

MALABAR CANCER CENTRE, THALASSERY

(An autonomous Centre under Health & Family Welfare Department, Government of Kerala)

Moozhikkara P.O, Thalassery, Kannur District, Kerala-670103.

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INSTITUTIONAL FELLOWSHIP PROGRAMME BROCHURE FEB-2024



LIST OF FELLOWSHIP PROGRAMMES

- **Fellowship in High Precision Radiotherapy**
- **Fellowship in Gynaecologic Oncology**
- **Fellowship in Aphaeresis Medicine**
- **Fellowship In Oncoanaesthesiology**
- **Fellowship In Oncoimaging And Inteventional Radiology**
- **Fellowship in Solid Tumour Oncology**
- **Fellowship in Psycho-oncology**
- **Fellowship In Oncology Nutrition**
- **Fellowship In Clinical Research**

1.0 MALABAR CANCER CENTRE, THALASSERY

Malabar Cancer Centre, Thalassery (MCC) is an autonomous institution under Health and Family Welfare Department, Government of Kerala, started with an aim to establish a comprehensive cancer centre, providing the much-required oncology care to the population of Northern region of Kerala and neighboring parts of Karnataka and Tamil Nadu states. The main objective of the centre is not only to provide comprehensive cancer care but also to develop as a Research and Training Centre of international standards. A society named Malabar Cancer Centre Society was registered under Societies Registration Act XXI of 1860 with the above aims and clinical work in MCC started from March 2001 onwards. At present

MCC has more than 200 in-patient bed strength. The control and management of the Society are vested in the Governing Body consisting of 23 members with the Honourable Chief Minister of Kerala as the Chairman. The routine activities and functions of the Centre are supervised by the Executive Committee, with the Secretary, Department of Health and Family Welfare, Government of Kerala being the Chairperson of the Committee. The members in the Governing Body and Executive Committee are functioning by virtue of their official positions.

MCC is providing a full spectrum of oncological care as an autonomous not-for-profit institution funded by the State Government and other sources. Patients are categorized according to their economic status, and accordingly it is expected that 95-97% of patients will be provided free treatment through various financial assistant schemes of Government. The main modalities of treatment offered by MCC to patients, presently, include radiotherapy, chemotherapy, onco-surgery and palliative care. The Centre also carries out Community Oncology activities including cancer awareness and early detection programmes. The institute caters to patients from 7 districts of Northern Kerala in addition to the neighbouring states of Tamil Nadu, Karnataka and Mahe (a total population of over 1.5 crores).

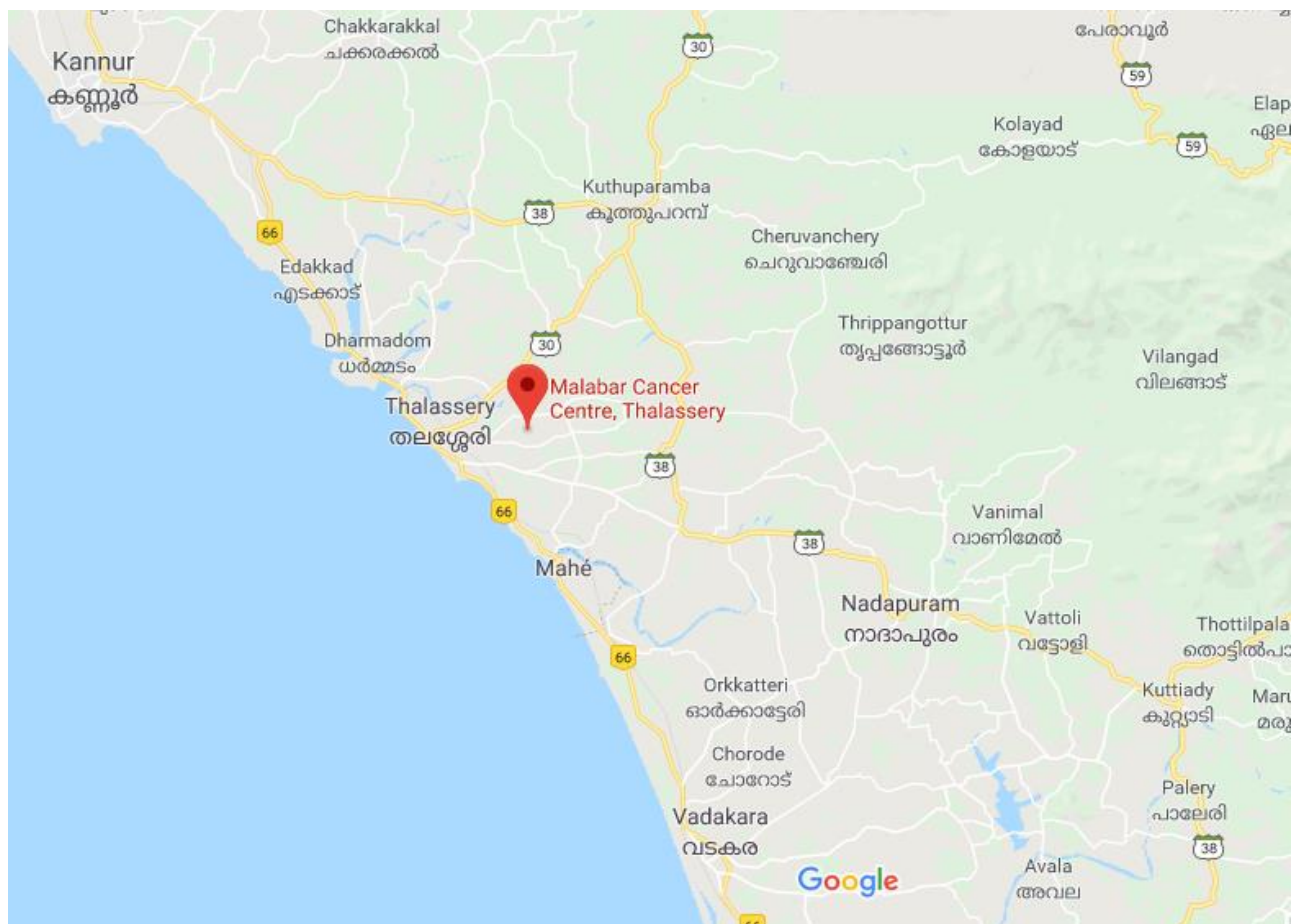
Location: Kodyeri, Thalassery, Kannur District, Kerala.

Thalassery (formerly Tellicherry) is a commercial town on the Malabar Coast in Kannur district, in the state of Kerala, India, bordered by the districts of Mahe (Pondicherry), Kozhikode, Wayanad and Kodagu (Karnataka). The town of Thalassery is historically renowned for its 3 “C”s of *Cake, Circus and Cricket*. Thalassery is at times referred to as the city of cricket, cakes and circus. It was a British bastion in the pre-independence era with marked contributions of colonial rule.

It is the second largest populated municipality of North Malabar.. The Europeans nicknamed the town "Paris" or in other words "The Paris of Malabar", as it was the sole French military base in Kerala in that era..Thalassery municipality has a population just under 100,000.and an area of 23.98 square kilometres. It is 22 km south of the district headquarters -Kannur city.

Thalassery municipality was formed on 1st November 1866 according to the Madras Act 10 of 1865 of the British Indian Empire, making it the second oldest municipality in the state. At that time the municipality was known as Thalassery Commission, and Thalassery was the capital of North Malabar. G. M. Ballard, the Malabar collector, was the first

President of the municipal commission. Later a European barrister, A. F. Lamaral, became the first Chairman of Thalassery municipality. Thalassery grew into a prominent place during European rule, due to its strategic geographic location. Thalassery has played a significant historical, cultural, educational and commercial role in the history of India, especially during the colonial period.



2.0 INTRODUCTION

Global Cancer Burden

Cancer is an umbrella term covering over 40,000 unique disorders characterized by unlimited replicative potential, virtual mitotic immortality and propensity to invade non native tissues. Despite being one of the few curable non communicable diseases, cancer remains a major public health problem worldwide, accounting for over 8 million deaths worldwide. As per Globocan 2018 data, there were 18.1 million new cases of cancer. While cancer has been traditionally viewed as a disease of the affluent world, 65% of the cancer deaths occur in the less developed nations. Cancer is the 4th most common cause of death, accounting for almost 12.5% of all deaths occurring worldwide. Not only does cancer cause

suffering in terms of mortality and morbidity, but it also has a significant socio-economic impact. As per the Global Economic Cost of Cancer Report (American Cancer Society), the total economic impact of premature death and disability from cancer worldwide was \$895 billion in 2008. This figure, which does not include direct costs of treating cancer, represents 1.5 percent of the world's GDP. Cancer causes the highest economic loss of all of the 15 leading causes of death worldwide. The economic toll from cancer is nearly 20 percent higher than heart disease, the second leading cause of economic loss (\$895 billion and \$753 billion, respectively).

Burden of Cancer in India

As per the estimates provided by Globocan 2018, worldwide the age standardized incidence of all cancers including non melanoma skin cancers, were 218 per 100,000 in males and 182.6 per 100,000 in females. In India it is around 90 per 100,000 population in males and females. In India the five most common cancers are cervical cancer, Breast Cancer, Head Neck Cancers, Lung and Colorectal cancers. This is also unlike the case in the USA where Prostate, Breast, Lung, Colorectal cancers and melanomas are the 5 most common cancers. It should be remembered that this data probably represents a gross under-representation of the true burden as the NCRP data that is the basis for this report has a single rural based cancer registry, where 70% of the Indian population is known to reside. As per Globocan 2018 there are 1.15 million new cancer cases annually. Perhaps more worrisome is the fact that the burden of cancer will nearly double in the next two decades with an estimated 1.7 million new cases and 1.2 billion cancer deaths occurring annually by the year 2035.

As India's population ages and the deaths attributable to infectious diseases are reduced, the burden of mortality due to non communicable diseases will experience an upsurge. Deaths caused by cancer are projected to increase from 730 000 in 2004 to 1.5 million in 2030, and those attributable to cardiovascular causes from 2.7 million in 2004 to 4.0 million in 2030 as per the Global Burden of disease study.

