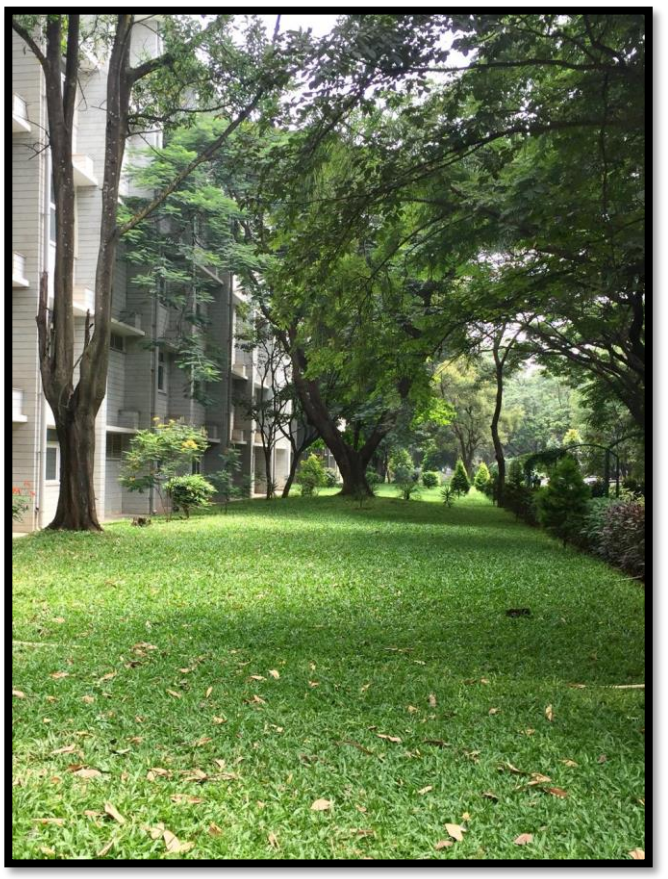
What's Up?
@St John's Hospital

Issue 9, October 12th, 2018



Beautiful Landscape next
to Golden Jubilee Block
PC: Dr. Rakesh

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

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HERE IS YOUR DIRECT ACCESS TO ELECTRONIC VERSION

What's Up? @ St.John's Hospital

Issue 9, October 12th, 2018

Go to this Sway

MESSAGE FROM THE EDITORIAL TEAM

Bonjour à tous!!!

"Whatsup? @ St John's Hospital" magazine's ninth issue is out today. The bulletin which was started with just 4 components has grown into a full fledged magazine with several sections to entertain all of you.

We are a large family now, with several talented members in the editorial board leading different sections of the magazine. We are starting 3 more new sections from this issue. Viz. Laughter is the best medicine, Know your Hospital (Once a month) and Did you Know?

We hope all of you will enjoy reading these new sections. On the mark of breast cancer awareness month our magazine looks predominantly PINK, we thank Dr. Nirmala. S (Professor and Head, Department of Radiation oncology) for providing us a short write up on breast cancer awareness.

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

Regards

Editorial Team

UPDATES THIS WEEK
BREAST CANCER AWARENESS MONTH

BREAST CANCER

- Dr. Nirmala S (Professor and Head, Department of Radiation Oncology)

Breast Cancer is the most common malignancy among women world wide and second most common cancer globally. According to The American Cancer Society (ACS), Breast cancer makes up 25 percent of all new cancer diagnoses in women globally. There are about 2.09 Million breast cancer cases in the world in 2018 and account for 6,27000 cancer deaths.

According to Health Ministry of India, Breast Cancer ranks as the number one cancer among Indian females with rate as high as 25.8 Per 100,000 women and mortality of 12.7 Per 100,000 women. According to study published in Asia- Pacific Journal of Clinical Oncology, breast cancer incidence was found as high as 41 per 100,000 women for Delhi, followed by Chennai (37.9), Bangalore (34.4) and Thiruvananthapuram district (33.7) in 2017. According to this study number of cases of breast cancer will become almost double (17,97,900) by 2020.

Indian women having Breast cancer are found a decade younger in comparison to Western women suggesting that Breast cancer occurs at a younger pre-menopausal age in India. Studies suggest that the disease peaks at 40–50 Years in Indian women.

The incidence of breast cancer Is increasing in the developing world due to increase in life expectancy, increased urbanization and adoption of western lifestyles. The lifestyle changes such as bearing a child late in life, lack of breastfeeding, medical use of hormones, and

