

10
YEAR
ANNIVERSARY

TATA MEDICAL CENTER

A GLORIOUS
DECADE





“ Our vision for Tata Medical Center was an institution that would offer highest quality cancer treatment laced with compassion and kindness. An institution which will not differentiate between the poor and the affluent when it comes to delivering care. It’s a matter of immense pride that TMC today is among the best life-giving and life-saving institutions in India with an endeavour to provide this treatment at affordable costs. Going forward, it would be our endeavour to ensure that this institution continues to offer state-of-the-art cancer treatment and supports the nation by developing more best-in-class oncologists. ”

— Ratan N Tata, Chairman, Tata Trusts

Living the TMC Dream

By **Dr Mammen Chandy**, Director, TMC

When I first set foot on the site of Tata Medical Center (TMC) in April 2010, construction activity was in progress with piles of black clay all over with the centre of control being a tiny 600 sq.ft. tin-roofed shed in which I had a small office. As I made my way through the mud and dust to my temporary office, I wondered what I was doing here.

After a full career and 40 years of working, I had retired from CMC Vellore in 2009 when Dr K.T. Dinshaw, the then project director of TMC, requested me to take charge.

I was sceptical about working in a corporate set-up. I kept stalling until Dr Dinshaw convinced me to travel to Mumbai to meet Mr R.K. Krishna Kumar, trustee of the TMCT Trust. That meeting changed my mind. “What we want you to do is to build something like CMC Vellore, which has a philanthropic outlook towards patients. We will resource you. You don’t have to earn any money for us. The job of the Tata Trusts is to give back to society,” Mr Kumar told me. Shedding my reservations about joining TMC, I agreed to take up the offer.

HELMET ON MY HEAD

When I came to Kolkata, I realised there was a problem. The project wasn’t moving forward at all. My very first day on site, I could hear a loud discussion among the site engineers debating whether the fins in the front façade of the building should be clad with granite or marble or quartz.

After the formal round of introductions, I stepped out to inspect the 13-acre site with a helmet on my head: which instead of a stethoscope had become a part of my work attire for the next



Dr Mammen Chandy, Director, Tata Medical Center

few months.

Over the next few weeks, despite much discussion I could not see a hospital emerge out of the raw concrete shapes at the site. As I walked around the construction site in the sweltering heat every single day, I wondered whether this dream project of Mr Ratan Tata would remain on paper. One day, out of frustration, I locked the engineers in the room and threatened not to open the door unless they resolved issues and made real progress.

BUILDING FROM SCRATCH

One of the reasons for the slow progress was the fact that the medical input required for the implementation of the project was not happening, so, with my presence on site we could quickly take decisions with the engineers and move forward. I helped as much as I could and the engineering knowledge I had managed to gather when I was setting up the country’s first bone marrow transplant facility in CMC Vellore came in handy.

WORKING ON OUR VISION

I got my team of doctors involved in providing inputs to the construction team and work on the SOPs. For instance, Dr Rimpa Achari, who is a radio-therapist, helped me work out the process flows for our hospital CSSD. Other doctors burnt the midnight oil at the TCS office, working with the programmers to customise the software on which TMC runs today.

Over the next one year, the same engineers who I thought would never finish had produced a stunning complex of buildings that won an award from the American Society of Registered Architects, with architectural plans developed by Canon Design.

That first one year was incredibly challenging, but in many ways, it was also a very satisfying time as we watched our vision take shape. On May 16, 2011, Mr Tata's dream of setting up a super-specialty cancer hospital for the people of eastern India was finally fulfilled. My vision of an institution where poor people could get best-in-class cancer treatment was coming true.

MAKING CANCER CARE AFFORDABLE

Over the next few years our single-minded focus was to make cancer treatment affordable. We didn't

want anyone to turn away from our doors because that person couldn't afford the treatment. We reached out to everyone possible for funds, from the Prime Minister's Office to charitable trusts (such as Alana Foundation) and corporate donors.

We worked out a model where a patient in need of funds can crowd-source through the organisations we tied up with. For example, today, if an under-privileged girl with thalassemia from a village needs a bone marrow transplant, she can get Rs10 lakh from Coal India, Rs5 lakh from the Sir Dorabji Tata Trust, Rs3 lakh from the PMO fund and Rs1 lakh from the Chief Minister's Fund.

What makes TMC special is that we offer all patients, whether paying or poor, the same experience. It is not just the cancer treatment, we make sure that from the linen to house-keeping and air-conditioning, all patients, irrespective of whether they are being treated in a private ward or general ward, receive the same protocol.

THE SECOND PHASE

A landmark event in the history of our 10-year journey has been the opening of the second phase of the hospital in April 2019. When we started in 2011 with a 140-bed facility, I realised within a few years that what we had built in the first phase was not enough. Not only was the inflow of patients high, we also needed more beds to be able to start a post-graduate training programme. It was important to incorporate education as part of our mandate, because it was also our responsibility to produce capable oncologists for the country. We needed a 200-bed hospital to run a post-graduate training course.

When I asked the Tata Trusts if we could embark upon the second phase, they agreed at once, but the caveat was that we had to raise the money ourselves. We managed to collect Rs260 crore and expanded the facility to 437 beds. We have indeed come a long way.



Dr Chandy believes that heart-to-heart conversations with patients along with specialised treatments can do wonders

GIVING INDIA THE BEST

I can confidently say that the quality of diagnostics at TMC is as good as anywhere in the world. We subscribe to international quality control for the tests we do, and our laboratories are accredited by the NABL. We do robotic surgeries, hematopoietic stem cell transplantation and the most complex chemotherapies. Research guides our treatment protocols and we are training the next generation of cancer health care professionals with our educational programmes.

