanjiv Lewin (Chief Medical Services, SJMCH), Sr.Fatima Puttenthopil (Chief Nursing Services), Dr.Denis Xavier (Vice Dean, PG Studies, SJMC), Dr. Savita Nagaraj (Professor, Microbiology, SJMC) and Dr. G.D. Ravindran (Head, Department of Medical Ethics, SJMC). The Director set the tone for the discussion by re-affirming that research occupies a high priority for the management of the academy. This was followed by several constructive suggestions from the panel members and faculty.

Twelve stalls were put up by departments from across the academy, showcasing their research work. 15 departments also put up posters of individual research work done. There were 8 oral presentations of high quality research (selected from 23 submissions) showcasing impactful research representing various departments from Hospital, Medical College, College of Nursing and the Research Institute.



Poster display section and Stalls



UPDATES THIS WEEK

1st ANNUAL RESEARCH DAY



Glimpses of the Occasion....

UPDATES THIS WEEK

January Is CERVICAL CANCER Awareness Month

Cervical cancer: Together we can beat it!!!

Cervical cancer is the second most common cancer in Indian women. According to GLOBOCON 2018 statistics, the annual incidence of cervical cancer in India was 96,922 and 12,820 in USA. Indian women has contributed to 17% of the global burden of cervical cancers. In India, population based cervical cancer screening is non-existent. Hence majority of the cases even today present in an advanced stage, with increased morbidity, mortality and high treatment costs. The WHO, along with international public-health experts, have acknowledged that screening and vaccination, when applied together, could prevent more than 70 percent of cervical cancers.



Human papilloma virus infection (HPV) and cervical cancer:

HPV is the most common viral infection of the reproductive tract. The majority of HPV infections resolve spontaneously within 2 years. Virtually all cervical cancers are associated with persistent infection with high-risk HPV viruses. Oncogenic HPV is a necessary cause of cervical cancer. Type 16 and 18 has a greater risk of persistence and accounts for 80 % of cervical cancers.

Risk factors for cervical cancer:

Early age at onset of sexual activity, multiple sexual partners, early age at first child birth have been identified as risk factors for cervical cancer. The risk factors for persistent HPV infection and or neoplastic progression are HPV type, smoking, immunodeficiency, OCP use, possibly other STIs, such as chlamydia.



UPDATES THIS WEEK

January Is CERVICAL CANCER Awareness Month



Cervical cancer symptoms:

Usually the symptoms appear only in advanced stage. Women are largely asymptomatic in pre- cancerous and early stages of cancer. Some of the symptoms are abnormal vaginal bleeding especially post coital bleeding / postmenopausal bleeding, persistent white discharge, brown or blood stained or foul smelling discharge. It can also present as vague symptoms such as low back ache or lower abdominal pain.

Screening for cervical cancer:

Being rarely or never screened is the major contributing factor to most cervical cancer deaths today.

Methodologies for Cervical Cancer Screening:

- 1. Cytology:** Conventional Pap Test is the most widely used. method. Liquid-based cytology (LBC) and the automated Pap smears are also available.
- 2. Screening with Visual-Based Techniques:** Inspection after application of acetic acid (VIA) and application of Lugol's Iodine (VILI) have been investigated. These tests have good sensitivity but lack good specificity.
- 3. HPV Testing** HPV testing is characterized by high clinical sensitivity, a high negative predictive value (NPV), low training requirements and reproducibility. In 2014 FDA approved Primary HPV Testing for Cervical Cancer Screening.

FOGSI (Federation of Obstetric and Gynaecologic Societies of India) GCPR guidelines (2018) for screening:

Target age group: 25 - 65 years





UPDATES THIS WEEK

January Is CERVICAL CANCER Awareness Month



Frequency of Screening:

25 - 30 years :Pap smear once in 3 years.

30 - 65 years: Co-testing (HPV DNA testing +Pap) every 5 years is preferred or screening with pap alone every 3 years

Screening can be stopped at 65 years if there have been consistent negative screening in the last 15 yrs.

HPV Vaccination: Primary prevention with HPV vaccination is available covering only a few of the oncogenic HPV types. However screening needs to be done irrespective of vaccination.

