

Journal of Cancer Research and Therapeutics

October-December 2007 | Volume 3 | Issue 4

CONTENTS

Editorial

NANO: A paradigm shift

Nagraj G Huilgol..... 187

Guest Editorial

Surgical voice restoration following total laryngectomy

Rehan Kazi..... 188

Invited Review

Breast cancer radiotherapy and cardiac risk: The 15-year paradox!

Anusheel Munshi..... 190

Original Articles

Methods of intervention in reducing the psychosocial impact while dealing with cancer as a disease: A clinician's point of view

S Trivedi, J Petera, S Fillip, Z Hrstka 193

Surface and antitumor activity of some novel metal-based cationic surfactants

AM Badawi, Mekawi AS Mohamed, MZ Mohamed, MM Khowdairy..... 198

Estimation of BCL-2 protein in carcinoma of the breast and its clinical correlation in locally advanced breast cancer

Himanshu Aggarwal, Parvinder S Lubana, DK Jain, RK Mathur.....207

Radical radiotherapy treatment (EBRT + HDR-ICRT) of carcinoma of the uterine cervix: Outcome in patients treated at a rural center in India

Vandana S Jain, Kailash K Singh, Rajeev Shrivastava, KV Saumsundaram, Mukund B Sarje, Shailendra M Jain.....211

Postmastectomy radiation and survival in patients with breast cancer

BS Yadav, SC Sharma, R Singh, G Singh, V Kumar218

Review Article

Vitamin D and cancer

Minu M Ali, V Vaidya.....225

Brief Communications

External hypofractionated whole-breast radiotherapy: Now where does accelerated partial breast irradiation stand?

Anusheel Munshi.....231

Isolated non-Hodgkin's lymphoma of the pancreas: Case report and review of literature

Ayan Basu, Nikhilesh Patil, Pranshu Mohindra, Bhooshan Zade, Sumeet Gujral, Mary Ann Muckaden, Siddhartha Laskar.....236

Case Report

Malignant pilar tumor of the scalp: A case report and review of literature

Manish Siddha, Ashwini Budrukhar, Tanuja Shet, Mandar Deshpande, Ayan Basu, Nikhilesh Patil, Rajendra Bhalavat.....240

Author Index - 2007

.....00

Title Index - 2007

.....00

NANO: A paradigm shift

“Nano” is the name of a new car to be marketed by an Indian company. It was recently showcased both in Delhi and Detroit. It is a fuel-efficient car and is Euro IV compliant. It was designed in India for both the Indian and overseas markets. Most remarkably, it costs less than 3000 dollars. The Nano, thus, fulfills the need and aspirations of the millions who could not earlier dream of owning a car. What is the relevance of the Nano to radiation oncology?

Radiation oncology, like the automobile industry, has a range of technologies which keep changing at a rapid rate. There are cars at either end of the spectrum; similarly, in radiation oncology, the technology that starts with the workhorse telecobalt machine can end with the CyberKnife and proton accelerators.

The plethora of technologies helps individualize the physical optimization. The availability of contemporary technology has become a reason for escalating radiation doses to increase local control, and maybe survival, in some patients. Yet, this assumption has no incontrovertible biological basis. IMRT developed over a long period of time may be biologically inferior to conventional fractionation. IMRT, like coronary angioplasty and coronary bypass, has become an increasingly popular modality, but without any phase III trials as required in the practice of evidence-based medicine. Snake oil merchants are partially responsible. They have not stopped at IMRT but are pushing all kinds of image-guided radiation therapies.

Unfortunately, all this marketing and induction of untested technologies leads to escalating costs and not just escalation of dose alone. It leads to unequal distribution of healthcare, particularly in those developing countries where healthcare is predominantly in the private sector, with no social security or insurance agencies to pay for expensive treatments. The Supreme Court of India, in a recently delivered judgment, described this as a “hostile healthcare environment.”

This is a clarion call for all those who are involved in the business of health. It is time to develop optimal technologies, biological modifiers, and targeted therapies to achieve increased survival and effective palliation.

“Nano” is about a paradigm shift; it is empowering those who are at the bottom of the pyramid. There is a need for a similar shift in the designing of the technology of radiation therapy. Let us hope we all contribute to it.

JCRT is now indexed in PubMed. This should ensure wider acceptability. JCRT has achieved this singular status in a very short time. Indexing has been possible with the support of contributors, reviewers, and the advertisers. The journal intends to showcase the best research and ideas to the world.

The future plans are “mega” in nature; the “Nano” paradigm is not for JCRT.

Nagraj G Huilgol

Division of Radiation
Oncology, Nanavati
Hospital, S.V. Rd,
Vile Parle (West),
Mumbai - 400056

For correspondence:

Dr. Nagraj G Huilgol,
Dr. Balabhai Nanavati
Hospital, S.V. Rd,
Vile Parle (West),
Mumbai - 400056, India.
E-mail: nagrajhulgol@gmail.com