Every cancer is handled by a multi-disciplinary team which decides the treatment plan for each individual patient. Because of the software developed by TCS with inputs from our team of doctors who had joined before the hospital started, I believe we have one of the best hospital management systems where clinical data is entered as though one was working on a sheet of paper with a pen. The data storage and retrieval allows us to track each patient's progress over the years with all the laboratory data and imaging at the click of a button.

TMC also offers specialised diagnostics such as Cytogenetics. There is a type of leukemia called acute promyelocytic leukemia (APL), with a very high mortality due to bleeding in the brain within the first week of diagnosis. To quickly start the appropriate treatment, we need to document the unique 15:17 chromosomal translocation which characterises APL. Our cytogenetics laboratory does a 'Fluorescence In Situ Hybridisation' test, which enables us to start the treatment within 24 hours with a confirmed diagnosis. The treatment is done with arsenic which is manufactured in India at one-tenth the cost of the US. That's the sort of diagnostic precision we have developed.

Since our post-graduate programme was taking time to get recognition, we started a two-year fellowship programme which is immensely popular. We have also started courses for medical laboratory technology, medical physics and

radiotherapy. We have a MSc programme in Oncology Nursing.

A decade ago, most patients preferred to go to Tata Memorial in Mumbai or CMC Vellore for treatment. Today, people trust us and that is rewarding. Some time ago I got a call from a girl who we had treated for leukemia a decade ago when she was a baby. She said, "This is Baby Santhya on the line and I am calling to tell you that I am doing well and thank you for what you have done for me." It was an endearing experience.

LOOKING AHEAD

Going forward, it's my dream to see a Tata cancer research centre coming up here. We are currently doing research on the hospital campus, but we need an exclusive facility to take it forward. I am also looking forward to the opening of our carbon-ion radiotherapy facility, the first of its kind in India. It delivers a type of radiation that uses carbon-ions instead of photons. These particles can be focused on the tumour without damaging the surrounding tissues. It is a Rs1,400 crore project for which we are partnering with the Department of Biotechnology and the Government of Japan.

We are soon going to start a preventive oncology department that would focus on lung, cervix and breast cancer. Also on the cards is the opening of evening clinics in the city for cancer screening.

Last but not the least, I am looking forward for the TMC residential campus to come up. Tata Sons has given us 2.5 acres of land close to the hospital. Here I would like to see a residential campus where all our 450 nurses, residents and even visiting scientists can stay.

As our journey continues, our mission would be not just to offer best-in-class cancer treatment to people from all walks of life, but also give to the country more experienced and well-trained doctors, nurses and technologists who can augment India's human resource for the fight against cancer. ●

A Glorious Decade

Within 10 years, Tata Medical Center has earned a nationwide reputation for its sophisticated cancer treatments, supportive approach to patients and advancement of India's cancer research

It's well past lunch time and Dr Pattatheyl Arun, Senior Consultant, Head and Neck Surgery, hasn't had time to grab a bite. He has already examined over 25 patients since morning, and half a dozen more are waiting to see him before he can take a break. A typical day involves over 50 patients and he tries to give all of them the time they need.

As he examines 40-year-old Hema Devi[#], a homemaker from Bihar with oral cancer, she shares her worry that her cancer may progress into the gory tumors shown in tobacco prohibition ads. "Will you have to remove my jaw? Will I end up with a horrible scar?" she questions the doctor.

Having grown up in Dhanbad, Dr Arun is able to talk to Hema Devi in her dialect. He tells her that the treatment would involve plastic surgery and the scar would not be prominent. After the consultation, Hema Devi is convinced.

"Since we operate in areas that involve speaking and eating, the post-operative scars are often visible. This takes a huge emotional toll, as patients fear they would be treated like social outcasts. Therefore, we have made plastic surgery an important part of our surgeries," explains Dr Arun. "At TMC, we look at cure as well as life after that."

That powerful statement sums up the TMC



A patient undergoes radiation therapy at TMC Kolkata's state-of-the-art radiation oncology facility. The department of radiation oncology is in the midst of 'hypofractionation' research, which promises to deliver effective radiation in fewer sessions

approach to patient care, which includes the patient's emotional well-being. This philosophy of listening to patients and helping them lead a meaningful life even after their treatment is common to all the doctors at this charitable hospital. The hospital's beneficiaries have innumerable touching stories of how the doctors, nursing team and the other support staff, over the last decade, have stood by their patients, not just when they were fighting cancer, but even staying in touch later.

In the last 10 years, TMC Kolkata has become a trusted cancer care institution in eastern India, with a reputation that has been attracting patients even from neighbouring Bangladesh, Bhutan and Nepal. The hospital's highly acclaimed fellowship programme has given India as well as neighbouring countries exceptionally well-trained oncologists.

In addition to offering best-in-class treatments, TMC Kolkata also has the finest research minds striving to come out with breakthrough treatments in different spheres of oncology. From cancer vaccines to specialised medicines, the researchers at TMC are trying to revolutionise cancer treatment.

In the last 10 years, the hospital has performed over 35,000 complicated surgeries, 3.27 lakh radiology tests, 29,000 nuclear medicine tests and 32.80 lakh laboratory tests. On an average, TMC Kolkata gets 20,000 new patients every year and patient footfalls have crossed 12.60 lakh.

