

CURRICULUM VITAE

of

Dr ATUL SHARMA

MBBS, MD (Medicine), DM (Medical Oncology)

FRCPC (from 23rd October 2013 till 31.03.2018)

PERSONAL PARTICULARS

<i>Name</i>	ATUL SHARMA
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Gender	Male
Nationality	Indian
Marital Status	Married
<i>Residential status</i>	<i>Permanent Resident Valid until 18th October 2022 (if needed will share details)</i>

MEDICAL REGISTRATION:

INDIA:

RAJASTHAN MEDICAL COUNCIL REGISTRATION: since 15thOctober 1987.

DELHI MEDICAL COUNCIL REGISTRATION No: 7229 since 6thOctober 2000.

CANADA:

College of Physicians and Surgeons of Manitoba (CPSM): Registration number 17-486. This was valid from 26th September 2013 till 31st October 2019 (copy attached).

EDUCATIONAL QUALIFICATIONS

MEDICAL COLLEGE: Dr S N Medical College, Jodhpur, University of Rajasthan, Jaipur, Rajasthan, India.

INDIAN QUALIFICATIONS

1. MB, BS (Exam passed: May 1986) - Internship 1986-87. Degree awarded in 1987.
2. MD (Medicine) – (Exam passed: December 1990) –Degree awarded in year 1991.

Super specialization:

3. DM (Medical Oncology) All India Institute of Medical Sciences, New Delhi- Degree awarded in year 1998.

Particulars regarding University or Higher Education

Name of University	College, if any	Date of entry	Date of leaving and degree
Rajasthan University Jaipur	Dr SN MedicalCollege Jodhpur	15.01.1981	30.05.1987 (with Internship) MBBS
Rajasthan University Jaipur	Dr SN MedicalCollege Jodhpur	07.07.1987	06.07.90 MD (Internal Medicine)
All India Institute of Medical sciences, New Delhi	All India Institute of Medical Sciences, New Delhi	10.10.1996	09.10.99 DM (Medical Oncology)
NMIMS, Mumbai	NMIMS Global Access School for Conituing Education, Mumbai	July 2016-September 2020	Pass Post Graduate Diploma (Financial Management)

Examination passed including postgraduate examination.

Name of the Examination	Month & Year of passing the examination	No. of times attempted	Division/award
M B B S	May 1986	One	II Division
MD (Internal Medicine)	1990-91	One	Pass (Marks are not awarded)
DM (Medical Oncology)	December 1998	One	Pass (Marks are not awarded) Shakuntala Jolly Gold Medal as best candidate
PG Diploma (Financial Management)	September 2020	--	Pass
FRCPC 23rd October 2013 to 31stMarch 2018 based on Academic Certification by RCPSC.			

CANADIAN QUALIFICATION

FRCPC (based on my credentials RCPSC awarded me academic certification in Internal Medicine and Medical Oncology, admitted on 23rd October 2013 to 31stMarch 2018). Copy of letter and certificate attached as attachments.

SPECIALIST RECOGNITION (INDIA)

1. Faculty at All India Institute of Medical Sciences, New Delhi-Since 27th November 1999.

CURRENT POST:

1. Start Date: **1July 2012- Till date**

Current Post Title: **Professor of Medical Oncology**

Atul Sharma

Department of Medical Oncology

Institution and Employing Authority: **All India Institute of Medical Sciences (AIIMS), New Delhi, India**

The All-India Institute of Medical Sciences, New Delhi, is the most advanced medical institution (training, teaching, and patient care) in the country with more than 2500 beds and about 1000 faculty members. I was promoted to this post (Professor) after an assessment by standing selection committee consisting of eminent scientist (medical and others) of the Institute. This promotion is given based on interview and contribution in the field by an individual (clinical and research).