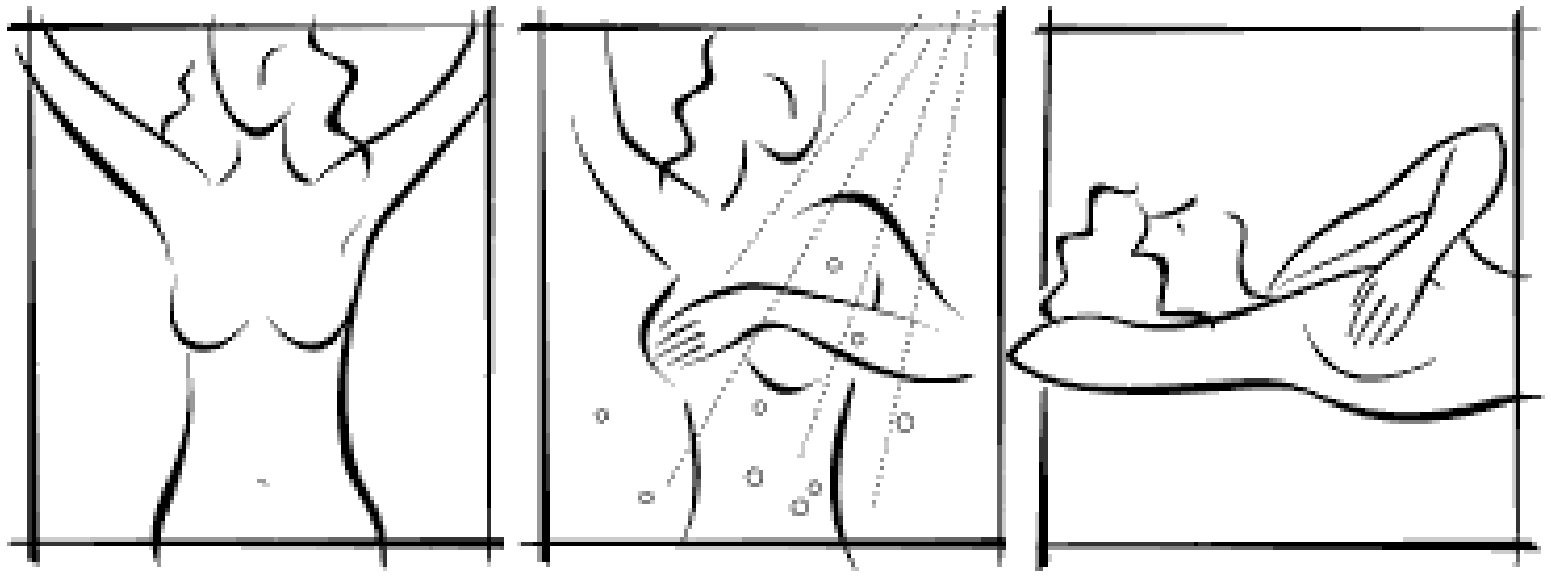
UPDATES THIS WEEK
BREAST CANCER AWARENESS MONTH

menarche occurring In younger people, lack of awareness of early signs of Breast Cancer and screening methods and Secondly non- availability of diagnostic centres and knowledgeable oncologists.

Genetic factors play a major role in promoting Breast Cancer like Mutations in BRCA1, BRCA2 Gene inherited from parents. The frequency of BRCA1/2 genetic Mutations was reported in many Studies to range from 2.9% to 24.0% among Indian familial Breast Cancer Patients. Further more, 2.8% of early-onset Breast Cancer Patients in the Indian population were found to have BRCA1/2 mutations.

The most common symptoms of Breast Cancer include a Lump In the Breast or armpit, a change in Breast size or shape, Nipple discharge, Nipple retraction and red peeling of skin or dimpling of skin.

Diagnosis Is done by clinical examination, Fine Needle Aspiration Cytology or Biopsy from the suspected lump.



Screening tests can help find Breast Cancer in its early stages, before any symptoms appear. All adult females should perform Breast Self Examination (BSE) every month. Do BSE at the end of monthly period. And if pregnant, or no longer have periods or your period is irregular, choose a specific day each month for Breast Self Examination. If you find a lump or notice other unusual changes do not panic, but see your doctor for further evaluation.

UPDATES THIS WEEK
BREAST CANCER AWARENESS MONTH

Clinical examination of the Breasts by the Physician is advised once a year after the age of 25 years.

The American Cancer Society recommends that women with an average risk of Breast Cancer should undergo regular screening Mammography starting at age of 45 Years. Women with increased risk of Breast Cancer should be started Screening much earlier, at shorter intervals and in women younger than 40 years additional Screening methods like Ultrasonography or MRI Mammogram.

Once diagnosed treatment of Breast Cancer depends on the type and Stage at Diagnosis. Common treatment options include Surgery, Chemotherapy, Radiation Therapy, And Hormone Therapy in various combinations.

3rd Friday in October is commemorated as National Mammography day , first proclaimed by President Clinton in 1993. October is the National Breast cancer awareness month and it aims to raise awareness about the disease and raise funds for research into its cause, prevention, diagnosis, treatment and cure. The year long campaign in all centers across the world helps to increase attention and support for the awareness , early detection and treatment as well as palliative care of this disease.