With over 75 per cent beds at this cancer hospital earmarked for the underprivileged, the hospital has indeed lived up to the vision expressed by Tata Trusts Chairman, Mr Ratan Tata, of an institution that would be the country's leading 'life-giving' and 'life-saving' institution. Unlike most hospitals where the poor languish on pavements or end up sleeping in the corridors just because they don't have the resources, TMC Kolkata has ensured that every patient, affluent

TMC at a Glance



Opened on: **May 16, 2011**

Phase II opened on: **Feb 14, 2019**



Total Investment for Phase I: **Rs540 crore**



Total Investment for Phase II: **Rs260 crore**



Total No. of Beds: **437**



New Registrations: **20,000** new patients a year



Patient Footfalls: **12,60,000**



Day Care Treatment Sessions (including returning patients): **2,70,000**



Inpatient Admissions: **80,000**



Surgeries: **35,000**



External RT Fractions Given: **2,70,000**



Bone Marrow Transplants: **500**



Radiology Tests: **3,27,000**



Nuclear Medicine Tests: **29,000**



Laboratory Tests: **32,80,000**



Blood Bank: **83,000** units collected, from which **2,30,000** components have been prepared

or poor, receives the same kind of treatment. “From the linen to housekeeping to treatment, a patient receives the same protocol, irrespective of whether he or she is being treated in a private ward or general ward,” says Dr Mammen Chandy, Director, TMC.

HUMAN TOUCH

Unlike a corporate hospital, where revenue and profit goals often drive treatment decisions, for the doctors at TMC, it is patient well-being which takes precedence over everything. “None of our doctors have a private practice, their priority is TMC patients,” says Dr Chandy.

In the Breast Oncology OPD, Dr Rosina Ahmed, Senior Consultant, Breast Surgery, is trying to convince 30-year-old Debjani Biswas’s family that a breast mastectomy isn’t ideal for her. However, Debjani’s husband insists on breast removal as he fears that the cancer could spread to other parts of her body. Dr Ahmed requests the family to step out of her room, telling them that she needs to examine Debjani. Behind closed doors, she quickly asks her if she actually wants to remove her breasts. The 30-year-old confides that she would prefer a breast reconstruction.

Dr Ahmed has already spent close to an hour

with Debjani and her family and she spends more time convincing her family that mastectomy isn’t the best solution. “Preservation of breasts is always the first option. Most women want that but don’t want to talk about it. That’s the reason we spend hours with the patient and her family and tell them that mastectomy isn’t always necessary. Once they realise that there is an option, their mind changes,” explains Dr Ahmed.

She says that working in TMC is an extremely fulfilling experience. “As a doctor, I want to treat a clinical problem irrespective of the person’s financial background. I have the freedom of doing it in this kind of a set-up. I don’t have to ration the treatment just because the patient may not have the capability to pay.”

In fact, most of the senior team at TMC have given up lucrative careers in established hospitals. They have absolutely no regret working for a charitable hospital. “TMC has allowed me to reach my true potential, which wasn’t there in private practice. It has allowed me to grow and given me the freedom to build myself. In private practice, many times doctors lose their soul,” says Dr Saugata Sen, Senior Consultant, Radiology.

“This hospital has given me an opportunity to practice what I have learnt. I could have probably made more money in a private set-up, but the number of patients I get to operate upon every day, as well as the number of unique cases I get here, won’t be possible anywhere else. In the last 10 years, I never missed working in a private set-up,” concurs Dr Sudeep Banerjee, Senior Consultant, Gastro-intestinal surgery.

MULTI-DISCIPLINARY APPROACH

Most medical practitioners, including cancer specialists, work in silos. Be it surgery, chemotherapy or radiology, all of them are separate units. They even have different billing sections and patients in most hospitals have to run from pillar



Dr Rosina Ahmed, Senior Consultant, Breast Surgery



The diagnostic facility of TMC is best-in-class and is equipped for all kinds of cancer diagnostics

to post coordinating with all these departments individually. TMC Kolkata has a multi-disciplinary team approach. “Every individual patient has a personalised team to attend to their needs,” says Dr Chandy. The team consists of surgeons, chemotherapy and radiotherapy specialists who discuss each patient’s case and devise a uniform treatment strategy.

“If I see a patient who has malignancy and I feel that he needs inputs from other specialities like chemotherapy to make the tumor smaller, we discuss as a team and plan the treatment together,” explains GI surgeon Dr Banerjee.

Technology has played a huge role in enabling this multi-disciplinary approach. During the early days of TMC, doctors spent exceptionally long hours with TCS techies to put together a state-of-the-art hospital management system. This system is now integral to the way TMC operates. Every visit of the patient is recorded by the hospital

management system, details of which can be accessed by all the doctors in the team. This makes it convenient for the team to discuss and deliberate upon each case.

The multi-disciplinary approach, says Dr Ahmed, has also helped in devising better treatment strategies. “Since we work as a team, our approach has become more precision-based.”

CUSTOMISED TREATMENTS

One often hears about ‘customisation’ and ‘personalisation’ in the world of products and brands, but cancer treatment can be customised too. “The new era is all about precision oncology and customised medicines,” points out Dr Deepak Mishra, Senior Consultant and Director, Department of Laboratory Sciences, TMC.

At the helm of customising and personalising cancer treatments is TMC’s Cytogenetics division. “Currently cancer is moving towards

genomic medicine and every cancer has genomic signatures. Every cancer has something to do with genes, be it cytogenetics or molecular genetics,” explains Dr Mishra.

An illustration would be chemotherapy. Most cancer patients are given chemotherapy and some succumb to the complications of the therapy. Did those patients actually need such strong therapy? By studying the genetics of the tumor cells, doctors can now figure out if the cancer is aggressive or non-aggressive in nature and thus, come up with tailor-made treatments.

Dr Mayur Parihar, Academic Head and Senior Consultant, Cytogenetics, says modern cancer care is no longer a one-size fits all approach. “We are able to fine-tune the therapy by risk-stratifying that a particular tumor’s genetics doesn’t look too aggressive.”

