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Together We Can
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Dr Siddharth Singh, IAS

It gives me immense pleasure to know that the seven Assam Cancer Care Foundation hospitals at Barpeta, Dibrugarh, Tezpur, Kokrajhar, Lakhimpur, Jorhat & Darrang - dedicated to the nation by Hon'ble Prime Minister of India, Shri Narendra Modi ji, are witnessing the first anniversary on April 28, 2023. Assam Cancer Care Foundation - an initiative of the Government of Assam and the Tata Trusts started its journey in December 2017 with a vision to transform the cancer care ecosystem in the state of Assam, which would also serve the purpose for entire NE region.

Under the leadership of our Hon'ble Chief Minister Shri Himanta Biswa Sarma, who is also the Chairman of ACCF, these facilities are striving to meet the purpose i.e., to provide accessible cancer care for all irrespective of their economic situation.

Most of the patients are being treated under AB-PMJAY and the state-run Atal Amrit Abhiyan where patients get cashless services closest to their homes. Comprehensive cancer facilities are also coming up in Diphu, Silchar and Dhubri and five more day care cancer centres have been already planned and construction is soon to commence.

The upgradation of State Cancer Institute through ACCF will make it a 350 bedded Apex cancer care institution in NE for referral, teaching, training, and Post Graduate Research.

The journey of cancer care system in Assam has been quite challenging with disruptions such as Covid, floods, and other issues but the grit and enthusiasm of the ACCF team has made it possible to move on and complete the task efficiently. This Newsletter is testimony to the achievement of the people of Assam to whom the cancer services are being dedicated.

Government of Assam is committed to provide all possible support to the success of the ACCF programme.

I congratulate the team ACCF for publication of this Newsletter.
The Journey of a Start-up Cancer Care Network

Thursday, April 28, 2022 was a historic day in the world of Cancer Care, fulfilling a sense of achievement and immense sense of satisfaction amongst all of us.

Seven state-of-the-art cancer hospitals in Assam were dedicated to the nation by Hon'ble Prime Minister of India Shri Narendra Modi in the august presence of Shri Himanta Biswa Sarma, Assam Governor Shri Jagdish Mukhi, Union Minister Shri Sarbananda Sonowal, Shri Rameswar Teli, Former CJI and Rajya Sabha Member, Shri Ranjan Gogoi, Shri Ratan Tata, Chairman Tata Trusts, and other dignitaries at Dibrugarh.

Cancer conjures up images of shock, grief, suffering, uncertainty, and impending demise. It represents the feeling of loss in many ways, most notably absolute financial loss for families unable to meet the costs of treatment. The people of Assam - with only two Government cancer facilities in the state against the backdrop of having ~50,000 new cancer patients annually, were worst hit.

In the year 2018, the Tata Trusts joined hands with the Government of Assam and decided to embark upon a journey to break this vicious cycle of disease, sufferings, economic disaster and finally untimely death of the patient without getting access to and completing the treatment on time.

The solution was unique - Break the myth

Myth that cancer care can only be delivered in major cities and capitals and bring it closer to people’s home at district level. And herein, was introduced the distributed cancer care model of Assam supported by the Tata Trusts, wherein 17 hospitals have been planned in phased manner.

The journey has been a roller coaster ride. Some of the major challenges that were faced during planning stage were:

What kind of facility to be planned?
What would be the extent of technology and equipment?
Where do you get clinical manpower?
How are these going to be sustainable in the long term?

The ingenuity of the then Health Minister (Now Hon’ble Chief Minister) and officers from the Government of Assam, supported by the expertise provided by the Alamelu Charitable Foundation, (which oversees the Tata Trusts cancer care programme) the solutions to the critical problem evolved, just in time.

The network of facilities will be of three levels. Level 3 would be day care centres offering chemotherapy and radiation. Level 2 would have surgical capabilities and advanced laboratory. Level 1 will be an Apex centre at Guwahati. For constructing and equipping of the facilities, technology selected was best and latest with base isolators to prevent earthquake damage, Building Management System for energy efficiency, IT integration of all functions for leveraging tele-medicine services and so on. The Clinical manpower was harnessed from the best of institutions across the country. We must salute these doctors and scientists who have come from faraway places to participate in this philanthropic programme and have already carved a niche for themselves in cancer care. It was decided that the facility would be operated under the joint venture company called Assam Cancer Care Foundation.
Some of the key challenges during developmental stage were:

(a) Weather conditions and terrain, which adversely impacted the construction activity. Many sites got inundated due to floods for prolonged periods

(b) The onslaught of COVID pandemic and its impact on manpower and logistics adversely affected the project timelines

(c) Tracking medical equipment worth crores and installing them which were donated mostly by the Tata Trusts and a few of them by philanthropic partners was another challenge

(d) Getting skilled technicians, technologists, and nurses, which was overcome by timely induction, training them in apex centres such as TMH Mumbai / TMC Kolkata in advance and onboarding the champions on time.

(e) Getting all statutory clearances in record time

It needs to be emphasised - we are talking about simultaneous development of not one, not two but SEVEN cancer facilities complete and operational with Radiation equipment along with full complement of radio diagnosis and laboratory equipment.

As part of the Tata Trusts vision, to provide early detection of cancer and access to treatment, the outreach programme of the ACCF has been instrumental in carrying out awareness programmes and screening activities in the state. This has been a landmark initiative, which has fulfilled the promise of providing cancer care closer to people’s homes.

With focus on a holistic cancer care environment including treatment and research, our Doctors have actively participated in academics and research and can boast of 17 publications and two international invites, where the Assam Model of cancer care has been widely appreciated and considered for replication across various geographies.

As we are completing one year since the hospitals were dedicated to the nation, we proudly announce that we are meeting the purpose for which these facilities were created. More than 10,000 new cancer patients have been registered till date with the fully functional seven facilities. Most were beneficiaries of the cashless Pradhan Mantri Jana Arogya Yojana and Atal Amrit Abhiyan, and did not incur any out of pocket expenses for the treatment.

Others are getting covered by self-medical insurance and members of organised sectors are covered under their respective corporate health plans. The veteran’s community (Ex - Armed Forces personnel) of entire Northeast will not have to go out of Assam State, as they will all get cashless treatment under ECHS, at all the centres of ACCF.

We are confident that with efficient operations and within health finance mechanism available, the facilities will become self-sustaining within a short period of time. What started as a resolution to stop the cross-country migration of cancer patients of Assam, has evolved as a beacon of hope for them to get quality care at their doorstep.

Cancer is not synonymous with death. 80% cancers are curable if detected early. 70% cancers are preventable, if people give up the risk factors. With easy access, the detection of cancer will now be quite early and thus, cure rates will also be equally high.

As Thomas Carlyle said, “He who has health, has hope; and he who has hope, has everything”

Today, we are committed to give you both health, and hope!
It has been one year since seven ACCF hospitals were dedicated to the nation by Hon’ble Prime Minister of India. Many thought the project of setting up a network of 17 cancer hospitals in the state was possibly not a feasible idea due to perception that it would be difficult to harness clinical and technical manpower, and operating the high-end equipment in the small districts could be a challenge. Notwithstanding, it is the vision and thought of Hon’ble Chief Minister of Assam Dr Himanta Biswa Sarma which could sail this project through with the philanthropic support from Chairman of the Tata Trusts Shri R N Tata. The joint vision of two great personalities was never to fail. And here we stand tall in service of mankind to provide cashless and highly affordable cancer treatment to almost ten thousand patients in Assam in one year, using latest and advanced technology.

