Organized by

IASCC

Indian Association of Supportive Care in Cancer

In collaboration with

Nag Foundation
CANCER-CARE TO CURE

MASCC
Multinational Association of Supportive Care in Cancer

2020

26th - 27th Sep

03rd - 04th Oct

05 pm - 09 pm

SUPPORTIVE CARE MAKES EXCELLENT CANCER CARE POSSIBLE

LIVE WEBINAR

Annual Meeting of IASCC 2020

Click on below link for registration

http://iascc.co.in/registration

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Indian Association of Supportive Care in Cancer

Annual Meeting of IASCC 2020

Dear Colleague,

IASCC (Indian Association of Supportive Care in Cancer) is an affiliate organization of MASCC, dedicated to improve the supportive care in India. The inception of the organization was declared in September 2018 during Best of MASCC by Dr. Sudeep Gupta in the presence of Dr. Matti Aapro (Past President of MASCC). This organization is completely focused on supportive care required during cancer directed therapies. Other important aspects would be to support good quality research in the same field.

On **September 26th - 27th & October 3rd - 4th**, we are organizing the **2nd Annual Meeting of IASCC 2020.** This IASCC annual meeting will be held on a virtual platform.

The exciting program planned for this conference will have presentations, workshops, and discussions on treatments and techniques for minimising the symptoms of cancers and side effects of cancer directed and related therapy. The conference also includes a diverse array of presentations on the psychological, social, and economic dimensions of cancer diagnosis and treatment. The meeting will feature sessions for doctors and paramedics associated with supportive care in cancer.

We look forward to having your active participation in the niche field of oncology.

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Annual Meeting of IASCC 2020

Organizing Chairpersons

Dr. Sudeep Gupta
Director, ACTREC
Prof. of Medical Oncology,
Tata Memorial Hospital,
Mumbai

Dr. Shona Nag
Director of Oncology
Sr. Consultant Medical Oncologist,
Sahyadri Group of Hospitals,
Pune

Dr. D C Doval
Chair Medical Oncology & Chief of
Breast Cancer & Thoracic Services,
Rajiv Gandhi Cancer Institute,
Delhi

Organizing Secretaries

Dr. Vikas Ostwal
Prof. of Medical Oncology,
Tata Memorial Hospital,
Mumbai

Dr. Anant Ramaswamy
Asst. Prof. of Medical Oncology,
Tata Memorial Hospital,
Mumbai

Dr. Anant Gokarn
Asst. Prof. of Hemato Oncology,
Tata Memorial Hospital,
Mumbai

Joint Organizing Secretaries

Ms. Anita D'Souza
Professor & Principal,
College of Nursing,
Tata Memorial Hospital,
Mumbai

Ms. Irene Sunder
Nursing Officer in Charge,
CVAD Clinic,
Tata Memorial Hospital,
Mumbai

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Annual Meeting of IASCC 2020

Highlights of the Meeting

- Second official joint meeting of MASCC and IASCC
- Conference to cover important aspects of supportive care in cancer
- MASCC new annual membership applicants will be entitled to get free life time membership of IASCC and free conference registration for Best of MASCC 2020, India
- Research grant, e-poster and oral presentation awards
- Collaboration with experts in supportive care
- Free one year membership of MASCC and life membership of IASCC for oral or e-poster selected as complimentary

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Annual Meeting of IASCC 2020

Scientific Program

Day 3 - Saturday, 3rd October

Time	Topic
16.30 - 17.30	**Session 1- Oral Abstract Presentation & Research Funding Proposals**
16.30 - 17.30	Oral Abstract Presentation Judges: Dr. Biswajit Dubashi, Dr. Sadashivadu Gundeti, Dr. K. Pavithran, Dr. Ashish Bakshi
17.30 - 18.50	**Session 2 : Nutrition in supportive care**
Chairpersons	**Dr. S. D. Banavali, Dr. Mehul Bhansali, Dr. Sudeep Sarkar**
	Evaluation of nutrition status of cancer patient: Tools and modules
17.30 - 17.38	- Pre / Post Chemotherapy Speaker: Dr. Mansi Sharma
17.38 - 17.46	- Pre / Post Surgery Speaker: Dr. Sanket Mehta
17.46 - 17.54	Interactions of nutrition and cancer and its treatment Speaker: Dr. Divya Choudhary
17.54 - 18.02	Myths about nutrition and cancer Speaker: Dr. Rajeswari Alagirimunuswamy
18.02 - 18.10	Recent evidences in cancer nutrition in last 3 years Speaker: Dr. Rakesh Pinninti
18.10 - 18.20	Role of nutrition as supportive care in gastric cancer Speaker: Dr. Y. T. Shivshankar