Earlier, bone marrow transplant had 30-40 per cent mortality. Today, because of a better understanding of the genetics that is causing the cancer, certain types of leukaemia have been understood as well as a lifestyle disease. “It comes down to popping a pill a day. Just by understanding the genetics, a disease like cancer can be treated similar to a chronic disease.”

Cytogenetics also helps in predicting relapse

of cancer. Kolkata-based Arvind Mehta, who had recovered from leukemia in 2012, returned to TMC last year with complaints of headache and fever. The worry — was it just a case of viral fever or was the tumor was making a return. The cytogenetics team figured out that the tumor cells were indeed growing, and before the disease could make a strong comeback, the doctors were able to arrest it. “There was nothing in his blood which suggested that his cancer was coming back. We could figure it out only because of cytogenetics. Had the diagnosis been delayed, it would have been difficult to treat it,” says Dr Parihar. Arvind underwent another round of bone marrow transplant and is doing well today.

CANCER RESEARCH

One of the engines that powers TMC is its research wing. Housed in the academic and research block, which came into being in February 2019, TMC’s research arm is called Tata Translational Cancer Research Centre (TTCRC). The centre, among many milestones, has helped doctors to put in place a uniform treatment protocol to treat child cancer across the country. By doing so, the team of researchers headed by Dr Shekhar Krishnan, Senior Consultant, TTCRC, say that they have considerably reduced mortality rates in Acute Lymphoblastic Leukaemia which is especially common among children.

The research centre is also focused on making quality cancer drugs. “In India we have a large number of generic drugs, not all of them may have the same quality, and this will have an impact on outcomes,” explains Dr Krishnan. The larger game-plan for TTCRC is to localise cancer treatment approaches for India. Dr Krishnan explains that the Indian population is unique and not all the learnings from the West apply to the Indian context.

Radiation is an important component of cancer



Dr Mayur Parihar, Senior Consultant, Cytogenetics

care. The Department of Radiation Oncology is in the midst of its ‘hypofractionation’ research, which is all about delivering effective radiation in fewer sessions. In fact, it has already been implemented successfully in solid malignancies like breast cancer, prostate cancer and brain tumors. Also underway is radiomics-based research from imaging data, for predicting personalised radiation tumor response and treatment-related side effects.

NURTURING TALENT

Much of what TMC delivers today has been part of its growth vision. The institution started as a 167-bed hospital, but within a couple of years there was a rising influx of demand. Dr Chandy realised that the hospital needed many more beds.

He was also keen to start a post-graduate training programme in Oncology, and the National Medical Board required a minimum 200-bed hospital to start post-graduate training. The training programme was critical from a nation-building point of view. “Unless education is part of our mandate, we will not be able to build the workforce that is required, not just to run our own hospital, but for the country,” says Dr Chandy.

This vision led to the construction of the second phase of the hospital in 2015. Donations helped fund a Rs260 crore expansion project that added a new building and increased the total beds to 437. Since recognition for the PG programme was taking time, the hospital started a two-year fellowship programme for doctors which over the years has gained immense popularity. Till date, 527 fellows have worked and gained invaluable experience from TMC Kolkata across disciplines. “I am very pleased by the fact that those we train here are adding valuable human resources for cancer care in this country,” says Dr Chandy.

TMC Kolkata has also rolled out a master’s course in nursing and has trained 38 nurses in oncology nursing. These nurses are employed not

just in TMC Kolkata, but in hospitals across the country as well as overseas.

For the last two years, the Department of Radiation Oncology, in collaboration with Indian Institute of Technology Kharagpur, has been conducting an advanced certificate course in clinical oncology, which offers a systematic initial experience in translational scientific research. The department has also been conducting a Diploma in Radiation Therapy Technology course, recognised by the West Bengal University of Health Sciences. Another programme is a MSc in Medical Physics in collaboration with IIT Kharagpur and affiliated to India’s Atomic Energy Regulatory Board.

TREATMENT FOR ALL

Even with all its expertise and experience in cancer treatment, what distinguishes TMC Kolkata is its philanthropic approach to healing, the motto that no patient should turn back because of lack of funds. Late last year, when 60-year-old Indumati Bose, a retired primary school teacher from Asansol was diagnosed with pancreatic cancer, she was devastated. She had lost her younger sister to breast cancer a year ago. All her retirement savings had been used up and Indumati had no resources left for her own treatment.

At first, Indumati decided to not get herself treated. But then her brother convinced her to go to TMC Kolkata. Her surgery, chemotherapy and other treatment cost Rs10 lakh. About 80 per cent of this cost was taken care off by grants from the Prime Minister and Chief Minister’s relief funds as well as the Sir Dorabji Tata Trust. She is in the fourth stage of cancer and recovery seems unlikely. Her brother Sharad Bose, who runs a carpentry store in Murshidabad, is grateful that she at least got the best possible care. “Had it not been for TMC Kolkata’s kindness, we wouldn’t have been able to afford this treatment. And if we had not delayed coming here, she may have done better.”



The backbone: TMC's nursing and operations staff without whom the show can't go on

Life for Sanjeev Kumar Agarwal, Chief Financial Officer, TMC Kolkata, revolves around raising money from corporate and government organisations so that the hospital can help the likes of Indumati Bose to avail quality cancer care. The hospital offers financial help worth Rs10 crore every year to its poorer patients.

Only 25 per cent of its patients pay private tariff. The general ward tariffs are 50 per cent lower than the private tariff. As an illustration, a general ward bed at TMC may cost just Rs1,300* per day as compared to around Rs3,000 at other private hospitals. Doctor visits are capped at Rs500* per day. “Even if the doctor visits a patient four-times a day, the fee in the general ward is fixed at Rs500. That’s how we have tried to reduce financial burden,” Mr Agarwal explains.