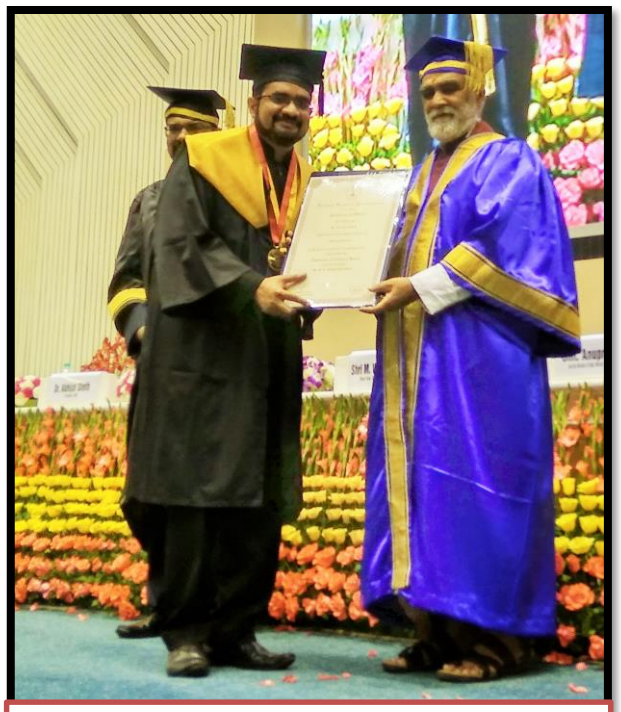
Pink Ribbon is the international symbol of breast cancer awareness and this concept took birth in 1991. The pink ribbon is an international symbol of breast cancer awareness. Pink ribbons, and the colour pink in general, identify the wearer or promoter with the breast cancer brand and express moral support for women with breast cancer.

UPDATES THIS WEEK
BREAST CANCER AWARENESS MONTH

17th October 2018, MUGALUR. On account of Breast cancer awareness month, the doctors of St.John's Oncology centre (Dr. Rakesh Ramesh, Dr. Diviya and Dr. Prashanth Bhat Kainthaje), Dr. Twinkle (Department of Community medicine) and medical social workers conducted, half a day awareness program and breast cancer screening for the people of Mugalur, in the community health training centre of St. John's Medical College Hospital.

UPDATES THIS WEEK
DNB GOLD MEDALLISTS

21st September 2018, NEW DELHI, The **19th Convocation of the National Board of Examinations**. The convocation was presided by the Hon. Vice President of India Shri. Venkaiah Naidu ji and the awards were conferred by Union Health Minister Shri.Ashwini Kumar Chowbey in the convocation ceremony conducted at Vigyan Bhawan. Its indeed our pleasure to congratulate three doctors from SJMCH who were awarded gold medal.



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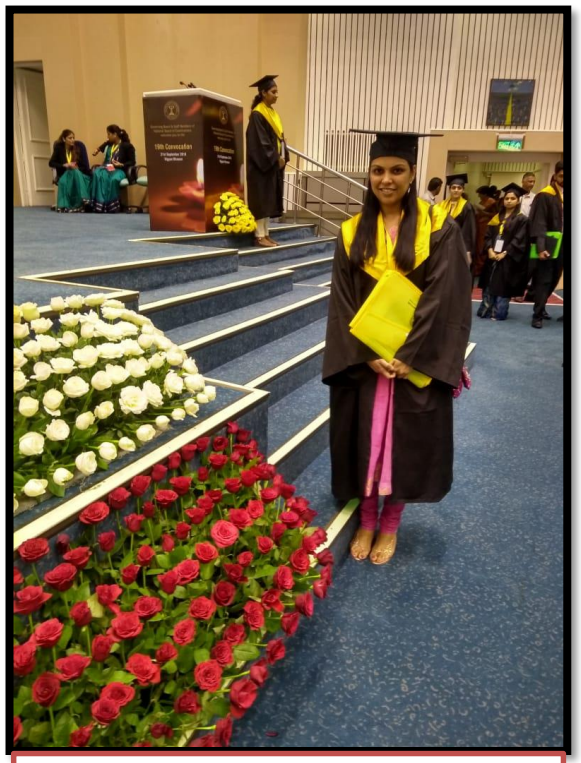