There are currently 16 consultants in the Department. The medical oncology department is part of the cancer center of AIIMS and is a designated regional cancer center. We have all the facility for treatment of cancer (medical, surgical, and radiation oncology) and separate laboratory, and radiology services. We have close collaboration with other departments. Each year about 8000-9000 new cancer patients are registered and about 90,000-100,000 follow up patients are seen. There are about 450 beds (including new cancer center, NCI) which includes a 9 bedded transplant unit where autologous and allogeneic transplants are routinely carried out by us. Our practice is to discuss each new case in tumor boards (DMGs) for treatment of solid cancer for pediatric as well as adults patients and plan best possible treatment. At the center various DMGs are bone and soft tissue cancer clinic, head and neck cancer clinic, GI cancer clinic, gynaecology cancer clinic, urological malignancy clinic, lymphoma-leukemia clinic. My personal areas of interest among solid cancers are head and neck cancers, GI, and GU cancers. We see about 80-100 new cases of head and neck cancer and about 80-100 patients of GI cancers each month.

Head and neck cancer clinic is a multi-disciplinary team which runs twice a week and comprises of physicians from head and neck surgery, radiation oncology, medical oncology, speech pathologist, and radiologist. We follow and practice evidence-based medicine while deciding therapeutic options. All new cases are examined and jointly discussed with all stake holders (including patient/family) before a treatment modality (single or multi-modality) is decided.

Apart from this we encourage patients to participate in investigator initiated clinical studies. Case presentation is done by residents/fellows that give them a chance to better understand how a treatment is planned and how to communicate to the patients. Many of head and neck cancer patients are managed by combined modality therapy that includes concurrent chemo-radiotherapy. Each week we see about 100 follow up and 20-25 new cases. India has high incidence of head and neck cancer making about 20% of cancer workload and common sites being oral cavity, pharynx and larynx.

Similarly, a separate GI cancer clinic (DMG) and GU (DMG) is being run once every week. This again is manned and managed by fellows and consultants from medical, surgical (urologist for GU), and radiation oncology along with a radiologist. This is our standard practice and SOP that each new case is discussed to offer him the best available treatment based on evidence. Common GI cancers seen are esophagus, stomach, gall bladder and colo-rectal cancers. About 50 follow up cases are seen each week.

Twice a week I alongwith medical oncology fellows run outpatient clinic (OPD) where patients being planned for or already on chemotherapy are seen and managed. In each such clinic about 100 patients are seen. Each patient is examined, investigations verified and then a decision is taken to start chemotherapy, modify the dose or manage complications.

I am consultant incharge for 8-10 inpatients in medical oncology ward and 3 patients in BMT unit. We also have a 30-bedded day care unit for short infusional chemotherapy and blood transfusions which runs 12 hours a day from 8AM to 8PM. All SOPs for patients' safety are observed. Our nurses are trained to insert venous lines and prepare chemotherapy drugs. Each day close to 100-110 patients receive chemotherapy there.

Medical oncology training gives us enough exposure of hematological cancers. I look after acute leukemia (AML) and lymphomas cases at our center. I have independently carried out more than 350 stem cell transplantation after assuming staff (faculty) position in 1999. This includes autologous and allogeneic (including haplo-identical). I also have experience of transplantation and management of related complication. I visited Princess Margaret Hospital, Toronto in June-July of 2019 (Allo-transplant unit) while visiting my son.

Medical Oncology department is running a DM (Doctor of Medicine) course (super specialty course/fellowship equivalent) since 1996. At any given point of time there are 25-30 students enrolled in this 3 years program. We also have non-academic residency program and about 12-15 senior residents (non-DM fellows) are undergoing training in this program. Our DM curriculum is designed in such a way that it imparts basic and advanced training in all aspects of medical oncology. At the end of the program it is expected that a student is able to (1) provide an excellent patient care, (2) possesses adequate knowledge base (basic and clinical) to effectively interact with medical colleagues in a wide range of disciplines, (3) is a good researcher, and (4) a competent teacher. We have a medical oncology laboratory where facilities for cytogenetic (conventional, FISH, RT-PCR), flow-cytometry, apheresis, and cryo-pervations are available. The on-call duties are shared between me and the other clinical consultants. I take the morning round on Thursday and daily evening round for private ward patients and referrals received from other departments. Daily I see and examine about 12-14 indoor patients and provide consultation to 2-3 patients admitted under different departments.

I am personally competent to do small procedures which I learnt from my internship days and gained expertise during further training of residency and fellowship, and still routinely doing as and when needed.

I have joined medical school in 1980. I started my internal medicine training in 1987. In the attached table I have provided details of my medicine training before coming to AIIMS, after coming to AIIMS, and job details at AIIMS.