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Annual Meeting of IASCC 2020

Scientific Program

Day 3 - Saturday, 3rd October

Time	Topic
18.20 - 18.45	Panel discussion : Evaluation of nutrition status of cancer patient - Tools and modules
Chairpersons	**Dr. Rajendra Toprani, Dr. Ashwin Dabhi**
	Moderator: Dr. Nilesh Chordiya Panelists: Dr. K M Mohandas Dr. Mahesh Goel Dr. Ritika Samaddar Dr. Dibyendu Sharma Dr. Mudit Agarwal Dr. Anil Heroor Dr. Prathmesh Pai
18.45 - 18.50	Audience Q&A
18.50 - 19.45	**Session 3 : Procedures in supportive care**
Chairpersons	**Dr. Kamran Khan, Dr. Sanjay Dudhat**
18.50 - 19.00	Diversion stoma / palliative bypass Speaker: Dr. Deepak Chhabra
19.00 - 19.10	Angioembolization/ PTBD/ IR procedures as a part of supportive care Speaker: Dr. Ashwin Polnaya
19.10 - 19.20	Endoscopic procedures as a part of supportive care Speaker: Dr. Prachi Patil

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Annual Meeting of IASCC 2020

Scientific Program

Day 3 - Saturday, 3rd October

Time	Topic
19.20 - 19.45	Panel discussion on procedures in supportive care
Chairpersons	**Dr. Raman Deshpande, Dr. R. C. Mistry**
	Moderator: Dr. Sanjay Sharma Panelists: Dr. Manish Bhandare Dr. Deep Goel Dr. Dushyant Mandalik Dr. Prasanth Penumadu Dr. Suyash Kulkarni Dr. Abhay Kapoor Dr. Indusekhar Subbanna Dr. Akash Shukla
19.45 - 19.50	Audience Q&A
19.50 - 20.40	**Session 4 : Digital health for optimal supportive care in oncology: Benefits, limits and future perspectives**
Chairpersons	**Dr. Arvind Krishnamurthy, Dr. Saroj Kanta Mishra**
19.50 - 20.00	Tele compliance to treatment Speaker: Dr. Vijay Patil
20.00 - 20.10	Artificial Intelligence-based tool to generate directional integrative treatment reports for cancer patients (ZIOPAR: ZenOnco.io Integrative Oncology Preliminary Assessment Report) Speaker: Mr. Kishan Shah
20.10 – 20.20	Cancer Care Management in Digital Era Speaker: Dr. Amit Jotwani
20.20 – 20.40	Audience Q&A Moderator: Dr. Bhawna Sirohi Experts: Dr. Vijay Patil, Dr. Amit Jotwani, Mr. Kishan Shah, Dr. Swapnil Rane

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Annual Meeting of IASCC 2020

Scientific Program

Day 4 - Sunday, 4th October

Time	Topic
17.00 - 18.30	Research Funding Proposals Judges: Dr. S. D. Banavali, Dr. Atul Sharma, Dr. Sudeep Gupta, Dr. Shona Nag, Dr. D C Doval, Dr. Sreenivas V
17.30 - 18.50	**Session 5 : Supportive care rehab (specific issues)**
Chairpersons	**Dr. Sanjay Sharma, Dr. Arun Goel**
17.30 - 17.40	Lymphedema management Speaker: Dr. Manjusha Vagal
17.40 - 17.50	Physiotherapy and occupational therapy Speaker: Dr. Neha Smriti
17.50 - 18.00	Systemic therapy related cardiac toxicity management Speaker: Dr. Avinash Pandey
18.00 - 18.10	DVT/VTE/PTE Speaker: Dr. Adwaita Gore
18.10 - 18.20	Vascular access management in cancer patient-global guidelines and Indian experience Speaker: Dr. Vineet Talwar
18.20 - 18.26	Taste bud changes with different chemotherapy: Modification of nutrition and outcome Speaker: Dr. Amish Vora
18.26 - 18.30	Scalp cooling and exercise to prevent neuropathy Speaker: Dr. Amish Vora

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Annual Meeting of IASCC 2020

