

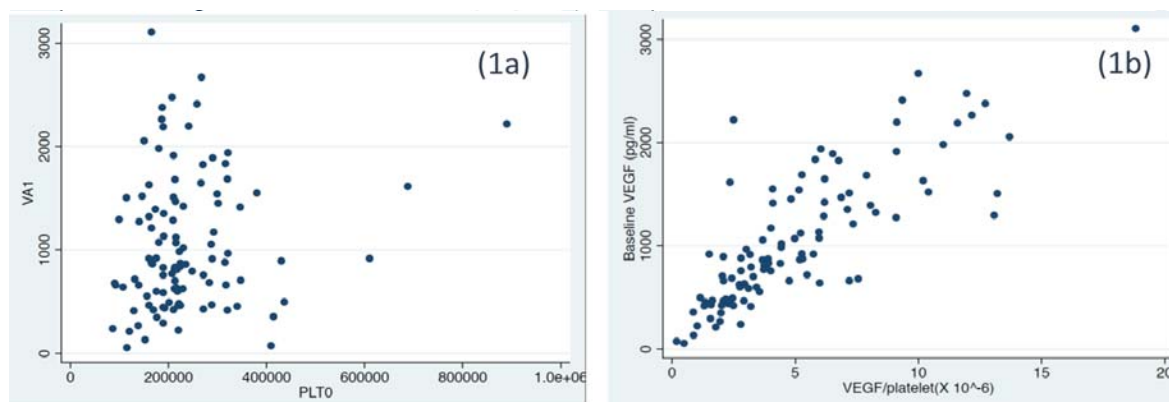


Fig. 1 Scatter plots showing correlation between (a) baseline VEGF and baseline platelet counts, and (b) baseline VEGF and baseline VEGF per platelet.

between serum VEGF and platelet count, and the association of serum VEGF with the degree of stimulation of endothelial cell proliferation in vitro, measuring serum VEGF might be more suitable in cancer patients than measuring plasma VEGF. Also, it has been postulated that at least part of the VEGF in platelets represents that endocytosed from the plasma due to their scavenging effect [4]. So, measuring the entire collection (serum VEGF) may not be less appropriate.

Further, most previous studies on metronomic chemotherapy had measured serum VEGF and we intended to be consistent and comparable to them [5,6]. Hence, our conclusion remains the same that VEGF is not a reliable biomarker for metronomic chemotherapy, but the best test for VEGF still remains an illusion.

RAJA PRAMANIK AND SAMEER BAKHSHI*

*Department of Medical Oncology,
All India Institute of Medical Sciences,
New Delhi, India.*

**sambakh@hotmail.com*

REFERENCES

1. Wynendaale W, Derua R, Hoylaerts MF, *et al.* Vascular endothelial growth factor measured in platelet poor plasma allows optimal separation between cancer patients and volunteers: A key to study an angiogenic marker in vivo? *Ann Oncol.* 1999;10:965-71.
2. George ML, Eccles SA, Tutton MG, Abulafi AM, Swift RI. Correlation of plasma and serum vascular endothelial growth factor levels with platelet count in colorectal cancer: Clinical evidence of platelet scavenging? *Clin Cancer Res.* 2000;6:3147-152.
3. Pramanik R, Tyagi A, Agarwala S, Vishnubhatla S, Dhawan D, Bakhshi S. Evaluation of vascular endothelial growth factor (VEGF) and thrombospondin-1 as bio-markers of metronomic chemotherapy in progressive pediatric solid malignancies. *Indian Pediatr.* 2020; 57:508-11.
4. Vermeulen PB, Salven P, Benoy I, Gasparini G, Dirix LY. Blood platelets and serum VEGF in cancer patients. *Br J Cancer.* 1999;79:370-73.
5. Kesari S, Schiff D, Doherty L, *et al.* Phase II study of metronomic chemotherapy for recurrent malignant gliomas in adults. *Neuro Oncol.* 2007;9:354-63.
6. Kieran MW, Turner CD, Rubin JB, *et al.* A feasibility trial of antiangiogenic (metronomic) chemotherapy in pediatric patients with recurrent or progressive cancer. *J Pediatr Hematol Oncol.* 2005;27:573-81.

Psychosocial Wellness During the COVID- 19 Pandemic: Building an ARCH

The COVID-19 pandemic is associated with significant morbidity and mortality. However, little attention has been devoted to psychological factors, emotional distress and social disruption in children. It is believed that the disease, multiplied by forced quarantine and nationwide lockdowns can induce acute panic, anxiety, obsessive behaviors, paranoia, depression and post-traumatic stress disorder (PTSD) [1]. The pandemic is likely to be followed by a 'second pandemic' of mental health crises [2]. This necessitates a comprehensive public health response with

innovations for providing mental health care, while maintaining social distancing.

To support and protect psychosocial well-being of children, we propose the ARCH model for mental health workers, parents and teachers. ARCH is an acronym for Adapt and attempt, Resilience, Collaboration and care, and Humor and humility.