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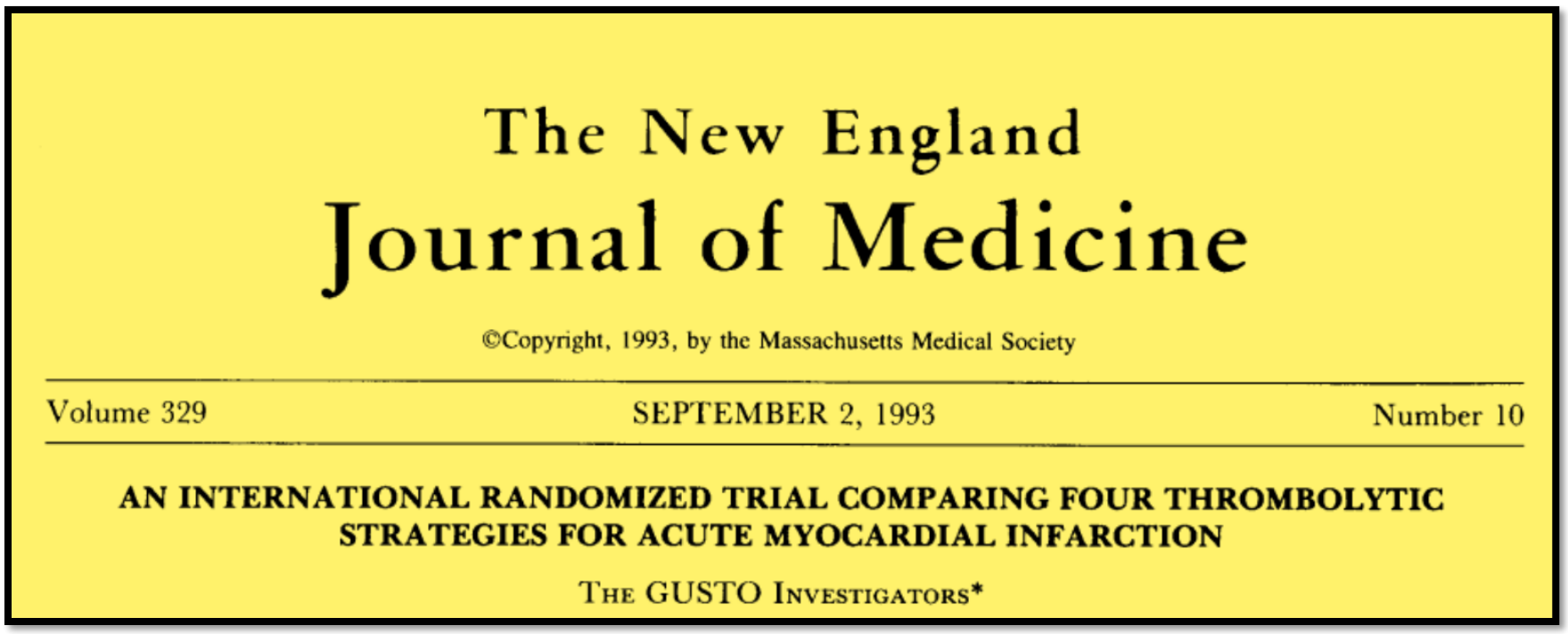
Dr. Maitreyi. C. Patil, Department of Physical Medicine and Rehabilitation

CONGRATULATIONS!!

IG NOBEL 😂

1994 - LITERATURE

E. Topol, R. Califf, F. Van de Werf, P.W. Armstrong, and their 972 co-authors



The New England
Journal of Medicine

Volume 329 SEPTEMBER 2, 1993 Number 10

AN INTERNATIONAL RANDOMIZED TRIAL COMPARING FOUR THROMBOLYTIC STRATEGIES FOR ACUTE MYOCARDIAL INFARCTION

THE GUSTO INVESTIGATORS*

E. Topol, R. Califf, F. Van de Werf, P.W. Armstrong, and their 972 co-authors, for publishing a medical research paper which has one hundred times as many authors as pages. [The study was published in The New England Journal of Medicine, vol. 329, no. 10, September 2, 1993, pp. 673-82.]

LIST OF AUTHORS CAN BE SEEN IN SUBSEQUENT PAGES!!!

REF: https://www.improbable.com/ig/winners/

LIST OF 972 AUTHORS!!!

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or
es

IG NOBEL

Appendix

The following investigators collaborated on the GUSTO study. The numbers shown are the numbers of patients enrolled from each area or country.

Steering Committee: E. Topol (Study Chairman), *United States;* R. Califf (Clinical Director, Coordinating Center), *United States;* F. Van de Werf (Director, Intermediate Coordinating Center), *Belgium;* P.W. Armstrong, *Canada;* P. Aylward, *Australia;* G. Barbash, *Israel;* E. Bates, *United States;* A. Betriu, *Spain;* J.P. Boissel, *France;* J. Chesebro, *United States;* J. Col, *Belgium;* D. de Bono, *United Kingdom;* J. Gore, *United States;* A. Guerci, *United States;* J. Hampton, *United Kingdom;* J. Hirsh, *Canada;* D. Holmes, *United States;* J. Horgan, *Ireland;* N. Kleiman, *United States;* V. Marder, *United States;* D. Morris, *United States;* M. Ohman, *United States;* M. Pfisterer, *Switzerland;* A. Ross, *United States;* W. Rutsch, *Germany;* Z. Sadowski, *Poland;* M. Simoons, *Netherlands;* A. Vahanian, *France;* W.D. Weaver, *United States;* H. White, *New Zealand;* and R. Wilcox, *United Kingdom.*

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Luxembourg (22): R. Erpelding.

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KNOW YOUR HOSPITAL!

The Division of Human Genetics

St. John's takes pride in having Division of Human Genetics which is the oldest and the only Clinical Genetics & Cytogenetic & Counseling Centre among the Medical Colleges/Hospitals in India.

It was vision of Dr. Manorama Thomas, to start a division and it was her great efforts, enthusiasm that this division conceptualized in 1972. At the time of inception this was first Cytogenetic Lab in India

Currently this division is headed by Dr. Preetha Tilak along with team of doctors, technicians and support staff

The Cytogenetic Lab is NABL 15189: 2012 accredited and provides diagnostic services such as Karyotyping, Cytogenetic services, FISH for leukemia to name a few and specializes in Genetic counseling. Every month more than 200 patients get the benefit of Genetic counselling.

St. John's Genetic counselling service is recognized by Department of health and family welfare (Govt of Karnataka) and the Board of Genetic Counselors of India.

