Work at TATA Memorial Center, Mumbai, India – Meghana Pagadala

I was sweating through my white coat as I made it to the doors of TATA Memorial Center (TMC). On the way, I avoided motorcycles swerving through the cramped streets and cars sometimes driving in the opposite direction. I have been to India several times, but it was my first time in Mumbai – the most populated city in India. The words of Hindi, Marathi, Bengali echoed throughout the halls, foreign to my Telugu-fluent tongue. My Indian exterior fooled the staff until I opened my mouth. My duolingo Hindi education was no match for the locals. Most were accomadating, but sometimes staff were frustrated with my inability to speak the local language. The billing counter staff chastised me for giving her the wrong card for registration fees. I just smiled though. To be fair, I did not know what she was saying, but also because I excited for the chance to spend time at one of the most prestigious cancer hospitals in India.

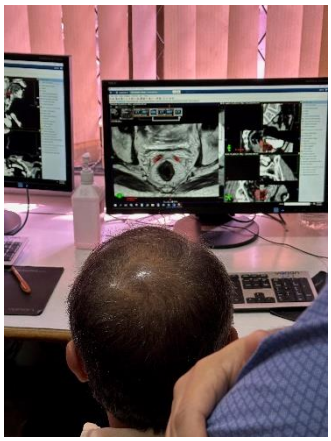
My first week was on the genitourinary service, familiar territory to me. Not only had I met Dr. Vedang Murthy before but my graduate school research was focused on prostate cancer. I was not prepared though for the wide range and sheer volume of patients I would see. Several patients with advanced prostate, bladder, penile and renal cancer flooded through the consultation rooms. PSA screening was not standard practice as it is in USA, so patients would often present only if they were symptomatic and thus were often metastatic. Physicians and residents were not phased by the advanced disease stage though: complex cases were presented in journal clubs like rapid fire, treatment plans were proposed as it were second-nature, and patients would come through rooms like a merry-go-round.

"This is the best place for cancer treatment," the resident told me during our chai break. TMC was established in 1952 for basic research and its mission changed to cancer in 1966 when the Department of Atomic Energy (DOE) took over administrative control. It was unique from other hospitals in India as a result of its DOE oversight. There were two different sectors: general and private. General sector of the hospital was subsidized by the government, while the private sector was paid by the patients out-of-pocket. The general sector was always troubled by longer waiting lines, but the care offered to both sectors was the same. Since TMC did not have the same oversight as other hospitals in India, it prided itself on always providing excellent evidence-based care. This was clear when I would attend journal clubs and physicians would be reciting research studies, including sample size, inclusions criteria, and outcomes.

TMC saw triple the amount of patients I would see during my radiation oncology rotations in the US. Sometimes 2-3 patients would be stuffed in the room, and of course they were always accompanied by family members. Because of the patient volume, there was no time to explain a lot of details. Often cancer would just be described as "beemaaree," which translates to disease in Hindi. They were told to return to the hospital in 2 weeks to start treatment and were sent outside the room. Did the patients truly understand what disease they had? Did they understand what treatment would entail? Some did, but a majority did not. Some returned for treatment, a lot didn't. A lot of confused patients would go to different hospitals for second opinions. When I was on the CNS (brain) service, the physician would tell patients they had only 6 months to live. The shock, surprise on the patients' faces still pull at my heart strings.

Everyone at TMC had the best intentions. I remember a physician told me that she initially would explain everything to patients, but then she couldn't get through all the patients she needed to see. What do you do when your time is limited? Already residents were working beyond work hour restrictions. Saturdays were not days off. Free time was spent contouring, studying and trying to sneak in a bite when possible.

Treatment efficiency was and is still a primary focus at TMC. Could patients be given shorter courses of radiation and achieve similar efficacy? More particular to the gynecologic service, are there different techniques that could be used to prevent recurrence? A new department of genomic medicine was being created to see how that might improve patient care. There was a hunger and urgency to take on cancer in this hospital, serving the most populated country in the world.



Progress is of course limited by resources. There were less radiation machines in Mumbai than in New York City, which is the most populated city in the US. Patients' genomes are also being sequenced easily in the USA, while genomic information is only received if completely necessary for diagnostics in India. For example, staining for certain genes helped with CNS treatment decisions. Thinking outside the hospital, screening infrastructure is still not well developed and if so, rural India still has limited access. PSA screening, colonoscopy, mammograms, CT scans are still a new part of healthcare. Being Indian-American, I have had the pleasure to see the world through two different lenses. And honestly, seeing how much India has changed in the past 20 years has blown my mind. I am truly excited to see and continue to be a part of the progress to continue to improve cancer care globally.