Challenges to Cancer Care in India

In a well publicised position paper in Lancet Oncology, Professor Mallathet al, have highlighted several challenges facing our nation in ensuring adequate and equitable cancer care. Despite the substantial socioeconomic progress made over the past 5 decades since Independence, our per capita purchasing power is only 5-10% of that of the Western nations.

If we take the example of Trastuzumab, a monoclonal antibody that has proven to have significant benefits in a subgroup of breast cancer patients, the annual cost of treatment for an average Indian female works out to be \$20,000. This represents ~ 30% of the cost incurred for the same drug in the USA (\$70,000). As can be appreciated in terms of relative purchasing power, the same drug, although retailed for a lesser price, extracts a far more severe economic penalty on Indians. This economic burden is aggravated by the fact that use of such life saving drugs is associated with a net societal economic benefit in terms of quality adjusted life years (QALY) saved. As estimated by Lopes et al, the mean societal cost benefit due to herceptin in Singapore is \$4300. Given the central role that a woman plays in the family in India the socio-economic impact of lives lost, due to inability to afford this medication is likely to be higher. This is not only the case for new drugs but also for existing drugs and devices.

India is also experiencing a slower demographic transition in terms of disease burden. While the burden of chronic disease is increasing, a high burden remains for acute infectious diseases and accidents. As a result formulating an effective health policy remains a challenge. India thus requires a health care policy that combats malnutrition while emphasizing prevention of obesity at the same time. Till date the national cancer control program has focussed its efforts on enhancing and upgrading infrastructure at select cancer centres along with emphasizing education as the primary modality for prevention. We lack dedicated screening programmes for most cancers as till date the population prevalence for most cancers is below 5 per 100,000.

As highlighted in the report by Professor Mallath et al, India invests less than 1.5% of its GDP on central government-funded and state-funded health care, out of a total public plus private spend of little more than 4% of GDP. No other comparable nation spends as small a proportion of its national resources on public health care. The situation is further complicated by factors such as poor fiscal governance; sub-optimum (health sector-related) relationships between the federal and state governments; poor public health expertise (compounded by inadequate medical and other health professional education); substantial regional variations; and gross education, caste, and class-related inequalities in income and access to services.

Although Indian society places strong emphasis on familial bonds, there is an absence of a corresponding emphasis on ensuring adequate funding for service requirements in the community. As a result majority of the treatment costs are borne out of pocket resulting in further exacerbation in the disparities in cancer care.

Perhaps the biggest problem faced by the policymakers in India today is the inadequate infrastructure available for training and education for professionals. While 60% of specialist facilities are located in regions to the south and the west of India, 50% of the population lives in the Central and Eastern parts of the country. The regional disparity in cancer care is even more apparent when we consider the imbalance in availability of therapy facilities. In addition to the disparity among regions, there is an imbalance in the availability of services in rural and urban areas. As a result of this disparity patients with cancer often have to travel long distances and stay in suboptimal conditions to access appropriate cancer care which they can afford.

Challenges to Cancer Research in India

Even more worrisome is the state of cancer research in India. India, which has about 17% of the world population, is involved in only about 1.5% of all clinical trials worldwide. The amount of ongoing research activities can be gauged from the number of clinical trials ongoing in the nation. In this respect a search of the Clinical Trial Registry of India reveals that there are only 331 registered trials in Cancer of which only 141 are actively recruiting participants. Of the 57 clinical trials being conducted in Kerala none are open to recruitment at present. In contrast a search of the clinical trial registry database of the National Cancer Institute reveals 1518 active clinical trials dealing with various aspects of cancer research. As can be easily appreciated the number of trials being conducted in India on Cancer at this point of time is less than 10% of what is being conducted in the USA. Perhaps more worrisome is the fact that there is a dearth of investigator initiated research with less than 3% of the registered trials being investigator initiated studies.

Another metric to gauge the research output is the number of publications in peer reviewed journals. In this regard also India is far behind that of the USA. In a bibliometric analysis of publications related to cancer research reported by Patra et al, only 648 publications were identified in Pubmed as originating from India in contrast to the 1,53,341 publications from India. Of the total number of publications, India contributed to only 0.4% of the available

publications. The authors found that most of the publications were in low impact factor journals and there was a marked regional disparity with Kerala accounting for only 6.5% of the national research output.

We conducted a search of Pubmed using the same filters and found that 25,047 articles were identified from India. However during the same time period, the total number of publications from the USA was 3, 80,771. In the year 2012, 2122 articles were published from India as compared to 25,364 articles from the USA. Thus over the period of the last decade while some increase in research activities has been observed the total research output of India remains less than 10% of that in the USA.

Hence from the above it can be easily concluded that Cancer research is at a nascent stage in India. Given the dearth of manpower and high patient load at most cancer centres it is not difficult to imagine the reasons behind the lack of research activities. Further impediments in conducting research activities in India include the phenomenon of “brain drain”, lack of appropriate training and infrastructure to conduct research, absence of incentives for conducting research and less funding available for research. Other problems that have been highlighted in a publication by Saini et al and Thatte et al include:

1. Shortage of trained staff well versed in GCP norms.
2. Lack of formal training in bioethics and research methodology
3. Heavy burden of clinical duties
4. Sub-optimal administrative support
5. Absence of oversight of functioning of ethics committees
6. Lack of mechanisms for ensuring quality of ethics review heightens societal concerns about safety of participants.

The current socioeconomic reality of the Indian health care system is that very few patients are able to get access to innovative drugs and treatments. The per capita total spending on health is \$132 for India versus \$3480 for the United Kingdom (currency assumed to be international dollars as per purchasing power parity). 70.8% of all healthcare expenditure in India is borne by private spending, compared to only 16.1% for the United Kingdom. As a result there is no incentive for international pharmaceutical companies to market the latest products in India. This, coupled with an adverse intellectual property environment, results in the large majority of the innovative drugs reaching the Indian market very late in their development. The need of the hour is to develop a robust mechanism to conduct clinical trials that have relevance to the cancer burden in India in the country itself.

In this regard availability and continuous training of manpower assumes paramount importance.

3.0 FELLOWSHIP PROGRAMMES

ALL FELLOWSHIP PROGRAMS CONDUCTED BY MCC ARE INSTITUTIONAL FELLOWSHIP PROGRAMS. THESE PROGRAMS DO NOT HAVE THE RECOGNITION OF REGULATORY BODIES OR UNIVERSITIES.

THE PROGRAMS ARE STRUCTURED SO THAT CANDIDATE WILL GET ADEQUATE EXPOSURE AND PRACTICAL KNOWLEDGE IN RESPECTIVE FIELDS

Fellowship Programme in	Duration	Vacancy	Eligibility
High Precision Radiotherapy	1 year	One	<ul style="list-style-type: none"> • The candidate should possess an MD/DNB degree in Radiotherapy/ Diploma in Medical Radiation Therapy (DMRT) • Candidate should have valid MCI registration certificate • Candidates should not cross 45 years as on 1st January of current year.
Gynaecologic Oncology	2 years.	One	<ul style="list-style-type: none"> • MS/DNB (OBG), MS/DNB (General Surgery) • Candidate should have valid MCI registration certificate • Candidates should not cross 45 years as on 1st January of current year.

Aphaeresis Medicine	1year	Two	<ul style="list-style-type: none"> • M.D/ DNB Transfusion Medicine/ Immunohematology and Blood Transfusion • M.D/DNB. Pathology working in Blood Centre • Candidate should have valid MCI registration certificate • Candidates should not cross 45 years as on 1st January of current year.
Oncoanaesthesiology	1 year	Two	<ul style="list-style-type: none"> • MD/DNB in Anaesthesiology or Diploma in Anaesthesiology • Candidate should have valid MCI registration certificate • Candidates should not cross 45 years as on 1st January of current year.
Onco-imaging & Interventional Radiology	1 year	One	<ul style="list-style-type: none"> • The candidate should possess MD/DNB degree in Radiodiagnosis • Candidate should have a valid MCI registration certificate • Candidates should not cross 45 years as on 1st January of current year. • Preference will be given to doctors working in hospitals affiliated to the national cancer control program.

Solid Tumour Oncology	1 year	One	<ul style="list-style-type: none"> • The candidate should possess DM /DNB in Medical Oncology OR MD/DNB degree in Radiotherapy OR MD/DNB in General Medicine • Candidate should have valid MCI registration certificate • Candidates should not cross 45 years as on 1st January of current year.
Psycho-oncology	1 year	One	<ul style="list-style-type: none"> • The candidate should possess a regular post graduate degree in MA/M.Sc Psychology (Clinical Psychology, Counselling Psychology, Health Psychology or Applied Psychology – Clinical, Psycho-oncology) with a minimum of 60% marks. • Candidates should not cross 45 years as on 1st January of current year.
Oncology Nutrition	1 year	Three	<ul style="list-style-type: none"> • The candidate should possess a post graduate degree or Diploma in Nutrition & related subjects with a minimum of 60% marks. • Candidates should not cross 45 years as on 1st January of current year.

Clinical Research	2 years	One	<ul style="list-style-type: none"> • Post Graduates in Life Sciences or Biotechnology, MSc Statistics or Biostatistics, MPharm, Pharm D, MBBS, BHMS, BAMS, BDS, MPH • Candidates should not cross 45 years as on 1st January of current year.
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4. FELLOWSHIP IN HIGH PRECISION RADIOTHERAPY

Introduction

The Department of Radiotherapy Malabar Cancer Centre intends to start a one year structured fellowship in high precision radiotherapy. Over the last decade there have been significant improvements in radiotherapy technology. Improvements have been occurring in all fields involved in the treatment planning and delivery. However these technological improvements are expensive to implement and require know-how for safe delivery. The high doses used in several of these technologies along with the minimal margins employed leave little room for errors. Unfortunately majority of Government centres in India do not have access to these high precision techniques in Radiotherapy. The present fellowship is designed to meet this lacuna in the training of radiation oncology students in the country. The structured nature of the fellowship will ensure time bound training with regular and rigorous evaluation at defined time points. In addition the program aims to foster research in these technologies as the fellows will be required to take up a research project they can complete within the span of one year. About 40% of the time will be reserved for research and 60% will be for clinical assignments and classes in this programme. After completion of this fellowship, the fellows will be having a sound knowledge of the theoretical as well as practical aspects of these technologies in addition to having a good idea about the intensive quality assurance required for safe implementation of these technologies.