Scientific Program

Day 4 - Sunday, 4th October

Time	Topic
18:30 - 19:00	Panel Discussion: Establishing an ideal supportive care department
Chairpersons	**Dr. Raghunadharao D, Dr. Kaustubh Patel**
	Moderator: Dr. Shona Nag Panelists: Dr. Rebecca Dsouza, Ms. Anita Dsouza, Dr. Sushma Bhatnagar, Ms. Irene Sunder, Dr. Seema Gulia, Dr. Amol Kothekar, Dr. R Ramanjulu, Dr. Sanjay M H, Ms. Rumana Hamied, Dr. Neha Bidvai
19.00 - 20.05	**Session 6 : Toxicity Management**
Chairpersons	**Dr. Shekar Patil, Dr. Shyam Aggarwal**
19.00 – 19.10	Skin: HFS / Rash Speaker: Dr. Vivek Agarwala
19.10 - 19.20	Immunological common toxicities liver/ lung and Gut Speaker: Dr. Amol Dongre
19.20 – 19.30	CINV management: New strategies ? Speaker: Dr. Joydeep Ghosh
19.30 - 19.40	Management of oral mucositis secondary to cancer therapy Speaker: Dr. Rajesh Lalla
19.40 - 20.05	Panel Discussion: Is CTCAE adequate to measure toxicity of systemic therapy?
Chairpersons	**Dr. D. C. Doval, Dr. Meenu Walia**
	Moderator: Dr. T P Sahoo Panelists: Dr. Atul Sharma, Dr. Manikandan Dhanushkodi, Dr. Poonam Patil, Dr. Roshni Pandey, Dr. Anubha Bharthuar, Dr. Shailesh Bondarde, Dr. Atul Narayankar

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Annual Meeting of IASCC 2020

Scientific Program

Day 4 - Sunday, 4th October

Time	Topic
20.05 - 21.00	**Session 7 : Management of critical care infections - What to delete, What to switch?**
Chairpersons	**Dr. S H Advani, Dr. Tapan Saikia**
20.05 - 20.15	Contraindications of specific drugs based on disease condition Speaker: Dr. Bhuvan Chugh
20.15 - 20.25	Drug – Drug Interaction Speaker: Dr. Nandini Menon
20.25 - 20.35	Choosing the right antibiotic Speaker: Dr. Abdul Ghafur
20.35 - 21.00	Panel discussion on Management of critical care infections: What to delete, What to switch?
Chairpersons	**Dr. K. Pavithran, Dr. Chanchal Goswami**
	Moderator: Dr. Kumar Prabhash Panelists: Dr. Vamshi Krishna, Dr. Vasant Nagvekar, Dr. Abdul Ghafur, Dr. Nikhil Ghadyalpatil, Dr. Vashishth Maniar, Dr. Amol Dongre, Dr. Bhuvan Chugh, Nandini Menon
21.00 - 21.05	Vote of thanks

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ACCESS ABSTRACT POSTER & VIDEO OF IASCC ANNUAL MEETING 2020

Chemotherapy-induced bone loss among postmenopausal women with non-metastatic breast cancer

Author: Yadav Nisha

View

Frequency of oral mucositis in elderly patients on Cancer therapy

Author: Prudvi Gundala

View

Study of frequency of myalgia in patients receiving chemotherapy

Author: Praisey Samuel

View

Frequency and severity of oral mucositis in patients receiving chemotherapy

Author: Abhijna Yergolkar

View

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ACCESS ABSTRACT POSTER & VIDEO OF IASCC ANNUAL MEETING 2020

Clinical patterns of chemotherapy drug related cutaneous eruptions - prospective observational single center study

Author: Sai Preeth K

View

Frequency of myalgia in patients with breast cancer

Author: Sahana Sreenivasan

View

Symptom clusters in patients with gastrointestinal cancer attending a palliative care setting: a cross sectional study from eastern India

Author: Chaitanya Patil

View

Oral cryotherapy: too cool way for prevention of oral mucositis for concurrent chemo-radiotherapy

Author: Anusha Thomas

View

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Identification of symptom clusters in advanced head and neck cancer patients attending supportive care clinic: A cross sectional study

Author: Nilesh Dhamne

View

A study to assess the severity, risk factors and quality of life of patients associated with chemotherapy-induced peripheral neuropathy

Author: Saumya Srivastava

View

Anemia requiring transfusion, a frequent toxicity of dose-dense chemotherapy, in young indian women on chemotherapy for early breast cancer.