TRAINING AND POSITIONS BEFORE COMING TO AIIMS, NEW DELHI:

Name of Employer	Post Held	From	To	Total
Principal Dr. S.N. Medical College Jodhpur	House Job	06.07.87	06.07.88	1 year
Principal Dr. S.N. Medical College Jodhpur	Jr. Registrar	07.07.88	06.07.89	1 year
Principal Dr. S. N. Medical College	Sr. Registrar	07.07.89	06.07.90	1 year

Atul Sharma

Jodhpur				
Contract job	Medical Officer –Ad-hoc	06.03.91	November 1991	9 months

EMPLOYMENT AND TEACHING AND RESEARCH EXPERIENCE AT AIIMS:

Name of employer	Date of Joining	Date of leaving	Name of the post held
Director AIIMS	02.12.1991	04.09.1992	Senior resident Internal Medicine (fellow) ad-hoc
Director AIIMS	15.10.1992	14.01.1996	Senior resident Medical Oncology (fellow) tenure post
Council of Scientific and Industrial Research	15.01.1996	09.10.1996	Senior research fellow (tenure post)
Director AIIMS	10.10.1996	09.10.1999	Senior resident Medical Oncology (DM fellow)
Director AIIMS	10.10.1999	26.11.1999	Research Officer
Staff position (Consultant Medical Oncologist)			
Director AIIMS	27.11.1999	30.06.2004	Assistant Professor (Medical Oncology)
Director AIIMS	01.07.2004	30.06.2008	Associate Professor (Medical Oncology)
Director AIIMS	01.07.2008	30.06.2012	Additional Professor (Medical Oncology)
Director AIIMS	01.07.2012	Till date*	

			Professor (Medical Oncology)
<i>*University of Manitoba and Cancer Care Manitoba</i>	<i>16.09.2013</i>	<i>18.09.2015</i>	<i>Associate Professor of Internal Medicine Section of Medical Oncology and Hematology</i>

The clinical work at level of full Professor and Assistant Professor is almost identical except that there are increasing academic, clinical, and administrative responsibilities with seniority. This is highlighted in following paragraphs.

WORK EXPERIENCE IN CANADA

*From September 2013 to 18th September 2015, I worked as Associate Professor of Medical Oncology and Hematology section in the department of Internal Medicine at University of Manitoba, Winnipeg, Manitoba. There I worked as consultant in the head and neck, GI and GU disease management group. As expected, I actively participate in case discussion in these DMG groups. I was also actively involved in departmental (both for internal medicine and medical oncology-haematology section) academic activity like teaching seminars, grand rounds etc. Mentoring and teaching of undergraduate medical students, residents, and fellows was also part of my job. During this period I got chance to present two grand rounds, and moderated number of seminars by fellows. I independently handled call duties. I was involved as co-investigators in number of ongoing studies during that period (renal cell carcinoma, prostate cancers, and p16 positive head and neck cancers etc).

WORK EXPERIENCE AT AIIMS, INDIA.

From 27th November 1999 to 30th June 2004, I worked as Assistant Professor in the medical oncology department at the same center. My selection for the post of Assistant Professor was based on an all-India competition. The initial short listing was made based on the qualifications, experience, research papers and teaching experience of the candidates. The final Interview Board included representatives of various organizations including the Ministry of Health, Director

General Health Services, Directors of various autonomous medical institutes, external experts and members of the Institute.

Teaching: I am a postgraduate teacher for Medical Oncology at All India Institute of Medical Sciences. I am expected to teach students (undergraduates and postgraduates) basics of how to examine a patient, how to interpret investigations in the light of clinical examinations; how to break the news and explain patient about disease and available treatment options.

To make the fellows and younger colleagues to gain expertise in critically analyze a journal article during journal club we have a journal club once a week, and a departmental seminar once a week.

Each month we have a mortality audit where deaths of the patients in the ward are discussed to introspect and discuss if a particular case could have been managed differently and to learn by this exercise.

Appointment as Examiner:

I have been appointed as Internal examiner for DM (Medical Oncology), and PhD examination at All India Institute of Medical Sciences, New Delhi, India.

I am also an External examiner for DM (Medical Oncology) for various academic institutes of country.

