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# 3D brain surgery coming soon to the OT

## New 'Video-Microscopes' Offer Astounding Images, Helping Surgeons Perform, Collaborate

Denise Grady

One blue surgical drape at a time, the patient disappeared, until all that showed was a triangle of her shaved scalp. "Ten seconds of quiet in the room, please," said Dr David J Langer, chairman of neurosurgery at Lenox Hill Hospital in Manhattan.

His patient, Anita Roy, 66, had impaired blood flow to the left side of her brain, and Dr Langer was about to perform bypass surgery on delicate arteries to restore the circulation and prevent a stroke.



**CUTTING-EDGE**

The operating room was dark, and everyone was wearing 3D glasses. Lenox Hill is

the first hospital in the US to buy a device known as a video-microscope, which turns neurosurgery into an immersive expedition into the human brain. Enlarged on a 55-inch monitor, the stubble on Roy's shaved scalp spiked up like rebar. The scissors and scalpel seemed big as hockey sticks, and popped out of the screen so vividly that observers felt an urge to duck.

"This is like landing on the moon," said a neurosurgeon visiting to watch and learn.

The equipment produces magnified, high-resolution,

three-dimensional digital images of surgical sites, and lets everyone in the room see exactly what the surgeon is seeing. The videomicroscope has a unique ability to capture "the brilliance and the beauty of the neurosurgical anatomy", Dr Langer said.

He and other surgeons who have tested it predict it will change the way many brain and spine operations are performed. But there is more to it than just the gee-whiz, I-max factor. The shared viewing makes 3D surgery an ideal teaching tool. In addition,

Dr Langer and other doctors say the device is smaller and much less cumbersome than standard surgical microscopes and provides better light. It can easily be moved and angled to show bits of anatomy that surgeons would otherwise have to twist and crane their necks to see. Two surgeons on opposite sides of the table can work together easily.

Standard surgical microscopes are enormous and require a complicated draping process to ensure sterility. Not so with the new videomicro-

scope, which is covered with just a sleeve that Dr Langer said can be slipped on like a condom. Neurosurgery can take many hours, which surgeons operating with magnifying loupes or microscopes often spend looking down, their necks bent. As the clock ticks, discomfort becomes pain, and over the years chronic injury to the neck and back can be a career-ender for some surgeons. The new device lets them operate while looking straight at the 3D screen, using the image to guide their hands. NYT NEWS SERVICE



# Cancer hits more women in India than men, but more men die of it

Docs Say Women Get Greater Medical Attention So Detection Is Early

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**E**strogen, the female sex hormone that shields young women against cardiovascular diseases, plays a role in her battle with cancer as well. It not only increases her chances of getting the disease, but also increases her chances of survival, say doctors. Statistics prove this. The World Health Organisation-developed statistical tool Globocan 2012 shows the Big C has afflicted more Indian women than men. But more Indian men died due to cancer than women, said the World Cancer Report 2014.

Among all cancers in both sexes, incidence of breast cancer is highest at 1,44,937, while the cervix uteri is the second most frequently occurring one with 1,22,844 cases. The third most common cancer is of the lip and oral cavity with 77,003 men affected.

This gender bias in cancer is noticeable. Dr Rakesh Kapoor, department of radiotherapy at PGIMER, Chandigarh, said, "Women are subjected to more medical attention in their lifespan as compared to men. From antenatal check-up, menopause problems and menstrual disorder, women get investigated and, by default, screened for cancer. Therefore, cancers are picked up at an earlier stage and mortality is less." He said most national policies for screening are directed more towards cancers that hit women such as breast cancer and cervix cancer, as they are non-invasive. "Also, men have prolonged exposure to lifestyle risk factors that cause cancer such as tobacco use, substance abuse and alcohol consumption," Dr Kapoor added.

Why is cancer mortality higher among men? Doctors say this could be because the lung and oral cavity cancers that are the leading cancers among men are usually detected at a late stage. "95% of these cancers are due to tobacco consumption, and 40% of all cancers in India are due to tobacco abuse. Mortality is high as it is hard to detect these cancers. We come across patients during an advanced stage of the disease, so they are tough to treat," said Dr Ravi Mehrotra, director of ICMR-affiliated National Institute of Cancer Prevention and Research.

The World Cancer Report estimates that of the 1,589,925 lung cancer deaths worldwide in 2012, 30.90% were of women and 69.10% of men. "Breast cancer is detected early, particularly in the western world. There is no screening of cancers in men," said Dr Rajesh Dixit, professor of epidemiology at the Centre for Cancer Epidemiology, Tata Memorial Centre, Mumbai. As per ICMR's latest cancer registry, breast cancer, with an estimated 1.5 lakh (over 10% of all cancers) new cases during 2016, is the number one cancer.