A lot of credit goes to our real heroes - the team of Oncologists who came forward to work in the programme from various parts of India. We have Doctors from South India, UP, MP, Odisha, and so on. All of them have faced linguistic barriers, cultural difference, not getting the food they are accustomed to, adverse weather condition and at the top of all staying away from their near and dear for prolonged periods.

The country does produce real good doctors who empathise with a cause and are determined to make a difference. Even during thick of COVID, none of the doctors missed the day care cancer chemo centres even for one working day.

As we celebrate the anniversary of our seven hospitals, we salute the great human beings who have blessed the programme with their knowledge, skill and talents - and have made cancer care near to peoples home a reality.

The ACCF programme got the endorsement from the Government of India wherein, advisory has gone to all the States and Union Territories to consider the ACCF model with local adaptation and move towards similar affordable cancer care in the respective states.

Sun rises in the east. Truly, the Sun of the East has shown the path of light in cancer care to rest of India. I am sure there will be many such beautiful rays which would emanate from the east for rest of the nation to get enlightened.

Thank you Doctors!
Hon’ble Chief Minister Dr Himanta Biswa Sarma personally reviewing the construction of seven hospitals
Hon’ble Minister, Health and Family Welfare, Assam - Shri Keshab Mahanta inspecting construction sites

Hon’ble Governor of Assam Shri Gulab Chand Kataria visiting the Jorhat Cancer Centre
Hon’ble Prime Minister of India Shri Narendra Modi dedicated 7 cancer hospitals to the people of Assam and laid the foundation stone for 7 new cancer hospitals in the august presence of Hon’ble Chief Minister Dr Himanta Biswa Sarma, Tata Trusts Chairman Shri Ratan Naval Tata and Hon’ble Minister of Health, Assam - Shri Keshab Mahanta
In May 2017, the Government of Assam partnered with the Tata Trusts and conceptualised a first of its kind “Distributed Cancer Care Model” under which a hierarchy of cancer care centres were to set up to bring cancer care closer to patients homes. An MoU to implement the project was signed between the Tata Trusts and the Government of Assam on February 3, 2018 giving birth to the Special Purpose Vehicle “Assam Cancer Care Foundation (ACCF)”. 

It was decided to set up 17 Cancer Hospitals across the length and breadth of Assam. The plan was to develop cancer hospitals of different sizes, categorised as L1 (Apex Centre), L2 (Comprehensive Cancer Hospital) and L3 (Day Care Centre).

The construction works for a chain of 17 cancer hospitals with a total built area of 25 lakh sq. ft. would rank among the few of the largest hospital construction works not only in the country but, in the world.

For setting up the infrastructure a tender was floated, and the contract was awarded to Larsen And Toubro (L&T), with Master Contract being signed on July 3, 2019.

A conscious decision was taken to adopt prototype hospitals with a uniform design and layout to facilitate cost optimization and efficiencies in construction and to develop state-of-the-art earthquake-resilient hospital buildings, complying to the guidelines of National Disaster Management Authority.

Accordingly, the latest technology of using Base Isolators in the foundation system was adopted with the ACCF Cancer Hospitals being among the few buildings built with this technology in the country.

The construction work is being taken up in two phases. In the first phase, 10 hospitals were planned. In the second phase, 7 centres are to be built.

- L2: Barpeta, Dibrugarh, Silchar, Diphu
- L3: Tezpur, Kokrajhar, Darrang, Jorhat, North Lakhimpur
- L2: Dhubri
- L3: Nalbari, Goalpara, Nagaon, Tinsukia, Sibsagar, Golaghat
For all the first phase hospitals, the construction work was supposed to begin at the same time. However, the hindrance-free sites were available only for Barpeta, Dibrugarh and Tezpur. Work order for these three sites were issued on July 15, 2019.

Moreover, a lot of logistic issues cropped up for transportation of construction materials and equipment during this period. Again, a lot of support was received from the authorities especially the District Administration through which the trucks were moving.

The infrastructure team would facilitate and monitor the movement of buses carrying manpower and trucks carrying material to the extent of being in constant touch with even the drivers of the vehicles.

Time and again, the sites were also affected due to heavy rains. Darrang site was highly prone to floods, and because of the floods work got halted during two crucial periods, i.e. June’20 to July’20 and then again from August’21 to September’21.

In Lakhimpur, Jorhat and Dibrugarh, huge water logging problems posed serious challenges during the crucial construction periods. For arresting the flooding issue at Darrang site, ACCF team approached the Water Resources Department who conceptualised a proposal to build an embankment, which would block the flood water. The proposal was approved, and the embankment work was completed on time, before the inauguration of our hospital. Further, site development works such as drainage, approach roads, culverts and boundary walls were undertaken and completed by the contractor, with the help of relevant Government departments in due time. Despite the odds and tribulations, 7 hospitals at Dibrugarh, Barpeta, Jorhat, Lakhimpur, Kokrajhar, Tezpur and Darrang were inaugurated by Hon’ble Prime Minister of India on April 28, 2022, in the presence of Shri Himanta Biswa Sarma - Hon’ble Chief Minister of Assam; Shri Ratan Tata - Chairman, Tata Trusts and host of other dignitaries.

For the remaining 7 locations, identified sites had issues in the prototype model fitment. In addition, there were hindrances such as encroachments, water bodies, utility lines passing through the sites and presence of previous concrete structures. A lot of support was received from the Government of Assam in removal of encroachments, demolition of old dilapidated structures and shifting of power lines etc. In the case of Darrang Cancer Centre, the earmarked land parcel was earlier categorised as a Professional Grazing Reserve with large scale encroachments. The entire process of land allotment for Darrang was delayed because of the conversion process and encroachment clearance drives.

Additionally, a lot of land filling and tree cutting works were initiated as a pre-construction activity for all sites. Even after commencement of construction, work was hampered at different stages, primarily due to the two phases of COVID-19 pandemic.

In the first phase, the construction activities were severely affected by the lockdown from March 2020 to June 2021, while the second phase impact was from April 2021 to January 2022. During and after these periods, manpower mobilisation posed serious challenges, as there were restrictions for inter-state movement and approvals were required to be taken for the manpower mobilisation resulting in severe shortages of skilled manpower at all sites.
Cancer hospitals are subject to various regulatory requirements, both pre-construction and post-construction. The purpose of the requirements is to ensure that the facilities are designed, built, and operated in a manner that is safe, effective, and compliant with laws and regulations.

**Pre-Construction Requirements**

**Approvals from relevant regulatory bodies**
Before construction can begin, the hospital must secure approvals from relevant regulatory bodies such as the municipal corporation / Boards, State Pollution Control Board, and Fire Department.

**Building Plan Approvals**
The hospital must also secure approvals for building plans and designs from the local urban development authority. This includes plans for the layout, fire safety, and electrical systems. Certain hospitals like Jorhat and Lakhimpur also required approval from Airport Authority of India - considering their proximity to the airport.

**Environmental Clearances**
Cancer hospitals must comply with environmental regulations to minimize impact on the environment. This may include obtaining environmental clearance certificates from the Ministry of Environment and Forest.

**Post-Construction Requirements**

**Clinical Quality**
Cancer hospitals must adhere to clinical quality standards under the clinical establishment rules of the state.

**Radiation Safety**
Cancer hospitals must comply with radiation safety regulations set by the Atomic Energy Regulatory Board (AERB). This includes the use of radiation equipment, storage of radioactive materials, and disposal of radioactive waste.