TMC Kolkata has an impressive list of donors, but a big challenge that the hospital faces in raising funds is the perception around the Tata brand name. “People think that a Tata concern

doesn’t require money,” explains Mr Agarwal.

“However, the Tata Trusts have already provided Rs800 crore for this hospital and they have other responsibilities too. We have to be self-sufficient and extra efficient to help the hospital sustain and also help patients with funding.”

In the initial months of 2021, Mr Agarwal succeeded in attracting Rs8 crore worth of donations for the hospital, which is good news for current and future patients. Both he and Dr Chandy hope that, going forward, the hospital would be able to raise enough to further lower their tariffs.

The single-minded vision of all the stakeholders at TMC Kolkata is to make superior quality cancer treatment affordable, while also aiming for their other goal — to become one of the most respected institutions in cancer research and treatment across the globe. ●

All patient names in this publication have been changed to protect privacy

*As per May 2021 data; figures may change

Home Away from Home

Premashraya offers more than affordable accommodation to underprivileged cancer patients; with its sense of community, it also helps support their emotional well-being

It's close to lunch time on a Monday morning and Binodini Das, a homemaker from Nayagarh, Odisha, is engrossed in teaching Manasi Mitra, who she has recently befriended, to cook the popular Odia dish, dalma. "It's tasty and healthy," she tells Manasi, as they chop vegetables on the ninth floor of Premashraya, the residential unit of Tata Medical Center, Kolkata, meant for underprivileged patients and their families.

It's close to a month since Binodini and Manasi have made Premashraya their abode and the bonhomie between them is obvious. As they cook together in the common kitchen, they chat about their families back home. Their spouses are recuperating from complicated cancer surgeries at Premashraya and neither of them know, what the future has in store. But talking to each other, sharing their woes, is giving them the much-needed strength to cope with the uncertainty.

Cancer treatment prolongs for months, and at times can run into years. Patients find it difficult to fund their treatment, and often long-term stay becomes a challenge for people who come from out-of-town. TMC Kolkata ensures that none of its patients or their families have to live on the pavements outside the hospital.

Barely 500 metres away from the hospital, Premashraya (built on a piece of land owned by the Tata Trust and constructed by Coal India)



can house 200 patients along with their family members. It's not surprising that Premashraya seldom has empty rooms. Not only does it offer affordable stay, it also takes care of the patients and their family members' shuttle to the hospital and back, free of cost. Premashraya is run by Sudeshna Dutt, a former IT professional, who is Head of Operations.

The residential unit is witness to innumerable stories of people from different corners of the country who have come with the hope that their loved ones would get a new lease of life. There are heart-wrenching stories of the likes of Mita Bhowmick, who has come from Chandanagar with her 16-year-old son, Ritwick Bhowmik, for treatment. Her husband, who runs a pharmacy had a paralytic attack last year and the family has been struggling to make ends meet ever since. When her only child was detected with leukemia in January this year, Mita was devastated.

After an arduous bus journey, the mother and son landed in TMC Kolkata for treatment. It's the first time Mita has left her small town, and the din and bustle of a metropolis has been almost overwhelming. The bigger shock, however, was when she was told that each cycle of chemotherapy would cost her Rs40,000. She managed the first

two cycles by selling her land in the village but by the time it was time for the third cycle, her resources had completely dried up.

Mita says that had it not been for the staff and inmates of Premashraya, she would have given up on her son's treatment. Ms Dutt, the head of Premashraya, is her messiah. "Had it not been for her, I would have returned to my village by now. She helped me get funds for my son's treatment," says a grateful Mita.

Ms Dutt is the mainstay of the unit. "My mother is a cancer survivor and I understand the pain the patients and their families go through," she says.

COMMUNITY LIVING

Ms Dutt works hard to uphold the TMC motto of not letting anyone return from its doorstep without receiving treatment. Premashraya offers accommodation at Rs100 per person, per day. A patient along with, say two family members as attendants, pays Rs300 per day for stay. The facility has a cafeteria where the residents can choose between vegetarian and non-vegetarian meals. Residents also have the option of cooking their own meals in the common kitchen.

In the evenings, the patients and their relatives congregate in the common area to watch television or play board games. "After a long day at the hospital, the residents look forward to



Sudeshna Dutt, Head of Operations, Premashraya

unwinding in the evening. We also have a public address system on which we often play Rabindra Sangeet or instrumental music," says Ms Dutt.

The evening conversations of the inmates in the common areas are as diverse as discussing West Bengal politics to the performance of the Kolkata Knight Riders team in the IPL cricket tournament.

As Ms Dutt does her rounds of the facility, she takes time to console a lady whose teenage daughter is in the palliative care section. "At times I am at a loss of words," she says. Premashraya also has a palliative care floor, which has round-the-clock doctors and nurses attending the patients.

Designed by German architect, Sonke Hoof, the residential complex is inspired by community living in villages. "During the project planning, his drawings focused on how open spaces function in villages and the concept of people congregating in a common area. He also drew pictures of festivals of India and other facets of Indian culture. That is how Mr Hoof conceived Premashraya," explains Dr Mammen Chandy, Director, TMC.

Ms Dutt and her team leave no stone unturned to ensure the residents don't miss their communities. Not only do they have a well-equipped playroom and library for the children, they also organize art classes, music and dance lessons. "Even parents of the kids (patients) as well as the attendants of the other patients join these classes. We also organize events where the patients and their family members perform," says Ms Dutt.



From sharing recipes to talking about their families back home, the common kitchen at this residential complex brings people together

The residents celebrate festivals and the team at Premashraya gets charitable organizations such as Rotary and Lions Club to donate new clothes during these occasions. During Kolkata's famous Durga Puja, the residents are taken to visit the numerous pandals that dot the length and breadth of the city.