In an uncertain and evolving situation, children may be encouraged to adapt to the current scenario and attempt solutions in a new normal, rather than wait for familiar comfort zones. Options for physical activities have been drastically reduced. Children tend to spend their excessive free time on television or mobile phone [3]. Introducing positive adaptation skills is essential. Children need to feel safe, secure, and positive about

their present and future. Caregivers can help by focusing children's attention on stories about how people come together, find creative solutions to difficult problems, and overcome adversity during the epidemic [4]. Caregivers need to ensure against promoting negative adaptation skills.

Since failure may be a likely outcome due to unprecedented challenges, resilience needs to be fostered. This entails 'listening' and being emotionally available to the child. Letting children express their concerns, and participating in their activities are key initiatives. Children should be given an idea of what realistically to expect rather than painting rosy but ostensibly false pictures of the situation. Queries from children need to be answered with simple concrete explanations appropriate to their level of cognitive development. Being honest and supporting them with their challenges help build resilience in the situation.

Collaboration and care are imperative in a prolonged crisis. Children need to be encouraged to reach out to parents, siblings, peers, school mates, teachers, and other caregivers to pool resources and ideas, and work together collaboratively to find creative solutions to everyday challenges under supervision and guidance, while caring for each other's contributions [5].

Humor in daily life is vital for the child to withstand distress, and inculcating humility is imperative to help the child to maintain a sense of calm acceptance and balance.

Integration in Medical Education: Need to Address the Misconceptions

I appreciate the efforts of the authors of the article on integration in medical education published recently in the journal [1]. Competency-based undergraduate medical curriculum for Indian medical graduates has given elaborate guidelines on how integration can be achieved in various subjects [2]. Competency tables of this document have suggested for areas of integration according to subject-wise competencies.

Integrated teaching activity has not received expected success, though attempted widely. There are many misconceptions among the faculty about implementation of integrated teaching sessions. Integrated teaching has been organized as a series of lectures involving faculty from many departments. The extra efforts required for inter-departmental coordination has made the organization of activity irregular and episodic, lacking in sustainability. The lengthy structure of the resultant sessions has also not been able to arouse sufficient interest among the students.

Integrated teaching can be made more meaningful if these misconceptions are addressed. It has been rightly pointed out in the competency-based undergraduate curriculum document that there should be integration of concepts and not necessarily of teachers [2]. The faculty can identify the topics in their curriculum where integration with other disciplines can reduce redundancy, duplication and increase the relevance of learning for the students.

SH DALWAI^{1*} AND KP REGE²

¹*New Horizons Child Development Centre; and*

²*Department of Human Development,
College of Home Science, Nirmala Niketan;
Mumbai, Maharashtra, India.*

**samyrdalwai@gmail.com*

REFERENCES

1. Dubey S, Biswas P, Ghosh R, *et al.* Psychosocial impact of COVID-19. *Diabetes Metab Syndr.* 2020;14:779-88.
2. Choi KR, Heilemann MV, Fauer A, Mead M. A second pandemic: Mental health spillover from the novel coronavirus (COVID-19). *J Am Psych Nur Assoc.* 2020; 26:340-43.
3. Ghosh R, Dubey MJ, Chatterjee S, Dubey S. Impact of COVID-19 on children: Special focus on the psychosocial aspect. *Minerva Pediatr.* 2020;72:226-35.
4. Zhou X. Managing psychological distress in children and adolescents following the COVID-19 epidemic: A cooperative approach. *Psychol Trauma.* 2020;12:S76-S78.
5. Bartlett JD, Griffin J, Thomson D. Resources for supporting children's emotional wellbeing during the COVID-19 pandemic [internet]. Accessed September 30, 2020. Available from: <https://www.childtrends.org/publications/resources-for-supporting-childrens-emotional-wellbeing-during-the-covid-19-pandemic>

The teachers from other departments may be consulted for planning of sessions and not for actual participation in the sessions, unless deemed necessary. Integration of relevant concepts from other disciplines will help in enriching the routine teaching activity. The faculty from the parent discipline can perform this integration at their own level to make the learning experience for the student more meaningful and relevant.

Integration should be an integral part of routine teaching program of each department, rather than an independent activity. Integration should be used as an opportunity to enrich the departmental teaching activities without compromising the departmental learning objectives. Integrated teaching sessions should be short and brief, to be completed in the routine allotted time, avoiding too many objectives in one session. Multiple teaching methods such as case discussions, group activity and panel discussions can generate interest in students. Intensive coordinated action by teachers is required to make integrated teaching successful activity.

MOHAN KHAMGAONKAR

*Pro-Vice Chancellor, Maharashtra University of
Health Sciences, Nashik, Maharashtra, India.
khamgaonkar_1@rediffmail.com*

REFERENCES

1. Husain M, Khan S, Badyal D. Integration in medical education. *Indian Pediatr.* 2020;57:842-47.
2. Competency based Undergraduate Curriculum for the Indian Medical Graduate, Vol. 1. Medical Council of India. 2018;p.34-35.