Treatment of cervical cancer: The mainstay of treatment is surgery for early stages and chemoradiation for locally advanced cancers.

How can you help? - Nobody has to die of cervical cancer. Whatever be your specialization it is the duty of ever medical personnel to facilitate in reducing the burden of cervical cancer. January is being celebrated as the cervical cancer awareness month. Take time off to educate your patients and their families.

Multidisciplinary care for Gynecologic cancer prevention including HPV testing, genetic counselling and testing, PAP test, Colposcopy, LLETZ, cryotherapy, electrocoagulation, Conization are available in the Gynecologic Oncology Department.

Together we can prevent cervical cancer.

References:

www.fogsi.org/fogsi-gcpr-on-screening-mangement-of-cervical-precancerous-lesions



UPDATES THIS WEEK

FRIDAY CLINICAL MEETING – 4th January 2019

Geroscience: Exploring the Relationship between Ageing & Disease

The topic was presented by *Dr. Victor Thannickal* who is the Director, Division of Pulmonary Medicine, Allergy Critical Care Medicine, University of Alabama at Birmingham.

Dr. Thannickal spoke about how the concept of Geroscience be utilised for understanding a disease process and discover novel treatment modalities. Geroscience is an emerging area and there is growing evidence on relation with diseases to ageing process. One of the examples of this is P16, which is a tumor suppressant, it is important for cell senescence and can prevent so many cancers. P16 contributes to ageing and ageing related diseases.

Non-communicable diseases are going to play a major role in the future of medicine. There is an exponential increase in the incidence and prevalence of disease based on ageing. The diseases of ageing are dementia, osteoporosis, cancer, stroke, CKD and infections.

Instead of treating diseases of elderly by specialists like nephrologist, cardiologist, pulmonologist in isolation, the Geroscience plays a major role in future to collectively integrate, understand and manage these diseases. The idea of Geroscience is targeting ageing itself as the process.

Targeting ageing biologies, can impact multiple age related conditions affecting various systems, in turn changes the spectrum of ageing to a more of a successful ageing.

He also discussed about the how the Geroscience has helped in understanding idiopathic pulmonary fibrosis. It was identified in 2009 that NOX4 mediated pathway was involved in the pulmonary fibrosis and use of metformin in suppressing the NOX 4 path way resulted in reversal of the pulmonary fibrosis in the mice experiments. A phase 2 clinical trial is now being planned to evaluate the use of metformin for pulmonary fibrosis based on this understanding.

IG NOBEL



1993 - CONSUMER ENGINEERING

Ron Popeil

The Salesman Of The Century

Ron Popeil, incessant inventor and perpetual pitchman of late night television, for redefining the industrial revolution with such devices as the Veg-O-Matic, the Pocket Fisherman, Mr. Microphone, and the Inside-the-Shell Egg Scrambler. [REFERENCE: "The Salesman of the Century : Inventing, Marketing, and Selling on TV: How I Did It and How You Can Too!"]

Ronald M. "Ron" Popeil (born May 3, 1935) is an American inventor and marketing personality, best known for his direct response marketing company Ronco. He is well known for his appearances in infomercials for the Showtime Rotisserie and the coined phrase "Set it, and forget it!" as well as popularizing the phrase, "But wait, there's more!" on television as early as the mid-1950s.