ST. JUDE INDIA

The first and second floor of Premashraya houses St. Jude India (a NGO), which is home to child cancer patients below the age of 15. Since the children who come here are from extremely poor families, they are offered free accommodation and food. "Since the treatment is time-consuming, many parents lose their livelihood. We give them ration to help them sustain themselves for at least three months post the treatment," explains Shampa Choudhury, Senior Centre Manager, St. Jude India.

Ms Choudhury proudly says that in her six years at St. Jude, she is yet to come across anyone who has left treatment mid-way. "We have a rigorous returnee management program. We keep calling them and push them not to give up treatment. If they don't have money to travel, we organize transport for them. During the Covid-19 lockdown, we even sent medicines to their homes."

Personal hygiene is crucial for cancer patients and this is an area that is often neglected by patients from lower economic backgrounds. A significant number of patients lose their fight against cancer because they don't maintain the necessary standards of hygiene. The team at Premashraya and St. Jude conduct regular training programmes on hygiene for their residents. They explain infection control and talk about hand-washing, cleaning out garbage and spillage. "After they complete their treatment, we give them a video so that they don't forget the hygiene protocols they need to follow."



Be it magic shows or storytelling sessions, there is never a dull moment at Premashraya

BEYOND DUTY

Dr Chandy says the ladies at the helm of Premashraya and St. Jude are a godsend. Not only do they ensure that the cancer patients and their families have a comfortable stay, they also go out of their way to ensure that they live a life of dignity after they are done with their treatment.

As Ms Dutt and Ms Choudhury enjoy a cup of tea that Monday evening, their face brightens up when they get a video call from former resident Rajesh Khan. A leukemia survivor, 21-year-old Rajesh is currently working as a hotel management intern with the Clarks Avadh in Lucknow. "When his treatment got over in 2019, he was keen to study, but his parents had no money. We managed to find donors who wished to support cancer survivors and they funded him," Ms Choudhury says proudly. Today Rajesh, who comes from a marginalized farming family, is working to support the education of his 15-year-old younger sister.

The Dutt-Choudhury duo are just about to finish their tea, when they get some bad news – a 14-year-old girl, who had lived in Premashraya for six months, is no more. Losing inmates has become a part of their lives and they find it extremely difficult to overcome, but what sustains them daily is their philosophy that life has to move on. Each day they strive to do their best for the people who come to them for care. And that's what makes them special. ●



CHILD'S PLAY



The child cancer care at TMC Kolkata is indeed best in class, but what makes all the difference is the warmth and empathy of the team that takes care of the children

It's a busy Monday morning at the pediatric oncology department of the Tata Medical Center (TMC) in Kolkata. In the bone marrow testing section, the nurses and doctors are busy preparing for a bone marrow test due to start in 20 minutes. As they get the giant-sized syringe and needles ready to start the procedure, a five-year-old suddenly runs in, pulling along his IV stand. An anxious Dr Arpita Bhattacharya, Senior Consultant, Pediatric Haemato Oncology, asks him who let him in. The boy dismisses her and instead tells the nurse, "I have come to see what you are going to do to me." Five-year-old Tapas Das is the patient himself. Dressed in hospital clothes, the little boy with a toy stethoscope around

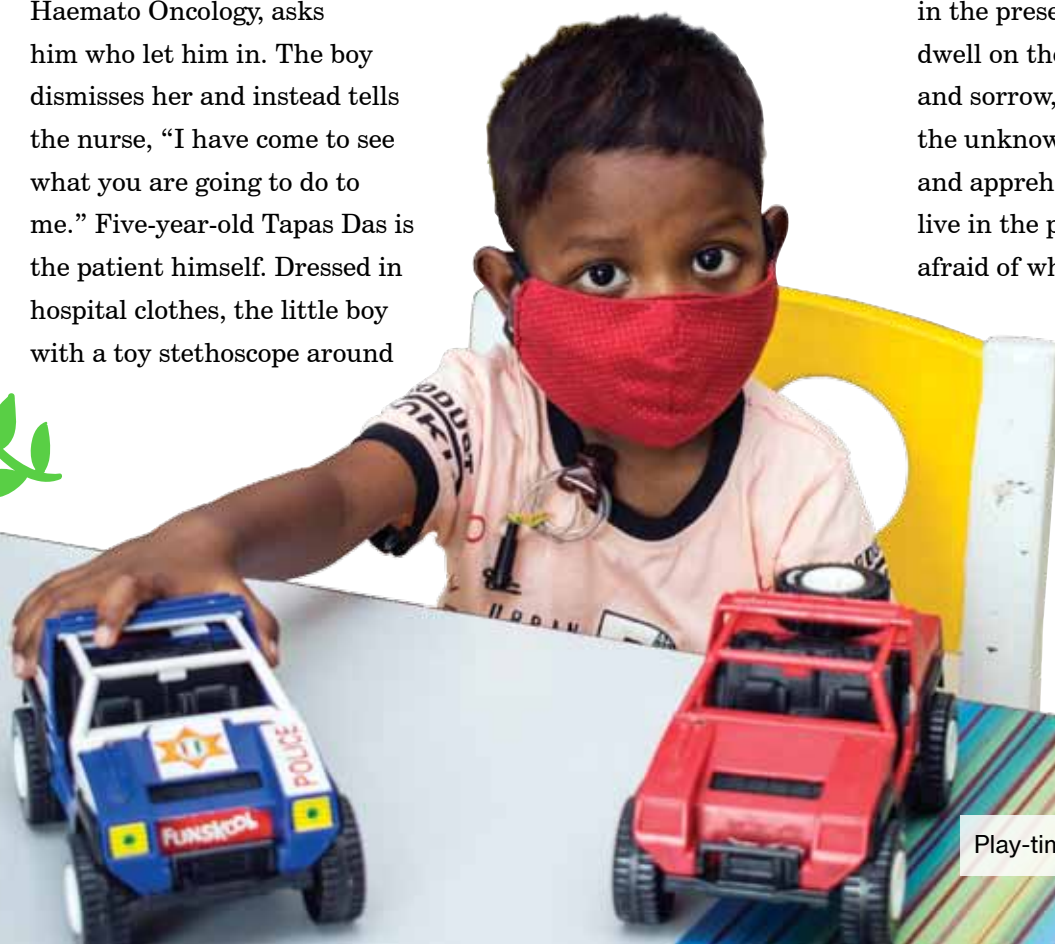
his neck, looks more curious than worried.