Author: Parth Sharma

View

Prevalence of distress among cancer patients and factors associated with it - A prospective observational study

Author: Saadvik Raghuram

View

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A retrospective analysis on the pattern of g-csf usage during the dose dense doxorubicin – Cyclophosphamide and paclitaxel chemotherapy

Author: Gurram Sreeram

View

Support services infection control at St. Jude India

Author: Vaishali Parte

View

Effectiveness of game intervention on oral hygiene status among peditaric cancer clients

Author: Supriya Ghanbahadur

View

Chemotoxicity profile and its associated clinical and socio? Demographical factors among elderly cancer patients receiving chemotherapy

Author: Sindhu Dahagama

View

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A prospective study to compare caregivers' knowledge and perception of cancer pain with patients' pain assessment and to evaluate their quality of life

Author: Divyesh Kumar

View

Assessment of pain, acute stress disorder, depression and anxiety in patients of cervical carcinoma undergoing brachytherapy to improve supportive care during brachytherapy

Author: Shylini P

View

A phenomenological study on lived experiences of the patients with bladder cancer undergone urinary diversion

Author: Sukhpal Kaur

View

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Scientific Program

Day 1 - Saturday, 26th September

Time	Topic
17.00 - 18.10	**Session 1 : Assessment of geriatric cancer patient**
Chairpersons	**Dr. Ramesh Sarin, Dr. Madhuchanda Kar**
17.00 - 17.10	Role of comprehensive geriatric assessment tools in toxicity prevention Speaker: Dr. Bhawna Sirohi
17.10 - 17.20	Development of geriatric support care unit: Urgent need of the hour Speaker: Dr. Anant Ramaswamy
17.20 - 17.30	Polypharmacy in geriatric oncology patients Speaker: Dr. Chetan Deshmukh
17.30 - 17.40	Role of a geriatric nurse in geriatric oncology Speaker: Ms. Prathepa Jagdish
17.40 - 17.50	Scope and impact of comorbidities in geriatric cancers Speaker: Dr. Nidhhi Tandon
17.50 - 18.10	Panel discussion on above topics Moderator: Dr. Rohit Pai Panelists: Dr. Raja Pramanik Dr. Rejiv Rajendranath Dr. Tejinder Singh Dr. Shruti Kate Dr. Lalit Mohan Sharma Dr. Manisha Singh Dr. Kiran Kattimani

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Scientific Program

Day 1 - Saturday, 26th September

Time	Topic
18.10 - 18.40	**Session 2 : Management of pain**
Chairperson	**Dr. P. N. Jain**
18.10 - 18.20	Pain management in older patients: The age effect Speaker: Dr. Raghu Thota
18.20 - 18.30	Newer strategies in the management of chronic pain Speaker: Dr. Madhuri Lokapur
18.30 - 18.40	Early integration of palliative care into mainstream oncology practice Speaker: Dr. Prakash Fernandes
18.40 - 18.50	**Session 3 : Informational needs of older adults with cancer**
Chairpersons	**Mrs. Vandana Gupta, Dr. Mary Muckaden**
18.40 - 18.50	Holistic supportive care in elderly Speaker: Dr. Lakshmi Haridas
18.50 - 19.50	**Session 4 : Stoma care and central venous access device**
Chairperson	**Ms. Irene Sunder**
18.50 - 19.20	Stoma care Speaker: Ms. Sonal Rane
19.20 - 19.50	Central venous access workshop Speaker: Ms. Priyanka Lad

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Scientific Program

Day 2 - Sunday, 27th September

Time	Topic
17.00 - 17.50	**Session 5 : Needs of adolescents and young adults with cancer - Beyond no man's land**
Chairpersons	**Dr. N. K. Warrier, Dr. Amit Joshi**
17.00 - 17.10	Young cancer patients: Are we supporting them enough ? Speaker: Dr. Jyoti Bajpai
17.10 - 17.20	Development of ACT Clinic Speaker: Dr. Amol Patel
17.20 - 17.50	Panel discussion on above topics Moderator: Dr. Gauri Kapoor Panelists: Ms. Rashmi Methry, Dr. Biswajit Dubashi Ms. Ruby Ahluwalia, Dr. Ghanshyam Biswas
17.50 - 18.30	**Session 6 : Cognitive and endocrine disorders in adolescents and young adult's cancers**
Chairpersons	**Dr. Prakash Chitalkar, Dr. K. Sambasivaiah**
17.50 - 18.00	Cognitive issues Speaker: Dr. Prabhat Bhargava
18.00 - 18.10	Endocrine disorders and cancer treatment Speaker: Dr. Vaishali Deshmukh
18.10 - 18.30	Panel discussion on above topics Moderator: Dr. Amit Joshi Panelists: Dr. Venkatraman Radhakrishnan Dr. Prabhat Bhargava, Dr. Pritam Kataria Dr. Simran Kaur, Dr. Vaishali Deshmukh Dr. Bhavesh Poladia, Dr. Ashay Karpe Dr. Ravi Tippeswamy