Research:

I am involved in several research projects as principal or co-investigator. These projects are departmental, inter-departmental, multi-institutional (national and international). My main areas of research are new chemotherapy protocols for head and neck cancers, GI cancer (special attention to gastric and gall bladder), and Hodgkin lymphoma. For example, in head and neck cancer we have investigated role of weekly DDP (general practice is to use 3 weekly DDP) along with radiotherapy and in a phase II randomized study confirmed that this is superior to radiotherapy alone. This was presented in ASCO 2007 and published in Annals of Oncology 2010. In a phase III randomized study we have confirmed the role of CD2 lactobacillus for

prevention of chemo-radiotherapy induced mucositis in head and neck cancer patients, this was presented in ASCO 2009 and published online in EJC 2011. Role of palliative chemotherapy in gallbladder cancer was investigated by us and results presented in ASCO 2009 and published in JCO 2010. We also compared ABVD (standard chemotherapy) for HL to investigational etoposide-based chemotherapy protocol (EVAP) and presented results in ASCO 2008 showing superiority of ABVD over EVAP with regards to PFS. Recently we have completed work on comparing modified GemOx and GemCis in unresectable gallbladder cancer. This work was presented in ASCO 2016, and manuscript published in European Journal of Cancer in 2019. Other research topics are given under the heading of papers presented in conferences. I was the lead investigators in all these studies. We have also completed and presented another work at ESMO 2018. This is related to use of high potency probiotic in chemotherapy induced diarrhea. Manuscript for this is being submitted. **Currently I am running two investigator initiated multi-institutional randomized studies. One is comparing two doses of DDP in head and neck cancer, and another is evaluating chemotherapy alone or with chemo-radiation as adjuvant therapy in gallbladder cancer. Recruitment of subjects in these two studies is over and analysis being planned in next 2-3 months. Also, I have completed audit of chemo-radiation in about 1300 head and neck cancer patients and manuscript is being written. Other than this I have participated in many sponsored clinical studies (details of these may be shared on request).** I am working as supervisor for many of DM students, MD students, and PhD students.

Administration:

As a senior faculty member, I have been entrusted with administrative responsibilities also. I was responsible for submitting the departmental annual report, which involves collection and summary of the clinical, research, teaching and administrative achievements of the department. I am involved in departmental purchase committee that takes decision regarding purchase of drugs and equipment etc. after due deliberations keeping quality and cost in mind. I was also faculty in-charge of medical oncology lab. As a faculty in-charge I was responsible for day-to-day administrative work of lab, making sure quality control of the equipment and regular supply of reagents for various tests. We are routinely doing cytogenetic and PCR tests.

March 2019 onwards I am working as member-secretary of our Institute Ethics Committee. Each month on an average we review 80-85 research proposals.

About two years ago we have started a new cancer facility, National Cancer Institute about 40 kilometers from main campus. I was involved in the planning and execution of this project. This is initially 250 bedded cancer hospital and inaugurated by our Prime Minister on 12th February 2019.

I visited Bhutan in year 2019 as a government representative to explore setting up of a cancer facility at Bhutan.

Community services:

I have attended medical camp being organized by an NGO and AIIMS in the remote areas of Leh and Laddakh region of India. This area is considered as a difficult terrain. This camp is organized each year in the month of September to provide needy patients medical services at their doorsteps. I have participated in years 2016, 2017, and 2018. Because of COVID pandemic for last two years these camps were not organized.

Research Guidance

Number of scholars who have been awarded D.M/M.Ch./M.S./ Ph.D. degrees under my supervision both as Guide and as co-guide.