Ron Popeil with his inventions

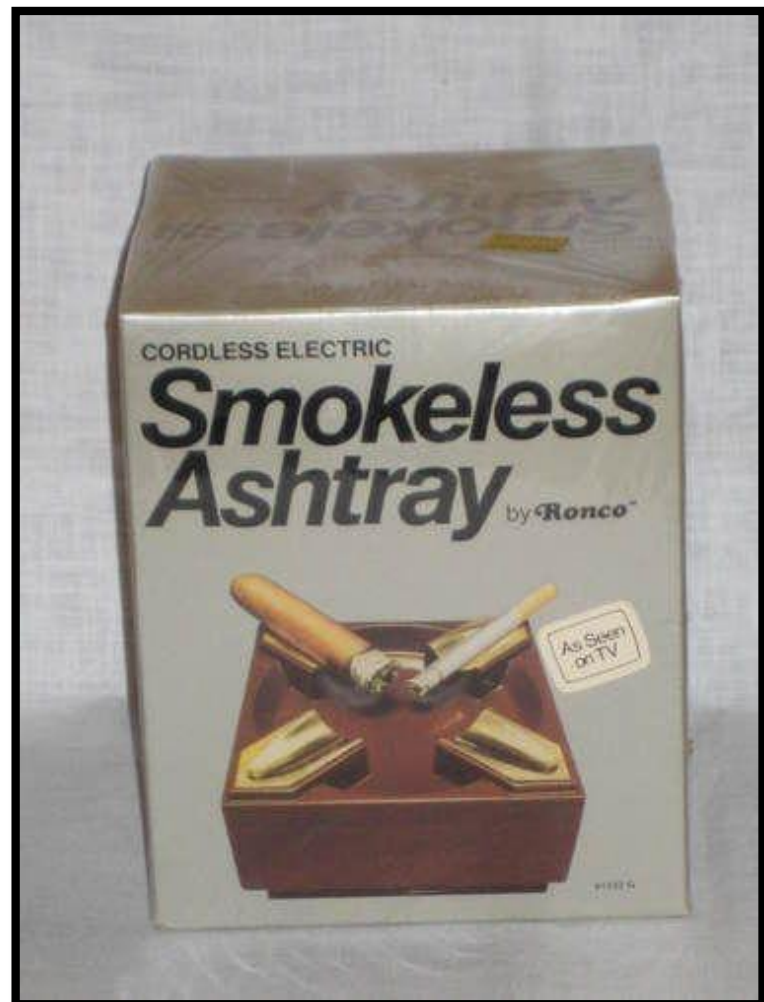
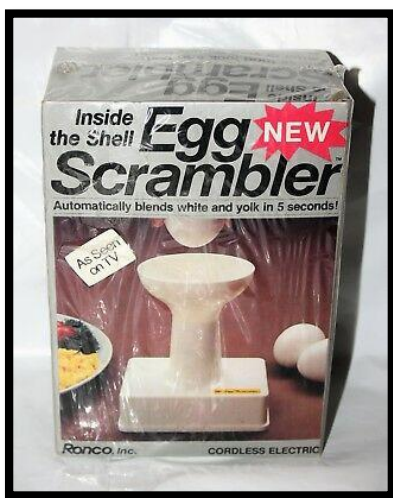
Ron's philosophy was to Start with real problems that people actually have. Tinker away until you arrive at a solution that you sincerely believe to be superior. Once you've found the best possible solution, explain it to others. The product is always the star. At last Experiment.

IG NOBEL



1993 - CONSUMER ENGINEERING

Few Inventions of Ron Popeil





St John's WATCHDOG



WhatsApp

'CANCER AVOID' HOAX MESSAGE

Background : In this issue, we examine a message that went viral on WhatsApp and Facebook from September 2017 and has been in circulation ever since. The message starts by saying, "Cancer Avoid, Pass to all your contacts. Dr.Anjali Mathur, Chairman & CMO, Indo American hospital (IAH), South Dakota (United States). The message goes on to claim the following :

1. Appy Fizz (soft drink) contains cancer causing agents
2. Eating Mentos before or after drinking Coke or Pepsi will make a Person die as cyanide is generated
3. Kurkure contains plastic can cause severe health problems
4. Avoid tablets such as D-Cold, Vicks Action-500, Actifed, Coldarin, Nice, Nimulide since they contain phenylpropanol which causes stroke.

The message goes on to give certain 'important health tips' that guarantees cancer prevention (to be dealt with in next issue). How true are the above claims?





St John's WATCHDOG



WhatsApp

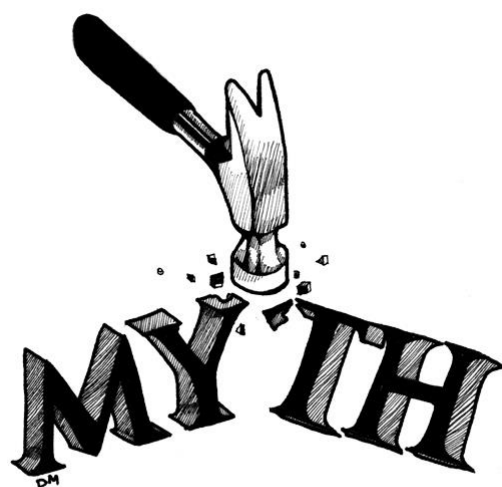
Facts : In general, this is a **hoax message**.