Eligibility

- Candidates should have completed their MD / DNB in Radiotherapy or Diploma in Medical Radiation Therapy (DMRT)
- Candidate should have valid MCI registration certificate
- Candidates should not cross 45 years as on 1st January of current year.

Fellowship Objectives

- 1) To gain an understanding behind the theoretical basis of high precision radiotherapy techniques.
- 2) To understand the practical aspects of modern radiotherapy treatment planning including immobilization, simulation, image acquisition and volume delineation.
- 3) To gain an understanding of the latest protocols of image segmentation including both organs and target volumes in accordance with the ICRU guidelines.
- 4) To gain an understanding of the methods and principles behind image registration.
- 5) To gain a practical as well as theoretical experience in planning of 3DCRT/IMRT/4DRT/SBRT and Adaptive IMRT.
- 6) To understand and apply the various methods of image guidance and verification available in modern radiotherapy practice.
- 7) To participate in the development of clinical and translational research protocols aiming at improving the therapeutic ratio of radiotherapy through the application of these high precision radiotherapy techniques.

Fellowship structure

The fellowship will be comprised of the following:

1. **Project Work:** Fellows will be expected to take up one or more projects to be completed within a span of 1 year. Acquiring extramural funding for these projects will be encouraged and fellows are expected to have a submitted publication prior to completion of the fellowship in the project concerned. In addition to this conference presentations are recommended and encouraged. Projects should ideally be prospective and should involve some aspect of High precision radiotherapy. Fellows will be expected to complete the project prior to getting completion certificate. The fellows will be encouraged to prepare a project proposal prior to joining the fellowship which they can pursue during the tenure of their fellowship.
2. **Didactic Teaching:** Didactic teaching will be provided by the Faculty of Malabar Cancer Centre according to the schedule given below. The aim of the didactic

teaching is to have one to one sessions where the fellows can get to interact with the teaching faculty on various topics related to high precision radiotherapy.

3. **Practical Demonstration Session:** Practical demonstration sessions will be conducted on the topics mentioned below to enforce the learning imparted in didactic teaching sessions. These sessions will be tailored according to the existing level of training of the fellowship candidate and will be designed to demonstrate the full workflow involved in the treatment of patients with these techniques. A suggested list of practical demonstration classes is given below. The candidate will be expected to work with the faculty and members of the department for scheduling of these demonstration classes.
4. **Journal Club:** Candidates will be expected to conduct at least one Journal Club each month. Each Journal Club will be on a specific journal article that has important implications for practice in the department and will include a short presentation of the main paper followed by a structured discussion on the merits and demerits. The aim is to help ensure that the fellow learns to appraise scientific articles critically as per the guidelines proposed by JAMA. It is expected that the fellows will be discussing the existing evidence behind the application and use of various high precision radiotherapy technologies during this Journal Clubs.
5. **Chart Rounds:** The fellowship candidate will be expected to lead and conduct chart rounds on Saturdays with the radiotherapy team on Saturdays to critically analyse the plans being delivered as well as to correct any errors.
6. **Treatment Planning:** The fellows will be expected to participate in the treatment planning process of patients being treated in the department. During the process the fellow should familiarize themselves with the principles and methods involved in immobilization, image acquisition, image registration, image segmentation, treatment planning, verification and quality assurance as well as treatment delivery. Fellows are encouraged to participate in all aspects of the treatment planning process in order to gain the maximum benefit.
7. **Multi-speciality Board Meetings:** The candidates will be expected to participate in the discussions conducted in the Multispeciality board meetings conducted in the hospital between Tuesdays to Fridays.
8. **Performance Review:** The fellows will be part of a 3 monthly performance review in the department. The review will be conducted in a friendly environment in order to appraise the progress of the project(s) the fellow may be undertaking as well as

review the problems that the fellow may be facing. Attendance in the performance review meetings will be considered compulsory for the fellows. The fellows are expected to maintain an up-to-date logbook to present at these review sessions.

9. **End of Fellowship Examination:** An end of fellowship examination will be conducted to evaluate the candidate in terms of the knowledge gained from the fellowship (both theoretical and practical). The examination will be mandatory for passing the fellowship and for grant of the fellowship completion certificate along with completed project work mentioned above.

Didactic Teaching

The following are the suggested topics for didactic teaching. The total duration of didactic teaching sessions will be 30 hours over a period of 12 months. Didactic teaching will be conducted through presentations and bed-side demonstrations. Attendance in teaching classes is considered mandatory.

Suggested Topics
Introduction to High Precision Radiotherapy
History of conformal radiotherapy, Rationale behind high precision Radiotherapy, Potential advantages and limitations of high precision radiotherapy
Imaging for High Precision Radiotherapy
Basics of patient positioning and immobilization, Various Imaging Modalities in Use in High Precision Radiotherapy, Special points to note while imaging, MRI and special MRI sequences for treatment planning, PETCT and basics of PETCT based target delineation, Introduction to DICOM and DICOM-RT standards
Image Manipulation for High Precision Radiotherapy
Importing and exporting Images for treatment planning, Creating 3D and 4D image datasets, Image registration principles and methods. Deformable and non deformable image registration, introduction to image registration algorithms
Volume delineation in High Precision Radiotherapy
Revision of the ICRU concepts in Radiotherapy treatment planning, Review of important ICRU reports - 50, 64 and 78, Tools for image segmentation, Choosing the appropriate window and MRI sequence for image delineation, Target volume and Organ at risk delineation protocols and guidelines, How to create a PTV

Practical Radiotherapy Treatment Planning
Preliminary steps and checks to be made prior to starting treatment planning, Image manipulation prior to treatment planning, Use of accessories and treatment aids (e.g. bolus), Fluence and intensity, Techniques for obtaining a modulated fluence in a treatment field, Concept of the Beams Eye View, Principles of optimization in radiotherapy, Inverse planning and optimization algorithms, Dose calculation algorithms, plan evaluation techniques, Understanding the Dose Volume Histogram, Understanding Rapidarc treatment delivery and VMAT optimization, 4 D radiotherapy planning
Quality Assurance of High Precision Radiotherapy
Machine Quality Assurance Procedures for IMRT/3DCRT, Understanding principles and basics of patient specific Quality Assurance, Absolute Dosimetry versus Relative Dosimetry, Gamma Analysis, Various Dosimetry Equipments for implementing patient QA in IMRT, AAPM guidelines for IMRT quality assurance, Verification of patient treatment and motion management, Understanding adaptive and image guided radiotherapy delivery
Starting a High Precision Radiotherapy Programme
Drawing up specifications for a machine, Regulatory approvals required for setting up a machine, Potential bottlenecks and pitfalls, Negotiating the contract and how to get the best out of the vendors, Designing and optimal workflow for successful implementation of the programme

Practical Demonstration Classes

A suggested list of practical demonstration classes to be taken during the fellowships is given below.

Patient selection for High Precision Radiotherapy, Explaining the cost benefits of High Precision Radiotherapy, Explaining the Risks of High Precision Radiotherapy
Patient immobilization and positioning - demonstration of how to make a thermoplastic cast and immobilization with vaccum cushions.
Creating a 2D compensator
Obtaining a 4D CT scan and importing it into the treatment planning system
Image registration of a CT with CT and CT with MRI for one or more sites (eg. brain, head neck, pelvis)

Contouring the Target volumes and Organs at Risk for common situations following Guidelines: Brain, Nasopharynx, Oropharynx, Postoperative Oral Cavity, Larynx, Lung, Breast - Post Mastectomy, Breast - Post Lumpectomy, Esophagus, Stomach and GE Junction, Rectum, Cervix, Bladder, Extremity Soft Tissue Sarcoma.
Contouring on a 4 D CT scan for 4 D treatment planning
Complete IMRT and Rapidarc treatment planning from start to finish including optimization
Plan export and creating a plan for Quality Assurance
Participating in patient Specific Quality Assurance
Patient setup verification using Electronic Portal images, KV Xray and Cone beam CT
Respiratory gated radiotherapy using RPM camera
Adaptive Radiotherapy planning on Cone beam CT for lung and on repeat planning CT for head neck cancers

Journal Club

A journal club will have to be conducted by each candidate every alternate week. During the Journal Club a scientific article will be critically appraised and presented to the faculty. The session will be conducted over a period of 1 hour and the candidate is expected to make a short presentation on the article. The critical appraisal should be patterned on the recommendations of JAMA on critical appraisal of scientific articles. It is expected that the fellow will notify the faculty regarding the paper to be appraised at least 2 weeks in advance so that the paper can be studied in greater detail. Preference would be given to papers that deal with high precision radiotherapy including the clinical and physics aspects of the techniques. The selection and the appraisal will be the responsibility of the fellowship candidate who is free to seek the help of the faculty.

Chart Rounds

The fellowship candidate is also expected to lead the chart rounds that will be conducted every Saturday in the department. During the chart round the candidate will be checking the charts of the patients undergoing treatment in the department. The radiation charts along with the plans will be reviewed in the presence of at least two faculty members, one physicist and

one technologist to critically analyse the plan in terms of target volume coverage, organ at risk sparing etc. Verification imaging performed during the period will also be reviewed to identify setup and motion related errors. In addition toxicity of the patients will be reviewed in order to find out patients having atypical patterns of toxicity.

Fellowship Examination

The examination will have an 100 marks theory paper and a 100 mark practical examination. The theory examination will have 10 short answers and 5 clinical vignette questions with 5 marks and 10 marks each. The practical examination will include 2 treatment planning sessions where the candidates will be expected to plan two different patients with a given technique. Special emphasis will be given to image registration, target volume delineation and plan evaluation which the candidate is expected to perform independently. In addition 100 marks are given in the performance reviews and candidates are expected to pass all three independently in order to qualify for the fellowship. The pass percentage in all three will be 50%.