Awarded		Under Submission
PhD	09	03
M.D./M.S.	12	05
D.M./M.Ch.	36	12

Awards, fellowships and membership of professional bodies and other contributions:

- a) First DM in Medical Oncology From AIIMS
- b) Awarded Shakuntala Jolly Gold Medal for Best PG Student in Medical Oncology 1998
- c) Participated in Clinical Exchange Program in Hematology at MD Anderson cancer center, Houston, Texas in 2000
- d) Received Travel Grant from Myeloma Foundation in 1999, 2001, 2003, and 2005 to attend Myeloma conference at Sweden, Canada, Spain, Australia
- e) Received International Development and Education Award (IDEA) from American Society of Clinical Oncology to attend 2002 annual ASCO meeting at Orlando, Florida.
- f) Presented oral paper at ASCO and ESMO meetings.
- g) Visited Department of Medical Oncology and Hematology, Princess Margaret Cancer Center of University Health Network at Toronto from 17th June 2019 to 12th July 2019 [Allo-BMT program with focus on haplo-identical blood and marrow transplantation (in-patients and out-patients)].
- h) Awarded ISMPO Oration at Biennial ISMPO-ISO meeting at Indore November 2019- “Gallbladder Cancer: Plethora of Research Potential”.
- i) Awarded first prize in “Oncology Research Award” year 2019 in clinical research by AIIMS, New Delhi. **Title:** Modified gemcitabine and oxaliplatin or gemcitabine and cisplatin in unresectable gallbladder cancer: Results of a phase III randomized controlled trial.

Membership of Associations/ Educational boards of indexed International journals/ Review Committees of National bodies and Institutions:

- American Society of Clinical Oncology
- Associations of Physicians of India
- Indian Society of Medical and Pediatric Oncology
- Indian Society of Oncology
- European Society for Medical Oncology
- Multi National Association of Supportive care in Cancer
- Immuno-oncology Society of India
- American Journal of Clinical Oncology
- Annals of Oncology

- BMC Cancer
- BMJ Case reports
- Indian Journal of Cancer
- Indian Journal of Hematology and Blood Transfusion
- Indian Journal of Medical Research
- Indian Journal of Medical and Pediatric Oncology
- Indian Journal of Palliative care
- Japanese Journal of Clinical Oncology
- Radiotherapy and oncology
- Pancreatology
- Science Monitor
- Tumor Biology
- Head and Neck
- National Medical Journal of India
- Annals of Indian Academy of Neurology

Service: [Contributions made towards the development of new unit/specialty/laboratory/facility/ programs/therapeutic or diagnostic procedures developed or patents taken]

Helped in organization of new medical oncology ward and new BMT unit at IRCH.

I also actively participated in planning of our new cancer center, National Cancer Institute. This is initially 250 bedded cancer hospital and inaugurated by our Prime Minister on 12th February 2019. After completion in next 5 years this will be 710 bedded cancer center (largest in public center).

Contributions in community, national programs, and scientific meetings:

- I was a Co-investigator in Community Oncology Program being run by IRCH.
- Organized the first workshop on “Cancer Team management” in Collaboration with WHO and Ministry of HFW in December 2001
- Co- Organized AIIMS Golden Jubilee and IRCH foundation Day celebrations on 18-19 November 2006
- I was co-organizer for another CME on head and neck cancer in year 2009. Recently,
- Organized national level scientific meetings in 2016.
- I have organized an international update on hematological cancers in New Delhi on 15-16 February 2019 “Year in Review 2018”.

- I am organizing secretary for upcoming 3rd Annual meeting of Indian Society of Immuno-oncology in October 2021.

DETAILS OF JOB PERFORMED TO EACH POST:

Training in Internal Medicine (1987-90)

1. While undergoing 3 years residency period of internal medicine training, I was responsible for care of indoor, out patients and handling of various Medical Emergencies. First thing which was taught to us was that patient safety comes before everything else, and whole training program evolve around this. It all started with patients who were seen in outpatient department and were referred for hospitalization for investigations and treatment. This would involve patients with infectious disease, lifestyles, and metabolic disorders. As resident in-charge, and first contact person between consultant and patient got a lot of learning opportunity including art of communications, interviewing the patients and relatives. I learnt phlebotomy and performing blood counts myself during this period. As ward in-charge I was responsible for management of 20-25 patients. We were supposed to take morning and evening rounds ourselves and then along with consultants and then carry out instructions given by senior fellows and consultants. Our training program was designed to take independent decisions during emergencies and while on call but most of these decisions were discussed in the rounds and reported to consultants to learn from mistakes if any. This way we improved our handling of emergencies. I also took basic and advanced training of resuscitation (CPR). We were expected to act for correction of electrolyte imbalances, care of metabolic complications and management of diabetic complications. Training for interpretation of ECG, stress tests, plain X-rays, and sonography was provided during this period. I learnt techniques of paracentesis and performed many procedures. I used to medical emergencies e.g. management of acute cardiac events, meningitis, poisoning, febrile episodes, acute gastroenteritis, dehydration, and snake bite etc. During 2nd and 3rd year of training I managed patients who were coming to outpatient department with acute or chronic illnesses either first time or on follow ups.