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Scientific Program

Day 2 - Sunday, 27th September

Time	Topic
18.30 - 18.50	**Session 7 : Fertility and sexuality related issues in adolescents and young adult patients across cancer care continuum**
Chairpersons	**Dr. Shona Nag, Dr. Sudeep Gupta**
18.30 - 18.40	Fertility and cancer treatment Speaker: Dr. Amita Maheshwari
18.40 - 18.50	Psychosexual interventions in adolescents and young adult cancer survivors Speaker: Dr. Savita Goswami
18.50 - 19.10	Chemotherapy associated toxicity and supportive care- Role of APN (Advanced Practice Nurse) Speaker: Ms. Kim Lee

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Become MASCC member and get life membership of IASCC free

Annual membership fees for MASCC is $25 USD
To pay MASCC annual membership, log on to www.mascc.org

Form to be filled by MASCC new members

Name : _____ Surname : _____

Age : _____ Gender : _____

Qualification : _____

Desgination : _____

Hospital/Institute Name : _____

Address: _____

_____

Mobile number : _____ Email Id: _____

MASCC membership no: _____

MASCC membership fees payment date : _____

MASCC membership fees amount paid : _____

To register for Annual Conference of IASCC

Click on below link for registration

http://iascc.co.in/registration

Kindly send the filled form to below address:

Ms. Sony Uduta, River Route Creative Group LLP. Unit No. 9, Ground Floor,
Cama Industrial Premises Co-Op Society Ltd., Sunmill Compound, Lower Parel (W),
Mumbai, Maharashtra 400 013 | Tel.: 022 24931358/59 | Email: iasccmascc@gmail.com

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Reference: 1. Hedenus M, Karlsson T, Ludwig H, Rzychon B, Felder M, Roubert B, et al. Intravenous iron alone resolves anemia in patients with functional iron deficiency and lymphoid malignancies undergoing chemotherapy. Medical Oncology. 2014Jun; 31(12).

*Data on file ** Encicarb prescribing information

CIA: Chemotherapy-induced Anemia; FID: Functional Iron Deficiency; FCM: Ferric Carboxymaltose ESA: Erythropoiesis-stimulating Agent Hb: Hemoglobin

Abridged Prescribing Information

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Composition: Each ml contains Ferric Carboxymaltose equivalent to elemental Iron 50 mg. **Presentation:** Vials of 20 ml. For further details, please consult the full prescribing information. **Indications:** For treatment of iron deficiency when oral iron preparations are ineffective or cannot be used. Dosage: The cumulative dose for repletion of iron using ferric carboxymaltose is determined based on the patient's body weight and haemoglobin (Hb) level and must not be exceeded. For Hb <10 g/dl - body weight 35 kg to <70 kg: 1500 mg, body weight ≥70 kg: 2000 mg. For Hb >10 g/dl - body weight 35 kg to <70 kg: 1000 mg, body weight ≥70 kg: 1500 mg. A cumulative iron dose of 500 mg should not be exceeded for patients with body weight < 35 kg. For overweight patients, a normal body weight/blood volume relation should be assumed when determining the iron requirement. Maximum tolerated single dose: 1000 mg of iron (20 ml) per day or 15 mg of iron (0.3 ml) per kg body weight. Do not administer 1000 mg of iron (20 ml) more than once a week. **Intravenous injection:** Undiluted solution up to 1000 mg iron. For doses greater than 200 and up to 500 mg iron, ferric carboxymaltose should be administered at a rate of 100 mg/min. For doses greater than 500 and up to 1000 mg iron, ferric carboxymaltose should be administered over 15 minutes. **Intravenous drip infusion:** Intravenous infusion up to a maximum single dose of 20 ml of Ferric Carboxymaltose Injection (1000 mg of iron). Ferric Carboxymaltose Injection must be diluted only in sterile 0.9% sodium chloride solution. A single maximum daily injection dose of 200 mg iron should not be exceeded in haemodialysis-dependent chronic kidney disease patients. **Contra-indications:** Contraindicated in cases of known hypersensitivity to Ferric Carboxymaltose Injection or to any of its excipients, anaemia not attributed to iron deficiency (e.g. other microcytic anaemia), evidence of iron overload or disturbances in utilization of iron, and in pregnancy in the first trimester. **Adverse reactions:** Headache, dizziness, nausea, abdominal pain, constipation, diarrhea, injection site reactions and rash are commonly reported adverse reactions. **Use in special population:** Pregnancy: A careful risk/benefit evaluation is required before use during pregnancy. Use during pregnancy may influence skeletal development in the fetus. **Lactation:** Based on limited data on nursing women it is unlikely that Ferric Carboxymaltose Injection represents a risk to the nursing child. **Overdosage:** May lead to accumulation of iron in storage sites eventually leading to haemosiderosis. Monitoring of iron parameters such as serum ferritin and transferrin saturation may assist in recognizing iron accumulation.