5. FELLOWSHIP IN GYNAECOLOGIC ONCOLOGY

Objective of the Programme

The aim is to provide the training foundation for those individuals who want to pursue their professional career in the field of Gynaecologic oncology through training in the areas of basic as well as interdisciplinary management, complex oncologic procedures and research. This additional expertise emphasises critical analysis of clinical problems and development of additional skills in the performance of techniques required for the practice of this subspecialty, including consultation skills and multidisciplinary treatment planning, with emphasis in basic and clinical research methodologies.

It has another great vision of providing more expert cancer specialists to the society in order to provide a better quality management of disease for the people even in the lower levels of the community.

Academic Eligibility

- The candidate should possess **MS/DNB (OBG), MS/DNB (General Surgery)**
- Candidate should have valid MCI registration certificate

- Candidates should not cross 45 years as on 1st January of current year.

Duration of the program

The proposed duration of the course will be 2 years.

Educational Objectives

The goals of this fellowship are to provide comprehensive, multidisciplinary training to individuals who are committed to a career in s Gynaec oncology. The fellowship training will provide a broad exposure to a multidisciplinary management in basic oncological concepts including the Surgical aspects, Radiotherapy and Medical Oncology. Upon completion of fellowship, the surgeon may aim to possess the following:

- Expertise in the multidisciplinary management of patients with gynaeccancers .
- Oncological aspects of Surgery in Gynaec cancers
- Broad knowledge and comprehension in principles of: radiation oncology, medical oncology, oncopathology, diagnostic radiology/nuclear medicine and research
- Judgment and ability to perform complex tumor resections and an understanding of the technical limitations of the procedure
- Appreciation of scientific methodology, study design, clinical trials and data analysis
- Ability to practice effectively in an academic, tertiary care setting and to participate in medical education and translational research.

Fellowship Curriculum

The fellowship must provide clinical and/or didactic exposure to the following

- Gyneconcolgy
- Breast oncology
- Gastrointestinal oncology
- Urooncology
- Reconstruction in oncology
- Oncopathology
- Research
- Community Oncology

Evaluation

A] Internal assessment of the candidates by the faculty. (100 marks)-every 6 months.

An overall assessment with objectives of the course, and specifically with respect to their operating skills, time spent with patients in Surgical wards, planning Radiotherapy & Chemotherapy, seminars, journal club & tumour board presentations.

2) Final examination – at the end of the course conducted according to MCI norms

- a) 2 theory papers (100 x 2 =200 marks)
- b) Clinical case discussion – Total of 4 cases (1 Long case + 3 short cases [60 + 90(30x3)]= 150 marks)
- c) Viva – 50 marks

Total of 200 marks each for Theory and Practical. Aggregate of 50% (separate for both theory as well as for practical) is mandatory for passing the examination.

A pass mark is necessary for getting the certificate of fellowship. The certificate will be issued in an institutional function after successful completion of 24 months of training, thesis work, research studies and the required exams.

6. FELLOWSHIP IN APLAERESIS MEDICINE

Objective of the Programme

1. Gain deep knowledge in the subject, both practical and theoretical aspects
2. Learn fundamentals of apheresis and the various application of apheresis
3. Orientation toward Clinical Transfusion Practice
4. To actively take part in research activities of the department
5. To learn interpersonal communication skills and communication skill towards donors, patients and their relatives.

Eligibility

- M.D/ DNB Transfusion Medicine/ Immunohematology and Blood Transfusion M.D/DNB. Pathology working in Blood Centre
- Candidate should have valid MCI registration certificate
- Candidates should not cross 45 years as on 1st January of current year.

Duration of the program

The duration of the course is 1 year.

Educational Curriculum

Fundamental Components of the Fellowship

1. Laboratory:

This would involve rotation in the various sections –

- Donor apheresis, Therapeutic apheresis, Cryopreservation of Stem cells, HLA Lab, Flow cytometry Lab, Microbiology
- Reporting on laboratory tests performed
- Maintaining all tests/ activities / processes and records as per Drug control and NABH requirements.

2. Clinical:

The post holder would be expected to perform daily clinical rounds, interact with clinical colleagues regarding blood transfusion needs for patients, suspected transfusion reactions and safe transfusion practices, and responds to queries on these issues.

Targeted apheresis component therapy for hemo-oncology patients, BMT patients and patients with suspected transfusion reactions.

3. Management responsibilities:

The post holder would be expected to write / help other laboratory staff to write standard operating procedures, drafting policy documents, carrying out external Quality control, hemovigilance and timely audit.,

Participation in equipment calibration, maintenance, and quality control activities and assessments undertaken by Drug Controllers and the NABH is also expected.

4. Academic responsibilities:

- **Journal Clubs and Seminars:** The post holder would be expected to attend / present seminars and findings from recent scientific publications, in departmental and allied speciality meetings. Candidates should actively participate in the daily academic activity of the department/institution without any fail.
- **Audit and Research:** The post holder would be expected to be involved in laboratory work, present papers in scientific conferences, and write articles for publication in indexed journals.
- **Teaching:** The post holder would be expected to teach clinical, laboratory, and nursing staff, as and when required.

The learning process will be facilitated by;

- 1) Clinical expertise gained by working alongside experienced faculty
- 2) Participation in daily Multi-speciality tumor boards.
- 3) Teaching sessions, which would include interdisciplinary seminars, Journal clubs, and case presentation.
- 4) Project work in the form of at least two publication in any transfusion medicine/hematology/oncology journal
- 5) Lectures by experts in the field of basic sciences, tumor registry, molecular biology & cancer genetics.

Evaluation

Final examination – at the end of the course conducted

- d) 1 theory papers (100 marks)
- e) Case discussion – Total of 4 cases (1 Long case + 3 short cases)= 150 marks
- f) Viva – 50 marks

7.Fellowship in Oncoanaesthesiology

Objective of the programme

The purpose is to provide training for Aspirant Anaesthesiologist in the field of Oncoanaesthesia and Research. This additional expertise emphasizes critical analysis of clinical problems and development of additional skills in the performance of techniques required for the practice of this subspecialty. The trainees will be allowed to administer Anaesthesia for therapeutic and diagnostic procedures in surgical oncology.

Academic Eligibility

- MD/DNB in Anaesthesiology
- Diploma in Anaesthesiology

Duration of the program

- The duration of the course will be 1 year

Educational Objectives

- Anaesthetic care in the operating theatres for all types of surgical, diagnostic and therapeutic procedures. Hands-on experience of advanced techniques such as thoracic epidural, ultrasound guided nerve blocks; ultrasound guided difficult vascular access, difficult airway management techniques such as fibre-optic intubation/ video-laryngoscopy and advanced haemodynamic monitoring.
- Training in anaesthetic management of critical and complex long duration surgeries such as free flap reconstruction surgeries, advanced hepato-pancreaticobiliary surgeries, video Assisted thoracoscopic surgeries, HIPEC surgery and cytoreductive surgeries
- Non-operating room anaesthesia (NORA): training in anaesthesia outside Operating room like MRI, CT, Radiotherapy (RT), PET-CT and Radiofrequency Ablation
- Postoperative Care Unit: Postoperative critical care of complex surgeries will also be part of the training.
- Pain management:
 - Providing pre- and post-operative pain management procedures like Epidural block, Patient controlled analgesia, Transdermal patch and regional nerve blocks.
 - Pain Clinic: Providing inpatient and outpatient chronic pain management.

- Academic activities include Topic discussions, Journal club, morbidity & mortality meetings and lectures in biostatistics. Appreciation of scientific methodology, study design, clinical trials and data analysis. Fellows have the opportunity to participate in the workshops/conferences for national and international audience

Number of seats allotted

Two seats will be allotted per year

Fellowship Curriculum

1. Organization and functioning of operating theaters
2. Digital hospital information network and data processing
3. Pre-anaesthesia evaluation
4. Patient assessment in Post-anaesthesia care unit
5. Anaesthesia for Gastro-intestinal oncological surgery
 - a. Anaesthesia considerations in gastro-intestinal and hepatico-pancreatico-biliary surgeries
 - b. Advanced hemodynamic monitoring and fluid management
6. Anaesthesia for gynaec-oncological surgery
 - a. Perioperative considerations for debulking and cytoreductive surgery
 - b. DVT prophylaxis- mechanical and pharmacologic methods
7. Anaesthesia for uro-oncological surgery
 - a. Perioperative management of major radical uro-surgical procedures
8. Anaesthesia for breast and plastic surgery
 - a. Management of LD flap and TRAM flap surgeries-
9. Anaesthesia for head and neck oncological surgery
 - a. Head and neck free flap reconstructions
 - b. Difficult airway management- algorithm
10. Anaesthesia for thoracic oncological surgery
 - a. One lung ventilation
 - b. Introduction to double lumen tubes and bronchial blockers
 - c. Introduction to fiberoptic bronchoscopy
11. Anaesthesia for Ocular oncological surgery
12. Post Operative pain management

- a. Patient controlled analgesia: machines, drugs, regimes
 - b. Post-operative epidural analgesia
- 13. Chronic pain management
 - a. Pharmacological management of chronic pain
- 14. Onco-critical Care
 - a. Post-operative ventilation
 - b. Weaning from ventilation strategies
 - c. CLABSI, VAP, CAUTI bundles
 - d. Fungal infections in ICU
 - e. Enteral feeding: when to start, how?
 - f. Sepsis guidelines

PRACTICAL TECHNIQUES IN ONCO-ANAESTHESIA

1. Arterial cannulation: catheter over needle (Jelco) and Seldinger technique (LeaderCath): Radial, femoral and dorsalis pedis artery cannulation.
2. Central venous cannulation- internal jugular, subclavian, femoral veins.
3. Regional anaesthesia techniques:
 - a. Sub arachnoid block
 - b. Epidural anaesthesia: lumbar and thoracic
4. Airway management devices:
 - a. LMA- Classic, proseal, supreme
 - b. I-gel
 - c. Flexo-metallic tubes
 - d. RAE tubes
 - e. MLS tubes
5. Difficult airway management techniques
 - a. Awake fiberoptic intubation
 - b. CMAC video laryngoscope
 - c. Cook- airway exchange catheters
 - d. Percutaneous cricothyrotomy (PCT)
 - e. Trans tracheal jet ventilation device
6. Advanced haemodynamic monitoring: Estimated Continuous Cardiac Output (ESCCO) technology.
7. Depth of Anaesthesia Monitoring-ENTROPY, BIS (Bispectral index)
8. Neuromuscular monitoring-TOF, DBS

Evaluation**A] Internal assessment of the candidates by faculty. (100 marks)**

This will be done on a continual basis with respect to the overall objectives of the course, based on the prescribed textbooks and study materials.