Genetic division also provides Gene therapy in collaboration with other Labs based in Bangalore for conditions like Metabolic disorders, Muscular dystrophy, Aplastic anemia. They also do drug sensitivity testing which helps in personalized medicine.

According to Dr. Preetha, if patients could use karyotyping as a base line screening test it could help them to understand what health risk they may have and it could help patients to manage health issues in a better way

KNOW YOUR HOSPITAL!

The Division of Human Genetics

TEAM (Names are not in the order of picture): Dr. Preetha Tilak, Dr. Anjali, Dr. Amudha, Mrs. Mary Margaret, Mrs. Raina Jeevan, Ms. Smita, Mrs. Navya, Mr. Vijayraghavendra, Mr. Royappa, Mr.Ramakrisna

?

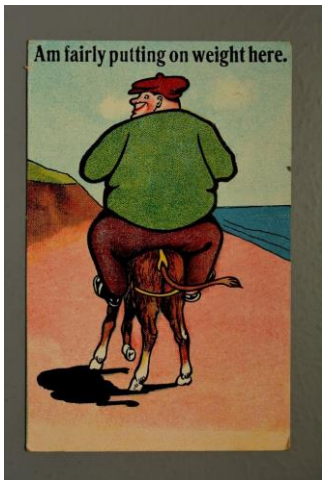
WHERE TO FIND DEPT. OF HUMAN GENETICS?

1st Floor of the Medical College Building, Rear wing near Department of Community Medicine.

LAUGHTER IS THE BEST MEDICINE...

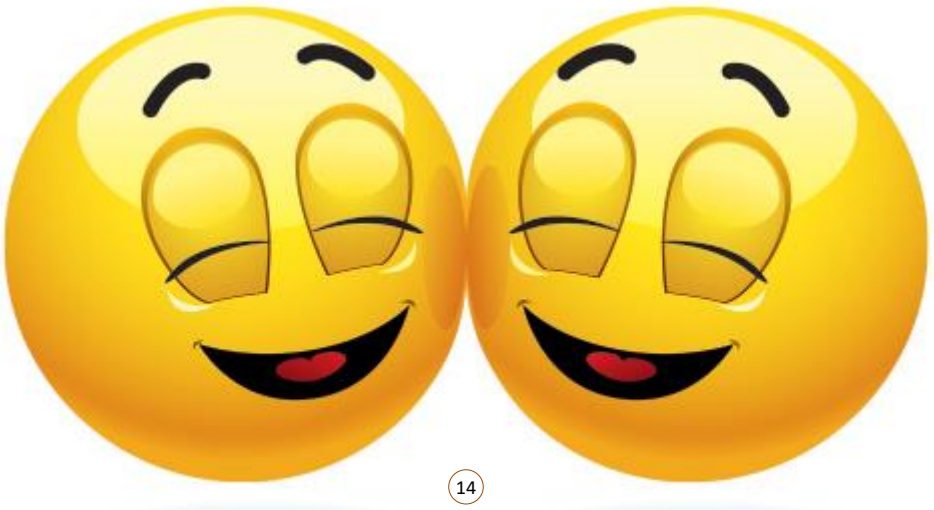
Old McDonald was dyslexic, I-E-I-E-O

My wife said she wanted a "fairy-tale romance", so I've locked her in a tower.

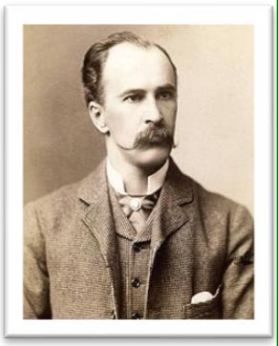


An overweight friend was advised by a senior, "Try horse riding; it helps with weight loss." Pat came the reply: "Whose?"

After years of resisting the smartphone, my mother finally acquired one. Ever since, it has been a struggle, because she cannot get the hang of pushing the right button. Many missed calls later, I had almost given up on her ever getting tech-savvy, until one morning when I called. The call was promptly rejected followed by the message, "I am driving".



THE QUOTABLE OSLER



SIR WILLIAM OSLER

Humility deserves a place of honor:

In these days of aggressive self-assertion, when the stress of competition is so keen and the desire to make the most of oneself so universal, it may seem a little old-fashioned to preach the necessity of this virtue, but I insist for its own sake, and for the sake of what it brings, that a due humility should take the place of honour on the list

A sceptical attitude is an advantage:

One special advantage of the sceptical attitude of mind is that a man is never vexed to find that after all he has been in the wrong.

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

MEDICINE DIS WEEK

A Bird's Eye View.....

Sodium intake and BP, CVS disease and mortality.

WHO recommends that populations consume less than 2 g/day sodium as a preventive measure against cardiovascular disease, but this target has not been achieved in any country. In contrary to that a large prospective urban rural epidemiological study in 21 countries on 95767 participants in 369 communities, showed that sodium intake greater than 5g was associated with increased risk of cardiovascular disease and stroke. The study used urine sodium excretion as surrogate for the consumption. Median follow up was 8.1 years. All major CVS outcomes decreased with increased intake of potassium.

- Mente A et al., Lancet 2018; 392: 496–506.

Is Watchful waiting an option for Inguinal Hernia in men older than 50?