**Waste Management**
Cancer hospitals must adhere to regulations for the disposal of hazardous waste, such as chemotherapy drugs and radioactive waste.

**Emergency Response Planning**
Cancer hospitals must have emergency response plans in place in case of medical emergencies, fire, or other hazardous events.

**Record Keeping**
Cancer hospitals must maintain accurate records of all patients, treatments, and medications. This includes electronic health records and paper records.

There were a few regulatory challenges related to compliance with government regulations. Radiation equipment like Linear Accelerator, PET-CT etc. must be registered and licensed with AERB. This process can be time consuming and may require significant documentation and compliance with specific standards.

In conclusion, we had to comply with a wide range of regulatory requirements - both pre-construction and post-construction. The purpose of these regulations was to ensure that the facilities are designed, built, and operated in a manner that is safe, effective, and compliant with Indian laws and regulations. Government has created online approval facility for most of the regulatory requirements under Ease of Doing Business. For the balance requirements, physical approvals are required. All Government Departments have been extremely cooperative in fast tracking the approvals for our hospitals and have also guided us with documentation as and when required.
Concept of Connected Hospitals

The ACCF network of hospitals have been conceptualised with a strong IT-enabled infrastructure. Even during the project phase, the ACCF IT team had developed its own application - The ACCF LIVE - which facilitated basic HR operations, procurement operations and managing outreach activities for data capturing and data sharing. It came as a blessing during the entire COVID period when movement of people and documents was severely restricted, and a network-based administration was the best option.

Subsequently, HMIS application modules were integrated. The hospitals are gradually migrating towards a paperless mode. All patient care functions are now carried through HMIS. Hundreds of hours of training have been invested to train Nurses, Front office, Billing, Lab staff etc. to get accustomed to the HMIS.

All hospitals are integrated with Lab management system and a PACS system so that any patient moving between different ACCF hospitals need not carry any physical file. The Doctors can access the records and continue treatment.

All our physical assets have been tagged in digital format with a bar code - which once scanned can give access to the history log of the asset on real time.

All hospitals are integrated with a Building Management System, which can be accessed for data from a central monitoring station and power consumption, temperature and humidity parameters, and many other aspects could be managed centrally in addition to the local monitoring.

These are just the initial steps. We will soon place slide digitizers to transfer tissue images to higher centre for second opinion and teaching purposes.

In the era of digital transformation, we can boast to be pioneers for many firsts in the North Eastern region.
The 29th day of April 2022, brought with it a new day of sunshine, a day of new hopes, and a day full of fulfillments. It was the first day of operations after inauguration of ACCF hospitals on April 28, 2022 by Hon’ble Prime Minister Shri Narendra Modi Ji. It was a vision to watch – each one of us adorned with enthusiasm and determination to deliver the noble cause of serving the people of Assam with quality cancer care.

“Good Morning! How may I help you?” … thus, the day begin at the helpdesk. We recorded our first patient of the day at around quarter past nine in the morning. Every member of the team demonstrated vigour and resilience in their respective roles. Challenges were there. Especially, the common ones in a new setup called the ‘shake down period’. However, the team sailed through smoothly. The mantras that helped us were –

- Constant guidance and support from the highly experienced team of professionals at head office
- Emphasis on in-house training and training by head office for all staff
- Motivation and cohesiveness of the young and vibrant team

Jorhat Cancer Centre caters to the people of Jorhat, Golaghat and Sivasagar district with approximate dependent population of 45 lakhs. Of this, 15% of the population is below poverty line; approximately 40% people are from lower middle-income group and majority in middle income group. The centre offers affordable rates, cashless treatment through government schemes – AB PMJAY and AAA and concessions for BPL patients. It is heartwarming to see that patients have reported for treatment with favourable results.

Even those who had dropped out of their treatment earlier due to financial constraints, restarted their treatment in our centre. We feel blessed when patients and their relatives express their emotion that we have given a second chance. Those from the higher socio-economic strata of the society have also expressed their happiness for the opportunity to get their near and dear one treated in a state-of-the-art facility.

We are completing one year of operations with over 2000 cancer patients undergoing treatment in our centre. We have touched many lives, experienced the pain and sufferings of the cancer patients and their relatives, and have evolved as their care giving partners during the time of their need. We need to work more on early detection so that maximum cancers are treated for complete cure. We are meeting various key opinion leaders, social workers and practitioners to help and motivate potential and suspected cancer patients to get checked at our hospital.

Our team is always working with complete empathy. It will be a lifetime experience that no one of us will forget. One lesson that was learnt – If anyone believes in something, it can be achieved.
Sailen (name changed), a 42-year-old man from North Lakhimpur walked into our centre with a feeble look and yet, hopeful eyes. It was in the month of May 2022, a few days after inauguration when Sailen learnt about Lakhimpur Cancer Centre and he is amongst the first few patients to visit our facility. He was diagnosed with NHL - a type of lymphoma for which he was undergoing chemotherapy treatment in Chennai. As mentioned by him, for each chemo cycle he had to pay around Rs 40,000. He was not eligible for government sponsored health schemes and out of pocket expenses like traveling, accommodation and food were huge.

However, when his treatment begun in our facility, each cycle of chemo cost him Rs 5427. Not only the financial burden reduced, he was also able to save money both in treatment and out of pocket expenses. The patient had completed his chemotherapy without any complications and now visits us for check-ups.

The mission of ACCF is to provide quality and affordable cancer care close to patients’ home and by treating one of our first patient we have achieved the core purpose of ACCF.
Setting up the first LiNAC (Linear Accelerator) of Upper Assam supported by IndusInd Bank, at AMCH (Assam Medical College and Hospital) paved the way for precision radiation therapy for the underserved population in the region. Throughout the pandemic days too, the team was able to continue services and deliver uninterrupted treatment.

Impact:
SINCE ITS OPERATIONALISATION IN FEBRUARY 2021, THE UNIT HAS SERVED MORE THAN 2500 CANCER PATIENTS.

The FIRST EVER PET CT SCAN HAS BEEN INSTALLED AT THE ACCF DIBRUGARH CANCER CENTRE with support from LICHFL. The PET CT scan till now was only available at capital city Guwahati. Now the people of Upper Assam do not have to wait for their turn or travel to Guwahati. ABOUT 200 SCANS ARE BEING DONE EVERY MONTH.

This is an important machine to detect the spread of cancer and plan treatment accordingly.

Aspirational district Darrang which has a high burden of cancer - was blessed with a day care cancer treatment facility.
THE FIRST MRI, FIRST LINAC AND THE FIRST CT SIMULATOR

in the district under public health system through ACCF unit is a miracle. Radiation Oncologist with a missionary zeal – Dr Sheeba Santhmayer, came forward all the way from Karnataka to serve the underserved communities of the region. Delivering world class services in a remote location was made possible with the support from BPCL through their philanthropic collaboration with us.

AT LEAST 2000 CANCER PATIENTS WILL BE BENEFITTED ANNUALLY.