Training in Medical Oncology (1992-99)

As Senior Resident (fellow) in internal medicine and later on in medical oncology I took care of indoor, outpatients, and handled emergencies. I was part of the team in accidents and emergency initially and after moving to medical oncology in 1992 looked after cancer patients (solid and hematological in outpatients and in indoor). During initial period of my training in 1992 first successful bone marrow transplantation for a multiple myeloma was carried out and I was resident incharge for care of that patient. That patient is alive till date. I would like to mention here that I have done 6 years residency in Medical Oncology. Before 1996 academic degree program in medical oncology was not there at AIIMS and I finished my first 3 years residency from 1992-1995. In 1996 academic (DM) program for medical oncology was started at AIIMS and I was the first candidate to join that program (1996-1999). Training, exposure, and patient care activities were similar in two training programs.

I would like to briefly describe the training imparted during medical oncology training program. In India there is no better place than All India Institute of Medical Sciences to get medical training in any discipline.

It is a 3-year course, that imparts intense training to DM candidates into the field of medical oncology and related subjects with adequate exposure to clinical and laboratory-based activities.

Aim of the medical oncology program is to produce a medical oncologist who:

- a) Can provide an excellent patient care.
- b) Possesses adequate knowledge base (both basic and applied) to effectively interact with medical colleagues in a wide range of disciplines.
- c) Is a good researcher.
- d) Is a competent teacher.

A. TRAINING

I received the training with objectives of:

1. To develop clinical judgment and technical skills in diagnosis and the total management of patients with neoplastic diseases, with various modalities of treatment individually or in combination.
2. To gain expertise in handling all kinds of medical emergencies arising either due to cancer spread or problems related to therapy i.e. a) infections secondary to severe neutropenia, leading to respiratory distress/failure, renal insufficiency, hepatic insufficiency, and neurological disturbance, b) hemorrhagic complications, c) electrolyte disturbance, d) other

toxicities.

3. To receive full knowledge concerning cancer chemotherapy, hormone therapy, biologics, gene therapy, immune therapy, their mechanism of action, side effects, mode of administration, interrelation with other drugs and their therapeutic effects.
4. To familiarize with all the modern diagnosis aids including ultrasound, CT scan, NMR, MRI, mammography, endoscopy, and radionuclide scans (now it also involves PET-CT scans).
5. To make myself conversant with the indications and application of blood component therapy, newer antibiotics, newer antifungal and antiviral agents and other supportive measures.
6. To make myself fully conversant with and get trained in various aspects of high dose chemotherapy and stem cell transplantation (both allogeneic and autologous) including schedule of treatment, indication for the use of growth factors, GVHD prophylaxis and management of various complications including acute and chronic GVHD.
7. To get an insight into clinical trials (design, data collection, analysis and interpretation of related statistics), cancer epidemiology, preventive and community oncology.
8. To understand the psychology of patients, which is often disturbed with the knowledge that he or she has a cancer. We were made to learn to understand and tackle these psychological issues with compassion and gentle behavior.
9. To learn effective communication skills and how to impart bad news to the patients.
10. To gain expertise in managing the terminally ill patients.

Our postings and rotation within the department was as follows:

A. INDOORS POSTING

This was for 10 months. During this I was allotted 8-10 beds and required to work up patients admitted on those beds. Planned out a diagnostic work up and treatment plan, discussed it with the concerned consultant, presented it during rounds and assumed complete responsibility of the patients during their hospital stay. We would work in harmony with the ward nurses.

OUTPATIENT DEPARTMENT (OPD) POSTING

Duration was 16 months. I was posted to chemotherapy evaluation clinics and various specialty clinics (DMG) including breast cancer, gastrointestinal, urology, lymphoma-leukemia, pain evaluation, bone and soft tissue, pediatric tumors, head and neck, gynecology oncology, pulmonary oncology.