1) Firstly, there is no Indo-American Hospital in the state of South Dakota, US. Such a hospital exists in Kerala, India. Dr.Anjali Mathur is also fictional.

2) Appy Fizz contains no known cancer causing agents. What makes the drink unhealthy in general is that it has a high sugar content and thus, empty calories. This is a known risk factor for obesity.

3) Eating Mentos before or after Coke/Pepsi does not generate cyanide and will not cause death. Similarly, Kurkure does not contain plastic, but gives empty calories in general.

4) Nice and Nimulide do not contain Phenylpropanolamine, but Nimesulide (pain killer, anti-inflammatory). The other formulations contain phenylpropanolamine. Phenylpropanolamine can cause a small, but significant increase in stroke risk, especially in younger women. Some brands like D-Cold have been banned from sale, but there is no need to panic about this.





**LAUGHTER IS THE
BEST MEDICINE...**



**I would prefer to dress up
after security check...**

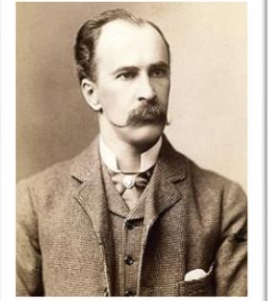


**To survive in our cities,
one needs to cultivate a
3D mindset!**



Best of RK Laxman,
Times of India

THE QUOTABLE OSLER



SIR WILLIAM OSLER

Face disaster erect and with a smile:

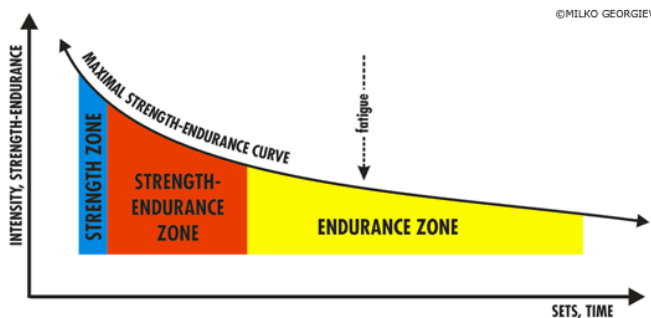
Stand up bravely, even against the worst... Even with disaster ahead and ruin imminent, it is better to face them with a smile, and with the head erect, than to crouch at their appointment.



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The race of life requires capability and endurance:

For final success the race winner must have reserves, not merely the capability and energy for the short run (such as that in which you have been engaged) but endurance or, as the expression is, staying powers.



REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan



MEDICINE DIS WEEK

A Bird's Eye View.....

Bicarbonate therapy for critically ill patients with metabolic acidosis.

Acute acidaemia is frequently observed during critical illness. Sodium bicarbonate infusion for the treatment of severe metabolic acidaemia is a possible treatment option but remains controversial. In a multicentric, open label, randomised study on 389 critically ill patients, it was observed that Bicarbonate therapy (to maintain a pH >7.3) had no overall effect on mortality at 28 days or organ failure at seven days, although there was a trend toward improved outcomes in the bicarbonate group. However, among the subgroup of patients with severe acute kidney injury, bicarbonate therapy reduced 28-day mortality (46% vs 63%) and the need for dialysis (51% versus 73%)

- Jaber S et al., *Lancet*. 2018 Jul 7;392(10141):31-40.

Minimally Invasive Surgery or Laparotomy of Cervical Cancer:

There are limited data from retrospective studies regarding whether survival outcomes after laparoscopic or robot-assisted radical hysterectomy (minimally invasive surgery, MIS) are equivalent to those after open abdominal radical hysterectomy (open surgery, OS) among women with early-stage cervical cancer. In a RCT of 631 patients, it was found that there is significant reduction in disease free survival and overall survival with MIS. (DFS at 4.5yrs was 86% versus 96.5% for MIS and OS respectively)

-Ramirez PT et al., *N Engl J Med*. 2018 Nov 15;379(20):1895-1904.