A large number of people have benefitted from the Barpeta Cancer Centre. With the setup of ADVANCED RADIATION THERAPY BLOCK - LINAC, BRACHYTHERAPY, DOSIMETRY AND CT SIMULATOR, not only people from the region, but people from the neighboring country of Bhutan and other districts of Assam are likely to avail the services of the facility. NRL has been a partner in this journey through their CSR contributions towards the high value medical equipment.
About Radiation Therapy in Cancer
Radiation therapy is the use of ionizing radiation for therapeutic purposes. It consists of external beam radiotherapy and brachytherapy. External beam radiotherapy is produced by extranuclear / intranuclear sources. Linear accelerator produces mega voltage x-rays and electrons for the treatment of cancer, which is extranuclear. It produces X-ray beam, called photons, which are packets of energy and has the capacity to penetrate deep into the tissues. One linear accelerator can produce photon of multiple energies like 6 MV, 10 MV, 15 MV etc. Each of the energies has different penetrating power into the tissues and the same LINAC can produce electron energies, which is used for superficial tumours such as skin cancer. Electron beam have energies 4, 6, 9, 12, 18 Mev. and can be used as per the depth of the tumour.

Old Technology had more side effects
In earlier days, linear accelerator, which is a state-of-the-art machine was not accessible to the hinterland locations. Radiation therapy was delivered by conventional technique with cobalt machine. It has many limitations, such as penetrating power of the beam is less and cannot shape the radiation beam according to the tumour size and shape. due to which, dose escalation is not possible for curative treatment. Cobalt machine has fixed field size, so, cannot avoid the normal tissues, which are very close to the tumour, hence side effects are more.

Precision is what is needed now
On the other hand, modern linear accelerators have multileaf collimator, which can conform the radiation precisely to the tumour shape, by which normal tissues are avoided. Side effects are very less and can penetrate deep into the tissue, as a result – it can treat deep seated tumor in the body to a high dose. It can perform many advanced techniques like IMRT, IGRT, rapid arc, stereotactic radiosurgery and SBRT in moving tumour with the use of respiratory gating system.

Radiation therapy is crucial to the treatment of cancer. More than 60% of all cancer patients require some form of radiotherapy. It can be of radical i.e, curative, lifesaving, adjuvant i.e. post-operative, preoperative i.e. neoadjuvant and palliative treatment for various metastatic site for symptomatic relief.

Difficult but achievable
Operating linear accelerator in a hinterland is quite challenging in many ways. It is a high-end electronic device which produces megavoltage x-rays and it requires a very stable power supply. The components of the machine are highly sensitive and computer operative, therefore it requires to maintain specific temperature and humidity which, is a great task for these locations.

To operate the department it requires, qualified and experienced Radiation Oncologist, Radiological Safety Officer to communicate with the regulatory authority, which is Atomic Energy Regulatory Board in India, also other technical staff like medical physicist, radiation therapy technologist and trained oncology nurses.
We have completed two successful years without facing much challenges. It is an enriching experience professionally, as we are using state-of-the-art high-end machine in the hinterland. These two Linear accelerators donated by Tata Trusts and IndusInd Bank (one each) has been a boon to the region where daily 60 to 70 patients are getting treatment without having to travel to far away locations. Most of them are given cashless treatment under PMJAY and state-run Atal Amrit Abhiyan. It is the financially weaker sections and daily wagers who have immensely benefited as their days of wage losses are drastically reduced. This gives us satisfaction as patients are getting quality treatment near to their homes, which otherwise affects them financially, physically, and emotionally.

And we have overcome the myth!!
We have overcome the misconception regarding the functioning of linear accelerator in hinterland. It is possible to distribute these resources between two / three adjoining districts anywhere in India, particularly in states with high cancer burden.
Clinicians Perspective
- Practicing oncology in the hinterland

The Mystical Myths that Shroud in Cancer

Three things that have a far-reaching impact on even the most remote areas are mobile phones, health related myths, and Coca-Cola. When ACCF had opened the doors of the first ever Cancer hospital in Tezpur, covering more than five surrounding districts of Assam and the state of Arunachal Pradesh, as a practicing medical Oncologist, it is an unique vantage for me to understand the different perspectives of perceptions, beliefs and stories of the patients and their families with alternative frame of reference.

It is the daily wagers who are worst hit

The patients' socio-demographic profile is diverse, but the majority work daily to support their families. They hold a strong sense of respect for their culture and prioritize taking care of elderly relatives. Surprisingly, at least half of the patients who visit our hospital for the first time have already travelled to other parts of the country seeking an opinion on their diagnosis, hoping for better outcomes. However, this comes at a great cost to them as they often have to sell their cattle, house, or land to cover the expenses. Although state sponsored hospitals are available in Assam, many patients have depleted their resources after undergoing initial investigations or treatments, which makes it difficult for them to travel to the capital city of the state for further treatment. The cost of hiring a vehicle and the prolonged stay often results in a loss of income for the caregiver, causing them to discontinue ongoing therapy that may have been intended to cure the disease. Unfortunately, cancerous growths will spread if left untreated, leading to the patient's deterioration and pessimism amongst their family members.

Give more time in counselling

In the hinterlands, the practice and perceptions differ from that in cities. We must take the time to explain the need for initial investigations such as biopsy, staging work up, available treatment options, why treatment should be offered, government-sponsored schemes, and the issues involved in traveling and staying if the patient is coming from a distance. It is not uncommon to see patients stepping back from cancer hospitals due to common belief that biopsy results in spreading of the cancer. We must also discuss the realistic scenario, benefits, and risks in simple language with both the patient and caregiver. These issues require patience to break the ice and sow the seed of hope for a possible cure. We must also reassure them of a good quality of life and pain management if the disease is advanced and palliative care is necessary.

It is crucial to emphasise the importance of follow-up care. It is not uncommon to see patients who were operated on months ago presenting with an advanced stage of cancer. The histopathology report may have indicated cancer, but the patient may not have consulted an oncologist because they presumed that the surgery had cured them, and they were asymptomatic at the time.

The misinformed patients need compassion

Misconceptions about cancer are common among the general public - with some people mistakenly believing that cancer is contagious and always fatal once diagnosed. As a result, many individuals turn to alternative therapies like herbal remedies or unproven drugs in hopes of curing cancer without the need for chemotherapy, which can lead to delayed diagnosis and presentation at advanced stages. Additionally, some people mistakenly believe that chemotherapy is always a painful procedure. However, it is important to understand that cancer is a complex disease and educating oneself about it can lead to better outcomes, including early detection and proper treatment.

Delivering optimal cancer care with the available resources is crucial, particularly in remote or underserved regions. A well-trained medical oncology team can work wonders through clear coordination and placing patient care above self. This involves considering various factors from patient registration until discharge after chemotherapy, including social support, travel, and accommodation.
We are using modern diagnostics by deploying a supply chain system

By adhering to national cancer grid recommendations, incorporating genetic testing, molecular profiling, and immunotherapies can significantly improve patient outcomes. Initially, challenges were encountered, but with the support of effective management authorities, our team now conducts germline testing in breast and ovarian cancer patients recognising high risk patients, molecular profiling in lung cancer and other specialized cases, and provides free breast cancer screening.

People have started reporting in early stages now
Initially we got more of palliative / end stage patients however, pattern has reversed over the two years. We are now seeing early stage patients in whom cancer is completely curable. We believe that in few years we will be able to achieve the objective of reversing the ratio of late to early cancers, achieving 70:30 ratio of curable to advanced cancers. As the famous adage says - the only way to avoid cancer is not be born. Even when cancer occurs - with effective treatment team - patient can win the war against cancer.
Managing Equipment in the Hinterland

Hinterland is a region remote from urban areas - a region lying beyond major metropolitan or cultural centres. Naturally, it is very difficult to get OEM service support on time or spare parts in local market for any kind of machinery breakdown. However, there are special steps to be taken to adapt to these challenges.