When Dr Bhattacharya urges him to step out of the room, he climbs on his IV stand and orders her to push him. She relents and pushes him out and the little chap decides to recreate an action movie scene. "Move out of my way, else there will be an accident," he shouts in the corridor. For the next two minutes, there is a flurry of activity in the ward as the little boy slides along. The nurses run

helter-skelter. More kids peep out to see what is happening.

Minutes later, little Tapas is sedated and his bone marrow test is underway. There is silence in the corridor, as his mother waits outside the procedure room with bated breath. The little boy has a rare variant of leukemia and needs a bone marrow transplant.

Dr Bhattacharya says that children are practical and accept reality much faster than adults. "Children are the ones who live in the present. Adults either dwell on the past with regret and sorrow, or they dwell upon the unknown future with fear and apprehension. Since kids live in the present, they are not afraid of what the disease may do. Unless they are in pain, they don't really care," she explains.



Play-time at the hospital

Shortly after Tapas, 16-year-old Ankita Choudhury is rolled into the ward after her chemotherapy. She inspects Dr Bhattacharya from head to toe and tells her, "You look horrible in scrubs. Why can't you wear a sari? Also, can you please come to my bed? I have some questions about my illness." The doctor affectionately tells her that she will see her in a few moments.



The Playroom: After a long day of treatment, doctors and injections, a game of carrom is exactly what these kids need

HOPE AND POSITIVITY

It's unfortunate but there are hundreds of cancer sufferers like Tapas and Ankita. The pediatric haemato-oncology department at TMC alone gets close to 700 new patients every year. Battling cancer takes a huge toll on mental health, and that's the reason TMC has ensured that its child cancer facility has a lively and vibrant ambience. The pediatric cancer ward is home to colourful paintings, murals and cut-outs of characters from Aesop's fables. At the waiting area is a massive artwork that depicts child cancer survivors leading a normal life. The partitions between beds are colourful curtains with cartoon characters.

The biggest attraction is the playroom. With toys, board games, story books and computers, the children are

spoiled for choice. Every morning they eagerly wait for the doctors to complete their rounds so that they can play games.

Apart from the plethora of toys and books, the playroom also conducts art classes, music lessons and story-telling sessions. It is also a party destination in the evenings, where children celebrate their birthdays. "The children in the OPD often bully us to finish consultation quickly, so that they can head to the playroom," laughs Dr Bhattacharya. She says that the best part of being a pediatric oncologist is that she also gets to play with her patients. But aren't doctors trained not to get emotionally involved with their patients? "In pediatric oncology, you can't maintain a distance because the children and parents latch on to you for emotional support," she says.

Head Nurse Sangita

Choini agrees: "The intense suffering that the kids undergo impacts me psychologically, as I have kids too. She smiles and points to a young girl from Murshidabad who is teaching her to navigate social media and has appointed herself as the nurse's Instagram guru. But I find it impossible to detach myself from these children."

A huge soft board studded with art made by her patients adorns Dr Bhattacharya's clinic. Many of these paintings are made by children who have not been able to survive. "I have kept them in front of me so that I can look at them every day and remember how fallible we are, how small we are. So often, our children are almost done with the treatment when they suddenly get a bad infection and die. Those are the times you can't forget," she says emotionally.



BEING TRANSPARENT

An important part of cancer treatment is transparency. Telling the child about her situation often helps her to cope better. Sixteen-year-old Ankita Chowdhury, for instance, knows everything about her cancer and its prognosis. “She knows she is in third stage of cancer and has read about it on the Internet,” says Ankita’s mother, Devi Choudhury.

Ankita doesn’t hesitate to push the doctor. “You guys are not telling me anything. You are messing with me. What if I don’t get better,” she charges Dr Bhattacharya. The latter softly tells her that she is indeed fighting a tough battle but she will get cured.

“Most children are initially skeptical but after we win their trust, they are extremely cooperative,” points out Dr Bhattacharya. She talks about a 17-year-old boy who had a tumour on his foot and for

the cancer not to spread, he needed amputation. His parents were skeptical about breaking the news to him. “I explained that he needs to know. When I told him, he said he was not surprised and asked me to do whatever I had to.”