Sodium bicarbonate therapy for patients with severe metabolic acidaemia in the intensive care unit (BICAR-ICU): a multicentre, open-label, randomised controlled, phase 3 trial



Samir Jaber, Catherine Paugam, Emmanuel Futier, Jean-Yves Lefrant, Sigismund Lasocki, Thomas Lescot, Julien Pottecher, Alexandre Demoule, Martine Ferrandière, Karim Asehnoune, Jean Dellamonica, Lionel Velly, Paër-Sélim Abback, Audrey de Jong, Vincent Brunot, Fouad Belafia, Antoine Roquilly, Gérald Chanques, Laurent Muller, Jean-Michel Constantin, Helena Bertet, Kada Klouche, Nicolas Molinari, Boris Jung, for the BICAR-ICU Study Group*

Summary

Background Acute acidaemia is frequently observed during critical illness. Sodium bicarbonate infusion for the treatment of severe metabolic acidaemia is a possible treatment option but remains controversial, as no studies to date have examined its effect on clinical outcomes. Therefore, we aimed to evaluate whether sodium bicarbonate infusion would improve these outcomes in critically ill patients.

Methods We did a multicentre, open-label, randomised controlled, phase 3 trial. Local investigators screened eligible patients from 26 intensive care units (ICUs) in France. We included adult patients (aged ≥ 18 years) who were admitted within 48 h to the ICU with severe acidaemia (pH ≤ 7.20 , PaCO₂ ≤ 45 mm Hg, and sodium bicarbonate concentration ≤ 20 mmol/L) and with a total Sequential Organ Failure Assessment score of 4 or more or an arterial lactate concentration of 2 mmol/L or more. We randomly assigned patients (1:1), by stratified randomisation with minimisation via a restricted web platform, to receive either no sodium bicarbonate (control group) or 4.2% of intravenous sodium bicarbonate infusion (bicarbonate group) to maintain the arterial pH above 7.30. Our protocol recommended that the volume of each infusion should be within the range of 125–250 mL in 30 min, with a maximum of 1000 mL within 24 h after inclusion. Randomisation criteria were stratified among three prespecified strata: age, sepsis status, and the Acute Kidney Injury Network (AKIN) score. The primary outcome was a composite of death from any cause by day 28 and the presence of at least one organ failure at day 7. All analyses were done on data from the intention-to-treat population, which included all patients who underwent randomisation. This study is registered with ClinicalTrials.gov, number NCT02476253.

Findings Between May 5, 2015, and May 7, 2017, we enrolled 389 patients into the intention-to-treat analysis in the overall population (194 in the control group and 195 in the bicarbonate group). The primary outcome occurred in 138 (71%) of 194 patients in the control group and 128 (66%) of 195 in the bicarbonate group (absolute difference estimate -5.5% , 95% CI -15.2 to 4.2 ; $p=0.24$). The Kaplan-Meier method estimate of the probability of survival at day 28 between the control group and bicarbonate group was not significant (46% [95% CI 40–54] vs 55% [49–63]; $p=0.09$). In the prespecified AKIN stratum of patients with a score of 2 or 3, the Kaplan-Meier method estimate of survival by day 28 between the control group and bicarbonate group was significant (37% [95% CI 28–48] vs 54% [45–65]; $p=0.0283$). Metabolic alkalosis, hypernatraemia, and hypocalcaemia were observed more frequently in the bicarbonate group than in the control group, with no life-threatening complications reported.

Interpretation In patients with severe metabolic acidaemia, sodium bicarbonate had no effect on the primary composite outcome. However, sodium bicarbonate decreased the primary composite outcome and day 28 mortality in the a-priori defined stratum of patients with acute kidney injury.

Funding French Ministry of Health and the Société Française d'Anesthésie Réanimation.