Conduct regular inspections
Regular inspections of equipment and strict adherence to planned preventive maintenance can help identify any potential issues and prevent equipment breakdowns. It also ensures that the equipment is functioning properly and safely.

Train and educate employees
Repeated training and education of employees can help to reduce the risk of equipment misuse or damage. Employees should be given adequate knowledge of how to operate the equipment safely and effectively.

Maintain records
Keeping records of equipment maintenance and repairs can help to identify patterns of equipment problems and track the life cycle of the equipment. In ACCF we have application-based asset register in which data can be fed and retrieved on real time.

Secure equipment
When equipment is not in use, it should be secured and stored properly to prevent theft, damage, or exposure to harsh weather conditions.

Invest in inventory of critical spares
Investing in high quality critical spares can make a big difference in reducing the down time.

Vendor Development
Choosing reliable vendors and developing them for supply of spares, consumables and maintenance by linking them to OEM is also a strategy that has worked well.

At ACCF hospitals, we have been adhering to the above and have systematically monitored the breakdowns and our preparedness has helped in saving a lot of downtime.
Majority of the people reside in the hinterlands of Karbi Anglong – a district inhabited by Karbi people along with Dimasa, Kuki and Bengali. It has been a challenging task for the COP team to convince the people for visiting the centre and getting themselves screened or treated due to financial restraints and myths about cancer.

The Level 2 hospital in Diphu is under construction. It will have all departments including nuclear medicine, which will not only service the district but, patients from neighboring Nagaland too. Strengthening Diphu centre will benefit patients from all the Karbi regions, nearby Dima Hasao district, Dimapur, surrounding regions and possible places like Lanka. The centre has the potential to be a regional cancer centre catering to parts of Assam (maybe even up to Silchar, Nagaland) since the rail connectivity is good.

Cancer awareness and ease of access to the cancer treatment is still lacking in the rural population and many cancer survivors face discrimination from the public socially - for example by isolating cancer affected families. Myths are rampant - like cancer is a contagious disease or it is due to the sins committed. This must be addressed since the patients need socio-economic support to a great extent. Patients, including pediatric cancer suffer a tiring ordeal mentally, physically, and socio-economically to reach a cancer hospital to undertake treatment. Catering to these patients has given a new meaning to my life as a Doctor. Relieving a human being of suffering or mitigating it to an extent is to be given as much importance as curing any patient.

Professional satisfaction of catering to cancer patients across the country has been very fulfilling to me. I sincerely thank everyone for letting us be a part of the team which catered to Diphu, where I could re-invent my idea of being an oncologist, whereby I got the confidence in managing a rural cancer care centre. I humbly request my fellow clinical oncologists to contribute the vision of delivering oncology services to the hinterlands of our country.
With advanced infrastructure, the centre is having all the infusion, and bedside equipment along with automated laboratory, radiology equipment and facilities for emergency care in case of an adverse event. Staffed with senior medical and radiation oncologists and oncology trained nurses - the centre is bringing quality cancer care closer home. The Radiation Therapy unit is equipped with state-of-the-art Linear Accelerator (LiNAC) and brachytherapy units. The LiNAC radiation setup is a boon to the region and is serving innumerable patients who otherwise had to travel long distances from their base location. Dibrugarh Cancer Centre has two Linear Accelerators and about 60 patients are benefitted daily. With the rising cancer burden and inadequate cancer care facilities in the region, a high proportion of patients seek treatment outside the region which further aggravates the physical and economic burden of care.

**Patients now need not travel for Precision Radiation**

PET Scan (Positron Emission Tomography Scan) is a technique to detect the extent of spread of cancer and the progress and response to treatment in cancer patients. In the absence of this facility many patients had to travel to faraway places and spent considerable sum of money to avail the facility and that too after a long wait. Therefore, Dibrugarh Cancer Centre offers Nuclear Oncology facilities host specialized services such as Positron Emission Tomography (PET/CT), which plays an important role across the spectrum of cancer diagnosis, management, follow-up and therapy. It is a state-of-the-art technology that has changed the oncology practice in a few days. It is helping in practicing precise and personalised medicine. In the centre, current PET-CT machine allows the acquisition of both PET and CT on one platform.

**Top of the line Radio-Diagnosis equipment**

Courtesy Tata Trusts, this centre is also having three Tesla MRI and 128 slice CT Scan for best in class imaging for cancer as well as non-cancer requirement. The machines can perform 50 tests daily and cater to all kinds of patients at most affordable pricing. Mammography, Ultrasound, Echocardiograph are all available under one roof. It is designed to enhance care for difficult patient care situations; the scanner allows ease of positioning, patient comfort and quickness while generating precise, highly detailed images.

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**Dibrugarh Cancer Centre**

Dibrugarh Cancer Centre is providing quality care to the last person possible. We are delivering comprehensive cancer care and ensuring affordable quality treatment to cancer patients in Assam. Dibrugarh Cancer Care will endeavour to strengthen cancer care system and reduce economic burden of cancer treatment across the state.

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**First Nuclear Medicine facility in Upper Assam**

Dr Nabajyoti Choudhury
Medical Director
Dibrugarh Cancer Centre

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**Yes! We Made a Difference in the Life of Cancer Patients**

Dibrugarh Cancer Centre is providing quality care to the last person possible. We are delivering comprehensive cancer care and ensuring affordable quality treatment to cancer patients in Assam. Dibrugarh Cancer Care will endeavour to strengthen cancer care system and reduce economic burden of cancer treatment across the state.
Dibrugarh Cancer Centre enables patients to access comprehensive diagnostic and full-fledged treatment facilities, closer home. However, the costly accommodation charges in major cities are unaffordable to the patients and accompanying caretakers, many of whom belong to Below Poverty Line (BPL) category. There have been instances of patients discontinuing treatment and returning to their native places, due to lack of low budget lodging options. To redress this problem, the Tata Trusts is providing accommodation for patients and attendant free of cost or for nominal charges. The Centre offers cashless treatment for patients under State Government Scheme – AAA (Atal Amrit Abhiyan), the Central Government Scheme- PMJAY (Ayushman Bharat Pradhan Mantri Jan Arogya Yojana) and ESIC.

Cancer is devastating for many. The team of Doctors, Nurses and Technologists are the beacons of hope who are trying to make a difference in the lives of cancer patients.
Impact Stories

*Cancer treatment can be costly... is but, true – however, not anymore.*

At ACCF facilities with the support of D Mart no one will return without treatment because of want of finances. So often we come across news or have heard about patients not being able to get themselves treated or leaving treatment midway due to lack of money. D Mart has sponsored for a noble cause to support patients who are in need and help them receive and complete treatment under patient support programme. The evaluation process is completed swiftly, and treatment starts immediately. So far, ten patients are undergoing treatment under the benevolent scheme. Here a few anecdotes of patients being treated by D Mart sponsorship:

**Breaking the financial Barriers in Cancer Care**

*Ajit Karmakar* (name changed) – 56 years old daily wage labourer - had difficulty in drinking, eating and had pain while swallowing. Initially he had pain relief medicines in consultation with the local doctor however, his symptoms did not subside, and he was referred to Barpeta Cancer Centre in October 2022. He was diagnosed with cancer of the larynx.