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For further detailed information please contact
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uHCC: unresectable hepatocellular carcinoma.

Abbreviated prescribing information (Lenvima):

Trade Name: Lenvima. **Active ingredient:** Lenvatinib. **Pharmaceutical form:** 4 mg and 10 mg hard capsule. **Pharmacology:** Lenvima (Lenvatinib) is a receptor tyrosine kinase inhibitor that inhibits the kinase activities of vascular endothelial growth factor (VEGF) receptors VEGF1 (FLT1), VEGFR2 (KDR) and VEGFR3 (FLT4). Lenvatinib also inhibits other RTKs that have been implicated in pathogenic angiogenesis, tumour growth and cancer progression in addition to their normal cellular functions including fibroblast growth factor (FGF) receptors FGFR1, 2, 3 and 4; the platelet derived growth factor receptor alpha (PDGFRα), KIT and RET. Indications: Lenvima is indicated for the treatment of patients with locally recurrent or metastatic, progressive, radioactive iodine-refractory differentiated thyroid cancer (DTC). Lenvima is also indicated for the first-line treatment of patients with unresectable hepatocellular carcinoma (HCC). **Dose and Administration: DTC:** The recommended daily dose of Lenvatinib is 24 mg (two 10 mg capsules and one 4 mg capsule) taken once daily. The daily dose is to be modified as needed according to the dose/toxicity management plan. **Recommended Dosage for HCC:** based on actual body weight: 12 mg for patients greater than or equal to 60 kg (three 4mg capsules) or 8 mg for patients less than 60 kg (two 4mg capsules). The daily dose is to be modified as needed according to the dose/toxicity management plan. Take LENVIMA orally once daily until disease progression or until unacceptable toxicity. **Precautions:** Hypertension is commonly manifested side effect. Control blood pressure prior to treatment with Lenvima. Withhold Lenvima for grade 3 hypertension. **Contraindication:** None. **Warning:** Hypertension; proteinuria; renal failure and impairment/ GI toxicity; cardiac failure; reversible posterior leukoencephalopathy syndrome (RPLS); hepatotoxicity; hemorrhagic events; arterial thromboembolic events (ATEs); fistula formation and gastrointestinal perforation; QT interval prolongation; hypocalcaemia; thyroid dysfunction and impairment of thyroid stimulating hormone suppression; wound healing complications; etc. **Drug interactions:** No drug interactions are expected with CYP3A, P-glycoprotein (P-gp), breast cancer resistance protein (BCRP) inhibitotrs and CYP3A and P-gp inducers. **Adverse reactions: In DTC patients:** The most common adverse reactions observed in LENVIMA-treated patients (≥ 30%) were, in order of decreasing frequency, hypertension, fatigue, diarrhea, arthralgia/myalgia, decreased appetite, decreased weight, nausea, stomatitis, headache, vomiting, proteinuria, palmar-plantar erythrodysesthesia (PPE) syndrome, abdominal pain, and dysphonia. **In HCC Patients:** The most common adverse reactions observed in the LENVIMA-treated patients (≥ 20%) were, in order of decreasing frequency, hypertension, fatigue, diarrhea, decreased appetite, arthralgia/myalgia, decreased weight, abdominal pain, palmar-plantar erythrodysesthesia syndrome, proteinuria, dysphonia, hemorrhagic events, hypothyroidism, and nausea. **Overdose:** There is no specific antidote for overdose with Lenvatinib. In case of suspected overdose, Lenvatinib should be withheld and supportive care initiated. Storage: Lenvima should be stored below 30°C. Full prescribing information is available on request.

