

So we have Ms. Lita Ghar here. She is a MSC in oncology from HBNN. We all know her very well.

She has vast experience in clinicals, education and administration. Her areas of interest are hospital infection control services and pediatric nursing. And she has multiple publications and presentations to her credit in national and international conferences. Over to you.

Thank you, Ursula.

Good morning and warm. Welcome to all my colleagues and friends. So today we have gathered.

This is one more summit in national summit. Every year we have lung cancer summit and every year we see that our nurses are updated on latest and whatever the topics which are internationally, newly researched topics are there. So nurses are aware about the lung cancer treatment and about the nursing aspect. Now today's topic is a little bit different. I still remember

2013 we had our first summit and we started with the preventive aspects of lung cancer.

Then also we had on various treatment modalities. Like one year we had only on surgery, one year

we had on inter-national radiology. I think previous year we have on research presentation

on the lung cancer nursing and also we have dealt with the targeted therapy in lung cancer.

But today's workshop will be different because we will have all collaborative approaches.

Like it is not only surgery, chemotherapy, targeted therapy, but also various nursing aspects

we are going to see. So what is new in today's workshop? So today we are going to learn about

mindful nursing. Mindful nursing, what is the meaning of mindful? That we should be aware

of what is happening around the world, what is happening in nursing. So we are just knowing

about like our routine nursing care, injections, your whiteness, but in mindful nursing you are

aware what your patients require and whatever is happening in the world. So today's topic

will take us on a collaborative approach. Collaboration, all of us know that alone we can't stand.

But when we are unite, we are in unity, we can fight the battles. So for nursing also it is required

that we should not see the only one aspect of treatment. In that we have to also include

the noise or whatever new research aspect or new research which is going on in lung cancer.

That also we have to include. We have to aware what is happening in the world and we have

to collaborate in our care. So the art and science of lung cancer care nursing, that is

cancer care that centers around the patient. Archena madam has already told you that whenever we

think about nursing it is not only science, we apply the art principles also. When you are

doing the nursing with art and science, it helps the patient much more. When we give the

treatment, we put the compassion, we put the care aspect in that care aspect or compassion.

Also we have to add a scientific principle. So art and science goes hand in hand. So our center is what? Patient. In that patient, patient has various requirements. All of us have studied physical requirement. Physical needs are there. Psychological needs are there.

Also there are social, financial. All these needs are taken care when we talk about the collaborative approach.

Little bit about lung cancer. Those who are new for this topic, what is lung cancer and what are the types? We will just see in a glance. So lung cancer is on rise. All of you know the incidence of lung cancer is arising. There are many, many risk factors are there. I am not going to explain you that because all of you know what are the risk factors for the lung cancer. Patients report when they experience the symptoms and when the symptoms arise, they are in the stage 3 and stage 4. Isn't it? 80% of patients they reach in stage 3 and 4. And lung cancer patients often experience potentially life-threatening medical emergencies respiratory system. And all of you know we require great oxygen to breathe. And in that system only if the cancer attacks what happens? It is very difficult for the patient to survive and patient reaches in the emergency. One of my colleagues today, Supra is going to deal with the emergencies. So what are the symptoms usually seen in the lung cancer patient? We see patient comes with cough, weight loss, dyspnea. But these symptoms if you see, they are also common in other diseases like tuberculosis etc. So there are differential diagnosis of the lung cancer. So one should be aware of this. When we see, when we come to know that there are various types of lung cancer, usually people know small cell carcinoma but there are other types also. When we divide lung cancer in various categories, first comes in the squamous cell carcinoma which is 20 to 30%. I remember, adenocarcinoma is also much more that is 30 to 40%. And the small part is with large cell and small cell, this small cell lung carcinoma is also called as an over cell carcinoma. And that is 20%. So reminder this includes undifferentiated carcinoids and bronchial gland tumors. So these are the various types of lung cancer. Clear? Now how to do the diagnosis? There are various diagnostic tests are there. So when patient comes to the clinician, what they do? First they do the clinical examination. Clinical examination is very, very important. And in that nursing aspect is very important because unless and until you assess the patient, assess the symptoms, you will not come to know the diagnosis. So investigations are done like