The patient lives in a single room rented house in Barpeta Road along with his wife, a daughter and son. He earns Rs 5000 a month, which is not enough for a family of four. The thought of cancer treatment was far from real for him. At the time of starting his treatment, he could not be enrolled into government cashless scheme due to technical issues. He has again applied with required documents, which will eventually enable him to get enlisted for PMJAY scheme benefits.

In order to tide over this interim period and help him start his treatment immediately, Ajit was evaluated and accessed by the Barpeta Cancer Centre outreach team through home visit and other verifications to get him under the patient support programme sponsored by D Mart.

Today, Ajit is receiving proper treatment and is recovering. He is being supported to get enrolled in PMJAY and his further treatment and follow-up will be provided under the cashless scheme.
It is Possible When You Choose HOPE

Shyamvati Sharma (name changed) – aged 64 years, hails from Rampur village in Chapra district of Bihar and now resides with her daughter in Tinsukia district of Assam. She was referred to Dibrugarh Cancer Centre by a local practitioner and was diagnosed with cancer of the Cervix (early stage).

She was advised to undergo Radiation Therapy which would cost Rs. 1.5 lakhs approximately. Shyamvati did not have BPL, PMJAY or AAA Cards. Although she had applied, the process was delayed. Shyamvati is unemployed and after the death of her husband, she is dependent on her son-in-law who is not financially equipped. He is engaged in a small tool shop where an average of Rs. 6,000 is earned monthly. They resorted to borrowing money from relatives for initial treatment before they came to Dibrugarh Cancer Centre. To help her start the treatment immediately, she was assessed by the Dibrugarh Cancer Centre outreach team through home visit and other authentications to get her under the patient support programme backed by D Mart.

The patient is getting appropriate treatment and is improving. She is being also helped to get enrolled in PMJAY and her further treatment and follow up will be given under the cashless arrangement.
It’s hope and confidence that matters…
Ms Runumi Sarma - conquering cancer

“For winning a war, sometimes we need to give up in small battles, with temporary outcomes. Loss of hair is temporary; cure is long lasting.”

Ms Runumi Sarma has remained positive and confident in the face of adversity - when she was diagnosed with breast cancer. A mother of a grown-up daughter, Ms Runumi one day suddenly felt a lump in her breast. She felt uncomfortable due to the new development in her body however, overcoming her fears and anxiety, consulted a gynecologist. Ms Runumi underwent mammography and her report suggested of malignancy. She consulted Tezpur Cancer Centre – upon examination – she was diagnosed with early stage breast cancer. She went under the knife, followed by chemotherapy. She is recovering well.

Ms Runumi was full of hope and was optimistic about healing. Being an avid reader of books and literature – she had penned her experience about the ordeal in the form of poems, which was later published as a book -

We are happy to present a poem from Ms Runumi’s collection of poems.
Nursing the cancer patients
– Making hope real

A nurse is eye for blind
Tongue for dumb
Leg for amputated
Consciousness for unconscious
and hope for the hopeless

Life is more worth when filled with hope.

Hope has great influence in people who are suffering and are living in darkness and hopelessness. It induces positivity. A nurse plays a vital role in stirring positive vibes in patients by being present for them with healing words, listening to their pains, being empathetic, and with love and care.

Building Trusts

Being in the profession and serving for many years, I have come across different kinds of patients with different levels of sufferings. Our task can become very challenging at times however, we need to remain calm and patient. We need to understand that they look up to us and we must provide information and answer questions in a compassionate, positive, honest, and respectful manner.

One aspect of nursing is building trust of patient. This can help in providing prognostic information by assessing what the patient knows and following their lead. Nurses are trained to identify activities associated with the provision of prognostic information that require collaboration with physician and other health care providers.

To sum up, hope is an essential aspect which assists all individuals to improve their quality of life by enhancing their confidence and bring positive attitude towards life. As rightly said by Orison Swett Marden - “There is no medicine like hope, no incentive so great, and no tonic so powerful as expectation of something tomorrow”.

Training and Skilling
– Continuous requirement in oncology nursing

Cancer patients require special care and treatment. Nurses in ACCF are oncology trained and we ensure that our patient receives best of care. Emphasis is laid on upgrading the skills, which is a continuous requirement in nursing. We have special training modules for our nurses. To mention a few –

- Knowledge to provide unique care and safety to cancer patients
- Caregiver communication and counselling
- Preparation and administration of chemotherapy drugs, understanding its functions and side effects
- Peripherally Insertion of Central Catheter (PICC); procedure and its care and maintenance
- Central Venous Access device (CVAD). What is a CVAD and why do patient need CVAD
- Chemo port insertion - How to install a chemo port and its side effects
- Management of pre and post radiation therapy
- Radiation safety and side effects
- Antidote for extravasations and its management

Special sessions are conducted regularly for palliative care and pain management. We are proud of our Nursing team who have enthusiastically learnt all the new skills and are able to provide service to all patients.
Strengthening Screening and Early Detection of NCDs With Particular Reference to Cancer - Assistance to NPCDCS Programme

Holistic programme in Cancer Care: ACCF Model

ACCF is mandated to transform cancer landscape in Assam. While ACCF hospital infrastructure was under progress, cancer related community outreach programme was launched in eight districts in 2019-2020. Strengthening of cancer awareness was started under stewardship of local health authorities in a few districts under extant guidelines of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular disease, and Stroke (NPCDCS) Programme.

Project Pratyasha is a Programmatic adaptation of the existing components of NPCDCS to fast track the screening and awareness on non-communicable disease with reference to cancer. For the last two years ACCF has been supporting NCPDCS Programme through community-based screening, handhold support to frontline workers and generating awareness about cancers and its risk factors. In the next phase, ACCF is planning to create a collaborative mechanism and maximize the results intended under the programme across 31 districts of Assam.

Expected outcome

The activity will cause large scale awareness on NCDs and on the aspects of cancer prevention, and early detection. The health seeking behaviour of target age group is very poor, being committed to livelihood and taking care of their dependents. Reaching out to this group will have a positive and social impact. Early detection and subsequent initiation of treatment of diabetes and hypertension will reduce middle age complications of kidney failure, cardiovascular disease, and stroke. Information about accessible and affordable cancer care facilities will reach millions and will improve early-stage enrolment of patients into credible cancer care, leading to improved outcome in terms of cure rates. A robust mechanism of follow-up by Programme staff will reduce treatment dropouts. Success of the Programme may lead to policy reforms of NPCDCS at national level - with Assam being the role model.

We are thankful to all donors for their support in our initiative.
Community Outreach Programme at Barpeta And Kokrajhar

Assam Cancer Care Foundation runs Community Outreach Programme in eight districts of Assam since 2019. The manpower of this programme includes a team constituting District Health Manager, Health Camp Manager, Dentist and Staff Nurses. The activities conducted by the outreach team includes cancer screening camps, school and college awareness on ill effects of tobacco consumption; community awareness programmes on risk factors and signs and symptoms of oral, breast and cervical cancer; training of health care workers on oral, breast and cervical cancer screening procedures; collection of cancer prevalence data and home visits of cancer patients. The motive of such activities is to close the care gap between the cancer patients and their care givers, early diagnosis, and treatment of cancer. However, every outreach team experiences different challenges depending on the demography and terrain of their respective districts. This article throws light on the activities and challenges faced by Barpeta and Kokrajhar outreach teams.