While posted to these clinics I worked under the supervision of consultants. Was expected to see new as well as follow-up patients and to plan out the management and assess the therapeutic responses of a particular patient.

DAY CARE AND OPD PROCEDURES (MINOR OT) POSTING

Duration was 4 months. During this posting I learnt the skills:

In introducing per cutaneous subclavian, internal jugular and femoral vein catheters. Familiarizes myself with different venous access devices like Hickman catheter, subcutaneous port, paracentesis, and biopsies (including bone marrow biopsy).

Each week I would institute and administer about 40-50 chemotherapy and supervise side effects.

ANCILLARY POSTING

For 2 months as follows:

Surgical oncology (2 weeks)

Radiation oncology (2 weeks)

Rotation to blood bank and nuclear medicine department (1 week each)

Radio diagnosis (2 weeks)

LABORATORY TRAINING

This was for two month and the idea was that a candidate, apart from understanding the value of laboratory tests in each malignancy must possess the basic knowledge of interpreting the laboratory data and correlating it with clinical data.

DISSERTATION

I worked on 2 projects clinical, and laboratory based as part of training.

TRAINING ORIENTED TOWARDS MAKING THE CANDIDATE AN EXPERT TEACHER

Our academic schedule would expose a candidate to various fields of oncology provided by regular and weekly clinico-pathologic conferences, seminars, case discussion sessions, and radiology conferences.

CONDITIONS FOR CERTIFICATION

As part of our curriculum, I was guided and judged with regards to my abilities to provide competent care to my patients through various means like ward rounds, discussions held in OPD/clinics and weekly academic activities. Internal assessment, through internal examination were held twice a year and this record was made available at the time of final examination.

EXAMINATION

The examination was conducted in three parts.

1. Theory paper

Paper I

Basic science in oncology: Radiation physics, Tumor biology, Biochemistry, Biometry, Immunology and Pharmacology.

Paper II

General oncology, Tumor pathology, Staging, Diagnosis, Radiology, Nuclear medicine.

Paper III

Medical Oncology including chemotherapy, epidemiology, rehabilitation, terminal care, clinical trials
And prevention.

2. Clinical and practical

Long case and short cases, spotters, and

3. Viva voce that included histopathology, hematology slides, CT scans and X rays.

1. As consultant in Medical Oncology (1999- till date)

As a clinician and consultant in Medical Oncology I am responsible for care of hematological and solid cancers patients reporting to our center. Ever since joining as a staff member I and medical oncology lead consultant for head and neck, GI and urological medical oncology. During this period, I along with colleagues from radiation and surgical oncologists started concurrent chemo-radiation protocols for head and neck and GI cancers. We started weekly schedule of concurrent chemo-radiation for head and neck cancers using single agent cisplatin. We started new protocol using gemcitabine and oxaliplatin in biliary cancers. Head and neck and GI cancers constitutes about 40-45% of workload at our center. I also conducted a phase II randomized study comparing ABVD to EVAP for newly diagnosed Hodgkin lymphoma patients. Since, from the beginning most of hematological cancers were treated at our center, I was looking after acute and chronic leukemia, lymphoma, and myeloma patients. However, now I see AML, MM, and lymphoma. I have independently carried out more than 350 Bone Marrow and Peripheral Blood Stem Cell Transplant (autologous and allogeneic) for lymphoma, myeloma, acute leukemia, and CML I am guiding many DM students for their clinical thesis. I am also chief or co-guide for 12 PhD students.

Current and future research plan:

Current:

1. Aspirin for Dukes C and High-Risk Dukes B Colorectal Cancers - An International, Multi-centre, Double Blind, Randomized Placebo Controlled Phase III Trial.
2. An Open Label, Multicenter, Non-Comparative, Phase IV Study of Panitumumab to Characterize its Safety, Tolerability and Activity in Indian Subjects with Previously Treated Wild-Type RAS (*KRAS* and *NRAS*), Metastatic Colorectal Cancer
3. A single arm, multicentric, open label, efficacy and safety study of Doceaqualip (Docetaxel Lipid Suspension for Injection of Intas Pharmaceuticals Limited, India) based regimens in metastatic gastric adenocarcinoma patients.
4. **Concurrent Chemotherapy and External Radiation Therapy: An Open Label Non-Inferiority Phase III Randomized Controlled Trial of Weekly versus Three Weekly Cisplatin and Radical Radiotherapy in Locally Advanced Head and Neck Squamous Cell Carcinoma.**
5. **Adjuvant Chemotherapy or Chemo-radiation in Gall Bladder Cancer: A Phase III Randomized Controlled Study (ACCeleRate trial)**