In a Randomised controlled, non-inferiority trial on 528 men who mildly symptomatic or asymptomatic inguinal hernia. It was noted that out of 262 patients assigned to watchful waiting, 93 (35.4%) eventually underwent elective surgery and 6 (2.3%) received emergent surgery for strangulation or incarceration. However the postoperative complication rate and recurrence rates in these 99 patients were not different from the elective group. Hence it was concluded that watchful waiting could be a reasonable option in these set of patients.

-Goede BD et al., Ann Surg. 2018 Jan;267(1):42-49.

Urinary sodium excretion, blood pressure, cardiovascular disease, and mortality: a community-level prospective epidemiological cohort study

Andrew Mente, Martin O'Donnell, Sumathy Rangarajan, Matthew McQueen, Gilles Dagenais, Andreas Wielgosz, Scott Lear, Shelly Tse Lap Ah, Li Wei, Rafael Diaz, Alvaro Avezum, Patricio Lopez-Jaramillo, Fernando Lanas, Prem Mony, Andrzej Szuba, Romaina Iqbal, Rita Yusuf, Noushin Mohammadifard, Rasha Khatib, Khalid Yusoff, Noorhassim Ismail, Sadi Gulec, Annika Rosengren, Afzalhussein Yusufali, Lanthe Kruger, Lungiswa Primrose Tsolekile, Jephat Chifamba, Antonio Dans, Khalid F Alhabib, Karen Yeates, Koon Teo, Salim Yusuf

Lancet 2018; 392: 496–506

See Comment page 456

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Summary

Background WHO recommends that populations consume less than 2 g/day sodium as a preventive measure against cardiovascular disease, but this target has not been achieved in any country. This recommendation is primarily based on individual-level data from short-term trials of blood pressure (BP) without data relating low sodium intake to reduced cardiovascular events from randomised trials or observational studies. We investigated the associations between community-level mean sodium and potassium intake, cardiovascular disease, and mortality.

Methods The Prospective Urban Rural Epidemiology study is ongoing in 21 countries. Here we report an analysis done in 18 countries with data on clinical outcomes. Eligible participants were adults aged 35–70 years without cardiovascular disease, sampled from the general population. We used morning fasting urine to estimate 24 h sodium and potassium excretion as a surrogate for intake. We assessed community-level associations between sodium and potassium intake and BP in 369 communities (all >50 participants) and cardiovascular disease and mortality in 255 communities (all >100 participants), and used individual-level data to adjust for known confounders.

Findings 95 767 participants in 369 communities were assessed for BP and 82 544 in 255 communities for cardiovascular outcomes with follow-up for a median of 8·1 years. 82 (80%) of 103 communities in China had a mean sodium intake greater than 5 g/day, whereas in other countries 224 (84%) of 266 communities had a mean intake of 3–5 g/day. Overall, mean systolic BP increased by 2·86 mm Hg per 1 g increase in mean sodium intake, but positive associations were only seen among the communities in the highest tertile of sodium intake ($p<0·0001$ for heterogeneity). The association between mean sodium intake and major cardiovascular events showed significant deviations from linearity ($p=0·043$) due to a significant inverse association in the lowest tertile of sodium intake (lowest tertile <4·43 g/day, mean intake 4·04 g/day, range 3·42–4·43; change –1·00 events per 1000 years, 95% CI –2·00 to –0·01, $p=0·0497$), no association in the middle tertile (middle tertile 4·43–5·08 g/day, mean intake 4·70 g/day, 4·44–5.05; change 0·24 events per 1000 years, –2·12 to 2·61, $p=0·8391$), and a positive but non-significant association in the highest tertile (highest tertile >5·08 g/day, mean intake 5·75 g/day, >5·08–7·49; change 0·37 events per 1000 years, –0·03 to 0·78, $p=0·0712$). A strong association was seen with stroke in China (mean sodium intake 5·58 g/day, 0·42 events per 1000 years, 95% CI 0·16 to 0·67, $p=0·0020$) compared with in other countries (4·49 g/day, –0·26 events, –0·46 to –0·06, $p=0·0124$; $p<0·0001$ for heterogeneity). All major cardiovascular outcomes decreased with increasing potassium intake in all countries.

Interpretation Sodium intake was associated with cardiovascular disease and strokes only in communities where mean intake was greater than 5 g/day. A strategy of sodium reduction in these communities and countries but not in others might be appropriate.

Funding Population Health Research Institute, Canadian Institutes of Health Research, Canadian Institutes of Health Canada Strategy for Patient-Oriented Research, Ontario Ministry of Health and Long-Term Care, Heart and Stroke Foundation of Ontario, and European Research Council.