The team could identify suspected cases in the community through frontline healthcare workers and home visits. However, since many of the patients were from BPL category - engaged as farm labourers or daily wagers - they were constrained to undertake travel and was afraid of losing on income and inability to afford treatment. Patient support navigators have been instrumental in mobilizing them using available resources and government ambulances and they were brought under the cashless treatment under state-run AAA scheme and later under AB-PMJAY. To further strengthen the survey activities under NPCDCS programme – a two-day camp was organized for each HWC where the healthcare staff were trained about the risk factors, signs and symptoms and screening procedures of oral, breast and cervical cancers. They were also further educated to fill the Community Based Assessment Checklist (CBAC) forms and maintain NCD registers. Out of these suspects, 39 cases were found to be positive for cancer and most of them are undergoing treatment at Barpeta Cancer Centre. This has given us many success stories from the community as well.

Meherunnisa (name changed) - a 52-year-old female - diagnosed with Stage 2 oral cancer from Sorupeta, Bhawanipur said, “I was having a lump inside my mouth. I did not consult any doctor for the fear of being diagnosed with cancer. But, after getting myself screened in the Cancer Screening Camp held in my locality, I got a second life.”

On the other hand, 42-year-old Zohra Begum (name changed) from Barpeta town said, “I was worried because of my irregular periods, despite consulting various gynaecologists for years. Then one day I got myself screened at Barpeta Kiosk and was diagnosed with Stage 1 cervical cancer. I got my hysterectomy done. I thank the Kiosk staff for making me get rid of cancer.”

Such feedbacks from the patients make our tiresome work a lot easier thus, motivating us to do quality work. Apart from screening camps, various sensitization and awareness activities were conducted on risk factors, signs, and symptoms of common cancers in schools, colleges, Government offices and villages. Various General Practitioners and informal providers (pharmacists) were trained on cancer screening procedures. The programmes focused on prevention of cancer and importance of cancer screening and early diagnosis.
Firstly, the patients will have a greater stake in influencing their treatment decisions - both because they will bear the costs of care and because they will be faced with making more choices as technology expands treatment options. Secondly, there will be an increased call to measure and manage care as cost increase in the face of concerns about quality and access and as information technology makes it more feasible to do so. Thirdly, improving health will require a broader view in which the discoveries of science and the new biology combine with those of the social and behavioral sciences to affect the determinants of health and illness. For example, in the near future analysis of disease at the molecular level will move diagnosis to that level as well (Pollard, 2002). Clinicians will require skills in differentiating genetic and other combined sources of illness. The requirement will alter the skills needed for diagnosis; moreover, treatments will have to be individualized to accommodate expected responses - given a patient’s genetic profile.

**Training is the Key**

To prepare ACCF health professionals for all the challenges, the clinical experience becomes a priority area. It is not enough to say what should be taught as part of on job training; it is also necessary to consider the context in which it is taught, and the approaches used, and how knowledge, skills, and attitudes are both acquired and taught by the health workers.

Marjolein Berings et al (2008) in their study w.r.t job training in healthcare setting, mentions that ‘learning by doing one’s regular job should be related to learning by reflection, since one mainly learns by thinking over these regular work experiences’. It was also indicated many times that reflection often takes place in social interaction as ‘joint reflection’. Thus, on job training in healthcare becomes vital to understand the mechanisms of health and illness, how to treat patients and their diseases more effectively, and how to provide healthcare to a community more effectively.

At ACCF the need for on-job training has been an integral part of our long-term vision. The training is not just limited to nurse, as doctors, technicians and even support staff like GDAs, housekeeping have been included in the scheme. Let us look at the training and academic activities in last one year.
Recently the review of the existing NFP syllabus has been completed successfully with inputs from clinicians and other stakeholders. For example, inputs in form of more focus on chemotherapy, management of side effects, interpretation of Neutropenic etc. have been incorporated post revision exercise.

Apart from NFP, as part of Continuous Nursing Education, biweekly session for nurses have been scheduled from April 2023.

Some of the topics as part of the academic sessions are as follows:

When we look at academic programme - even before the inauguration of ACCF Hospitals - we started with 3-year Onco Path fellowship and Surgical Onco fellowship for our specialist doctors. This year, 4 Onco Path fellows are going to complete their fellowship. In addition, academic session for clinicians is a routine affair with monthly clinical sessions taken by senior oncologists. In addition, Palliative training for GDMOs has also started. Similarly, the Nursing fellowship programme is running with its 4th and 5th Batch of 191 nurses. Furthermore, academic sessions for Radiation Safety Officers, Medical Physicists is also undergoing on monthly basis with 22 sessions in FY 22-23.

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<table>
<thead>
<tr>
<th>NFP BATCH</th>
<th>START DATE</th>
<th>END DATE</th>
<th>TOTAL CANDIDATE</th>
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<th>CLINICAL HOURS</th>
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CME programme has been envisaged as an integral part of our academic calendar. ACCF has successfully conducted CMEs at Dibrugarh, Tezpur and Barpeta cancer centres. Recently we successfully organized the first ever Northeast Oncology Summit - NEOS 2023. The summit - symbolically conducted in the hinterland with a theme of 'Local Challenges and Global Solutions', has been able to draw the attention of pioneers in the field of oncology to focus on the high incident rate of cancers in Northeast.
Despite all of the above, we plan to add more training and academic programmes at ACCF. Few of the aspirational things on our future agenda include starting of specialty and super-specialty DNB programmes in Medical / Surgical / Radiation Oncology, Nuclear Medicine, Gynecological Oncology. Furthermore, there are long term plans to start many more fellowship programmes in branches like Interventional Radiology, Head and Neck Oncology, Onco-anesthesiology, Palliative Medicine, Haematoncology, Pediatric Oncology, to name a few. In addition, the plan to start nursing colleges across all our 7 centres have already got approval and will further bolster the academic environment within ACCF. We should also look at starting of a few training programmes for technicians (radiation / radiolog / lab), phlebotomists etc.

In the next few years, ACCF can be expected to demonstrate leadership in the design and development of educational approaches for Oncology professionals throughout the continuum of education. With the continued focus on oncology as evident by the upcoming 17 ACCF Cancer Hospitals, South Asian Cancer Research Centre (SACRC) at Guwahati and the research facility at IIT Guwahati - there will be higher spurt in the demand for Oncology trained professionals. ACCF needs to take a leadership role in meeting the challenges. ACCF’s teaching environments will need to provide a sound base of knowledge that includes not only the emerging sciences in oncology - such as tumor microbiology, molecular oncology, or cytogenetics, but also the social, behavioral, and other sciences that are important to improving health. Providing a broad-based scientific and humanistic foundation will require that all teaching environments re-examine the content, methods, and approaches used at all levels of clinical education.

Given the trends and directions, we at ACCF need to continue our endeavor towards delivering best of the knowledge and training to prepare the healthcare professions for tomorrow and the key to ensure is by having a mix of three strategies-a) interdisciplinary approaches that ensure a broader view of health, b) latest tools and methods for managing information, and c) training in real hospital settings.

The need is about changing landscape of job / academic market due to AI (Artificial Intelligence). As robots, automation and artificial intelligence perform more tasks and there is massive disruption of jobs. Experts say a wider array of education and skills-building programmes will be created to meet new demands. Our need to keep ourselves up in the race with AI tools that may include on-job training and academics, as these type of on-job training environment will help us to focus on nurturing unique human skills that artificial intelligence (AI) and machines seem unable to replicate. “The skills necessary at the higher echelons will include especially, the ability to efficiently network, manage public relations, display intercultural sensitivity, marketing, and generally what author Dan Goleman would call ‘social’ and ‘emotional’ intelligence.”