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Introduction

Acute acidaemia is frequently observed during critical illness, with a reported incidence varying from 14% to 42%.^{1–5} Persistent acidaemia has been associated with poor prognosis,^{1–3,6} with a mortality rate as high as 57% when the pH stays below 7.20.⁵ Along with case-specific treatment, improvement of tissue perfusion and supportive measures such as mechanical ventilation and renal-replacement therapy are the cornerstones of

severe metabolic acidaemia management in critically ill patients.^{2,3,7} Because an acidotic cellular environment can cause cellular dysfunction, intravenous sodium bicarbonate administration to increase the pH might also be beneficial. In a survey done in North America, more than two-thirds of the programme directors in nephrology or intensive care units (ICUs) declared that they used sodium bicarbonate for the treatment of acidaemia with hyperlactataemia.⁸

Lancet 2018; 392: 31–40

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See Comment page 3

This online publication has been corrected. The corrected version first appeared at thelancet.com on December 6, 2018

*The BICAR-ICU study investigators are listed in the appendix

Saint Eloi ICU (Prof S Jaber MD, A de Jong MD, F Belafia MD, Prof G Chanques MD) and Département de Médecine Intensive et Réanimation (V Brunot MD, Prof K Klouche MD, Prof B Jung MD), Montpellier University Hospital, PhyMedExp, INSERM, CNRS, Montpellier, France; AP-HP, Département Anesthésie et Réanimation, Hôpital Beaujon, Hôpitaux Universitaires Paris Nord Val de Seine, Paris, France (Prof C Paugam MD, P-S Abback MD); CHU de Clermont-Ferrand, Department of Perioperative Medicine, GReD, UMR/CNRS6293, University Clermont Auvergne, INSERM U1103, Clermont-Ferrand, France (Prof E Futier MD, Prof J-M Constantin MD); CHU de Nîmes, Département Anesthésie et Réanimation, University of Montpellier-Nîmes, Nîmes, France (Prof J-Y Lefrant MD, L Muller MD); CHU d'Angers, Réanimation Chirurgicale, Angers, France (Prof S Lasocki MD); AP-HP, Département Anesthésie et Réanimation, Hôpital Saint Antoine, Paris, France (Prof T Lescot MD); Hôpitaux Universitaires de Strasbourg, Service d'Anesthésie-Réanimation

The NEW ENGLAND JOURNAL of MEDICINE

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Minimally Invasive versus Abdominal Radical Hysterectomy for Cervical Cancer

Pedro T. Ramirez, M.D., Michael Frumovitz, M.D., Rene Pareja, M.D., Aldo Lopez, M.D., Marcelo Vieira, M.D., Reitan Ribeiro, M.D., Alessandro Buda, M.D., Xiaojian Yan, M.D., Yao Shuzhong, M.D., Naven Chetty, M.D., David Isla, M.D., Mariano Tamura, M.D., Tao Zhu, M.D., Kristy P. Robledo, Ph.D., Val GebSKI, M.Stat., Rebecca Asher, M.Sc., Vanessa Behan, B.S.N., James L. Nicklin, M.D., Robert L. Coleman, M.D., and Andreas Obermair, M.D.

ABSTRACT

BACKGROUND

There are limited data from retrospective studies regarding whether survival outcomes after laparoscopic or robot-assisted radical hysterectomy (minimally invasive surgery) are equivalent to those after open abdominal radical hysterectomy (open surgery) among women with early-stage cervical cancer.

METHODS

In this trial involving patients with stage IA1 (lymphovascular invasion), IA2, or IB1 cervical cancer and a histologic subtype of squamous-cell carcinoma, adenocarcinoma, or adenosquamous carcinoma, we randomly assigned patients to undergo minimally invasive surgery or open surgery. The primary outcome was the rate of disease-free survival at 4.5 years, with noninferiority claimed if the lower boundary of the two-sided 95% confidence interval of the between-group difference (minimally invasive surgery minus open surgery) was greater than -7.2 percentage points (i.e., closer to zero).