through bronchoscopies, tissue investigations are done. Radiological diagnostic tests are there like your MRI, CT scan, etc. So tissue diagnosis helps in staging. While staging is important to know the type of cancer. Each type of these types which are shown in adenocarcinoma, squamous cell carcinoma, they require a different type of modalities of treatment. Now when we see a telebodus surgery, Twinkle is going to explain about the surgeries also. But just to give some examples on lobectomy, pneumectomy, all these things are happening in our setup that is in a tatamemoral hospital. There is role of radiation therapy. Usually helps in a palliative setting over here. But it also is helpful in a non-lung cell carcinoma. However 70 to 80% of recurrence after surgery is seen. So after surgery also, they give the patient radiation. For chemotherapy, various regimens are there. Those who are in the daycare, they must be known. Various gems that have been pachletaxel and all these are the various treatment modalities. Treatment like tarracic therapy, you have what thirosine kinase inhibitors are there. So thirosine kinase inhibitor, I think various examples are given. When lung cancer is inoperable and patient is non-tritable, metastatic. So in that case, patients come with all palliative care. There is a palliative care department in the hospital also. The patients are included for various types of radiation therapies are there which helps in a symptom relief. So for relieving the symptoms, you use the radiation therapy. Now we talked about the lung cancer treatment. Now we will come to the nursing. Usually when we talk about the nursing, there are various types of nursing care which we come to know like there is a patient care system. We usually see for TmH patient which assign the patients. There is a functional system. But here it is something different which is come in a lung cancer care. There are three models, one while they are known. One is serial or aphoral system. This is for patients treatment. But what is the nurses role that are going to explain you later. See this is a phoral system. Then there is a multidisciplinary team meeting like tumor boards are there and third is multidisciplinary team clinic based model. So I will explain one by one. First is serial referral system. Means in this system what happens? Patient goes to the clinician. When clinician examines patient and he diagnosed the patient as a lung cancer, if there is need for surgery, he refers the patient to surgery. If suppose surgery patient goes to the surgeon and the surgeon feels that patient requires a physiotherapy, then he refers to the physiotherapy. So it is a series of reference are there according to the near felt by the treating physician or treating clinician the patient is referred. So it is not that everybody is put in the system or they are put in the treatment care model knowingly. It is just referred. Like when we go to the doctor, if the doctor feels that we have to go to

this specialist, he refers for the legs. So that is the serial referral system. One by one from one person to another specialist the patient goes. Second system is multidisciplinary team meeting. It is a tumor board. Usually in India this concept is new but there are tumor boards or very steam multi-mer boards are there. So here what happens? There is a group of experts. They are connected and they have a joint meeting and they discuss the case. So in that the patient gets a best treatment worldwide which is available. So this is called as a multidisciplinary tumor board or a focus model. This model is also very new in our setup. Third is multidisciplinary team clinic based model which is which is practicing our hospital. Here what happens? Join clinic is there and there is a DMG. All of your aware of DMG? We do not have orthopedic. We do not have G. But we have got a GIDMG. So in that DMG all specialists are representing their 1-1 expert in that team and jointly they take a decision. But unfortunately our nursing colleagues are not there. They should be there. So that is why we can focus on doing a specialization in lung cancer care. So the nurse who is specialized in lung cancer care she can also be a part of this DMG. So she can also give her input in the patient care. So what happens? This model includes a dedicated centralized cancer care clinic and here you require a team approach. So this team approach is very important nowadays. Unless and until we treat the patient, we put the patient in the centre. The patient will not be looked after by the different aspect. Only treating the patient is not going to solve the patient's problem because patients needs are different. So multidisciplinary care as a significant approach in cancer management is a near aspect. So please see that whenever you are working in such set up like we are fortunate to work in a Tata Memorial Hospital which is a tertiary cancer care hospital. So develop your interest in one of the field and become expert in that field so that the patient will utilize your expert tea. So lung cancer care involves multidisciplinary modality staging and treatment. Therefore it is a crucial to host all healthcare professionals involved in one place at the same time. So when we are talking about the patient's centre care, empathy and compassion is based off our profession. Unless and until we have empathy and compassion, you can't become expert in your field. So this is the base of our profession and in that patient is centre and we have to have a collaborative approach, communication, personal goals. Each patient is different. So there should be a tailor-made treatment approach for the patient. Each patient has got a different needs. So according to the different needs of the patient, your care should be tailor-made. So these are the tumor board members usually respiratory physicians are there medical oncologist radiation oncologist thoracic surgeon. Interventional pulmonologist is there and one more important person is clinical nurse. Like we have stoma nursing, we have got severe nursing. Nowadays we are looking for the breast care nurse also. Same way we should have a lung cancer care nurse. So what are the nursing responsibility in that clinic? Explain the patient. Preparing the patient, suppose patient is for any of the diagnostic test. Patient is for the surgery or chemotherapy. She should be treating the, preparing the patient for the treatment. Assisting the patient, guiding the patient, reporting whatever is happening and recording. These are the important tasks will be given for that lung cancer care nurse. So she will be exporting her field. So what are the responsibility of that lung

cancer nurse? She will be advocate throughout the diagnostic, therapeutic and follow up of the patient. Insurance, what are the patient's needs and their made? Lines of communication between medical staff like doctors and nurses. Oncological nurses have concise knowledge. So all these are the aspects which are seen in all exports of nurses, which, whichever you are in like breast care nurse or the sick. But today we are talking about the lung care nursing. So these are the challenges. If you have to have these multidisciplinary aspects, there should be a time that nurse should be committed, attendance and dedication to this field, etc. So you all are welcome today again for this conference. Enjoy your conference also and get knowledge because today we will be seeing the various aspects of lung cancer care. So nurse plays a very crucial role in screening diagnostic procedure in the treatment of the lung cancer. Thank you.