B] Final examination –by both internal & external examiner.

It will consist of 2 theory papers (50 x 2 =100 marks)

Clinical case discussion (50 x 2 = 100 marks)

Viva Voce

OSCE

A pass mark is necessary for getting the certificate of fellowship. The certificate will be issued in an institutional function after successful completion of 24 months of training, thesis work, research studies and the required exams.

8.FELLOWSHIP IN ONCOIMAGING & INTERVENTIONAL RADIOLOGY

Introduction:

One of the most significant advances in patient care in this century has been the development of interventional radiology. What started as a tool for pure diagnostic observation has become an indispensable component of the therapeutic paradigm for a large number of diseases, thanks to the untiring efforts of brilliant innovators in this field. What is more important is the fact that all these procedures are performed through a small percutaneous access and are associated with significantly less morbidity, mortality, hospital stay and thus economic burden. Interventional radiology has also had a significant impact in the management of cancer patients.

The responsibility of passing on this technology to future generations of radiologists is the responsibility of tertiary care institutes like ours. This will result in dissemination of this technology throughout the country and will improve the quality of life of thousands of patients.

The applications of onco-intervention requires a dedicated training which should include a thorough understanding about the disease process and its adequate management which will subsequently help to improve the longevity & quality of life of patients suffering from malignancies. An all rounded training in Vascular and Interventional Radiology requires facilities which can be provided only in a tertiary care hospital.

The entire philosophy of interventional radiology lies in the ability of a radiologist to change his or her mindset from a person who sits at the console and interprets images to a person who assumes clinical responsibility of patient care and participates in overall clinical management of the patient in close concert with the clinical colleagues. The fellowship program is a training program which has no university or regulatory body approval. It is purely an institutional training program with an aim to instill the concepts of oncoimaging and onco-interventions.

Department of Imageology

New imageology block was inaugurated in 2008. In the initial phase, the department acquired a 4 slice CT scan and a Doppler machine. Later, the department acquired state of the art machines like digital mammogram with 3D tomosynthesis, Digital radiography, C-arm, Maxio robot for guidance in interventional procedures, Radio frequency ablation machine, high end ultrasound (Toshiba Aplio 500) with facility for TRUS biopsy, contrast ultrasound, fusion imaging and multiorganelastography, 128 slice Fluoro CT and state of the art DSA suite for vascular and non-vascular interventions. Robotic interventions are used for assisting in guided biopsies and RFA. Radiological intervention suite has been functional since January 2020. We also acquired the Automated Breast Ultrasound (iABUS by Episonica), which is the first in India in government set up. Dedicated pediatric onco-imaging block is also getting ready this year.

Aim of the Programme:

The aim is to provide the training foundation for those individuals who want to pursue their professional career in the field of oncoimaging. It has another great vision of providing more expert oncoimaging specialists to the society in order to provide a better quality diagnosis and management of disease for the people even in the lower levels of the community. Upon completion of the Fellowship Program, the fellow will be competent in and have developed expertise to perform diagnostic and interventional Radiology procedures using multiple imaging modalities. These include the ability to perform-

- All diagnostic modalities for oncology purposes
- Biopsies (USG and CT guided)
- Drainage Procedures
- Breast imaging and interventions
- Paediatric Onco imaging
- Vascular and non-vascular interventions

Duration of the Fellowship Programme:

- The structured course is designed for 12 months of training in the field of oncoimaging and intervention. Private practice is not allowed during the course period.

Eligibility

- ✓ The candidate should possess MD/DNB degree in Radiodiagnosis

- ✓ Candidate should have valid MCI registration certificate
- ✓ Candidates should not cross 45 years as on 1st January of current year.
- ✓ Persons working in the Govt. /Semi Govt. Organizations, Autonomous bodies should send their applications through proper channels.
- ✓ All foreign nationals are required **to get approval from Indian Embassy in their country and register with the Medical Council of India, New Delhi** before they will be accepted into the training program. They are advised to process their application well in advance. MCC can issue supporting documents to selected candidates.
- ✓ For sponsored candidates and candidates from other countries the institution may decide on the fee structure as appropriate.
- ✓ Preference will be given to doctors working in hospitals affiliated to the national cancer control program.

Objective of the Fellowship Program

1. Gain deep knowledge in the subject , both practical and theoretical aspects
2. To gain deep knowledge in onco imaging and onco interventions
3. Comprehension of cancer biology and cancer therapeutics
4. Basics of nuclear medicine and essential interpretation skill in PET CT
5. Evidence-based decision-making.
6. Development of desired technical expertise with emphasis on safety, self-analysis and improvement.
7. Development of appropriate communication skills.
8. Development of efficient interdisciplinary collaboration.
9. Appreciation of scientific methodology, study design, clinical trials and data analysis.
10. Development of professional leadership and management skills.
11. Ability to practice effectively in an academic, tertiary care setting and to participate in medical education and translational research.

The learning process will be facilitated by;

- 1) Clinical expertise gained by working alongside experienced faculty
- 2) Active participation in daily Multi-speciality tumor boards.

- 3) Teaching sessions, which would include interdisciplinary seminars (involving radiation, medical and palliative care besides the parent unit.), Journal clubs, and case presentation.
- 4) Project work in the form of at least one publication in any Pub med indexed radiology /oncology journal
- 5) Lectures by experts in the field of basic sciences, tumor registry, molecular biology & cancer genetics.

Following imaging are routinely performed

- 1) Routine USG, Doppler, CT and MRI
- 2) X ray reporting
- 3) Advanced CT imaging like multiphase study, wash out studies, CT perfusion, implant imaging, DEXA scan and CT dental scan
- 4) CT cerebral, carotid, pulmonary and peripheral angiograms
- 5) Implant imaging
- 6) Advanced MR imaging like perfusion imaging, spectroscopy for brain tumours, endorectal imaging for prostate, rectum and cervix, prostate spectroscopy, whole body diffusion weighted imaging, dynamic imaging, liver imaging, imaging of larynx and brachial plexus imaging
- 7) Advanced ultrasound imaging like contrast ultrasound, elastography, fusion imaging and automated breast ultrasound
- 8) Breast imaging
- 9) Paediatric Oncoimaging

Following interventional radiological procedures are performed:

Diagnostic Procedures :

- ✓ CT Guided Procedures:
 - * CT guided Biopsies
 - * CT Guided Drainage Procedures
 - * CT Guided Tumor Ablation (RFA and Microwave)
 - * CT Guided Nerve Blocks
- ✓ *Biopsy – abdomen/pelvis including Trans-rectal biopsies*
- ✓ *Biopsy – extremity/bone and vertebra*
- ✓ *Biopsy – lung /chest*

- ✓ *Ultrasound guided FNAC, biopsies and drainage procedures*
- ✓ Breast interventions like stereotactic biopsy and Vacuum assisted biopsies

Therapeutic procedures include

- ✓ Chest Tube Placement
- ✓ Ethanol / Acetic Acid Injection
- ✓ Fluid Collection / Abscess & Drainage
- ✓ Radiofrequency Ablation (RFA) and microwave ablation (MWA) including intraoperative RFA and MWA
- ✓ Robotic interventions – Biopsies and RFA
- ✓ Vascular procedures like diagnostic angiograms, transarterial chemoembolisation, chemoperfusion, embolisation, thrombolysis etc
- ✓ Non-vascular procedures like PTBD, stenting (endovascular, biliary, esophageal and tracheal), nephrostomy, NG tube and NJ tube insertion etc
- ✓ The Fellow is expected to complete a project and at least one publication during the one year of training course.

Fundamental components of the fellowship

- a. A fellow should report at least 50 cases from each system
- b. At least 200 procedures should be done under supervision
- c. Intensive exposure to the interdisciplinary management of oncologic patients
- d. To conduct research under supervision
- e. Active participation in multidisciplinary boards and developing the skill of decision making through interactive discussion with other experts.
- f. Attending conferences and CME and presentation of research works.
- g. Taking classes for undergraduate paramedical students, nursing students and visiting trainees.

Fellowship Curriculum

The fellowship will provide clinical exposure to the following

- ✓ Oncoimaging
- ✓ Cancer incidence, survival and mortality
- ✓ Staging
- ✓ Multidisciplinary treatment of cancer – Surgery, chemotherapy and radiotherapy
- ✓ Assessment of response to treatment

- ✓ Primary tumour evaluation and staging – lung , mediastinal and pleural tumors, esophageal cancer, gastric cancer, colorectal cancer, primary tumor of the liver and biliary tract, renal tumors, primary adrenal malignancy, pancreatic malignancy, bladder cancer, prostate cancer, testicular germ cell tumor, ovarian cancer, uterine and cervical tumors, primary retroperitoneal tumors, primary bone tumors, soft tissue sarcomas, breast cancer, paranasalsinus neoplasms, tumors of the pharynx, tongue and mouth, laryngeal tumors, thyroid cancer, primary tumors of the central nervous system, neuroendocrine tumors
- ✓ Hematologic malignancy – lymphoma, leukemia , multiple myeloma
- ✓ Pediatricconcoimaging - General principles, wilms' tumor , neuroblastoma, uncommon pediatric neoplasms
- ✓ Secondary malignancies
- ✓ Metastases – Lymph node, lung, pleura, bone, liver, nervous system, adrenal, peritoneal, spleen
- ✓ Malignant tumors of the skin
- ✓ Imaging of carcinoma of unknown primary
- ✓ Imaging for radiotherapy treatment planning
- ✓ Radiological manifestation of acute complications of treatment
- ✓ Effects of treatment on normal tissue – thorax, bone and bone marrow, abdomen and pelvis
- ✓ Imaging in immunocompromised host
- ✓ Functional imaging