Future:

1. Modified FOLFIRINOX as perioperative chemotherapy in resectable gallbladder cancer
2. Modified FOLFIRINOX as NACT chemotherapy in borderline resectable gallbladder cancer
3. Modified GemOx/ GemCis Vs modified FOLFIRINOX as first line chemotherapy in non-resectable gallbladder cancer
4. Neoadjuvant chemotherapy followed by Surgery versus Surgery followed by adjuvant chemotherapy for resectable Gastric adenocarcinoma
5. Neo-adjuvant chemo-immunotherapy in locally advanced hyopharyngeal cancer
6. Neo-adjuvant chemo-immunotherapy in locally advanced oral cavity cancer
7. Adjuvant immunotherapy after definitive chemo-radiation in head and neck squamous cell carcinoma
8. Total neo-adjuvant therapy in locally advanced rectal cancer

PUBLICATIONS:

PEER REVIEWED:

Total indexed journal: 238

[Atul Sharma - Google Scholar](#)

Citation Index: 3636
h index: 28
i10 index: 95

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INVITED LECTURES: I have delivered about 165 lectures nationally and internationally.

National:

1. Participated as faculty during “25th Annual Congress of the Asia-Pacific Blood and Marrow Transplantation (APBMT)” 9th – 11th October 2020.
2. Participated in a virtual conference as faculty panelist during “Asian cardio-oncology Society Inaugural Conference Series” 15 October 2020. “Hormone therapy in Breast & Prostate Ca – cardiovascular issues”.
3. Participated in a virtual conference as faculty “Annual Meeting Immuno-Oncology Society of India” 30th October to 1st November 2020.
4. Participated in a virtual conference as faculty during in Masterclass series “Nurture the Future – Oncology Masterclass” 23rd September 2020. Title of talk- “Clinical Trial Design & Methodology in Oncology”
5. Participated in a virtual conference and Moderated a Panel Discussion on- Oncology during Annual Conference of the India Sweden Healthcare Innovation Center between 2nd to 15th December 2020
6. Participated as faculty panelist on “Recurrent Oral Cancer during” organized by American Head & Neck Society and Foundation for Head and Neck Oncology & Tata Memorial Centre on 5th February 2021
7. Participated in a virtual conference as faculty panelist organized by Jodhpur School of Public Health JSPH during World Cancer Health Day on 13th February 2021
8. Participated as faculty during XIX Annual Conference on Evidence Based Management of Cancers in India-Technology and Cancer Care- Promise and Reality of the Brave New World. Title of talk- Role of Therapeutic Importance of BRCA in non HBOC Cancers, 27th February 2021
9. Participated as faculty during “Paras Cancer Conclave 2021” 19th March 2021 “Panel discussion on Lynch Syndrome”

INVITED LECTURES:

International:

1. Co chaired and delivered a talk “GI cancers in India: Effect of Geographical Boundaries” during 3rd Sister Institution Conference at M D Anderson Cancer Center, Houston, Texas, USA 5-8th June 2007.
2. Participated as a guest faculty during annual meeting of Association of Italian Radiation and Oncologists, at Naples, Italy, November 2010.
3. Presented Grand Round on “Role of Chemotherapy in Gall bladder cancer at cancer care Manitoba, Winnipeg, Canada 10th August 2012.

CONTRIBUTION IN TEXT BOOKS:

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6. ***Cancer Screening and Prevention: API textbook of Medicine VIII Edition.*** Shah S N. Associations of Physicians of India, Mumbai 2008. Section Oncology: Cancer Screening and Prevention. ***Sharma A***, 869-871.
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8. ***Chemotherapy for pancreatic adenocarcinoma.*** ECAB clinical update: gastroenterology/Hepatology- Pancreatic Tumor. Elsevier, Editor Garg PK. Sahoo R, ***Sharma A***. 2013, 126-140

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