ID-LV-19B-05

LENVIMA®
(lenvatinib) capsules
RESPONSE THAT MATTERS

Eisai

For full prescribing information please write to :
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For the use of a Registered Medical Oncologist or a Hospital or a Laboratory only.

hhc
human health care

ERBITUX®
CETUXIMAB

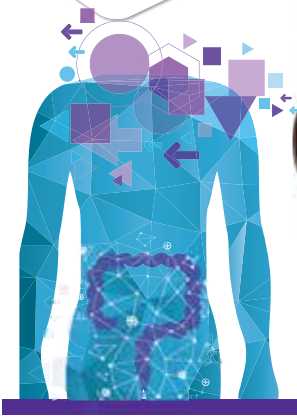
Right time

In Locally advanced & 1st line RM SCCHN

In 1st line RAS WT mCRC

Right patient

Right response



our Mission never stops

Erbitux (Cetuximab) Abbreviated Prescribing Information:

SCHEDULE H PRESCRIPTION DRUG – CAUTION Not to be sold by retail without the prescription of a Registered Medical Practitioner
Warning: To be sold by retail on the prescription of a Oncologist only
Before prescribing ERBITUX, please consult full prescribing information. **Presentation:** *•*ERBITUX 5 mg/mL solution for infusion. Excipients: sodium chloride, glycine, polysorbate 80, citric acid monohydrate, sodium hydroxide, water for injections. **Indications :** Epidermal growth factor receptor-expressing, RAS wild-type metastatic colorectal cancer (mCRC): in combination with irinotecan-based chemotherapy (CT), or in first-line in combination with FOLFOX, or as a single agent in patients who have failed oxaliplatin- and irinotecan-based therapy and who are intolerant to irinotecan. Squamous cell carcinoma of the head and neck (SCCHN): in combination with radiation therapy (RT) for locally advanced (LA) disease or with platinum-based chemotherapy (pt-CT) for recurrent and/or metastatic (R/M) disease. **Dosage and administration:** Once a week, intravenously with an infusion pump, gravity drip or a syringe pump; separate infusion line. Initial dose 400 mg/m² (should be given slowly with max. infusion rate: 5 mg/min; the recommended infusion period is over 120 mins); subsequent weekly doses 250 mg/m² (Max. infusion rate: 10 mg/min; recommended over 60 mins). Supervision/monitoring by a physician experienced in antineoplastic therapy throughout infusion and for at least one hour afterwards is required. Resuscitation equipment must be ensured. Prior to first infusion: premedication with antihistamines and corticosteroids at least 1 hour prior to administration of ERBITUX; also recommended for all subsequent infusions. Administer CT not earlier than one hour after ERBITUX infusion. *mCRC:* administer ERBITUX until disease progression. Wild-type RAS tumor status must be verified prior to first infusion by an experienced laboratory using validated test methods. *LA SCCHN:* start ERBITUX therapy one week before RT and continue throughout treatment. *R/M SCCHN:* administer ERBITUX in combination with pt-CT and continue until disease progression. **Special Populations:** *Elderly:* no dose adjustment required (limited experience in patients ≥75 years). *Pediatric patients* (<18 years): efficacy not established, no new safety signals. *Others:* only patients with adequate renal, hepatic and hematological parameters have been investigated. **Contraindications:** Known severe hypersensitivity reactions (grade 3/4 NCI CTCAE). In combination with oxaliplatin-containing CT if mutated/unknown RAS status. Contraindications for concomitantly used CT or RT must be considered. **Special warnings and precautions:** *Severe infusion-related reactions (IRRs) including anaphylactic reactions:* May commonly occur, in some cases with fatal outcome; immediate and permanent discontinuation of ERBITUX therapy; may necessitate emergency treatment. May be anaphylactic or anaphylactoid in nature or represent a cytokine release syndrome. Symptoms may occur during the first infusion and for up to several hours afterwards or with subsequent infusions and may include bronchospasm, urticaria, increase or decrease in blood pressure, loss of consciousness or shock. In rare cases, angina pectoris, myocardial infarction or cardiac arrest have been observed. The risk for anaphylactic reactions is much increased in patients with a history of allergy to red meat or tick bites or positive results of tests for IgE antibodies against Erbitux. *Mild/moderate IRRs:* decrease infusion rate, also for all subsequent infusions. Closely monitor patients with reduced performance status (PS) and pre-existing cardio-pulmonary disease. *Skin reactions:* oral tetracyclines and topical 1% hydrocortisone cream with moisturizer may be considered for prophylactic use and medium to high-potency topical corticosteroids or oral tetracyclines for treatment (acc. to clinical practice guidelines). *Severe skin reaction* (≥grade 3): interrupt treatment, only resume if reaction resolves to grade 2. Second or third occurrence of severe skin reactions: resume at lower dose (200 mg/m² after second, 150 mg/m² after third) only if reaction resolves to grade 2. Fourth occurrence or failure to resolve to grade 2 during interruption: permanent discontinuation. *Interstitial lung disease:* if diagnosed, discontinuation and appropriate treatment. *Electrolyte disturbances:* determination of serum electrolyte levels recommended prior to and periodically during treatment. Electrolyte repletion (e.g. hypomagnesaemia; hypokalaemia as a consequence of diarrhea; hypocalcemia, particularly in combination with pt-CT) is recommended. *Neutropenia and related infectious complications:* careful monitoring is recommended particularly in patients experiencing skin lesions, mucositis or diarrhea that may facilitate the occurrence of infections. *Severe and sometimes fatal cardiovascular events:* increased frequency associated with age ≥ 65 years or PS has been observed. Patient cardiovascular status, PS and concomitant administration of cardiotoxic compounds (e.g. fluoropyrimidines) should be taken into account. *Acute or worsening symptoms of keratitis:* refer promptly to an ophthalmologist, consider benefit/risk of continuing use. *Confirmed ulcerative keratitis:* interruption or discontinuation of ERBITUX. Use with caution in patients with history of keratitis, ulcerative keratitis or severe dry eye (e.g. use of contact lenses). *CRC patients with mutated/unknown RAS status:* ERBITUX should not be used since negative effects on PFS and OS as add-on to FOLFOX4 have been reported in RAS mutated tumors. There is limited experience in combination with RT in mCRC. **Fertility, pregnancy and lactation:** Only use during pregnancy or in women with inadequate contraception if potential benefits justify potential risks to fetus. Breast-feeding during treatment and 2 months later is not recommended. Effects on male/female fertility have not been evaluated. **Undesirable effects:** *Very common* (≥1/10): skin reactions (e.g. acne-like rash and/or pruritus, dry skin, desquamation, hypertrichosis, or nail disorders, single cases of skin necrosis), hypomagnesaemia, mild/moderate IRRs (e.g. fever, chills, dizziness, dyspnea), increased liver enzyme levels and mucositis, in some cases severe. Mucositis may lead to epistaxis. *Common* (≥1/100, <1/10): headache, conjunctivitis, diarrhea, nausea, vomiting, fatigue, dehydration, hypocalcemia, anorexia, weight loss, severe IRRs. *Uncommon* (≥1/1000, <1/100): blepharitis, keratitis, deep vein thrombosis, pulmonary embolism or interstitial lung disease. *Very rare* (<1/10,000): Stevens-Johnson syndrome/toxic epidermal necrolysis. *Frequency not known:* superinfection of skin lesions with subsequent complications (e.g. cellulitis, erysipelas, staphylococcal scalded skin syndrome, necrotising fasciitis, sepsis), aseptic meningitis. In combination with local RT in SCCHN: typical undesirable effects of RT (e.g. mucositis, radiation dermatitis, dysphagia or leukopenia, mainly as lymphocytopenia). In combination with ERBITUX: slightly higher rates of severe acute radiation dermatitis, mucositis and late RT-related events. **Interactions:** *Fluoropyrimidines:* increased frequency of hand-foot syndrome and cardiac ischaemia (e.g. myocardial infarction and congestive heart failure). *Capecitabine and oxaliplatin (XELOX):* frequency of severe diarrhoea may be increased. *pt-CT:* increased frequency of severe leukopenia/neutropenia, which may lead to a higher rate of febrile neutropenia, pneumonia and sepsis. Storage: Store in a refrigerator (2°C – 8°C) Shelf life: 48 months

Date of Information: June 2019 Based on CCDS of Cetuximab V.16.0 dated 28th June 2018.
For further information refer to full prescribing information or write to:

Merck Specialities Pvt Ltd.,
Godrej One, 8th Floor, Pirojsha Nagar, Eastern Express Highway, Vikhroli (East) Mumbai – 400079

ERBITUX CETUXIMAB

Merck

Contact

Organizing Secretary

Dr. Vikas Ostwal
Mobile : 9702288801
Email : dr.vikas.ostwal@gmail.com
Tata Memorial Hospital, Parel, Mumbai.
HBB1102

Dr. Anant Ramaswamy
Mobile : 9833034802
Email : anantr13@gmail.com
Tata Memorial Hospital, Parel, Mumbai.

Conference Secretariat

Ms. Sony Uduta
Mobile : 9773094361
Email : rrcg.sony@gmail.com

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