Interventions

- ✓ Universal protocol in interventional radiology
- ✓ Risk management
- ✓ Radiation safety in interventional radiology
- ✓ Infection control and sterile technique in interventional radiology
- ✓ Clinical evaluation of cancer patients
- ✓ Cancer imaging for interventional radiologists
- ✓ Angiographic contrast media
- ✓ Needles, guidewires, catheters and stents
- ✓ Sedation, analgesia and anesthesia

- ✓ Drug administration
- ✓ Treatment of contrast media reactions
- ✓ Contrast induced nephropathy : Prevention and management
- ✓ Biopsy procedures of the lung, mediastinum and chest wall
- ✓ Catheter drainage of intrathoracic collections
- ✓ Thoracic duct embolization for chylothorax
- ✓ Percutaneous abdominal biopsy
- ✓ Musculoskeletal biopsies and ablations
- ✓ Drainage of abdominal abscess and fluid collections
- ✓ Percutaneous gastrostomy, percutaneous gastrojejunostomy, jejunostomy and cecostomy
- ✓ Percutaneous biliary interventions
- ✓ Percutaneous nephrostomy and antegrade ureteral stenting
- ✓ Lymphocele, cyst drainage and sclerosis
- ✓ Tumor ablation – pulmonary, hepatic and renal tumors
- ✓ Vertebroplasty and kyphoplasty
- ✓ Spinal injections for pain control
- ✓ Vascular access and catheter directed angiography
- ✓ Diagnostic venography
- ✓ Vascular closure devices
- ✓ Management of vascular complications
- ✓ Acute gastrointestinal hemorrhage
- ✓ Hepatic metastases- chemoembolisation
- ✓ Hepatocellular carcinoma – chemoembolisation
- ✓ Hepatic malignancies – Radioembolisation
- ✓ Central venous access – tunneled and untunneled
- ✓ Pulmonary emboli – Arteriography, thrombectomy and thrombolysis
- ✓ Vena caval filters
- ✓ Acute extremity DVT- Thrombectomy and thrombolysis
- ✓ Preoperative portal vein embolisation
- ✓ Transjugular intrahepatic portosystemic shunt
- ✓ Pediatric angiography
- ✓ Bronchial artery embolisation

- ✓ Stenting – tracheobronchial, esophageal , gastroduodenal and colorectal
- ✓ Retrieval of intravascular foreign bodies
- ✓ Management of recurrent ascites
- ✓ Radionuclide evaluation for interventional radiologists
- ✓ PET CT for oncologic interventions

Infrastructure:

Machines

- 128 slice GE Revolution Evo with facility for CT fluoroscopy
- Clinical MR scanner: GE- 1.5T
- 2 USG scanner – 1 basic one, 1 high end machine , 2 portable and 1 automated breast ultrasound
- Maxio Robot for robotic interventions
- 3D breast tomosynthesis
- Vacuum Assisted Biopsy Machine(VAB)
- Conventional and DR x ray
- Mini PACS
- DSA suite (Siemens Artis Zee Pure)

Supervision:

Initially, the fellow will be fully supervised by the Faculty posted in the area. In the course of training, the level of supervision will be tapered according to the experience and confidence gained.

On-Call:

We believe that attending to emergency and unscheduled cases outside duty hours is an essential part of training. The Fellow will be “On call” during the entire posting.

Evaluation:

The candidate’s progress and conduct will be monitored and evaluated every month. An attendance of 90% is mandatory for the completion of the course. A log book should be

maintained. This has to be submitted at the end of course . The final evaluation in the training will be done at the end of course and the certificate awarded.

Evaluation will include

1. **Internal assessment** – System wise short exams will be conducted every month (50 marks). Each month system wise academic programmes will be conducted and will be the basis for evaluation.
2. **Final examination** – at the end of the course conducted by both internal and external examiner. It will consist of
 - a. Theory paper - A total of 100 marks theory paper on oncoimaging topics
 - b. Spotters – 25 marks
 - c. Long case – 2 (50 marks each)
 - d. Short case – 3 (25 marks each)

Peripheral Posting of fellows

- The aim of each fellowship programme is to provide the training foundation for those individuals who want to pursue their professional career in the concerned specialty
- This additional expertise emphasizes the development of additional skills required for the practice of respective specialty

For getting adequate exposure and comprehensive training in areas of concerned specialty, a fellow can be posted in other institutes/centre/hospital within the state of Kerala or outside Kerala provided adequate exposure of the same is not available in the concerned department.

9.Fellowship in Solid Tumour Oncology

Objectives of the Programme

1. To provide expert clinical training in the diagnosis,evaluation, and treatment of adult solid tumours
2. To learn about the multidisciplinary approach in the management of solid tumours
3. Orientation toward basic and advanced cancer research activities
4. To actively take part in research activities of the department including clinical trials
5. To learn interpersonal communication skills and communication skills towards patients and their relatives.
6. To learn about the applied laboratory aspects of the subject including the basics of molecular oncology related to solid tumors

The aim of the program is to offer state-of-the-art training in the diagnosis and management of adult solid tumors. This willprovide the foundation for the multidisciplinary management of solid tumors and in the use of systemic agents in various solid tumors. This additional expertise emphasizes critical analysis of clinical problems and the development of additional skills required for the practice of this specialty, including consultation skills and multidisciplinary treatment planning, with an emphasis in basic and clinical research methodologies. As solid tumors constitute the majority of the cancers in our country and the world , to have professional trained in the newer developments in the specialty and the comprehensive management of solid tumours will improve the cancer care and control activities in our country.

Eligibility

- The candidate should possess DM /DNB in Medical Oncology or MD/DNB degree in Radiotherapy ,MD/DNB in General Medicine
- Candidate should have a valid MCI registration certificate
- Candidates should not cross 45 years as of 1st January of the current year

Duration of the program

The proposed duration of the course will be 1 year.

Fundamental Components of the Fellowship

- The fellow must participate in the evaluation, decision making and management of various solid tumours
- Candidates will have Outpatient, Intensive chemotherapy unit, and other inpatient and day care chemotherapy unit postings. This should be followed strictly.
- Candidates will require to attend multidisciplinary tumor boards regularly
- Candidates have to gain expertise in the baseline evaluation, administration and monitoring of chemotherapy/Targeted therapy/hormonal therapy and immunotherapy.
- Candidates should actively participate in the daily academic activity of the department/institution without any fail.
- The candidate will be involved in the clinical research activities including the clinical trials conducted in the department
- Candidates will have posting in rotation in the surgical oncology, radiation oncology, pathology , molecular oncology departments, radiology and palliative medicine to have adequate exposure in the multidisciplinary care
- An attendance of 90 % is mandatory for the completion of the course.
- A log book should be maintained. This has to be submitted at the end of course
- Candidate should preferably have publications in an indexed journal- two case reports or a prospective study- in his/her account for completion of the course and at least one presentation in a national or international conference

Duties and Responsibilities

The candidates will be full-time residents of the institution and will perform the duties and responsibilities of a full-time physician in the department of Clinical hematology and Medical oncology including night duties

- **Patient care** – Day care chemotherapy unit , Intensive chemotherapy unit, inpatient chemotherapy rounds, Outpatient clinic, maintenance of case records, preparation of case summary, discharge card and summary. Letters to local doctors with instructions, patient education, Consent preparation, all intervention procedures and patient counselling.

The learning process will be facilitated by;

- 1) Clinical expertise gained by working alongside experienced faculty
- 2) Active participation in daily multi-speciality tumor boards.
- 3) Teaching sessions, which would include interdisciplinary seminars (involving radiation, medical and palliative care besides the parent unit.), Journal clubs, and case presentation.
- 4) Project work in the form of at least two publications in any oncology journal
- 5) Lectures by experts in the field of basic sciences, tumor registry, molecular biology & cancer genetics.

EVALUATION OF THE CANDIDATES

A] Internal assessment of the candidates by the faculty- (100 marks)

This will be done on a continual basis with respect to the overall objectives of the course, and specifically with respect to their clinical skills, management of patients, seminars, journal club & tumor board presentations.

B] Final examination - by both internal & external examiner.

It will consist of

I theory papers (100 marks)

Clinical case discussions (40×2 = 80 marks)

Ward rounds (10 marks)

Pathology spotters (10 marks)

Selection process:

Fellowship in Solid Tumour Oncology will have a MCQ-based test paper, followed by which candidates scoring minimum 50 % marks in the same will be asked to appear for an interview on the same day.

10. FELLOWSHIP IN PSYCHO-ONCOLOGY**Objective of the Programme**

Psycho-oncology is a highly specialized stream under the branch of Psychology and Oncology, managing the behavioural, emotional, cognitive and social aspects of cancer patients and their families. It focuses on providing psycho-social interventions for patients and families from cancer diagnosis till survivorship and palliation, thereby improving their Quality of Life. The division of Psycho-oncology has been functioning in this Centre since July 2017. The division also provides alcohol and tobacco de-addiction counselling for the patients. Apart from this, the division also manages the stress management and recreation activities of the staff dealing with cancer patients. The division combines Psychiatry, Psychology and Medical Social work aspects into Cancer care.

Though there is an increase in need of mental health professionals in oncology, only few institutions are offering courses in Psycho-oncology across India. It is important to have trained professionals in this field to cater the needs of people and family dealing with cancer.

Psycho-oncology division is working with all the Inpatient and Outpatient care departments and divisions in the hospital, including Surgical, Medical, Radiation, Pain & Palliative care, Community Oncology, and Pediatric Oncology along with research and academic aspects of the hospital. This ensures that the trainee can be trained thoroughly so that he/she can work as a qualified Psycho-oncologist.

Objectives

1. To develop a regular full time academic program with extensive theoretical inputs and rigorous clinical experience in the area of Psycho-oncology.
2. To prepare the trainee to be qualified Psycho-oncologist to improve the psychological well-being and Quality of Life of cancer patients by diagnostic, therapeutic, rehabilitative, and administrative methods in psychology.

3. To conduct short-term research in Psycho-oncology along with real clinical experience.
4. To start and run a Psycho-oncology unit in a cancer hospital.