Introduction

Reduction of sodium intake as a population-level intervention to reduce cardiovascular disease and mortality is recommended by WHO.[1] The recommended mean population-level sodium intake is 2 g/day (equivalent to 5 g/day salt), but has not been achieved in any country.[1] The rationale, however, is based on the association between sodium intake and blood pressure (BP) and the

RANDOMIZED CONTROLLED TRIAL

Watchful Waiting Versus Surgery of Mildly Symptomatic or Asymptomatic Inguinal Hernia in Men Aged 50 Years and Older

A Randomized Controlled Trial

Barry de Goede, MD, Arthur R. Wijsmuller, MD, PhD,† Gabrielle H. van Ramshorst, MD, PhD,†*
Bob J. van Kempen, MD, PhD,‡ Wim C. J. Hop, PhD,§ Pieter J. Klitsie, MD,¶ Marc R. Scheltinga, MD, PhD,||
*Jeroen de Haan, MD, PhD,** Walter J. B. Mastboom, MD, PhD,†† Erwin van der Harst, MD, PhD,‡‡*
Maarten P. Simons, MD, PhD,§§ Gert-Jan Kleinrensink, PhD,¶¶
Johannes Jeekel, MD, PhD,¶¶ and Johan F. Lange, MD, PhD, for the INCA Trialists' Collaboration*

Objective: To compare if watchful waiting is noninferior to elective repair in men aged 50 years and older with mildly symptomatic or asymptomatic inguinal hernia.

Background: The role of watchful waiting in older male patients with mildly symptomatic or asymptomatic inguinal hernia is still not well-established.

Methods: In this noninferiority trial, we randomly assigned men aged 50 years and older with mildly symptomatic or asymptomatic inguinal hernia to either elective inguinal hernia repair or watchful waiting. Primary endpoint was the mean difference in a 4-point pain/discomfort score at 24 months of follow-up. Using a 0.20-point difference as a clinically relevant margin, it was hypothesized that watchful waiting was noninferior to elective repair. Secondary endpoints included quality of life, event-free survival, and crossover rates.

Results: Between January 2006 and August 2012, 528 patients were enrolled, of whom 496 met the inclusion criteria: 234 were assigned to elective repair and 262 to watchful waiting. The mean pain/discomfort score at 24 months was 0.35 [95% confidence interval (CI) 0.28–0.41)] in the elective repair group and 0.58 (95% CI 0.52–0.64) in the watchful waiting group. The difference of these means (MD) was −0.23 (95% CI −0.32 to −0.14). In the watchful waiting group, 93 patients (35·4%) eventually underwent elective surgery and 6 patients (2·3%) received emergent surgery for strangulation/incarceration. Postoperative complication rates and recurrence rates in these 99 operated individuals were comparable with individuals originally assigned to the elective repair group (8.1% vs 15.0%; $P = 0.106$, 7.1% vs 8.9%; $P = 0.668$, respectively).

Conclusions: Our data could not rule out a relevant difference in favor of elective repair with regard to the primary endpoint. Nevertheless, in view of all other findings, we feel that our results justify watchful waiting as a reasonable alternative compared with surgery in men aged 50 years and older.

Keywords: inguinal hernia, management, older men, surgery, watchful waiting

(*Ann Surg* 2017;xx:xxx–xxx)

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The members of the INCA Trialists' Collaboration are listed in the Supplementary Appendix I (http://links.lww.com/SLA/B210).

Trial registration: the Dutch Trial Registry, ID number: NTR629.

Authors' contributions: B.G.—data collection, data analysis, data interpretation, figures, literature search, writing; A.R.W.—study design, literature search, data collection, data interpretation, writing; G.H.R.—data collection, data interpretation, writing; B.J.H.K.—figures, data analysis, data interpretation, writing; W.C.J.H.—figures, data analysis, data interpretation, writing; P.J.K.—data collection, data interpretation, writing; M.R.S.—data collection, data interpretation, writing; J.H.—data collection, data interpretation, writing; W.J.B.M.—data collection, data interpretation, writing; E.H.—data collection, data interpretation, writing; M.P.S.—data collection, data interpretation, writing; G.-J.K.—data interpretation, writing; J.J.—study design, data interpretation, writing; J.F.L.—study design, data collection, data interpretation, writing.

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Conflicts of interests: All authors have seen and approved this manuscript. The authors of this manuscript have no conflicts of interest to disclose.

Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's website (www.annalsofsurgery.com).

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Inguinal hernia repair is 1 of the most frequently performed surgical procedures worldwide, constituting a major economic burden on the healthcare sector.[1,2] The incidence of inguinal hernia increases with age, especially in men from the fifth to the seventh decade of life.[3,4] Interestingly, in this population, more than one-third of inguinal hernia is reported to be mildly symptomatic or asymptomatic at first presentation.[5–7]

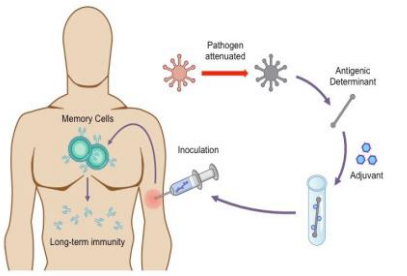
Surgical tradition advocated that inguinal hernia should be repaired to prevent a hernia complication, even if presented as asymptomatic.[5,8] To date, the general consensus states that prevention of incarceration of inguinal hernia per se is not a proper indication to perform surgery. Chronic postoperative inguinal pain has become an increasingly important issue after inguinal hernia repair, with reported incidences of approximately 12% after open tension-free repair.[9,10]

Until now, 2 randomized clinical trials have been published, comparing a watchful waiting strategy and surgical approach in treatment of mildly symptomatic and asymptomatic inguinal hernia.