## TOLL SET TO KEEP RISING

Overall incidence of cancer

TOTAL PER YR

10.14L

Men Women  
4.77L 5.37L

Overall mortality 3.56L

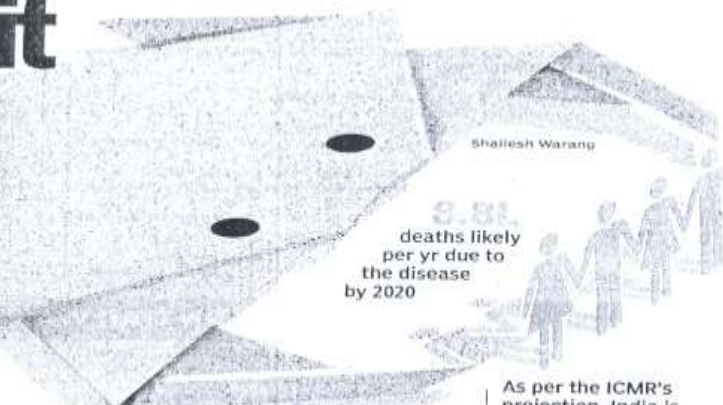
TOTAL PER YR 3.26L  
6.82L

### Top 5 cancers among Indian men

Incidence	Deaths
53,842 Lip/oral cavity	36,436
53,842 Lung	48,697
43,386 Stomach	40,721
36,917 Colorectum	27,814
27,152 Oesophagus	25,170

### Top 5 cancers among Indian women

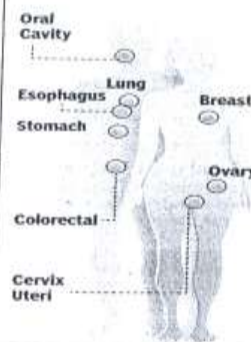
1,44,937 Breast	70,218
1,22,844 Cervix uteri	67,477
27,415 Colorectum	20,789
26,834 Ovary	19,549
19,711 Stomach	18,320



As per the ICMR's projection, India is likely to have over

**17.3L** new cases of cancer and over 8.8 lakh deaths due to the disease by 2020, with cancers of breast, lung and cervix topping list

The ICMR found the total number of new cancer cases to be around 14.5 lakh, which is likely to increase by end of this decade



### Some of the biggest killers

Type	Incidence	Deaths
Breast cancer	1,44,937	70,218
Cervix uteri	1,22,844	67,477
Lip/oral cavity	77,003	52,067
Lung	70,275	63,759
Colorectum	64,332	48,603

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**Outsmartcancer.in**

Doctors in Chandigarh's Postgraduate Institute of Medical Education and Research (PGIMER) surmise women are subjected to more medical attention in their lifespan, allowing cancers to be picked at an early stage and hence improving life expectancy.

In all, 5.37 lakh Indian women got cancer in 2012 as against 4.77 lakh men, said the World Cancer Report. But 75% of the men affected with cancer have low life expectancy, while the mortality rate of cancer in women is 60%. In 2012, 3.56 lakh men died of the disease in comparison to 3.26 lakh women.

## Child survivor fought lymphoma, won

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**W**hen 35-year-old Pooja Sahni was told her 9-year-old son Kshitij had cancer, she went numb. Kshitij was diagnosed with Burkitt lymphoma, a form of non-Hodgkin's lymphoma associated with impaired immunity. "The Big C affected our lives three years ago and shattered our happiness. My son could not attend school for long. He used to feel tired and weak," said Pooja.

Kshitij emerged victorious after a three-year battle with the disease but says the ordeal was great. "I was admitted to the Postgraduate Institute of Medical Education and Research (PGIMER)



Kshitij Sahni, seen here with his sister, was treated on time

hospital in Chandigarh for almost a year. I underwent four cycles of chemotherapy, and it used to drain me out. I could not eat as the taste of bitter medicines stayed for long," he said. He lost over eight kgs during this phase.

There were times when Kshitij used to cry in pain and he had started losing his appetite too. "My daughter was five years old then. I could not pay attention to her. Most of the time was spent in rushing to hospital for medi-

cines and reports. But adversity made us stronger and we fought to win the battle," said his mother.

As the family had not ignored the symptoms, Kshitij was treated on time and is now cured. "I used to wonder why cancer struck my son. But when we were in hospital, after having seen others and talking to them, I calmed down," said Pooja.

Dr Deepak Bansal, who has been treating childhood cancers in PGIMER, said, "Cancer is a life-changing experience. But 70% of childhood cancers are curable if treated on time. The treatment lasts seven to eight months and the cost in a public hospital is between Rs2 lakh and Rs2.5 lakh."



## MEDICAL REPORT

# Hospitals, labs seek review of SC order

**SUMI SUKANYA DUTTA**

@ NEW DELHI

HOSPITALS and diagnostic laboratories across the country are demanding review of a Supreme Court order saying only postgraduate degree holders in pathology can sign medical test reports.

Till recently, medical lab reports were reviewed and signed by MD degree holders in pathology, microbiology and biochemistry and M.Sc or Ph.D. holders in microbiology and biochemistry. The Medical Council of India (MCI) issued an order in June 2017 saying only MD pathology can put a final signature on a test report.

An association of pathologists in Gujarat challenged the order in the Supreme Court, which last month upheld the MCI ruling. But hospitals argue that the order will lead to a major crisis as there are over three lakh medical testing laboratories in India and only about 5,500 qualified MD pathologists.

The Association of Healthcare Providers of India that represents thousands of hospitals told the Union Ministry of Health and Family Welfare, said "it will be humanly impossible for 5,500 MD degree holders in pathology to handle the workload".

Hospitals and labs say with the new ruling, "Pathologists may start lending electronic signatures from one central office to hundreds of test reports." This will hamper the authenticity of reports and affect the availability of signatories in smaller towns.