Upon completion of a one-year fellowship, the Psycho-oncologist is expected to possess the following characteristics:

- a) Expertise in the multi – professional team working, giving psychological for people with cancer in a variety of settings, throughout their cancer journey.
- b) Ability to manage psycho-social concerns of the cancer patient and their families.
- c) Ability to participate in the training of health care professionals and students about the importance of psychological well-being during cancer diagnosis and treatment.
- d) Ability to promote evidence based practice through research and audit.

Eligibility

Eligibility of Admission: Minimum 60% marks in Regular MA/MSc Psychology (Clinical Psychology, Counselling Psychology, Health Psychology, Psycho-oncology, Applied Psychology - Clinical)

Duration of the program

The duration of the programme is 1 year

Fellowship Structure

One year full time clinical training divided into four parts

I. Theoretical Learning

- a. Psycho-oncology
- b. Research Methodology & Biostatistics

II. Clinical & Practical hours

- a. Practical Assessments
- b. Case study & Case reports

III. Research Dissertation

- a. Viva-voce

IV. Internship (outside, if required)

- a. 2 weeks
- b. Institutional visit

PART I THEORETICAL LEARNING

The total duration of didactic teaching sessions will be 60 hours. Theoretical learning will be conducted through presentations, demonstrations and case discussions. Attendance in teaching classes is considered mandatory.

Paper1: Psycho-oncology
Unit 1: Introduction to Psycho-oncology
Unit 2: Psycho-social concerns in view of Adaptation to cancer diagnosis and treatment – Prevention, Diagnosis, Treatment, Survivorship, Palliation (Case study: 3)
Unit 3: Psycho-social interventions and psychotherapeutic methods for management (Case study: 5)
Unit 4: Pediatric Oncology – Dealing with Adolescents, Parents, Family-Concerns, interventions, Rehabilitation (Case study: 2)
Unit 5: Psycho-Social Assessments In Psychology And Oncology Care
Paper 2: Research Methodology

Unit I: Introduction to Research
Unit II: Research Designs, Methods and Tools Unit III: Statistics
Unit IV: Inferential Statistics
Unit V: Epidemiological Studies

Lecturing, discussions, seminar presentations, participating in workshops, webinars, conferences to understand the concepts of Psycho-oncology theory and practice based on the syllabus. Research methodology and Biostatistics theory and practice also will be covered for theoretical learning and research purposes.

PART II CLINICAL & PRACTICAL HOURS: The fellow has to do clinical work including OP and IP consultation with patients and families as individual or group sessions. Every day ward rounds are mandatory. They need to do case discussions and presentations in the division for management and follow up plans. They may need to be involved in Multispecialty Tumor Board (MSB) and grand rounds with other Oncology departments. Different psycho-social assessments used for cancer patients are also part of practical hours. The fellow has to submit a minimum of 10 cases in the whole course from case history, screening and assessment to management. The log has to maintain a log book for the fellowship.

- a. Practical Assessments
- b. Case study & Case reports

PART III RESEARCH DISSERTATION & VIVA: Fellows will be expected to take up one research study, to be completed within a span of one year. Acquiring extramural funding for

these projects will be encouraged and fellows are expected to have a submitted publication prior to completion of the fellowship in the project concerned. In addition to this conference presentations are recommended and encouraged. Fellows will be expected to complete the project prior to getting a completion certificate. Viva voce will be conducted for the fulfilment of the fellowship to get a certificate.

PART IV INTERNSHIP (if required):

1. Internship (2 weeks)
2. Institution visit

Evaluation

An end of fellowship examination will be conducted to evaluate the candidate in terms of the knowledge gained from the fellowship. The examination will be mandatory for passing the fellowship and for grant of the fellowship completion certificate along with completed project work mentioned above.

Fellow has to attend two theory examinations – Psycho-oncology and Research methodology and Biostatistics – for the completion of the course. Each theory exam will carry 80 marks for written theory paper and 20 marks for internal/practical examination. The research dissertation viva voce and clinical viva will be conducted by an external faculty. The maximum mark for the same is 100. The pass percentage in all three will be 50%.

11.FELLOWSHIP IN ONCOLOGY NUTRITION

Objective of the Programme

The aim of this unique Fellowship programme is to establish and encourage good nutrition practice and standards as an integral part of the cancer care provided. This is also expected to provide direction and leadership for quality oncology nutrition practice through education and research. The practice of oncology nutrition covers research, prevention, treatment, recovery, palliative care and hospice.

The goals of these fellowships are to provide comprehensive, multidisciplinary training to individuals who are committed to a career in Nutrition & Oncology. **The fellowship programme will be a one year course.**

The fellowship training will provide a broad exposure to the full range of clinical/nutritional problems in oncology. Upon completion of a one-year fellowship, the Nutritionist is expected to possess the following characteristics:

- a) Expertise in the multi – professional team working, caring for people with cancer, in a variety of settings, throughout their cancer journey.
- b) Expertise to manage or advice regarding eating difficulties and the use of dietary supplements
- c) Ability to participate in the training of health care professionals and students to improve awareness about the importance of nutrition and cancer.
- d) Ability to promote evidence based practice through research and audit.
- e) Appreciation of scientific methodology, study design, clinical trial & data analysis.
- f) Ability to prescribe dietary charts for cancer patients.

Eligibility

The candidate should possess a post graduate degree or Diploma in Nutrition & related subjects with a minimum of 60% marks.

Duration of the program

The duration of the programme is 1 year

Didactic Teaching

The following are the suggested topics for didactic teaching. The total duration of didactic teaching sessions will be 30 hours. Over a period of 12 months. Didactic teaching will be conducted through presentations and demonstrations. Attendance in teaching classes is considered mandatory.

Suggested Topics
Introduction to the basis of Cancer
Cancer development, etiology, cancer and nutrition status, oncological treatment modalities
Nutritional screening and Assessment in oncology

Nutrition care process, nutrition requirement, nutrition screening, nutrition assessment tool
Nutritional Implementation Guidelines and Practice
Evidence-based Practice Management in Cancer Prevention ,Treatment and survivors
Nutrition support for oncology patients
Enteral nutrition, parenteral nutrition, enteral and parenteral nutrition access, formulations for enteral and parenteral nutrition, indication, contraindication and complication of feeding practices
Nutrition and cancer prevention
Role of diet, role of physical activity, role of body weight, cancer survivorship
Basics of Surgical oncology
Peri operative and postoperative assessment, screening, nutrition support, nutrition issues in head and neck, gastrointestinal, reproductive malignancies, special feeding practices in surgical oncology, post surgical nutritional issues management
Basics of Medical Oncology
Overview of medical oncology, nutrition implications, nutritional management of chemotherapy related side effects
Basics of Radiation oncology
Overview of radiation oncology, nutrition implications, nutritional management of radiation therapy related side effects
Hematology
Basis of hematological malignancies, Pediatric oncology nutrition, special dietary regimens in bone marrow transplantation, nutrition for intensive chemo patients
Palliative care
Basis of palliative care, nutritional impacts in palliative patients and its managements, artificial nutrition and hydration

Integrative oncology
Bio statistics.- Basic of Biostatistical methodology, usage of SPSS software

Fellowship Structure

The fellowship will be comprised of the following:

1. **Project Work:** Fellows will be expected to take up one project, to be completed within a span of one year. Acquiring extramural funding for these projects will be encouraged and fellows are expected to have a submitted publication prior to completion of the fellowship in the project concerned. In addition to this conference presentations are recommended and encouraged. Fellows will be expected to complete the project prior to getting completion certificate. The fellows will be encouraged to prepare a project proposal prior to joining the fellowship which they can pursue during the tenure of their fellowship.
2. **Didactic Teaching:** Didactic teaching will be provided by the Faculty of Malabar Cancer Centre according to the schedule given below. The aim of the didactic teaching is to have one to one sessions where the fellows can get to interact with the teaching faculty on various topics related to nutritional oncology.
3. **Basic Biostatistics:** Measures of Central tendency & dispersion, Types of data & Data representation methods, Sampling Technique (Simple random sampling techniques, Stratified & Cluster sampling), Correlation & Regression, Testing of Hypotheses (Basic Concept, t-tests, Chi-square test, variance test), Analysis of Variance (ANOVA).
4. **Chart Rounds:** The fellowship candidate will be expected to participate in chart rounds on Saturdays with the surgical oncology team to understand the plans being delivered as well as to modify dietary patterns accordingly.
5. **Special postings:** The candidate will have postings in the Department of Radiation oncology, Medical Oncology , Surgical oncology , Community oncology , Hematology, Palliative care and division of Speech and Swallowing for a period of two week each.

6. **Performance Review:** The fellows will be part of a 3 monthly performance review in the department. The review will be conducted in a friendly environment in order to appraise the progress of the project(s) the fellow may be undertaking as well as review the problems that the fellow may be facing. Attendance in the performance review meetings will be considered compulsory for the fellows. The fellows are expected to maintain an up-to-date logbook to present at these review sessions.
7. **End of Fellowship Examination:** An end of fellowship examination will be conducted to evaluate the candidate in terms of the knowledge gained from the fellowship (both theoretical and practical). The examination will be mandatory for passing the fellowship and for grant of the fellowship completion certificate along with completed project work mentioned above.

Evaluation

The examination will have a 80 marks theory paper and a 20 mark practical examination. The theory examination will have 10 short answers and 3 clinical vignette questions with 5 marks and 10 marks each. In addition 100 marks are given in the performance reviews and candidates are expected to pass all three independently in order to qualify for the fellowship. The pass percentage in all three will be 50%.

12.FELLOWSHIP IN CLINICAL RESEARCH

Objective of the Programme

Fellowship in Clinical Research : Obtain a clear understanding of Good Clinical Practice and standard operating procedure for clinical research and clinical data. It provides individuals / Students / Professionals from Pharmacy, Medical, Nursing, Life Sciences, Research & Development, Clinical Research, Allied areas, and academic fields, a basic to advanced level understanding of various clinical trials. This one-year fellowship program will understand the evolving regulatory process standard and practice of ICH-GCP, conducting of clinical trials, and support the overall clinical trial process electronically by implementing Electronic Data Capture (EDC) system and Project Monitoring.