RESULTS

A total of 319 patients were assigned to minimally invasive surgery and 312 to open surgery. Of the patients who were assigned to and underwent minimally invasive surgery, 84.4% underwent laparoscopy and 15.6% robot-assisted surgery. Overall, the mean age of the patients was 46.0 years. Most patients (91.9%) had stage IB1 disease. The two groups were similar with respect to histologic subtypes, the rate of lymphovascular invasion, rates of parametrial and lymph-node involvement, tumor size, tumor grade, and the rate of use of adjuvant therapy. The rate of disease-free survival at 4.5 years was 86.0% with minimally invasive surgery and 96.5% with open surgery, a difference of -10.6 percentage points (95% confidence interval [CI], -16.4 to -4.7). Minimally invasive surgery was associated with a lower rate of disease-free survival than open surgery (3-year rate, 91.2% vs. 97.1%; hazard ratio for disease recurrence or death from cervical cancer, 3.74; 95% CI, 1.63 to 8.58), a difference that remained after adjustment for age, body-mass index, stage of disease, lymphovascular invasion, and lymph-node involvement; minimally invasive surgery was also associated with a lower rate of overall survival (3-year rate, 93.8% vs. 99.0%; hazard ratio for death from any cause, 6.00; 95% CI, 1.77 to 20.30).

CONCLUSIONS

In this trial, minimally invasive radical hysterectomy was associated with lower rates of disease-free survival and overall survival than open abdominal radical hysterectomy among women with early-stage cervical cancer. (Funded by the University of Texas M.D. Anderson Cancer Center and Medtronic; LACC ClinicalTrials.gov number, NCT00614211.)

The authors' affiliations are listed in the Appendix. Address reprint requests to Dr. Ramirez at the Department of Gynecologic Oncology and Reproductive Medicine, Unit 1362, University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030, or at peramire@mdanderson.org.

This article was published on October 31, 2018, at NEJM.org.

N Engl J Med 2018;379:1895-904.

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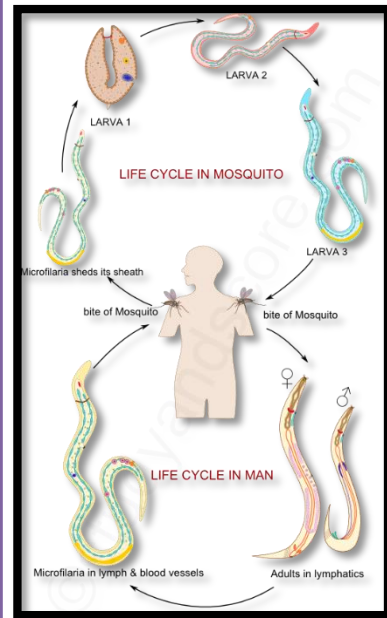
HISTORY OF LYMPHATIC FILARIASIS



Ancient artifacts from Nile region suggest that the disease may have been present as early as 2000BC. Artifacts from the Nok civilization in West Africa may show scrotal swelling, and date much later than the Egyptian artifacts, from about 500AD.

The Greek and Roman civilizations, writers were able to differentiate between the similar symptoms of leprosy and lymphatic filariasis, describing leprosy as "elephantiasis graecorum" and lymphatic filariasis as "elephantiasis arabum."

During his trip during exploration of Goa, between 1588 and 1592, Jan Huygen Linschoten wrote that inhabitants were "all born with one of their legs and one foot from the knee downwards as thick as an elephants leg."



PEARLS OF WISDOM

If thou follow thy star, thou canst not fail of glorious heaven.

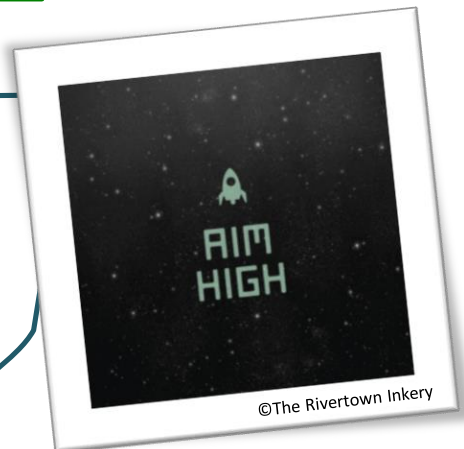
Dante Alighieri



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Find your greatness.