SHYING AWAY FROM TREATMENT

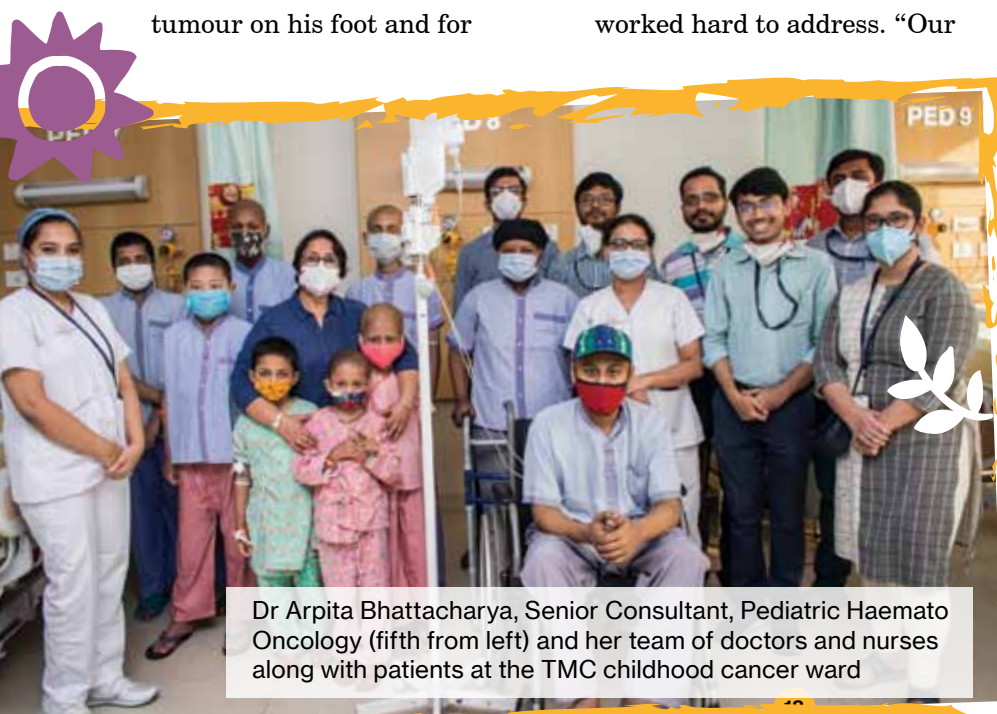
Though the pediatric oncology department gets an average of 700 new cases every year, only half the patients actually start the treatment. And that is not good. “Failure to initiate treatment is a bigger problem than treatment abandonment,” says Dr Bhattacharya.

Close to 80 per cent of the patients come from lower middle-class families and the moment they hear that treatment could cost anywhere between ₹2 –15 lakh, they back out.

This is a critical aspect of cancer care that TMC has worked hard to address. “Our

problem is to generate enough resources to make sure that all children are able to afford treatment,” says Dr Mammen Chandy, Director, TMC.

To make this happen, the hospital has signed up with corporate donors, the Prime Minister’s Relief Fund and several NGOs such as CanKids KidsCan and St. Jude India which support children suffering from cancer. While St. Jude offers free stay, CanKids helps raise funds for treatment. The hospital is also part of Coal India’s Bone Marrow Transplant for Thalassemia Program, as part of which Coal India gives Rs10 lakh to each child for transplant. “I am hoping that in the coming year we would be able to generate at least Rs10 crore to help poor patients get treatment,” Dr Chandy further adds. Another differentiation that TMC offers is the thought that goes into quality of treatment. A case in point – over 45 per cent of leukemia among children is a variant called Acute Lymphoblastic Leukemia (ALL). The cure rate for this type in developed countries is over 95 per cent. However, in India, the cure rate is just about 60-65 per cent. One of the reasons for this is lack of a uniform treatment protocol. As an example, the treatment protocol at Tata Memorial Hospital (TMH) in



Dr Arpita Bhattacharya, Senior Consultant, Pediatric Haemato Oncology (fifth from left) and her team of doctors and nurses along with patients at the TMC childhood cancer ward

Mumbai was quite different than that of Cancer Institute Adyar in Chennai.

In 2014, the Tata Translational Cancer Research Centre (TTCRC), the research arm of TMC, launched the Indian Childhood Collaborative Leukemia Group (ICiCle) to develop a uniform protocol to treat childhood cancer, especially ALL. The first step has been to get large centres such as AIIMS, TMH Mumbai, Cancer Institute Adyar and Chandigarh PGI to adopt a uniform treatment practice. It includes uniform diagnosis, assessment of treatment response and prescription of medicines.

Dr Shekhar Krishnan, scientist at TTCRC and Senior Consultant, Pediatric Hematology and Oncology, explains the benefit. “We are trying to learn from each other on how to refine care and are trying to test certain

elements of treatment to improve outcomes. The word collaborative is important, as in India we have largely practiced single institution work. A lot of medical care is physician-driven care rather than institution-driven care. We want to change that by creating systems which allow continuity of care and a uniform standard of care rather than be dependent on one or two individuals,” says Dr Krishnan. The larger intent is to get more hospitals under the fold of this standardised treatment protocol.

TTCRC is also trying to develop solutions that could reduce side-effects as well as make cancer treatment more affordable. “From 2016, we started clinical trials to test new treatments which may decrease side-effects of treatment or improve cure rates,” says Dr Krishnan, who believes that the best place for a child to be treated is in the conduit of a clinical trial

as it involves rigour, supervision and monitoring. “We have seen that our treatment-related side-effects and deaths have been halved in the clinical trials, just by carrying out collaborative, systematic and uniform practices,” says the doctor.

These learnings benefit even those patients who are not part of clinical trials as they also get new and better protocols of treatment. Dr Krishnan says TMC has been able to considerably reduce treatment-related death.

Dr Chandy's vision is to make TMC's child cancer care department the best in India. Through techniques backed by intense research, TMC is working to drastically bring down child cancer deaths and make treatment more affordable. “Getting a Christmas card from the family of a child who got cured is such an inspiring reward” he says. ●



Dr Shekhar Krishnan (third from left), Scientist at TTCRC and Senior Consultant, Pediatric Hematology and Oncology, with his TTCRC team



Bold & Resilient

These works of art created by the kids battling cancer at TMC Kolkata gets converted into a calendar every year. Not all the artists have been able to win the battle against cancer. But each of these paintings speaks of their strong will-power, grit and determination to fight the odds.