Academic eligibility

Post Graduates in Life Sciences or Biotechnology, MSc Statistics or Biostatistics, MPharm, Pharm D, Graduate in Allopathic Medicine, Homeopathy, Ayurveda, Dentistry, MPH

Duration of the programme

Total duration of the course is two years (one year course + one year mandate Internship)

Educational Objective

- Acquire an understanding of evolving regulatory processes standards and practices of ICH GCP in the conduct of different therapeutic trials and in the preparation of submissions to be made to regulatory authorities in India and overseas.
- Identify the roles and responsibilities of the different positions within the clinical research processes

- Learn to incorporate ethical practices
- To provide research experience in clinical and public health with advanced training in areas such as research design, research ethics, health informatics, clinical trials, and statistical analysis through mentored research training
- To provide knowledge and skills to prepare clinician trainees for careers in clinical research. The clinical research fellows will work and involving in the various clinical trials ongoing at site

Fellowship Curriculum

- History and Evolution of Clinical Trials
- Clinical Epidemiology
- Introduction to Clinical Trials
- Good Clinical Practices (GCP)
- Clinical trial design
- Ethical issues related to Clinical Research
- Clinical Data Management
- Clinical Research Quality control and Quality Assessment
- Epidemiological Studies
- Ethical aspects of Epidemiological research

Evaluation

Internal assessment of the candidates by faculty- 50 marks

This will be done on a continual basis with respect to the overall objectives of the course, based on the prescribed textbooks and study materials.

External examination -100 marks

This will be done based on the theory examination which consist of 100 marks

Dissertation and viva voice -100 marks

The candidate to be submitted a dissertation as part of the programme and viva voice is based on the dissertation and the overall curriculum

Internship

As part of the course, a one-year internship program is required. During this period the candidate will be provided a stipend. The certificate will be provided after completing the one-year course +mandate internship

Completion

A pass mark is necessary for getting the certificate of fellowship. The certificate will be issued in an institutional function after successfully completing 24 months of the programme, including the thesis work, required exams, and the mandated

13.0 SUBMISSION OF APPLICATION

Online Application:

The applications should be submitted ONLINE through our website www.mcc.kerala.gov.in.

Application Fee:

Application fee is **Rs.2,500/-** (Rupees Two Thousand Only) except Fellowship in Psycho-oncology, Nutritional Oncology and Clinical Research. The application fee for fellowship in Psycho-oncology, Nutritional Oncology and Clinical Research is **Rs.1,500/-** (Rupees One Thousand Five hundred only). The amount may be transferred to the following account by RTGS/NEFT and the reference number should be specified in the online application.

ACCOUNT NAME	:	MALABAR CANCER CENTRE SOCIETY PROJECTS/COURSES
ACCOUNT NUMBER	:	046201002337
IFSC CODE	:	ICIC0000462
MICR CODE	:	670229102
UPID	:	MCCPC@ICICI
BANK AND BRANCH	:	ICICI, Thalassery Branch

Selection process:

The selection will be based on an online screening test and/or personal interview.

14.0 FEES AND STIPENDS

For all fellowship programmes except Fellowship in Psycho-oncology, Nutritional Oncology and Clinical Research

Fees of **Rs.50,000/- per annum** will be levied and **Rs.10,000/-** will be the refundable caution deposit(Total 60,000/- in first year and 50,000/- in second year). Stipend of **Rs.53,000/- per month** will be given in first year and **Rs.54,000/- per month** in second year.

For sponsored candidates, the institution may decide on the fee structure as appropriate. Annual fees once remitted will not be refunded, if the candidate leaves without course completion.

For Fellowship in Psycho-oncology, Nutritional Oncology and Clinical Research

Fees of **Rs.15,000/- per annum** will be levied and Rs.5,000/- will be the refundable caution deposit (Total 20,000/-). Stipend of **Rs.12,000/- per month** will be given for non sponsored candidates. For sponsored candidates and candidates from other countries the institution may decide on the fee structure as appropriate.

15.0 FACULTIES

SURGICAL ONCOLOGY	Dr.Satheesan Balasubramanian, M.S. M.Ch. (Surgical oncology) Director & Professor
	Dr.Nizamudeen.M.P (MS, MCh.), Additional Professor and HoD Dept. of Surgical Oncology
	Dr AdarshD . MS (OBG), Associate Professor
	Dr Shamna MS (ENT), Assistant Professor
	Dr Sandeep Vijay MS (ENT), Assistant Professor
	Dr Anoop.A MS (ENT), Assistant Professor
	Dr Ashitha MS (OBG), Assistant Professor
CLINICAL HEMATOLOGY AND MEDICAL ONCOLOGY	Dr. Bony A Joseph, M.S. M.Ch. (Surgical oncology) Assistant Professor
	Dr. Prasanth P, M.S. M.Ch. (Surgical oncology) Assistant Professor
	Dr.Chandran K. Nair, M.D.,DNB(Int. Medicine), D.M. (Clinical Hematology), Fellowship in Bone Marrow/Peripheral blood Stem cell transplantation(Vancouver, Canada) Professor and HOD
	Dr.Vineetha Raghavan (MD), Associate Professor
	Dr. Nandini Devi, DM, Assistant Professor
	Dr.Praveen Shenoy (MD, DM), Associate Professor
	Dr.Jithin T K (MD, DM), Assistant Professor
CLINICAL LABORATORY SERVICES AND TRANSLATIONAL RESEARCH	Dr.K G Gopakumar (MD, DM),Assistant Professor
	Dr.Sangeetha K Nayanar MD, DNB (Pathology) Professor and HOD
	Dr.Parthiban R, PhD Additional Professor, Microbiology
	Dr.SitharaAravind MD (Pathology), Additional Professor
	Dr Mohandoss M MD (Transfusion Medicine), Additional Professor
	Dr Aswathy Krishnan M MD,DNB (Pathology), Associate Professor
	Dr Kandathil Philip Joseph MD,DNB (Pathology), PDCC Assistant Professor
	Dr Anand Narayanan MD (Pathology), Assistant Professor
	Dr.Vivek Nair, MD(Pathology), Fellowship in Oncopathology Assistant Professor
	Dr.Deepak Roshan PhD , Associate, Cytogenetics
	Dr.Vipin Gopinath PhD, Assistant Professor, Molecular Oncology
	Dr.Sindhu ER PhD, Assistant Professor, Biochemistry
	Dr Sarath KE MD, Assistant Professor, Microbiology

RADIATION ONCOLOGY	Dr.Geetha M. MD (Radiotherapy), Professor and HOD Dr Vinin N V MD (Radiotherapy), Additional Professor Dr Joneetha Jones MD,DNB(Radiotherapy), Associate Professor Dr Greeshma K E DMRT,DNB (Radiotherapy), Associate Professor Dr Nabeel Yahiya MD (Radiotherapy), Assistant Professor Dr Arun.P.Narendran MD,DNB(Radiotherapy), Assistant Professor Dr Akhil.P.Suresh MD (Radiotherapy), Assistant Professor Dr. Megha Prem MD (Radiotherapy), Assistant Professor
IMAGEOLOGY	Dr Nrithi S Prasad, MD (Radiodiagnosis) , Assistant Professor Dr.Suryakala, MD (Radiodiagnosis), Assistant Professor
PULMONOLOGY	Dr. Anu Mary, MD (Pulmonology), Assistant Professor
PALLIATIVE MEDICINE	Dr Biji M S, Assistant Professor
COMMUNITY ONCOLOGY	Dr Neethu, Assistant Professor Dr Phinse Philip, Assistant Professor
CANCER REGISTRY & EPIDEMIOLOGY	Dr SainaSunilkumar, Lecturer Mr Ratheesan,Lecturer in Biostatistics Dr Bindu, Lecturer in Biostatistics
CLINICAL RESEARCH & BIOSTATISTICS	Mrs Maya Padmanabhan , Lecturer in Biostatistics Mr Riyas, Lecturer in Biostatistics
PSYCHO-ONCOLOGY	Mrs. Jisha Abraham, Lecturer in Psycho-oncology

16.0 RULES AND REGULATIONS

- 1) The course is full time. Candidates are expected to perform all types of clinical, research and academic assignments as prescribed by the Academic Council of Malabar Cancer Centre.
- 2) It is a resident program of post-graduate training
- 3) Candidate is expected to wear identity card provided by MCC
- 4) **Dress code:** Lady candidate is expected to put up the hair during working hours. She is permitted to wear any decent dress preferably, Sari and churidhar. Gentleman candidate should wear formal shoes. White apron is compulsory during working hours
- 5) **Attendance:** The candidate should mark the attendance in Biometric punching machine and also sign in the register kept in department.
- 6) Completion of project work is compulsory for fellowship certification.
- 7) **Leaves:** Candidates will be eligible for 12 days leave during the programme. Not more than 5 days of leave will be granted together. Candidates who avail for more than 12 days of leave will have extension for those additional days of leave. Holiday leave/ holiday duty off will be given as per discretion of Head of Department.
- 8) **Accommodation:** Accommodation is the responsibility of the candidate. For lady candidates, if available and formally requested in the Request form, shared room accommodation may be provided in Nurses hostel. This is not guaranteed and it is not a right of the candidate. If accommodation is provided a nominal rent will be deducted from the stipend. A caution deposit of Rs. 1,000/- should be paid. This is refundable when the candidate vacates the hostel. Gentleman candidate is expected to find an accommodation themselves
- 9) Candidate should follow the rules and regulations of MCC.

17.0 CONTACTS

For any clarifications and queries, please feel free to contact;

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- Mrs.Jisha Abraham, Lecturer in Psycho Oncology, Division of Psycho Oncology
Email:jishasarah@gmail.com, Phone:04902399468
- Any technical queries regarding online applications please contact System Manager,
Email: sm@mcc.kerala.gov.in with application Number (Phone: 0490-2399400, 2359881)

**MALABAR CANCER CENTRE**

(An autonomous centre under Govt. of Kerala)

Moozhikkara (P.O), Kannur District, Kerala, India-670103.

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