THE STORY OF MEDICINE

It's story TiME

IMMUNISATION



An English physician, Edward Jenner (1749-1823), indirectly responsible for introducing an entirely new concept of preventive medicine.

Jenner's great contribution to medical science is his discovery of immunity to small pox conferred by comparatively mild cowpox from which he developed the procedure called vaccination (vacca-a cow).

Once a major killer throughout the world, smallpox has been eradicated. World Health Organisation declared global eradication of smallpox on 8th May,1978.

PEARLS OF WISDOM

No act of Kindness, no matter how small is ever wasted.

- Aesop

Wherever there is a human being there is an opportunity for a kindness.

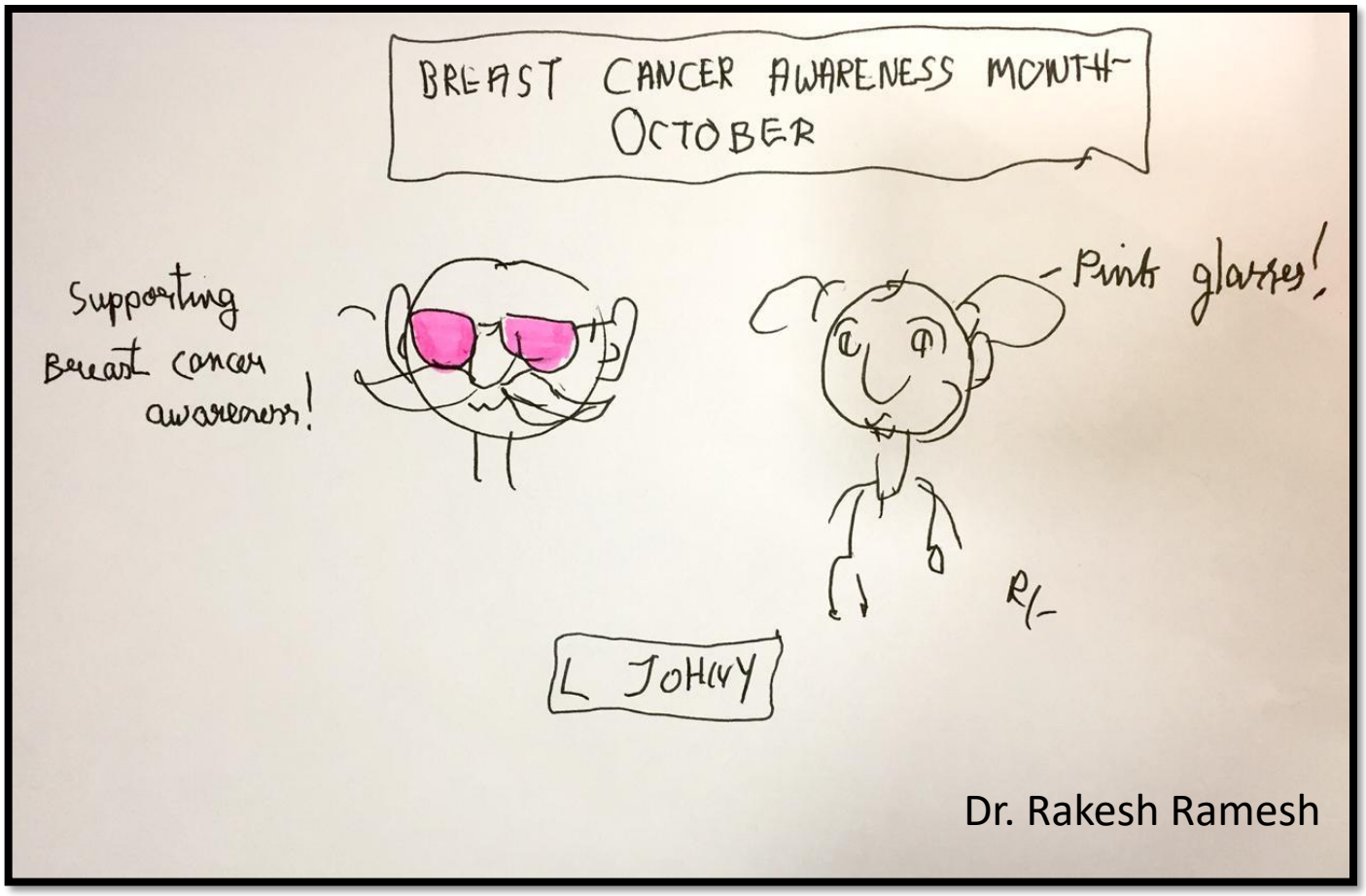
- Seneca

Be yourself, Everyone else is already taken.

- Oscar Wilde

REF: 365 Days of Wonder: R.J.Palacio.

L Johny



Did You Know?

Flamingos are naturally grey or white in colour. They acquire their characteristic pink colour owing to a pigment called canthaxanthin from brine shrimp and some algae that they eat. In fact, when the pink hue among zoo-flamingos starts fading, their keepers add synthetic canthaxanthin to their feed to retain colour!

DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

Write to Dr. Avinash. H. U: ***avinash.hu@stjohns.in***