Why India is cold to heat

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Hyperthermia could turn out to be among the most powerful anticancer weapons yet, says a press release in Boston Globe; a leading paper in USA, Mark Dewhirst recently quoted eight positive clinical trials involving Hyperthermia and Radiation or Chemotherapy. The euphoria generated in the eighties, waned quickly. There weren't enough positive trials to sustain the enthusiasm and attention of the oncologists. Emergences of effective cytotoxic drugs meant, obscurity of Hyperthermia as a modality.

The scenario is fast changing. Hyperthermia as a modality of cancer treatment, is reemerging. The technology of heating has improved. Sales of heating machines have increased in USA, after the modality was considered eligible for reimbursements by leading insurance agencies. The growth of sales in China, also have increased. Sadly, India, the future super power, has only two established centers for Hyperthermia.

The reluctance of the radiation oncologists in India to adopt Hyperthermia, is inexplicable. One of the reasons perhaps, is lack of easy access to technology. It is also the economics of setting up a capital-intensive machine. It is not very attractive for most of the hospitals. There is a need for affordable technology. This can help more centers for promoting this important modality. Affordable technology can come only with innovations and indiginisation. A Hyperthermia unit must have a combination of technologies like ultrasound, microwave and RF systems. Whole body Hyperthermia for systemic cancer is emerging. There are ongoing trials to test the effectiveness of liposomal Doxorubicin, with Hyperthermia. Magnetic resonance-based non-invasive thermometry, should help plan the treatment better. Computerized planning systems can help in addressing thermal profiles in the tumour. There are exciting advances in this area. Unfortunately, many oncologists are cold towards Hyperthermia. It might change, with medical oncologists and drug companies taking interest in the modality.

JCRT has entered the second year, since inception. The feed back from various readers has been very encouraging. The editorial board will continue to innovate on different formats. The present issue is a bouquet of invited reviews, clinical trials and reports, from basic sciences. We had to include many case reports, as we are being inundated by them. The invited review by Dr. N. R. Dutta deals with the latest technology of radiation oncology, while G. Fiorentini presents a new concept in Hyperthermia. Cancer of gall bladder is an uncommon malignancy. Umesh Mahantshetty's retrospective analysis gives an insight, into the management of cancer of gall bladder. 2 deoxy glucose has reached a phase III trial. Dr. Dwarkanath, who has done pioneering research, has presented the in vivo data.

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