-Rebecca



@The Rivertown Inkery

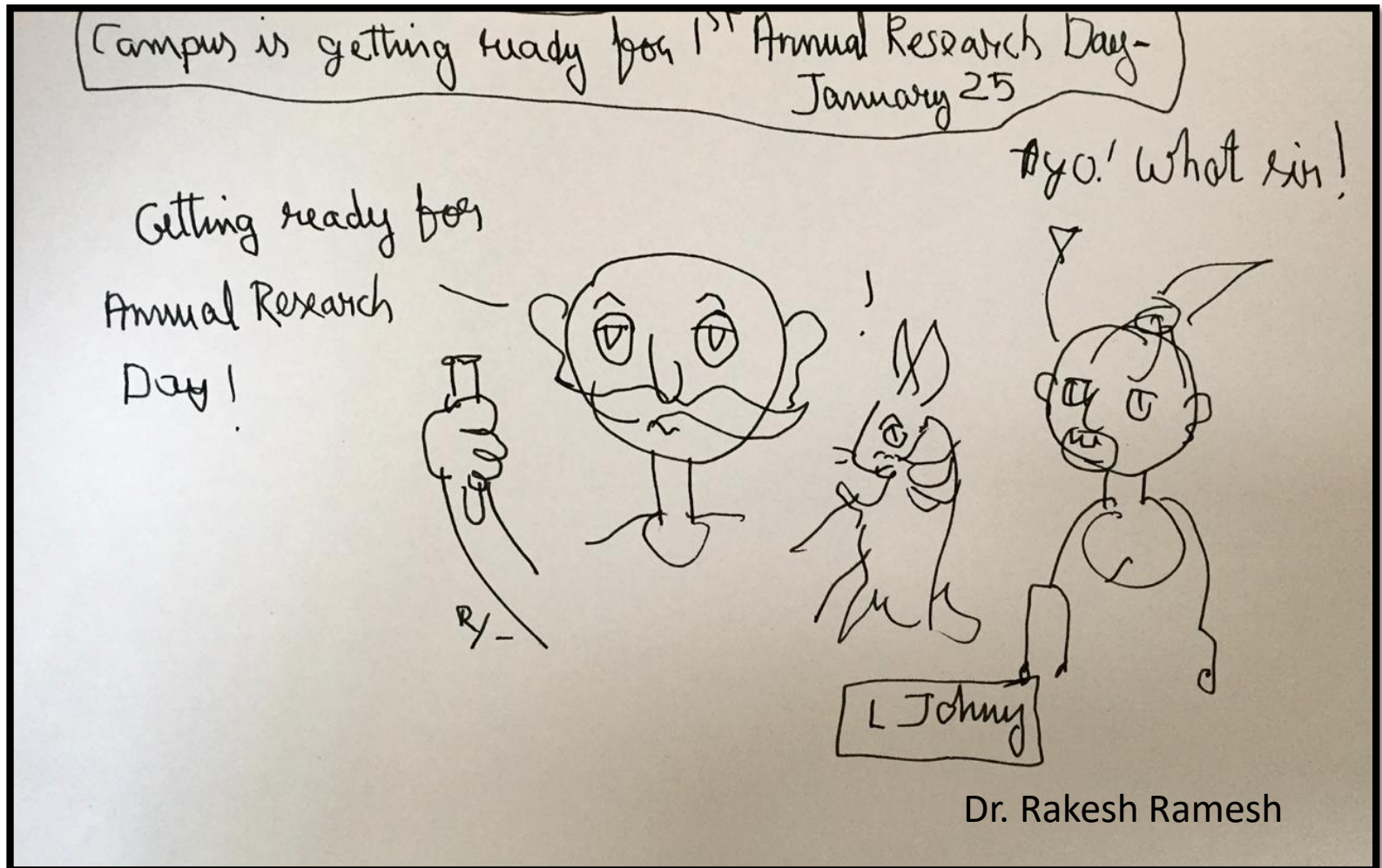
We all have the same roots, and we are all branches of the same tree.

-Aang (Avatar: The Last Airbender)



@Your Other Perspective

L Johnny



Did You Know?

The **Sentinelese**, also known as the **Sentinelis** and the **North Sentinel Islanders**, are a hunter-gatherer group who inhabit the North Sentinel Island in the Andaman and Nicobar Archipelago in India and are considered one of the world's last uncontacted people. In 1956, the Government of India declared North Sentinel Island a tribal reserve and prohibited travel within 3 miles (4.8 km) of the island. Even photography is strictly prohibited.



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