

## Gastrointestinal Oncology Dissemination Seminar

13<sup>th</sup> March 2026

### Background to this seminar

Under Output 3 of the TNNCD (Oncology) Project, two surgical oncologists and two surgical gastroenterologists from government institutions received 2-week observership training in advanced minimally invasive surgery techniques for colorectal cancer. These trainees produced a set of standard operating procedures (SOPs) for the above-mentioned procedure to be utilised in dissemination and application of the skills learnt. This seminar is for the trained experts to;

- (1) To disseminate the skills and knowledge pertaining to the following advanced laparoscopic surgery techniques learned and multidisciplinary team management of colorectal cancers for mainstreaming them in government tertiary institutions in Tamil Nadu, and
  - 1) D3 lymph node dissection for colorectal cancer
  - 2) Total Mesorectal Excision (TME) for rectal cancer
  - 3) Complete Mesocolic Excision (CME) for colon cancer
  - 4) Right/Left hemicolectomy for colon cancer
  - 5) Low Anterior Resection (LAR) for rectal cancer
- (2) To discuss and come up with concrete actions to enhance multidisciplinary team management of colorectal cancer within the institutions.

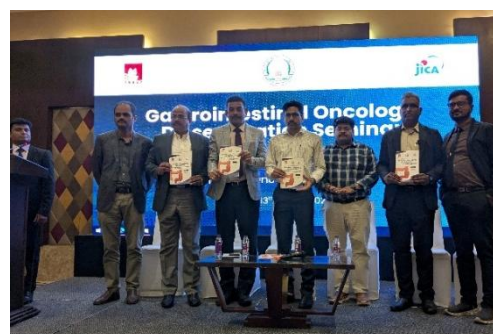
On Friday, 13<sup>th</sup> March 2026, Tamil Nadu Health Systems Project (TNHSP) and the JICA TNNCD (Oncology) Project\*, organized a one-day seminar program at Radisson Blu Hotel Chennai City Centre in Chennai. Leading experts serving in the government health facilities including surgical gastroenterologists, surgical oncologists, medical oncologists, radiation oncologists, pathologists and radiologists gathered to mainstreaming advanced laparoscopic surgery techniques of colorectal cancers in Tamil Nadu.



*Welcome speech by the PD TNHSP*

### Release of SOP

Dr. S. Vineeth I.A.S., Project Director (PD), TNHSP started the event with his welcome speech. In addition to welcoming all the delegates, and participants. The PD stressed the importance of this kind of knowledge and experience sharing initiatives for mainstreaming of advanced cancer treatments practiced in developed countries like Japan. He appreciated the interests of four experts underwent Observership in Japan and their commitment to spread the knowledge across various cadres in the state.



*Release of SOP*

Then, PD together with the trained experts presented the SOPs to Dr. E. Theranirajan, Additional Director (AD), Directorate of Medical Education and Research (DME). The ADME, then gave a keynote speech and emphasizing the great value of documented protocols as a government initiative in improving colorectal cancer patient outcomes.

## Clinical Sessions

The clinical session started with a presentation by Dr Gurusamy, Surgical Oncology (SO), Madurai MCH, who shared the overall experience of key Learnings from Kyushu University Hospital, Japan. This was followed by series of video lectures by Dr Suresh (SO, Royapettah GH), Dr Arun (Surgical Gastroenterology (SGE), RGGGH) and Dr Anand (SGE, Stanley MCH). In addition to the presentations by the trained experts, advancement in CRC diagnosis from Radiologist point of view was presented by Dr Babu Peter, RGGGH) and Pathologists point of view was presented by Dr Swaminathan (RGGGH). Dr Kannan (RGGGH) and Dr Jyothis (RGGGH) delivered the advancements in CRC treatments in medical oncology and radiation oncology respectively.



*Presentation by Dr Anand, Stanley MCH*



*Presentation by Dr Arun, RGGGH*

### Key take aways from the discussion sessions:

- PET CT Findings must be interpreted with caution, as increased SUV max may reflect inflammatory reactions rather than metastasis.
- CECT abdomen remains crucial for confirmation.
- Molecular pathology highlights the importance of reassessing metastatic lesions, since they may differ in tumor biology from the primary.
- Medical Oncologists suggested that surgical timing and supportive interventions (such as fecal diversion) should be guided by the clinical context and patient condition.

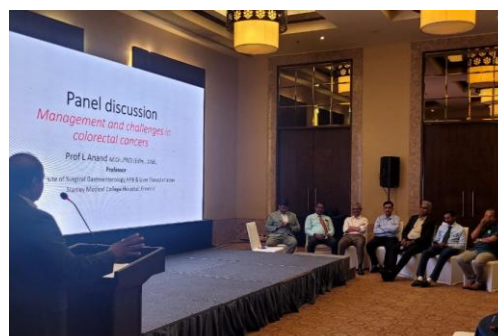
## Panel Discussion

A panel was convened to discuss clinical background of CRC and cruciality of multi disciplinary team approach in the management of it. The discussion was moderated by Dr. Anand, who navigated the forum starting from the symptomatology of colon and rectal cancer, simple physical examinations and specific diagnostic technique to be done at the government tertiary care hospitals. The panel acknowledged the following:

- Colorectal cancer management demands a nuanced, multidisciplinary approach.
- Imaging and colonoscopy remain central to diagnosis and staging, while systemic therapy and surgical techniques continue to evolve with emerging evidence.
- Radiotherapy plays a limited but important role in palliation, and rectal cancer strategies such as TNT and TaTME are expanding the scope for organ preservation.



Q&A/discussion session



Panel discussion

### Closing remarks

On behalf of the Project Director, the Project Officer from the JICA TNNCD (Oncology) Project brought the session to a close by expressing gratitude to the ADME for his participation and the trained experts for their consistent teamwork, which ensured protocols development based on the learning in Japan and the successful completion of this seminar. He extended his thanks to all the speakers, panellists, participants and post graduate residents for their dedicated involvement, both in person and online.



Group photo

*\*The training was organised under the TNNCD (Oncology) Project as a part of its "OUTPUT 3" component, which specifically aims to **enhance clinical skills and practices for cancer diagnosis and treatment at government cancer care institutions**. Besides gastrointestinal oncology, Observership training in **pathology (molecular diagnostic for cancer), gynaecological oncology and radiation oncology** were carried out by the Project at renowned institutions in India and Japan.*