Furthermore, we have been able to successfully register our presence across various academic platforms - not just within India but, also internationally. For example, our clinical team has represented ACCF at Japan, Switzerland, Thailand, etc.
of AAA/PMJAY services, Feedback services, Call Centre services, Quality parameters etc. to name a few. We all had just one wish for the day 1 - “To Have At least One Patient at Every Centre on Day 1”.

Sustaining high performance starts with creating a culture of reliability where teams are engaged and supported in striving to continuously improve operations and care delivery. Without having a culture of operational effectiveness that supports continuous improvement initiatives, opportunities to improve patient care may be missed and departmental efforts may be siloed.

One of the underlying themes towards our preparations included unifying diverse data under a single dashboard. Our discussion with IT team on formulation and implementation of different clinical and operation modules and their testing started around November 2022.

In total 400+ hours of UAT training and signoff of IT modules and 350+ meetings with different stakeholders were devoted for this exercise. In the process, the team was involved in testing of clinical modules like OPD, Radiation Oncology, Medical Oncology, Surgical Oncology, Palliative, Nursing, Laboratory, Radiology, OT, Virtual Tumor Board, Dietary, Physiotherapy etc. while non clinical modules included registration, appointment, bed management, admission, discharge, CSSD, OP/IP billing module, ward management, MRD to name a few.

Mocks were conducted with dummy patients to test operations like billing, registration, admission etc. The local staff were trained w.r.t basics like medical terminology etc. and in total 300+ hours and 100+ sessions were conducted for operations, billing team, nursing, doctors. All these activities helped us get the right individuals in place. It pushed us to say, ‘Hey, we need to hold ourselves accountable.’

SOPs, control of circulating documents and licenses are something of utmost importance for any healthcare organization. They help to interconnect clinical practice guidelines and the necessities at the point of care. In total 31 SoPs, 112 controlled documents were added into circulation. The overall coordination of licenses was also taken up the team wherein, the team helped the local team in management of 58 licenses for individual locations.

Empanelment with AAA/PMJAY was a milestone as we were able to take up such patients from day 1 and it overall contributed to 83% of total revenue for FY 22-23. While the whole process was itself a herculean task in terms of addition of 722-line items in the master rate list, the exercise was complex because of creation of parallel rate list for CGHS, Corporates, BPL patients, AAA, PMJAY etc. The entire process of creation of master rate list of 2237 line items involved 60+ man hours and included comparison with all major cancer hospitals.

There is absolutely no room to make mistakes in hospitals. In that respect, quality in Healthcare is all about ensuring safety, effectiveness, patient-centeredness, timeliness, efficiency, and equitability. In this regard - Quality has been a constant focus even before start of the hospitals. Seven clinical committees including committee on Quality and Safety was envisaged for all 7 locations. In order to bring quality decision making w.r.t cancer patients, Virtual Tumor board was started by September of 2021. The Oncologists have played most crucial role in this journey with total involvement and helping teams to achieve collective goals.

A lot of credit goes to the Nursing teams who participated in all training activities enthusiastically and many innovations were also added through this.

Similarly, Patient feedback was started from May 2022 across all locations. In total 34000 feedbacks have been collected till date.
When we look back then - in the last 1 year - we all have come a long way. Though there are many new goals being set in terms of the recently concluded NABH inspection at Dibrugarh or the upcoming NABH preparedness for other units. Furthermore, ACCF unit score operations dashboard has been created with 21+ indicators. So, the journey has just begun. Would like to conclude with one quote from Lao Tzu

“The journey of a thousand miles start with single step”. The whole story is about Teamwork and Clinician leadership and Stewardship at every step.
Seed said...
Oh Man!
I am so small an entity... may weigh just a few Milligrams
But can survive long... may be a Millenia
I will need very little... Space, Water, Air & Light... to Sprout
Leave me alone for some time... to Thrive
One day... will grow very large... may be several Metres
Spring out from me... Roots, Branches, Leaves, Flowers & Fruits...
I will ‘Single Handedly’ produce... multiple Replicas of me
Birds will make a nest... Squirrel & Monkey a home...
Woodpecker a hole... Bees a hive...to Live
Caterpillars...turn into Butterfly... Silkworms weave Silk Cocoon
You can also enjoy...Every part of me.....
Branches... to Climb over, hang your Swings, construct a Home
Leaves to Cover you, to Decorate...
Flowers Beautiful to Look, spreading Fragrance...
Fruits...to Relish
Seeds... to Relish

But... Alas!
Can you?
You... so powerful, Mobile, Intelligent, Resourceful...
Beat me?

Be always useful to Others?
I doubt!
Regrettably!
Elite Award
We periodically recognise our employees for their achievements and contributions

Lakhipur
Shuvojit Jana
Champ Award (December’22)
Mallika Narzary
Star Award (December’22)
Koushik Kalita
Star Award (January’23)
Dhriti Medhi
Star Award (December’22)
Shrutisikha
Goswami
Star Award (February’23)
Dr Vezokhoto
Phecao
Voost Award (January’23)
Dr Gautam
Baruah
Voost Award (December’22)

Dibrugarh

Jorhat
Bikash Sharma
Star Award (December’22)
Dr Dulal Kiran
Mondal
Champ Award (December’22)
Dipu Borah
Champ Award (December’22)
Palash Jyoti
Raidongia
Star Award (January’23)
Archita Borkakoty
Voost Award (January’23)
Requeipeule
Champ Award (January’23)

Tezpur
Smita Chetri
Champ Award (December’22)
Rumi Saikia
Champ Award (January’23)
L. Gangarani
Champ Award (February’23)
Sahim Akbar
Mazumdar
Voost Award (December’22)
Sanchita
Chakraborty
Voost Award (January’23)
Gautam Paul
Voost Award (February’23)
Pranjit Deka
Star Award (December’22)
Chetanjit Saikia
Star Award (January’23)
Tabibur Rahman
Star Award (February’23)

Barpeta
Suraj Chettri
Star Award (December’22)
Junumoni Rabha
Star Award (February’23)
Dr Krishikesh
Deka
Voost Award (January’23)
Tarak Nath Halder
Voost Award (December’22)
Rebecca
Lhingnemlaim
Voost Award (February’23)
Deishisha L. Kshiar
Champ Award (January’23)

Kokrajhar
Tapas Bhagawati
Star Award (December’22)
Mallika Barman
Voost Award (January’23)
Debashish Das
Champ Award (February’23)
Somashree Samanta
Star Award (February’23)
In the Last One Year...

- Radiation Therapy fractions given: 35578
- Chemotherapy sessions provided: 11147
- IPD patients treated: 7000
- PMJAY: 4295
- AAA Beneficiaries: 8467

ACCF Diagnostics

Affordable diagnostics open for all

- Lab Test
- CT Scan
- X Ray
- Mammography
- MRI
- PET CT
- Ultra Sonography

Cashless Treatment Facility

Insurance & TPA Companies
- Niva Bupa
- Universal Sompo
- SBI General
- Heritage Health
- Genins India
- Future Generali
- East West Assist
- MD India

Scheme
- AAA and PMJAY
- Central Government Health Scheme
- ESIC
- Ex-Serviceman Contributory Health Scheme (ECHS)

PSU and Corporate
- Brahmputra Cracker and Polymer Ltd.
- Amalgamated Plantations Pvt. Ltd.
- Numaligarh Refinery Ltd.
- NF Railway